Strategies for Change

Improving Family Well-Being and Food Security Screening and Referral in your practice

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Disclosures

● I have no relevant financial relationships to disclose or conflicts of interest to resolve
● I will discuss no unapproved or off-label pharmaceuticals
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Importance of Screening? Secondary Screening Intervention

Epidemiology
- Effective tools exist
- Why need screen?

Medical and other consequences
- Other Social Determinants
  - Depression?
  - Other caregivers

Strengths

Passive
- Active

Developed by Stanley Weinberger, MD
VCHIP CHAMP FY 2017-18 Planning Committee
Improvement Strategies for Change

Strategies to Improve Food Insecurity Screening and Referral Process

Following are strategies that healthcare professionals and practices can use to improve office systems to improve their food insecurity screening rates. Read each idea and check the response as it applies to your practice:

1. ... not done
2. ... inconsistently done (less than 75% of the time)
3. ... consistently done (75% of the time or more)
4. ... consistently done and based on best practice recommendations

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Supports MOC Measure</th>
<th>1: Not done</th>
<th>2: Inconsistently done (less than 75% of the time)</th>
<th>3: Consistently done (75% of the time or more)</th>
<th>4: Consistently done and based on best practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have selected a structured validated food insecurity screening tool to use in our practice.</td>
<td>5A</td>
<td>5A</td>
<td>5A</td>
<td>5A</td>
<td></td>
</tr>
<tr>
<td>Our practitioners and staff have training to accurately administer and score the screening tool.</td>
<td>5A</td>
<td>5A</td>
<td>5A</td>
<td>5A</td>
<td></td>
</tr>
<tr>
<td>We have identified and assigned roles/responsibilities related to the screening process across the practice (team-based approach).</td>
<td>5A</td>
<td>5A</td>
<td>5A</td>
<td>5A</td>
<td></td>
</tr>
<tr>
<td>We have appropriate processes in place to support parental/caregiver food insecurity screening for families with limited English proficiency, or varying cultural norms/expectations related to food insecurity/nutrition/food program assistance.</td>
<td>5A</td>
<td>5A</td>
<td>5A</td>
<td>5A</td>
<td></td>
</tr>
<tr>
<td>We have a way to identify and track children/families/caregivers in need of screening.</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>We have an agreed upon and consistent place to document the screening results in the medical record.</td>
<td>5A, 6</td>
<td>5A, 6</td>
<td>5A, 6</td>
<td>5A, 6</td>
<td></td>
</tr>
</tbody>
</table>

Validated food insecurity screening tools & processes

We have implemented structured food insecurity screening processes with parents/caregivers at well visits, as per the Bright Futures (BF) recommended schedule (Psychosocial/Behavioral Assessment at every visit should be family-centered and may include social determinants of health).

<table>
<thead>
<tr>
<th>Strategy</th>
<th>MOC</th>
<th>1: Not done</th>
<th>2: Done less than 75% of the time</th>
<th>3: Consistently done (75% of the time or more)</th>
<th>4: Consistently done and based on best practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have implemented structured post-partum depression screening processes at well visits, as per the Bright Futures (BF) recommended schedule (1, 2, 4, and 6-month visits).</td>
<td>5, 5A</td>
<td>5, 5A</td>
<td>5, 5A</td>
<td>5, 5A</td>
<td></td>
</tr>
<tr>
<td>We have implemented structured post-partum depression screening processes beyond the 6-month visit and up to 12 months.</td>
<td>5, 5A</td>
<td>5, 5A</td>
<td>5, 5A</td>
<td>5, 5A</td>
<td></td>
</tr>
<tr>
<td>We have implemented structured depression screening processes to include both parents, guardians, foster parents, and other caregivers (KSPF/REACH recommendation).</td>
<td>1, 1, 1A, 5A</td>
<td>1, 1, 1A, 5A</td>
<td>1, 1, 1A, 5A</td>
<td>1, 1, 1A, 5A</td>
<td></td>
</tr>
<tr>
<td>We implement parental/caregiver screening at other well visits (beyond the 1-year visit).</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Our practitioners and staff have training to accurately administer and score the screening tool(s).</td>
<td>1, 1</td>
<td>1, 1</td>
<td>1, 1</td>
<td>1, 1</td>
<td></td>
</tr>
<tr>
<td>We have an agreed upon and consistent place to document the screening results in the medical record.</td>
<td>1, 3, 18, 38</td>
<td>1, 3, 18, 38</td>
<td>1, 3, 18, 38</td>
<td>1, 3, 18, 38</td>
<td></td>
</tr>
<tr>
<td>We have identified and assigned roles/responsibilities related to the screening process across the practice (team-based approach).</td>
<td>1, 3</td>
<td>1, 3</td>
<td>1, 3</td>
<td>1, 3</td>
<td></td>
</tr>
<tr>
<td>We have appropriate processes in place to support parental/caregiver depression screening for families with low literacy, limited English proficiency, or varying cultural norms/expectations related to mental health.</td>
<td>1, 3</td>
<td>1, 3</td>
<td>1, 3</td>
<td>1, 3</td>
<td></td>
</tr>
<tr>
<td>We have a way to identify and track children whose parent/caregiver needs and is eligible for screening (panel management).</td>
<td>10, 38</td>
<td>10, 38</td>
<td>10, 38</td>
<td>10, 38</td>
<td></td>
</tr>
<tr>
<td>We have coding and billing processes in place to reflect screening done at specific time intervals.</td>
<td>1, 18, 39</td>
<td>1, 18, 39</td>
<td>1, 18, 39</td>
<td>1, 18, 39</td>
<td></td>
</tr>
<tr>
<td>We have information visible in our office or an office atmosphere that discusses and destigmatizes parental mental health and its importance.</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>
Assessing your practice

- Review and complete your OSI (Office Systems Inventory) or “Strategies” Documents
- What are you doing well?
- Where are your gaps?
- We will collect them when you are done and return them to you

(Please be sure to have your practice name on both of them)
Questions/comments?

Thank you!