

# Strategies for Change

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



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# Disclosures

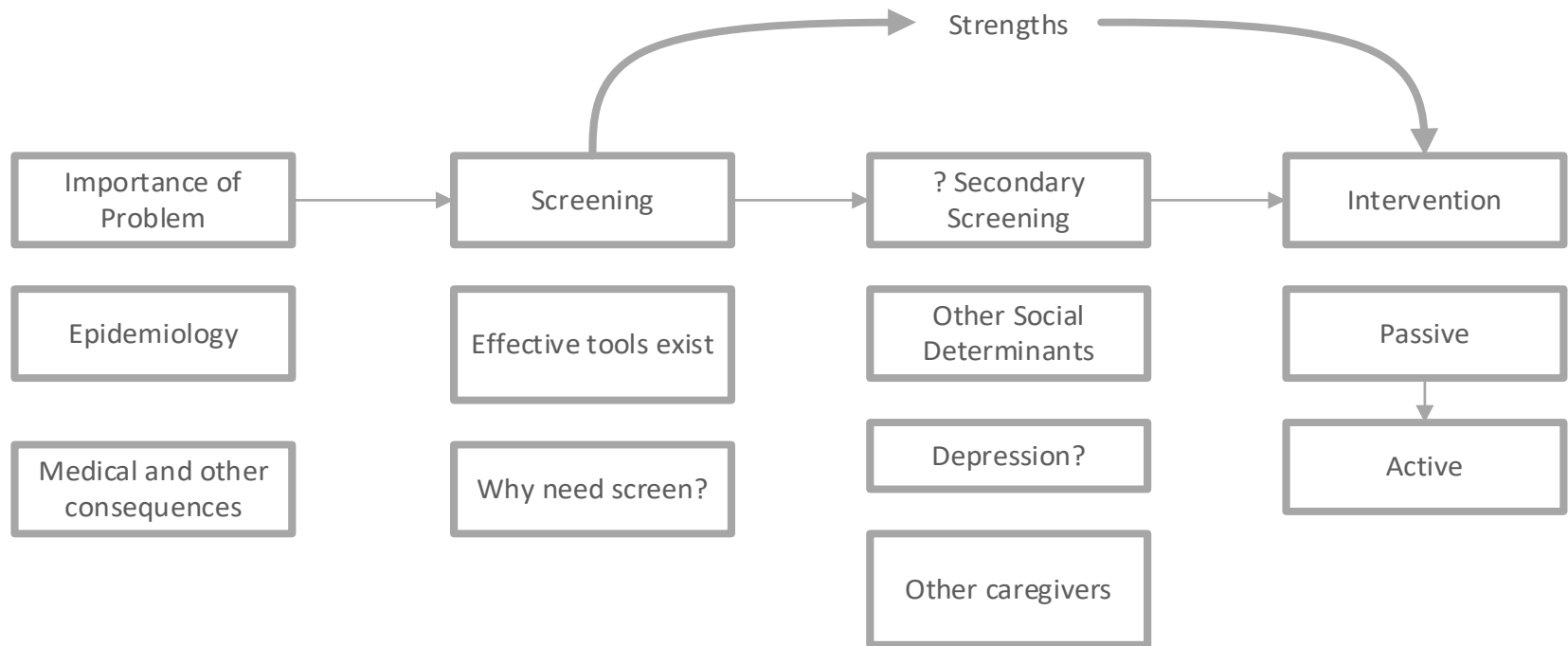
- I have no relevant financial relationships to disclose or conflicts of interest to resolve
- I will discuss no unapproved or off-label pharmaceuticals

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# SDOH Project Framework

VCHIP CHAMP Social Determinants of Health (SDoH): Family Well-Being and Food Security Project Framework  
May 26, 2017 FY 2018 Project



Developed by Stanley Weinberger, MD  
VCHIP CHAMP FY 2017-18 Planning Committee

# Improvement Strategies for Change



Practice name here: \_\_\_\_\_ Date completed: \_\_\_\_\_

## 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

Strategy	Supports MOC Measure	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
<b>Validated food insecurity screening tools &amp; processes</b>					
We have selected a structured validated food insecurity screening tool to use in our practice. If tool selected, please name: _____	5A				
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).	5, 5A				
We have implemented structured food insecurity screening processes at other visits if able/appropriate.	n/a				
We have implemented structured food insecurity screening with adolescents.	5, 5A				
Our practitioners and staff have training to accurately administer and score the screening tool.	5A				
We have identified and assigned roles/responsibilities related to the screening process across the practice (team-based approach).	5, 5A				
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.	5, 5A				
We have a way to identify and track children/families/caregivers in need of screening.	6				
We have an agreed upon and consistent place to document the screening results in the medical record.	5, 5A, 6				



Practice name here: \_\_\_\_\_ Date completed: \_\_\_\_\_

## Strategies to Improve Parental Depression Screening and Referral Process

Following are strategies that healthcare professionals and practices can use to improve office systems to improve their parental depression 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

Strategy	MOC	1 Not done	2 Done less than 75% of the time	3 Consistently done (75% of the time or more)	4 Consistently done and based on best practice
<b>Validated parental depression screening tools &amp; processes</b>					
We have selected structured validated parental/caregiver depression screening tool(s) to use in our practice. If tool(s) selected, please name: _____	1A				
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).	1A				
We have implemented structured post-partum depression screening processes beyond the 6 month visit and up to 12 months.	3, 3A				
We have implemented structured depression screening processes to include both parents, guardians, foster parents, and other caregivers (USPSTF recommendation).	1,1A, 3, 3A				
We implement parental/caregiver screening at other well visits (beyond the 1-year visit).	n/a				
Our practitioners and staff have training to accurately administer and score the screening tool(s).	1,3				
We have an agreed upon and consistent place to document the screening results in the medical record.	1,3, 1B,3B				
We have identified and assigned roles/responsibilities related to the screening process across the practice (team-based approach).	1,3				
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.	1,3				
We have a way to identify and track children whose parent, caregiver needs and is eligible for screening (panel management).	1B,3B				
We have coding and billing processes in place to reflect screening done at specific time intervals.	1,1B, 3,3B				
We have information visible in our office or an office atmosphere that discusses and destigmatizes parental mental health and its importance.	n/a				

# 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)

**VCHIP** Practice name here: \_\_\_\_\_ Date completed: \_\_\_\_\_

**Strategies to Improve Food Insecurity Screening and Referral Process**  
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We have implemented structured food insecurity screening processes with parents/caregivers at well visits, as per the Bright Futures (BF) recommended schedule. (Psychosocial/Behavior Assessment at every visit should be family-centered and may include social determinants of health).	5, 5A				
We have implemented structured food insecurity screening processes at other visits if able/appropriate.	n/a				
We have implemented structured food insecurity screening with adolescents.	5, 5A				
Our practitioners and staff have training to accurately administer and score the screening tool.	5A				
We have identified and assigned roles/responsibilities related to the screening process across the practice (team-based approach).	5, 5A				
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.	5, 5A				
We have a way to identify and track children/families/caregivers in need of screening.	6				
We have an agreed upon and consistent place to document the screening results in the medical record.	5, 5A, 6				

**VCHIP** Practice name here: \_\_\_\_\_ Date completed: \_\_\_\_\_

**Strategies to Improve Parental Depression Screening and Referral Process**  
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We have implemented structured post-partum depression screening processes beyond the 6 month visit and up to 12 months.	5, 5A				
We have implemented structured depression screening processes to include both parents, guardians, foster parents, and other caregivers (USPSTF recommendation).	1, 1A, 5, 5A				
We implement parental/caregiver screening at other well visits (beyond the 1-year visit).	n/a				
Our practitioners and staff have training to accurately administer and score the screening tool(s).	1, 3				
We have an agreed upon and consistent place to document the screening results in the medical record.	1, 3, 10, 10B				
We have identified and assigned roles/responsibilities related to the screening process across the practice (team-based approach).	1, 3				
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.	1, 3				
We have a way to identify and track children whose parent, caregiver needs and is eligible for screening (referral management).	10, 10B				
We have coding and billing processes in place to reflect screening done at specific time intervals.	1, 10, 10B				
We have information visible in our office or an office atmosphere that discusses and destigmatizes parental mental health and its importance.	n/a				



# Questions/comments?

# Thank you!

