

# Best Care for Kids

## Why Kids Are Not Just Little Adults!

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# Progress in Colorado on Pediatric Care

- Best Practices in the Care of Children –
  - CU-PIP contracted by HCPF
  - National and state level experts interviewed
  - Research driven report defining what high quality pediatric care can/should look like
  - Recognized that reimbursement doesn't align with identified "ideal state"
  - Organized report to align with existing frameworks
  - Conducted a gap analysis to understand what is the current state and how to support the ideal state

# Building Blocks



# Level Set - Why kids are different

## Developmental Change

- Constantly growing and changing – care must adapt

## Disease Epidemiology

- Focus tends towards prevention and health promotion
- Payment doesn't always account for this focus

## Dependance

- Deeply dependent on health and well being of their caregivers
- Requires a dyadic approach

## Demographics

- Children are disproportionately affected by poverty
- Impacts of poverty are lasting in children – particularly in early childhood

## Dollars

- Children make up 23% of population but only account for 10% of health care spending

National Academies of Sciences, Engineering, and Medicine. 2024. [“Launching Lifelong Health by improving health care for children, youth, and families.”](#)

# Objectives

- Review the current recommendations for pediatric screening and referral
  - Understand Colorado's referral system for early childhood developmental concerns
  - Review Colorado's progress in meeting early childhood screening recommendations
  - Identify best practices for adolescent confidentiality and the challenges in meeting them
  - Discuss how vaccine hesitancy is impacting practices across the state
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# American Academy of Pediatrics Periodicity Table

|  | INFANCY               |                      |                    |         |      |      |      |      |
|--|-----------------------|----------------------|--------------------|---------|------|------|------|------|
| AGE <sup>1</sup>                                       | Prenatal <sup>2</sup> | Newborn <sup>3</sup> | 3-5 d <sup>4</sup> | By 1 mo | 2 mo | 4 mo | 6 mo | 9 mo |
| <b>HISTORY</b>   |                       |                      |                    |         |      |      |      |      |
| Initial/Interval                                       | ●                     | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    |
| <b>MEASUREMENTS</b>                                    |                       |                      |                    |         |      |      |      |      |
| Length/Height and Weight                               |                       | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    |
| Head Circumference                                     |                       | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    |
| Weight for Length                                      |                       | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    |
| Body Mass Index <sup>5</sup>                           |                       |                      |                    |         |      |      |      |      |
| Blood Pressure <sup>6</sup>                            |                       | ★                    | ★                  | ★       | ★    | ★    | ★    | ★    |
| <b>SENSORY SCREENING</b>                               |                       |                      |                    |         |      |      |      |      |
| Vision <sup>7</sup>                                    |                       | ★                    | ★                  | ★       | ★    | ★    | ★    | ★    |
| Hearing  |                       | ● <sup>8</sup>       | ● <sup>9</sup> →   |         |      | ★    | ★    | ★    |
| <b>DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH</b>   |                       |                      |                    |         |      |      |      |      |
| Maternal Depression Screening <sup>11</sup>            |                       |                      |                    | ●       | ●    | ●    | ●    |      |
| Developmental Screening <sup>12</sup>                  |                       |                      |                    |         |      |      |      | ●    |
| Autism Spectrum Disorder Screening <sup>13</sup>       |                       |                      |                    |         |      |      |      |      |
| Developmental Surveillance                             |                       | ●                    | ●                  | ●       | ●    | ●    | ●    |      |
| Behavioral/Social/Emotional Screening <sup>14</sup>    |                       | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    |
| Tobacco, Alcohol, or Drug Use Assessment <sup>15</sup> |                       |                      |                    |         |      |      |      |      |
| Depression and Suicide Risk Screening <sup>16</sup>    |                       |                      |                    |         |      |      |      |      |

[Link to Bright Futures Periodicity Table](#)

# Pediatric Screening Schedule

## General Developmental

- AAP 9, 18, 30 months - most commonly used are the Ages and Stages ([ASQ](#)) and Survey of Well Being in Young Children ([SWYC](#))

## Autism Specific

- 18, 24 months - Modified Checklist for Autism in Toddlers ([MCHAT](#))

## Adolescent Depression

- Yearly beginning at age 12, best practice is to include suicide risk assessment – [PHQ-A with Ask Suicide-Screening Questionnaire \(ASQ\)](#)

## Maternal Depression

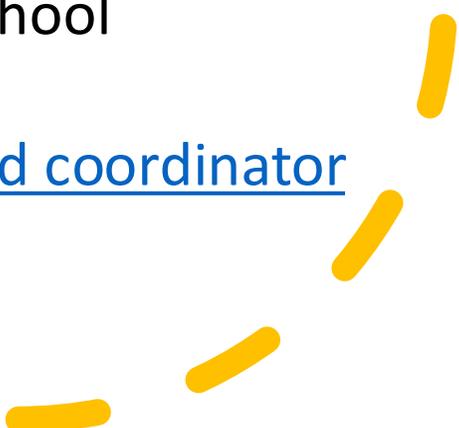
- AAP 1mo, 2mo, 4mo, 6mo WCC – [Edinburgh and PHQ-9](#)
- [Post Partum Support International](#) offers free Psych consultation for US medical providers

# Developmental Referrals

## Early Intervention

- Children 0-3
- Free to families – evaluation and services if qualified
- Services are done in the home (or agreeable location to family)
- Easy online referral process

## Child Find

- Children 3-5
  - Free pre-school for children who qualify
  - Services are provided in the pre-school classroom
  - Referral is directed to the Child Find coordinator in the school district the child lives
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# Developmental Referrals

Other options for developmental support:

[Universal Pre-K](#)

[Home Visiting Programs](#)

[Learn the Signs Act Early-](#) free materials for providers to use to support family education on the importance of monitoring for health development. Available to download in multiple languages.



# Developmental Referrals

## Further Support for Colorado Families

[Cavity Free at Three](#) If your families don't have access to pediatric dentists, CF3 can train your staff to do basic oral health screenings and fluoride varnish applications.

[Reach out and Read](#) – Supports clinics in achieving the AAP goal of promoting literacy with well child care

[Family Connects Colorado](#) – Free home visit for newborns around 3 weeks after delivery (limited to certain counties)



# How is Colorado doing?

- General Developmental Screening 2024 – (9,18, 24 or 30 mo)
  - 71% Medicaid enrolled completed 1 of 3 recommended screens by third birthday and only 50% receive all 3
  - Around half of kids with developmental concerns are referred after their 3<sup>rd</sup> birthday
- Autism Specific Screening 2024 – (18 and 24 mo)
  - 73% Medicaid enrolled completed 1 screening by 36 months
  - 48% receive 2 screenings by 3<sup>rd</sup> birthday

Resources to Support Screening

[STAR Center AAP](#)

[AAP Screening Toolkit](#)

# Best Practices for Addressing Confidentiality Issues in Peds

## Maternal Mental Health –

- Maternal/caregiver screenings are recommended part of well child care
- Often this means documentation in child's chart – can allow access to caregiver screenings for whoever can access the child's chart

When possible, sensitive information on caregivers (screening results and discussion) should be kept confidential and not allow access to other caregivers

Charting should focus on the needs of the child



# Best Practices for Addressing Confidentiality Issues in Peds

## Adolescent Confidentiality

- Mental and sexual health records for adolescents should be kept confidentially
- Ideally adolescents should have confidential access to asynchronous communication with their provider
- Behavioral health services that are done via telehealth platforms need to consider the teens privacy on the other end

Technological barriers prevent many providers from being able to meet these guidelines. What issues do you struggle with?



# Impact of Vaccine Hesitancy

As more families are feeling unsure about vaccines in general this is what we are hearing from providers across the state....

- Providers are expressing fatigue with the conversations leading to decreased job satisfaction and overall increased burnout
- Some practices have addressed by requiring families to be vaccinated
- In some locations this has created a burden on those that don't do this - including reporting significant decreases in their quality measures
- Decision support tools for vaccines can help get to the foundation of the hesitancy

# Decision aids for talking about vaccines

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# Vaccine Education Center - CHOP

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## Vaccine Education Center

Where science leads the way toward healthy families at every age

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# Decision aids for other pediatric concerns

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- [Decision Support Tool for ADHD](#)
- [Decision Support Tool for Otitis Media](#)
- [Decision Support Tool for Asthma](#)
- [Autism BH Medication Treatment Decision Support Tool](#)

# Contact me for additional support

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