ASK Adaptations: Screening an Economically and Culturally Diverse Population

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Setting

Denver Health

- 28 Federally qualified health centers (FQHC)
- >75% Of patients have public insurance or are self-pay

Westside Pediatrics

Sam Sandos Westside Family Health Center pediatric clinic (Westside Pediatrics) is an FQHC in the Sun Valley neighborhood of West Denver.

- 47% Of patients identify as Hispanic
- 38.6% Of patients’ families preferred language is Spanish
- 88.7% Of patients are on Medicaid

1 Of patients have public insurance or are self-pay
2 Of patients are on Medicaid
Objectives

• Translate the ASK intervention by offering to every eligible patient family no-cost screening for Type 1 Diabetes (T1D).

• Educate providers on the ASK program

• Build EHR workflow

• Pilot implementation at the time of current lead and anemia screenings (18 months – 3 years old).
Unique Challenges/ Barriers

• Concern that ASK would initially not be able to serve patients at no cost to the participant.

• Desire to build T1D screenings into an existing routine blood draw.

• Needing a new workflow for clinic, EHR, and Lab.

• Seeking to create systems of education and support that do not place additional burden on clinic.
Initial Adaptations: Operational Clarity

ACCESS
To medication and treatment regardless of insurance status

ENROLLMENT
Was determined to occur at the time of lead / anemia screening

WORKFLOW
Was developed with providers:
- When the program is introduced
- What information is given before pt sees providers
- Support for providers discussing ASK in English and Spanish
- EHR process for enrollment and ordering
- Lab processing and courier actions

NOTIFICATION
Of positive results come directly from BDC via phone call. Positive results are not sent to families or providers until patient has had follow up with BDC.
Clinic Proposed Workflow Overview

**Normal Flow**

- **2 – 3 year-old patient arrives at clinic for Check-In**
  - Standard check-in workflow by registration staff
  - Patient is taken back by MA/RN
  - MA/RN follows normal patient workflow and places standard of care orders for 2-year WCC
  - MA/RN gives ASK Information and QR Sheet

- **Provider Sees Patient**
  - Provider or MA informs the parents that they are eligible for lead and anemia
  - Provider finds ASK Smartset which shows “Suggested Labs” for 2-3 year WCC
  - Provider discusses ASK with patient
  - Parent scans QR code and completes consent on their phone, receives a 4-digit code

- **Provider Orders Labs**
  - Provider places the order set. Patient is automatically “identified” and BDC study staff notified
  - Provider concludes visit and directs patient to lab

**ASK Flow**
Provider Feedback

Demand on Provider Time:
• “It's just it's hard to know how much of a longer conversation that's going to take...It seems like theoretically it could be really quick, but I can also imagine sometimes where it totally *distracts from acute concerns* and stuff as well.”

Patient Education:
• “I do want to provide this [screening], but I also want to *have the tools*, and I also want to make sure that they're getting *plenty of education* about it and not something that is falling on us for the visits and for the follow ups.”
• “Educational materials for our patients have... been set to be at *4th grade literacy*”

Family Stress:
• “My concern is about *increasing family stress & anxiety*... I do not know how well our families understand probabilities and how well they process uncertain risk.”
Adaptations (following provider meeting)

1. RECRUITED
   Additional support from the BDC to assist providers during launch

2. MODIFIED
   Patient education materials (lower grade level, increase cultural sensitivity)

3. CHANGED
   Ordering from provider to medical assistants (BPA)

4. MOVED
   From a “hard launch” to a “soft launch” with 3 providers to start

5. PROVIDED
   Scripting in English and Spanish for providers, i.e., why do this research study?

6. UPDATED
   Age range from 2-3 years old to 18 months-3 years old
References
