

# ASK Adaptations: Screening an Economically and Culturally Diverse Population

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**DENVER HEALTH**

est. 1860

**FOR LIFE’S JOURNEY**

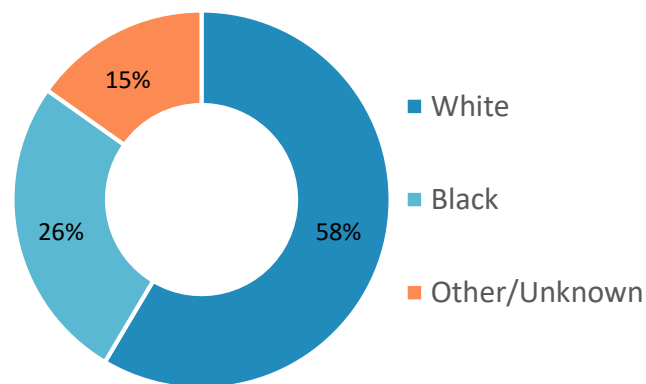


# Setting

## Denver Health

**28**

Federally qualified health centers (FQHC)



**>75%**

Of patients have public insurance or are self-pay.<sup>1</sup>

**47%**

Of patients identify as Hispanic

## Westside Pediatrics

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

- 12 providers (3 PAs, 9 MDs)



**38.6%**

Of patients' families preferred language is Spanish.<sup>2</sup>

**88.7%**

Of patients are on Medicaid.<sup>2</sup>

# 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

1

To medication and treatment regardless of insurance status



## ENROLLMENT

2

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

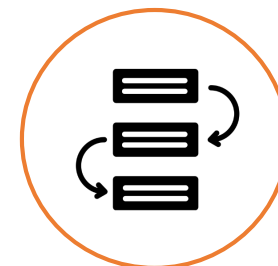


## WORKFLOW

3

Was developed **with** providers:

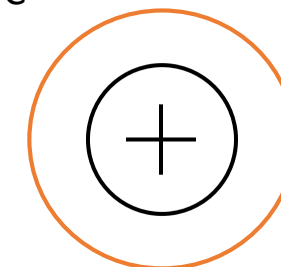
- When the program is introduced
- What information is given before pt sees providers
- Support for providers discussing ASK in English and Spanish
- EHR process for enrollment and ordering
- Lab processing and courier actions



4

## NOTIFICATION

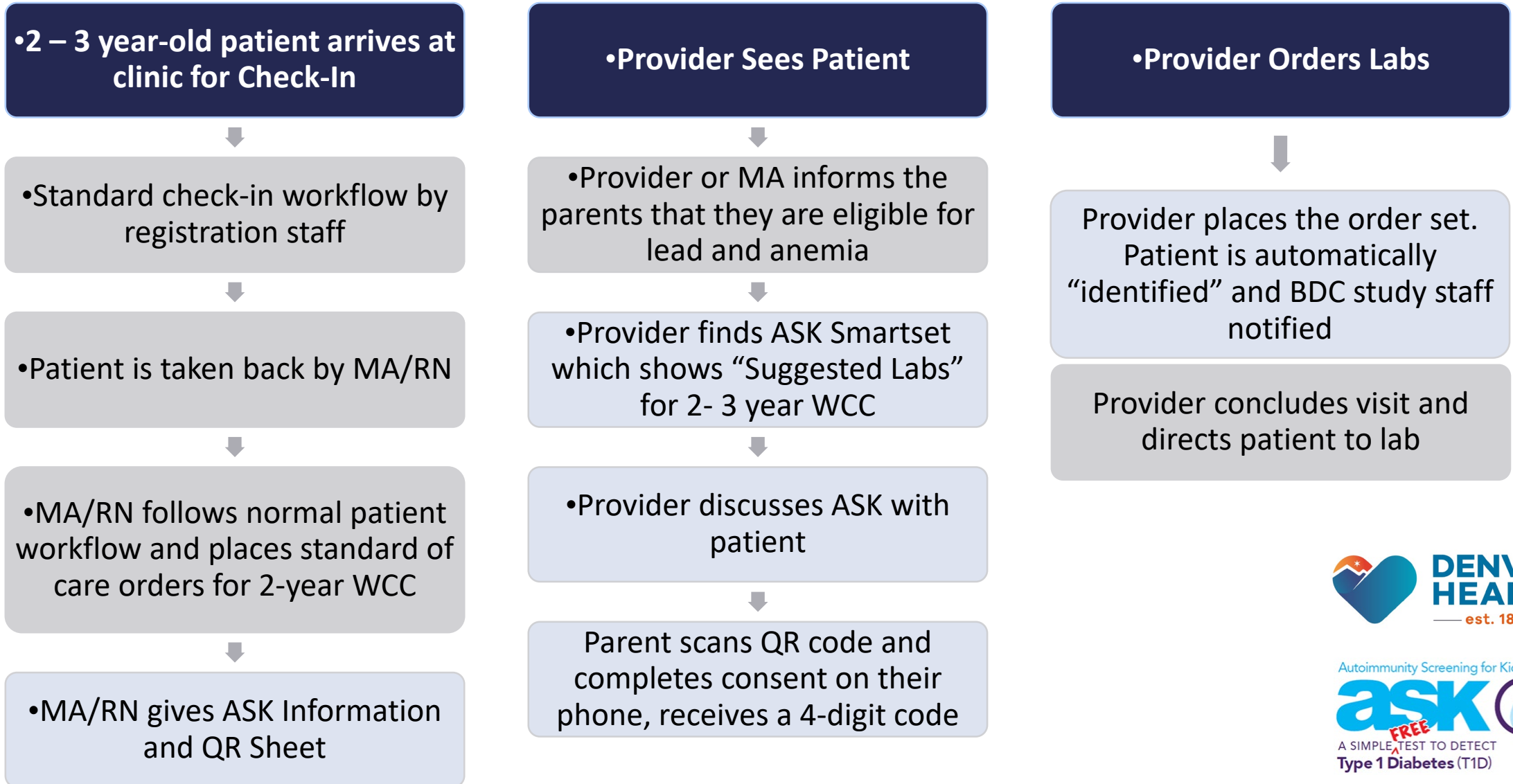
Of positive results come directly from BDC via phone call. Positive results are not sent to families or providers until patient has had follow up with BDC



# Clinic Proposed Workflow Overview

Normal Flow

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

1. Agency for Healthcare Research and Quality. Denver Health: How a Safety Net System Maximizes Its Value. AHRQ Pub No 19-0052-3. [https://www.ahrq.gov/sites/default/files/wysiwyg/lhs/lhs\\_case\\_studies\\_denver\\_health.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/lhs/lhs_case_studies_denver_health.pdf) Published 2019. Updated 2019. Accessed Dec 28, 2019.
2. TW Gray, LJ Podewils, RM Rasulo, RP Weiss, MT Tomcho. Examining the Implementation of Health-Related Social Need (HRSN) Screenings at a Pediatric Community Health Center. Journal of Primary Care & Community Health, Volume 14: 1–8. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10164847/pdf/10.1177\\_21501319231171519.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10164847/pdf/10.1177_21501319231171519.pdf).