

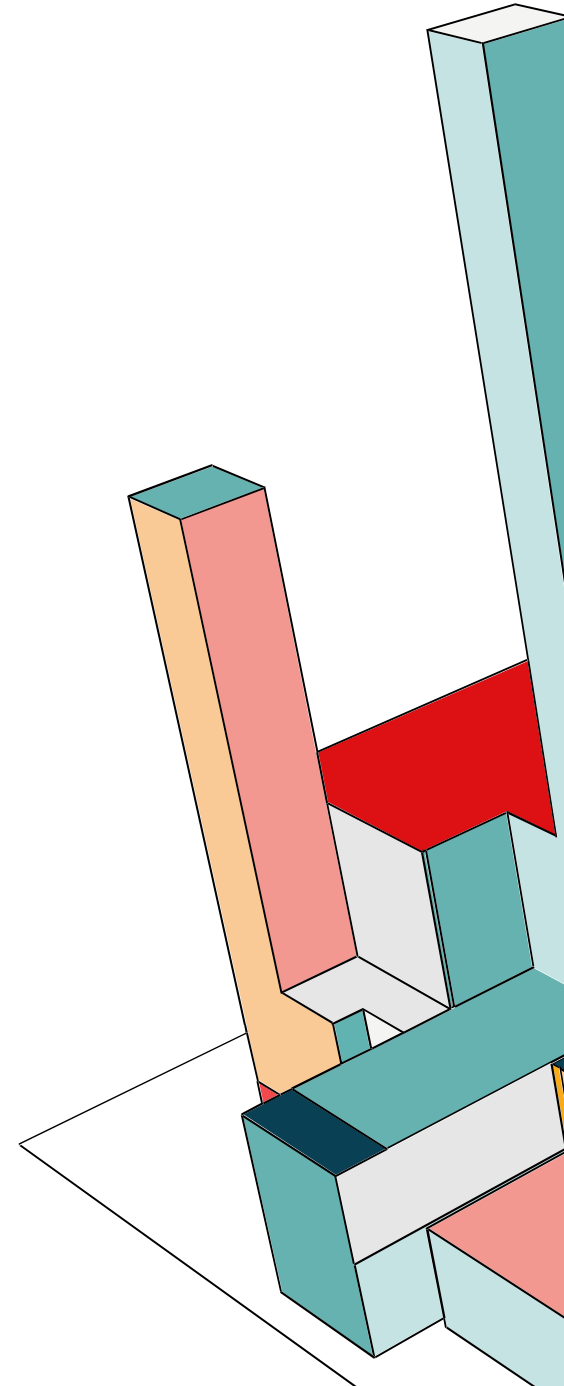
# **PEDIATRICS 5280 OUR JOURNEY**

## **ASK (AUTOIMMUNITY SCREENING FOR KIDS) IN COMMUNITY PEDIATRICS**


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# DISCLOSURES

- **I have no potential conflicts of interest or financial relationships to disclose.**



# **LEARNING OBJECTIVES**

- 1. OBTAIN KNOWLEDGE ABOUT OPPORTUNITY TO IMPLEMENT ASK SCREENING IN GENERAL PEDIATRIC PRACTICE.**
  - 2. LEARN ABOUT PROCESS AND IMPLEMENTATION OF ASK SCREENING IN THE OFFICE SETTING.**
  - 3. UNDERSTAND THE POTENTIAL BARRIERS IN ASK SCREENING IN A PRIVATE PRACTICE SETTING.**
  - 4. DISCOVER BENEFITS AND OUTCOMES FOR FAMILIES WHO HAVE POSITIVE ASK SCREENING RESULTS.**
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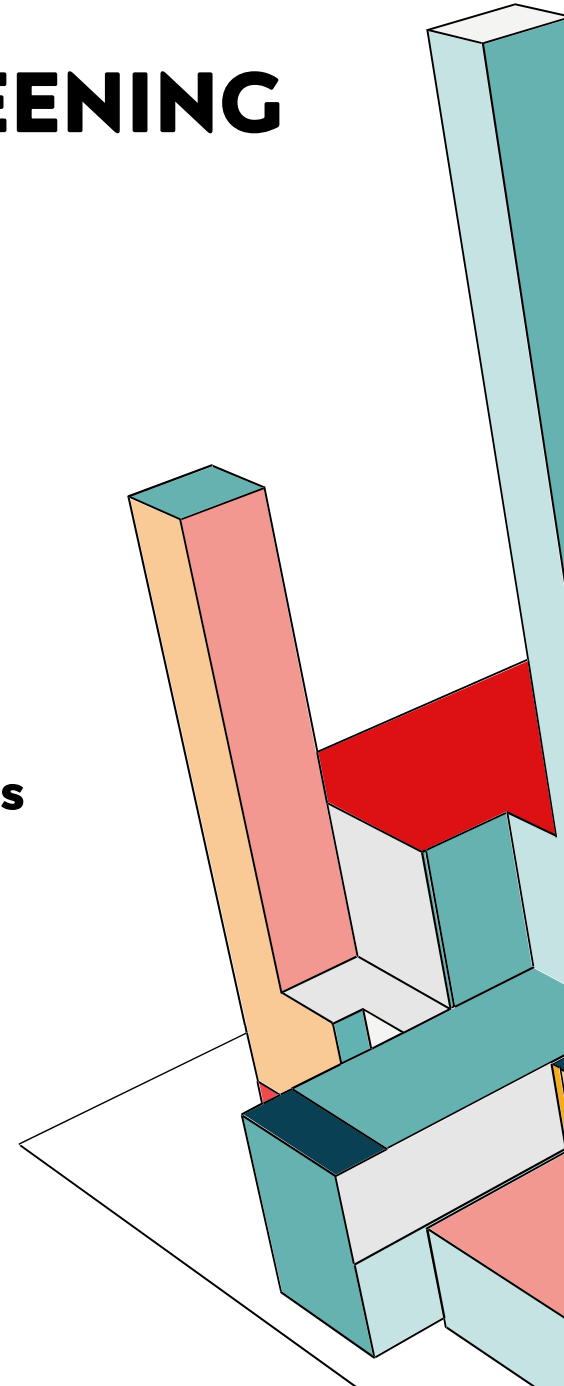


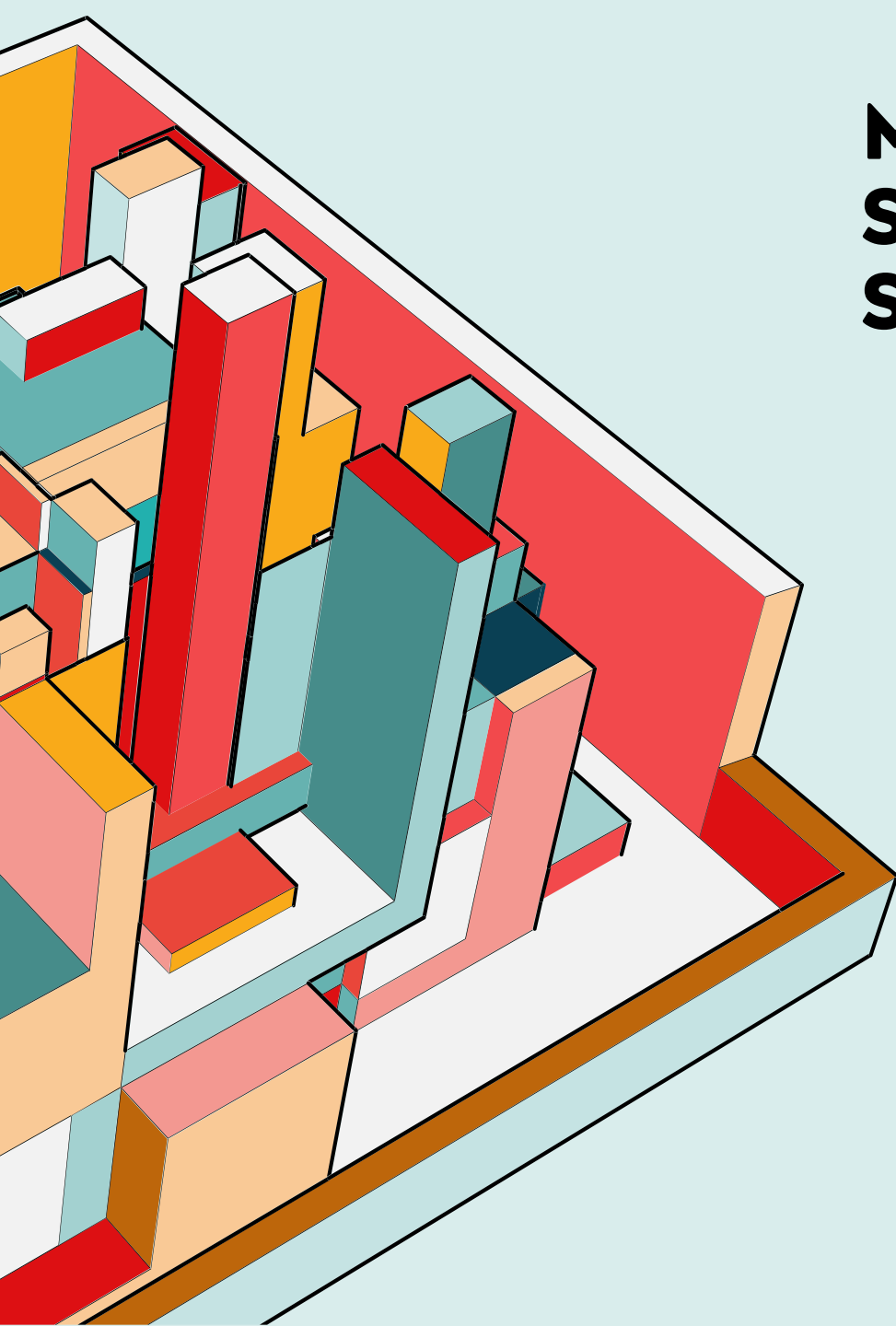
# **THE WHY BEHIND THE DRIVE TO BE INVOLVED**

- 1971 IDENTICAL TWIN DIAGNOSED WITH T1D AGE 9 YEARS**
- INVOLVED IN TWIN STUDIES STARTING 1980'S**
- 1999 SON DIAGNOSED WITH T1D AGE 3 YEARS**
- PERSONAL EXPERIENCE OF THE UNRELENTING CHALLENGES FACED BY PATIENTS AND FAMILIES**
- WITNESS TO THE SIGNIFICANT LONG-TERM COMPLICATIONS**
- GENERAL PEDIATRICIANS FOCUS ON PREVENTION**

# PAST AND CURRENT INVOLVEMENT IN ASK SCREENING

- **Approached by Dr. Rewers and ASK Screening team to participate in research project.**
- **Potential population to screen was estimated 6-7,000 patients.**
- **Initial ASK screening for T1D took place in office building lobby and all interested families were offered screening.**
- **Expansion of screening to include Celiac markers.**
- **2020-2021, during pandemic, screening also included COVID antibodies**
- **2023 incorporated screening, in the office setting. Began routinely screening 10-11-year-olds who are already having dyslipidemia screening as part of their preventative well child visit.**
- **2024 expanded to our second office location to capture more patients.**





# **METHODS FOR SETTING UP ASK SCREENING IN THE OFFICE SETTING**

## **Initial step is setting up the process**

- **Involvement of reception employees, nurses, providers, ASK staff**
- **Distribution of information about ASK**
- **Accumulation of supplies and storage**
- **Consent of the patient/parent**
- **Specimen collection and transport to the Barbara Davis Center**

# IMPLEMENTATION OF ASK SCREENING IN OFFICE SETTING- BARRIERS AND SUCCESSES

## • Barriers

**Technology- WIFI issues completing online consent**

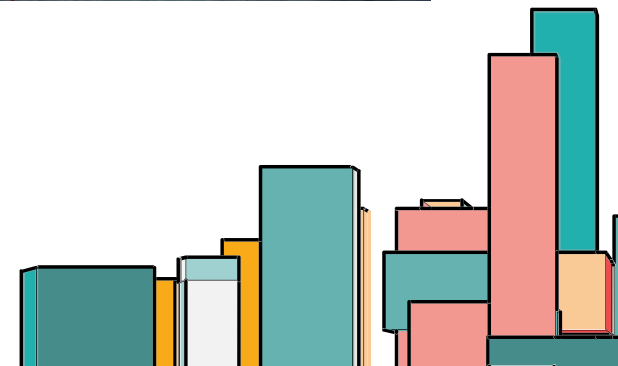
**Consent form- Using QR code, too long, too many questions**

**Nursing Inexperience initially in collecting samples**

**Initial surge – followed by drop-off, providers fall back to old habits and forget to offer screening**

**Staff Turnover- training new staff on process takes back seat to other “more important tasks”**

**Time- This is by far the biggest barrier. Explanation to families, time to complete consent, obtaining specimen completing paperwork. Interferes with allotted time for appointments, leads to patients and providers opting out.**



# SUCCESSES.....

- Overall, with the implementation of ASK screening 1,019 patients at Pediatrics 5280 have been screened.

- Of the 1,019 patients screened:

T1D Only – 21, TG Only – 42, T1D and TG – 2

Total – 65 ( 6.3% of those screened were found to have positive tests)

- Of those positive:

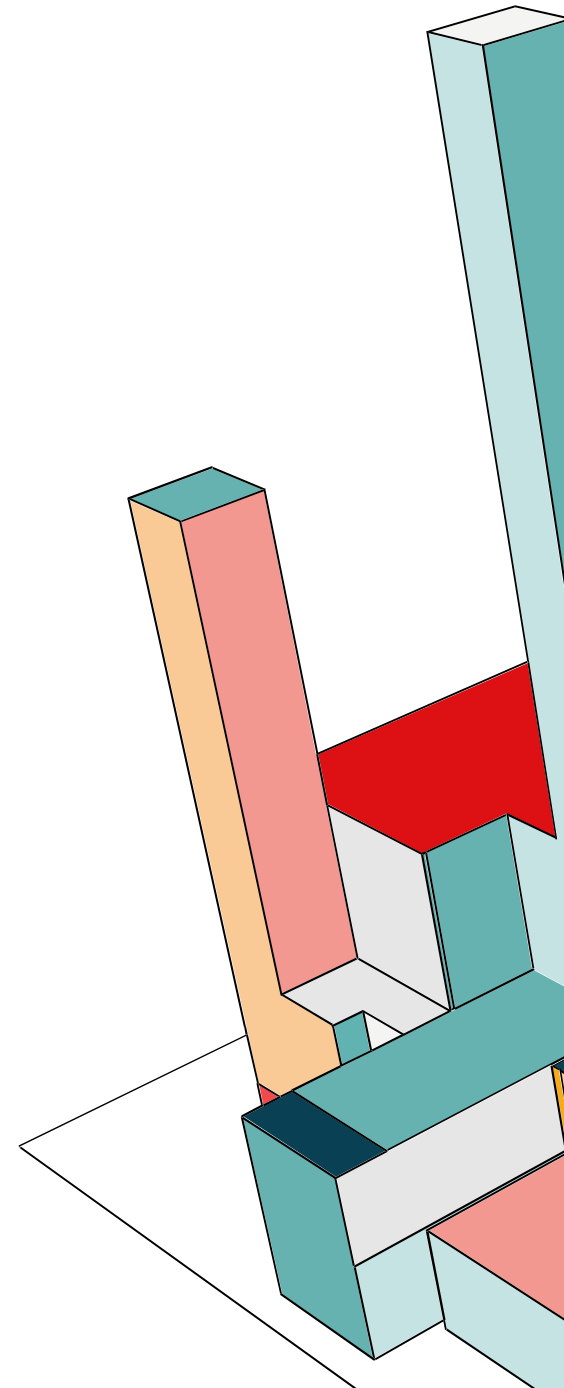
3- Multiple AB+

3- SBB+ ( single by both ECL and RBA assay)

17- Single by one AB+

Of note , the 2 subjects with both T1D and TG:

one is Multiple AB+ and one with Single AB+





# SUCCESSES CONTINUED..

- **Dyslipidemia screening**
  - **AAP recommends all 10–11-year-olds and 17–18-year-olds have this screening**
  - **Pediatrics 5280 Data: population aged 10-11 years, 1577. From 1/1/24- 10/1/24 we have performed 855 lipid tests, approx. 54%!**
  - **Nationally, approximately 12 % of this age group is receiving the recommended screening. (JAMA 7/23/2024)**
  - **Pairing ASK screening with Dyslipidemia screening just makes sense!**
  - **Started 7/2023 in 1<sup>st</sup> office. 244 participants, in 62 weeks ~ 4/week. 2<sup>nd</sup> office started 5/2024. 57 participants in 21 weeks ~ 3/week**



# **BENEFITS OF SCREENING IN THE OFFICE SETTING**



## **This is a powerful tool!**

- **Access to large patient population**
- **Physicians and PA belief that we are doing the right thing for our patients and making a positive impact on their lives**
- **Collaboration with our community of experts through the Barbara Davis Center and Children's Hospital of Colorado GI Department ( Celiac experts)**

## **Parental appreciation!!!!**

- **Ease of obtaining testing**
- **No cost to the families for testing**
- **If testing is negative, decrease worry about the potential of T1D or Celiac**
- **If test is positive, ease of access to early intervention by T1D and celiac experts to guide in further evaluation and management.**

**THROUGH THE ASK SCREENINGS WE CAN IMPROVE  
OUTCOMES AND HELP DIMINISH THE LONG-TERM  
COMPLICATIONS SUFFERED BY PAST GENERATIONS**

