PEDS_online_

PEDS Online:
Implementation and Case Example

Frances Page Glascoe
Professor of Pediatrics
Vanderbilt University

Angel Kennedy, Michael Camp, Nicholas Robertshaw...and advice from many PEDS Online users
www.pedstest.com/online

<u>Note to presenters:</u> This slide show is also a movie and a case example. You can view/download all on <u>www.pedstest.com.</u> It takes about 35 – 40 minute (excluding site trials which are explained at the end). The show includes an example of how PEDS Online helped, and it also explains how one pediatric service with multiple satellite clinics implemented PEDS Online and all the issues they debated to create an optimal approach that worked in the face of different staffing patterns, equipment, patient mix, etc.

In this case example, you will see how PEDS Online works in our busy clinics. We describe one of our patients, whose pseudonym is Matty Walds. He was 3 years old when we saw him for the first time (and with no past medical records).

You will also see how our differing multi-satellite clinics implemented the PEDS Online Screening service—including administration options, billing and coding for optimal reimbursement, how we met foreign language challenges, and found resources (both for referrals and for parenting information).

Although the focus in this movie is on health care clinics, the implementation process is relevant to other settings such as day cares, schools, Head Start, foster care, and other types of services.

The Notes pages describe the process in their own words. (italics are presenter notes, non-italics are what presenters need to say).
<u>*Training suggestions, Handouts, videos etc.:*</u>

a) Your audience will need either a copy of this slide show (3 slides per page) or a copy of the PEDS Online case example as a print-out (because many of the slides show/video output is too small to read as a slide). You can find this here (called Matty: Implementing PEDS Online) http://www.pedstest.com/SeeTheTest/CaseStudies.aspx

b) The talking points handout is always a good thing to include—feel free to add a page of local service links & phone numbers such as Early Intervention, Head Start, parenting training, public schools, etc.

d) If you provide a printout of the PEDS Online case example, you won't need to print this slide show as a handout

c) If your presentation is in a room with internet access AND your attendees have been asked to bring their lap tops, you can let them trial the site after you've presented the slides. First they'll need to listen to the show but after that you can have them trial the site and work through additional or case examples (more on "live" examples toward the end of this slide show).

This is an image of the PEDS Online login page, where you insert your username and password to begin. Once into the site, your login information "persists", meaning that when you start screening a different child, you don't have to re-enter your username or password.

just read the large text at the bottom of this slide, starting with, "This is an image…."

PEDS*online*

Monday August 30, 2010

Home

Professional Menu
Administration
Age Calculator

30 months.

PEDS and PEDS:DM are two highly accurate, valid developmental-behavioral screening and surveillance tools. Used alone or together, they comply with AAP policy and offer the best solution for early detection.

M-CHAT: The AAP also recommends use of an autism-specific screen such as the **Modified Checklist of Autism in Toddlers** at 18 and 24 or

Dr. Frances Glascoe
Allentown, Pennsylvania

License Type: PEDSplus
796 Uses left on license

TEST OPTIONS:

○ **PEDS + PEDS:DM and/or MCHAT**
You will be given the option to take either M-CHAT or PEDS:Developmental Milestones (PEDS:DM) with optional M-CHAT at the end of your PEDS test.

○ **PEDS:DM + Optional M-CHAT** (Does not include PEDS)
After administering PEDS:Developmental Milestones (PEDS:DM) (for children 0 through 7 years 11 months) you will be given the option to administer the M-CHAT if the child is within its target range. (ie., 16 months through 3 years 11 months)

(Start Test)

After logging in, you'll first see the screens' selection page.
You have these options:

1. You can start with *Parents' Evaluation of Developmental Status (PEDS)* which analyzes parents' concerns—which ones are problematic and which ones just need advice.
2. Then, optionally, you can complete *PEDS: Developmental Milestones (PEDS:DM)* and/or the *Modified Checklist of Autism in Toddlers (M-CHAT); or*
3. OR… you can just start with the *PEDS:DM* and then decide whether to complete the optional *M-CHAT.*

*You can just read the large print starting with "*After logging in…."

You can also decide whether to administer tools in English or in Spanish. Note that the AAP recommends eliciting and addressing parents' concerns plus viewing milestones at every well visit and using an autism specific screen at 18 and again at 18 months. Accurate tools are essential for quality decision-making.

*Don't read the slide and just say, "*Once logged in, you land on this page where you'll see the required information you'll need to add, i.e., the child's name, date of birth, and date of testing (for which there is a click button that inserts today's date for you if helpful). Other fields are optional, but preferred.

Assuming you've opted to start with PEDS as we have, Just below are the PEDS questions where parents' comments are entered.

When finished click the "submit" button at the bottom of the page."

You are then brought to this page where you double-check that the child's age is correct. You can also add any concerns you have –just don't remove parents' concerns. However frivolous they may appear, parents' concerns are real to them and need addressing by professionals. PEDS scoring will find those concerns not predictive of real problems and advise you to offer guidance and monitoring, rather than referring.

Matty, age 3

So, here is one of the first children we screened through PEDS Online.

Let's look closely at what Matty's mom said *(click to have the text bubble appear).* The PEDS Online software parses parents' verbatim comments when scoring, categorizes them, and then identifies risk levels that indicate, based on evidence what to do next.

Once parents (or clinic staff) have entered comments, you just click submit.

In Matty's case, PEDS Online identified his mother's concerns as fine motor and expressive language/articulation issues. This placed Matty on a moderate risk path—not so high that we'd go for an immediate referral, but enough to make us want to look a bit further at his development.

We've found that with PEDS Online, it doesn't take much time to do additional screens ourselves. And.. that enables us to decide right then and there whether we should refer (and for what types of services), or… whether we should just give the parents information on how to promote development and then monitor progress.

Because Matty was new to our clinic and he had not been screened for autism spectrum disorder (which is recommended by the American Academy of Pediatrics at 18 and again at 24 months), we chose to administer the M-CHAT next.

M-CHAT (second level psycho-social screen)

Please answer the following about how your child usually is. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swung, bounced on your knee, etc.? — Yes / No
2. Does your child take an interest in other children? — Yes / No
3. Does your child like climbing on things, such as up stairs? — Yes / No
4. Does your child enjoy playing peek-a-boo/hide-and-seek? — Yes / No
5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things? — Yes / No
6. Does your child ever use his/her index finger to point, to ask for something? — Yes / No
7. Does your child ever use his/her index finger to point, to indicate interest in something? — Yes / No
8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them? — Yes / No
9. Does your child ever bring objects over to you (parent) to show you something? — Yes / No
10. Does your child look you in the eye for more than a second or two? — Yes / No
11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) — Yes / No
12. Does your child smile in response to your face or your smile? — Yes / No
13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) — Yes / No
14. Does your child respond to his/her name when you call? — Yes / No
15. If you point at a toy across the room, does your child look at it? — Yes / No
16. Does your child walk? — Yes / No
17. Does your child look at things you are looking at? — Yes / No
18. Does your child make unusual finger movements near his/her face? — Yes / No
19. Does your child try to attract your attention to his/her own activity? — Yes / No
20. Have you ever wondered if your child is deaf? — Yes / No
21. Does your child understand what people say? — Yes / No
22. Does your child sometimes stare at nothing or wander with no purpose? — Yes / No
23. Does your child look at your face to check your reaction when faced with something unfamiliar? — Yes / No

continue...

The M-CHAT items then appear and you select between the yes-no answers. When finished, you click continue.

Now you've come back to the report page and can see the combined results plus…a final option: to screen milestones with the PEDS:DM.

We chose to give the PEDS:DM next because the M-CHAT only rules out the probability of autism spectrum disorder--meaning that Matty could still have speech-language, fine motor or other problems that the M-CHAT doesn't detect.

The PEDS:DM covers milestones, with evidence, and most of our providers want to look at that.

So now you see the PEDS:DM questions appropriate for Matty's age. There is one question for each domain: expressive language, receptive language, gross motor, fine motor, self-help, and social emotional. Older children also get questions about reading and math). So in total, there are 6 – 8 milestones questions (depending on age).

After clicking submit…

….Next you see the PEDS:DM results (and those of prior measures). Matty met milestones in some areas but not in fine motor and expressive language; meaning that he performed below the 16th percentile compared to his peers. The 16th percentile is OK for height, weight, and head circumference, but when it comes to development, such delays strongly predict present and future problems with school skills and school success.

It is definitely time to do something to help Matty! So…

PEDS*online*

08-30-2010

Dear Child Development Specialist/ Health Provider,

On **08-30-2010**, we administered three highly accurate developmental-behavioral screening tests to [Matty Walds], born **08-05-2007**. These include: Parents' Evaluation of Developmental Status (PEDS), the Modified Checklist of Autism in Toddlers (M-CHAT) and/or PEDS: Developmental Milestones (PEDS:DM). All three measures were standardized on thousands of children around the United States and validated against diagnostic measures of intelligence, adaptive behavior, speech-language, etc. All are approved by the American Academy of Pediatrics and shown to be highly accurate in identifying children in need of various types of evaluations and intervention services.

The results of PEDS place [Matt] in a high risk category. Children with this result have 11 times the risk of disabilities compared with other children. About 50% of children with this score are eligible for special education services and the remaining 50% tend to score well below average on measures of intelligence, language, or preacademic skills.

The results of the PEDS:DM confirm a pattern of risk. Milestones were not met at or below the 16th percentile in the following areas: **Fine Motor, Expressive Language**. Nevertheless, Ezekiel demonstrated appropriate social relatedness and understanding on the M-CHAT.

[Matty] also appears to be performing above the 16th percentile in **Receptive Language, Gross Motor, Self Help, Social Emotional**.

Given the above results, further testing is needed and should include diagnostic measures of speech-language, intelligence, adaptive behavior, and depending on the child's age, preacademics/academics. Your clinical judgment is needed to determine whether mental health, social services or other assessments would be helpful.

Assessment is available without charge through your local child-find program (www.nectac.org), or through the public schools-- please contact the school psychologist or speech language pathologist to make a referral. If [Matty] does not qualify for intervention or special education, please refer for services such as Start, after school tutoring, summer school, quality daycare, and parent training.

In addition, we recommend checking [Matty]'s hearing, vision, overall health status, including lead levels, and addressing health-related questions this family has. We also encourage you to monitor [Matty]'s progress and encourage you to make sure that families sign a two-way consent form so that you can share these results with other providers and they with you.

Please assist this family in finding timely testing and services and also help them get information on how to help at home.

Sincerely,

Provider Or PEDS Online Support Team

Procedure code: 96110 (X 3)
Possible ICD-9 code: 315.9
PEDS results: high risk

PEDS Online also generates a referral letter that you can send to early intervention, public schools, Head Start or other services and therapies to whom you wish to refer.

Click to get the arrow to come in and then say, "Note that procedure and ICD-9 codes are also provided in the referral letter."

PEDS *online*

About the Results of your Child's Screen

Dear Parent,

On **08-30-2010** we administered to Matty Wald , born **08-05-2007**, three highly accurate brief tests of learning, development and behavior. These include: Parents' Evaluation of Developmental Status" (PEDS), the M-CHAT (a measure of social skills and understanding of everyday language) and PEDS: Developmental Milestones (PEDS:DM).

Matty performed well on the M-CHAT but had difficulty with other skills: **Fine Motor, Expressive Language**.

Nevertheless, Matty performed adequately in these areas: **Receptive Language, Gross Motor, Self Help, Social Emotional**

Coupled with the concerns you raised on PEDS, the results suggest that further testing of Ezekiel is needed to look carefully at all areas of development and advise you and this office about learning needs and helpful services. This testing will not cost you and will lead to recommendations for no-cost programs for which Matty s eligible.

We would also like to make sure that Matty gets vision, hearing, lead and autism-specific screening, to make sure there are no problems in these areas. Your health care provider should also address any health-related concerns you have. Depending on these results, your provider may need to make additional referrals.

We would like your permission to send the results of today's testing to the services we are recommending. We would also like your permission to receive information from them on the additional testing they do and the recommendations they have for helping Matty

We would also like to give you information on things you can do at home to help your child learn. If you have access to the internet, you will find helpful links at www.pedstest.com.

Sincerely,

Provider

PEDS Online also generates a summary report you can print out to send home with parents. This explains the findings in family-friendly terms and includes recommendations plus links to needed resources. The AAP and other societies recommend that families receive a written take home summary whenever children are referred and whenever clinicians offer advise about developmental promotion, behavioral guidance.

Our clinics have found that the summary report encourages families to follow through.

Nevertheless, the optimal approach is to make appointments for families—they are far more likely to keep appointments when providers make them.

Matty -- age 7

Matty (shown here at age 7 –and whose school photos always make us giggle) was referred, at age 3, to early intervention and given extensive evaluations by a developmental psychologist, speech-language pathologist, and an occupational therapist. Such testing is free for all families through early intervention or the public schools.

The results confirmed the pattern of delays observed in our screenings.

Matty's parents decided to enroll him in Head Start with special education support including speech-language and occupational therapy. His problems with short attention span and his tendency to misbehave (probably as a consequence of frustration at not being understood) improved enormously when his expressive language and articulation skills improved and… with exposure to well-behaved peers whom he watched carefully and imitated.

Although Matty made great strides, his cognitive and self-help, indeed all skills, progressed slowly relative to his peers. As we say in our clinic, "Development develops and developmental problems can too."

Eventually, Matty received a diagnosis of intellectual disabilities as well as speech-language impairment. Once enrolled in the public schools, he was was placed in a part-time special education classroom, with regular education for the rest of day (during activities that were non-academic in nature).

Meanwhile, Matty has many vocational gifts and remembers, without prompting, to feed the animals on his parents' farm, actually enjoys weeding the family garden, and… he likes to wash dishes! Our clinic's staff all want to hire him one day!

Early Intervention and other preventive services

This slide is animated. So, as you read the below, click from time to time (5 in all).

Our clinic firmly believes that the *earliest possible* intervention is optimal. Although it isn't always a cure, it clearly helps our patients and their families. We recognize that determining which children need services, depends on quality early detection tools.

We also found that some of our patients didn't qualify for early intervention. At first that frustrated us. Then we learned that such children are behind…just not behind enough to qualify …at least not .yet.

But we know such kids are at risk for falling further and further behind. So we want to prevent that whenever we can so that they don't become increasingly delayed and thus need early intervention or special education.

 So… we rummaged around for other services when children didn't qualify… like parent-training, Head Start, Early Head Start, quality preschool and day care programs.

We've found lots and lots of services out there to help our patients. We've also gotten to know and appreciate the non-medical provider community and we've worked with them to streamline the referral process and how to make it easier for families to make appointments-- and so that we get feedback along the way.

Some families do need extra time to follow through and we have to repeat our message sometimes but that eventually works. Obviously monitoring our referrals and our patients' progress is also essential.

"Oh, ... by the way..."

We like the ease , speed, and scope of PEDS Online. We have eliminated from our age-specific encounter forms our milestones checklist (even though it was drawn from the Denver-II) because that was time-consuming and seemed to miss many many children.

And ....*(click to make the animation work)* we have found that by using PEDS Online early or preferably before an encounter, that we have virtually eliminated those pestiferous "oh by the way" concerns that so disrupted visit length and patient flow through our clinic.

We've found that PEDS Online shaves several minutes from our well-visit encounters--time that we now spend on more worthwhile pursuits like preventing learning problems via developmental promotion; giving parents information about child-rearing issues; encouraging parents, via Reach Out and Read, to share books and talk with their children during meals; and in facilitating referrals when needed.

Finally, we have garnered much better reimbursement for screening from both private payers and Medicare as a consequence of using the validated tools within PEDS Online and from the billing/coding advice the site provides.

We also asked our clinic coordinator to help figure out the various billing procedures for each of our payers—to make sure we complied with their varying requirements.

**Families return for preventive care
when visits are relevant – when we
elicit and address families' own issues**

We've also discovered that those families who are usually not that great at bringing their kids in for preventive service visits—the parents we most want to reach because they have limited education and resources-- are now, SIX times more likely to return for well-visits at our clinic. They've learned that our clinic will address their concerns. And we know that parents' concerns are mostly about learning and behavior.

So, we use PEDS Online at all well-visits, starting at 6 months (earlier if parents' raise concerns, if we anticipate problems given prematurity, established conditions or syndromes) and then we continue to use PEDS Online for preventive care encounters up to 8 years of age.

Administrative Panel for PEDS Online

Here's some "back of the book info." PEDS Online provides an administration panel where you can log in and see all records

So from this page we can select to search our screens, show the most recent, etc.

This feature of PEDS Online gives us much flexibility in terms of managing our time and visit length. And, because our clinic is doing a quality improvement initiative, we can also track our progress at routine developmental-behavioral screening and developmental promotion.

Here, we've selected to see our most recent screens. The red **E** to the left enables us to open a record and make corrections.

For example, we've sometimes made mistakes with birthdates or the spelling of a patients' name. So we can fix that easily. Also our clinic sometimes sends families home with the M-CHAT and have them return within a month, so that we can add that to the results of screening.

Other administrative support information

Notice the left-hand menu showing some other helpful features and information about PEDS Online.

These include There are Frequently Asked Questions (FAQs)—and also an Online Brief Guide…described on the next page.

PARENTS' EVALUATION OF DEVELOPMENTAL STATUS: PEDS ONLINE

An evidence-based method for detecting and addressing developmental and behavioral problems in children

GUIDE TO DEVELOPMENTAL-BEHAVIORAL SCREENING: PEDS ONLINE

WELCOME TO PEDS ONLINE

PEDS Online ensures accurate detection of children with developmental-behavioral problems by providing access to validated high-quality screens: Parents' Evaluation of Developmental Status (PEDS), PEDS:Developmental Milestones (PEDS:DM), and the Modified Checklist of Autism in Toddlers (M-CHAT). These measures determine children's risk for various kinds of developmental-behavioral/mental-health problems. PEDS Online provides decision support, based on extensive research, i.e., when to refer and where, whether parent education is the best course versus reassurance or watchful waiting.

PEDS Online provides test results, billing and diagnosis codes, summary reports for parents, and, when needed referral letters. All information is returned in real-time, immediately upon completion of the screens. Thus, PEDS Online helps providers save time, receive appropriate reimbursement, and provide accurate measurement. Hosted at forepath.org, PEDS Online is designed to keep data in compliance with HIPAA, or HL-7.

When to use PEDS Online:

The American Academy of Pediatrics (AAP) recommends screening as well as surveillance:

1) eliciting and addressing parents' concerns at each well-visit;

2) monitoring milestones as each well-visit;

3) using an autism-specific screen at 18 and 24 months.

PEDS Online addresses AAP policy via evidence-based measures that are not only screens but also tools for longitudinal surveillance, i.e., PEDS, PEDS:DM and the M-CHAT.

Ways to implement PEDS Online.
Overview:

There are three approaches to using PEDS Online. These include:

- Sending parents to our "Parent Portal" so they can complete measures before the visit (e.g., on a home computer or in an office kiosk). Parents will not see the results. Instead, providers will receive an email alerting them of a completed screen.

- Having office staff administer the measures, in real-time during an encounter, as an interview, i.e., typing in parents' responses as they comment.

- Letting parents self-administer the measures in paper-pencil format (e.g., in a waiting or exam room) and then having office staff type in responses.

Getting Started:

Make note of your unique site access information below:

Username: _____

Password: _____

Licensee ID: _____
(e.g. Username_License#)

This information is included in your completed license agreement but if lost please contact: angel.kennedy@forepath.org.

The downloadable PEDS Online Brief Guide offers information about the types of results you receive. We printed out and keep copies at every station in our clinic where children are screened. We filled out the "Getting Started" Section so that all involved remember how and where to log in with our clinic's account and its unique administration panel.

RESOURCES FOR PEDS ONLINE USERS

REFERRAL RESOURCES: LINKS TO COMMONLY NEEDED SERVICES

- For locating state, regional and local early intervention programs under the Individuals with Disabilities Education Act, and testing services for young children with suspected or known disabilities go to *www.nectac.org*

- American Academy of Pediatrics: Find a Pediatrician (*www.aap.org/referral/*) to locate developmental-behavioral, neurodevelopmental, general and other subspecialty pediatricians. See also the Society for Developmental and Behavioral Pediatrics (*www.sdbp.org*)

- For help locating Head Start programs see *www.ehsnrc.org/*

- For help locating quality preschool and day care programs visit *www.childcareaware.org*, and *www.naeyc.org/*

- For help locating parent training programs see www.patnc.org and the YWCA *www.ywca.org*

- For locating services for school age children, call the school psychologist or speech-language pathologist in the child's school of zone.

- For help locating mental health services go to *www.mentalhealth.org*

INTERNET RESOURCES FOR PROFESSIONALS

Many of the sites listed on the Internet Resources for Parents handout are useful for professionals wishing to gather a range of information handouts on developmental promotion. A few additional sites with a focus in professionals include:

- *www.pedstest.org*

The site offers abstracts of research on PEDS and the PEDS:DM, and FAQs about both measures. In addition there are training slide shows and short movies on how to give various screens including case examples, and downloadable parent information handouts in English and Spanish. The site also houses a discussion list on early detection issues.

- *www.dbpeds.org*

This is the web site for the American Academy of Pediatrics Section on Developmental and Behavioral Pediatrics. It houses information on routine as well as challenging aspects of developmental-behavioral pediatrics (e.g., obesity, autism, medication management, etc.). In addition to numerous articles for physicians, there is also an e-mail discussion in which participants are general pediatricians and developmental-behavioral pediatrics as well as a few speech-language pathologists and other allied health professionals. You can post challenging cases, discuss various management strategies, etc. The section has a spiffy newsletter with a coding column, helpful how-to articles, etc.

- *www.firstsigns.org*

The PEDS Online Brief Guide includes "how-tos", information about the various results, and also a helpful list of referral resources and professional information. It also includes a list of online parenting resources such as www.kidshealth.com for information handouts on common issues like toilet training, sleep, eating, behavior, language development, etc. We also share a link to the site with parents so they can look up additional information they need—when they need it. Our patients are more than 70% Medicaid, but we've found that almost all have or can find computer access (e.g., through their children's schools, public libraries (even their teenagers I-Phones)!

So how did our clinic implement PEDS Online ….

(*while in the midst of trying to go paperless*)?

Well, there was a bit of grousing at the beginning!

We then set aside lunch discussions 1 – 2 times a week to let our clerical and nursing staff consider what would work best. We started the sessions with a "pep-talk" from one doc who was especially enthusiastic about early detection and intervention.

Together the clinic teams, after having other providers commented too, figured out what worked best. On the next page are a few of the options we use given the varying equipment across our clinics.
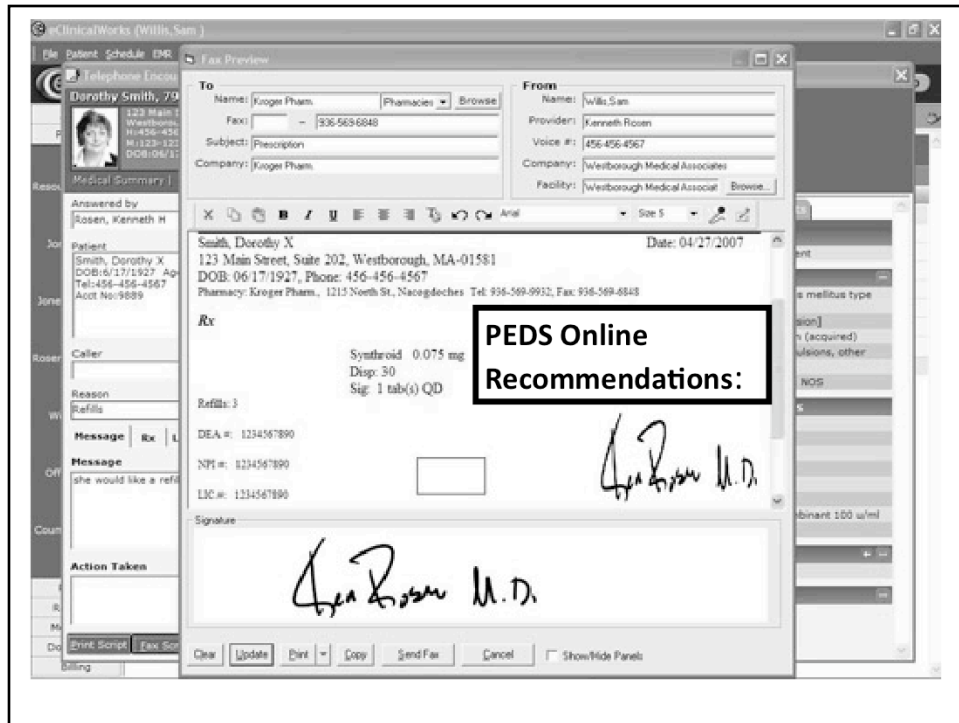
Although everyone wanted the results of PEDS Online to just "auto-magically" appear in our EHR and the PEDS Online team was able to do help with this, we soon realized we didn't have the IT staff (or $$s) on our end to handle that.

But it was easy enough (*click to have new field box appear*) to get the software consultant from our EHR vendor to add a few fields where we could paste in results—although we did have to pester her a bit!

In retrospect it would have been better if we'd asked for modifications before we bought our electronic records software but... there's always a work-around!

Across all our clinics,

a) We always send parents home with an appointment card with the address of our clinic's website where we put a link to the parent portal for PEDS Online. We encourage all parents to go to the site and complete the measures before their next well-visit (they don't see the results—rather, each clinic receives an email alerting them that a screen is completed. Staff then open the administration panel and paste the results into the EHR—all before the providers see the patient).

b) We've been surprised at how many parents, even in our mostly Medicaid clinics do have internet access, and... how much they like the opportunity to have a developmental as well as a health care check-up.

c) *Click here to have the next picture on this slide appear.* And, frankly, our parents report that their kids are teaching them about how to use a computer!

Plan B:

When parents haven't taken screens via the PEDS Online parent portal before the visit

a) When parents haven't gotten their screens completed before the visit, our back up plan is… that when the family checks in, the receptionist checks the PEDS Online administration panel to see if there is a completed screens. If not, she makes a note in the EHR and alerts the Med Tech.

b) If the family speaks English or Spanish, the Med Tech, after gathering vitals, opens the PEDS Online site and administers PEDS and/or the PEDS:DM by interview.

c) For families speaking other languages, the Med Tech makes a note in the chart including that the family is about to enter the exam room.

d) This alerts the clinician who can review the chart on his/her computer before entering the exam room. Once there, he or she contacts the translation service.

e) We provided our translation service with copies of PEDS (these come with PEDS Online in about 18 different languages). These translations are far superior than letting the translators come up with their own wording.

a) We are, so's you know, trying to get a computer for every exam room but for now most providers carry in their laptop.

b) *Click here to have photo of the translation service appear.* If time is lacking (often the case when our translation service is used), we make a follow-up appointment to complete other screens (if indicated) by PEDS Online.

c) At the end of the appointment, the provider prints the parent summary (and any parenting handouts) for the families to pick up when they check out.

d) Even if the family doesn't speak English, we send them home with a summary report from PEDS online and any needed parent information handouts. Families will inevitably find someone who can help them understand the content.

Because all our offices have a printer near our busy receptionists' desk, sometimes they are too busy to notice that there are handouts, like the PEDS Online parent summary and developmental promotion information waiting for a family, we created some pre-printed sticky notes that say "Pick up printouts" and our providers stick these on the billing sheet for the family to take to check-out.

Documentation

While at PEDS ONLINE
CTRL + A = highlight/select
CTRL + C = copy

Switch to Electronic Record
Click on the field for
        PEDS Online results
CTRL + V = paste

In some sites our clinic coordinator or receptionist have time to help with documentation.

In other clinics, our providers paste in results at the end of an encounter.

But…. our clinicians are not always computer savvy. So…. we taught them the few steps needed so that they can switch between the electronic record and the PEDS Online website and add the documentation.

We made sticky notes (we love those things—how did we ever live without them)? to put on each computer showing the few simple steps.

PEDS *online*

So, to summarize:

1. It took a while to figure out how to make PEDS Online work in our differing clinics

2. Help from our office staff was crucial

3. Staff and clinicians appreciated the time our "physician champion" spent explaining the value of early detection

4. Together, we figured out a workable process

You can just read this slide

PEDS *online*

And there's more…

1. We are better able to earn $$ for the work we do
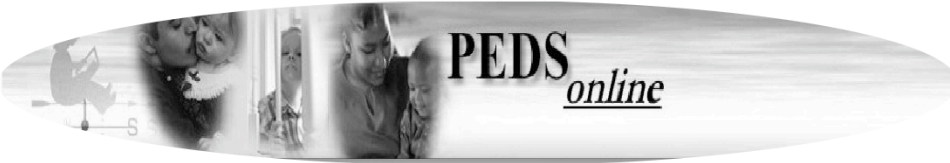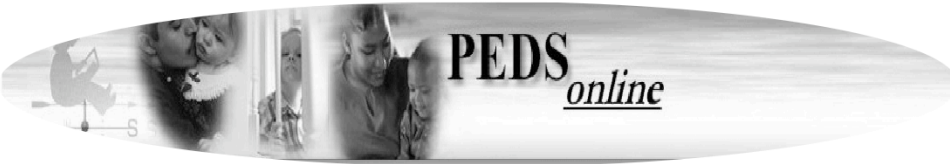
2. We save time—shorter but more productive visits!!

3. Clinicians are more confident in the decisions they make—due to evidence-based support

4. We are far better able to collaborate with referral resources, get parents to follow-through, AND… get feedback about outcomes

You can just read this slide

PEDS *online*

And... our families:

1. Love being asked about their concerns
2. Learn to notice their child's development and behavior more carefully.
3. Are more likely to attend well-visits
4. Rarely raise disruptive and time-consuming "door knob concerns"
5. Are more likely to follow through with our developmental promotion suggestions and referrals recommendations
6. Are more satisfied with the care we provide

You can just read this slide

Anticipating at least some questions you may have,

One is surely, "how long does it take"?

PEDS and the PEDS:DM take about 2 minutes if we have to interview families. The M-CHAT takes 3 – 5 but we often send families home with a copy if time is lacking.

 Because we've gotten most to use the PEDS Online parent portal, that takes maybe 30 seconds since we only have to review results.

Click to get $$ sign to appear. Another likely question is how much does PEDS Online cost?

The cost is between $2.00 to $2.22 for any or all screens administered to a child within a 30 day period—based on volume.

How to bill/code

For Medicaid:

Add -25 to the preventive service code

Then list 96110 (times the number of screens administered), such as 96110 X 3

For private payers:

Add – 59 to the preventive service code

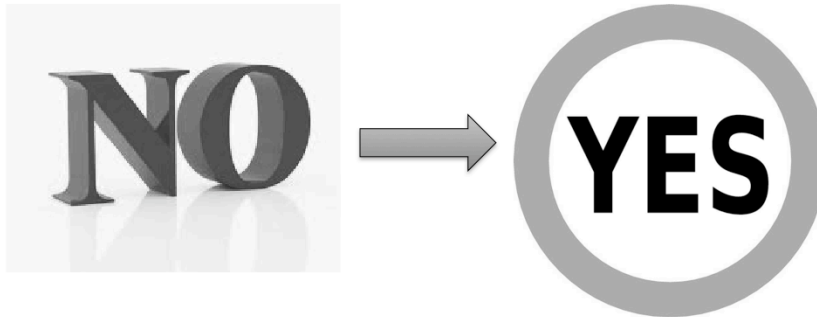Then list 96110 (times the number of screens administered), such as 96110 X 3

How do we bill and code and what kind of reimbursement do we receive?

On average, we receive about $10.00 *per* screen and this more than outweighs the cost of using PEDS Online, which, as mentioned earlier, also returns helpful billing/ coding information.

Nevertheless, coding procedures varying from State to State and from payer to payer.

So it is wise to ask your clinic coordinator to check on billing procedures for each payer.

We always appeal denied claims—so never take the first "No" for an answer from any payer.

If our appeal doesn't work, we send a note to the American Academy of Pediatrics via their coding resources hotline. The AAP is actively working on this issue to make sure we get paid for what we do.

How can I try PEDS Online??

Answer: go to www.pedstest.com for a trial.

Note:

a) *if you have time, internet access and your projection screen is big, you can do a live demo. Go to www.pedstest.com/online for a trial. You can ask someone in your audience to volunteer a recent case.*

b) *If your audience* also has lap tops you can ask them to trial the site (see next slide)

www.pedstest.com/online

If you have time, and internet access, you can go to the above website and trial the site. The trial is for 30 children. if you are presenting and need more than 30 trials you can email: Angel.Kennedy@forepath.org and ask that she extend your trial.

If your audience has laptops they can do this on their own and you can collectively discuss a few cases.