

Increasing Comprehensive Physical Exams (CPE) with Risk Assessments (RA)

Every child should have a comprehensive physical exam, including a risk assessment at least every two years (*annually by WV Medicaid standards)

- HealthCheck is the West Virginia name for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. These standards and guidelines are considered the “golden standard” for CPE.
- Beginning December 1, 2006 the HealthCheck Provider Manual is online at <http://www.wvdhhr.org/mcfh/ICAH/healthcheck/Default.htm> and click on “provider info”.
- There are many different risk assessments available including the HealthCheck RA, Bright Futures and GAPS. Most SBHC utilize GAPS RA for users 12 years of age and older.

Comprehensive Physical Exams (CPE)

1. How does your SBHC decide which students will receive a CPE/well child exam (EPSDT or not)?
 - a. Review charts to check for last exam date, or for request by parent for exam.
 - b. Include date of last physical on SBHC enrollment consent.
 - c. Some sites send home periodic letters to all students encouraging parents to use the SBHC for their child’s regular exams.
2. Has your SBHC developed any kind of “tickler system” to determine who is due for their well child exam? Can utilize Clinical Fusion or billing system to track physicals using V20.2 for CPE or V70.3 for partial exam i.e. sports physical.
3. How many well child exams are scheduled in advance each time that you are in the clinic? How do you go about scheduling the student? Is it necessary to schedule appointments in advance?
 - a. Clinics vary on the number scheduled in advance. A good goal to 2-3 per day.
 - b. Students/parents appreciate advance notice of the day. If the parent wants to attend, a definite time is given. If the parent is not able to attend, the student can be given the date only, to allow for flexibility with the schedule. When the SBHC has time for a visit, students may be asked if they would be willing to receive their due exam, without prior notice.
4. Do you know your EPSDT Outreach Worker? How can this person help in getting eligible students to come to the clinic? How can we help them?
 - a. Many sites are already working with their local outreach worker.
 - b. Some sites give this person blank consent forms to give to families who have children in schools with SBHC.
5. How can we take advantage of sports physicals to increase well child exam rates? Most sites are routinely doing “Comprehensive Physical” exams, instead of the abbreviated typical sports physical. If due, this can count as the yearly EPSDT exam.

Risk Assessments (RA) - GAPS

1. How can you get Health Guidance to Parents? Letters to parents, Newsletters, Info available at SBHCs, Parent support group, Letter with appropriate health education information sent to parents based on exam findings, Parent-teacher conference presentations, Paycheck stuffers, Invite parents to be seen when student is seen, what else?
2. **WHEN NOT TO OBSERVE CONFIDENTIALITY:**
 - a. Abuse (sexual, physical),
 - b. Suicide or suicide threat,
 - c. When the student might endanger others, Gunshot wound,
 - d. Question on drug use/possession - - need to ask schools about their policies
3. What are the benefits in implementing GAPS? Comprehensive screening of multiple health risks, Consistent data/info collection, Helps identify needed school-wide programs based on frequently identified risks, GAPS for is through-provoking for kids and focus on prevention. Studies have demonstrated that post-GAPS adolescents were much more likely to have received health education, were better able to understand how to access healthcare and improved the quality of preventive care provided to adolescents. What else?

Potential Barriers

1. Time: Try selecting a small student population to use GAPS with until a system is developed. The form can save time by identifying issues more quickly.
2. Educating provider in use of GAPS: Have provider talk with other providers who've used GAPS.
3. Literacy levels: As students to leave blank any questions they don't understand, and let provider deal with unanswered questions.
4. Fear of raising more issues than can be dealt with: Keep track of which issues are being identified most and develop interventions to deal with common issues.
5. Lack of parent involvement: Include parent from in consent form.
6. Honesty of responses on form
7. Access to GAPS forms in charts

**Effective Systems for Prevention
Self-Assessment**

School: _____

Person Completing Form: _____

Date: _____

Question	Answer	Satisfaction
1. Does your SBHC have a policy concerning risk assessment?		
2. Does the policy contain the following		
a. Identifies who does the risk assessment		
b. Identifies what instrument is used		
c. Identifies when risk assessment is done and how often		
d. Identifies where risk assessment is done		
3. Does your SBHC use a standardized risk assessment tool?		
4. Has your SBHC defined each risk factor?		
5. Has your SBHC staff prioritized risk?		
6. After a student has completed the risk assessment, does a staff member and student develop a plan to address risk?		
7. Has your SBHC staff developed a plan for student follow-up (recall)?		

GAPS Integrity Monitoring Scale – Chart Review

School: _____ Date: _____

Indicator	Chart Identifier:					
1. GAPS administered to appropriate student						
2. GAPS administered within the parameters of a clinic visit						
3. Student response was reviewed by the clinic staff						
4. Follow-up was completed within 2 to 5 working days						
5. Suicide and child abuse follow-up completed immediately when appropriate						
6. Accurate scoring and identification of the risk factors						
7. Interevention checklist completed accurately						
8. Chart entry present in the progress note						
9. GAPS form present in the chart						
10. Student name is on every page of the GAPS						
11. Provider signature and date are on the GAPS						
12. Problem sheet completed accurately						
13. The following cases were reported						
a. Family/Personal Change-Sever Impact						
b. Working Over 20 Hrs – Adverse Impact						
c. Suspected Eating Disorder-Presence of Signs of Eating Disorder						
d. Academic Underachiever-Specific Developmental Problems						
e. Runaway Ideation – Current or Future Plan						
f. Depression-Moderate to Sever						
g. Past or Current Suicidal Ideation or Attempt						
h. Sexual Abuse / Allegation of Rape						
i. Physical Abuse						
j. Pregnancy						
k. Total Integrity						

Health Promotion Matrix

Date								
Health History Reviewed								
Confidentiality Reviewed								
Family-Personal Change Min Mod Severe								
Work more than 20 hrs. Min Adverse								
Poor Dietary Habit No weight prob. Under Over								
Weight-Eating Concern At Risk E.D. Suspected E. D.								
Physical Inactivity Insuff. Suff. Excess.								
Academic Underachiever No dev. Problems Dev. problems								
Limited Support System Id. Support No Support								
Run Away Past id. Re-curr. Id. Current Plan								
Injury Prevention								
Gun at Home								
Carrying a weapon								
Physical conflict								
Trouble with the law								
Concern for Personal Safety								
Helmet nonuse								
Seatbelt nonuse								
Uncontrolled anger								
Exposure to violence								
At risk—Unintentional Injury								
At risk—Intentional Injury								
Tobacco use No use Use Friends Use Family Use Past Use Current Use								
Alcohol – Drug Use No al use Al use Friends al use Family al use Drug use Fri. drug use Fam. Drug use No drug use								
Sexuality S/O Had sex Unprot. Sex STD Hx pregnancy Teen parent Low Mod High								
Allegation of Rape Incident report Not willing to pursue Sexual abuse not reported								
Risk of Infection Body Piercing Tattoo TB Risk								
Feelings of Sadness Minor Mod/Sev								
Suicide Hx of Ideation Id. Plan								
Abuse Physical Sexual Emotional								
Total Visit Time								
Total Education Time								
Provider Initials								

Key: HO = Handout Given G = Group Session V = Video E = Education S = Assessment, Education, Counseling P = See Progress Note

Sex: M F
 Grade: _____
 DOB: _____
 SS#: _____

Place Label Here

GAPS Intervention Checklist

- _____ ***Family/Personal Change:** Minimum impact—reinforce positive behavior
 Moderate impact—encourage student to continue talking to support
 Severe impact—refer to staffing and social worker
- _____ **Work more than 20 hrs:** Minimum impact—warn student of possible adverse effect
 Adverse impact—refer to staffing, develop a plan involving parent
- _____ **Poor dietary habit:** No weight problem—review food choices and eating patterns
 Underweight—review food choices and eating patterns, f/u date _____
 Overweight—refer to nurse, weight management program f/u date _____
- _____ **Weight/Eating Concerns:** At risk for eating disorder—provide health guidance
 Suspected eating disorder—refer to staffing, refer to parent, case management PRN
- _____ **Physical Inactivity:** Insufficient—health guidance to increase activity
 Sufficient—reinforce positive behavior
 Excessive—counsel on risks of excessive activity
- _____ ***Academic Underachiever:** No developmental problems—offer information on tutoring, P/T consultation
 Suspected Developmental Problems—refer to staffing, special education
 Special Education—IEP in place
- _____ ***Limited Support System:** Identified support—encourage student to access support
 No support—refer to social worker if needed
- _____ ***Run Away:** Past ideation/attempts—discuss alternative problem solving
 Recurrent ideation—discuss alternative problem solving, follow-up date _____
 Current plan—refer to resources, contact parent/teacher, staffing
- _____ **Injury Prevention:** **(Gun at Home, Concern for Personal Safety, Helmet Nonuse, Seatbelt Nonuse, Exp. to Violence)**
 At risk for unintentional injury—universal health guidance
(Carrying a Weapon, Physical Conflict, Trouble with the Law, Uncontrolled Anger)
 At risk for intentional injury—targeted health guidance
- _____ **Tobacco Use** **(Tobacco Use, Friends Tobacco Use, Family Tobacco Use):**
 No student tobacco use—reinforce positive behavior, health guidance
 Past tobacco use—reinforce non use, health guidance
 Current tobacco use—Offer referral, discuss health risk and advantage of cessation
- _____ **Alcohol/Drug Use** **(Alcohol Use, Friends AU, Family AU, Drug Use, Friends DU, Family DU):**
 Nonuse—reinforce positive behavior, health guidance
 Past/Experimental—targeted health guidance
 Use—Refer to I CARE or implement tx. Plan
- _____ **Sexuality** **(Homosexuality, Had Sex, Unprotected Sex, STD, History of Pregnancy, Teen Parent):**
 Low risk—refer to nursing staff
 Moderate to high risk—refer to nursing staff
- _____ **Allegation of Rape:** Incident reported—provide support, as needed refer to social worker
 Not willing to pursue rape charge—discuss, contact parent, Referral to SRCC
 Sexual abuse not been reported—follow HCCS abuse protocol
- _____ **Risk of Infection:** Body Piercing/Tattoo—refer to nursing staff, HBV
 TB Risk Identified—refer to nursing staff, TB
- _____ ***Feelings of Sadness:** Minor depression—supportive counseling, reinforce normal development
 Moderate/severe—refer to staffing, refer for further evaluation
- _____ **Suicide** **(History of Suicidal Ideation/Attempts, Suicidal Ideation):**
 Complete HCCS suicide protocol
- _____ **Abuse** **(Physical Abuse, Sexual Abuse):**
 Been reported—determine need for f/u, refer to staffing
 Not been reported—follow HCCS abuse protocol

* Addendum Needed

 Provider Signature

 Date