

PREVENTIVE CARE FOR CHILDREN BASKET OF CARE SUBCOMMITTEE

Report to:

Minnesota Department of Health

June 22, 2009

BASKET TOPIC DETERMINED BY BASKET OF CARE STEERING COMMITTEE:

Preventive Care for Children

BASKET TOPIC DETERMINED BY BASKET OF CARE SUBCOMMITTEE:

Preventive Care for Children Ages 0-2 years

SCOPE STATEMENT: ¹

Clinical preventive services and health care maintenance for children from birth (after hospital discharge) up to but not including the second birthday.

This basket of care is intended for children seeking preventive healthcare and is not intended for the diagnosis and treatment of an acute or chronic condition. If an issue is identified, other guidelines and recommendations should be used to manage the condition. Excluded from this basket is active management of any illness or diagnosis; or treatment of any disease or condition.

Rationale for Scope Selection

This basket topic is most feasible to try first with a small age range. Because there is more variation in recommended services after age two, and therefore more complex to make all the possible services part of one consistent basket, the age range is narrow so that the basket concept could be tried. If this basket provides value, innovation, and patient centered-care, this may be a stepping off point to develop multiple baskets to support preventive care for all ages.

BASKET OF CARE COMPONENTS: ²

Basket components were identified based on current literature, existing guidelines, current standards of practice and in some cases evidence informed consensus.

Basket components based on evidence	Frequency
Immunizations: ³ Assure up-to-date status up to the second birthday (or document refusal).	Frequency based on ACIP recommendations
Breastfeeding promotion: ⁴ Brief advice, referral to resources for lactation services as appropriate	Minimum three times during the basket period.
Documentation and confirmation of completion of newborn blood spot screen ⁵ and documentation of follow-up of abnormal screening findings.	Before one month of age
Vision assessment ⁶ to include ocular history, parental observations/concerns and eye evaluation.	At each preventive care encounter
Documentation and confirmation of completion of hearing screening, ⁷ ensure appropriate follow-up of abnormal findings consistent with MDH guidelines. Documentation of follow-up of abnormal screening findings.	Before one month of age
Infant sleep positioning and SIDS counseling ⁸	At initial visit and each preventive care encounter through six months of age as appropriate.
Basket components based on community standard of care	Frequency
Subjective hearing surveillance: ^{3,10} Ask about parental or caregiver concerns. Refer and document referral for abnormal hearing screen.	At each preventive care encounter
Maintenance and updating of problem list, past medical history, and family/social history ¹¹	At each preventive care encounter
Age-specific anticipatory guidance ¹² and education on expected developmental milestones	At each preventive care encounter
Complete physical examination ¹³	At least eight face-to-face visits with at least four complete physical exams during basket period
Measuring, recording, reviewing and interpreting growth via weight, length and head circumference ¹⁴ plotted on a growth curve. Documentation of follow-up of abnormal screening findings.	At each preventive care encounter
Developmental surveillance ¹⁰ and screening ^{15,16} Documentation of follow-up of abnormal screening findings.	Surveillance at each preventive care encounter. Screen twice within basket period: <ul style="list-style-type: none"> • Between 6 and 12 months • Between 15 months and 2 years

<p>Car seat safety counseling ¹⁷</p> <ul style="list-style-type: none"> • Rear facing until height/weight achieved as recommended by car seat manufacturer and according to state law • Provide resources on using car seats appropriately, such as advise the patient to have a demo/check of proper car seat installation. 	At least three times during the basket period
<p>Healthy lifestyle counseling and reinforcement ¹⁸ including obesity prevention.</p>	At each preventive care encounter
<p>Feeding and nutritional assessment ¹⁹</p> <ul style="list-style-type: none"> • Assessment for adequate iron intake • Assess diet to see if consistent with known healthy intake patterns (e.g., calcium, vitamin D, fruits and vegetables) 	At each preventive care encounter
<p>Assess avoidance of secondhand smoke ²⁰ and offer referral for tobacco cessation counseling for parent/caregiver as appropriate</p>	At each preventive care encounter
<p>Autism screening ²¹ with a validated tool ¹⁶ and documentation of follow-up of abnormal screening findings.</p>	One screen at 15 months or later
<p>Assessment of lead risk ²² based on geographic factors, population, etc. and documentation of follow-up of abnormal screening findings.</p>	Frequency as appropriate to geographic risk ⁷
<p>Assessment of tuberculosis (TB) risk ²³ and documentation of follow-up of abnormal screening findings.</p>	Once in first year, once in second year.
<p>Assess and counsel regarding fluoride intake ²⁴ for dental care prevention</p>	At least once during the basket period and ongoing as needed based on patient history.

Notes:

1. Scope

Any organization that offers this basket must be able to maintain a complete an up-to-date patient medical record. Refusal of any basket components should be documented. Services must be delivered within provider scope of practice.

2. Care Components

Basket providers are encouraged to establish care patterns for delivering the components that support evidence, community standards, and patient-centeredness. At least eight face-to-face encounters must be provided, but innovative service delivery at every encounter such as telephone, group visits, e-visits, decision support tools, etc. is also encouraged.

3. Immunizations

Basket providers cannot control supply issues and costs, therefore are not responsible for the cost of the vaccine; and if the Centers for Disease Control and Prevention (CDC) indicate a supply shortage of a given vaccine, it would be exempt from the basket until supply is again available. The subcommittee recommends annual review of this basket as immunization schedules change frequently. Although immunizations, lead tests and TB tests are not part of basket, the subcommittee does not recommend these costs be applied to the patient's deductible. The reason is to take risk away from provider, not to shift costs to the patient. *(Supporting references: Advisory Committee on Immunization Practices (ACIP), 2008; Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008; ICSI Immunizations Guideline, January 2009; ICSI Preventive Services for Children Guideline, October 2008; U.S. Preventive Services Task Force (USPSTF), 2008)*

4. Breastfeeding Promotion

(Supporting references: Bright Futures Guidelines – American Academy of Pediatrics (AAP), 2008; U.S. Preventive Services Task Force (USPSTF), 2008)

5. Newborn Blood Spot Screen

(Supporting references: Bright Futures Guidelines -American Academy of Pediatrics (AAP), 2008; ICSI Preventive Services for Children Guideline, October 2008; U.S. Preventive Services Task Force (USPSTF), 2008)

6. Vision Assessment

(Supporting references: Bright Futures Guidelines – American Academy of Pediatrics (AAP), 2008; ICSI Preventive Services for Children Guideline, October 2008; U.S. Preventive Services Task Force (USPSTF), 2008)

7. Hearing Screening

(Supporting references: Bright Futures Guidelines – American Academy of Pediatrics (AAP), 2008; ICSI Preventive Services for Children Guideline, October 2008; U.S. Preventive Services Task Force (USPSTF), 2008)

8. Infant Sleep Positioning and SIDS Counseling

(Supporting references: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008; ICSI Preventive Services for Children Guideline, October 2008)

9. Hearing Surveillance

(Supporting reference: Bright Futures Guidelines – American Academy of Pediatrics (AAP), 2008)

10. Surveillance

The subcommittee defines surveillance as age appropriate specific questions regarding development, learning or behaviors; best delivered longitudinally with a structured screening methodology.

11. Problem List, Past Medical History and Family/Social History

(Supporting reference: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008)

12. Age-specific Anticipatory Guidance

ICSI recommendations include injury prevention counseling including poisoning, burns, choking, falls, firearms bicycle safety and water safety. These are incorporated in anticipatory guidance in Bright Futures. *(Supporting references: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008; ICSI Preventive Services for Children Guideline, October 2008)*

13. Complete Physical Exam

This basket includes exam only; addressing positive findings is outside of basket. *(Supporting reference: Bright Futures Guidelines – American Academy of Pediatrics (AAP), 2008)*

14. Weight, Length and Head Circumference

(Supporting reference: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008)

15. Developmental Surveillance and Screening

(Supporting reference: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008)

16. Screening Tools

Validated developmental screening tools are available on the Minnesota Department of Health website at: <http://www.health.state.mn.us/divs/fh/mch/devscrn/glance.html>.

17. Car Seat Safety Counseling

(Supporting reference: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008; ICSI Preventive Services for Children Guideline, October 2008)

18. Healthy Lifestyle Counseling and Reinforcement

(Supporting reference: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008)

19. Feeding and Nutritional Assessment

(Supporting reference: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008)

20. Assess Secondhand Smoke

The USPSTF recommends screening all adults for tobacco use. Assessing secondhand smoke exposure as defined in Bright Futures includes the screening of the parent and advice to quit. *(Supporting references: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008; ICSI Preventive Services for Children Guideline, October 2008; U.S. Preventive Services Task Force (USPSTF), 2008)*

21. Autism Screening

(Supporting reference: Bright Futures Guidelines – American Academy of Pediatrics (AAP), 2008)

22. Assessment of Lead Risk

Blood test for lead levels are not included in basket because of large variation in cost for clinics with higher risk populations than others. Although immunizations, lead tests and TB tests are not part of this basket, the subcommittee does not recommend these costs be applied to the patient's deductible. The reason is to take risk away from the provider, not to shift costs to the patient. For further explanation of geographic risk, see the Centers for Disease Control and Prevention website for guidance. Bright Futures 2008 recommends twice between 6-12 months and twice between 13-23 months. *(Supporting references: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008; ICSI Preventive Services for Children guideline, October 2008)*

23. Assessment of Tuberculosis (TB) Risk

TB test is not included in basket because of large variation in cost for clinics with higher risk populations than others. Although immunizations, lead tests and TB tests are not part of basket, the subcommittee does not recommend these costs be applied to the patient's deductible. The reason is to take risk away from provider, not to shift costs to the patient. *(Supporting reference: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008)*

24. Fluoride Intake Assessment

(Supporting references: Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008; ICSI Preventive Services for Children Guideline, October 2008; U.S. Preventive Services Task Force (USPSTF), 2008)

Components considered but not included:

- Anemia screening - Although screening is recommended by Bright Futures and American Academy of Pediatrics, the evidence addresses prevalence but is not clear on how to screen and treat, and whether there is efficacy for prevention. The community standard of care is also less clear.
- Medical Nutrition Therapy - Not a preventive service, rather is a treatment for patients beginning at 2 years of age, which is beyond scope of basket.
- Body Mass Index (BMI) - Recommended for patients beginning at 2 years of age, which is beyond scope of basket.
- Fluoride varnish application - This service is not yet evidence-based nor a standard of care in the primary care settings. Studies show proven benefit when applied by a dentist.

Components in initial basket that were deleted or modified for final draft:

- Frequency was made more specific for all components.
- Breastfeeding component includes brief advice and referral if needed. Lactation services are outside this basket.
- Car seat safety counseling addition that recommendations must also be according to state law and to offer resources for proper use and installation.
- Vision assessment includes more specificity.
- Hearing assessment became two components, one for hearing screening, and another for hearing surveillance.
- Periodicity and visit schedules were a significant discussion point due to public requests for more specificity. Immunization intervals and recommended ages for other preventive services were considered. The basket resulted in a frequency schedule rather than a specific age or interval schedule to allow more opportunity for innovation. Basket providers are encouraged to establish care patterns for delivering the components that support evidence, community standards, and patient-centeredness. Innovative service delivery such as telephone, group visits, e-visits, decision support tools, etc. is also encouraged.
- Clarified age-appropriate surveillance includes asking the parent/caregiver if there are specific concerns about the child's development, learning, or behaviors and use of a validated screening tool.
- Added referral for tobacco cessation counseling for parent/caregiver as appropriate.
- More specificity added to the feeding and nutritional assessment component.

OPPORTUNITIES FOR INNOVATION INCLUDE:

- Basket providers will need to be clear about how and when preventive care differs from other care needed for children with other health problems. Billing/payment for acute care visit & needing preventive care versus well child visit for preventive care only.
- Services must be delivered within provider scope of practice.
- Language barriers can increase a patient's complexity and is a component critical to the success of care delivery.
- Recommendation for the state to consider negotiating immunization prices and perhaps then the basket could be revised to include costs. This would help alleviate confusion and transitions as groups wouldn't be tied to different vaccination schedules, for example.

- Because it is unrealistic to provide all recommended preventive services in the existing health care model, this basket is an opportunity for providers to be innovative in how preventive care is delivered; e.g., to use staff to the top of their license, to determine which services must be office-based and whether technology or other innovative methods can be utilized.
- It is valuable to the patients and physicians who might make use of this basket to know which of the included services have randomized controlled trial evidence of greater effect on important outcomes among those who have a greater likelihood of having such services, and hope that separating them (“based on evidence” vs. “based on community standard of care”) will encourage more such trials.
- Impact on basket when a patient switches health plans during the basket period.

ADDITIONAL CONSIDERATIONS:

Excluded components due to lack of evidence or expectation, evidence exists to exclude care or service, or is beyond scope of basket:

- Anemia screening - Although screening is recommended by Bright Futures and AAP, the evidence addresses prevalence but is not clear on how to screen and treat, and whether there is efficacy for prevention. The community standard of care is also less clear.
- Medical Nutrition Therapy - Not a preventive service, rather is a treatment for patients beginning at 2 years of age, which is beyond scope of basket.
- Body Mass Index (BMI) - Recommended for patients beginning at 2 years of age, which is beyond scope of basket.

June 4, 2009 Steering Committee Review and Comment:

- Steering Committee acknowledged opportunity to establish patient health record early as part of this basket care.
- Recommended change in language around lead risk assessment to make it clear that the blood test itself is not included in the basket.
- Requested that each component in the basket clearly indicate its supporting reference.

SUPPORTING REFERENCES:

These care components are supported by the following evidence and guidelines:

ICSI Preventive Services for Children guideline, October 2008

U.S. Preventive Services Task Force (USPSTF), 2008

Bright Futures Guidelines - American Academy of Pediatrics (AAP), 2008

Advisory Committee on Immunization Practices (ACIP), 2008

ICSI Immunizations guideline, January 2009