Pediatric Success SERIES
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Advantages of Pre-Telehealth Patient Data Collection

Concerns and patient data received before the visit

Requesting your patients/parents fill out questionnaires online before your tele-visit is very helpful for a number of reasons.

- Allows you to be better prepared when families have listed their concerns and goals before the visit.
- Enables you to focus on your patient's concerns and visit agenda.
- Reduces your burden of documenting the clinical history for the encounter note

Accurate detection of important issues

Timely discovery of potential issues allows for the earliest intervention is possible using evidence-based tools that have scoring based on detection data. These are also billable to insurance.

- Clinical observation has weaknesses even in person and is even more difficult during tele-visits when the child is roaming in the background and camera angles cannot be easily adjusted. This makes use of standard tools more crucial.
- Many families are declining in person visits for fear of contagion but leaving important problems undetected.
- Saves your staff time. No more paper and manual scoring and scanning.

Evidence-based shared decision-making (IOM recommendation)

Showing parents and patients graphics of their endorsed symptoms over time can motivate continuing a successful treatment program or a change, if needed.

- Sharing a graphic of asthma severity with the patient has been documented (BOAT Program) as a way to increase medication adherence.
- Monitoring symptoms of ADHD and of depression are part of national guidelines for care. When such graphics are automatically generated, such as by CHADIS, they are ready to share during tele-visits as well as in person visits.

Chronic condition care via televisits

Children with chronic conditions continue to need monitoring and updates to their care. In many cases no physical exam is really needed as the children are well known to the clinician.

- Using online monitoring questionnaires allows for accurate reporting of symptoms and use of care, even from multiple respondents e.g. remote teachers.
- Some children with chronic conditions are at increased risk from COVID (e.g. diabetes, obesity, asthma) and therefore are at greater risk from in person visits while still needing frequent medical and mental health contact.
- Children with mental health conditions are having exacerbation from the anxiety of the pandemic and depression from personal losses and isolation.

- ADHD, especially if sub-optimally controlled, sets children and siblings at greater risk of injury or abuse in the close constant contact of lock down.
- Recalling children with chronic conditions for tele-visits also can help support ongoing practice income.

Reduced documentation burden

Documentation is perhaps even more important for tele-visits that may be questioned in the future.

- Tele-visits seem to make documentation more difficult while keeping eye contact
- Tele-visits require more set up and explanation, using up time that might have been used for documentation
- Using Patient Generated Health Data reduces documentation needed from the clinician.
- EHR documentation burden has noted to be the largest culprit in the “epidemic” of doctor burn out

Patient education and resources

Most practices routinely provide handouts reinforcing and supplementing advice and providing required information when visits are in person. There is never enough time in a visit to discussion everything and patients are well known to retain only a few points delivered verbally.

- Educational handouts or resources that do not contain Protected Health Information can be emailed, texted, or nail mailed to patients after tele-visits. This would require new workflows and/or costs.
- Your EHR may have handouts that can be assigned to the EHR Portal for patients.

Income through payable screens

CMS and insurers are covering telehealth and, in fact, are encouraging it.

- Screening can increase practice income with health, developmental and behavioral screening tools eligible for 96110, 96127, 96160, 96161, 96111, and 94664 billing codes.
- Typical practices earn $15,000-35,000 per full time clinician per year from billing for these screens. Maintaining or increasing billing for screens can make up for some lost income due to reduced numbers of visits.

Below are some of the Bright Futures™ guidelines and, while the AAP has their own toolkit, here are some other tools to consider in order to meet the guidelines:

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Bright Futures™ 2-week – 18-year check-up	Tools to Consider
Caregiver Depression Screening	☐ Edinburgh Postnatal Depression Scale ☐ Patient Health Questionnaire-2 ☐ Survey of Well-being of Young Children
Parent and Family Assessment	☐ Family Assessment of Stress and Safety ☐ Safe Environment for Every Kid (SEEK) ☐ Survey of Well-being of Young Children
Safety and Supervision	☐ Guidance Topics ☐ EPSDT Questionnaires ☐ Safety Questionnaires
Early Child Development and Monitoring	☐ CHADIS 0-3 ☐ Visit Priorities with Review of Systems ☐ Ages & Stages Questionnaires (ASQ-3™) ☐ Survey of Well-being of Young Children
Psychological and Behavioral Assessment	☐ Ages & Stages Questionnaire: Social Emotional (ASQ:SE™) ☐ Early Childhood Screening Assessment ☐ Survey of Well-being of Young Children ☐ Pediatric Symptom Checklist (PSC-17 or 35) ☐ Strengths and Difficulties Questionnaire (SDQ)
Autism-Specific Screening	☐ Modified Checklist for Autism in Toddlers (M-CHAT-R™) ☐ M-CHAT Follow-up ☐ Survey of Well-being of Young Children
Substance Use – Teen	☐ CRAFFT+N ☐ AUDIT

Dr. Barbara Howard is a Developmental Behavioral Pediatrician and co-founder of CHADIS.

CHADIS offers over 600 tools to help doctors, educators, and parents screen for and monitor a variety of developmental, behavioral health, and general health issues for children and adults. Tools Link

CHADIS created a payment calculator to estimate expected PGHD CPT code reimbursement https://www.site.chadis.com/payment-calculator. You can enter the numbers of patients seen per day per doctor and days per year and then check-off the tools you expect to use for well child care and some chronic conditions. The model is based on average actual income from a national sample of 1000 pediatricians. Rates may vary by state.

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CHADIS provides a portal for clinicians to select instructions, education, and resources from an extensive database and a curriculum for each child in the form of a MemoryBook that displays milestones from the ASQ endorsed by the parent as a virtual Baby Book with "suggestions" for individual activities related to each milestone to stimulate development and parent-child interaction. It also provides a safety checklist with explanations highlighting the safety measures the parent indicates that are not already doing as well as a complete up to date safety guidance bulleted compendium.

CHADIS is a unique screening, decision support and patient engagement system designed to streamline and optimize healthcare by providing clinicians with evidence-based data that improves diagnosis and management of health, emotional, developmental and behavioral concerns. www.chadis.com