

## SOC Planner: Adolescent Preventive Screening

SOC steps	What is currently being done at your site?	How good is this current system? (0=not at all; 5=verysuccessful)
1. Defined health problem (see problem statement above)		
2. Standards of Care	<p><b>WV Medicaid Program:</b> Requires annual physical and behavioral risk screening</p> <p><b>AMA recommendation:</b> “From ages 11 to 21, all adolescents should have an annual preventive services visit. These visits should address both the biomedical and psychosocial aspects of health, and should focus on preventive services. Adolescents should have a complete physical examination during three of these preventive services visits. One should be performed during early adolescence (age 11-14), one during middle adolescence (15-17), and one during late adolescence (age 18-21), unless more frequent examinations are warranted by clinical signs or symptoms.”</p> <p><b>American Academy of Pediatrics:</b> Annual preventive health care visits.</p> <p><b>Bureau of Primary Health Care Clinical Outcome Measures.</b></p> <p><b>Bright Futures:</b> Annual health supervision visits for adolescents (11-21) judged not to be at undue risk. An augmented schedule is recommended for adolescents with additional problems.</p>	
3 and 4. These steps are critical to the success of developing an adolescent preventive screening SOC. Currently, all practices will do one or more of the following:	<p>A. Nothing. <span style="float: right;"><b>(Unacceptable)</b></span></p> <p>B. Personal lists of screening questions asked verbally by nurses and providers <span style="float: right;"><b>(Better)</b></span></p> <p>C. Use of standard list of screening questions asked verbally <span style="float: right;"><b>(Even better)</b></span></p> <p>D. Written questions (GAPS or other) with discussion by provider <span style="float: right;"><b>(Best)</b></span></p>	
5. Interdisciplinary Team.	While this will depend on the staff availability, training, and interest at each site, a recommendation is made for nurses to provide adolescents with a written screening tool to complete prior to seeing the provider, who would review the responses.	
6. Patient education modules.	Sites already have selected materials and resources; however, part of the SOC process at each site will involve defining the education/referral resources available for each aspect of the	

	health screening.	
<b>7. Necessary tools and case finding.</b>	There is a variety of screening tools available. The recommendation for use of the AMA GAPS (Guidelines for Adolescent Preventive Screening) partial screening (two pages) to be used for adolescents; however, primary care centers can also use alternative screening tools that they feel to be effective and comprehensive.	
<b>8. Care provided according to standards.</b>	Screenings are done by designated persons (nurses and/or providers) at times of visits.  A major issue to be addressed is whether this happens only at "preventive care visits," i.e., scheduled well-child physicals or at every opportunity including sports physicals and illness visits.	
9. System of care coordination in place with tracking.	Implement Tracking and Care Coordination if possible. Highly dependent on the practice's resources and priorities.	
<b>10. Periodic measurement and reports.</b>	Use samples or electronic medical records to conduct periodic performance reports on percent of adolescents actually receiving screening. This is already done on a limited scale by all FQHC and 330 sites as part of the Annual Clinical Outcome Measures. But are the audits done validly and consistently from one year to the next so that meaningful in-house comparisons are possible? And shouldn't sample sizes (or total population with EMR) be larger to obtain accurate picture of performance?	
11. Regular staff education and program revision based on evaluation from step 10.	Nurses and providers will need training in the specific screening tool selected. Relevant team will need to meet periodically to maintain high motivation and review progress toward goal. Also, team will need training in local resource manuals for teens with identified risks who need referrals.	