



P4C equips professionals, parents and youth with tools that unite empowered voices to positively impact youth risky behaviors and health.



Talking Tech!

Using RAAPS to Identify Adolescent Risk and Support Positive Change

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Agenda

- ▶ Youth Risk Behaviors and Trends
- ▶ Adolescent Screening Guidelines
- ▶ Evaluation Criteria for Selecting Tools
- ▶ Technology-based Screening and Using Data
- ▶ Practice-specific Work Flows
- ▶ Return on Investment
- ▶ RAAPS in Action at Wicomico

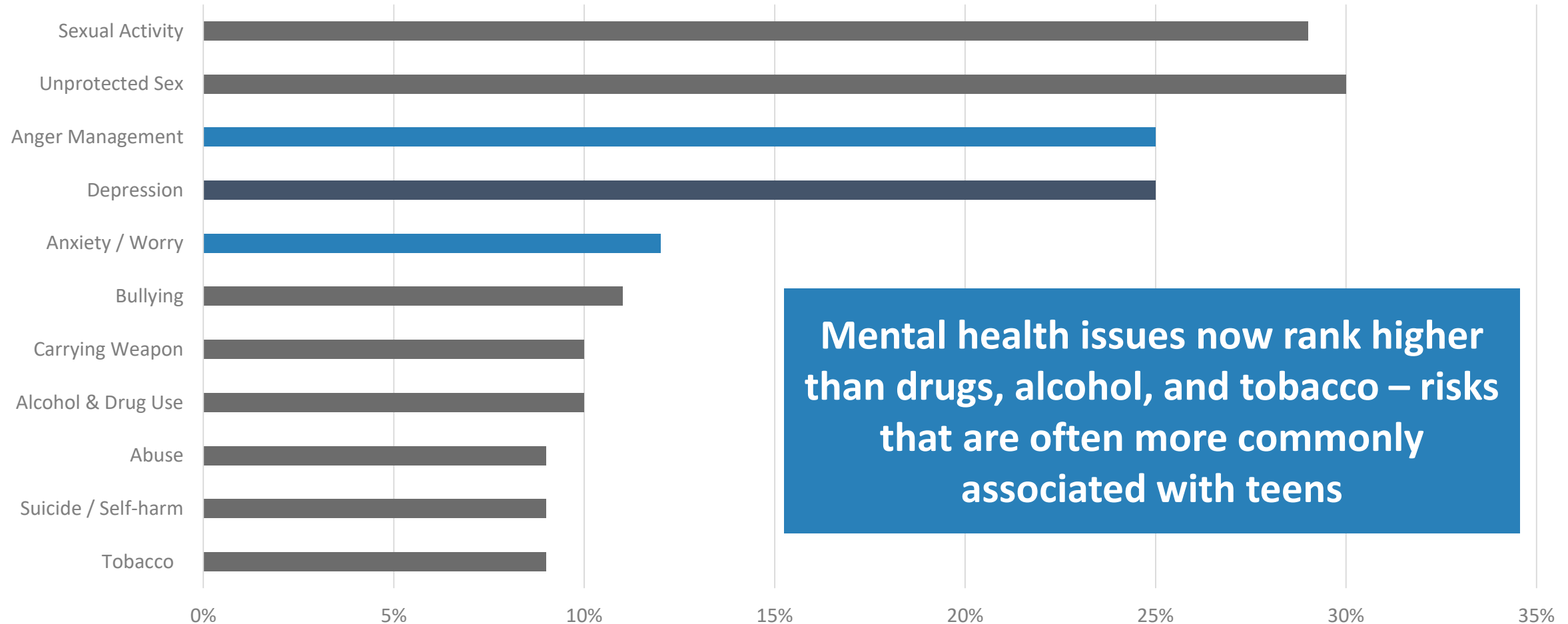


Risk Assessment Because...

- ▶ *Teens have unique needs*
- ▶ **Preventable Risks**
 - Unintentional injuries and violence
 - Tobacco use
 - Alcohol and other drug use
 - Sexual behaviors that contribute to unintended pregnancy and STI
 - Dietary behaviors
 - Physical activity
- ▶ **Engagement matters**

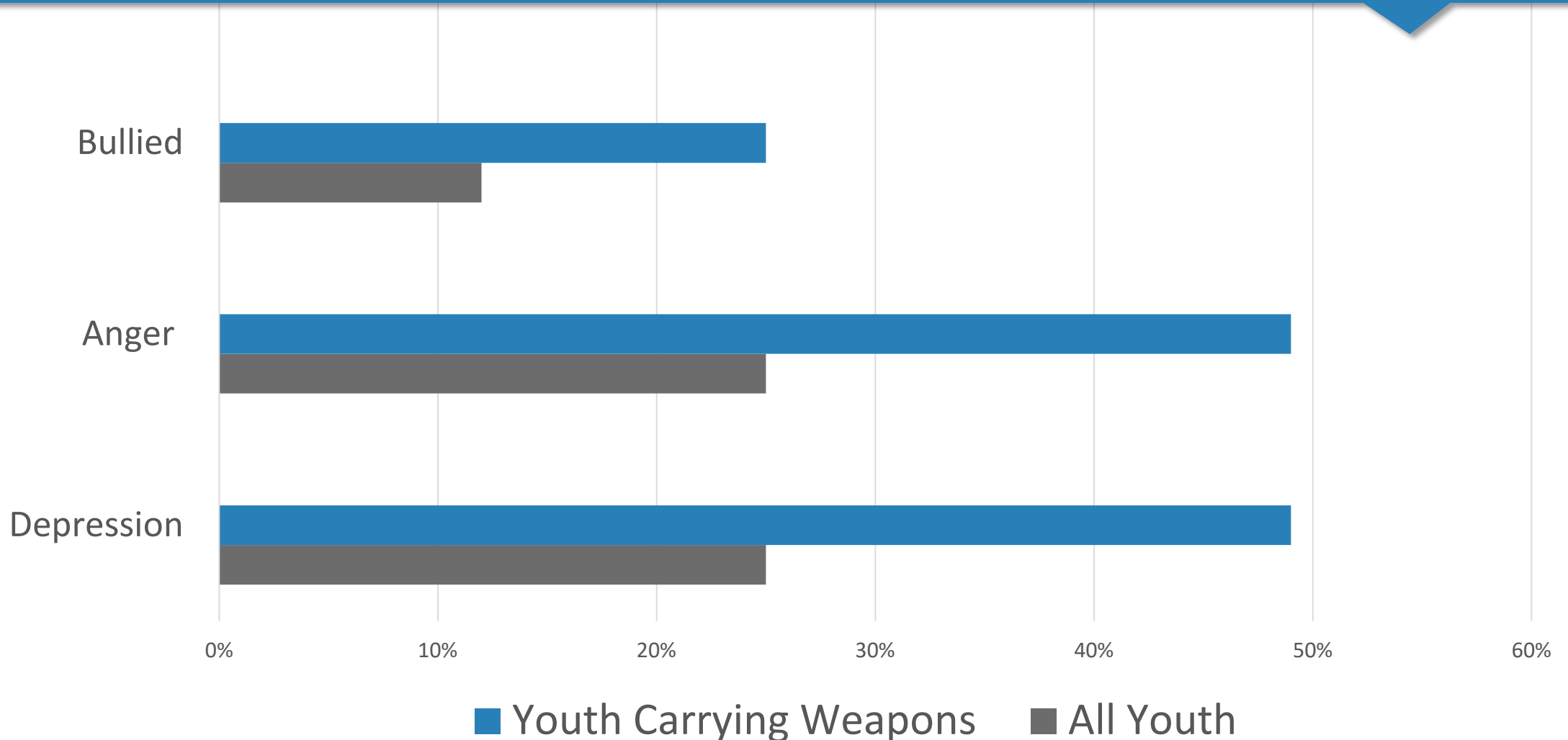
Youth Risk Behaviors

2017 U.S. RAAPS Data – 35K Youth Screened & Counseled



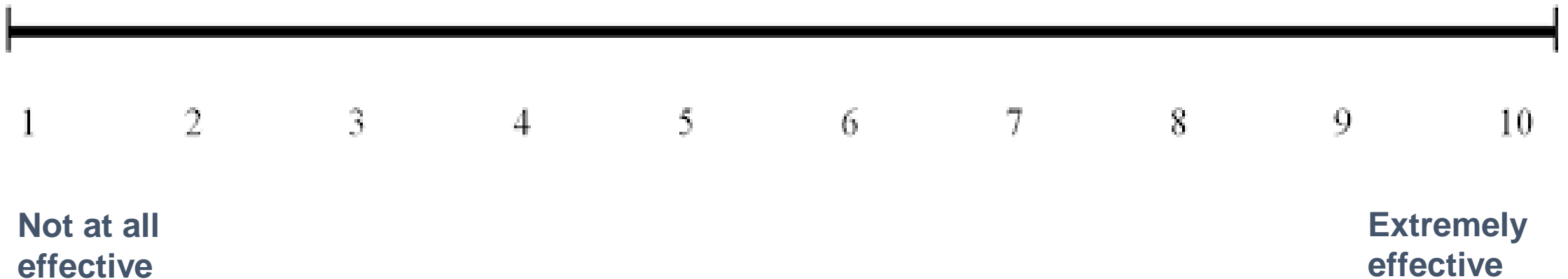
Youth Risk Behaviors

2017 U.S. RAAPS Data – 12% of Youth Reported Carrying a Weapon for Protection



Your Current Practice

How effective are you in identifying risky behaviors in the youth you serve?



Adolescent Screening Recommendations

ORGANIZATION	ADOLESCENT HEALTH RISK SCREENING RECOMMENDATIONS
American Medical Association (AMA)	Annual comprehensive screening for risky behaviors
American Academy of Pediatrics (AAP)	Annual screening psychosocial/behavioral assessment & drug/alcohol use assessment
US Preventive Service Task Force: AHRQ	Screening for depression, sexual activity and tobacco use/prevention
American Academy of Family Physicians (AAFP)	Screening for sexual activity, depression, tobacco use
American College of Preventive Medicine	Annual comprehensive screening for risky behaviors – all visit types

Risk Screening – Current Practice

Highly dependent on...

- ▶ Time
- ▶ Experience
- ▶ Communication skills
- ▶ Subconscious biases
- ▶ Personal comfort level

*...of clinician or
professional providing
care.*

Tools/Resources

Reimbursement



Common Practice

***You're not having sex
right?***

***I assume you are not
using drugs?***



Where do we start...



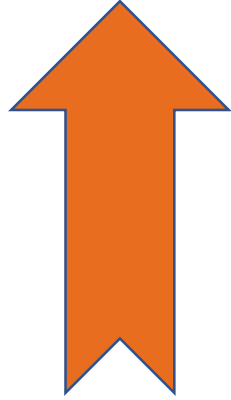
Strategies for Risk Screening

- ▶ Using a screening tool allows risky behaviors to be reviewed before talking with teens
- ▶ Administration and interpretation of a risk screening tool is reimbursable by insurance companies
- ▶ Individual changes can be measured over time and risk trends in a clinic population identified
- ▶ Best practice is to use an electronic version

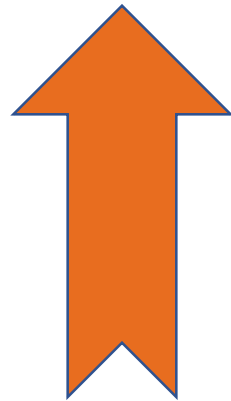
Your Current Practice

- ▶ *Do you use a comprehensive, standardized tool to assess youth risky behaviors?*
- ▶ *How often do you assess youth risk using a standardized tool?*

Technology-Based



Paper-Based



Interview

Standardized Tool. Because:

- ▶ As humans we are forgetful – and we can't possibly remember everything, every time
- ▶ We have subconscious biases – and we don't ask the same questions to every teen
- ▶ How we ask a question affects the answer we get
- ▶ Scientific validation helps ensure effectiveness

Rapid Assessment for Adolescent Preventive Services (RAAPS)

RAAPS was born at the University of Michigan

Older Child (9-12yrs)

Standard (13-18yrs)

College Age (19-24yrs)

Public Health 
AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.



Scientifically Validated



21 question screening tool can be completed in 5 minutes and addresses risk behaviors in:

- ✓ Diet & Exercise
- ✓ Substance Use
- ✓ Depression & Suicide
- ✓ Violence & Safety
- ✓ Sexual Health
- ✓ Unintentional Injury

All questions have been scientifically validated

<http://www.possibilitiesforchange.com/publications/>

Q RAAPS - Nationally Recommended

RAAPS has been recognized by several leading health organizations for use as a clinical tool for adolescent risk assessment.



ORGANIZATIONS INCLUDING:

US Department of Health and Human Services (HHS)
Agency for Healthcare Research and Quality (AHRQ)
The Society of Adolescent Health and Medicine
(SAHM)

The National School Based Health Alliance (SBHA)
The Michigan Quality Improvement Consortium (MQIC)

RAAPS & Bright Futures



Both systems offer:

Age specific, standardized risk assessments developed to support professionals in addressing the risk behaviors impacting youth.

Key Differences: RAAPS

- ✓ Is a **validated** tool (Bright Futures is not validated)
- ✓ **Focused** on identifying the behaviors contributing *most* to adolescent morbidity and mortality
- ✓ **Short** - less than half of the questions of Bright Futures (21 vs. 48-80), yet **equally efficacious** allowing for:
 - ✓ Easy workflow incorporation
 - ✓ Virtually no survey fatigue
- ✓ Developed with clinicians, researchers and **youth input** to ensure content is appropriate, sensitive and engaging; Bright Futures does not include youth feedback

Internal (“Home-Grown”) or Modified

Why?

- ▶ Common approach
- ▶ Many have been in place for years
- ▶ Developed to try to screen in practice workflow / time available

Challenges:

- ▶ Not validated / age specific
- ▶ Not routinely updated to current guidelines / evidence / youth risks

Example: GAPS

Last updated early 2000’s – new behaviors since:

- ▶ Texting & driving
- ▶ eCigarettes
- ▶ Cyberbullying


Evaluating Risk Assessment Options

✓ Criteria Checklist

For organizations evaluating risk assessment options:

- ▶ The Assessment
- ▶ Post-Assessment Risk Counseling
- ▶ Workflow Management
- ▶ Evaluating Technology

<http://www.possibilitiesforchange.com/resources/>

**Evaluating Youth Risk Assessment Options –
Criteria for Consideration**

Organizations looking to implement a risk assessment process have a lot to consider. Beyond the assessment tool itself there is the counseling for risks that are identified, incorporating both the assessment and counseling into the existing workflow, managing confidentiality and even parent concerns.

Here are some criteria and points for consideration to help you get started in evaluating risk assessment options:

The Assessment:

- ☐ Is the assessment tool validated?
- ☐ Is the assessment recommended by leading healthcare organizations?
- ☐ How long is the assessment and what risks are identified?
- ☐ How is the assessment delivered?
- ☐ Is the assessment age-specific?
- ☐ How does the assessment address health literacy?

Post-Assessment Risk Counseling:

- ☐ Is there standardized, evidence-based health education provided?
- ☐ Are risk-specific, community-based resources provided?
- ☐ Is there an integrated process for notes and documentation?
- ☐ Is there a process for referrals and referral management?
- ☐ Are risks tracked at the individual and population level over time?

Workflow Management:

- ☐ Is the assessment easy to implement, integrate and use?
- ☐ Are there resources to support integration (confidentiality, parent resources, etc.)?
- ☐ Is reporting included?
- ☐ Does the assessment meet insurance reimbursement criteria?
- ☐ Can you talk to other organizations who are currently using the assessment?
- ☐ Is there ongoing quality improvement?

Evaluating Technology:

- ☐ Is the system secure, HIPAA-compliant?
- ☐ Is it cloud-based or does software need to be installed?
- ☐ Are there ongoing, regularly scheduled enhancements?
- ☐ How long does implementation and training take?
- ☐ What is the user support process like?

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Technology Removes Variability

HOW we look when we're asking...

HOW we ask a question...

"You use condoms, right?"

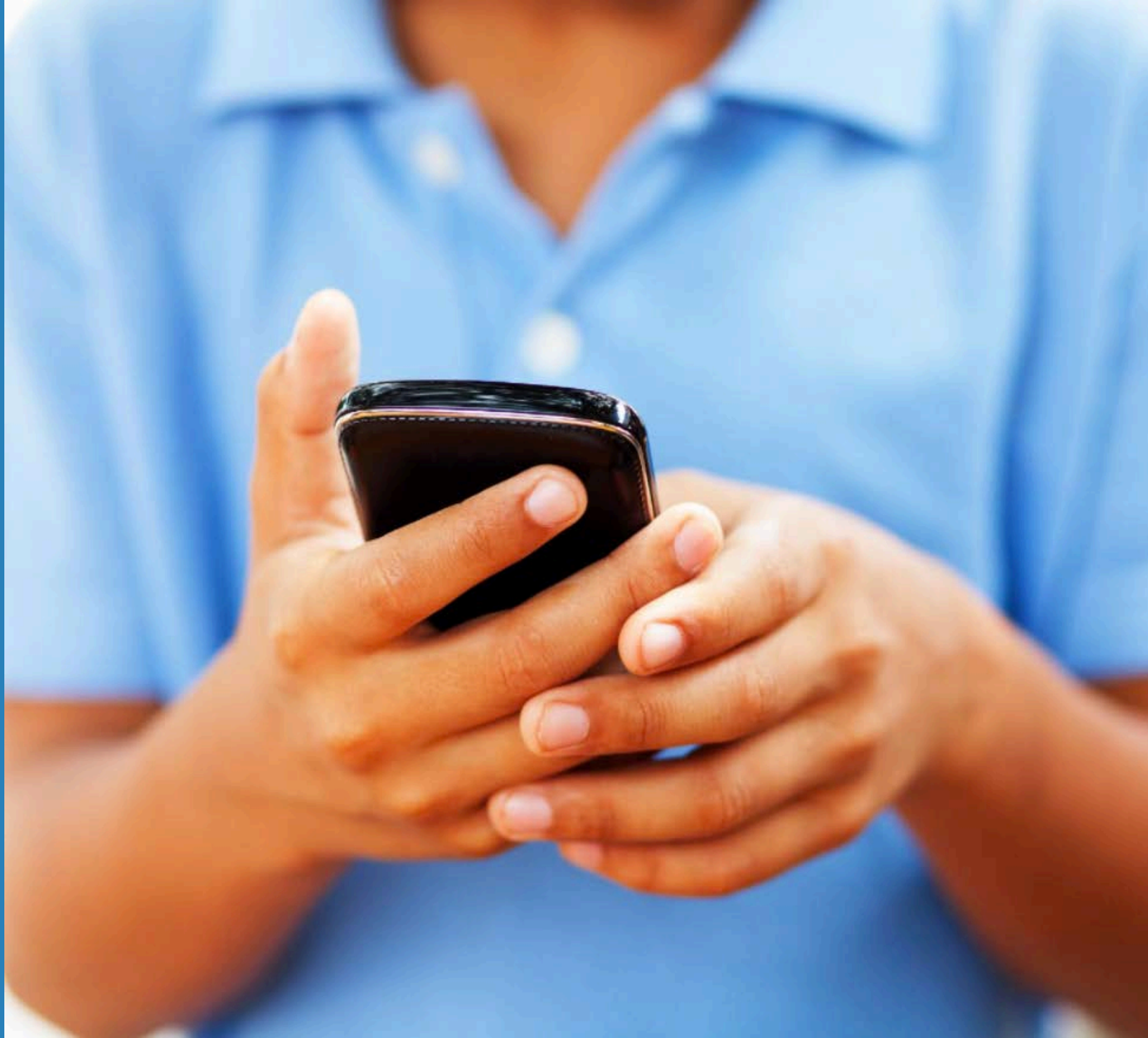


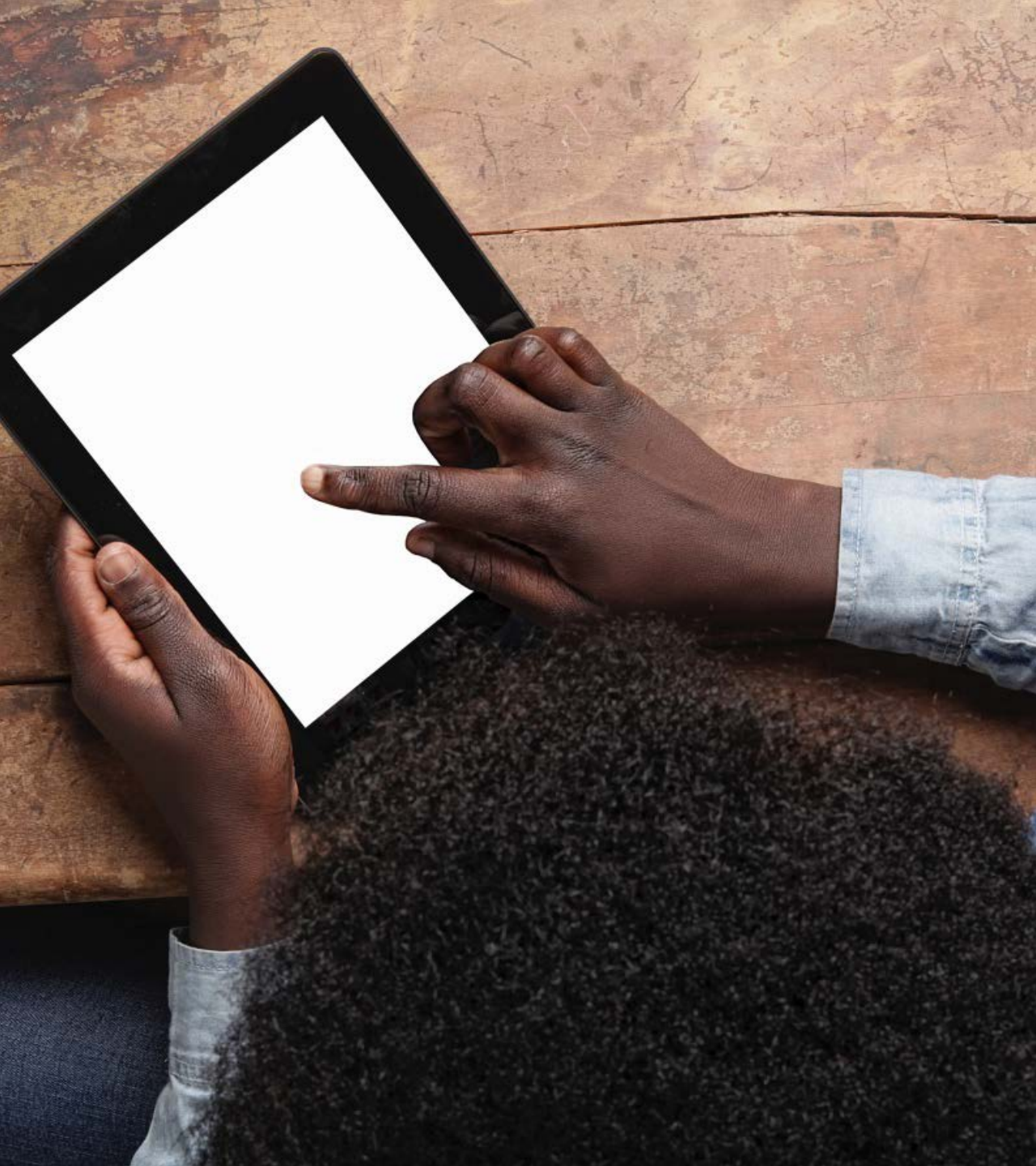
HOW we talk about risky behaviors...

"Just say 'no' to sex"

Electronic RAAPS was developed to help professionals:

- ▶ Get honest risk information from teens
- ▶ Navigate difficult conversations
- ▶ Access data to highlight need and show effectiveness





Innovative Features for Teens and Young Adults

- ▶ Designed to engage
- ▶ Technology based
- ▶ Tablet, iPad, Smartphone
- ▶ Audio & multilingual options
- ▶ Health messages geared toward teens

Question:

When you are driving or riding in a car, truck, or van do you **always** wear a lap/seat belt?



No

Yes



Youth Interface

Safety

Car crashes can happen at any time and at any speed. No one thinks they will be in an accident which is why it's important to wear a seat belt, even if you are just driving around the corner. In fact, **most crashes happen very close to home.**

To protect yourself:

- Wear a seatbelt whether you are in the front or the back seat.
- When you get in a car/truck adjust your seatbelt to make it more comfortable.
- Make a reminder sign or symbol and put it in the car somewhere that everyone will see it to remind them to buckle up.
- Make a rule in your car that the car isn't turned on until everyone's buckled up.
- Make putting on your seatbelt the first thing you do when you get in the car.

Car crashes aren't always your fault, but wearing a seat belt can be the thing that saves your life. Be a role model and ask everyone in the car to wear a seat belt with you.

<http://www.cdc.gov/Motorvehiclesafety/seatbelts/facts.html>

<http://www.teendriversource.org/teen>

Youth Interface



An Effective Tool for Health Professionals

- ▶ EHR format for documentation
- ▶ Health education via technology
- ▶ Integrated care
- ▶ Referral tracking
- ▶ Easy to access data
- ▶ Meet PCMH Standards
- ▶ Saves time

Welcome, Demo Clinician Admin

Log Out

RAAPS Review Grid

Report For: Demo Student 8 Date Taken: 2016-10-04

Reviewed Approved View Report Return to Student Detail

Seatbelt use

Unprotected sex

Abuse

Weapons

Distracted driving

Suicide/self-harm

Helmet use

Bullying

Tobacco use

Alcohol use

Drug use

Prescription drug use

LGBT

Depression

Serious problems

Anger management

Fruits and vegetables

Disordered eating

Review Notes:

Demo environment test notes

Cancel Save Note

Professional Interface



Account Name: P4C Demo Staff Assisted Login **Student ID:** test001 **Student Name:** Jen Salerno **Birthdate:** 01-08-2000
Date Taken: Jan-08-2017 **Clinician:** P4C SA Clinician **Date Reviewed:** 2017-01-09 **Date Approved:**

Review/ Approval Notes

N/A

RAAPS Risk Category Summary

Date	Total Score	Safety	N/PA	Sexual	Mental	Substance Use	Violence	Protective
01-08-2017	4	3	1	0	0	0	0	0

Risk Assessment

Risk	Question	Answer	Update	Assessed Risk	Notes
*	When you are driving or riding in a car, truck, or van do you always wear a lap/seat belt?	Yes	No	Moderate	States wears seatbelt "sometimes". Counseled on consistent use, discussed ways to remember to wear seatbelt when first getting in the vehicle.
*	Do you eat some fruits and vegetables every day?	No			
	Has anyone ever abused you physically (hit, slapped, kicked), emotionally (threatened or made you feel afraid) or forced you to have	No			

Professional Interface

Student Population Profile -

Assessments = 70

Assessments with Risk = 69

Total Population



Total % = 100

Mental Health



= 60
85.7 %

Sexual Health



= 51
72.9 % ;

Substance



= 65
92.9 % ;

Nutrition/Physical



= 63
90 % ;

Safety



= 57
81.4 %

Violence



= 56
80 %

Protective



= 33
47.1 %

Total Number of Assessments: 70

Date Range: 01-24-2017 - Jan-24-2018

What You Need to Know Utilizing Data Effectively

- ▶ What are the greatest risks in my teen population?
- ▶ Who is at risk?
- ▶ What is the demographic make-up of my teen population?
- ▶ Am I making a difference in my population's risk behaviors?



Chart Questions

Choose Filters

Survey: RAAPS Location: ALL Race: ALL Ethnicity: ALL Insurance: ALL Language: ALL Gender: ALL Age: ALL Date Range: 01-23-2017 to present day Grade: ALL

Risk Question Chart

Risk Student List

Risk Question - All

Top Ten Risks

Print

Question Title	Risk Trends	At Risk	Total	Risk	Non-Risk	NA
<input type="checkbox"/> Tobacco use	<div><div></div></div>	58 %	91	53	38	0
<input type="checkbox"/> Disordered eating	<div><div></div></div>	56 %	91	51	40	0
<input type="checkbox"/> Abuse	<div><div></div></div>	56 %	91	51	40	0
<input type="checkbox"/> Alcohol use	<div><div></div></div>	54 %	91	49	42	0
<input type="checkbox"/> Weapons	<div><div></div></div>	53 %	91	48	43	0
<input type="checkbox"/> Depression	<div><div></div></div>	52 %	91	47	44	0
<input type="checkbox"/> Unprotected sex	<div><div></div></div>	49 %	69	34	35	22
<input type="checkbox"/> Seatbelt use	<div><div></div></div>	48 %	91	44	47	0
<input type="checkbox"/> Prescription drug use	<div><div></div></div>	47 %	91	43	48	0
<input type="checkbox"/> Drug use	<div><div></div></div>	45 %	91	41	50	0
<input type="checkbox"/> Serious problems	<div><div></div></div>	45 %	91	41	50	0
<input type="checkbox"/> Suicide/self-harm	<div><div></div></div>	45 %	91	41	50	0

Population Reporting

Choose Filters

Survey : RAAPS Location : ALL Race : ALL Ethnicity : ALL Insurance : ALL Language : ALL Gender : ALL Age : ALL Date Range : 01-10-2017 - present Grade : ALL

Risk Question Chart

Risk Student List

Risk Question - All

Top Ten Risks

PDF

Excel

Search:

Student ^	ID	StudentName	Age	Gender	Grade	Tobacco use	Seatbelt use	Distracted driving
	0001	test student2	20	Female		YES	YES	YES
	0912348	Tobacco Student	17	Female		YES		YES
	12292017	Welcome MsgTest	18	Female		YES		YES
	12345	test student	17	Female		YES	YES	
	123abc	Paper RAAPS	16	Female		YES	YES	
	EHR12345	Wednesday Morning	17	Transgender Female		YES	YES	
	EHR65656	Arynne Wednesday	18	Female		YES	YES	YES

CQI Reports

Work Flow

Honest,
Consistent
Data In



And Actionable
Data Out



Allows
Meaningful,
Dialogue &
Intervention



Creating Workflows

- ▶ Build risk screening into the well visit workflow
- ▶ Youth should complete the risk screening form privately
- ▶ Risk screenings should **NOT** be completed while sitting with a parent or other youth in the waiting room
- ▶ Explain confidentiality

Workflow Changes

Creating a Private Space:

- ▶ Partition a separate area in the waiting room
- ▶ Bring the youth to the exam room **without** the parent so they may complete the assessment in the room while waiting for the provider to come in
- ▶ Complete the assessment in the triage area (when obtaining vital signs) **without** the parent





Return on Investment

Improved Practice Management:

- ▶ Standardization and Quality Preventive Services
- ▶ Saves Time – Clinician and Administrative Work
- ▶ Provides Data for reporting to Regulatory Agencies and Funders

Improved Patient Outcomes:

- ▶ Evidence Based Health Education
- ▶ Technology to Support Behavior Change

5

Screenings per Month



Reimbursement

- ▶ **96127 or 96160:** Brief Behavioral/Risk Assessment
- ▶ **99406:** Tobacco Cessation Counseling
- ▶ **99408:** Substance Abuse Screen/Intervention
- ▶ **G0445:** High Intensity Behavioral Counseling
- ▶ *HEDIS bonus payments annually:*
 - Adolescent Well Visit
 - Chlamydia Screening
 - Tobacco Cessation Counseling

Call-to-Action

Champion standardized, technology based adolescent risk assessment in your practice:

- 1. Get staff engaged*
- 2. Every youth is screened with a standardized risk assessment instrument using technology*
- 3. Individual and population data is being used to support your work*

RAAPS in Action

Incorporating RAAPS into visits

Logistics – EHR and RAAPS

Meeting SBHA Quality Health Indicators

Ease of follow-up on specific visits - SBIRT requirements

Health Messages

CQI

Reports and Sustainability

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