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

Mental health issues now rank higher than drugs, alcohol, and tobacco – risks that are often more commonly associated with teens.
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

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>ADOLESCENT HEALTH RISK SCREENING RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Medical Association (AMA)</td>
<td>Annual comprehensive screening for risky behaviors</td>
</tr>
<tr>
<td>American Academy of Pediatrics (AAP)</td>
<td>Annual screening psychosocial/behavioral assessment &amp; drug/alcohol use assessment</td>
</tr>
<tr>
<td>US Preventive Service Task Force: AHRQ</td>
<td>Screening for depression, sexual activity and tobacco use/prevention</td>
</tr>
<tr>
<td>American Academy of Family Physicians (AAFP)</td>
<td>Screening for sexual activity, depression, tobacco use</td>
</tr>
<tr>
<td>American College of Preventive Medicine</td>
<td>Annual comprehensive screening for risky behaviors – all visit types</td>
</tr>
</tbody>
</table>
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?
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
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/
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)
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/
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?
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
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
<table>
<thead>
<tr>
<th>Category</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helmet use</td>
<td>Bullying</td>
</tr>
<tr>
<td>Helmet use</td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>Prescription drug use</td>
</tr>
<tr>
<td>LGBT</td>
<td>Depression</td>
</tr>
<tr>
<td>LGBT</td>
<td>Serious problems</td>
</tr>
<tr>
<td>Anger management</td>
<td>Fruits and vegetables</td>
</tr>
<tr>
<td>Anger management</td>
<td>Disordered eating</td>
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<tr>
<td>Seatbelt use</td>
<td>Unprotected sex</td>
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<tr>
<td>Seatbelt use</td>
<td>Abuse</td>
</tr>
<tr>
<td>Weapons</td>
<td>Distracted driving</td>
</tr>
<tr>
<td>Weapons</td>
<td>Suicide/harm</td>
</tr>
</tbody>
</table>
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?
Population Reporting
### CQI Reports

#### Student Data

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Student Name</th>
<th>Age</th>
<th>Gender</th>
<th>Grade</th>
<th>Tobacco Use</th>
<th>Seatbelt Use</th>
<th>Distracted Driving</th>
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<tbody>
<tr>
<td>0001</td>
<td>Test Student2</td>
<td>20</td>
<td>Female</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>012345</td>
<td>Tobacco Student</td>
<td>17</td>
<td>Female</td>
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<td>YES</td>
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<tr>
<td>12345</td>
<td>Welcome Guest</td>
<td>18</td>
<td>Female</td>
<td></td>
<td>YES</td>
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<td>YES</td>
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<tr>
<td>123abc</td>
<td>Paper RAAPS</td>
<td>16</td>
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<td>YES</td>
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<td>EHR12345</td>
<td>Wednesday Morning</td>
<td>17</td>
<td>Transgender</td>
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<td>YES</td>
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<tr>
<td>EHR056565</td>
<td>Anytime Wednesday</td>
<td>18</td>
<td>Female</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>
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
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
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

5 Screenings per Month
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*