

MDwise Provider Use of Screening Tools

MDwise encourages providers to use standardized screenings, especially in relationship to clinical practice guidelines and prior authorization. MDwise has a history of working with behavioral health providers in order to educate and assist in implementation around screening tools and ongoing assessment.

We will work with providers to implement various health and prevention screening activities through educational efforts made by our provider relations and the Network Improvement Program (NIP) team. Provider detailing, or brief education with salient talking points will be designed around the benefits of conducting screening activities. MDwise will use the current audit program employed in our behavioral health network for the identification of screening initiatives for both behavioral health and primary care. **This will include:**

1. Use data hot spotting techniques to evaluate high volume practices for a given condition (e.g. depression).
2. Visit the practice and perform a chart audit.
3. Provide technical assistance in identifying and implementing evidenced-based screening tools.
4. Visit the practice at three months to determine if screening processes were implemented.
5. Re-audit at 12 months.
6. Provide report with feedback from all groups participating in audit, including comparisons in outcomes.

Although utilization management is not typically a method that providers would equate with screening, MDwise has found it a powerful tool in educating providers and members about standardized screening. MDwise will require standardized assessments be used as part of determination. Standardized assessments are especially important in the prior authorization process for services such as speech therapy and occupational therapy. In many cases, assessments will reveal that children are within expected age ranges for skills and that therapy is not indicated. MDwise routinely requests initial assessments against age appropriate screening.

We have found standardized assessments especially beneficial in determining outcomes for treatment of pain disorders, mood disorders, anxiety disorders, pervasive developmental disorders and attention deficit disorder.

MDwise recommends the following standardized screening tools be used by primary care providers:

- Patient Stress Questionnaire: The PSQ is combined of validated items that include screening for depression, anxiety, drug & alcohol, and post-traumatic stress disorder. The items included can be used in any clinical setting, or telephonically.
- Diabetes Risk Test: this is offered by the American Diabetes Association, this online and paper screener takes less than 60 seconds to complete.
- The BMI calculator: this online tool takes fewer than 20 seconds to calculate the BMI and links to information indicating risk for weight-related diseases. Find the BMI calculator here: http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm.
- Oswestry low back pain scale and the Quebec back pain scale: both of these are validated scales for use in determination of level of pain and improvement of pain over time.

The pediatric provider community will be encouraged to use the following tools, many of which are commonly implemented into practice today:

- The Ages and Stages Questionnaires: pediatric development assessment tool.
- MCHAT: autism screening for toddlers.
- Bright Futures Well-Child Checklists: applies to all pediatric ages for evidence-based screening and prevention.
- CRAFT: assesses adolescents for risk taking behaviors and substance abuse.
- Vanderbilt Scales for ADHD: assesses children for ADHD in the home, school or other interactive settings.

MDwise case managers regularly use the Readiness to Change Ruler. This item is required when using motivational interviewing techniques. The scale assesses where in the spectrum of willingness to change a member is at the time of initial assessments and enrollment into case or care management. Motivational interviewing techniques can then be targeted to meet the member's willingness and expectations around changing health behaviors.

We recognize that given the time limitations in today's busy primary care practices, many providers may feel they do not have the time to complete assessments. Because many of these tools are directly linked to HEDIS measures (e.g. BMI, low back pain, lead screening), our provider incentives will include measures for which HEDIS scores can be improved by incorporating regular screening. MDwise complex case managers will also incorporate screening findings into case conferences with providers. Links to provider screening tools are incorporated into MDwise's provider web page, and will be added to provider portals. These tools can be found at MDwise.org/providers.