

Child Psychiatry Telephone Consultation on Medicaid Children

The Behavioral Health Organizations and the Mental Health Centers in the greater metro area have very generously made available **telephone consultation by child psychiatrists** to help providers in CCHAP – affiliated practices make managing their **Medicaid children with complicated mental health issues or complicated medication regimens** easier. These child psychiatrists are also willing to come visit your practice to get to know you and even to discuss cases. We are very grateful for this very generous support for your Medicaid children. **You can determine which child psychiatrist to call based on the county in which the child received their Medicaid card.**

Denver County – Rick March, MD – 303-504-1520

Jefferson County – Don Bechtold, MD – 303-432-5172

Adams, Arapaho and Douglas Counties - Joe Pastor, MD – 303-853-3888

Cross-cultural Communications

By Marcia Carteret

Have you ever wondered why people from some cultures talk so loud and seem aggressive? Why do they stand so close to you when they speak? Or maybe you've wondered why some patients seem reluctant to speak or maintain eye contact? Could that be cultural? Why do people from some cultures make it difficult to get a straight answer to a simple question? Why do some people from some cultures seem not to follow our advice? And why is it that some patients never show up on time – don't they own a clock? Is a lax attitude towards time a cultural or individual behavior? Neither? Both?

As part of CCHAP's mission to assist all Colorado pediatric practices in providing a quality pediatric medical home for low income children (Medicaid, Child Health Plan, and uninsured), we are preparing to launch a new phase of our Cross-Cultural Learning Community. We are all working to improve the knowledge and skills to provide culturally responsive health care for low income and culturally diverse families. One way to accomplish this will be to feature a series of articles in our newsletter written by our Director of Intercultural Communications, Marcia Carteret.

Intercultural communication in its most basic form refers to understanding how people from different countries and cultures behave, communicate and perceive the world around them. Given the growing multicultural population in the US, intercultural communication research is actively being applied in healthcare settings so that doctors and their staffs can relate effectively to their patients from diverse cultural backgrounds. We will share that research and specific tips with you.

One of the most important skills needed for intercultural communication is the ability to recognize, in any given interaction with someone from another culture, which of their behaviors are universal human behaviors and which are peculiar to a cultural group(s) and which are specific to that individual. We will provide tips on how to distinguish these behaviors.

The most effective communication skills are the same in an intercultural setting as those we use to communicate within our own culture: listen without judging, repeat what you understand, confirm meanings, give suggestions and acknowledge a mutual understanding. However, when we are communicating with a different culture, we need to add to these basic skills. We need to build some understanding of how, even with the best intentions, our misperceptions can cause confusion and create misunderstanding. In patient-doctor interactions, the stakes are high. Confusion over which bus takes you downtown is one thing, but misunderstanding that leads to misdiagnosis is quite another.

At first glance, it might make sense to learn the beliefs, customs, and taboos of each "foreign" culture we interact with regularly. But memorizing lists of dos and don'ts is

both impractical and ineffective because every situation is different. It is the *context* of an intercultural interaction that is key. By way of example, you might be told that in Japan it is customary to bow when you are greeting someone. True, but you need to understand the status relationships of the people involved to know *how* to bow. If you don't bow appropriately, you will surely offend someone more severely than if you don't bow at all because a Japanese person doesn't expect a foreigner to understand their custom. In fact, many Japanese will say they prefer that foreigners not bow unless they really understand what the gesture means and the *context* of the interaction. Obviously, it would be peculiar to bow to a Japanese patient during an office visit here. It would be totally out of context.

If rote learning about beliefs, customs, and taboos is ineffective, then how can we learn to be better intercultural communicators? The answer lies in developing both an intercultural mindset and skill set. We need to learn to recognize cultural differences and also be able to maintain a positive attitude towards those differences. We need to develop a skill set, beginning with a thorough understanding of what culture is and what our own culture looks like. What lens do we look through when judging other cultures? Many Americans can't say much when asked to describe American culture - just as a fish can't describe the water it swims in. Our skill set also includes a thorough understanding of the difference between stereotypes and generalizations. Stereotypes are very destructive to good communication, but generalizations, if used mindfully, are necessary to making sense of the human experience.

In future issues of the CCHAP newsletter, we will explore more components of the intercultural skill set, including language use, nonverbal behavior, and communication styles. We also will offer in-office training for staff and providers. We will soon be providing you with a menu of options for training sessions and case conferences that we can bring to your practice.

PROVIDER RESOURCE HOTLINE

**To Help You Find All Appropriate Services and Resources
for Your Chronically Ill or Special Needs Patients**

Including Case Management or Care Coordination for the Child

And Education Resources and Support Services for Their Parents

Call 1-877-731-6017

Fax: 303-691-0846

Email: providerhotline@familyvoicesco.org

The PROVIDER RESOURCE HOTLINE assists providers to identify all appropriate services and resources for children with chronic illness or special needs and for their parents:

- Case management
- Care coordination
- Specialized services, resources, medical equipment, therapies
- Parent/patient education about chronic illness / special needs
- Parent/patient support services
- Help in finding funding for uncovered services

Examples:

- You are seeing a new patient (new to Colorado) who is an infant with 22q Deletion Syndrome, congenital heart disease, cleft palate and an oxygen requirement of undetermined etiology. Parents want to link up with all of the support services and a parent group like they had where they used to live.
- A child with multiple developmental delays also has behavioral problems. The parents are not sure they are getting all the help their child is entitled to and they want a parent support group and they are asking for counseling.
- A parent with a disabled child wants your help in applying for some sort of waiver that you aren't familiar with.

Monday thru Friday from 8AM to 4PM

Voicemail available 24/7

Provides follow-up with the provider office and with the family

Answers questions for parents like:

- **What support services or special programs is my child eligible for?**
- **Can I have a visiting nurse or therapist come to our home?**
- **How can I get them paid for?**
- **What are waivers and how do they work?**
- **Shouldn't this child have a case manager or care coordinator?**
- **Where can a family get additional funding?**

If the hotline can answer your questions immediately, you can pass the information to the family while they are in the office or we can contact the family and give the information to them.

If the information is not immediately available, we will research the question or case and provide the information to you and the family later in what ever manner you and the family wish (via phone, fax, or email).

If you feel the family needs more assistance or follow- up, just let us know and share the family's contact information with us or provide the family with our number for them to contact us directly.

When contacting us, please provide us with the following information:

Your provider office and PCP name

Name of Child

Date of Birth

Medical Condition / Primary Disability

Type of insurance

Resource or service requested

Who should we contact with information?

Family Contact Information

How is it best to provide information back to you: phone, fax, email or voicemail

DOWNLOAD A REFERRAL FORM AT

<http://www.cchap.org/nl15/>

DOWNLOAD AN 8 x 11 FLIER TO KEEP ON HAND AS A REMINDER AT

<http://www.cchap.org/nl15/>

Next time you see a special needs child, call us to see how we can help

Questions about the hotline? Call 1-877-731-6017

*The Provider Hotline Is Sponsored By
Family Voices and CCHAP*

FAMILY  VOICES
COLORADO



Practice Manager's Corner

By Christina Ells

Great news regarding passive enrollment!! Your diligent calls to Denver Health have paid off, and the disenrollment process has been changed! Please see below for new steps to disenroll a patient from DHHA.

1. The family must call Maximus (Health Colorado) at 303-839-2120 or 1-888-367-6557 and ask to be allowed to stay with their provider's office since they have been with your practice in the past. The parent needs to tell Maximus they are at your office now for an appointment and want to stay with you as their PCP.
2. There will be retroactive disenrollments in the Web portal to cover the visit, but the providers will not be able to verify it in the system for at least 48 hours after the call.
3. When it shows in the system (48 hours later), you can bill Medicaid FFS and be paid. These visits will be reimbursed at the correct rate if they are eligible for enhanced reimbursement.
4. If the visit is close to the end of the month, the parent will be asked if they can reschedule until after the 1st day of the next month. Please have your parents stand firm that they can not reschedule and need to be seen that day.

Since this is a new policy, I imagine there will be glitches. Please let me know any and all issues that arise from this process so that I may fix them as quickly as possible. You can call me at 720-777-6309 or e-mail me at ells.christina@tchden.org.

We will update the manual and send you new chapters on eligibility to replace the old chapter. As soon as the update is made, we will also post it on the website for your convenience.

This is a very positive step making enrollment easier for us and our families. Great job!

Getting Children Fully Immunized What Reminder System Works Best?

Did you know...

- >70% of children receive vaccines from pediatricians
- >80% of children receive vaccines in the private sector
- Only 35% of pediatricians use reminder-recall messages for immunizations
- Practices with immunization champions are twice as likely to use reminder/recalls for immunizations and have higher immunization rates

When a patient's family is contacted by either mail or phone informing them of late immunizations, they are much more likely to come in for an appointment. Of families contacted by mail or phone or by both, the percent who came in for immunizations were the following:

- Contacted by mail only – 34%
- Contacted by phone only – 67%
- Contacted by mail first and later by phone for those not responding – 55%

Interestingly, postcards are more successful than letters in envelopes.

We have found no studies comparing cell phones with home phones or post cards. We have found no studies evaluating email or text messaging. There is very little research on Medicaid and CHP+ children. What have you observed? What does your intuition tell you?

We are trying to develop an intervention to help your practice fully immunize your patients. We want to evaluate the feasibility and cost of various methods. We are considering phone, email, postcards, letters and text messaging, among others. We would like your ideas on what strategies might work for your Medicaid families. We will be conducting a focus group in the next few weeks to get feedback on your ideas. If you are willing to provide your insights, please contact Tiffany Brown (tiffanynoele.brown@uchsc.edu) to sign up. Additionally, if you would like further information on the data presented here, email us.

Integrating Developmental Screening Into a Pediatric Practice

- The Colorado Assuring Better Child Health & Development (ABCD) project has received a three year grant to provide training and technical assistance to providers to implement a “validated” developmental screening tool at well child visits for infants/toddlers birth to five.
- The ABCD project is partnering with CCHAP to provide training and support to pediatric practices to implement developmental screening.
- **Medicaid will reimburse \$34.00 to providers if you use a standardized, validated developmental screening test at an EPSDT visit.**
- The Colorado Chapter of the AAP supports the ABCD project.
- Early detection and intervention improves outcomes. Many delays in children’s development are missed in the first 4-5 years of life without a standardized, validated screening test.
- The **most time-efficient tool** is one in which the parent completes a questionnaire.
- **To comply with 2010 recertification guidelines by the American Board of Pediatrics**, documentation will be required to show levels of involvement in practice improvement initiatives. By implementing the use of a **“validated” developmental screening with a sensitivity and specificity rating of 70% or greater like the ASQ or PEDS**, practices are taking steps to integrate quality improvement into their practices.
- What are providers saying about implementing either the ASQ or the PEDS parent questionnaire developmental screening tool:
 - **It takes 1-2 minutes for an MA, LPN or RN to score.**
 - **It takes less than a minute of the provider’s time if the MA, LPN or RN scores the questionnaire.**
 - In many instances, it reduces the length of the visit.
 - It helps providers concentrate on the concerns/priorities of the parents.
 - It reduces the number of concerns that come up as you are walking out the door at a well care visit.
 - It improves patient satisfaction.
 - It promotes positive parenting practices.
 - It increases provider confidence in decision-making for when to refer a child for further developmental evaluation.
- Eileen Auer Bennett, the Colorado State ABCD Coordinator and her team are available to assist providers in getting started. Training and technical assistance will be provided to practices to implement a standardized tool such as the ASQ or PEDS. Support will also be given to office staff on how to incorporate a standardized developmental screening tool into the current office work flow.

For more information, please contact:

Eileen Auer Bennett
720-333-1351
ileanben@yahoo.com

The Ages & Stages Questionnaire (ASQ)

The Ages & Stages Questionnaire (ASQ) is a well respected screening tool. It has the best sensitivity and specificity. It is standardized across various common minorities. Health care providers have identified the following advantages:

- Parent completed—Parents are partners in their child's assessment and intervention activities.
- Serves as a talking guide with parents identifying a child's strengths as well as things the child is not doing yet.
- Practical—Scoring takes 1-2 minutes and can be done by paraprofessionals.
- Cost-efficient—May be photocopied repeatedly.
- Scoring is simple—Only three responses:
 1. Sometimes, occasional or emerging response from child = **5 points**
 2. Yes, child performs specified behavior = **10 points**
 3. Not Yet = **0 points**
- If the child's total score falls in a shaded area of the bar graph for any developmental area, further diagnostic assessment is recommended.

Visit www.brookespublishing.com to view and order the ASQ tool online.

The Parents' Evaluation of Developmental Status (PEDS)

PEDS is another tool commonly used by practices involved in a pediatric surveillance program. Provider feedback has been positive. "The PEDS is nice because physicians value knowing the issues parents want to address before going into the room."

Below are other advantages outlined in an article by Frances Glascoe, PhD, Associate Professor, Division of Child Development, Vanderbilt University School of Medicine:

- Developed out of four cross-validation studies on a nationally representative sample of families.
- Uses parent concerns or judgments about the child's development and behavioral status.
- Easy to score—two minutes to elicit and interpret.
- Enables health care providers to determine the need to refer and where.

Visit www.pedstest.com to view and order the PEDS tool online.

Spanish Interpretation Training for Pediatric Practices

CCHAP offers a convenient, time-efficient, cost-efficient medical Spanish interpretation training program for pediatric office staff and providers. It is provided as a telephone conference, during practice office hours at lunch time.

Training in medical Spanish interpretation includes:

- Medical (pediatric) terminology
- Subtle differences in the two languages in word selection and grammar
- Culturally appropriate communication skills
- Professionalism and etiquette of interpretation
- Confidentiality and HIPPA issues

Who: This program is for people in the practice who already speak Spanish and English

How: The sessions will be conducted via telephone, using handout materials and the Internet, and will also include role-playing.

When: Wednesdays from 12:15 to 1 pm. The next session will begin as soon enough people are interested in attending.

How long: 45 minute sessions weekly for 6 weeks

Registration: Email the information below to ilssoto@aol.com.

Name of student:

Job title:

Pediatric practice name:

Work phone number:

Home phone number:

Is your first language English or Spanish?

If Spanish is your second language, how long have you been speaking it?

What time is your usual lunch hour?

What is your goal in enrolling in this class?

Price: \$20 per session.

After your registration and start date is confirmed, please send a check for \$120, payable to International Language Services
12572 West Brandt Place, Littleton CO 80127.

An assessment of each individual's skill level will be done during a 5-10 minute phone call prior to first telephone conference/class. Maria will contact you to schedule this initial individual telephone call upon receipt of your registration email. A certificate of completion will be given after completion of all 6 sessions. The faculty is Maria Soto, a certified Spanish interpreter and trainer with International Language Services.