Knowledge Café Summary Child and Adolescent Well Visits Sprint Family First Health – York, PA

FQHC: Family Medicine, School-Based Health Center, and Pediatrics

Our Journey: Integrating EPSDT-Recommended Screenings into the EHR

At Family First Health, we've been working to align our workflows with EPSDT guidelines by incorporating both recommended and required screenings directly into our EHR. Here's an overview of our progress:

1. Screening Questionnaire Updates

Lead Risk Screening

Key Questions:

- Exposure to housing built before 1978 or under renovation?
- Contact with individuals who have elevated lead levels?
- Environmental and behavioral risk factors (e.g., mouthing behaviors, use of imported pottery or remedies)?
- Recent immigration from a foreign country?
- → Action: Any "Yes" answer requires a blood lead test.

Hepatitis B Risk Assessment

Key Questions:

- 1. Was the child or a parent born in a high-prevalence country?
- 2. Any high-risk behaviors or household contacts?
- → Action: Any "Yes" response prompts HBsAg testing.

Link to prevalence map:

Sudden Cardiac Arrest (SCA) Risk Assessment

Key Questions:

- History of fainting, chest pain, or heart murmurs?
- Family history of heart conditions or sudden death?
- → Action: If "Yes" to any question, consider further evaluation (e.g., EKG).

Dyslipidemia Risk Assessment

Key Questions:

- Family history of early cardiac events or high cholesterol?
- Personal risk factors (e.g., diabetes, obesity, chronic conditions)?
- → Action: Any "Yes" response is considered **positive**, and a **lipid panel** should be ordered. If prior lipid panel was normal, **repeat in 2–3 years**, and at **ages 9 and 17**.

2. Screening Laboratory Updates

We've updated our protocols for in-office and send-out lab screenings:

- **Hemoglobin:** Point-of-care testing starting at age 12
- HIV: Point-of-care testing starting at age 15 (or earlier if sexually active)
- Lipid Panel: Performed at ages 9 and 17
- Lead: Capillary filter paper test at 9 and 24 months
- STD Testing: Sent out to lab, as indicated

3. Rescheduling No-Show Well Child Appointments

To improve follow-up and access:

- Medical Reception staff contact families same day—up to three attempts
- If contact is made, we aim to reschedule within one week
- If no contact is made, Community Health Workers are engaged
- A dedicated **dashboard** helps us identify and track children overdue for physicals