Possibilities for Change

Evaluating Youth Risk Screening Options – ☑ Criteria for Consideration

Organizations looking to implement a risk screening process have a lot to consider. Beyond the screening tool itself there is the counseling for risks that are identified, incorporating both the screening and risk coaching 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 screening options:

The Screening:

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

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

The Screening:

For many organizations the risk screening tool is the first (and sometimes only) element that comes to mind. As with any good instrument, a youth-specific screening must meet a multitude of criteria:

Did you know?

An American Academy of Pediatrics survey on adolescent screening practices revealed:

- 21% of physicians always use a standardized risk screening tool
- 33% occasionally use one
- 46% never use one

Questions to Consider...	And Why...
Is the screening tool validated?	How you ask a question affects the answer you get. A validated screening tool has been scientifically proven to be effective. In addition, a tool is typically required to be validated in order to qualify for billing and insurance reimbursement. Ask to see the peer-reviewed, published validation studies that have been completed on the screening tool.
Is the screening tool recommended by leading healthcare organizations?	Is the screening tool recommended by government or national healthcare organizations? Does the screening tool meet evidence-based guidelines for youth risk assessment endorsed by these organizations? For links to expert recommendations from many of the leading healthcare organizations go to: http://www.possibilitiesforchange.org/raaps/
How long is the screening – and what risks are identified?	Does the screening identify the risks most likely to impact youth health and well-being? In an ideal world we'd dig into every facet of a youth's behaviors. However, there is substantial evidence on which risks contribute most to morbidity and mortality (illness and death) in youth. Prioritizing these risks reduces the length of the screening – which reduces survey fatigue, increases youth engagement and truthfulness – and can actually increase the effectiveness of risk identification. Additionally, a short format has less impact on workflow and leaves more time for follow-up and counseling.
How is the screening delivered?	Did you know that youth are less likely to be honest about their risk behaviors when using a face-to-face interview or paper-based survey? Research shows that a technology-based screening (a survey that youth can complete via a hand-held tablet, smartphone – or even a computer or laptop) has been proven to increase engagement, honesty, and validity of risks identified. Additional challenges with verbal delivery (asking questions face-to-face): • As humans we are forgetful and we have subconscious biases – we don't ask the same questions to every youth, every time and in the same way. • How you ask a question affects the answer you get. Simple things like intonation and phrasing can dramatically influence a youth's response. • It's difficult to verbally ask all of the questions you need to when uncovering risks, youth feel "grilled".
Is the screening age-specific?	Brain development changes dramatically between ages 9 to 24. In order to understand a question and respond appropriately – an older child (ages 9-12) needs questions to be framed very differently than a teenager. In addition, risk factors change over time – sexual activity, unsafe driving, and binge drinking are examples of risks that tend to be age-related. Finally, the language of youth is different than that of adults. Youth-involvement in the development of the wording of the screening questions increases engagement and age-specific relevance.
How does the screening address health literacy?	Health literacy also affects youth comprehension of questions and the validity of the risk identification process. Additional questions to ask to evaluate health literacy: • What is the reading level? • Are other language options provided? • Are audio options available?

Post-Screening Risk Counseling

Risk identification is just the first step. What happens after risks are identified is critical. The right approach to intervention and counseling can make the difference in changing behaviors and preventing avoidable illness and injury.

? Is the tool you are evaluating part of a comprehensive, risk-reduction solution designed to specifically support adolescent care providers and professionals – or is it just a stand alone screening?

Questions to Consider...	And Why...
Is there standardized, evidence-based health education provided?	Risk factors are sensitive, sometimes delicate topics to address. Professionals report a wide-breadth of comfort levels in counseling on youth risk topics. To reduce practice variation and ensure the same counseling is provided to every youth, look for a solution that has integrated, evidence-based education: • Is tailored risk-reduction education included? Each youth should receive (and have ongoing access to) tailored education based specifically on his or her risks. • Are there talking points and key messages for the professional, designed to support and facilitate ongoing youth/professional communication? These messages should be risk-specific and provided in a prioritized manner to ensure the most critical risks are discussed first.
Are risk-specific, community resources provided?	Youth will continue to process the information you have shared long after they leave. Providing risk-specific, online and community-based resources enables the youth to explore and gather additional information from a trusted source. These resources should also be accessible after the youth leaves – ideally in an electronic format.
Is there an integrated process for notes and documentation? Is there a process for referrals and referral management?	Documenting a risk counseling session, setting up tracking for next steps and managing referrals are mission-critical in today's healthcare environment. These elements are the foundation of the medical home and most evidence-based programs. They are fundamental for appropriate management, regulatory and quality improvement efforts, and mandatory reporting requirements. • Does the solution offer an easy to use documentation process? • Can the encounter be easily recorded in an EHR? • How are referrals managed and tracked?
Are risks tracked at the individual and population level over time?	Related to documentation and tracking – does your youth risk reduction solution include the ability to track both individual and population level data over time? • Paper surveys can be stored or scanned into a chart – however the findings cannot be easily accessed over time (either at the individual or population level). • Similarly, the responses to most oral-based screenings are stored at the individual youth level and rarely integrated into system reports. • While some screeners offer an electronic format – these systems often clear data after the survey is complete. Which leaves professionals combing through whatever notes were recorded for follow-up or reporting.

Workflow Management:

Youth risk screening presents unique challenges that need to be addressed and integrated into practice workflow for successful adoption. When selecting a youth risk reduction solution, consider the impact on your workflow, as well as the expertise and support you can expect in navigating the implementation process.

> "Making the transition to the unique risks associated with the teenage years requires a change in mindset, and a distinctly different process."
>
> Evans-Smith, MD, FAAP
> Pediatric Associates of the Northwest

Questions to Consider...	And Why...
Is the screening tool easy to implement, integrate, and use? Are there resources to support integration?	Workflow challenges vary by the type of practice or program. Issues such as time management, confidentiality, addressing parent concerns, and billing for risk counseling may be top challenges. While other organizations may be looking for best practices on scheduling or meeting mandatory reporting requirements. • Does the solution address the workflow barriers specific to your practice (is it fast, easy to use, is there support for counseling, is documentation simple, do they have best practices and case studies relevant to your setting or population)? • What resources will be offered to support the changes that you will need to make for successful adoption?
Is reporting included?	Reporting should enable professionals to gain easy, at-a-glance insight into both individual and population-level risks. This feature should offer pre-built reports that quickly enable you to answer questions like: • What are the greatest risks in my population? • How are these risks changing over time? • Have we been effective in reducing risks and supporting behavior change over time? Reports can also be used to focus population-level interventions, justify quality-based reimbursements, or to apply for grant-based funding.
Does the screening tool meet reimbursement criteria?	Several elements discussed in previous sections are relevant for consideration in this question: • Is the screening tool validated? In order to qualify for billing and insurance reimbursement most organizations and guidelines require that the tool is validated. • Was counseling provided and documented? Risk-reduction counseling must be provided in order to receive reimbursement. Look for a system that makes it simple to document (and report on) the counseling provided. • Were appropriate referrals made and tracked? Many quality-based incentives and guidelines require proof of appropriate referrals to community-based care and ongoing communication from providers. Look for integrated referral management features.
Can you talk to other organizations who are currently using the screening tool?	Talk to organizations (like yours) who are using a risk reduction solution you are considering and ask about key areas discussed in this checklist... Are they improving youth quality of care or services? How was the implementation? If they had problems were they quickly resolved? Are there ongoing improvements to the screening or solution? Knowing what they do now, would they choose this same screening tool again?
Is there ongoing quality improvement?	How often is the solution updated to incorporate the latest in evidence-based guidelines or to update risk-specific language? Youth risks – and the prevalence of risks change over time. Sexting, texting while driving, and the number of youth struggling with anger management or carrying a weapon for protection, are just a few examples. The language youth use to describe these risks changes dramatically over time and should be updated for relevance and engagement.

Evaluating Technology:

A technology-based risk reduction solution offers many unique benefits and mitigates traditional barriers to youth risk screening and risk coaching:

- Time-efficient, scalable and standardized approach
- Enables real-time tailoring of risk-specific messaging and health education – as well as ongoing support with youth access to action plans and text messages
- Technology can be leveraged to increase health literacy – easily incorporating language and audio options
- Electronic documentation of risk counseling and referrals
- Longitudinal access to individual and population-level reports so practices can track their risk trends and performance over time
- Perhaps most importantly – youth engagement. (Let's face it, youth speak tech.) Using technology increases youth honesty and the number of risks identified.

Did you know?
Research shows youth are more honest when using a technology interface than with paper based survey or face-to-face interview.

Questions to Consider...	And Why...
Is the system secure, HIPAA-compliant?	HIPAA is a mandatory for any system that manages protected health information (PHI). Ask the vendor about their security protocols and HIPAA compliance.
Is it cloud-based or does software need to be installed?	A cloud-based (accessible by any internet-enabled device) system offers organizations a lot of benefits: • No complicated installation – you can get started right away • No IT or tech support required • Available 24/7 – data is immediately available (no delay) at your fingertips anywhere there is internet access
Are there ongoing, regularly scheduled enhancements?	Just as youth risks change over time – so does technology. Does the screening tool or solution provide ongoing system enhancements and platform improvements? With a cloud-based system these enhancements can be uploaded automatically overnight or on weekends to minimize impact on the practice workflow.
How long does implementation and training take?	How long does training usually take? What is the training process like? Is the solution intuitive and easy to use? Usability is a key element to evaluate prior to selecting a technology solution. Usability will decrease time needed for implementation and training – and will increase adoption among users.
What is the user support process like?	What happens after implementation? Is there a customer support line and / or are requests submitted via an online process? Are there self-help training materials to address frequently asked questions (videos, training guides, etc.)?

About RAAPS

Rapid Adolescent Prevention Screening

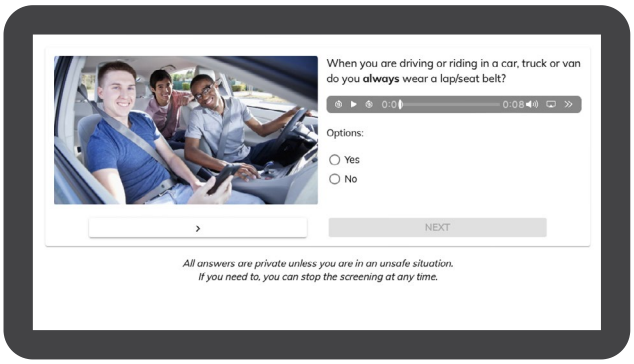
RAAPS is a standardized, validated risk screening system designed especially for professionals working with youth. The short, 23-item RAAPS screening can be administered within an integrated, cloud-based delivery platform or as a stand-alone paper screening.

RAAPS was developed by a team of researchers and clinicians at the University of Michigan with strong youth involvement every step of the way. This makes the RAAPS interface more engaging, and helps youth feel more comfortable answering sensitive questions.

This collaboration also led to some innovative features that increase both engagement and effectiveness with youth, for example:

- RAAPS cloud-based screening can be completed on any device with internet access – like an iPad, or tablet.
- Audio and multi-lingual options are available to help improve health literacy – which is especially important among underserved populations.

> "RAAPS' electronic features make it a 'must have.' Teens complete RAAPS faster, more thoroughly and more honestly than they did the former, longer, paper assessment. Health providers supporting a given teen can access that teen's results, review results more efficiently, and there's consistent information across the entire patient population."
>
> Henry Ford Health System



Innovative features were also incorporated for the professionals who use RAAPS to identify risks and provide behavior change counseling:

- Some professionals reported they were less confident with certain topic areas (like mental health) – so evidence-based talking points were developed for each risk question to help professionals in their discussions with youth.
- With the secure system, professionals can electronically document the counseling and referrals they provide and receive reports on their youth population by age, risk factor, demographics, and over time.
- In addition, results can be compared to a "benchmark" population of youth who have completed the RAAPS screening.

RAAPS is used to screen over 45,000 youth annually in medical practices, school-based health centers, schools, and other community-based organizations across the U.S.