

Spotlight on: North Carolina

Triangle Pediatrics is a National Committee for Quality Assurance (NCQA) recognized, patient-centered medical home in Cary, North Carolina serving patients with a full range of primary and preventive care services. Cyndi Kirchhoff, RN, serves as Triage Manager for the practice and provides oversight on technology initiatives – including QI projects, accreditation, and all things RAAPS-related!

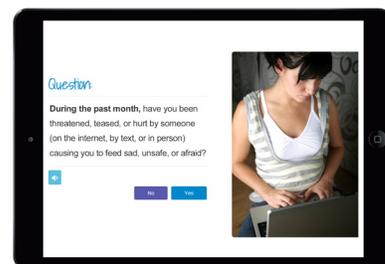


Why RAAPS?

As a practice dedicated to providing the highest quality preventive healthcare from infancy through adulthood, the use of validated, standardized, and age-appropriate screening tools is ingrained in the culture. And it shows. The Triangle Pediatrics office has completed more than 8000 adolescent risk assessments with RAAPS since the system was implemented in 2014 – starting at just over 1000 per year at launch, to more than 1800 in 2018. With these high screening rates, we had to ask, “How?” and, of course, “Why?”

We started by asking Cyndi what drove the initial move to RAAPS:

“We had a paper screening we were using previously. It was not as in-depth as we wanted, and we started looking for a better way to screen the adolescent age group. We looked at several different programs, but we really liked the way the questions were worded in the Rapid Assessment for Adolescent Preventive Services© (RAAPS). The questions in the other screeners we looked at ‘assumed’ things—around sexual activity for example—but the RAAPS questions are more open – with no presumptions.”



Implementation

Making the transition from a paper-based process to a technology solution is never easy – particularly in a busy primary care practice. So we were curious to hear Cyndi’s perspective on the implementation as the manager of technology initiatives for the team.

“In the very beginning there was a bit of a learning curve for the doctors and staff – that’s common every time you try to do something new with technology. But we’ve been screening with RAAPS for so many years now that it’s become the new normal; it just ‘is.’ And the doctors really appreciate having all of the questions – and more truthful answers.”

As for youth engagement, Cyndi explained: *“The teens are all fine with it. They are on technology all day long; it’s really nothing to them. Often, they’d probably rather have a discussion with a computer than a person! The thing we were most worried about with the initial implementation was successfully separating the teen from their parent,”* added Cyndi. *“With the paper survey a teen would fill it out in waiting room next to his or her parents. Let’s be honest, no teen is going to give you an honest answer about something like drugs or sex with a parent looking over their shoulder. But we didn’t have as much trouble as we expected. We put a computer station in the hallway (where the parent can’t easily hover) and simply say ‘Mom / Dad, please have a seat in the waiting room and fill out these forms. We’re going to take John over here to answer some questions.’ This feels like a natural flow and we didn’t have as much push back as we thought.”*

Workflow

An effective workflow can drive adoption and enable sustainable utilization over time. So how exactly does the RAAPS risk screening work in the Triangle Pediatrics practice today?

1. "Right now we have two computer kiosks set up, off to the side in a private area away from the waiting room. The day before an appointment, as part of their daily activities, the front-desk staff log into RAAPS and sets up any patients over the age of 13 who have a well-visit scheduled the next day.
2. When the teen checks in, the front staff asks the parent to have a seat in the waiting room and takes the teen to a station and logs them in. Once RAAPS is complete the teens are logged out and they return to the waiting area.
3. The physician previews the results. Then once they are in the room one-on-one with the patient, they go over the positive responses and capture any comments in the RAAPS system. A PDF of the survey results and clinician notes are pulled electronically into the practice EMR after the appointment."



Triangle Pediatrics waiting room

The Results

RAAPS reports reveal the impressive outcomes across the practice with this approach. Results of teens who took the RAAPS survey two years in a row, who received physician counseling on their risk behaviors and referrals for integrated behavioral health care when needed, revealed a reduction from one year to the next in all identified risks. Most notably there has been a significant reduction in risks related to mental health issues, including:

↓ 59% reduction in reported issues with anger management

↓ 53% reduction in thoughts of suicide or self-harm

↓ 56% reduction in depression

↑ 63% improvement in youth reporting they now have a trusted adult in their lives

"There are a lot of things in a physical or well visit you might have to talk about. RAAPS gives the doctors a starting point of what's important for each teen; it helps them tailor and focus the visit to use their time with the patient more effectively. It has been successful in identifying really important risks and in learning things we wouldn't have before."

Cyndi Kirchhoff, RN,
Triage Manager, Triangle Pediatrics

