It’s hard to believe that another year is coming to an end. As I approach these last several months as my time as the chapter president, I am aware there is much to be accomplished. As an organization that works toward establishing a safe environment for children, promotes the availability of universal vaccine, promotes health care access and financial reform of the health care system, promotes family support and a nurturing environment, and advocates for children’s needs, we have a big vision! While it can be overwhelming at times, we must put our heads down and do the work.

Thanks to all of you who participated in the chapter needs assessment. As a chapter, we are about to embark on a three year strategic plan, creating a “blueprint” for the SCAAP. We will focus on the health of the chapter, the health our members and the health of South Carolina’s children. Your input from the recent needs assessment will guide this work. If you did not have a chance to complete the needs assessment and would still like to share any ideas or concerns you have, please feel free to contact me at Kerry.Sease@prismahealth.org. Creating a chapter that is responsive to the needs of our members and the needs of our state is of the upmost importance to me.

As we prepare to enter the upcoming legislative session, I am excited to announce a new feature on our website. Thanks to Dr. Elizabeth Mack, we are one of the first chapters to partner with Soft Edge https://thesoftedge.com/, an online legislative advocacy platform, to keep you up to date and informed of key issues affecting child health as well the health of our organization. Please take some time to make yourself familiar with this new feature. More information will be coming soon on how you can use the power of your voice as a Pediatrician in South Carolina.

Lastly, we will be updating our American Board of Pediatrics Part IV Maintenance of Certification portfolio through QTIP. Last year we signed a five year contract with the SC Department of Health and Human Services to continue the partnership of QTIP and the SCAAP, affirming the years of successful integration of quality improvement into ambulatory practices across our state. We hope to expand the offerings to include hospital based projects, extending this high value member benefit to our hospital based colleagues.

As I look back over my involvement with the SCAAP and plan for what is next, I am so thankful for the leadership legacy that exists within this organization – leaders with the vision for QTIP, leaders with the passion to always put kids first, leaders who advocate on our behalf for fair payments, leaders who value education and leaders who mentor the next generation of leaders. I look forward to the work ahead with our strategic planning and encourage you to be engaged in the process.
Updates from the Vice President of the SCAAP

The South Carolina Department of Education, Office of Special Education Services, is convening a task force to determine efficient Child Find processes to scale up, and identify needs for effective and consistent, high quality Child Find activities for all preschool aged (3 to 5 years) children in our state. The goal of this work is to ensure that systems, policies and practices are in place at state and local levels so that all young children eligible for special education services can access them as quickly as possible. I will be representing the SCAAP and invite any concerned folks to contact me re: their past experiences and any comments that I might be able to pass along. The SCDOE is deeply committed to this work and want significant improvement in these processes going forward.

Bylaws for the SCAAP—Our bylaws have not been revised since 2003. We are undertaking an extensive revision currently and hope to present it to the membership in late 2019 or early 2020 for your consideration. Stay tuned.

Robert A. Saul, MD, FAAP
Vice President - SCAAP

Working with DHEC on Lead Testing

Michelle L. Myer, DNP, RN, APRN, CPNP; Child Health Nurse Consultant; Principal Investigator – SC DHEC Childhood Lead Poisoning Prevention Program

J. Routt Reigart, MD, FAAP

Each October, pediatricians and family practice providers are encouraged to focus on prevention of, detection of, and addressing of childhood lead poisoning. CDC, EPA, and HUD have three focus areas for Lead Poisoning Prevention Week: Get the Facts; Get Your Home Tested, and Get Your Child Tested.

Get the Facts:

Fact 1: Incidence of elevated blood lead levels is decreasing. www.LiveHealthySC.com reports in the SC State Health Assessment reports that in 2016 prevalence of positive screens is 2.6%

Fact 2: Even lower blood lead levels may harm children. Recent studies have demonstrated elevated risks for attention-deficit/hyperactivity disorder at blood lead levels as low as 1.7 mcg/dL.

Fact 3: SC law does not define the term “lead poisoning” – but DHEC is required to address it. SC law stipulates actions that must be taken upon the detection of a child under six years of age with this condition, including provision of a lead risk assessment for the child’s home and other residences where the child regularly spends time.

Get Homes Tested
DHEC currently initiates lead hazard identification (inspection) for children with confirmed Elevated Blood Lead Levels of 10 mcg/dL or greater.
Get Children Tested:

Test the Right Children.
Medicaid-enrolled children are tested at 12 and 24 months of age. Head Start requires testing of any enrolling child without documentation of prior lead testing. The CDC has established schedules for lead testing of international adoptees and refugees. These are available from the DHEC website: www.scdhec.gov/childhoodlead. Children with risk factors for lead exposure identified through screening should also have blood lead testing.

Test Correctly.
In-office capillary finger sticks for lead testing should be performed on hands that have been washed with soap and water and allowed to air dry. Alcohol wipes do not remove sticky lead particles from fingertips; not using soap and water may contribute to falsely elevated results.

Provide Follow-up Testing and Lead Hazard Education.
DHEC has posted schedules for follow-up testing of children with elevated blood lead levels. Prompt retesting after an initial elevated capillary, in-office point of care testing allows providers to initiate conversations with families about lead hazards in the child’s environment. Lead screening questionnaires e.g., http://www.scdhec.gov/sites/default/files/Library/D-3511.pdf) may help families recognize and address sources of lead. DHEC has an expert Medical Consultant available for assistance with insurance prior authorization, and assistance with management of complex cases. Contact 1-866-4NO-LEAD (866-466-5323) to request a medical consultation.

Report Results of Testing.
All results from blood lead testing require mandatory reporting to DHEC, regardless of test type, age of patient, or result of test. Providers who perform in-office point of care testing should report all results from the Lead Care II analyzer. Elevated results are reportable within seven days; other results should be reported within 30 days of the specimen collection date. Providers with questions about reporting may contact DHEC at SCIONLEAD@dhec.sc.gov.

Highlights of Annual Meeting

The Grove Park Inn Resort and Spa in Asheville, North Carolina, was the site of the South Carolina Chapter of the American Academy of Pediatrics’ 2019 Annual Meeting.

An outstanding program was planned by Dr. Matt Grisham and the CME Committee members. The speakers and topics were well received by the participants. The distinguished Awards Ceremony was held on Saturday evening. The following recipients were honored:

Chapter President’s Award – Jennifer A. Hudson, MD, FAAP

The Chapter President’s Award is given to someone who has rendered outstanding service to the Chapter and contributed to the State of South Carolina in the medical profession.

This year the 2019 Chapter President’s Award was presented to Dr. Jennifer Hudson.
Child Advocate Award – The Honorable Beth Bernstein

The Child Advocate Award is given by the South Carolina Chapter of the American Academy of Pediatrics to a South Carolinian who has made significant contributions to the health and well-being of children and whose achievements on behalf of our children clearly merit the title Child Advocate.

This year’s award was presented to The Honorable Beth Bernstein.

Career Achievement Award – James R. Stallworth, MD, FAAP

The recipient of the South Carolina Chapter of the American Academy of Pediatrics 2019 Career Achievement Award is Dr. James R. Stallworth. Dr. Stallworth’s many years of faithful service stands as a tribute to all pediatricians.

RESIDENTS’ POSTER PRESENTATION

At the Chapter’s Sunday morning Breakfast Meeting the Poster Competition Awards were presented.

South Carolina Chapter of the AAP’s Residents’ Poster Competition Award Recipients (33 posters were submitted for competition this year)

First Place:
Ranjan Banerjee, MD and David Roper, MD – Poster topic “Getting the Fax Straight: Improving the SC Quit-line Referral Process”

Second Place:
Angela Chiang, MD and Cassie Graeff, MD - Poster topic “No Hungry Bellies – Screening and Management of Food Insecurity”

Case Report:
Stephen Ballis, MD – Poster topic “Multifocal Osteomyelitis and Acute Lymphoblastic Leukemia: Which is the Horse and Which is the Zebra?”

SIMON Website Available
DHEC’s Immunization Division Introduces SIMON Website

We are happy to announce the launch of the website for South Carolina’s new Statewide Immunization Online Network, (SIMON). SIMON, projected to begin in spring/summer 2020, will give providers access to a dynamic and complete Immunization Information System (IIS) that helps ensure South Carolinians are protected from vaccine-preventable diseases. The website contains project information, training resources and FAQs for the provider community and the public. Visit the website at the following location https://www.scdhec.gov/SIMON
The PROS network continues to be very active with numerous studies in various stages of the research pipeline. Current study topics include:

**Obesity Treatment**- Studying motivational interviewing training and remote dietician counseling to decrease childhood obesity.

**Antibiotic Prescribing**- Utilizing a distance learning intervention to reduce inappropriate antibiotic prescribing.

**HPV Vaccine**- Using a distance learning intervention to improve HPV vaccine rates.

**Child Poverty**- Introducing local resource manuals and screening tools for unmet needs on the practice level to address social determinants of care.

**Influenza Vaccine**- Studying a text message system to improve the completion rate of flu vaccines among first time recipients.

In addition, PROS has become very involved with the CER² Consortium - Comparative Effectiveness Research Through Collaborative Electronic Reporting. This dataset includes 7 organizations caring for over 2 million children at 222 practice sites in 27 states. Study topics within the consortium have included pediatric hypertension diagnosis, ADHD treatment, antipsychotic medication use in children, and antibiotic stewardship. The potential for meaningful research with this dataset is endless.

Pediatricians can be involved with the PROS network at any level, from helping to design studies to implementing study protocols in practice to writing manuscripts. Please reach out to Dr. Greenhouse if you are interested and would like more information on the PROS network.

Deborah Greenhouse MD, FAAP  
SC PROS Coordinator  
dgreenhouse@scpaped.com
SAVE THE DATE

2020 SCAAP Annual Meeting

July 30 - August 2, 2020
Marriott Resort & Spa - Grande Dunes
Myrtle Beach, SC
Intern orientation is an exciting time in our Pediatric Residency at MUSC. Interns arrive from all over the country anxious to get started on their path to becoming board certified pediatricians. Time in residency is short. The curriculum is designed to meet ACGME requirements. However, there is so much more to being a good pediatrician than being able to pass the board exam. In order to provide the best care possible to each individual patient, in addition to having the medical knowledge necessary to pass the boards, physicians must understand the context in which their patients are experiencing medical problems or struggling to maintain health. Gaining this understanding takes more than rounding in the hospital, participating in didactic sessions and reading articles. To really understand how to best care for our patients we must go into the community and see where they live, where they play and where they go to school.

Social determinants of health such as having enough to eat, having a safe place to play, and stable parental employment have dramatic impacts on children’s wellbeing. Children disproportionately represent our nation’s poor, representing 23% of the population, but making up 32% of people in poverty. Children who live in poor homes and neighborhoods face significant hardships placing them at risk for a range of adverse health, developmental and educational outcomes. As pediatricians, we must appreciate the impact social determinants of health can have on our patients. The first step towards this goal is awareness. Gaining this awareness takes engagement with your local communities.

At MUSC, we implemented a Community Orientation Day for incoming pediatric interns to engage with their community, learn more about social determinants of health and identify community resources. The idea arose from Pat Votava, MUSC Children’s Health Director of Government Relations, who previously experienced a Community Bus Tour at Children’s National. An advocacy taskforce including Ms. Votava, residents, chief residents and several faculty members worked throughout the year to design this experience. The overall goal for the day was to recognize the racial, social, political, economic, cultural and environmental factors that intersect to influence our patients’ health to ultimately provide more holistic, empathetic and informed care to the children we serve.

THE DAY
On June 26th twenty pediatric interns boarded a bus to North Charleston, primed for a day of experiential learning and interactive discussion. The day began with a neighborhood tour of North Charleston including multiple stops highlighting how poverty, lack of access to healthy food, exposure to violent crime and poorly performing public schools negatively impact children’s health. Stops included a poorly funded daycare center, food deserts, areas of high crime and violence, struggling public schools, and finally the site where a 6-year-old little girl had just lost her life to gun violence days before. The key to the success of this portion of the day was the local community activist, Pastor Thomas Dixon, who provided real-life stories and his personal, firsthand knowledge of how these factors influence the difficulties the community faces and the ways physicians can get more involved to bring about lasting, positive change.

Following the neighborhood tour, the interns were dropped off at a local community-based pediatric primary care office, MUSC Northwoods Clinic. They were greeted, given a tour of the practice and instructed on their next activities. However, all communication was in Spanish to simulate the confusion a non-English speaking patient experiences in a predominantly English speaking world. The practice founder, Dr. Henry Lemon, discussed the creation of a patient-centered medical home in an underserved community focusing on adapting to a community’s needs.

The interns then took part in an interactive poverty simulation. The interns were given a scenario in which they assumed the parental role. They were told that the physician just instructed them that their infant needed to have tests done for their fever. To do this they would have to travel from the community pediatrician’s office to the downtown academic center. In the assignment they tracked a local bus route, found a nearby store for food, diapers and wipes for their 2 small children, all with limited financial resources and time. This simulation exercise required the interns to
put themselves in the shoes of the family, making de-
cisions as the family would and truly see things from
their perspective. After the completion of the exercise
there was a reflection session to discuss expected
and unexpected challenges, and how factors such
as poverty, employment and access to transportation
played a role in their ability to access care.

The next activity was a didactic session focused on
gun safety and the Be SMART campaign for kids.4
An invited guest speaker, Tisa Whack, then gave an
impassioned talk about her personal story losing her
son to gun violence and how she turned her pain into
action by starting the nonprofit We Are Their Voices.
At the completion of the day there was a facilitat-
ed question and answer session where the interns
reflected on the activities of the day, debriefed on the
experience and had enlightening conversations with
the community speakers and activity leaders.

IMPACT
We know that children of Hispanic ethnicity and
African American race, children of immigrants, and
those residing in single-parent homes are more likely
to live in low-income and poor families.2 Compared
to their less-disadvantaged peers, children raised in
poverty are less likely to have parents with full time,
year-round employment, higher levels of education,
or stable housing.2 Of particular interest to the pedia-
tricians in South Carolina, the South has the highest
percentage of young children living in low-income
families at 48%.2 All of these factors undoubtedly
impact child development. As pediatricians it is at the
core of our job to advocate for children to ensure eq-
uitable access to these fundamental building blocks
so that they may become healthy, successful adults.

Our Community Orientation Day connected pediatric
interns with the community they will soon be serving,
providing them with the context necessary to begin to
consider the impact of social determinants of health
on their patients. The residents who participated in
the day provided overwhelmingly positive feedback,
with an overall average rating of 4.8 out of 5 on all
questions from a feedback form given at the end of
the day. When asked how the Community Orientation
Day would change their practice, one resident com-
mented that he/she will now “plan to make sure to
talk with my patients with an open mind to hear about
their experiences and how that impacts their care”.
This illustrates well the intent of the Community
Orientation Day experience: see and treat your entire
patient, empathize by meeting them where they are
and now do your part to help keep all kids happy,
healthy and safe.

Providing the most evidence-based, high-quality
medical care will only go so far. If we do not treat our
entire patient, addressing their social, cultural and
economic risk factors, we fail them. Having partici-
pated in this community orientation day, experiencing
firsthand the multitude of hardships their patients
face on a daily basis, these pediatric interns are now
not only going to be great physicians, but above all
else, they are going to be great advocates, providing
compassionate, holistic care for all they serve.

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Acknowledgements
The authors would like to thank the wonderful team
of children's advocates whose hard work, creativity
and enthusiasm culminated in this amazing day: Pat
Votava, Sara Ritchie MD, John Melville MD, MS,
Morgan Khawaja MD, Mark Siegel MD, Henry Lemo-
on, MD, Thomas Dixon, Darryl Capleton, and Tisa
Whack.

Kelsey B. Gastineau, MD and Annie Lintzenich Andrew-
s, MD, MSCR, FAAP
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Each month in South Carolina, an average of six infants die from sleep-related causes such as an unsafe sleep environment. In fact, sleep-related causes are the third-leading cause of infant death in our state.

In response to this critical issue, the South Carolina Birth Outcomes Initiative (SCBOI) – a statewide collaborative of public and private stakeholders focused on improving the health of moms and babies in the Palmetto State – formed the Safe Sleep Initiative in April 2017. The initiative aims to eliminate sleep-related infant deaths by providing prevention education to parents, caregivers and the community, and support to health care providers.

Timothy Harkins, MD, an OB/GYN physician with Prisma Health–Upstate, and Michelle Greco, RNC, manager of Child Abuse Prevention for Prisma Health Children’s Hospital–Upstate’s Bradshaw Institute for Community Child Health & Advocacy, co-chair the Safe Sleep Initiative.

On May 15, 2018, legislation was signed by Governor Henry McMaster mandating the addition of a video presentation on safe sleep practices and the causes of sudden unexpected infant death (SUID) to the existing required video on the dangers of shaking infants and young children.

The state Department of Health and Environmental Control (DHEC) produced two new videos, “Safe Sleep” and “Preventing Abusive Head Trauma,” in accordance with the legislation. The videos currently are available in English and soon will be available in Spanish. They are free to hospitals, birthing centers, childcare centers, DSS adoption services, physician practices, and other requesters, and come in multiple formats. Dr. Kerry Sease, medical director of the Bradshaw Institute and president of the SC Chapter of the American Academy of Pediatrics, and Dr. Nancy Henderson, director of Pediatric Abuse & Neglect at Children’s Hospital, are the content experts featured in the videos.

At Prisma Health–Upstate, a multidisciplinary team led by Dr. Patrick Springhart and Kayce Sams has been working for over a year to provide a streamlined, efficient process of education addressing these critical topics. The team, which includes members from all Prisma Health–Upstate campuses and across various departments, developed a streamlined nursing workflow process for the video viewing and required documentation, all of which is done after the birth of the infant and before discharge.

Once the process is finalized, it will be followed at all Prisma Health–Upstate campuses with birthing centers. Previously, when patients were being offered the opportunity to watch the abusive head trauma video, there was close to a 100% opt-out rate from this important education. As a result of the team’s work, patients now are able to view both the videos on iPads at our birthing hospitals.

Additionally, our Epic team provides an area to meet the requirements for documentation, rather than paper verification forms, making the entire process easier, quicker and more convenient for parents and families. Participation rates climbed steadily in the months after implementation and have leveled out around 80%. Previously, the participation rate was generally around 20%. In April 2019, 469 mothers watched the video (78%).

Special thanks to Michelle Greco, RNC, manager of Child Abuse Prevention at the Bradshaw Institute and co-chair for the SC Birth Outcomes Safe Sleep Initiative, for the content of this article.

Article author Carley Howard Draddy, MD, FAAP, is vice chair of Quality and Medical Staff Affairs and medical director of Pediatric Telehealth and Special Projects for Prisma Health Children’s Hospital–Upstate.
Food insecurity is a particular problem for families, as homes with children have almost twice the rates of food insecurity as homes without children. According to USDA data from 2018, the childhood food insecurity rate in South Carolina is approximately 11.7%. At the Center for Pediatric Medicine (CPM), which serves a high risk population, this rate is expected to be more staggering than what is seen across the rest of the state. Food insecurity has a clear negative impact on children and families. Research demonstrates that parents work to protect their children from experiencing hunger, but food insecurity nonetheless contributes to toxic stress as well as poorer dietary quality, which adversely impacts children. Unfortunately, children living in food insecure homes have been found to have worse overall health, increased risk of hospitalizations and increased risks of specific health problems such as asthma, behavioral and learning issues, anxiety and dental disease.

To help address this issue, our clinic partnered with Mill Village Farms to implement the FoodShare Greenville program in the Fall of 2017. The FoodShare model was originally launched in the SC Midlands back in 2015, with nearly 34,000 fresh food boxes distributed to date in Columbia. We first heard about FoodShare through Dr. Debbie Greenhouse during the 2017 Summer QTIP Learning Collaborative. FoodShare’s mission is to ensure that everyone in our state has access to fresh, healthy produce, regardless of their income or where they live. Since our initial pilot, FoodShare Greenville now has 12 distribution sites (and counting). The boxes are filled with a variety of fresh seasonal and regionally grown fruits and vegetables and cost just $15 cash or $5 of SNAP/EBT benefits (enabled through a $10 Healthy Bucks match by the Department of Social Services), making it an affordable option for families looking to maximize their food budget but still eat nutritious foods. Around 60% of participants are SNAP recipients and 50-60% of purchases are by repeat customers. Each box comes with a simple English/Spanish recipe card giving ideas for how to best use that week’s produce. FoodShare is different than traditional food distribution models in that it allows participants to retain power and maintain dignity while gaining access to affordable, quality produce.

Several of our pediatric residents have taken a particular interest in food insecurity and presented their work this summer at the SCAAP Meeting in Asheville, winning 2nd place in the resident QI poster competition. As part of their project, Angela Chiang and Cassie Graeff helped us implement the CMS Accountable Health Communities Health-Related Social Needs Screening Tool (including the 2 question Hunger Vital Sign™) at 1 month and 6-11 year WCCs. The SWYC is used at 2 month through 5 year WCCs. They also adapted the Nutrition and Obesity Network (NOPREN) Food Insecurity Screening Algorithm to our clinic’s specific needs, made local food resource handouts available in our EHR, increased FoodShare enrollment and worked on improving food insecure patient follow-up.

Submitted by Blakely Amati, MD, FAAP
South Carolina has been selected as 1 of 5 states included in a US Health & Human Services project to improve depression screening of our adolescent patients. The reason this project is needed is that although depression is increasing (31% of teens report persistent sadness or hopelessness), we rarely “test” for it (0.2% of well visits office visits include a depression screen). This project uses an approach that is different from the usual CME; rather it is a new model called a “Collaborative Improvement & Innovation Network” (CoIIN) that has worked with other similar problems and combines clinical with public health approaches.

The South Carolina Team is currently recruiting practices (or individual providers) for the South Carolina Adolescent & Young Adult CoIIN. Participation will include:

- Enrollment before the deadline January 10, 2020
- Participation in 10 Learning Collaborative webinars for 9 months
- Submission of data from monthly chart audits (10 charts/month)
- Submission of monthly Plan/Do/Study/Act log
- Completion of surveys and questionnaires at end of the study October 2020
- Providers will earn free certification credits (American Board of Pediatrics, American Board of Family Medicine, and CME for NPs, PAs, nurses and medical assistants)

Sign up at https://redcap.med.uvm.edu/surveys/?s=CF4TDR8YNA or contact Dr. Janice Key at keyj@musc.edu.

Janice D. Key, MD, FAAP
SCAAP School Health Liaison
ADDRESSING ADOLESCENT AND YOUNG ADULT DEPRESSION IN PRIMARY CARE

A project within the Adolescent and Young Adult Behavioral Health CoIIN

Project Logistics FAQ:

1. How do I register? What is the deadline

   Sign up at https://redcap.med.uvm.edu/surveys/?s=CF4TDR8YNA. You will be asked to enter information on your practice as well as the individuals who will be participating from your site.


2. Who can participate?

   Any health care professionals (physicians, advanced practice nurse practitioners, physician assistants, nurses, medical assistants) in Indiana, Minnesota, South Carolina, Vermont, and Wisconsin may enroll.

3. What is the cost?

   As this is a grant funded initiative, there is no cost to participants.

4. How long is the project?

   Programming begins in February and ends in October.

5. Are there any in-person meetings?

   This activity is conducted as an online learning collaborative only. Curriculum is presented through 10 live webinars health throughout the nine-month course.

6. How do I get my materials?

   All curriculum materials are archived within a Virtual Toolkit site including the recordings of project-wide webinars, data collection tools, depression screening materials, and QI resources.

7. How and when do I get my ABP MOC Part 4, ABFM MC-FP Part IV, and/or performance improvement CME credits?

   You will receive all credit at the end of the project (before the end of 2020). To receive project credit, participants are required to view all webinars, submit project surveys, enter nine cycles of data and submit a project attestation form.

8. Who do I contact for technical support or other questions?

   Please call 802-656-9195 with any questions, or email Jen Le at Jennifer.A.Le@med.uvm.edu.
ADDRESSING ADOLESCENT & YOUNG ADULT DEPRESSION IN PRIMARY CARE

February – October 2020

Advance your knowledge and competency to improve depression screening and follow-up for adolescents and young adults, while earning free certification credits.

ENROLL TODAY!  Sign up at https://redcap.med.uvm.edu/surveys/?s=CF4TDR8YNA through 1/10/20.

Questions?
For more information, please contact us!
Jennifer Le | 802.656.9195 | Jennifer.a.le@med.uvm.edu

Free for healthcare professionals in Indiana, Minnesota, South Carolina, Vermont and Wisconsin.

This virtual quality improvement project offers open enrollment to professionals who provide health care to youth ages 12-25.

Earn free 20 MOC Part 4 Credits, 20 MC-FP Part IV and 20 Performance Improvement CME Credits.
All credits for the learning collaborative will be assigned before the end of 2020.

Expert Physician Guided Education
Participants navigate challenges together through virtual learning discussions to analyze interventions, results and opportunities for improvement.

Nine months of proven QI programming facilitated by expert faculty in a virtual learning collaborative model.

Participation Expectations

Attend monthly webinar trainings on topics such as:
• Screening tools and reimbursement
• Referrals and care coordination
• Confidentiality and family engagement
• Substance use and other comorbidities

Implementation and Data
• Use quality improvement methods to improve your practice’s systems of screening and referral
• Submit monthly chart review data to assess depression screening and follow-up planning rates
• Receive individualized coaching support

Activity led by:

FREE MOC PART 4, MC-FP PART IV & PI CME CREDITS

This virtual learning collaborative is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov