



**Technology and Innovation in Pediatrics**

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# THE IMPORTANT YEARS (0-3)



# FOCUS AREAS

- **Well check ups**
- **Immunization**
- **Safe sleep**
- **Breastfeeding**
- **Oral health**
- **Relational health**

# SCREENING

- **Postpartum depression**
- **SDOH**
- **Development**
- **Autism**
- **Vision**
- **Hearing**
- **Lead**

# WCC HEDIS MEASURE

- 6 Visits before 15months of age
- 2 more before 36 months of age

## Tips

Do not count on the 15month check up

Consider a 2 week or 1 month check up

# Immunizations

- **COMBO 10**-*The percentage of children 2 years of age who had Combination 10 vaccines by their second birthday. Combination 10 includes DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza vaccinations.*

## Tips

- Consider Hepatitis A # 1 dose at 12months
- Influenza is the rate limiting vaccine.

# Safe Sleep

- Screen for unsafe sleep
- Beyond “back to sleep”
- Charlie’s kids – safe sleep book or ROAR
- Staff education

# Breastfeeding

- Consistent message
- Breastfeeding friendly practice
- MCO resources
- Use lactation centers in the community



# Oral health

- Staff education
- Fluoride varnish at every visit
- Screen for risk factors
- Link with local dentists and create a referral loop

# Relational health

- SSNR

Tips:

Universal preventions

Targeted interventions

Indicated treatments

# Screenings

- Postpartum depression screenings
  - Before 1 month and then at 2,4 & 6 months
  - Standard of care
  - Standardized screening tool
  - Appropriate well check ups
  - Have resources available
  - Medicaid coverage till 12 months post partum

- Developmental screenings
  - Standardized screening tool
  - 9, 18 and 30 months
  - Anytime the parent raises a concern
- Autism screening
  - Autism specific standardized tool
  - Recommended at 18, 24 and 30 months
  - Or anytime the parent raises a concern

# Lead screening

- Children with Medicaid must receive a BLL at 12 and 24 months (or once between 24 and 72 months if no previous record exists).
- Children with developmental disorders, pica behavior or poor cognitive abilities are at increased risk for lead exposure and may warrant monitoring with BLLs.
- Recent immigrants, refugees or international adoptees should be tested at the earliest opportunity.
- Lead test is reportable to DHEC( DPH)

# Vision screening

- AAP recommends Instrument based vision screening starting at 1 year of age
- Visual acuity test is still gold standard for 3 and above but instrument based screening is acceptable if
  - 3-5 year old is not able to reliably perform the acuity test
  - Older children who are non verbal, developmentally delayed or otherwise not able to perform screening with acuity charts.
- Medicaid reimburses instrument based vision screening

# Hearing screening

## “1-3-6 plan”

- 1 -All infants should have access to hearing screening no later than 1 month of age.
- 3- All infants who do not pass the hearing screening/rescreening should have diagnostic audiologic evaluation confirming hearing status by 3 months of age.
- 6- All infants with a confirmed hearing loss should receive early intervention services as soon as possible following diagnosis but no later than 6 months of age.

- Repeat diagnostic evaluation
  - Ongoing surveillance- language and development
  - Parental concern
  - Risk factors
    - NICU stay
    - Family history of early, progressive or delayed onset hearing loss
    - CMV
    - Aminoglycoside administration greater than 5d
    - Exchange transfusion
    - Hypoxic ischemic encephalopathy
    - Herpes
    - Congenital malformations



# SDOH

- Screen at every WCC
- Standardized screen- SEEK, WECARE, SWYC...
- Use 96160
- Also E/M consideration in the presence of social risk factors.
- Have resources available

# Summary

| FOCUS on          | SCREEN for      |
|-------------------|-----------------|
| WCCs              | Development     |
| COMBO 10          | Autism          |
| Safe sleep        | Lead            |
| Oral health       | Vision/ Hearing |
| Mom / Infant Dyad | SDOH            |

# Thank you

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