



**SEEK**  
Safe Environment for Every Kid

# The SEEK Newsletter

Winter 2021

## SEEK's Mission

Strengthen families,  
support parents and  
parenting, promote  
children's health,  
development and safety,  
and prevent child  
maltreatment

[www.SEEKwellbeing.org](http://www.SEEKwellbeing.org)

For COVID-19 resources and  
helpful information, find the  
[SEEK Resources for Families  
document on our website!](#)

## The National SEEK Study is still recruiting practices

The National SEEK Study will be recruiting practices through June 2021. If you know of pediatric or family medicine practices in your community that may be interested in joining the National SEEK Study, please reach out and connect them with the SEEK Study Team to learn more - Rose Belanger, PhD ([rbelanger@som.umaryland.edu](mailto:rbelanger@som.umaryland.edu)) or Ugo Nwosu, MBBS, MS ([unwosu@som.umaryland.edu](mailto:unwosu@som.umaryland.edu)).

## Updated SEEK Parent Handouts and Algorithms

Please visit [www.SEEKwellbeing.org](http://www.SEEKwellbeing.org) to view our 'new and improved' SEEK Parent Handouts and Algorithms and Barriers.

The SEEK Parent Handouts are an adjunct to advice given in the office. They include national resources and should be customized with local resources for each targeted problem. We have versions in English and Spanish.

The SEEK Algorithms and Barriers help primary care professionals briefly assess and initially address positive screens for the targeted problems. Key questions are prioritized for an efficient approach incorporating principles of Motivational Interviewing.

## SEEK is now on Twitter!

Please follow us on Twitter for updates and other useful info. Also, please help others learn about SEEK and the National SEEK Study by retweeting us. Follow SEEK on Twitter at: [@SafeEnv4EvryKid](https://twitter.com/SafeEnv4EvryKid)

Please share this newsletter with anyone who may be interested. Also let us know if we should add them to our Friends of SEEK list to receive this. Email [unwosu@som.umaryland.edu](mailto:unwosu@som.umaryland.edu).

## SEEK: What You Need to Know about Billing and Reimbursement

Medicaid and other insurers may reimburse your efforts to address social determinants of health, such as via SEEK, for care provided to a parent or caregiver during a well child visit. There is however variation across states and insurers, so please check with your payers.

- **CPT code 96161** covers a parent or caregiver-focused health risk assessment for the benefit of the patient (i.e., child)
- The requirements for billing CPT code 96161 are:
  1. Practice expense is incurred for the cost of the instruments (when applicable) and staff time to administer (e.g., medical assistant (MA) administering a screener) and/or scoring the instrument for the primary care professional (PCP) to review.
  2. The instrument is standardized. The SEEK Parent Questionnaire-R (PQ-R) is considered a standardized screening tool.
  3. The instrument is scorable; this includes interpreting Yes/No questions.
  4. The results of the screener should be reviewed by a PCP and documented in the patient's medical record.
- When a screener is completed, the MA/staff should document doing so in the electronic health record (EHR) (e.g., "gave parent SEEK PQ-R"). Additionally, they should document:
  - Name and credentials (e.g., MA, RN) of the individual administering the instrument
- The PCP should document:
  - Name of the instrument
  - Screener score or results
  - That they discussed the findings with the family

## Helpful Resources

- For billing questions, contact your state Medicaid office, other payers, or the AAP Coding Hotline at <https://form.jotform.com/Subspecialty/aapcodinghotline>
- For guidance on reimbursement for screening and assessment services, this article may be helpful: [www.aafp.org/fpm/2017/1100/p25.pdf](http://www.aafp.org/fpm/2017/1100/p25.pdf)

## Helpful Hints to Improve the Referral Process

Referrals from primary care practices to community resources are often needed to help families access services. Ideally, practices have an effective approach to facilitate referrals. Optimizing the referral process enhances the likelihood that it will occur and thus the care provided to children and their families. However, referrals frequently do not pan out, so how can the referral process be optimized? A few factors have been found to help, such as utilizing a family-centered risk or needs assessment, such as the [SEEK Parent Questionnaire-R \(PQ-R\)](#), to identify family needs.<sup>1</sup> If possible, have the assessment results sent directly to the electronic health record (EHR) to be readily accessible to PCPs.<sup>1</sup> Additionally, having referral contact information readily available, the institutionalization of formal written protocols on when referrals should be made, a tracking system for monitoring referral completion and formal agreements with local resources.<sup>2</sup> We've learned from clinical experience that a 'warm hand-off' helps instill confidence in someone ambivalent about a referral.<sup>3</sup> Further, parent handouts customized with local resources and highlighting the best options, and when possible, calling a resource with the parent\* should help.

Helpful hints for **bolstering your referral process**:

- 1) Consider creating formal **written protocols** on when referrals should be made for specific problems
  - Include when and how to make referrals
  - Protocols should be easily accessible for practice personnel
  - Train PCPs, residents, behavioral health professionals (BHPs) and other frontline staff on screening and briefly assessing for psychosocial problems.<sup>1</sup> The [SEEK training videos](#) and [SEEK Algorithms and Responses to Barriers](#) should be useful for this
- 2) Have **parent handouts** for targeted, common problems like food insecurity, such as the [SEEK Parent Handouts](#)
  - Customize with info on local and perhaps national resources. Specify:
    - Service(s) provided
    - Address
    - Contact information
    - Hours of operation
    - Cost, fees
    - Eligibility criteria<sup>4</sup>
  - Update the information periodically, at least annually<sup>4</sup>
  - Use clear and simple language - not higher than an 8<sup>th</sup> grade reading level
  - Have versions in commonly used languages in the community served
  - Identify specific people at community resources that can serve as the main point of contact for referred parents<sup>4</sup>
  - Have the handouts easily accessible for practice personnel
  - Encourage personnel to use the handouts
  - Personnel can plan with the family re. optimal resource(s) (e.g., location, insurance accepted), and encourage them to contact the resource

\* Also pertains to other primary caregivers.

- 3) Have **community resource information** for targeted, common problems in the waiting room for families to easily access<sup>1</sup>
  - Down time during primary care visits is common, especially when waiting.<sup>1</sup> Having resource information readily available in the waiting area could help families learn about local resources
  - The [SEEK posters and video](#) may be useful to help parents understand why they're being asked sensitive questions on the SEEK PQ-R about such things as domestic violence and substance use
- 4) Helpful tips for **finding local resources**
  - National resource hotlines or websites often help find local resources
  - Many state governments have websites on specific problems (e.g., substance use)
  - County health departments or general county government websites may have information on resources for certain problems (e.g., food banks, smoke alarms, mental health)
  - City websites may have information on resources for certain problems
  - [Benefits.gov](#) has information on government programs, eligibility criteria, how to apply
  - 2-1-1 helps find nearby resources for many problems, like food assistance, housing, substance use, domestic violence, employment, health care and counseling
  - The [Supplemental Nutrition Assistance Program \(SNAP\)](#) provides nutrition benefits to low-income individuals and families through its nationwide network of field offices
  - The [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#) helps women and children, up to age 5, with free healthy foods, advice on healthy eating and referrals to health, welfare and social services
  - [www.foodpantries.org](#) has food assistance info for many states
  - Legal Aid Clinics helps those that are financially eligible with civil legal problems, such as partner violence, employment and housing
  - The American Red Cross provides free smoke alarms; check local or statewide website
  - Most states have smoking quit lines; search '(state) smoking quit line'
  - Most states have a Poison Control website; search '(state) poison control'
  - [Aunt Bertha](#) finds resources for problems, such as finding food, help paying bills; enter zip code and targeted problem
  - The [Help Me Grow National Center](#) has affiliates in many states which link community resources, such as education, healthcare and family services
  - Social media accounts (e.g., Facebook or Twitter) for agencies or programs may have information on events, news, up to date contact info
- 5) Have a formal or informal **agreement** with local resources. This may include:
  - Identifying specific people at community resources to serve as the main point of contact<sup>4</sup>
  - Establishing how referrals are to be made (e.g., phone, email)
  - Clarifying necessary documentation
  - Exchanging information among service providers and practice personnel. This does not need to include sensitive, detailed information; rather there can simply be general indication of engagement and progress. This may require parental 'release of information'
  - For additional information on collaborating with community resources, this [AAP article](#) is useful

- 6) Use **Motivational Interviewing (MI)** when assessing and developing the plan with a parent or patient. MI is a patient-centered approach to motivate someone who is ambivalent about changing their behavior or accepting an intervention.<sup>5</sup> MI involves parents or youth in a way that makes it more likely they'll 'own' the plan and implement it. MI helps engage children beyond age 6 in the referral process. The SEEK website has helpful [MI articles](#). MI involves:
  - Gauging a person's readiness for or interest in addressing a problem
  - Encouraging the person to take the lead in developing a plan by asking what they think about the issue, and what they are interested in doing about it
  - Changing the PCP mindset to be consistent with the patient-centered spirit of MI, and using specific communication techniques, such as open-ended questions, affirmations, reflections and summary statements<sup>6</sup>
- 7) Identify and incorporate individuals' or families' **strengths or protective factors**; these can buffer the impact of risk factors and help develop resilience
  - Identify and incorporate these factors when developing a plan to strengthen a PCP's relationship with a family, and to develop a more effective plan
  - These may be 'internal' or 'external' to a patient and family
    - Internal protective factors involve individual's and family's attributes that help cope with problems, such as a parent's wish for their child to be healthy
    - External protective factors are those outside the family, such as the care provided by a PCP, therapy for a depressed father or a food pantry
- 8) Provide a **"warm hand-off"** when recommending and introducing a parent or patient to another professional (e.g., "we have an excellent social worker. He's been able to help lots of families. Would you like to talk with him?")
- 9) PCPs and BHPs should, with the family, **prioritize what problem(s) to address first**, explaining "we'll get to the other issues ASAP."
  - One may be tempted to try to address all presenting problems. That good intention may be unrealistic, and risks overwhelming a family
  - One may also wish to quickly fix a problem, but thoughtful assessment and planning are key and an additional visit(s) may be needed
- 10) Help address **logistical challenges**
  - Plan with the parent what's needed for the referral (e.g., insurance coverage, what to expect)
  - Provide contact information for the resource (e.g., parent handout)
  - Offer to help set up an appointment
  - Follow-up with the family to ensure barriers didn't block the referral from panning out
- 11) **Follow-up** with the parent and perhaps the resource (with permission) to assess progress
  - Decide when to follow-up
  - Set reminders to follow-up
  - Document follow-up attempts and contacts
  - Contacting outside agencies and professionals may require parental 'release of information'
  - Ask parents about their experiences with community resources<sup>4</sup>

**12) Document information related to referrals**

- Document referrals in the patient's medical record
- Document follow-up attempts and contacts, such as the date, nature of f/u (e.g., phone call, email, letter) and summarize what transpired
- Implement a tracking system for monitoring referrals, ideally in the EHR<sup>1</sup>

**References**

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- 4) Referral Resource Worksheet. AAP.org. [https://www.aap.org/en-us/\\_layouts/15/WopiFrame.aspx?sourcedoc=/en-us/Documents/STAR-Center-Referral-Resource-Template.docx&action=default](https://www.aap.org/en-us/_layouts/15/WopiFrame.aspx?sourcedoc=/en-us/Documents/STAR-Center-Referral-Resource-Template.docx&action=default). 2017. Accessed December 9, 2020.
- 5) Motivational Interviewing. AAP.org. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/communicating-with-families/Pages/Motivational-Interviewing.aspx>. 2020. Accessed October 1, 2020.
- 6) Berman, S. There and Back Again: The Referral Journey. Pediatrics. 2019;144(6). doi:10.1542/peds.2019-2975.