



SEEK
Safe Environment for Every Kid

The SEEK Newsletter

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Documenting Psychosocial Problems in Children's Electronic Health Records

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SEEK's Mission

- Strengthen families
- Support parents and parenting
- Promote child health, development, safety
- Prevent maltreatment

Primary care professionals (PCPs) may be uncertain and uncomfortable documenting psychosocial problems pertaining to parents or caregivers in children's medical records.¹⁻³ Some may be unsure a problem, such as a child's experience of intimate partner (or domestic) violence (IPV) is germane to their healthcare. There may be concern that documentation of stigmatizing information could upset a parent, given that they have access to their child's record. Further, it's possible that sensitive information could be used by one parent against the other in a custody dispute. PCPs may be unsure how to balance the value of documenting psychosocial data and confidentiality.³ For these reasons, PCPs may avoid documenting a family's psychosocial information.

Why is this a problem? It's problematic because there is ample evidence of the relevance of psychosocial circumstances to children's health, development, wellbeing and safety.⁴⁻⁶ In recent decades, the importance of social determinants of health (SDH) has been rediscovered, and the influence of Adverse Childhood Experiences (ACEs) has garnered great attention. These are also risk factors for child maltreatment. This is not new knowledge. In 1904, Jacobi, the father of American Pediatrics wrote that rather than focusing narrowly on just the child, PCPs also needed to consider what's around the child - the family, the community. The Social History has long been an integral component of healthcare. Attention to problems such as parental depression, substance misuse and IPV have been recommended by leading professional organizations.⁷⁻¹¹ In sum, there is no doubt that knowledge of a child's environment is integral to understanding their health-related risks and problems, and to providing optimal care.

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How can sensitive psychosocial data be appropriately and safely documented? There should be a clear and objective basis supporting the concern, such as a parent's disclosure or observing intoxicated behavior, and this should be documented. Documenting what a parent reports, such as violence by a partner, should state: "Mother described" If one is uncertain (e.g., regarding possible intoxication), the note should convey the uncertainty. Good practice includes briefly assessing such problems and helping address them as appropriate; this too needs to be documented.⁴

There are occasional circumstances where a PCP and parent may reasonably not want certain information to be accessible to the other parent or another party, such as regarding IPV, out of fear of aggravating the situation. One approach is to use discretion with phrasing, such as "family conflict discussed" and not including this in the problem list. It's important for clinicians to understand their EHR's capability to protect sensitive information. Different EHRs have the ability to provide confidential sections or protect portions of notes or other data. This also underscores the importance of advancing technical abilities to tag sensitive information according to standards which can promote safe sharing.

The risk of a child's medical record being subpoenaed is real although probably rare. The above strategies might help, although it appears difficult to shield Protected Health Information (PHI) from a subpoena. State laws and institutional policies regarding the sharing of PHI vary and are evolving. Please check what applies to your situation. That said, the potential benefits of excellent and necessary healthcare and related services should outweigh the small risk of the information being used (or misused) in legal proceedings.

There is another reason to document efforts addressing SDH/ACEs. Medicaid and other insurers may pay, such as via SEEK, for care provided to a parent or caregiver during a well child visit. (See the SEEK Newsletter - Winter 2021 at www.SEEKwellbeing.org). In addition, related effort during "sick" visits add to patient "complexity" and can increase payment.

Having a complete picture of a child's environment is important for appropriate risk adjustment (the statistical process that considers the underlying health status and health spending of enrollees in an insurance plan when looking at their health care outcomes or health care costs). Accurate risk adjustment for children must include environmental factors to allow for appropriate resources and payment. Here too, documenting and showing insurers patients' complexity may place them in a higher risk category and lead to more appropriate payment.

Given the salience of SDH/ACEs and their relationship to health-risk behaviors and health status, there is a critical need for more research in this area.^{12,13} Thus, documenting social data is also valuable for refining our understanding of their role in this regard. For example, compiling responses to the SEEK Parent Questionnaire-R can serve as a needs assessment and be the impetus for developing needed resources. Of note, little such research appears to have been done in pediatric primary care.

Aside from legal, financial and academic considerations, "what's best for a child" is a good mantra for guiding good practice. Attention to children's and families' psychosocial circumstances fits well.

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SEEK Webinar: Dr. Robert Sege - Sweetness, HOPE (Healthy Outcomes from Positive Experiences) and the Future of Pediatrics

On September 14th, Dr. Robert Sege, MD, PhD presented a webinar that focused on two innovations in pediatric practice of interest to the SEEK network. DULCE (Developmental Understanding and Legal Collaboration for Everyone) creates a special primary care team for infants and their families. The DULCE team is led by a trained community health worker, supported by a local team that includes the early childhood system, an attorney, and mental and physical health clinicians. This program is being piloted phase at about 20 clinical sites around the U.S. HOPE (Healthy Outcomes from Positive Experiences) focuses clinical attention on specific types of positive childhood experiences that support lifelong health, resilience, and healing. The HOPE framework has developed collaborative networks across the U.S. among health, early childhood, home visiting, schools, and child welfare sectors.

<https://umaryland.zoom.us/rec/share/1mGknT0hFwFvowPXqkfgDL4Np7mkqkY9KBaWkEujwgm8ghs6mRDvG65VnCL2VJz.2ApB-H60j01nkMPL?startTime=1663173141000>

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Change to the SEEK PQ-R

A change will be made to the opening paragraph of the SEEK PQ-R that begins with “Dear Parent or Caregiver”. The sentence to be removed is “This information will be kept confidential/private unless we’re worried about your child’s safety”. Since one cannot that EHR information will be kept confidential/private, we will make this change to the PQ-Rs available on our [website](#). The PQ-R that is available via CHADIS and Phreesia will also be updated.

SEEK Master Class

Everything to know about SEEK is now in one presentation! The [SEEK Master Class](#) was presented by Dr. Howard Dubowitz, the developer of the SEEK model. This presentation covers many aspects involved in the implementation of SEEK.

SEEK Trainings

It’s important that health professionals are prepared to competently and comfortably tackle the psychosocial problems targeted in SEEK. We have developed materials that provide both initial training and ongoing support. The online SEEK training helps health professionals implement the SEEK model in a busy practice and is approved by Accreditation Council for Continuing Medical Education (ACCME) for CME and the American Board of Pediatrics (ABP) for MOC Part 2 credits. This includes reading two key articles and viewing the 9 online videos - requiring about 3 hours to complete, at your convenience. Additionally, the SEEK Model QI training is approved by the ABP and the American Board of Family Medicine (ABFM) for MOC Part 4 and Performance Improvement (PI) credits respectively. For more information, visit the [SEEK website](#).

SEEK Newsletters on the SEEK website

If you’d like to read previous SEEK Newsletters, please visit the [SEEK website](#). Topics include: the importance of strengths and protective factors in helping families, helpful hints to improve your referral process and the importance of Motivational Interviewing.

Questions or Concerns?

The SEEK team is always available to help. Please don’t hesitate to contact us! Email Rose Belanger (rbelanger@som.umaryland.edu) or Stacey Newton (snewton@som.umaryland.edu).

Please share this Newsletter with anyone who may be interested. Let us know if we should add them to our Friends of SEEK list to receive this, and only this. Also, let us know if you do not wish to receive this Newsletter by emailing Stacey Newton (snewton@som.umaryland.edu). We welcome feedback and suggestions regarding our Newsletter.