



### SEEK MOC 4/PI – Medical Records Evaluation Form

This tool helps gather data on how SEEK is working in your practice. For Cycle 1, select a **random** sample of 10-15 children with checkups during a few months **prior** to implementing SEEK. P pick for example the 1<sup>st</sup> and last patient of a day. If the review covers multiple PCPs, it's important to include charts from each of them. And, if you're administering the SEEK Parent Questionnaire-R (PQ-R) at the 2, 9, 15, 24, 36, 48 and 60-month visits, collect data **only** from children with a visit at those ages. Cycle 2 involves the same process covering the first few weeks **after** implementing SEEK; Cycle 3 covers the **subsequent** few weeks. The data gathered should be recorded below, beginning with Patient 1.

You can choose to document only whether the problems were screened for. This could be based on documentation that reasonably indicates screening for a problem. "How have you been feeling?" is an acceptable screen for depression as is documentation that the PQ-R was completed. In the Depression column, enter 'Y' if screening occurred, 'N' if not. You could stop at this point; however, the more data you gather, the more you'll know about how SEEK is working. Based on documentation, you can check whether the screen was positive (see below), for each problem. And you can indicate whether an action was taken (Y/N/NA), as well as the specific action (code 1 – reassurance, 2 – referral to social work/behavioral health, 3 – referred to community agency, 4 – other).

#### When is the Screen Positive?

- Food Insecurity: A 'Yes' to **either** food related question.
- Harsh Punishment: A 'Yes' to the "slap or hit" question or "child is difficult"
- Major Stress: A 'Yes' to "child is difficult", "more help" **or** "extreme stress."
- Depression: A 'Yes' to "feeling down" **or** "little interest."
- Intimate Partner Violence: A 'Yes' to **either** of the two questions.
- Substance Use: A 'Yes' to **either** question.

After reviewing 10-15 charts, please complete the Summary Table just below. For each problem, total how many were screened, how many of those were positive, and of those how many had an action taken, and finally the types of action taken. Please scan and email us this document (see very bottom). We'll offer feedback. It's important to share the info with others in the practice and adjust as need be.

• <b>Date:</b>	<b>Period Covered:</b>	<b>Cycle:</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<b>Total # of charts reviewed:</b>
• <b>Your Name:</b>	<b>Practice Name:</b>		

Summary Table	# Screened	# Positive	# With Action Taken	#s Types of Action Taken			
Depression				1-	2-	3-	4-
Major stress				1-	2-	3-	4-
Substance use				1-	2-	3-	4-
Partner violence				1-	2-	3-	4-
Discipline				1-	2-	3-	4-
Food Insecurity				1-	2-	3-	4-

Patient 1	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						
Patient 2	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						
Patient 3	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						
Patient 4	Depression	Major Stress	Substance Use	IPV	Discipline	Food Insecurity
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						

<b>Patient 5</b>	<b>Depression</b>	<b>Major Stress</b>	<b>Substance Use</b>	<b>IPV</b>	<b>Discipline</b>	<b>Food Insecurity</b>
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						
<b>Patient 6</b>	<b>Depression</b>	<b>Major Stress</b>	<b>Substance Use</b>	<b>IPV</b>	<b>Discipline</b>	<b>Food Insecurity</b>
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						
<b>Patient 7</b>	<b>Depression</b>	<b>Major Stress</b>	<b>Substance Use</b>	<b>IPV</b>	<b>Discipline</b>	<b>Food Insecurity</b>
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						
<b>Patient 8</b>	<b>Depression</b>	<b>Major Stress</b>	<b>Substance Use</b>	<b>IPV</b>	<b>Discipline</b>	<b>Food Insecurity</b>
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						
<b>Patient 9</b>	<b>Depression</b>	<b>Major Stress</b>	<b>Substance Use</b>	<b>IPV</b>	<b>Discipline</b>	<b>Food Insecurity</b>
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						

<b>Patient 10</b>	<b>Depression</b>	<b>Major Stress</b>	<b>Substance Use</b>	<b>IPV</b>	<b>Discipline</b>	<b>Food Insecurity</b>
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						
<b>Patient 11</b>	<b>Depression</b>	<b>Major Stress</b>	<b>Substance Use</b>	<b>IPV</b>	<b>Discipline</b>	<b>Food Insecurity</b>
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						
<b>Patient 12</b>	<b>Depression</b>	<b>Major Stress</b>	<b>Substance Use</b>	<b>IPV</b>	<b>Discipline</b>	<b>Food Insecurity</b>
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						
<b>Patient 13</b>	<b>Depression</b>	<b>Major Stress</b>	<b>Substance Use</b>	<b>IPV</b>	<b>Discipline</b>	<b>Food Insecurity</b>
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						
<b>Patient 14</b>	<b>Depression</b>	<b>Major Stress</b>	<b>Substance Use</b>	<b>IPV</b>	<b>Discipline</b>	<b>Food Insecurity</b>
Screen Done Y/N						
Screen + Y/N						
Action Taken Y/N/NA						
Type(s) of Actions						

<b>Patient 15</b>	<b>Depression</b>	<b>Major Stress</b>	<b>Substance Use</b>	<b>IPV</b>	<b>Discipline</b>	<b>Food Insecurity</b>
<b>Screen Done</b> Y/N						
<b>Screen +</b> Y/N						
<b>Action Taken</b> Y/N/NA						
<b>Type(s) of Actions</b>						

After the 3<sup>rd</sup> SEEK MOC 4/PI webinar and when submitting the 3<sup>rd</sup> cycle of data, please list all the PCPs who participated per the criteria of the American Board of Pediatrics or of Family Medicine for MOC 4 or PI credits. Please type or print their full names below.

Please scan this document and email to Dr. Howard Dubowitz ([hdubowitz@som.umaryland.edu](mailto:hdubowitz@som.umaryland.edu)), with “SEEK MOC 4 PI Cycle [1, 2 or 3] Data” in the subject line.

**Thank You!**