Information for providers on completing the Staying Healthy Assessment
Agenda

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Goals of Presentation

• Help our Primary Care providers implement the IHEBA in a way that improves the health of their patients.

• Help with strategies to implement the IHEBA efficiently, without steps that waste time.

• Meet our collective regulatory requirements to the state.
Primary Care includes Prevention

• Adult
  • Examples: Preventive services such as routine blood pressure and cholesterol screening, dental check-ups, vaccinations, and routine cancer screening.

• Pediatric
  • Services specified by the most recent American Academy of Pediatrics (AAP) – age specific guidelines and periodicity schedule.
  • Examples: Routine well-child exams, developmental, obesity, STI, hearing, vision, nutrition screening and immunizations.
Initial Health Assessment

Requires an IHA
Initial Health Assessment

- Physical and mental health history and exam
- Identification of risk behaviors
- Diagnosis and treatment plan
- Assessment of need for preventive screenings, services or health education

DHCS
Department of Health Care Services
IHEBA and SHA

IHEBA
Individual Health Education Behavioral Assessment
Required component of the Initial Health Assessment (IHA).

SHA
Staying Healthy Assessment
Is the preferred assessment tool for PHC providers.

New SHA forms must be implemented by April 1, 2014.

Alternate tools must meet specific DHCS requirements. Request to use alternate tool must be submitted to PHC Provider Relations by 2/1/2014.
SHA: Goals

• Work with patients to identify and track high-risk behaviors that relate to:

  - Lifestyle
  - Behavior
  - Environment
  - Cultural & Linguistic needs

• Provide and initiate health education counseling for the high-risk behaviors the patient would like to address.

• Follow-up and track progress on behavior change.
SHA Rationale

Higher incidence of chronic and/or preventable illnesses.

75% of healthcare dollars are being spent on preventable diseases.

Many modifiable high-risk behaviors.

Medi-Cal Population
Health-Risk Behaviors

Modifiable health-risk behaviors*

*Increase risk of disease, illness and severe conditions.

- Lack of physical activity
- Poor nutrition
- Tobacco use
- Excessive alcohol consumption
Benefits to Providers and Patients

• Builds trust between provider and patient.
  • Trust fosters patient adherence to medical/health regimens.

• Improves patient-provider relationship.
  • Increases patient satisfaction with provider services.

• Allows for more personalized care.
  • Provider is able to address the unique needs of each patient.
SHA Administration

• Initial SHA administration is required within 120 days of enrollment into Partnership Healthplan of California for all age groups.

• Children & Teens

  • Subsequent SHA administration is required at the next preventative care appointment for patients of any group between 0-17 years of age, once entering a new age group.

  • For children 12-17, an annual re-administration is not required; however, it is highly recommended due to rapidly changing risk factors.
SHA Administration

• Adults & Seniors
  • Generally, the “adult” questionnaire should be completed by all 18-55 year old patients.
  
  • After 55 years of age, the PCP selects the assessment (Adult or Senior) best suited for the patient based on health status, biological age, chronic conditions, mobility, etc.
  
  • Subsequent SHA administration is required every 3-5 years for patients of the adults and seniors age groups.
  
  • Annual re-administration is highly recommended for seniors.
  
• For patients with disabilities, providers should ensure it is fully accessible.
The patient fills out the questionnaire.
Please answer all the questions on this form as best you can. Circle “Skip” if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Do you eat fruits and vegetables every day?</td>
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<tr>
<td>Do you limit the amount of fried food or fast food that you eat?</td>
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<tr>
<td>Are you easily able to get enough healthy food?</td>
<td></td>
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<td></td>
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<tr>
<td>Do you drink a soda, juice drink, sports or energy drink most days of the week?</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

- Patient continues to fill out the questionnaire, answering all questions to the best of his/her knowledge. Questions may be “skipped” at the discretion of the patient.
- Important to note: “Yes” and “No” are not always in the same columns.
At the end of the last question, the patient writes down any other health concerns or questions he/she may have. Make sure to address these questions or concerns.

Answers circled in the middle column indicate a risk factor. If a risk factor is identified, the provider should explore this topic with the patient and determine the extent to which it may be harming the patient’s health.

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>Have you or your partner(s) had sex with other people in the past year?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>25</td>
<td>Have you or your partner(s) had sex without a condom in the past year?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>26</td>
<td>Have you ever been forced or pressured to have sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Do you have other questions or concerns about your health?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If yes, please describe:*
**SHA Questionnaire**

<table>
<thead>
<tr>
<th>Clinic Use Only</th>
<th>Counseled</th>
<th>Referred</th>
<th>Anticipatory Guidance</th>
<th>Follow-up Ordered</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Physical activity</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Safety</td>
<td></td>
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<tr>
<td>Dental Health</td>
<td></td>
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<tr>
<td>Mental Health</td>
<td></td>
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<td></td>
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<tr>
<td>Alcohol, Tobacco, Drug Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sexual Issues</td>
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</tbody>
</table>

**SHA ANNUAL REVIEW**

PCP’s Signature: 
Print Name: 
Date: 

PCP’s Signature: 
Print Name: 
Date: 

PCP’s Signature: 
Print Name: 
Date: 

PCP’s Signature: 
Print Name: 
Date: 

PCP’s Signature: 
Print Name: 
Date: 

Patient Declined the SHA ☐
Provider and Patient Review

• The PCP must review the SHA with the patient during the years between SHA administrations. The review should include discussion, appropriate patient counseling, and regular follow up regarding risk reduction plans.

• Prior to reviewing the completed SHA the with the patient:
  • Determine the extent of risk factors on the patient’s health.
  • Prioritize risk factors to discuss.

• Reviewing the completed SHA with the patient:
  • When possible, develop a mutually agreed upon plan which includes;
    • Tailored health education counseling, intervention, referral, follow up, and risk reduction plan.
Provider and Patient Review

- Alcohol Use Question(s) is/are:
  - Based on the recommendation of the US Preventative Services Task Force.
  - Located:
    - Question 19 in the Adult SHA form.
    - Question 23 in the Senior SHA form.
  - Used to assess whether or not the patient has had the following number of drinks in one day over the past year:
    - 4 or more for women and seniors
    - 5 or more for men
Supporting Action Plans

• Develop a list of optimal interventions for each abnormal response to the SHA/IHEBA, customized to your practice.

• Ensure access to a list of local resources for referral (many available on PHC website, in the Member section).

• Mechanism to track previous counseling/referrals to facilitate follow up with patient at the next visit.
Alternative Assessment Tool

• SHA is the preferred assessment tool of PHC.
  • Alternatives are permitted but require approval by DHCS before implementation.
  • Any alternative assessments must be:
    • Translated to the threshold languages of PHC’s members served by the practice.
    • Meet all the same standards of the SHA.
    • Continually updated in accordance with SHA updates.
  • Bright Futures assessment is an approved alternative assessment tool.
SHA in Electronic Format

• Providers must notify PHC if they would like to use the SHA in an electronic format.

• Examples of electronic formats include:
  • Add SHA questions into an Electronic Medical Record (EMR).
  • Scan the SHA questionnaire into EMR.
  • Use the SHA in another alternative electronic format.

• Electronic formats must include:
  • All updated and unaltered SHA questions.
  • A way to document provider signature.
EHR Implementation

• Decide on the workflow for completion of the SHA in parallel with the EHR integration.
  • Patient completes paper form in waiting room?
  • Medical assistant asks questions?
  • Patient completes form on electronic platform?

• If your EHR is popular in California, work together with others to do this as a group.
  • Vendor designed template.
  • Best practice templates created by the site.
EHR Integration

- Paper form(s) scanned in.
  - Abnormal answers noted in EHR.
- Electronic version of the SHA is produced (smart form); filled out by medical assistant, patient or provider.
- Questions built into the electronic health record, but with a different format.
- Additional steps to build in:
  - Interventions/Action Plan.
  - Recording risk factors for future visits to address.
EHR Integration: Example

HPI Notes

Free-form

Options for 9-11 STAYING HEALTHY ASSESSMENTS ABNORMAL

- All normal
- Abnormals reviewed with parent
- Not reviewed
1. child receives health care from a provi
2. doesn't see the dentist at least once a
3. doesn't eat yogurt, cheese or drink milk
4. doesn't eat fruits and vegetables ever,
5. doesn't limit amount of fried or fast foo
6. doesn't play actively 5 days a week
7. feels pt needs to lose or gain weight
8. often feels sad or depressed
9. doesn't always wear a helmet when ric
10. doesn't always wear a seatbelt when
11. spends time in a home where a gun i:
12. spends time with friends who carry a
13. spends time in a home with someone
14. often spends time outdoors without s:
15. has smoked cigarettes or chewed t
bacco

Structured

10. doesn't always wear a seatbelt when riding a car, 13. spends time in a home with someone who smokes

Duration

- [ ] Days
- [ ] Weeks
- [ ] Months
- [ ] Years

Location/Radiation

Onset

Severity

Nature

Aggravated by

Relieved by

Associated Symptoms
EHR Considerations

- Capture SHA results as discrete data for:
  - Public Health Analysis.
  - Preparation for PPS payment reform efforts (pay for value instead of pay for visit).
  - Designing population interventions.
  - Data for Advocacy.
Planning for SHA Implementation

- PHC is required by DHCS to report how each practice is planning to implement the SHA questionnaire.
- Notify PHC of your plans *TODAY*
  - SHA, Bright Futures, Alternative Assessment
  - Paper or Electronic
  - *Complete a brief survey monkey that we need every primary care site to complete:*

https://www.surveymonkey.com/s/IHEBA
Staff Training & Resources

- All practitioners must be trained on the IHEBA used by your site.
  - Maintain a list of all practitioners and staff trained on use of your IHEBA, with the date of the training and attested by the Medical Director or Senior Physician of the practice.
- PHC encourages you to use a copy of this PowerPoint presentation to help assist with training.
- For all SHA forms and resources, please visit the DHCS website at: http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx
  - Resources include:
    - Behavioral Risk Topics At-A-Glance
    - Adult Questions by Age Group
    - Pediatric Questions by Age Group
    - Provider Office Instruction Sheet
    - SHA Questionnaires (Available in a variety of languages)