Healthy Start Screening Tools Technical Assistance Questions

This frequently asked technical assistance questions (FATAQ) document includes the most commonly asked questions from the EPIC Center Helpdesk and EPIC Center screening tool webinars regarding the six (6) Healthy Start screening tools, their completion, updates, follow-up, and changes, and their relationship to the Healthy Start performance measures.

Updated 12/1/2017

Demographic Tool

1.   There is no "not applicable" response choice for zip code. Is there a recommended response option if a participant is homeless? The recommendation is to report the zip code for the shelter or location where the participant is staying temporarily (e.g., previous night).

2.   How should Healthy Start sites document clients who do not identify by the race and ethnicity categories listed on the screening tools? For example, can race be left blank for HS participant who identifies as Hispanic, but does not identify with a specific race (Black, African American, White, etc.)? The source of the race and ethnicity question and response options is the U.S. Census, however the option for "some other race" was accidentally not included. This response omission is being considered for the next round of screening tool changes. The temporary solution is to select "Declined to answer."

3.   A program is enrolling a child participant who is currently being cared for by the child's father, another guardian or caregiver. Since the father or guardian cannot be enrolled as a Healthy Start participant, how can data for the child participant be collected without counting the non-participant guardian in the adult participant count? For the time being, the recommendation is to complete the demographic data for the non-participant caregiver, when the information is available. Secondly, follow the questions on both the Postpartum and Interconception/Parenting Tools, specifically outlined for non-participant caregivers. Within the Postpartum Screening Tool, parents or caregivers who are not enrolled participants should answer questions: 1.1-13 and 50.-50.1. Within the Healthy Start Interconception/Parenting Screening Tool questions, parents or caregivers who are not enrolled participants should answer questions: 1-15 and 59-59.1. Finally, grantees should track this specific situation via their own mechanism for care coordination/case management.

Pregnancy History Tool

4.   The Pregnancy History Tool only has space to document up to five previous pregnancies. Which pregnancies should be reported if a participant has more than five

pregnancies? The most recent five previous pregnancies should be documented. This question is screening for risks of a problematic pregnancy outcome and so the five most recent are the most relevant.

5.   Question 2 of the Pregnancy History Tool asks how many times you have been pregnant. Should this include current pregnancy if a woman is pregnant? Only prior pregnancies should be included, **not** the current pregnancy. The follow-up question asking for details of the pregnancies references "previous" pregnancies.

6.   If a Healthy Start participant has NOT had any live births, does the Pregnancy History Tool need to be completed? If participant has had only miscarriage, ectopic or tubal pregnancies, or abortion (and no live births) this TOOL IS COMPLETE, and the participant should complete the Preconception Screening Tool (rather than the Interconception/Parenting Screening Tool), as it includes only questions related to the participant and does not include questions about child health, safety, access to care, etc.

Preconception Screening Tool

7.   Can the preconception period spread over to multiple years? Yes. The recommendation is that it would be completed annually. So if a woman enters the program at the preconception phase and a year later she is not pregnant or has experienced the loss or termination of a pregnancy, then you would repeat the preconception tool to then make sure you capture any updates or changes within that year.

8.   Does a woman who has had a miscarriage or stillborn need to use the Preconception Tool? Participants who are not currently pregnant and have had a stillbirth/fetal death greater than 6 months age, or ever had a miscarriage, abortion, or child death should complete this tool (rather than the Interconception/Parenting Screening Tool), as it includes only questions related to the participant and does not include questions about child health, safety, access to care, etc.

The Pregnancy History Tool would give us important information about how far along she was, any known complication that led to the loss, whether she had a C section, any other losses, etc.

If a participant has experienced a stillbirth or miscarriage within the past 6 months, the Postpartum Tool should be completed. Questions 1-1.7 ask about the circumstances of the pregnancy. Staff should **skip questions 2-13**, which ask specifically about infant care, infant safety, and infant insurance/access to care. The remainder of the questions (which pertain to the participant, social determinants of health, etc.) should be asked with the **exception of 49.6 and question 50**, which should be skipped. Staff should ask Question 51. If the participant is also completing a Prenatal or Interconception/Parenting Tool, the questions pertaining to the participant do not need to be asked twice. Please see the screening tools **flowchart** that can be

found at the EPIC Center website: http://healthystartepic.org/healthy-start-implementation/screening-tools/training-and-ta/.

Prenatal Screening Tool

9.   How should employment status be documented (question #13 on Prenatal, question #17 on Postpartum; and question #20 on the Parenting Screening Tools) for participants who identify with more than one category, since only one option can be selected? For example, a student who is also working? The recommendation is for staff to ask the participant which they identify as their primary status (student or employee) and enter that as the final response. The source of this question is the BRFSS national survey, therefore the responses cannot be changed in order to allow for data comparison during analysis.

Postpartum Screening Tool

10.   The instructions for the Postpartum Tool indicate that the optimal time to administer is four to six weeks postpartum. Should a participant be screened before four weeks postpartum? The instructions on the OMB approved tool states that it is to be completed between four and six weeks, but the new recommendation is to complete it before four weeks after delivery. The goal is to complete it as soon as possible, so you can address as many of the issues that may come up in that postpartum period. If the tool is completed before four weeks, it provides an opportunity to encourage the participant to schedule a post-partum visit in the appropriate time period (4-6 weeks after delivery) if she has not already done it.

11.   Can the Postpartum Tool be used for a mother who enrolled in Healthy Start less than 6 weeks post-delivery? Yes. The postpartum tool asks questions that will help a Healthy Start program support a new mom, whether she had been enrolled in Healthy Start before delivery or not.

12.   Is the Postpartum Tool Question 14.1, "How many children would you like to have?" attempting to ask how many more children or how many total children a participant would like? The OMB-approved version of the question is as written. This question is intended to start the conversation and support the development of the reproductive life plan, but is not linked to performance measures.

13.   Where should infant mortality be documented on the Postpartum Tool? This item is included in the next iteration of request for revisions.

14.   If an enrolled mother was pregnant with twins and lost one child and the second child was delivered alive and healthy, how should this be documented on the Postpartum Tool? Currently, the Postpartum Tool is only able to document one live birth or miscarriage;

however this is currently a suggested change to the tools. For the time being, Healthy Start sites are encouraged to keep track of the miscarriage or fetal death within local case management tool. This will allow staff working with the participant to be aware of the situation and answer the question as a live birth. This will not impact the national evaluation, and is mostly a concern for the staff providing care to this participant.

Interconception/Parenting Screening Tool

15.   If a participant has more than one child between 6-24 months, how do we fill out question 4 on the Interconception/Parenting Tool? In the instance you have more than one child between 6-24 months, please fill out question 4 pertaining to the child who is of most concern, which would require follow-up. Revision of this question to include separate responses for each child is identified for the next iteration of revisions.

16.   On the final version of the Interconception/Parenting Tool, there is the option to collect information for up to four children. Do grantees have to complete the parenting tool for every baby in the case of multiple births? There are four spaces available to capture if a woman has quadruplets. If a woman has twins, the goal is to be able to capture responses for each child. Baby 1 or Child 1 would be the child that was born first, in the case of twins or multiples. Child 2 would be the child born second.

17.   In the case that a mother has a child under 24 months and is pregnant, should both the Interconception/Parenting and Prenatal Tools be completed? If so, do the questions already answered in the Prenatal Tool need to be repeated in the Interconception/Parenting Tool? If a participant is completing a tool for more than one phase, repeated questions only need to be collected once. These questions are included in each phase to ensure they are collected.

If the participant is already enrolled and is being seen for the Interconception/Parenting appointment, she will start with the Interconception/Parenting Tool, which is designed so that the first 15 questions are related to the child. Question 16 asks whether the participant is pregnant. If the participant is pregnant, the Healthy Start staff person should skip questions 17 – 58, go to questions 59 - 59.1, and then complete Prenatal Tool. These instructions are included in the tool.

If a participant is identified on enrollment through the Pregnancy History Tool to be pregnant AND have a child under 24 months, staff should complete the Prenatal Tool, and then the child-related questions in either the Postpartum Tool if the child is younger than 6 months (questions 1-14) or the Interconception/Parenting Tool if the child is 6-24 months old (questions 1-15.1 and 58-59.1).

18.   How many times does the Interconception/Parenting Tool need to be completed? The Interconception/Parenting Tool should be completed once per visit with a participant who

has child/children between 6 – 24 months. Appropriate re-screening questions should be completed near the end of the perinatal phase, which can be found here: Re-screening Questions or the EPIC Center website: http://healthystartepic.org/healthy-start-implementation/screening-tools/. The re-screening questions enable programs to capture responses that may have changed over the course of the perinatal period during which a participant has received services. A benefit of this practice includes that it will capture improved outcomes of participation in the program.

Screening Tools Updates, Re-Screening, and Edits

19.   If an error is found in the screening tools, where should it be reported? The first step is to go the Table of Updates to check to see if the error has already been addressed. If it is NOT documented there, the next step is to send it to the EPIC Center Helpdesk via email: healthystartepic@jsi.com or toll free phone: 1-844-225-3713.

20.   How are screening tools edits or suggestions for improvement handled? A complete list of updates to the tools is available in the Table of Updates. The date of each change is noted in this document. No substantive changes will be made to the screening tools that may affect data collection or reporting after March 2017. The most updated table and screening tools are available on the EPIC Center website: http://healthystartepic.org/healthy-start-implementation/screening-tools/. Please note: Healthy Start grantees do not need to go back and re-ask any questions that have been changed. Grantee will need to use the updated tools moving forward.

Additionally, The Healthy Start screening tool implementation process provides an ongoing opportunity to identify improvements to the tools to ensure patients' needs are identified and addressed. The Healthy Start (HS) CoIIN wants to document these lessons learned to improve the tools and their implementation.

The HS CoIIN members encourage all screening tool users to share your feedback on problems, best practices, and solutions related to Healthy Start screening tool implementation. A simple reporting tool is available here: Healthy Start Screening Tool Implementation Feedback Survey.

The EPIC Center will collect your lessons learned to be considered by the HS CoIIN when they evaluate revisions to the screening tools in the future. **It is important to understand that no substantive revisions can be made to the tools without OMB clearance.**

21.   What questions need to be re-asked to update the participant's record? The Update Screening Questions (Formally known as the Action Plan in the HS EPIC Online Screening Tool, or Re-screening questions on the paper tools) should ideally be administered to a participant at least once at the end of each perinatal phase. These questions may be repeated

during the perinatal phase to capture changes that occur over the course of that perinatal phase, which may also impact your program's performance measures. The data captured in this screening include a subset of select screening tool questions intended to inform national performance measures. The most recent Update Screening Questions are available on the EPIC Center website: http://healthystartepic.org/healthy-start-implementation/screening-tools/.

22.   What is the difference between initial screening and re-screening?
The screening process begins with an Initial Screening when a new participant is enrolled in the Healthy Start (HS) Program. For participants enrolled before January 1st, 2017, the Initial Screening should be administered at the first visit following January 1st, 2017. HS staff should administer this Initial Screening at the first visit with a participant; this will include the demographic screening tool, pregnancy history screening tool, and any additional screening tools depending on the perinatal phase of that participant, as determined by the pregnancy history tool.

A Re-screening should be administered to participants who previously completed an Initial Screening, and are continuing with the Healthy Start Program flowing through a different perinatal phase. The Re-screening will also require Update Screening Questions at the end of the perinatal phase.

23.   If Healthy Start grantees have their own referral and follow-up forms, are the follow-up sections of the screening tools required? Will they be reported on? DS Federal will receive activity data from screening tool follow-up sections. For questions related to HSMED-related, please email DSFederal: HSSupport@DSFederal.com

Performance Measures

24.   The screening tools collect more data than the performance measures; why are there so many additional questions? The screening tools were designed as the first step in care coordination and case management and include questions addressing risks for each perinatal period to ensure a consistent and comprehensive identification of participants' needs. The screening tools are not intended exclusively to capture data to report performance measures. The Crosswalk of Screening Tools to Performance Measures is available at the Healthy Start EPIC Center website: http://healthystartepic.org/healthy-start-implementation/screening-tools/training-and-ta/.

Completing the Tools

25.   There is concern that "administration date" on the tools will not accurately document the enrollment date for existing clients. How should grantees using the paper version of the tool address this? Every Healthy Start program should have a client record

which includes the screening but is not exclusive to the screening. Information regarding enrollment, visits/ contacts, and services provided should be part of the complete record.

26.   Are screening tools designed for self-administration by participants? No, the screening tools are intended to be administered by staff with the participant. The screening tools incorporate instructions directed to staff and the reading level is not designed for low literacy Healthy Start participants.

27.   Can the footer language that states "Developed by the Healthy Start CoIIN, with technical support from the Healthy Start EPIC Center, JSI, and funding from the Health Resources and Services Administration, Maternal and Child Health Bureau grant #UF5MC268450103" be deleted for use with our clients? The public burden statement and developed by language cannot be deleted from the screening tools. Per OMB requirements, that must remain on the first page of each instrument.

28.   What are the Date of Initiation and the Date of Completion? The revised tools provide a mechanism to indicate when a screening was started (Date of Initiation) and when it was completed (Date of Completion). The Date of Administration field was deleted. **If a screening tool is completed with a participant in one sitting**, the same date should be inserted in both fields (Date of Initiation AND Date of Completion). **If the screening is initiated with a participant, but not completed**, the date of completion field should not be filled in. The screening should be completed within 30 days, and the date that it is completed should be entered into the Date of Completion field. **Only data with a date of completion entered** should be uploaded to the xml export. **In the electronic screening tools,** the Date of Completion field is automatically populated with the date that the tool is submitted (when the submit button is entered).

29.   How can Healthy Start sites connect with other programs that are using the same screening tool software? If Healthy Start grantees are looking to switch vendors, or talk to other programs about successes and challenges to a specific software program, email healthystartepic@jsi.com with your specific request. The EPIC Center has a list of programs their listed screening tool software and will gladly connect Healthy Start grantees using the same software.

30.   What are some challenges and successes other Healthy Start sites are experiencing with the screening tool implementation? Four Healthy Start grantees shared their experiences administering the tools and tackling issues including implementation in various types of settings, work flow, time management, staff training, and participant questions and concerns. The link to the recorded webinar and slides can be found here: http://healthystartepic.org/event/screening-tools-initiative-five-months-of-hs-screening-tools-implementation-grantee-best-practices-barriers-and-resolutions/.

31.   Are the screening tools available in Spanish? All screening tools have been translated to Spanish and can be found here: http://healthystartepic.org/healthy-start-implementation/screening-tools/.

Healthy Start Tools Support and Assistance

32.   Who should I contact with screening tool questions? The HS EPIC Center is available to support grantees with Healthy Start Screening Tools orientation and provide training and support for the EPIC Online Screening Tool. There will be a combination of live webinars, recorded modules, and phone and email support to Healthy Start grantees.

This training and technical assistance will include detail review of each of the screening tools and their associated benchmarks, assistance with implementation of the web-based option of the screening tools developed by JSI, clarification on benchmark definitions and calculations, and operationalizing quality improvement systems.

1. HS EPIC HelpDesk email: healthystartepic@jsi.com

2. HS EPIC HelpDesk phone: 1-844-225-3713, toll free
   - Monday - Friday from 8:30 AM - 5:00 PM Eastern

3. HS EPIC TA Request: http://healthystartepic.org/about-hs-epic-center/request-technical-assistance/

4. HS EPIC Center Website Screening Tools Resources:
   http://healthystartepic.org/healthy-start-implementation/screening-tools/training-and-ta/

Developed by JSI for the Healthy Start EPIC Center