



AmeriHealth Caritas
District of Columbia

To:	AmeriHealth Caritas DC Pediatric and Family Practice Providers
Date:	June 15, 2020
Subject:	Health Guideline Update—Routine Preventive Services for Children and Adolescents (Ages 2-11)

AmeriHealth Caritas District of Columbia continues to embrace best practices from around the nation for our clinical practice and preventive health guidelines. An updated guideline for Routine Preventive Services for Children and Adolescents (Ages 2-21), which was developed by the Michigan Quality Improvement Consortium (MQIC), has been published and adopted by the health plan. The guideline may be found on the following page of this document, and a summary of the updates is below.

Recommendations:

- Personalized recommendations: to offer any patient, for age, gender and risk factor-based recommendations, see Electronic Preventive Services Selector.
- Psychological, behavioral, depression and suicide screening (PHQ-9) recommended annually, beginning at age 10.

Visit schedule:

- Annual health developmental screening (including once at 30 months) and risk assessments, including:
 - Social Determinants of Health via Bright Futures
- Annual Parent and Child age-appropriate education and counseling:
 - Nutrition, physical activity, violence and abuse/bullying/trafficking
 - Sexually transmitted infection prevention
 - Suicide threats
 - Alcohol and drug abuse
 - Behavioral/emotional problems
 - Anxiety
 - Stress reduction, coping skills
 - Immunizations
 - Skin cancer prevention
 - Screen time: limit screen time exposure/use; 2 to 6 years/one hour per day. Parents should designate media-free time.

FMQIC

Michigan Quality Improvement Consortium Guideline

Routine Preventive Services for Children and Adolescents (Ages 2-21)

The following guideline provides recommendations for routine preventive services for children and adolescents ages 2-21 years. Children at increased risk may warrant additional services, e.g. Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT)¹. Personalized recommendations: to offer any patient, for age, gender, and risk factor-based recommendations, see [Electronic Prescriptive Services Selector](#).

Visit Schedule	Recommendation	2-5 years	7-9 years	10-12 years	13-21 years
Annually	<p>• Annual health, developmental screening² (including once at 30 months) and risk assessments, including:</p> <ul style="list-style-type: none"> - Tobacco use. Establish tobacco use and secondhand smoke exposure - Obesity screening and counseling if indicated. Record height, weight and BMI percentile, assess dietary, physical activity and sedentary behavior - Social Determinants of Health via Bright Futures - Parent and Child age-appropriate education and counseling - Nutrition, physical activity, violence and abuse/bullying/ratecking (Michigan abuse and neglect hotline 855-555-3911), sexually transmitted infection prevention, suicide threats, alcohol and drug abuse, behavioral/emotional problems, anxiety, stress reduction, coping skills, immunizations, skin cancer prevention - Helmet use and protective gear for bicycle riding, skateboarding, skiing, etc. [B] - Motor vehicle safety³: Car seat, booster seat, seat belt use [B] - Poison prevention - Keep the National Poison Control number (800-222-1222) readily accessible, use child resistant containers, dispose of expired or unused medications - Burn prevention - Install smoke detectors and test twice a year, carbon monoxide detectors, water heater temperature and the prevention - Injury prevention - Firearm safety, water safety, CPR training - Screen time. Limit screen time exposure/use, 2 to 6 years/one hour per day. Parents should designate media-free time <p>Dental health screening⁴. Adequate fluoridation (oral fluoride supplement when indicated), limit sugars and juices, home oral care, avoid baby bottle use, establish dental home</p> <p>Apply fluoride varnish to primary teeth</p>	X (prior to school enrollment)	X Every 2 years	X (≥ age 11, annually if sexually active) X (≥ age 12, or earlier if sexually active)	X Every 3 years

Recommendation	2-5 years	7-9 years	10-12 years	13-21 years
Vision screening [A]				
Chlamydia and other STI screening [A] (rescreen if change in risk status)				
Pregnancy prevention (abstinence, long-acting reversible contraception, condom use)				
Preconception counseling, Folic acid 400 mcg/d				
HIV screening [A] (age ≥ 15, younger if at increased risk)				
Psychological, behavioral, depression and suicide screening [B] (PHQ-9/10) <i>See MQIC Adolescent and Young Adult Health Risk Behavior Assessment guideline</i>				
Cholesterol screening (if at increased risk, screen ages 2-8 and 12-16) [B]				
Immunizations: <ul style="list-style-type: none"> • For updated immunization schedules see CDC Advisory Committee on Immunization Practices ACIP • Use combination vaccines to minimize the number of injections • Update the Michigan Care Improvement Registry (MCIR) 				
DTaP [A]				
IPV				
MMR (MMRV) [A]				
Varicella [A]				
Meningococcal (MCV4)				
Influenza [B] For first immunization of children ≤ 8 years, give 2 doses one month apart. Age ≥ 9 and all children with 2 prior doses, give 1 dose annually. Human papilloma virus. Give 2-dose series if started at 9-14 years. Give 3-dose series for ages 15-26, or if immunocompromised.				
<i>Early Periodic Screening, Diagnosis and Treatment</i> <i>AAP Section on Developmental and Behavioral Pediatrics</i>				
<i>AAP Policy Statement/Child Passenger Safety</i>				
<i>Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials; no randomization; C = observational studies; D = opinion of expert panel</i>				
<i>This guideline lists core management steps. It is based on AAP Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition, 2017. Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents Summary Report, National Heart Lung and Blood Institute, NIH Publication No. 12-7488-A, October 2012. Individual patient considerations and advances in medical science may supersede or modify these recommendations.</i>				