HealthySteps Clinical Content Implementation Guide

Last Updated: October 30, 2023

Your Responsibilities for Safe Use

This documentation will help guide you through the available software configuration options so you can decide the right configuration for your organization. Of course, safe and compliant use of the software in any configuration requires you and your users to use good judgment and perform certain responsibilities, including each of the following: enter and read information accurately and completely; be responsible for configuration decisions; ensure compliance with laws and regulations relevant for your organization; confirm the accuracy of critically important medical information (e.g., allergies, medications, results), just as you would with paper records; actively report suspected errors in the software to both Epic and affected personnel; thoroughly test the software to ensure it's accurate before using it; and use the software only according to standards of good medical practice. You also are responsible for training your personnel and other users to perform these responsibilities. Not performing any of these responsibilities may compromise patient safety or your compliance with applicable requirements.

Table of Contents

Overview

HealthySteps, a program of [ZERO TO THREE](#), is an evidence-based, team-based pediatric primary care program that promotes the health, well-being and school readiness of babies and toddlers, with an emphasis on families living in low-income communities.

Babies' brains grow faster from ages 0-3 than any point in life and pediatric primary care is a trusted source of information for caregivers during these critical years. Yet, pediatric primary care physicians have an impossibly long list of services to provide during a well-child visit that can last just 15 minutes. HealthySteps provides tailored support for common and complex concerns that physicians often lack time to address, such as: behavior, sleep, feeding, attachment, depression, social determinants of health, and adapting to life with a baby or toddler. The entire practice works together to implement the HealthySteps model, with leadership from a Physician Champion and a child development professional, known as a HealthySteps Specialist, integrated into the primary care team. HealthySteps Specialists connect with families and guide them during and between well-child visits.

HealthySteps is a population health model that includes eight Core Components organized into three Tiers of service that are responsive to each family's needs. Universal services for all children and families in the practice include child developmental and social-emotional/behavioral screening; family needs screening; and access to a family support line. Based on these universal screenings as well as clinical judgment and/or identified caregiver concerns, the practice identifies children and families in need of additional services. As needed, families receive short-term support services, including development and behavior consults with HealthySteps Specialists; care coordination and systems navigation services; positive parenting guidance; and early learning resources. Children and families with the greatest needs also receive comprehensive services through ongoing, preventive, team-based well-child visits where both the HealthySteps Specialist and primary care provider meet with families.

A multi-site randomized controlled trial, as well as other more recent site-level evaluations of HealthySteps, have demonstrated positive outcomes for children, their families, and the physicians and practices that serve them. Children who participate in HealthySteps are more likely to attend recommended well-child visits and receive timely screenings and vaccinations. Their caregivers are more likely to: receive information on community resources and services; provide infants with age-appropriate nutrition; adhere to child safety guidelines; use positive parenting strategies; and engage in early literacy-enhancing practices with their children. They also report higher levels of satisfaction with their pediatric care than other caregivers. In addition, HealthySteps improves provider experiences, with physicians reporting that the model fosters a team-based approach to care and enhances their ability to effectively meet the needs of the children and families they serve.

About ZERO TO THREE

ZERO TO THREE works to ensure all infants and toddlers benefit from the family and community connections critical to their well-being and development. Since 1977, the organization has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools and responsive policies for millions of caregivers, professionals, and policymakers. For more information, and to learn how to become a ZERO TO THREE member, please visit zerotothree.org, facebook.com/zerotothree, or follow @zerotothree on Instagram and X.

About HealthySteps

HealthySteps is an evidence-based program of ZERO TO THREE. HealthySteps transforms the promise of pediatric primary care through a unique team-based approach that integrates a HealthySteps Specialist, a child development expert, into the health-care team. All children ages 0 – 3 and their families received a tiered model of services, from universal screening to risk-stratified supports, including care coordination and onsite intervention, as needed. HealthySteps teams serve as trusted and valuable partners as families foster their children's healthy development. Together, the national network of HealthySteps sites aims to reach more than 1 million young children and families annually by 2032. Visit healthysteps.org to learn more.

About the HealthySteps Turbocharger Package

Electronic health record (EHR) technology can be used to facilitate many of the key goals of ZERO TO THREE and the HealthySteps Program Initiatives. This includes promoting the health and wellbeing of infants and toddlers, by providing support to their caregivers, and focusing on relationships that lead to a bright future. EMR technology provides a way to track patient and caregiver progress the throughout well-child visit series, while identifying common and complex concerns that need to be addressed by HealthySteps Specialists.

ZERO TO THREE sought to solidify a consistent, data-driven workflow to support the delivery of HealthySteps and commissioned Nordic Consulting Partners to design and pilot an Epic-centric workflow. A significant amount of time and effort was invested to create a large set of configurations and settings to accurately capture the assessment, intervention, referral, documentation, and reporting needs of the HealthySteps program. Replicating this effort for each HealthySteps site is not an efficient, economical, or reasonable expectation, so a technical solution was created to greatly speed up the rate at which this workflow can be implemented across Epic's clients that have HealthySteps programs. A turbocharger package is a collection of records created by Epic that can be quickly and easily imported into your existing system whereby enabling you to integrate the delivered content into your desired user workflows. While the imported records constitute most of the technical lift, each package implementation requires additional configuration and testing before activating the HealthySteps workflow in your production environment for use

with patients. Some content may not be moved with Turbocharger and must be manually built in your Epic instance along with any additional custom requests to complete the workflow as desired.

The HealthySteps Turbocharger package includes designs for Epic workflows including:

- Collecting Patient Entered Screening Questionnaires
- Documenting a HealthySteps Tier Level
- Documenting a Patient Encounter for HealthySteps Specialists
- Documenting Referrals to Support Services or Community Based Organizations
- Reviewing Past HealthySteps Encounter Documentation
- Filing Billing Charges for Eligible HealthySteps Services
- Tracking Program Fidelity Metrics and Patient Population Statistics

This guide is designed to provide a description of and technical guidance for configuring key Epic functionalities that can be used to advance the goals of your HealthySteps Program. This document is designed for the following audiences:

- Executive Leadership
- HealthySteps Specialists, Pediatric providers, and other clinical staff
- Health System Epic IT Personnel

Getting Started

To activate the HealthySteps workflow at your organization, several prerequisites and technical actions are required. First, requests to download and import the HealthySteps Turbocharger package must come from an Epic organization that has an active or planned HealthySteps site. When a request is received, it will be reviewed and approved by ZERO TO THREE to ensure they have an affiliated site with access to the requesting health system's Epic instance. Next, a series of special updates that includes Epic released SmartData Elements (SDEs) used in the documentation workflow must be imported and setup into the healthcare organization's proof of concept (POC) environment before the HealthySteps Turbocharger package can be imported. Non-HealthySteps organizations interested in the package should contact healthysteps@zerotothree.org to discuss prior to requesting to download.

Important
Epic does not proactively maintain this HealthySteps Turbocharger Implementation Guide content. If you discover an issue, please let Nordic Consulting Partners HealthySteps representatives and your Epic Technical Services (TS) representative know what updates should be made. Please contact HealthySteps@nordicglobal.com with any questions or comments.

Epic Software and Licensing

The core HealthySteps documentation workflow is designed around features and functionality provided by the EpicCare Ambulatory application. You can leverage additional workflow aspects such as automating universal screening for well-child visits using MyChart, configuring registration processes for caregivers to complete universal screens in the office through Welcome, tracking pediatric patient populations with Healthy Planet, and viewing HealthySteps Fidelity metrics on a dashboard using Cogito. Many health systems already have these licenses in place and would require some custom configuration to adopt these workflows in addition to the contents included in the HealthySteps Turbocharger package.

Compass Rose is an Epic module often discussed for use with HealthySteps sites. As a newer module, it has not yet been universally adopted by all health systems, so this HealthySteps workflow was not developed using features of this module. HealthySteps sites can implement aspects of Compass Rose in their workflow if desired, but it is not a requirement for full implementation of the Turbocharger package.

Please check with your Epic team to determine what licenses your organization has and whether additional licenses are necessary to implement all the desired workflow components.

Epic Special Updates

Epic has created standardized data elements to support the standardization, import and setup of the HealthySteps documentation workflow. You must have implemented the following special update (SU) releases in your Epic software instance before you can successfully implement the HealthySteps Turbocharger package as it contains configuration references to these data elements that must be present during the import process.

Epic Software Version	Special Update (SU) IDs
November 2022	E10317035, E10317037, E10317040, E10317043, E10318074, E10318471, E10318475, E10318477, E10318609
February 2023	E10411714, E10411718, E10411723, E10411724, E10414720, E10413479, E10414315, E10414326, E10414329
May 2023	E10506104, E10506109, E10506112, E10506114, E10508349, E10509502, E10509515, E10509521, E10510079
August 2023	E10601602, E10602855, E10602869, E10602877, E10603499

Please refer to your health system's Epic team to determine which SUs have been applied or could be applied to your instance

ZERO TO THREE Licensing

You will need to request the HealthySteps Turbocharger package through your Epic Vendor Administrator or point person for client ID downloads. See the instructions in the [App Request Process](#) tutorial for further information on this process. You can use the non-production client ID in the App Request Process: 8782ecb1-36e4-467f-aa35-5ae88e92b714

Your request will be reviewed by ZERO TO THREE to confirm your existing affiliate status. The HealthySteps Turbocharger package is available to validated member sites using Epic software at no additional cost. If approved, your vendor administrator or point person will receive instructions for downloading and implementing the HealthySteps Turbocharger package into an Epic proof of concept environment for your implementation team.

HealthySteps Workflow

The HealthySteps workflow starts with a standardized approach to ensure patients receive preventive screenings, allowing the interdisciplinary team to review and follow up on the universal screens completed by the caregiver. When sent out before a scheduled team-based well-child visit, completed responses enable the patient's pediatric provider to proactively engage their HealthySteps Specialist if concerning responses are noted. During the appointment, the pediatric provider and HealthySteps Specialist will work in tandem to interview and listen to the family or caregiver for additional concerns or stressors, while observing the child and caregiver or family interactions to further assess medical, developmental, and social support needs. This is referred to as a team-based approach, which is an important pillar in the HealthySteps care model. Based on the HealthySteps Specialists assessment, they will provide the family with supportive guidance or informational resources for specific topics identified during the visit. When necessary, HealthySteps Specialists refer patients, caregivers, and families to both in-house and community resources based on identified needs and partner with community resource providers and partner with community resource providers and families to help caregivers coordinate and navigate complex systems, offering close follow-up and support when referral barriers occur. At the end of the visit, they will be reminded to schedule their next well-child visit or a follow-up appointment to continue close involvement with patients at higher risk for developmental delays and/or adverse childhood experiences and monitor the direction of the individualized family care plan.
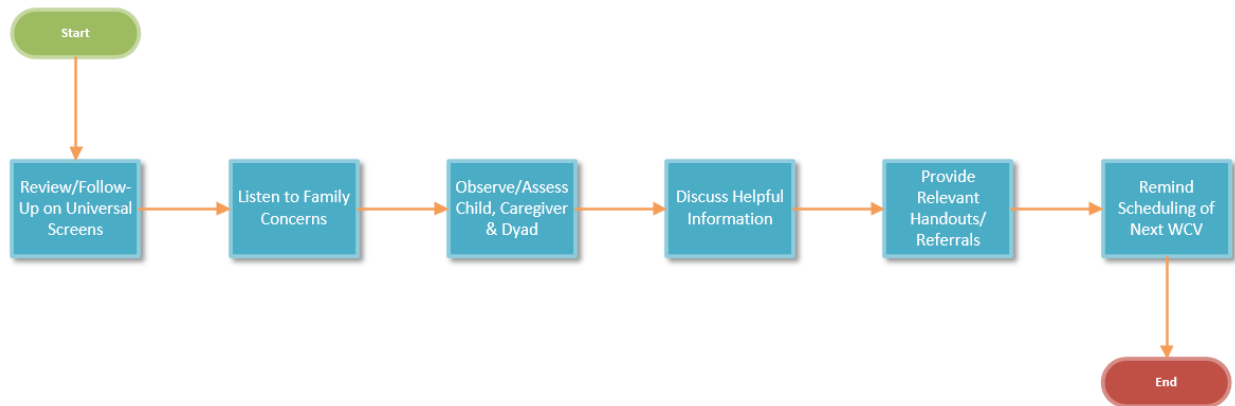
An overview of a HealthySteps Specialist approach to patient visits

Sample Case Study

To illustrate how clinicians and staff that are part of a HealthySteps program might use workflows and tools in Epic, consider the following HealthySteps visit scenario:

A depiction of a high-risk family with team-based engagement from a HealthySteps site

Liam is a happy, healthy 4-month-old boy who is scheduled today for a well-child visit. Jessica is a 23-year-old first-time, single mother to Liam. She and Liam are living at home with Jessica's caregivers who provide additional caregiver support as she is balancing coursework at a local community college while seeking full-time employment. Her past medical history is significant for depression episodes. Before they arrived for today's appointment, Jessica used the MyChart app on her phone to complete several universal screening questionnaires including a postpartum depression screen along with a family needs assessment and developmental survey for Liam.

Dr. Vercio is Liam's pediatrician and a HealthySteps Physician Champion. He identified several concerning issues during the newborn well-child visit with Liam several months ago and encouraged Jessica to meet with a HealthySteps Specialist in his office about how the program can put a strong support structure and resources around them to help with Liam's early child development and the family's wellbeing.

Jessica agreed and Dr. Vercio entered a HealthySteps Consult order to engage HealthySteps Specialist Yinxi, who immediately built a strong rapport by providing caregiver education, anticipatory guidance and made a WIC referral on Liam's behalf. This entire group met again for Liam's 2-month well-child visit to review Liam's medical and developmental progress, check-in on Jessica's comfort level as a caregiver, and reassess the status of the WIC referral. Yinxi also offered a new Child Care referral to help Jessica as she prepares to find stable employment. Now, Liam & Jessica have arrived to Dr. Vercio's office for the 4-month well-child visit and are settled into an exam room, where they will be met by Yinxi and Dr. Vercio for another team-based visit.

Before entering the exam room, Dr. Vercio opens the multi-provider schedule and identifies Liam as a Tier 3 patient based on Yinxi's initial assessment from the previous visit. When he selects Liam on the schedule, the HealthySteps Snapshot report pulls into view information across Epic including registration and demographic information, results from prior universal screens as well as key HealthySteps assessment information and notes from Yinxi. Dr. Vercio opens Liam's chart and reviews his progress notes from the last encounter, generating a holistic view of Liam's care and needs from an interdisciplinary standpoint. Nearby, Yinxi opens the multi-provider schedule to find Liam's chart and quickly reviews the responses to the Edinburgh Postnatal Depression Scale (EPDS), the Baby Pediatric Symptom Checklist (BPSC) and the Survey of Well-being of Young Children (SWYC) surveys provided by Jessica through MyChart before going into the exam room to meet the family with Dr. Vercio.

Together, Dr. Vercio and Yinxi meet with Jessica and baby Liam to review Liam's physical health, developmental progress and milestones reached from their respective medical and social-emotional perspectives. During Dr. Vercio's physical assessment of Liam, Yinxi engages Jessica in a brief dialogue, exploring Jessica's concerns about life recent changes and Liam's overall growth and development progress. Throughout the visit, Yinxi is keenly observing the dyadic relationship between Jessica and Liam through their behaviors. In her evaluation of how they interact with each other, Yinxi finds several opportunities to provide Jessica with positive parenting guidance as well as educating on common parenting misperceptions.

As the visit wraps up, Yinxi provides Jessica with several HealthySteps handouts and reminds her to schedule her next well-child visit with Dr. Vercio before she leaves the office today. Yinxi also arranges for a referral to a local child care program to helps support Jessica's return to work.

Yinxi returns to her workstation and opens Liam's chart to document an assessment in the HealthySteps Navigator. Yinxi works through a series of question prompts that covers various aspects of the visit including caregiver and child enrollment information; focused assessments of the caregiver, child, and dyad; interventions performed; education topics discussed, and materials provided; pertinent visit details to support encounter billing codes; and the childcare referral. To remind herself to follow-up with Jessica on the referral, Yinxi navigates to the Patient Outreach section and sets a reminder to contact Jessica in 45 days to reassess the status of the referral since Liam's next well-child visit would be several months away. Finally, Yinxi files a charge for her services in the Charge Capture section and reaffirms Liam as a Tier 3 patient in the Tier SmartForm, which will serve as an important indicator in Epic to the care team as well as for monitoring and reporting HealthySteps Fidelity metrics back to ZERO TO THREE.

After completing documentation in the HealthySteps Navigator, Yinxi generates a detailed note using a HealthySteps SmartText that seamlessly pulls in all the encounter details she discretely documented from the visit and reviews the information for accuracy. She confirms that the information is correct and writes a brief narrative paragraph to tie everything together before signing the note and closing the encounter. Now the entire care team will be able to have a detailed view of Yinxi's work with Liam and Jessica when they review her complete documentation and signed note in the HealthySteps snapshot report.

Yinxi closes Liam's chart and returns to the HealthySteps dashboard, which contains up to date operational metrics, population insights and patient tracking reports. From here, Yinxi can visualize statistics about the site's patient population, identify Tier 2 & 3 patients that are overdue for a well-child visit or need follow-up, and monitor the site's Fidelity performance.

HealthySteps Documentation Workflow

A few key benefits of the HealthySteps Documentation Workflow are to eliminate double documentation, keep the documentation burden low, and streamline the documentation. These SmartForm workflows will ensure the appropriate screenings are performed so that patients and families receive the appropriate referrals needed. In addition, this allows for more focused time with the family instead of relying solely on the employees to fill out the report. The HealthySteps Specialist and pediatric provider can proceed down the questions and prompts throughout the workflow to guide the discussion. Questionnaires can be sent out and completed by caregivers prior to the well-child visit, which allows more face-to-face exposure spent with the care team. There is a billing workflow in place to drop appropriate codes as necessary regarding screening tools and the licensure of the HealthySteps Specialist. There are 4 separate SmartForms that have been built to collect information- those will be discussed in further detail below.

Enrollment SmartForm

The Enrollment SmartForm contains patient and caregiver information that is useful to capture at the beginning of HealthySteps program involvement and is likely to need only infrequent, if any, updating as needed throughout the patient's episode of care. For any new patient or the first visit for existing patients after this workflow is released, it is imperative that you fill out all the appropriate fields in this SmartForm, as it contains fields that are important for reporting accurate Fidelity Metrics and Annual Site Reporting (ASR) metrics back to ZERO TO THREE. The primary benefit of the Enrollment SmartForm is that the information is saved in the context of the patient, not the encounter, which means that the values you document in one visit will persist between visits or until you remove a value from a field. In this way, you can document background information about the patient or caregiver one time and not have to re-document these details at each visit. Additionally, you can update sections of the form as needed if certain circumstances or information changes throughout your episode of care.

Visit Assessment SmartForm

The Visit Assessment SmartForm contains information that will capture the heart of each visit with a family. Unlike the Enrollment Smartform, where documented values are retained between patient visits, the Visit Assessment SmartForm is a clean slate with each new encounter to allow for a unique assessment of the patient, caregiver, and the relationship between them. This is the primary documentation form to be used in every patient encounter. This SmartForm is divided up into 6 sections: Caregiver Assessment, Child Assessment, Dyad Assessment, Change Readiness, HealthySteps Interventions and Visit Details. The Change Readiness form is hidden by default but will appear below the Caregiver Assessment if a concern is noted in that section during the documentation encounter.

Referral SmartForm

Connecting caregivers to critical resources and additional support to address social and medical needs is a key component of the HealthySteps program. Since referrals can be delivered to patients in variety of ways including verbal instructions, written documentation, electronically signed orders or by use of external 3rd party social needs platforms, having a single source of truth for reporting referral information back to ZERO TO THREE can be challenging. This Referral Tracking SmartForm was designed to offer quick documentation with generalized services or resources, referral dates, outcome and outcome date fields for every referral category that meets the HealthySteps Site Reporting – Detailed Guidance. Like the Enrollment form, this is a "patient-level" form that saves data across encounters so pertinent referral details can be reviewed & updated at each visit. Conditional branching logic (nested fields) will not clear previously selected values if collapsed; users must manually remove values to clear referral information or manually replace values if additional referrals of the same type are provided for the same patient or caregiver. In this way, information will be saved for reporting purposes and can help remind HealthySteps Specialists to

plan outreach for patients to assess the outcome of referrals within of 45 and 90 days to meet the Fidelity and Priority Outcome Metric requirements respectively.

The Tier SmartForm is also a "patient-level" form that saves data across encounters so a patient's HealthySteps Tier status can be reviewed & updated at the end of each visit. The 'Current HealthySteps Tier' choice is displayed to the interdisciplinary team in a dedicated column in the Schedule that can help alert the HealthySteps Specialist of upcoming appointments when they are not the scheduled provider for the patient visit in Epic. In addition to documenting the appropriate Tier, the Tier SmartForm includes data fields for capturing when the patient was identified, enrolled, and exited a specific Tier, along with details about the patient's age when they entered the Tier and whether the family or caregiver agreed to receive HealthySteps services. This data is required by ZERO TO THREE as part of the Site Reporting – Detailed Guidance.

Implementation Strategy

This section will discuss professional resources available, an overview of technical guidance resources, and identifying the major players at your institution who are needed to make the implementation successful. There are multiple Epic Galaxy hyperlinks included under the technical information summary section that can be used as a resource to help plan your overall strategy and these links are included contextually throughout the document as necessary for your implementation team.

Implementation Approach

There is no cost for obtaining the HealthySteps Turbocharger package itself; however, there may be costs associated with implementing the workflow, both financial and non-financial, depending on some key decisions that you make. The non-financial costs come down to the bandwidth of your health system's Epic IT support team to complete build, configuration, testing, validation, go-live activation, and post-go-live support, as well as how quickly your project can be prioritized. There likely would not be a significant monetary cost to HealthySteps sites going this route.

If prioritization, resources, or project timelines are not ideal for your situation, Nordic offers an implementation package to help you quickly and successfully activate this HealthySteps workflow in your Epic system while addressing any custom documentation or workflow needs. Regardless of the route that you decide is best for your site, the pathway to getting started is similar:

1) Identify any customization requests, additional documentation, or reporting requirements that need to be included in your overall implementation scope. Some examples may include unique universal screens, current documentation done on paper, documentation required for other supportive early child organizations or funding sources, and technology

considerations such as whether you want to use MyChart or Welcome for collecting information prior to visits.

2) Decide whether you'd like to have your internal IT department or our team at Nordic handle the implementation logistics.

3) Communicate your intentions with the appropriate party so that you can get your project reviewed, accepted, and prioritized.

4) Contact the **Point Person for Client ID Downloads representative** in your IT department and request the HealthySteps Turbocharger package download so most of the HealthySteps workflow build records are available once the project kicks off.

Available Epic Resources

Epic provides dedicated support from its technical services teams as well as a wealth of technical and operational guides to assist its clients. Below is a list of resources that your implementation team may need to leverage to successfully complete the project.

Technical Services Representatives

- **Epic Vendor Services.** This representative supports Epic special updates and turbocharger download and implementation into your POC environment.
- **Ambulatory**. This representative supports the encounter documentation workflow including SmartForms, Snapshot Reports and SmartTools.
- **Healthy Planet**. These representative supports population health Registry rules and outreach workflows.
- **MyChart/Welcome**. This representative supports universal screening workflows delivered to patients on their representative electronic devices or through a dedicated kiosk or tablet in the pediatric provider's office.
- **Cogito/Clarity**. This representative supports the dashboard and reporting logic used to compute HealthySteps Fidelity metrics that are reported to ZERO TO THREE.

Technical Information

- [Care Teams Setup and Support Guide](). This topic includes information about creating custom care team relationships for HealthySteps users.
- [User Workspace Setup and Support Guide](). This topic includes information about configuring the HealthySteps user experience for accessing and implementing customized features for documentation.
- [SnapShot Setup and Support Guide](). This topic includes information about configuring the HealthySteps SnapShot reports used in chart review, the multi-provider schedule and sidebar activities.
- [Patient-Entered Questionnaires Setup and Support Guide](). This topic includes information about configuring rules to automate desired universal screens for visits.

- Welcome Setup and Support Guide. This topic includes information for establishing workflows for dedicated devices in the clinical setting that are used by patients to collect patient responses.
- MyChart Administrative Setup and Support Guide. This topic includes information about general setup of MyChart configurations and workflows used in this workflow.
- SmartForms Setup and Support Guide. This topic includes information about SmartData element configuration and scripting instructions for the HealthySteps SmartForms.
- Charge Capture Setup and Support Guide. This topic includes information about creating charge preference lists and customizing the billing process for HealthySteps users.
- Tracking Patient Outreach Setup and Support Guide. This topic includes information about follow-up workflows in ambulatory settings and updating configuration settings.
- SmartTools Setup and Support Guide. This topic includes information about updating the HealthySteps SmartLinks and SmartTexts.
- Notes Setup and Support Guide. This topic includes information about configuring default note behaviors and settings for ambulatory encounters.
- Radar Setup and Support Guide. This topic includes information about providing user access to the HealthySteps dashboard, configuring, and editing metric framework, and maintenance of components and dashboard settings.
- Population Management Dashboards Setup and Support Guide. This topic includes setup of custom analytics registries and registry metrics that are used to configure the HealthySteps dashboard.
- Reporting Workbench Setup and Support Guide. This topic includes instructions for creating or maintaining reporting workbench reports to supporting HealthySteps outreach or follow-up workflows.

Available ZERO TO THREE Resources

ZERO TO THREE provides support to assist its sites with onboarding and improving performance of the HealthySteps care model. Below is a list of several resources that you may consider using as you plan and implement this workflow at your health system.

- **Training and Technical Assistance Specialist.** Every HealthySteps site is supported by a dedicated professional who aids with model implementation and ongoing performance.
- **Site Reporting – Detailed Guidance.** This document provides detailed guidance on how to operationalize the metrics that HealthySteps sites are required to report.
- HealthySteps Epic EHR Webinar. This site contains the recording of a webinar hosted in April 2023 that gives an in depth look at the HealthySteps documentation workflow and announced plans for this HealthySteps Turbocharger solution.
- **HealthySteps Epic Workflow eLearning Modules.** A standardized HealthySteps Specialist training curriculum was developed to educate your users on the primary workflow components in Epic, from reviewing patient information, to documenting visits and tracking Fidelity and Annual Site Reporting metrics.

- **Epic EHR Implementation Playbook.** The precursor iteration to this guide has been widely circulated to HealthySteps sites in advance of the HealthySteps Turbocharger solution; content from this guide has been incorporated into this document and updated based on the initial workflow development at Riverside University Health System.

Important
⭐ To view any Epic related content hosted on the HealthySteps website, including the webinar workflow demonstration, pleasure use the password **Turboch@rger2023!** when prompted.

Major Players at Your Health System

If you choose your health system IT department to lead your implementation, your project will require multiple different skillsets including the following personnel:
- Analysts from the following applications:
  - **EpicCare Ambulatory/Healthy Planet.** This person owns HealthySteps documentation workflow and reporting workbench reports.
  - **MyChart/Welcome**. This person owns universal screening questionnaire setup and patient-entered forms workflows.
  - **Professional Billing**. This person owns revenue cycle workflows for ambulatory clinicians and must review and process CPT codes entered from provider and HealthySteps Specialist encounters.
  - **Cogito/Clarity**. This person owns maintenance of custom SQL parameters, metric settings, and overall dashboard setup.
- **IT project manager**. This person tracks overall project status, aid in coordinating collaborative meetings with stakeholders and the implementation team, facilitate standard communications and escalates issues and roadblocks to IT and operational leadership.
- **HealthySteps stakeholders**
  - HealthySteps Physician Champion
  - HealthySteps Specialists
  - HealthySteps Program Manager/Administrator

If you choose Nordic to lead your implementation, they will provide a team lead by a board-certified clinical informaticist and include clinical application and business intelligence consultants with deep knowledge of the HealthySteps program. The Nordic team will work closely with site stakeholders and the technical/EHR staff that supports the site's organization to deliver the standardized workflows, documentation elements, reporting capabilities and user workflow training developed in partnership with ZERO TO THREE to ensure alignment, consistency, and adherence across all participating sites.

Project Scope

Determining the scope of your implementation is a critical planning step for your technical team to determine the expected workload, necessary personnel, customization needs, and project timelines. A successful implementation considers aspects of a current state workflow assessment, existing or planned use of specific Epic applications, as well as unique requirements for documentation, billing, and reporting for the HealthySteps program at the health system. It is strongly encouraged to schedule a scoping meeting with Nordic's HealthySteps team who have a framework for identifying key project scope decisions and ensuring a satisfactory implementation.

Below are some specific questions for the HealthySteps stakeholders to consider as you determine the scope of your project:

Workflow Assessment

1) Are you using Epic to capture HealthySteps Specialist documentation today?

2) If so, how do you...

    a. Determine a Well-Child Visit (WCV) in Epic? (Diagnosis code, CPT, Flowsheet, etc.)

    b. Track your current Annual Site Reporting performance?

    c. Document interactions with a HealthySteps Specialist? (Team-Based Well-Child Visits, Consults, etc.)

3) Do you use episodes?

4) Do you document in the pediatric provider's visit encounter with the patient?

Epic Applications

1) Do you use MyChart and/or Welcome for Universal Screens with scheduled WCVs today?

    a. If Yes, for all 5 HealthySteps universal screening domains?

    b. If No, do you want to implement for the missing domains?

2) If No to #1, do you want to implement MyChart and/or Welcome screening for scheduled WCVs?

3) Does your health system have Epic's Compass Rose module implemented?

    a. If Yes, is your HealthySteps program currently using Compass Rose?

b. If No, do you want to implement any Compass Rose functionality on top of this workflow and what is your timeframe for implementing Compass Rose for HealthySteps?

Important

Compass Rose is not a requirement for implementing the HealthySteps workflow and is not recommended unless your site is setup as a Compass Rose program.

Documentation Requirements

1) What Universal Screening Tools are you using, and are they currently built in your Epic instance?

2) Are there any unique assessments that you document today that you want to keep in addition to the HealthySteps documentation workflow?

3) Do you document anything into external systems that you would prefer to document into Epic?

4) Do you collect any information from patients on paper that you would prefer to be entered directly into Epic instead of scanned to their chart?

5) Are there any special edit requests to the HealthySteps SmartForm Documentation that you would like to propose for your implementation?

Billing Requirements

1) Are you billing for HealthySteps Specialist services today?

a. If No, is there a desire to setup billing support in this project?

b. If Yes, what CPT Codes will HealthySteps Specialists use in this workflow?

c. Would you like specific charges to be suggested based on clinical documentation?

Important

For more information on HealthySteps sustainability, please visit
https://www.healthysteps.org/news-resources/sustainability.

Reporting Requirements

1) Are you required to report information to other organizations besides ZERO TO THREE? If Yes...

a. What is/are the organization(s)?

b. Is reporting tied to funding for the HealthySteps site?

c. Do you want to build these reporting requirements into Epic with this project?

d. What are the measures/metrics you must capture and report?

2) Do you have any custom program operational metrics that you monitor today? If Yes...

a. How are you documenting on them today?

b. How are you reporting on them today?

c. Do you want to monitor them in Epic as a report and/or dashboard metric?

Project Planning

The table below outlines the basic project tasks your implementation team will need to complete. Your implementation may have a modified scope or needs that the HealthySteps Turbocharger Package cannot fully address without some additional customization. Be sure to discuss your site-specific needs during the Pre-Work phase to determine the full build scope and identify which IT analysts have the knowledge and skillsets to complete the desired build and workflows. Then it is important to communicate the finalized scope with the full project team during the Implementation Kickoff Meeting.

Example Implementation Project Plan

Below is a sample project plan that you can use to guide your implementation of the HealthySteps workflow for your organization:

	Task	Involved Personnel	Description	Dependencies
1.a	Project Prioritization and/or Contracting	HealthySteps Leadership; Implementation Team Lead; Health System IT Leadership	Your organization has communicated interest in HealthySteps workflow to operational & IT leadership and the project is ready to begin. Work with your IT team or Nordic to define scope and/ or contracting details.	None

1.b	Epic Access Request	Health System HR; Health System IT; Nordic HR	If you choose Nordic to lead your implementation, analyst level access to your Epic system must be approved and granted before the project can start.	1.a
2	Implementation Kickoff Call	HealthySteps Team; Implementation Team; Health System Leadership	Identify who should be involved, designate responsibilities, and set initial timelines for your project.	1
2	Turbocharger Import	Implementation Team; Epic Technical Services	Work with your health system's vendor services point person to download and import the HealthySteps base content	1
3	Application Build	Implementation Team; Epic Technical Services; HealthySteps Specialists	Configure relevant Epic application build to reflect your desired project scope.	2
4	End-to-End Testing	Implementation Team; HealthySteps Specialists;	Test standard and edge case workflows to ensure workflow is working as expected.	3
5	User Acceptance Testing	Implementation Team; HealthySteps Specialists; HealthySteps Leadership	Demonstrate final workflow and identify any necessary corrections from HealthySteps team.	4
6	User Training	HealthySteps Specialists	Review available HealthySteps eLearning modules for an interactive workflow learning experience.	5

7	Cutover to Production	Health System IT; Implementation Team	Move all relevant build in Epic from test environments to production according to IT governance processes.	6
8	Go-Live Support	Implementation Team; HealthySteps Specialists;	Release of HealthySteps workflow to end users with dedicated technical support during stabilization period.	7
9	Knowledge Transfer	Health System IT; Implementation Team	Transfer of ongoing maintenance and future support from implementation team to long-term support staff of health system IT dept.	8

Important
The above sample plan does not include common project delivery aspects or risks such as IT governance processes, recurring project and stakeholder meetings, additional user training needs, or troubleshooting unforeseen technical issues. Please plan accordingly into your implementation scope and estimated delivery timeline.

Implementation Kickoff Call

Kick off your HealthySteps implementation by putting together a meeting with the relevant project stakeholders at your organization. Be sure to include your Epic application technical services representative as needed with this project. Use this time to talk through the scope of the implementation, required setup steps, plan timelines, and inform your organization's project owners of their tasks during this project. To prepare for this meeting, also review our Implementation Strategy Handbook.

Use this implementation guide as a starting point for this discussion. Include representatives from every area that might have a stake in the project. Err on the side of too much representation at the start. Having everyone necessary present during the kickoff is better than trying to bring teams up to speed several weeks into your implementation. Talk with your consultant(s) and Epic representative(s) if you need help deciding who should be involved in the project. Include the following roles from your organization, Epic, and Nordic:

- **Your organization's project manager assigned to this project**. The project manager will keep everyone moving in the right direction, help coordinate and make sure the HealthySteps workflow and clinical content configuration is set up correctly and help set deadlines for steps along the way. Depending on your implementation preference this may be someone from your health system or a Nordic consultant.
- **Your Epic Technical Coordinator** (optional). Your TC should be aware of your ongoing enhancements and can help coordinate on the Epic side if necessary.
- **EpicCare Ambulatory or Healthy Planet Application Analyst**. Your project team is responsible for the user workflows and clinical content build related to the HealthySteps implementation. They will be doing most of the build, Content Management/Data Courier tracking and assist with end-to-end testing. Include their Epic technical services representative so they are aware of and can assist with the project.
- **Clarity Administrator**. Your Clarity admin will be responsible for ensuring the proper access is put in place for the team member in charge of dashboard revisions.

Selecting Universal Screening Questionnaires

There are eight recommended screenings that are natively available in Epic to utilize for optimal efforts towards promoting health and wellness of infants / toddlers, while providing support to their caregivers. Additional, proprietary survey tools are commonly used and elicit a strong affinity from clinical staff. As part of your scoping process, you must identify whether existing screening tools identified by the HealthySteps site leadership team are available in Epic or need to be built to supply required reporting metrics with data. The screening tools recommended by ZERO TO THREE are listed in the table below that address specific assessment domains surrounding the care and well-being of infants, toddlers, and their caregivers.

Each individual site can choose any amount of approved screening tools that they wish to implement but must select at least one from each of the assessment domains and identify the threshold for responses that indicate a concern present This information is used to track each site's overall Fidelity Metric performance.

Assessment Domain	Approved Screening Tools	Recommended WCV Schedule	System Availability
Maternal Depression	Edinburgh Postnatal Depression Scale (EPDS)	-Any 1st WCV within 6 months of birth - 1, 2, 4, 6 mo.	Foundation System
	Patient Health Questionnaire (PHQ-2/9)	-Any 1st WCV within 6 months of birth - 1, 2, 4, 6 mo.	Foundation System
Caregiver/Family Needs	Survey of Well-Being of Young Children (SWYC)	- Any 1st WCV - 1, 9, 15, 24, 36 mo.	Foundation System

	HealthySteps Family Needs Questionnaire	- Any 1st WCV - 1, 9, 15, 24, 36 mo.	Custom Build
	*Adverse Childhood Experience (ACES) Adult	- Any 1st WCV - 1, 9, 15, 24, 36 mo.	Foundation System
Developmental	Ages & Stages Questionnaire; 3rd ed. (ASQ-3)	- Any 1st WCV - 9, 18, 30, 36 mo.	Custom Build
	Caregivers' Evaluation of Dev Stages – Dev Milestones (PEDS-DM)	- Any 1st WCV - 9, 18, 30, 36 mo.	Custom Build
	Survey of Well-Being of Young Children (SWYC)	- Any 1st WCV - 9, 18, 30, 36 mo.	Foundation System
Social-Emotional/ Behavioral	ASQ: Social Emotional, 2nd ed. (ASQ:SE2)	- Any 1st WCV - 6, 12, 24, 36 mo.	Custom Build
	Baby Peds Symptom Checklist (BPSC)	- Any 1st WCV - 6, 12, 24, 36 mo.	Foundation System
	Survey of Well-Being of Young Children (SWYC)	- Any 1st WCV - 6, 12, 24, 36 mo.	Foundation System
Autism	Modified Checklist for Autism in Toddlers, Revised w/Follow-up (M-CHAT-R/F)	- 18, 24 mo.	Custom Build
	Survey of Well-Being of Young Children (SWYC)	- 18, 24 mo.	Foundation System

*Screen conducted in person by a clinician that is specifically trained to conduct trauma assessments if traumatic experiences are reported

Recommendation
We recommend utilizing the Survey of Well-Being of Young Children (SWYC) as part of your implementation strategy as it is comprehensive, covers multiple domain areas and is freely available through existing Epic licensing. Additionally, we recommend the custom build of the HealthySteps Family Needs questionnaire for capturing important social determinants of health needs.

Import the HealthySteps Content

This section contains instructions and considerations for your implementation team to initially import the Epic HealthySteps content at your organization.

Download HealthySteps Turbocharger Package

A Turbocharger package is available that will deliver the HealthySteps content described below. Use the following steps to download and import the Turbocharger package. See the Appendix for the full list of records.

The application team responsible for manually building these records should also be responsible for importing them via Turbocharger. Security and training can be provisioned by Data Courier admins if needed.

1. Log into the Vendor Services website and browse to HealthySteps Clinical Content in Picked Apps.
2. Click the "Build Available" link and download the Turbocharger package for the Epic version that your POC (or equivalent) environment is on. The package is an XML document that will download to your machine.
3. Using FTP, or another transfer tool, transfer this XML file to your POC (or equivalent) environment's UNIX directory.
4. See the next section for instructions on pre-import steps specific to the HealthySteps package. Do the next section before starting the import.

Prepare to Import the HealthySteps Turbocharger Package

1. Create a new "**Reason for Visit**" in Chronicles.
    a. Navigate to the HRV Masterfile and enter a new record with title "HealthySteps Consult"
    b. You will map this Reason for Visit in Turbocharger.
2. Turbocharger will also then create a Content Management or Data Courier ticket that you can use to begin your overall change control tracking for this project.

Import the HealthySteps Turbocharger Package

1. **Access Turbocharger in Hyperspace.** Chart Search: Turbocharger.
2. Review the Give Users Turbocharger Security Galaxy guide for more details.
   Note: *The Turbocharger activity requires certain security points.*
3. Review the Import Foundation System Content with Turbocharger Galaxy guide for more information about how to use Turbocharger and be sure to review the steps in Review Package Contents.

4. Import all the IDJ records prefixed "Archive" from the package so you avoid broken pointers later on.

After You Import the HealthySteps Content

This section contains instructions and considerations for your implementation team to finish setting up your system to incorporate the Epic HealthySteps content.

Setup HealthySteps Care Team Relationships

Differentiating your HealthySteps users can aid in general outreach reporting, encounter distinction and workflow metric analysis. If you wish to give HealthySteps users their own custom care team relationship, see setup steps below.

1) Identify all users (EMPs) and associated provider records (SER – if applicable) who will be using the implemented HealthySteps workflows.
2) Based on current users' setup around care team relationship (I SER 2600 / I SER 34825).
3) To add a new Care Team relationship for 'HealthySteps Specialist' or another identified role, refer to Create Additional Relationships for Your Patient Care Team Members.
4) If you created additional relationships specific to your HealthySteps users, complete setup to ensure that new relationship defaults in when the user is added to the patient's care team: Assign a Default Relationship for a Provider.

For more information on creating custom care team relationships for HealthySteps users, refer to the Care Teams Setup and Support Guide on Galaxy for detailed instructions.

Create a HealthySteps Specialist Provider Type

Differentiating your HealthySteps users by provider type can allow for custom workspace assignment via Workflow Engine Rules or custom workflow-driven reporting options, such as showing all patients with a visit with a 'HealthySteps' user in the past 6 months. If you wish to give HealthySteps users their own custom provider type, see setup steps below.

1) Identify all users (EMPs) and associated provider records (SER – if applicable) who will be using the implemented HealthySteps workflows.
2) Review current users' setup around provider type (I SER 1040) and confirm with your Providers team (or whichever team owns the SER Masterfile setup for your organization), that the current users' provider type doesn't drive any downstream workflows.
3) To add a new provider type for 'HealthySteps Specialist' or another identified role, access the Category List Maintenance activity, look up and modify the SER 1040 category list with the desired entry(ies).

4) Complete setup to ensure that new provider type is linked within the provider (SER) records of your HealthySteps users: See the provider type row of the build table within [Create a Provider Record](#).

For more information on creating custom provider types for HealthySteps users, refer to the Provider Type subsection within [Key Category Lists](#) on Galaxy for detailed instructions.

Implementing the HealthySteps Navigator

The HealthySteps navigator is the backbone to the documentation workflow and needs to be provides to the HealthySteps Specialist users to capture the key elements of their encounters with patients and track Fidelity performance and metrics to report to ZERO TO THREE.

Option 1: Modify Workflow Engine Rules to Give Users a New Default Workspace

1) Identify the Workflow Engine Rule(s) (LOR) your HealthySteps users currently utilize when accessing a patient chart/encounter.
   a. This can be done by accessing the Workflow Engine Results report from within an encounter: [Tracing Workflow Engine Rules](#).
2) Within the identified Workflow Engine Rule, based on the results from the Workflow Engine Results Report, take one of the two following actions:
   a. If only the HealthySteps users utilize the given node of the Rule, modify the existing node to reference the following records:
      i. Activity Tabs Menu (E2U): HP_MNU_HEALTHY_STEPS_CHARTING [210913001]
      ii. Default Activity (E2N) - HP_HEALTHY_STEPS_CHARTING [210913001]
   b. If other users could be affected by the change and shouldn't be, consider creating a more specific node within the Workflow Engine Rule structure that specifically targets the HealthySteps user population and complete same setup steps above.

Option 2: Add New HealthySteps Activity tab into the existing More Activities Menu

1) Identify the More Activities Menu utilized by your HealthySteps clinicians while in a patient encounter.
   a. This can be done by accessing the Workflow Engine Results report from within an encounter: [Tracing Workflow Engine Rules](#).
2) Identify the user Role (E2R) used by your HealthySteps users while in a patient encounter.
   a. This can be done by accessing the Session Information report from within an encounter and checking the print group devoted to User Role: [Taking Advantage of the Session Information Report](#).
3) Within the identified user role, scroll to bottom of activity overrides list and enter identified More Activities menu from step 1, enter the HealthySteps Activity tabs menu as the menu to addend on and ensure 'override' is set to 'No'.

4) To test, login as a HealthySteps user, open a patient encounter, find the HealthySteps activity tab menu under the More Activities menu and star it to permanently position it in line with the standard activity tab for the encounter.

5) Optional: to customize further, consider using wrench icon to the right of primary activity tabs to move HealthySteps activity tab into desired position.

For more information on implementing the HealthySteps Navigator or customizing sections, refer to the Build Your Navigators topic in the [User Workspace Setup and Support Guide](#) on Galaxy for detailed instructions.

Configuring Snapshot Reports to Display Your Screening Results

Clinical reports have been created to provide information about patients from past HealthySteps encounters for the entire interdisciplinary care team. These reports include print groups that contain references to patient or provider documented entries for specified screening tools. Work with the HealthySteps stakeholders to identify the specific universal screens in use; refer to the Selecting Universal Screening Questionnaires section of this document for more details.

Update 1: Updating the 'Most Recent Screening Scores' print group

1) In text, open the **HealthySteps Last Assessment Scores** LPG record created from your import process.

2) Page down to the **Parameters** screen, arrow down to the 'FLO/HLX Pairs' parameter and press F6 to edit the values

3) Press 'tab' to enter an individual line for editing and enter the following details to align screening score display with your organization's applicable documentation records:

   a. Flowsheet Row – FLO that applies to the given screening's total score row.

   b. SmartData Identifier – HLX that applies to the given screening's total score row.
   Note: *For a. and b. above, only one of the two should be filled out for each line between Flowsheet Row and SmartData Identifier.*

   c. Label – What you want the prompt to say in the print group (e.g. 'PHQ-9 Total Score').

   d. SmartData Context – Can usually leave blank because available contexts are listed at overall print group level in list of parameters.

   e. Normal Values – If you wish to hide normal values by default, list all normal values here and default view of print group will only show values that don't match this list. This is not filled out in the standard version so all screening results show by default.

Update 2: Updating the Last ASQ and ACES* Print Group

Note: *If your organization is not licensed to utilize the ASQ and ACES, determine additional assessments as a replacement for the Caregiver/Family Needs and Developmental domains.*

1) In text, open the "Last Filed ASQ/ACES" LPG record from the turbocharger import

2) Page down to the Parameters screen, arrow down to the 'FLO/HLX Pairs' parameter and press F6 to edit the values
3) Press 'tab' to enter an individual line for editing and enter the following details to align screening score display with your organization's applicable documentation records <u>for the Ages and Stages Questionnaire (ASQ) and ACES assessments</u>:
   a. Flowsheet Row – FLO that applies to the given screening's total score row.
   b. SmartData Identifier – HLX that applies to the given screening's total score row.
      Note: *For a. and b. above, only one of the two should be filled out for each line between Flowsheet Row and SmartData Identifier.*
   c. Label – What you want the prompt to say in the print group (e.g. 'PHQ-9 Total Score').
   d. SmartData Context – Can usually leave blank because available contexts are listed at overall print group level in list of parameters.
   e. Normal Values – If you wish to hide normal values by default, list all normal values here and default view of print group will only show values that don't match this list. This is not filled out in the standard version, so all screening results show by default.

For more information on making the HealthySteps Snapshot report available to users in their workflow, refer to the Change the Default SnapShot Report or Define the Reports Available for the Reports Toolbar topics in the <u>SnapShot Setup and Support Guide</u> on Galaxy for detailed instructions.

Adding Snapshot Reports to User Workflow Activities

Clinical reports have been created to provide information about patients from past HealthySteps encounters for the entire interdisciplinary care team. These reports can be incorporated into various workflow locations to improve efficiency depending on preferences of the desired user groups.

Update 1: Add the HealthySteps Snapshot to Sidebar Workspace

1) Identify the profile structure your HealthySteps clinicians utilize when in an encounter with the patient.
   a. This can be done by accessing the Session Information report from within an encounter and checking the print group devoted to the compiled profile: <u>Taking Advantage of the Session Information Report</u>.
2) Consult with your ambulatory/profile lead to determine the level of the profile hierarchy where you should list the HealthySteps Sidebar Report.
   a. For many organizations, a lot of reports are listed at the facility or system level so they can be found by a multitude of users. If you go this route, users will need instruction on how to search for the HealthySteps Sidebar Report after entering the chart so they can make it a favorite.

     b. If you list this report at a more specific profile level (department, security class, user), users will be able to find it easily, but it may override the ability to see reports that had previously been available from a higher level because this specific level was not previously specified (sidebar and schedule reports don't concatenate between profile hierarchy levels).

3) Once the appropriate profile is defined, follow the steps in the following Galaxy article to add the reports to the proper Profile (LPR) items: <u>Create and Configure Reports for the Sidebar</u>.

Update 2: Add the HealthySteps Full Snapshot in Chart Review

1) Identify the profile structure your HealthySteps clinicians utilize when in an encounter with the patient.
     a. This can be done by accessing the Session Information report from within an encounter and checking the print group devoted to the compiled profile: <u>Taking Advantage of the Session Information Report</u>.

2) Consult with your ambulatory/profile lead to determine the level of the profile hierarchy where you should list the HealthySteps Snapshot Report, so it shows in the Snapshot Activity (recommendations listed in sidebar instructions above).

3) When displaying HealthySteps Snapshot in Snapshot activity of Chart Review, you can make it the default snapshot report or add it to the list of available Snapshot Reports for a user to select.
     a. To make the HealthySteps Snapshot the default, refer to the following setup instructions: <u>Specify the Default SnapShot Report in Chart Review</u>.
     b. To make the HealthySteps Snapshot an available option from the list of reports, refer to the following setup instructions: <u>Define the Reports Available for the Reports Toolbar</u>.

Update 3: Add the HealthySteps Full Snapshot to Multi-Provider Schedule (MPS)

1) Identify the profile structure your HealthySteps clinicians utilize when in an encounter with the patient.
     a. This can be done by accessing the Session Information report from within an encounter and checking the print group devoted to the compiled profile: <u>Taking Advantage of the Session Information Report</u>.

2) Consult with your ambulatory/profile lead to determine the level of the profile hierarchy where you should list the HealthySteps Snapshot Report, so that it shows in the Multi-Provider schedule (MPS) (recommendations listed in sidebar instructions above).

3) When displaying HealthySteps Snapshot in the Multi-Provider schedule (MPS), you can make it a default appointment report that shows on the toolbar by default or you can add it to the list of available reports that a user can manually lookup and wrench into their toolbar. Use the following instructions to add the Snapshot report to the proper hierarchy

level: Use Schedule Reports to Show Clinicians Important Information About the Patient or Visit.

For more information on making the HealthySteps Snapshot report available to users in their workflow, refer to the Change the Default SnapShot Report or Define the Reports Available for the Reports Toolbar topics in the SnapShot Setup and Support Guide on Galaxy for detailed instructions.

Automating Tier 1 Universal Screens in MyChart and Welcome

MyChart and Welcome, two of Epic's most patient-centric functionalities, are utilized in the HealthySteps workflow to increase patient visit efficiency by allowing the patients to complete assigned screenings/assessments in advance of their upcoming visit.

MyChart

With MyChart, setup is done in the system to associate a given assessment questionnaire (LQF) with a visit type (PRC) that always requires it with the option to specify additional qualifying criteria via a rule (CER) that must be met before the questionnaire is made available to the patient.

For example, with this setup you could use MyChart System Definitions to allow the HealthySteps department to send out the ASQ-10 questionnaire 3 days before a patient's upcoming well-child visit if they met the additional rule criteria:

- Patient is < 4 years old
- Visit type falls into the pre-determined list of Well-Child visit types for that age range
- There is no prior total score on file for the ASQ-10 for this patient within a defined period

For more information on completing the necessary setup to integrate this functionality into the HealthySteps workflow, refer to the following documentation: Allow MyChart to Associate Questionnaires with Appointments.

Welcome

With Welcome, Epic allows for patients to complete any remaining unanswered questionnaires while they wait to be seen by their care team. In this scenario, that patient would either utilize a Welcome Kiosk in the clinic or, more likely, would be given a tablet to complete their assigned questionnaires while they wait.

In addition, if a patient starts a questionnaire in MyChart and saves their progress before completing it, Welcome can present the partially answered questionnaire to the patient even if the questionnaire isn't assigned to the appointment according to Welcome's settings.

For more information on setting up Welcome to assign questionnaires at the kiosk, visit type or department level, refer to the following documentation: Present and Assign Questionnaires in Welcome.

As a basic example, a patient usually receives a questionnaire before their appointment through MyChart or during check-in at a kiosk. After the patient's caregiver completes the questionnaire, clinicians can do the following with the information:

- Prepare for the patient's next visit by reviewing responses in either the HealthySteps Snapshot Report, the HealthySteps Navigator or In Basket messages.
- Follow the patient's progress by reviewing stored responses to these questionnaires. The clinician can see the patient's previous responses next to the newest responses in the Questionnaires section of the HealthySteps Navigator.
- Report on questionnaire responses to measure outcomes across all patients in the HealthySteps dashboard.

For more information on automating patient questionnaires through MyChart or Welcome, refer to the Assign Additional Department-Level Questionnaires Based on Visit Type or a Rule topic in the Patient-Entered Questionnaires Setup and Support Guide or review the Welcome Setup and Support Guide on Galaxy for detailed instructions.

Updating HealthySteps SmartForms

SmartForms are the backbone of the documentation workflow and the source for much of the discrete data that will be used highlight key information for the care team, drive HealthySteps operational and program reporting, and significantly reduce your sites Annual Site Reporting efforts back to ZERO TO THREE to maintain good standing.

Given the extent of custom documentation variability with HealthySteps sites, ZERO TO THREE staff collaborated with Nordic to develop a comprehensive documentation template that provides sites with a logically driven flow of assessment questions and responses for users to choose from, which should minimize free-text, narrative writing and increase capture of data that ZERO TO THREE seeks in measuring program performance. Additionally, this HealthySteps workflow is designed to capture this documentation in a manner that removes the burden of reporting off the shoulders of HealthySteps site staff so they can focus on their patients and improving their operations with insights from their documentation data.

To assist with standardization of HealthySteps documentation elements across sites, Epic released SmartData Element records that are included in several Special Update (SU) records noted in the Getting Started section of this document. These SmartData Elements are used to facilitate consistent data capture across organizations that opted to utilize the HealthySteps Turbocharger package. With this level of standardization comes a dramatic decrease in required manual SmartForm/SmartData element build time as well as a possibility for future data integration/analysis across multiple HealthySteps sites, leading to further optimized patient outcomes.

As the HealthySteps documentation continues to evolve over time, there will be a methodical update process whereby recommendations made by organizations (and approved by ZTT) will be integrated into updated versions of the Epic Turbocharger build. For organizations with custom versions of the HealthySteps SmartForms, these updated SDEs will need to be manually integrated into the forms but will present the possibility for an ever-improving product for years to come.

If you identify additional HealthySteps data collection fields that could be of use by other HealthySteps organizations, navigate to the HealthySteps Documentation Submission Form and please let us know how we can include your recommended enhancements in an effort to improve patient care across organizations.

If any extensive HealthySteps subject matter expert requested enhancements need to be implemented in a more expedited timeframe, our recommendation is to complete those enhancements for continuity of workflow purposes while also submitting them to us via the HealthySteps Documentation Submission Form for future Turbocharger enhancement consideration for the entire HealthySteps network.

Below are focused considerations and instructions to keep the user interactions consistent if you decided to modify existing or add additional documentation to the SmartForms. For more information on building or customizing SmartForms, refer to the SmartForms Setup and Support Guide on Galaxy for detailed instructions.

> **Build Tip**
>
> Always check to ensure Yes/No questions have a data type of 'Boolean'. Likewise, ensure that any SmartData Elements (SDEs) with specific button options have a data type of 'Category' with appropriate values specified within the Category List record.

SmartForm Scripting Considerations

Scripting can make your SmartForms more responsive and interactive to user documentation demands based on logic. For example, you can use scripting to enable a component based on the value entered in another component from the SmartForm or another part of the patient chart.

Based on documentation within the form: You could enable the display and documentation of the 'Well-child visit Level' detail field if the type of visit field includes selection of the 'Well-child visit' button.

Based on other chart documentation: You could use scripting (with rules) to enable the child's birth weight field to automatically populate if there is a birth weight documented on the child from their delivery summary.

1) In a SmartForm, right-click on an SDE and select 'Scripting' to open the scripting configuration menu for the selected record.

2) With the first expanded node in the 'Actions' column selected, configure the 'Condition' fields as follows:
   a. Name: **< SDE Name >**
   b. Type: **If**

3) With the first expanded node in the 'Actions' column selected, configure the 'Checks' fields as follows:
   a. Name: **Yes**
   b. Type: **Check a Components Data Value**
   c. Component: **< the name of the component record >** (ex: YesNo14)
   d. Which: **Value**
   e. Operator: **Equals**
   f. Value: **Yes**

4) In the True Branch > Show1 node of the 'Actions' column selected, configure the 'Action' and 'Set Property' fields as follows:
   a. Name: **Show1**
   b. Type: **Set Component Property**
   c. Component: **< the name of the SDE record >** (ex: List18)
   d. Property: **Visible**
   e. Value: **Yes**

5) In the False Branch > Hide1 node of the 'Actions' column selected, configure the 'Action' and 'Set Property' fields as follows:
   a. Name: **Hide1**
   b. Type: **Set Component Data Value**
   c. Component: **< the name of the SDE record >** (ex: List18)
   d. Property: **Visible**
   e. Value: **No**

6) In the False Branch > Clear1 node of the 'Actions' column selected, configure the 'Action' and 'Set Value' fields as follows:
   a. Name: **Clear 1**
   b. Type: **Set Component Data Value**
   c. Component: **< the name of the SDE record** > (ex: List18)
   d. Which: **Value**
   e. Options: **Overwrite**
   f. Value: **< leave unselected >**

7) In the False Branch > Clear1C node of the 'Actions' column selected, configure the 'Action' and 'Set Value' fields as follows:
    a. Name: **Clear 1C**
    b. Type: **Set Component Data Value**
    c. Component: **< the name of the SDE record >** (ex: List18)
    d. Which: **Value**
    e. Options: **Overwrite**

For additional information around SmartForm scripting, please reference <u>Add Scripting to Your</u> <u>SmartForm</u> on Galaxy.

Setting Up Charging Workflows for HealthySteps Services

Billing for HealthySteps services is not standard across the country, but rather driven by federal, state, and local health system regulations on the types of clinical professions that perform the duties of the HealthySteps Specialist. For sites that are eligible to bill for services, it can be a critical factor for sustaining the operational costs of the HealthySteps team and reduce the need to fund ongoing program expenses from grant funding or philanthropic support.

1) Create a custom Charge Capture Preference List (in the Preference List Composer activity) with following configuration:
    - List type: **Procedures**
    - Syb type: **Charges**
    - Ordering Mode: **Outpatient | Chargeable**

2) If appropriate, consider making separate sections of your charge preference list based on the types of codes your specialist can charge. One example is a section with general care charges (e.g. Child Development Screening, Health/Behavior Screening, etc.) and another for Psychotherapy-related charges (e.g. Family Psychotherapy, Initial Assessment, etc.)

3) Once your charge capture preference list is created, attach is to the proper level of the profile structure. Consider using filter rules so only your HealthySteps specialists can see and use it but does not override other user existing Charge Capture lists in a shared profile.

For more information on using filter rules (CER) to override Charge Capture Preference Lists based on type of provider, see the 'Assign Different Charge Capture Preference Lists Based on Provider Type and Patient Criteria' section of <u>Create Charge Capture Preference Lists</u>.

For more information on configuring the Charge Capture navigator, refer to the <u>Charge Capture</u> <u>Setup and Support Guide</u> for on Galaxy for detailed instructions.

Configuring Patient Follow-Up Reminders

An important tenant of the HealthySteps program is connecting patients and caregivers to local community resources. ZERO TO THREE's ZERO TO THREE stresses the importance of not only referring patients to community-based organizations (CBOs) but confirming that the patient or caregiver is receiving services. To achieve this end, metrics were created to monitor the performance of patient follow-up activities within a specified time frame. Therefore, a reporting workbench report was developed to help the HealthySteps Specialist plan for outreach when the expressed time frame is nearly complete using documentation from the Patient Outreach activity.

1) Using the Category List Maintenance activity in Hyperspace, update the Patient Outreach Topic category list (LFT-130) to include the appropriate outreach values you plan to have your HealthySteps specialists use in their next outreach workflow
   a. A Custom value(s) such as 'HS Consult' can help outreach reports filter away outreach tracking done by other non-HealthySteps staff
   b. Also consider making speed buttons for your HealthySteps specialists' most commonly used time windows (e.g. 2 weeks, 45 days, 90 days, etc.)

2) Update the applicable profile level (typically a department profile) to include your new entry as a speed button.

3) Make a copy of the turbocharger enabled HealthySteps patient outreach tracking reporting workbench report and update criteria to check for your custom outreach tracking topic.

For more information on configuring custom options in the Patient Outreach Navigator section, refer to the [Add Speed Buttons for Outreach Details](#) or [Tracking Patient Outreach Setup and Support Guide](#) on Galaxy for detailed instructions.

Updating HealthySteps SmartTools

The HealthySteps documentation workflow uses extensive structured documentation of hundreds of SmartData elements incorporated into custom SmartForms for ease of documentation and enhanced reporting capabilities. SmartLinks and SmartTexts were created to aid in pulling documentation into the HealthySteps Specialist note at the end of each encounter. If new SmartData elements or SmartForms are created as part of the implementation, consider the following instructions to maintain continuity of documentation throughout the workflow.

1) With a good understanding of the SmartForm/SmartData Element modifications made, pull up each HealthySteps SmartForm/SDE-related SmartLink and update parameters as needed. Some common modifications include:

a. Updating a HealthySteps patient SmartForm-specific SmartLink to include both the old and the new print group so patient documentation shows in notes regardless of whether they were documented on using the older or newer version of the form.

> Note: *After modifying a patient-level SmartForm, only patients with no previous documentation on that form will get the new version moving forward to ensure data integrity.*

b. Updating the HealthySteps tier related SmartLink to ensure SmartData element(s) retrieved are accurate.

2) Review each HealthySteps-related note template (ETX) and check for SmartData-related pieces (e.g., SmartLinks starting with 'CUI') to ensure they reflect appropriate SDE changes.

3) Review each HealthySteps-related SmartPhrase (HH1) and check for SmartData-related pieces (e.g., SmartLinks starting with 'CUI') to ensure they're still reflecting appropriate SmartData Elements.

For more information on updating the HealthySteps SmartTexts, SmartLinks and other SmartTools, refer to the [SmartTools setup and Support Guide](#) on Galaxy for detailed instructions.

Configuring the HealthySteps Dashboard

The HealthySteps documentation workflow uses extensive structured documentation of hundreds of SmartData elements incorporated into custom SmartForms for ease of documentation and enhanced Annual Site Reporting metric visibility in near real time within Epic.

If modifications are made to an existing SmartForm to add SmartData elements related to a dashboard metric, complete following steps:

1) From 'Property Editor' in hyperspace, open the metric property (IDJ) record that holds the values related to the HealthySteps documentation where you need to make an edit and update the list with your new SmartData Element (HLX).

2) Open the Metric Query (IDJ) record(s) that use the given property, then navigate to the Property Definitions tab and remove then re-add the property record so the updated values are reflected at the metric query (IDJ) level.

3) Open the Metric (IDN) record(s) that use the given Metric Query (IDJ), then navigate to the 'Data Collection' tab to remove the Metric Query (IDJ) and navigate down to the 'Property Definitions' tab to ensure it has cleared; re-add the Metric Query (IDJ) record in the Data Collection tab and confirm the properties listed in the 'Property Definitions' tab now reflect your updated values.

4) Ensure the Metric (IDN) is linked within the appropriate Resource (IDK) record.

5) Ensure the Resource (IDK) record is linked within the appropriate Component (IDB) record

For more information on updating the HealthySteps Dashboard or Components, refer to the Radar Setup and Support Guide or Population Management Dashboards Setup and Support Guide on Galaxy for detailed instructions.

Updating SQL Parameters for Dashboard

In order to connect the foundation released smart data elements to the HealthySteps dashboard metrics, follow the instructions below to map out the appropriate records across various Masterfiles.

Note: *Your record IDs you create through the Turbocharger import process may differ than the ones listed in the tables below. If record is not* found *by ID, search on name to find the appropriate record.*

Required Grouper (VCG) Updates

INI	Name/ID	Update(s) Needed
VCG	DEP HEALTHYSTEPS DEPARTMENTS [116525]	☐ Remove EMC Family Medicine ☐ Add in all HealthySteps departments (departments in which HealthySteps Specialists see patients and document encounters) Note: *If HealthySteps users log into their own HealthySteps-specific department but see patients in a separate pediatrics department, list both DEPs in this grouper.*
VCG	ECT CATEGORY HEALTHYSTEPS FACE TO FACE [116526]	☐ Add/Remove encounter types to match the list of encounter types your organization considers as being face to face visits. Stock list is from Epic foundation. This grouper is used as an initial filter for Well-Child Visit encounters. Additional filters are applied afterward to require specified CPT codes or Diagnoses. Note: *Make sure to leave 'appointment [50]' in list to ensure non-converted scheduled visits can potentially be counted toward analytics.*

		Helpful tip: *Check item 19858 in HDF 1 in Record Viewer to see if your organization already has an established list*

Required Property (IDJ) Review/Updates

Property records are referenced in the metric and SQL logic. Use the following color-coded key and list of property records to update your dashboard metrics or map existing custom build SDEs if your organization built out structure documentation prior to implementing the Turbocharger package.

Note: *Record IDs in table below may differ from Turbocharger generated IDs at your organization. If property is not found by ID, search on name to find property record.*

Cell Color	Review/Update Needed
	Action Required: Assessment-related -> Replace any existing values in Property with your organizations total score HLX record(s) for the given assessment(s)
	Action Required: Assessment-related -> Replace any existing values in Property with your organizations total score FLO record(s) for the given assessment(s)
	Action Required: Update Property to reference applicable build record(s) related to your organization's workflow
	Review Required: Includes epic-released build references that work as-is with out-of-box Turbocharger workflows/documentation tools. Review and update if given data is collected with alternative/custom build records

INI	ID	Property Name
IDJ	1000053	HP HealthySteps - Tier 3 - Referrals - Maternal Depression Assessment Date SDE
IDJ	1000054	HP HealthySteps - Tier 3 - Referrals - Maternal Depression Received Date SDE
IDJ	210913002	HP HealthySteps Developmental Screening FLO Score Rows
IDJ	210913003	HP HealthySteps Developmental Screening HLX Score SDEs
IDJ	210913004	HP HealthySteps Social-Emotional Screening AHLX Score SDEs
IDJ	210913005	HP HealthySteps Autism Screening HLX Score SDEs
IDJ	210913006	HP HealthySteps Autism Screening FLO Score Rows
IDJ	210913007	HP HealthySteps Maternal Depression Screening EPDS HLX Score SDEs
IDJ	210913008	HP HealthySteps Maternal Depression Screening PHQ2 FLO Score Rows
IDJ	210913010	HP HealthySteps Social-Emotional Screening BPSC HLX Score SDEs
IDJ	210913011	HP HealthySteps Social-Emotional Screening PPSC HLX Score SDEs
IDJ	210913012	HP HealthySteps Social-Emotional Screening Parent Concerns HLX Score SDEs
IDJ	210913013	HP HealthySteps Patient Insurance

IDJ	210913014	HP HealthySteps Maternal Depression Screening PHQ2 0-7 FLO
IDJ	210913015	HP HealthySteps Maternal Depression Screening PHQ2 7-12 FLO
IDJ	210914001	HP HealthySteps - Patient Race - American Indian Alaskan Native
IDJ	210914002	HP HealthySteps - Patient Race - Asian
IDJ	210914003	HP HealthySteps - Patient Race - Black or African American
IDJ	210914004	HP HealthySteps - Patient Race - Native Hawaiian or Pacific Islander
IDJ	210914005	HP HealthySteps - Patient Race - White
IDJ	210914006	HP HealthySteps - Patient Race - Multiracial/Other
IDJ	210914007	HP HealthySteps - Patient Race - Unknown
IDJ	210914008	HP HealthySteps - Patient Race - AKnown
IDJ	210916002	HP HealthySteps - Patient Ethnicity - Hispanic Latino Spanish
IDJ	210916003	HP HealthySteps - Patient Ethnicity - Non-Hispanic
IDJ	210916004	HP HealthySteps - Patient Ethnicity - Unknown
IDJ	210917001	HP HealthySteps - Tier 3 - Caregiver SDEs
IDJ	210917002	HP HealthySteps - HLX - Tier 3 - Enc Type SDE
IDJ	210917004	HP HealthySteps - Tier 3 - Referrals - Early Intervention Referral Dates
IDJ	210917005	HP HealthySteps - Tier 3 - Referrals - Early Care Education Referral Dates
IDJ	210917006	HP HealthySteps - Tier 3 - Referrals - Child Mental Health Referral Dates
IDJ	210917007	HP HealthySteps - Tier 3 - Referrals - Early Intervention Outcome Dates
IDJ	210917008	HP HealthySteps - Tier 3 - Referrals - Maternal Depression Referral Date SDEs
IDJ	210917009	HP HealthySteps - Tier 3 - Referrals - Maternal Depression Outcome Date SDEs
IDJ	210917010	HP HealthySteps - Tier 3 - Referrals - Home Visiting Services Referral Date SDEs
IDJ	210917011	HP HealthySteps - Tier 3 - Referrals - Lactation Services Referral Date SDEs
IDJ	210917012	HP HealthySteps - Tier 3 - Referrals - Food Related Services Referral Date SDEs
IDJ	210917013	HP HealthySteps - Tier 3 - Referrals - Financial Assistance Referral Date SDEs
IDJ	210917014	HP HealthySteps - Tier 3 - Referrals - Housing Assistance Referral Date SDEs
IDJ	210917015	HP HealthySteps - Tier 3 - Referrals - Transportation Assistance Referral Date SDEs
IDJ	210917016	HP HealthySteps - Tier 3 - Referrals - Intimate Partner Violence Services Referral Date SDEs
IDJ	210917017	HP HealthySteps - Tier 3 - Referrals - Substance Use Services Referral Date SDEs
IDJ	210917018	HP HealthySteps - Tier 3 - Referrals - Smoking Cessation Referral Date SDEs
IDJ	210917019	HP HealthySteps - Tier 3 - Referrals - Adult Health Care Referral Date SDEs
IDJ	210917020	HP HealthySteps - Tier 3 - Referrals - Family Planning Services Referral Date SDEs
IDJ	210917021	HP HealthySteps - Tier 3 - Referrals - Adult Education/Employment Assistance Referral Date SDEs
IDJ	210917022	HP HealthySteps - Tier 3 - Referrals - Other Services Referral Date SDEs
IDJ	210917023	HP HealthySteps - Tier 3 - HSS Reason for Visit HRVs
IDJ	210917024	HP HealthySteps - Tier 3 - Positive Parenting Guidance SDEs
IDJ	210917025	HP HealthySteps - Tier 3 - Early Learning Resources SDEs
IDJ	210917027	HP HealthySteps - HLX - HS Tier SDE
IDJ	210917028	HP HealthySteps - LQF - Visit Assessment SmartForm
IDJ	210917029	HP HealthySteps - HLX - Tier 2 ID/Decline Date SDEs
IDJ	210917030	HP HealthySteps - HLX - Tier 3 Enrollment/Exit Date SDEs

IDJ	210917031	HP HealthySteps - HLX - Tier 2 Enrollment/Exit Date SDEs
IDJ	210917032	HP HealthySteps - HLX - Tier 3 Enrollment Date Only SDE
IDJ	210917033	HP HealthySteps Maternal Depression Screening EPDS FLO Score Rows
IDJ	210917034	HP HealthySteps Maternal Depression Screening PHQ9 FLO Score Rows
IDJ	210917035	HP HealthySteps Maternal Depression Screening PHQ9 HLX Score SDEs
IDJ	210917036	HP HealthySteps - VCG - WCV Identification - EDG Groupers
IDJ	210917037	HP HealthySteps - VCG - WCV Identification - CPT EAP Groupers
IDJ	210917038	HP HealthySteps - Enrollment - Maternal Caregiver HLX String
IDJ	210917040	HP HealthySteps - Tier 2 - HS Consult LQF Enc Types String
IDJ	210917041	HP HealthySteps - Tier 3 - HS WCV/Consult LQF Enc Types String
IDJ	210917042	HP HealthySteps - Tier 3 - Referrals - Maternal Depression Referral Outcome Text SDEs
IDJ	210917044	HP HealthySteps - Tier 3 - Referrals - Early Intervention Outcome Text
IDJ	210917045	HP HealthySteps - HLX - Tier 3 Exit Date Only SDE
IDJ	210917046	HP HealthySteps - HLX - Family Support Call Date
IDJ	210917047	HP HealthySteps - HLX - Family Support Return Call Date
IDJ	210917048	HP HealthySteps - Number - Family Support Line Day Threshold
IDJ	210918001	HP HealthySteps - Family Needs - Food Insecurity Worry FLOs
IDJ	210918002	HP HealthySteps - Family Needs - Food Insecurity Inability FLOs
IDJ	210918003	HP HealthySteps - Family Needs - Housing Instability Mortgage FLOs
IDJ	210918004	HP HealthySteps - Family Needs - Housing Instability Places Lived FLOs
IDJ	210918005	HP HealthySteps - Family Needs - Housing Instability Homeless FLOs
IDJ	210918006	HP HealthySteps - Family Needs - Utilities FLOs
IDJ	210918007	HP HealthySteps - Family Needs - Transportation Med Appt FLOs
IDJ	210918008	HP HealthySteps - Family Needs - Transportation Daily Living FLOs
IDJ	210918009	HP HealthySteps - Family Needs - Interpersonal Safety Phys Abuse FLOs
IDJ	210918010	HP HealthySteps - Family Needs - Interpersonal Safety Sexual Abuse FLOs
IDJ	210918011	HP HealthySteps - Family Needs - Interpersonal Safety Guns Kept FLOs
IDJ	210918012	HP HealthySteps - Family Needs - Interpersonal Safety Guns locked FLOs
IDJ	210918013	HP HealthySteps - Family Needs - Substance Use Misuse FLOs
IDJ	210918014	HP HealthySteps - Family Needs - Tobacco Use FLOs
IDJ	210918015	HP HealthySteps - Family Needs - Food Insecurity Numerator Responses
IDJ	210918016	HP HealthySteps - Family Needs - Transportation Numerator Responses
IDJ	210918017	HP HealthySteps - Family Needs - Yes No Numerator Responses

Making SQL Logic Updates

When modifications are made to SmartData elements or new elements are created to support a HealthySteps site, the Healthy Planet and Business Intelligence analyst should work together to ensure downstream data and reporting validation.

Locating and Modifying the Raw SQL Logic

Changing the existing query to match custom workflows or modifications and reflect properly on the HealthySteps dashboard.

Note: *If a change to the query structure is needed, this step would be required prior to accessing the metric parser to get the parsed SQL for testing in SQL studio.*

1) Open the **Metric Query Editor** (Chart Search: Metric Query Editor) and open the identified metric query (IDJ)

2) To edit the main script: From the '**Summary Scripts**' section, use the edit button on bottom right to make query's SQL editable for direct edits or select all and copy the SQL query to another program (Notepad++, MSSS, etc.) for modification.

3) To edit the drilldown script: From the '**Detail Scripts**' section, use the edit button on bottom right to make the drilldown query's SQL editable for direct edits or select all and copy the SQL query to another program (Notepad++, MSSS, etc.) for modification.

4) After edits are complete, select '**Edit**' and then paste updated SQL back into the appropriate section.

5) Select '**Stop Editing**' when finished to allow the system to parse the SQL.
   Note: *Epic will return an error popup if there is an issue parsing the updated SQL*

Locating and Modifying the Parsed Metric-Level Query

Follow the steps below for testing query logic in SQL Studio.

1) Open the **Metric Editor** (Chart Search: Metric Editor) and open the identified metric query (IDJ) record.

2) From the '**Parser**' section, start at the top of the query (text will begin with '—Datalink summary query'), drag down to the bottom of the summary query.

3) **Copy (Ctrl+C) and paste (Ctrl+V)** into another program (Notepad++, MSSS, etc.) for testing.
   Note: *The parser automatically fills out the values provided by any referenced properties, simulating what the query will look like when run in the live environment for dashboard reporting.*
   Caution: *If modifications are needed, they should be made to the query in the 'summary script' section of the metric query record (as referenced above). If modifications are made to the parser version of the query then pasted into the metric query's summary script, they will*

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retain their filled out property values, causing the script to no longer reference the properties themselves.

4) To test the drilldown query: From the **'Parser'** section, scroll down to the end of the summary query (separated by a blue line and a question mark icon on left side) to get to the start of the drilldown query(ies), drag down from the top to the bottom of the desired drilldown query.

5) **Copy (Ctrl+C) and paste (Ctrl + V)** the query logic into another program such as SQL studio for testing.

6) Identify necessary modifications, **make modifications in the SQL query referenced in the Metric Query (IDJ) record**, and save the metric query record. Upon returning to the parser section of the metric record (IDN), the updated query should be referenced.

Updating the Metric Records (IDN) for SQL Testing

See below for a brief overview of steps. For further information, reference the Populate Data for the Metric document on Galaxy.

1) In the **Metric Editor** (search: Metric Editor), open your metric and go to the **Data Collection** form.
2) In the Run grouping field, select the Datalink action that populates **daily** results your metric in your testing or live environment if it is different than CSF CLARITY DAILY.
   Note: *If you're not sure which daily run grouping to use, check in with your Clarity Administrator to see which one is referenced in the Clarity Console (web-based) for both your testing and live environments for **daily** processing.*

3) if the **run grouping** differs between your testing and live environment, you will need to do the following:
   a. Set the run grouping to the one used by your testing environment (manually or by exporting all IDNs, updating item 1101 and reimporting to update just that item).
   b. Migrate all testing build to testing environment.
   c. Complete testing.
   d. Complete any necessary fixes in build environment.
   e. Switch run grouping to option used by the live environment (PRD).
   f. Migrate build to PRD for go-live when ready.

Testing Strategy

This section provides an overview to common IT testing techniques and how they may assist in ensuring the foundational workflow elements are setup appropriately for the HealthySteps Specialist.

Overview/Recommendations

Overview Testing was completed at various levels of consideration, starting on Day 1 of the build phase. A comprehensive testing strategy is outlined in the sections below in accordance with our implementation methodology. Rigorous testing protocols will be adapted and customized to the specific needs and requirements for each of the concierge program workflows. The testing framework consists of a linear model of increasing breadth and complexity, from Unit Testing to Functional Testing and User acceptance testing scenarios. This process ensures that optimally designed workflow is build and delivered to specification and satisfies the needs of the client.
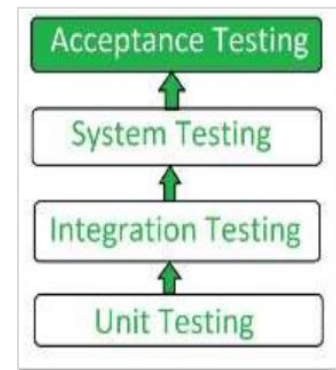
Unit Testing

Unit Testing is a technique by which individual modules are tested to determine if there are any issues by the developer themself. It is concerned with functional correctness of the standalone modules with the main aim to isolate each unit of the solution to identify, analyze and fix defects. This process will be continuously completed by project analysts in the build environment from the onset of the build phase without additional documentation.

Functional Testing

Functional Testing is a technique that is used to test the features or functionality of the solution and covers all the scenarios to ensure the individual units are working together properly to execute the new desired function or service. This process will be executed by the implementation team in the proof-of-concept environment continually throughout the project as import records are verified, and additional records configured. This effort consists primarily of testing the SmartForms and any configuration changes made to the base documentation package along with any net new reporting metrics.

Integration Testing

Integration Testing is used to determine whether separately developed modules work together as expected with a system and between systems via interfaces. This is the level that will validate, update, and ultimately finalize each program's workflow design. Integration testing will include aspects such as viewing patient entered questionnaires in the HealthySteps Navigator, connecting viewing SmartForm documentation in reports, confirming charging workflows, validating

dashboard metrics and more. This process will be executed by project analysts in a non-production environment after functional testing is complete with validation documentation of appropriate end-to-end workflow scenarios. Furthermore, integrated testing must be done with multiple test patients to fully test reporting metrics with positive and negative testing.

User Acceptance Testing

User Acceptance Testing (UAT) is the usage of the software and workflows by people from the intended audience to validate test cases and scenarios that cover the business requirements and ensure that the right solution is being delivered according to project specifications. It is considered the last phase in the development process, the one before the final release of the workflow to the HealthySteps Specialists and includes corrections of any defects which are discovered, key workflow features have not been overlooked or miscommunicated to the stakeholders, and the build is ready for deployment into the production environment.


Combining the validated workflow scripts from the functional and integration testing phases, a comprehensive end-to-end UAT script should be created to document the workflow steps that meet the business requirements of the stakeholders. This level of testing should be conducted in a non-production staging environment with real patient data to simulate the day-today expectations of the workflows with a rich user experience. UAT is an important milestone to obtain stakeholder sign-off, advance the project into formal IT change control processes and finalize go-live plans.

User Education

This section contains details for both the implementation team and HealthySteps site staff regarding user interface (UI) design decisions, eLearning resources for preparing HealthySteps Specialists and historical information about the initiative and efforts from ZERO TO THREE that led to the creation of this workflow solution.

SmartForm Color Coding

The design of the SmartForms is intended reflect the HealthySteps official color palette to help distinguish various factors and documentation levels by providing visual indicators to the users while documenting in SmartForms. The following sections outline the strategy for how the use of color within Epic was chosen and applied to enhance the experience and understanding of users at the point of documentation.
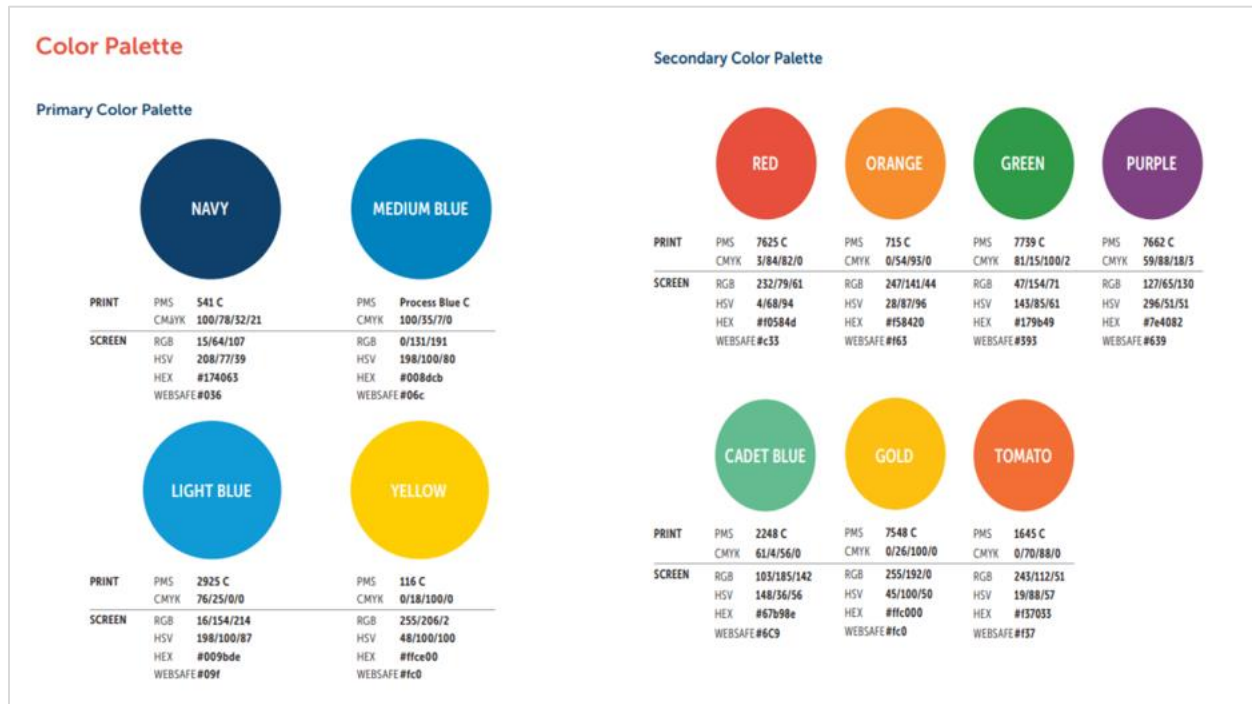
The official HealthySteps color palette used to align colors with user interactions in the documentation workflow

First Level Documentation Prompts

The custom SmartForms were thoughtfully designed to follow a common HealthySteps patient assessment by grouped related questions and topics of information to minimize the display of all possible questions at any given time in the episode of care. This top level represents the launching point for contextually relevant follow-up assessment prompts nested in sub levels and is recommended that the HealthySteps user addresses every question at this level as appropriate.

Top-level documentation data element examples as displayed in a SmartForm

Second Level Subcategory

The second level of the hierarchy introduces the first level of contextually responsive documentation through logic scripting for the user to gather and input additional details related to the higher-level menu item. In some cases, additional SmartData questions cascade into view to naturally gather further assessment data or more granular classification of a selected item from the first level element.

Second level submenu documentation data element examples as displayed in a SmartForm

Third and Fourth Level Subcategories

The subsequent levels of contextually responsive documentation introduce additional granular classification of a selected item from the second level subcategory element. The intent was to classify & group related documentation elements and values appropriately to minimize the introduction of a fourth level subcategorization in the flow whenever possible, but several rare documentation combinations exist that will bring in a fourth level with the same visual indicators as the third level.

Standard Workflow Documentation

Navy Background | White Color Prompt Text | Normal Prompt Font | No Section Highlight

| Age of Entry to Tier 2 services | | Birth - < 5 months | 5 - 12 months | 13 - 18 months | > 18 months |

NAVY

HealthySteps Reporting Requirement Documentation

Navy Background | White Color Prompt Text | Bold Prompt Font | Light Blue Section Highlight

| **Age of Entry to Tier 3 services** | | Birth - < 5 months | 5 - 12 months | 13 - 18 months | > 18 months |

LIGHT BLUE

Third and fourth level submenu documentation data element examples as displayed in a SmartForm

Information Banners

When organizational policy or existing documentation workflows may possibly exist for certain scenarios, we introduced an information banner to advise users at the point of care about following appropriate organizational guidelines, or in other cases providing some education to help minimize potential confusion with related topics or categories. For example, when documenting the Visit Assessment SmartForm, if a user documents 'physical abuse' under the Child Abuse/Trauma Type field, a banner will appear to recommend the user contact Child Protective Services (CPS). This behavior is an example of a banner (label) field in the SmartForm that is hidden by default and made visible by SmartForm scripting build if a certain field is documented in a certain way.

Standard Informational Banner

Light Blue Background | White Color Text | Bold Italicized Prompt Font | Light Blue Section Highlight

"Psychoeducation" is providing education and information using reflective discussions about areas of expressed and potential concern

Follow your organizational practice guidelines for reporting incidents to CPS

LIGHT BLUE

Information banner examples as displayed in a SmartForm

Please refer to Appendix A to see each SmartForm completely expanded with full color-coded markings for identifying metric data, submenus, and informational banners.

E-Learning Modules

ZERO TO THREE developed a standard Epic HealthySteps workflow training program to support existing and future sites in the network. This comprehensive, interactive user education was designed to support the standard workflow and is available to participating sites through Elevate LMS, the HealthySteps learning management system that contains all other site resources. Stakeholders should complete these modules in advance of go-live.

MODULES

7

- Module 1: Finding HealthySteps Specialist Information Outside the Chart
- Module 2: HealthySteps Specialist Workflow Overview
- Module 3: Starting a New Patient Enrollment
- Module 4: Capturing a Visit Assessment
- Module 5: Tracking Patient Referrals
- Module 6: Wrapping Up the Visit
- Module 7: Monitoring Program Metrics and Reporting

Overview of the Epic HealthySteps eLearning curriculum

Module 1: Finding HealthySteps Specialist Information Outside the Chart

Finding HealthySteps Specialist Information Outside the Patient Chart

Module 1

The Learning Objectives for this module:

1. Identify the Multi-Provider Schedule for Seeing Patient Appointments

2. Recognize the HealthySteps Tier Column

3. Recognize the HealthySteps SnapShot Report

Module 4: Documenting a Visit Assessment

Module 5: Tracking Patient Referrals

Module 6: Wrapping Up the Visit

Module 7: Monitoring Program Metrics & Reporting

HealthySteps Epic Workflow Webinar

This one-hour webinar was created on April 25th, 2023, to inform the HealthySteps network of Epic affiliated sites about the workflow development and announcement of the Turbocharger package solution. and will begin by hearing from ZERO TO THREE on the driving forces behind this initiative. Then we will look at the HealthySteps site that continues to serve as our lead implementation and validation partner. The centerpiece of this webinar will be an extensive, end-to-end walkthrough of the HealthySteps Specialist workflow as it is configured in Epic. This demo is about 25 minutes in length. The webinar will be wrapped up with the panelists responding to chat questions that occurred at the time of the recording. You can view the recording from the HealthySteps website using the link and password below.

https://www.healthysteps.org/resource/Healthysteps-Epic-Playbook-Webinar

Password: **Turboch@rger2023!**

Project Wrap Up

After the implementation is complete, it is highly encouraged for your project managers build team members and HealthySteps stakeholders to provide feedback to Nordic and Epic regarding the turbocharger implementation guide and the implementation process. Provide feedback in the following ways:

- Email the Nordic HealthySteps team at healthysteps@nordicglobal.com.
- Communicate directly with your application TS to bring attention to any improvements that could be made to the implementation guide and install support materials.

In addition, if you have enhancement suggestions for any portion of the HealthySteps workflow, please share that with the Nordic HealthySteps team by filling out the HealthySteps Documentation Submission Form. As the workflow gains adoption at sites across the country along with potential changes in reporting and documentation requirements by ZERO TO THREE, regular Epic updates to this workflow may occur that will incorporate feedback from users as well as implement workflow enhancements and new features to this foundational workflow release.

Workflow Maintenance Considerations

The HealthySteps workflow was designed to accommodate the needs of most sites; however, sites may make customization requests during the initial implementation or afterwards to better support their unique needs. Below are technical maintenance guidelines to consider for keeping the end-to-end workflow operating optimally from a documentation and reporting perspective.

If details would potentially benefit other HealthySteps clients, consider submitting them for inclusion using the HealthySteps Documentation Submission Form.

Ambulatory

- **SmartData Elements**. If new custom SmartData Elements (SDEs) are created, follow the standard Epic build guidelines, but consider the impacts for incorporating the new SDE into HealthySteps SmartForms.

- **HealthySteps SmartForms**. If you decide revisions are necessary for the documentation SmartForms, including adding or removing custom or Foundation System SDEs, ensure the following downstream details are reviewed and considered:
  - Checking visibility property for each new field to determine if it should be visible when form loads or only if a specific action is taken.
    - o **Note:** *If new field is contingent on selection from another field, update SmartForm scripting as appropriate (see the SmartForm Scripting section above).*
  - After adding new fields, determine if the existing SmartForm print group (LPG) should be manually updated or if a whole new print group should be generated.
    - o If generating a new print group (LPG) for the SmartForm, check and update any associated SmartLinks (HHS) as appropriate to ensure proper data pulls into forms
    - o **Note:** *For patient-level SmartForms such as Enrollment and Referral Tracking, it is best to list both the old and the new print group in the SmartLink to ensure patient documentation on the old form as well as documentation on the new form makes it into the note and other downstream areas. If a patient was documented on using the old version of a form or print group, they will continue to see that version moving forward and only net new documentation patients will see the updated version to maintain data integrity.*
  - Any existing snapshot or sidebar reports that display SmartForm data
  - If future enhancements recommend specific charges, determine whether charge recommendations rules (CER) need to be updated

- **Multi-Provider Schedule (MPS)**. If a user makes their own personalized schedule for the MPS, they may need to go into properties to wrench in the 'HS Tier' column to match the configuration seen in the existing schedule option (depending on whether HS Tier column shows for all users in the department by default or if wrench method was chosen initially). In addition to the custom column for HS Tier, if it is determined that additional HealthySteps-specific information should be shown via MPS column, this will require a new column (PAF) record to be made, customized, and inserted as an available option at the applicable level of the profile (LPR) structure.

- **Print Groups**. If new assessment build is added in the future (e.g., ASQ had been on paper but is now built as a flowsheet and questionnaire), it will be necessary to update print groups in the

Snapshot reports to allow those scores to show. The most efficient identification method is to navigate to the respective report in the workflow in Hyperspace and turn on either 'Support Reports' or the report and print group assistant under the Session Information report (can typically be found via Chart Search or the Miscellaneous tab of Chart Review).

- **SnapShot Reports**. As new users are added to your department, routine check in to determine whether they need access to the HealthySteps Snapshot as part of the MPS, Chart Review and sidebar reports. If users need access but don't have it, it will most likely require an analysis of their applicable profile (LPR) structure and an update to the appropriate profile level to add the report(s) (LRP) for viewing in each part of the workflow.

MyChart / Welcome

- **Questionnaires**. If a new patient-facing assessment is built in the future (e.g. ACES had been on paper but is now built as a flowsheet and questionnaire), it will be necessary to determine if that assessment questionnaire should be sent out to patients in advance of their upcoming visit. If so, follow the options below based on whether you wish to complete the recommended setup:
    1) **Setup corresponding flowsheets for new questionnaires:** The Show Patient-Reported Data in Flowsheets document contains information for build steps around:
        - Creating flowsheet rows to store data from new or existing questionnaire question records (either manually or in bulk via import)
        - Linking question records to flowsheets for expedited clinician review and data analysis
        - Settings configuration around auto-file (no clinician review required) or required nurse review before filing patient entered question data to corresponding flowsheet

    2) **Setup questionnaires to auto-send in advance of future appointments:** The Allow MyChart to Associate Questionnaires with Appointments document contains information for build steps such as:
        - Enabling questionnaire assignment
        - Default questionnaire at department level
        - Assigning Department-Level Questionnaires Based on Visit Type or a Rule
            - Sending out age-specific versions of standard assessments such as ASQ 3 days in advance of upcoming well-child visits is an example of common setup done across multiple organizations

- **HealthySteps Dashboard:** If newly added field/SmartData element has direct overlap with data used for a dashboard metric, make sure to:
  - o Update the respective dashboard property (IDJ) to include the new value(s).
  - o Manually update the given property's values on the 'Property Definitions' form of the respective metric query (IDJ) record(s) where the property is listed to ensure the updated property values are passed through to the SQL dashboard.
  - o Manually update the given property's values on the 'Property Definitions' form of the respective metric definition (IDN) record(s) in which it is listed to ensure the updated query values are passed through to the SQL dashboard.

- **Creating New Metrics:** If you want to develop new metrics not included in the Turbocharger Package, follow the following steps ordered from most granular to least granular to facilitate linkage requirements.

  1) Draft basic structure for new query in SQL studio or another program.

     Helpful Hint: *If there is an exiting metric with similar features to new metric, consider copying parsed version of query from parser form of existing metric (IDN) and paste into SQL studio to start with basic structure.*

  2) Identify the necessary variables required for new metric and determine how many overlaps with existing properties available with Turbocharger
     a. Examples of existing properties to reuse:
        i. HP HealthySteps Departments
           - Reuse if new metric has one or more parts that need to be limited to only consider data from HealthySteps departments
        ii. HP HealthySteps Face to Face Encounter Types
           - Reuse if new metric has one or more parts that need to be limited to only consider data from visits your organization considers to be face-to-face encounters. This property is used in HealthySteps metrics as an initial filter for identifying qualifying Well Child Visits
     b. Example of needing a new grouper and/or property:
        i. Part of new metric needs to check GAD-7 total score values for any flowsheets the patient has had completed in the past reporting period.

3) Create any newly needed properties (IDJ) by first creating a grouper (VCG) that contains all the records that should be evaluated by your query and then creating a property (IDJ) with the following details:
   a. SQL Placeholder: **<your own custom entry>**
   b. Response Type: **Multiple**
   c. Data type: **Record ID**
   d. INI: **VCG**
   e. Default Values: **<your new VCG(s) from step above>**

   Helpful Hint: *for a quick reference for working structure, check out Property (IDJ) 'HP HealthySteps Departments' and its listed Grouper (VCG).*

4) Create new metric query record (IDJ) and copy basic settings from an existing HealthySteps query by having existing record up on separate screen. Also ensure following custom steps are complete:
   a. Summary Scripts form filled out with new SQL script.
   b. Detailed Scripts form filled out if a drilldown version of the query was also created
      i. Also need to fill out Detail Drilldown form if a detail script exists so detailed drilldown knows which column to use.
   c. Property Definitions form filled out with all existing and new properties (IDJ) identified and/or created as part of previous step.
5) Create new or duplicate existing Metric (IDN) record from Metric Editor.
   a. Modify any necessary details to align with new metric.
   b. Update 'Query Record' field on Data Collection form with new metric query (IDJ) created in previous step.
   c. Verify via Parser tab that no issues show at the top of the parsed query. If issues exist, take necessary steps to reconcile an issues.

   Note: *if you encounter an issue such as 'Property exists but no values defined', this means the parser hasn't refreshed its interpretation of the properties. Fix this by going to the 'Property Definitions' form, cutting the value out of one of the listed properties, pasting is back in, then going back to the parser form to see if issue cleared up.*

6) Create new or duplicate existing Resource (IDK) record from Resource Editor.
   a. Modify any necessary details to align with new metric.
   b. Update 'Metric' field on Data Source form with new metric (IDN) created in previous step.
7) If adding to existing component:
   a. Find existing component (IDB) in Component Editor.

     b. Add Resource (IDK) record to Resources field on Data Source form of component record.

8) If creating new component for new metric:
     a. Create new or duplicate existing Component (IDB) record from Component Editor.
     b. Modify any necessary details to align with new metric.
     c. Add Resource (IDK) record to Resources field on Data Source form of component record.
     d. Ensure Enabled field on Distribution form in component record is set to 'Yes'.

9) Add new metric to existing Dashboard (IDM).
     a. Lookup the existing dashboard (IDM) in Dashboard Editor.
     b. Add component(s) to component field on Content form of Dashboard record.
     c. On Access form, ensure 'Ready for use' and 'Enabled for user selection' checkboxes are both checked.

Frequently Asked Questions

1. What is the minimum Epic version for the HealthySteps Turbocharger package?

The earliest version that the HealthySteps turbocharger package can be implemented in Epic's November 2022; most Epic customers will be on this version by October 2023 when the turbocharger package is first released.

2. How long would it take if our IT team built the workflow following the playbook instructions?

We are unable to determine that given a wide variety of experience, skillsets, knowledge, and capacity of Epic analysts that would be required to complete the activation. Nordic consultants combined to complete nearly 3,000 consultant hours over a 18-month period from initial design to delivery of the records and workflows contained the HealthySteps Turbocharger package. That investment will enable your site to access the complete end-to-end documentation and reporting far more quickly than attempting to recreate the workflow build from the ground up.

3. What institutional issues or roadblocks did you encounter in creating the workflow?

Nordic maintained a close working relationship with the Riverside University Health System, an affiliate of Loma Linda University Health, and their Epic IT staff for testing and validation support but change management processes and IT governance guidelines and approvals are the most common elements at any health care system that can slow progress on similar projects.

4. What is the expected timeline for implementing the Epic HealthySteps turbocharger package?

Every health system is unique, and many factors must be considered for an accurate timeline. Nordic estimates a 2-to-3-month project length from project start to go-live when its consultants lead the implementation; this estimate may be extended where extensive customization requests or specific site needs are scoped into a project plan.

5. What is the cost to use the HealthySteps turbocharger?

There will be no cost to download the HealthySteps turbocharger package or use the workflow and content once it is activated; ZERO TO THREE issues a free license to sites that are in its HealthySteps network. There may be costs associated with properly configuring the HealthySteps workflows in your Epic software as part of the activation process, please consult your IT department or Nordic for more details based on the needs of the sites utilizing the same Epic instance.

6. Does a site need a full time Epic analyst to maintain the workflow?

No. Once the HealthySteps turbocharger package workflow is implemented, very little ongoing maintenance will be necessary. Any future customization requests or additions to the workflow can be completed as standard ticket requests to your health system's Epic team that will maintain the workflow after implementation. You may reach out to Nordic's HealthySteps team by healthysteps@nordicglobal.com or completing the HealthySteps Documentation Submission Form for more information.

7. Does the HealthySteps Turbocharger create new SmartData elements, or would we need to create all of them and then map them all?

Epic collaborated with Nordic and ZERO TO THREE to build out all standardized SmartData elements (SDEs) to are mapped to the HealthySteps SmartForms created. Subsequently, these SDEs will be included in Special Update (SU) releases that must be implemented before the turbocharger package. In this way, the implementation team will not have to create custom SDEs and map them to the documentation SmartForms or HealthySteps dashboard. Going forward, Epic will maintain and update the standardized SDEs as directed by ZERO TO THREE for use in future SU releases as needed.

HealthySteps Workflow

1. Many of our families do not have Smart Phones and/or MyChart for their child, how might they complete universal screenings prior to their visit?

Caregivers with active MyChart accounts can complete universal screens prior to a visit on a computer, laptop, tablet, or mobile phone device. Caregivers may also complete the same universal screens on tablets during the in-office registration process using Epic's Welcome application if they do not have a suitable personal device or MyChart account.

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2. Are the HealthySteps SmartForms informed by other areas of the Epic patient chart?

SmartForm questions can be configured to display information documented in other parts of the patient chart and we have limited examples built into the workflow that were not highlighted in the webinar demonstration. You may wish to evaluate the risks and benefits of pulling more chart information into this workflow and decide to scope that into your implementation as additional custom work, but for the purposes of most sites, a majority of each SmartForms would need to be filled out at least one time for a Tier 2 or 3 patient to ensure accuracy for the HealthySteps Annual Site Reporting guidelines.

3. Are HealthySteps Specialists only completing the SmartForms?

The HealthySteps Specialist complete a mostly structured or discrete documentation workflow, consisting of pre-configured questions and responses that users select in alignment with HealthySteps education content, reporting guidelines and stakeholder input. Limited free-text responses and optional comments may be added by users in the HealthySteps documentation workflow, and it is permissible for traditional, free-text narrative writing in the HealthySteps Specialist note that contains the structured documentation from the encounter. The desire from the design of the workflow is that by having more discrete questions and responses automatically pulled into the HealthySteps note template, that HealthySteps Specialists will not need to write as much free-text information into their final note before signing.

4. Will other staff in the clinic have access to referral tracking and screening portions of the HealthySteps workflow?

Yes, specific users can be given different levels of access to the HealthySteps documentation workflow to aid in documenting or simply review information documented through a SnapShot report. Various aspects of the workflow can be configured to be shared with different user types at the health system and this would be an important customization item to indicate during the project scoping of your implementation with your desired IT team.

5. Does the HealthySteps workflow integrate with UniteUs or other SDOH/Referral platforms?

No, as a base workflow solution, this does not integrate with UniteUs, Signify Health, NowPow, Aunt Bertha, or any third-party social needs platform or referral resource as vendor agreements are customer specific. You can evaluate and pursue an integration as a custom solution in your project scope with your desired IT team.

6. Do responses to Epic's SDOH Wheel show up for patients in the HealthySteps SnapShot Report?

The HealthySteps Snapshot report can be customized to include Epic's Social Determinants of Health (SDOH) wheel responses from other users, but it is not currently configured to display. Please note, that potential social care responses obtained from the HealthySteps SmartForms are

not configured to populate the SDOH Wheel by default. Please consult your IT team for guidance at your organization regarding customizing Epic SDOH domains.

7. Can you see individual patient trends in universal screen responses in the HealthySteps SnapShot Report?

On a patient level, the HealthySteps Snapshot report can be customized to display multiple universal screening responses from past visits in the same view, conveying a trend of responses to a particular series of questions by individual patients over time.

8. How does the workflow help with generating required annual data reporting?

Visual indicators within the HealthySteps SmartForms, such as a small blue vertical line and bolding of the question prompt, correspond to 2022 Annual Site Reporting measures that are impacted by a user response.

Epic HealthySteps Dashboard

1. Is the dashboard part of the HealthySteps Turbocharger package?

Yes! An advanced dashboard was developed using SQL logic to reflect the latest HealthySteps reporting guidelines and it is included with the documentation workflow.

2. Can you see trends in dashboard?

Yes, all metrics provide fiscal year to date (FYTD) measurements that align with the current reporting period and can switch to a comparison view that shows the total measurement for the given metric from the past reporting period. In addition, components comprised of only percentage-based metrics (Universal Screenings component) will display relative percentage changes from the previous period to the current period for trending purposes.

3. Is dashboard setup to answer Annual Site Reporting questions?

The measures in the HealthySteps Dashboard will include all Tier 1, 2 and 3 metrics as defined in the 2022 Annual Site Reporting – Detailed Guidance, as well as some additional operational metrics to help sites improve real time performance of the HealthySteps care model. Visual indicators (a blue vertical line and bolding of the question prompt) have been placed within the HealthySteps SmartForms that indicate that a 2022 Annual Site Reporting measure is impacted by a user response to the question prompt.

In addition, all applicable dashboard metrics that align with a specific ASR requirement with be labeled with a unique identifier (e.g. 'T3-2'). Using this identifier, HealthySteps Specialists can quickly

complete required ASR metrics by finding and transposing the dashboard data for the metric(s) with the matching identifier for the last reporting period.

ZERO TO THREE Support

1. What funding may be available to support the implementation?

HealthySteps sites can look at the state and local level for funding for data systems as well as working with their existing funding sources for additional consideration. Please reach out to Laila Fritz (lfritz@zerotothree.org) for more information about potential costs and sample scope of work documents that can help advance funding requests.

2. What support does the ZERO TO THREE provide?

In addition to providing the workflow training eLearning modules, ZERO TO THREE will be assessing sites for readiness and prioritizing work with Nordic to roll out the Turbocharger package. ZERO TO THREE is available to answer any questions and provide support throughout the process.

3. Should continue using Welly if we adopt the Epic workflow?

ZERO TO THREE does not require but strongly encourages network sites that currently use Welly but have access to Epic software to transition fully to the HealthySteps Epic workflow if possible.

Other Considerations

1. Does the HealthySteps workflow use any Compass Rose functionality?

No, because Epic's Compass Rose module is not universally adopted across all Epic clients, Nordic built the HealthySteps workflow exclusively on the EpicCare Ambulatory suite of tools and functionality, so that every site on Epic can take advantage of the workflow. Some sites may opt to custom build Compass Rose functionality and workflows on top of this base workflow, but it would be important to evaluate the costs and benefits as there may be considerable workflow overlap and additional build necessary to connect to the Epic dashboard metrics for HealthySteps.

2. Our screenings are provided to families in a paper-based format, would screenings still be able to be provided on paper and uploaded to the patient chart?

Yes, paper-based completion of universal screens is still an option and can be scanned to the Media section of the patient's chart in Epic. for reporting purposes, we would recommend that a user is designated to transcribe limited responses from the paper-based screen into an Epic form to capture and track universal screening volume and number of concerns identified most accurately.

3. With respect to the CURES Act, what level of access families have to this information?

This workflow does not specifically address patient access to chart information as they ability for a clinician to share or restrict information is a global system configuration setting that reflects their guidelines on information blocking in accordance with the 2021 CURES act. The same Epic tools that allow a user to share or restrict notes with a patient will function in this workflow as it is configured in your health system's Epic software. Typically, organizations have notes set to release by default and give clinicians the ability to toggle to not share the note manually within the Notes activity. Please consult your health system's Epic team for more information on your current patient information sharing settings.

4. Is all the SmartForm documentation is released to patients?

There is no standard functionality from Epic to conditionally reveal portions of a clinician's note based on which fields were document and only sharing certain parts of the note with a patient while keeping the whole note intact for clinical and billing purposes. Only documented responses from the SmartForms are pulled into the final note with the question prompt; if a question is not answered in the SmartForm, the prompt will not be pulled into the note. You may customize the HealthySteps SmartText template to remove potentially sensitive questions entirely from the note template, but that would impact what would be visible for the patient's care team that reviews HealthySteps Specialist notes in Epic.

5. What if our organization's Epic team leads the implementation and runs into problems?

Nordic can offer limited consulting services to help organizations that implement the HealthySteps Turbocharger package for a fee. Nordic's consultants would be able to advise the implementation team on efforts or troubleshoot and help resolve issues that arise but would not be given access to your organization's Epic instance to perform any build or configuration, nor could be exposed to any potential patient information from a Production or Support environment in the process. Please contact the Nordic HealthySteps team (healthysteps@nordicglobal.com) if you have any questions or need support during your implementation.

Contact for Questions

For additional information, please contact your HealthySteps Training and Technical Assistance Specialist or the Nordic HealthySteps team (healthysteps@nordicglobal.com).

Appendices

Appendix A: HealthySteps Clinical Documentation Content

* – Item that captures a 2022 reporting metric component

Enrollment SmartForm

The Enrollment SmartForm contains information that is useful to capture once or infrequently through the episode of care. Users will be instructed to fill this out at the first visit and then optionally in the future if information changes. The values will persist between visits, so HealthySteps staff will not have to re-document these details each visit.

Caregiver Information

Primary Caregiver Name: <free text>

Primary Caregiver Email: <free text>

Primary Caregiver Contact Phone Number: <free text>

Primary Caregiver Phone Type: Mobile, Home, Other <single select>

Primary Caregiver is Legal Guardian: Yes; No

*Primary Caregiver Relationship: Mother; Father; Grandmother; Grandfather; Great Grandmother; Great Grandfather; Godmother; Godfather; Stepmother; Stepfather; Foster Mother; Foster Father; Uncle; Aunt; Brother; Sister; Cousin; Adoptive Mother; Adoptive Father <single select>

> If Mother >>
>
>> **First Time Mother**: Yes; No <single select>
>>
>>> If No >>
>>>
>>>> **Mother Age (in years) when parenting first child**: <numeric, no decimal>
>>
>> **Mother Age (in Years) at Delivery of Child**: <numeric, no decimal>
>>
>> **Current Teen Mother**: Yes; No <single select>

Primary Caregiver Relationship Status: Single; Married; Partnered-not-married; Separated, Divorced, Widowed <single select>

Primary Caregiver Employment Status: Full Time; Part Time; Short Term Disability; Permanent Disability; Leave of Absence; Student; Retired; Unemployed <single select>

Does Primary Caregiver Report a History of Mental Health Problems? Yes; No <single select>

    If Yes >>

        Mental Health Symptoms: Depression, Anxiety; Mood Disorders; Suicidal Ideation; Suicide Attempts; Violent Ideation <multi select>

Did Caregiver Receive Support from Assistance Programs prior to HealthySteps? Yes; No <single select>

    If Yes >>

        Support Type Received: Adult Education Assistance Programs; Employment Assistance Programs; Family Planning; Financial Assistance; Financial Counseling; Healthcare; Housing Programs; Immigration Support; Legal Services; Nutrition Assistance Programs; Transportation Services; Utility Services; Other (comment) <multi select>

        If Financial Assistance >>

            Financial Assistance Support Received: Cash Assistance; TANF; SSI; SSDI <multi select>

        If Healthcare >>

            Healthcare Support Received: Primary Care; Specialty Care; Dental Care; Insurance <multi select>

        If Housing Programs >>

            Housing Support Received: Government Housing; Homeless Shelter; Transitional Housing <multi select>

        If Nutrition Assistance Programs >>

            Nutrition Support Received: WIC; SNAP; Food Bank; Meal Program; Pantry <multi select>

        If Utility Services >>

            Utility Support Received: Electricity; Gas; Electricity; Telephone; Internet; Water <multi select>

Secondary Caregiver: Yes; No

    If Yes >>

        Secondary Caregiver Name: <free text>

        Secondary Caregiver Email: <free text>

        Secondary Caregiver Contact Phone Number: <free text>

Secondary Caregiver Phone Type: Mobile, Home, Other <single select>

Secondary Caregiver is Legal Guardian: Yes; No

*Secondary Caregiver Relationship: Mother; Father; Grandmother; Grandfather; Great Grandmother; Great Grandfather; Godmother; Godfather; Stepmother; Stepfather; Foster Mother; Foster Father; Uncle; Aunt; Brother; Sister; Cousin; Legal Guardian; Adoptive Mother; Adoptive Father <single select>

>> If Mother >>

>> First Time Mother: Yes; No <single select>

>> If No >>

>> Mother Age (in years) when parenting first child: <numeric, no decimal>

Mother Age (in Years) at Delivery of Patient: <numeric, no decimal>

Current Teen Mother: Yes; No <single select>

Secondary Caregiver Relationship Status: Single; Married; Partnered-not-married; Separated, Divorced, Widowed <single select>

Secondary Caregiver Employment Status: Full Time; Part Time; Short Term Disability; Permanent Disability; Leave of Absence; Student; Retired; Unemployed <single select>

Additional Caregivers: Yes; No

>> If Yes >>

Tertiary Caregiver Name: <free text>

Tertiary Caregiver Email: <free text>

Tertiary Caregiver Contact Phone Number: <free text>

Tertiary Caregiver Phone Type: Mobile, Home, Other <single select>

Tertiary Caregiver is Legal Guardian: Yes; No

*Tertiary Caregiver Relationship: Mother; Father; Grandmother; Grandfather; Great Grandmother; Great Grandfather; Godmother; Godfather; Stepmother; Stepfather; Foster Mother; Foster Father; Uncle; Aunt; Brother; Sister; Cousin; Legal Guardian; Adoptive Mother; Adoptive Father <single select>

If Mother >>

First Time Mother: Yes; No <single select>

If No >>

Mother Age (in years) when parenting first child: <numeric, no decimal>

Mother Age (in Years) at Delivery of Current Child: <numeric, no decimal>

Current Teen Mother: Yes; No <single select>

Tertiary Caregiver Relationship Status: Single; Married; Partnered-not-married; Separated, Divorced, Widowed <single select>

Tertiary Caregiver Employment Status: Full Time; Part Time; Short Term Disability; Permanent Disability; Leave of Absence; Student; Retired; Unemployed

Child Information

*Insurance Coverage: Medicaid/CHIP; TRICARE; State Public Health Program; Commercial/Private; No Insurance/Self-Pay; Unknown; Other (comment) <single select>

*Preterm Birth Status: Preterm (< 37 Weeks); Term (37+ Weeks); Unknown <single select>

Birth Weight: Normal (> 5.5 lbs.); Low (3.3 - 5.5 lbs.); Very Low (< 3.3 lbs.); Unknown <single select>

Primary Language Spoken in Home: English; Spanish; Chinese; Tagalog; Vietnamese; Arabic; French; German; Korean; Hindi; Portuguese; Russian; Japanese; Other (comment) <single select>

Multiple Languages Spoken in Home: Yes; No <single select>

If Yes >>

Secondary Language Spoken in Home: English; Spanish; Chinese; Tagalog; Vietnamese; Arabic; French; German; Korean; Hindi; Portuguese; Russian; Japanese; Other <single select>

If Other >>

Other Secondary Language: <free text>

The Visit Assessment SmartForm contains information that will capture the heart of each visit with a family. Users will be instructed to fill this out for every visit and all their documentation in this from will flow into their final note. The form will be a clean sheet each visit and timestamped for the date/time when information was saved, allowing for comparison and trending of data over time.

Caregiver Assessment

Caregiver(s) in Attendance: Primary; Secondary; Tertiary; Additional <multi select>

> If Additional >>

>> **Additional Caregiver Name**: <free text>

>> **Legal Guardian**: Yes; No

>> ***Additional Caregiver Relationship**: Mother; Father; Grandmother; Grandfather; Godmother; Godfather; Stepmother; Stepfather; Foster Mother; Foster Father; Uncle; Aunt; Brother; Sister; Cousin; Legal Guardian; Adoptive Mother; Adoptive Father <single select>

Universal Screen Concerns: Yes; No <single select>

> If Yes >>

>> *Universal Screen Concerns Source*: ACES; ASQ; BPSC; Edinburgh; GAD; HealthySteps Family Needs; M-CHAT R; PHQ; PPSC; Protective Factors; SEEK; SDOH <multi select>

Provider Reported Concerns: Yes; No <single select>

> If Yes >>

>> **Provider Concerns Reported**: General Behavior; Financial Situation; Coping Responses; Abuse; Stress Factors; Limitations of Care; Parenting Issues; Abnormal Screens; Family Disruptions; Substance Use; Mental Health; Foster Care; Treatment Non-Compliance; Other (comment) <multi select>

Caregiver Reported Concerns: Yes; No <single select>

> If Yes >>

>> **Child Concerns Reported**: Abuse/Trauma; Developmental Delays; Feeding; Sleep; Toileting; Social/Emotional Behaviors; None; Other <multi select>

>>> If Developmental Delays >>

Developmental Delay Concern: Gross Motor; Fine Motor; Language/Communication, Sensory Processing; personal/social; problem solving; Other (comment) <multi select>

If Social/Emotional Behaviors>>

Social/Emotional Behavior Concern: Aggression; Autism; Depression; Fear; General Anxiety; Tantrums; Temperament; Separation Anxiety; Stranger Anxiety; Other (comment) <multi select>

If Abuse/Trauma >>

Abuse/Trauma Type: Emotional Abuse; Physical Abuse; Sexual Abuse; Household Dysfunction; Neglect; Other Trauma <multi select>

Does Child Display Any Abuse/Trauma Related Symptoms? Yes; No <single select>

If Yes >>

Child Trauma Symptoms: Increased Crying; Increased Clinginess; Increased Fear of Separation; Withdrawal; Low Play Engagement; Aggressive Behavior; Sleep Disturbances; Eating Habit Changes; Toileting Behavior Changes; Behavioral Regression; Other (comment) <multi select>

Family Concerns Reported: Abuse/Trauma; Childcare; Employment; Food Insecurity; Family Changes/Stressors; Family Planning; Financial Strain; Housing; Immigration Status; Resource Referral; Substance Misuse; Stress Management; Transportation; None; Other (comment) <multi select>

If Abuse/Trauma >>

Abuse/Trauma Type: Emotional Abuse; Physical Abuse; Sexual Abuse; Domestic Violence; Household Dysfunction; Neglect; Other Trauma <multi select>

If Emotional Abuse, Physical Abuse or Domestic Violence >>

Does Child Display Any Trauma Related Symptoms? Yes; No <single select>

If Yes >>

Child Trauma Symptoms: Increased Crying; Increased Clinginess; Increased

Fear of Separation; Withdrawal; Low Play Engagement; Aggressive Behavior; Sleep Disturbances; Eating Habit Changes; Toileting Behavior Changes; Behavioral Regression; Other (comment) <multi select>

If Domestic Violence >>

Was Child Present During Incident? Yes; No <single select>

If Yes >>

Display "Follow your organizational practice guidelines for reporting incidents to CPS" banner

If Family Changes/Stressors >>

Family Changes/Stressor Concern: Accident/Injury; Caregiver Absence; Co-Parenting Challenges; Custody Dispute; Death; Caregiver Separation; Safety; Sibling Relationship; Transition/Adjustment; Other (comment) <multi select>

If Transition/Adjustment >>

Transition/Adjustment Concern: New Sibling; New Childcare; New Caregiver/Caregiver; Moving/Relocation; Other (comment) <multi select>

If Caregiver Absence >>

Caregiver Absence Concern: Abandonment; Hospitalization; Incarceration; Military Deployment; Other (comment) <multi select>

If Family Planning >>

Family Planning Concern: Adoption; Birth Control Methods; Healthy Birth Spacing; Other (comment) <multi select>

Does Caregiver Report Any Recent Mental Health Symptoms? Yes; No <single select>

If Yes >>

Recent Mental Health Symptoms: Anxiety; Baby Blues; Depression; Homicidal Ideation; Overwhelmed; Suicidal Ideation; Other (comment)

If Homicidal Ideation or Suicidal Ideation >>

Referred to: Emergency Department; 911/EMS; Crisis Intervention Service; Other (comment) <multi select>

Display "Follow your organizational practice guidelines for reporting/handling suicidal or homicidal ideation" banner

Does Caregiver Report Any Recent Physical Health Symptoms? Yes; No <single select>

If Yes >>

Referred to: Emergency Department; Urgent Care; PCP; Specialty; Other (comment) <multi select>

Does Caregiver Report Any Recent Traumatic Experiences? Yes; No <single select>

Change Readiness

Recommendation
This section supports billing requirements for some HealthySteps professionals and may be considered optional for sites that choose not to bill professional fees for psychological assessments. This section will conditionally appear if a concern is noted in the Caregiver assessment above.

Caregiver Change Model Stage: Precontemplation; Contemplation; Preparation; Action; Maintenance; Termination <single select>

Caregiver Strengths: Personal Finances/Resources; Insurance Coverage; Strong Support System; Community Resource Utilization; Reliable Transportation; Self-Advocate; Personal Faith; Initiative; Eagerness to Learn; Collaborative; Persistence; Organization; Adheres to Treatment Plans; Secure Employment; Strong Foundational Education; Strong Relationship with Co-Caregiver; Mental Health; Coping Skills; Open to Support; <multi select>

Dyadic Strengths: Contingent and Empathetic Response; Joint Attention; Family Support; Playful <multi select>

Child Assessment

Patient had a Recent Dental Exam: Yes; No <single select>

If Yes >>

Last Dental Exam Date: <date>

Is child fed breastmilk at least once per day? Yes; No <single select>

If No >>

Reasons: Caregiver Preference, Weaned; Latching, Low Breastmilk Production, Pumping, Teething, Return to Work, Foster Care; Medical Condition(s); Other (comment) <multi select>

Primary Nutrition Source: Breastmilk; Dairy Milk; Non-Dairy Milk; Formula; Other (comment) <multi select>

If Formula >>

How does caregiver acquire formula? WIC; Insurance; Self-Pay <multi select>

If Insurance >>

Receiving Formula by Pharmacy? Yes; No <single select>

If Yes >>

Pharmacy Name: Delta; Shield; Other (comment) <single select>

Formula Type: Enfamil; Enfamil Infant; Enfamil Gentlease; Enfamile ProSobee; Enfamil A.R.; Enfamil Reguline; Enfamil EnfaCare; Enfamil NeuroPro Enfacare; Nutramigen; PediaSure; Similac; Similar NeoSure; Similac Alimentum; Other (comment) <multi select>

Age-Related Development: Within Normal Limits; Potential Concern; Concern Present <single select>

If Potential Concern >>

Potential Concern: Gross Motor; Fine Motor; Cognitive; Expressive Verbal Language; Expressive Non-Verbal Language; Receptive Language; Play Skills; Social/Emotional; Problem Solving; Other (comment) <multi select>

If <choice above> >>

Gross Motor Potential Concern: <free text>

Fine Motor Potential Concern: <free text>

Cognitive Potential Concern: <free text>

Expressive Verbal Language Potential Concern: <free text>

Expressive Non-Verbal Language Potential Concern: <free text>

Receptive Language Potential Concern: <free text>

Play Skills Potential Concern: <free text>

Social/Emotional Potential Concern: <free text>

Problem Solving Potential Concern: <free text>

If Concern Present >>

Concern Present: Gross Motor; Fine Motor; Cognitive; Expressive Verbal Language; Expressive Non-Verbal Language; Receptive Language; Play Skills; Social/Emotional; Problem Solving; Other (comment) <multi select>

If <choice above> >>

Gross Motor Concern: <free text>

Fine Motor Concern: <free text>

Cognitive Concern: <free text>

Expressive Verbal Language Concern: <free text>

Expressive Non-Verbal Language Concern: <free text>

Receptive Language Concern: <free text>

Play Skills Concern: <free text>

Social/Emotional Concern: <free text>

Problem Solving Concern: <free text>

Dyad Assessment

Note: *This section is configured only to display a specified set of questions in the Visit Assessment SmartForm based on the date the clinician is in the patient chart relative to the date of birth. The well-child visit interval documentation section that corresponds to the child's present age at the time of visit is presented to the HealthySteps Specialist according to the table below.*

Well-child visit	Minimum Age	Maximum Age
Newborn	DOB + 0 Days	DOB + 30 Days
1 Month	DOB + 31 Days	DOB + 61 Days
2 Month	DOB + 62 Days	DOB + 121 Days
4 Month	DOB + 122 Days	DOB + 182 Days
6 Month	DOB + 183 Days	DOB + 273 Days

9 Month	DOB + 274 Days	DOB + 364 Days
12 Month	DOB + 365 Days	DOB + 455 Days
15 Month	DOB + 456 Days	DOB + 546 Days
18 Month	DOB + 547 Days	DOB + 729 Days
24 Month	DOB + 730 Days	DOB + 912 Days
30 Month	DOB + 913 Days	DOB + 1094 Days
36 Month	DOB + 1095 Days	DOB + 1825 Days

Rule configuration logic that evaluates the current date against the date of birth to present age-appropriate Dyadic assessment questions

* – indicates a concern for the HealthySteps Specialist to explore in more detail

Newborn

Caregiver responsiveness? Yes; *****No; Not Observed <single select>

Caregiver makes negative attributions or projections about baby? *****Yes; No; Not Observed <single select>

Baby responds to caregiver? Yes; *****No; Not Observed <single select>

1 Month

Caregiver responsiveness? Yes; *****No; Not Observed <single select>

Caregiver makes negative attributions or projections about baby? *****Yes; No; Not Observed <single select>

Baby shows interest and pleasure in interactions with caregiver? Yes; *****No; Not Observed <single select>

Caregiver has techniques to support periods of baby fussiness? Yes; *****No; Not Observed <single select>

2 Month

Caregiver engages in serve and return or play interactions? Yes; *****No; Not Observed <single select>

Caregiver makes negative attributions or projections about baby? *****Yes; No; Not Observed <single select>

Baby shows interest and pleasure in interactions with caregiver? Yes; *****No; Not Observed <single select>

Caregiver has techniques to support periods of baby fussiness? Yes; *****No; Not Observed <single select>

4 Month

Caregiver engages in serve and return or play interactions? Yes; *No; Not Observed <single select>

Caregiver makes negative attributions or projections about baby? *Yes; No; Not Observed <single select>

Baby shows interest and pleasure in interactions with caregiver? Yes; *No; Not Observed <single select>

Caregiver has techniques to support periods of baby fussiness? Yes; *No; Not Observed <single select>

6 Month

Caregiver engages in serve and return or play interactions? Yes; *No; Not Observed <single select>

Caregiver makes negative attributions or projections about baby? *Yes; No; Not Observed <single select>

Baby shows interest and pleasure in interactions with caregiver? Yes; *No; Not Observed <single select>

9 Month

Caregiver engages in serve and return or play interactions? Yes; *No; Not Observed <single select>

Caregiver makes negative attributions or projections about baby? *Yes; No; Not Observed <single select>

Baby shows interest and pleasure in interactions with caregiver? Yes; *No; Not Observed <single select>

12 Month

Caregiver engages in serve and return or play interactions? Yes; *No; Not Observed <single select>

Caregiver makes negative attributions or projections about baby? *Yes; No; Not Observed <single select>

Baby shows interest and pleasure in interactions with caregiver? Yes; *No; Not Observed <single select>

15 Month

Caregiver engages in serve and return or play interactions? Yes; *No; Not Observed <single select>

Caregiver uses positive parenting strategies such as distraction or redirection? Yes; *No; Not Observed <single select>

Toddler shows interest and pleasure in interactions with caregiver? Yes; *No; Not Observed <single select>

Caregiver encourages toddler curiosity? Yes; *No; Not Observed <single select>

Caregiver labels toddler feelings when observed? Yes; *No; Not Observed <single select>

18 Month

Caregiver asks toddler questions and engages in conversation? Yes; *No; Not Observed <single select>

Caregiver uses positive parenting strategies such as distraction or redirection? Yes; *No; Not Observed <single select>

Toddler shows affection toward caregiver with reciprocation? Yes; *No; Not Observed <single select>

Caregiver encourages toddler curiosity? Yes; *No; Not Observed <single select>

Caregiver labels toddler feelings when observed? Yes; *No; Not Observed <single select>

24 Month

Caregiver asks toddler questions and engages in conversation? Yes; *No; Not Observed <single select>

Caregiver uses positive parenting strategies such as distraction or redirection? Yes; *No; Not Observed <single select>

Toddler shows affection toward caregiver with reciprocation? Yes; *No; Not Observed <single select>

Caregiver encourages toddler curiosity? Yes; *No; Not Observed <single select>

Caregiver labels toddler feelings when observed? Yes; *No; Not Observed <single select>

30 Month

Caregiver asks child questions and engages in conversation? Yes; *No; Not Observed <single select>

Caregiver uses positive parenting strategies such as distraction or redirection? Yes; *No; Not Observed <single select>

Child shows affection toward caregiver with reciprocation? Yes; *No; Not Observed <single select>

Caregiver encourages child curiosity? Yes; *No; Not Observed <single select>

Caregiver labels child feelings when observed? Yes; *No; Not Observed <single select>

36 Month

Caregiver asks child questions and engages in conversation? Yes; *No; Not Observed <single select>

Caregiver uses positive parenting strategies such as distraction or redirection? Yes; *No; Not Observed <single select>

Child shows affection toward caregiver with reciprocation? Yes; *No; Not Observed <single select>

Caregiver encourages child curiosity? Yes; *No; Not Observed <single select>

Caregiver labels child feelings when observed? Yes; *No; Not Observed <single select>

Interventions

HealthySteps Specialist Interventions: Anticipatory Guidance; Education Materials; Motivational Interviewing; Psychoeducation; Child-Caregiver Therapy; Referral(s) <multi select>

> If Referrals >>

>> *Display "Please document the specific referrals given to the patient or caregiver in the Referral Tracking SmartForm" banner*

> If Anticipatory Guidance >>

>> *Display "Anticipatory Guidance is education that you provide to caregivers as a preventative measure or to inform of typical development, behavior, and common challenges" banner*

>> **Anticipatory Guidance Topics:** Attachment; Caregiver Mental Health; Child Care; Colic/Gas; Dental Needs; Developmental Guidance; Early Learning Environments; Family Planning; Feeding; Myths/Misperceptions; Pacifier Usage; Positive Parenting Guidance; Routines; Safety; Screen Time; Separation Anxiety & Saying Goodbye; Sexual Development; Sleep; Stranger Anxiety; Teething; Temperament; Toilet Learning; Water Safety; Weaning <multi select>

>>> If Caregiver Mental Health >>

>>>> **Caregiver Mental Health Topics:** Depression (PPD); Anxiety; Baby Blues <multi select>

>>> If Feeding >>

>>>> **Feeding Topics:** Bottle Feeding; Breastfeeding; Developmental-Related Feeding; Introducing Solid Foods; Pickiness; Preference for

Liquids/Rejecting of Solids; Weaning from Bottle; Weaning from Breast <multi select>

If Positive Parenting Guidance >>

*Positive Parenting Guidance Topics: Promoting Self-Reflection; Promoting Self-Control; Mindfulness Practices/Strategies; Responding to Tantrums; Aggression; Sharing; Whining; Age-Appropriate Limit Setting; Fussiness/Soothing; Finding Joy/Celebrate Child; Normalize Typical Behaviors; Normalize Stress/Frustration; Seeking Support; Caregiveral Reflective Functioning; Daily Routines; Baby Led Play; Transitions; Saying "No"; Biting; Time Outs; Lying; Sibling Relationships <multi select>

If Sexual Development >>

Sexual Development Topics: Gender Identity; Masturbation; Self-Touching; Exploration <multi select>

If Education Materials >>

*Education Materials Provided: Early Learning Topic Handout; Parenting Resources; What's Up Handout <multi select>

If Early Learning Topic Handout >>

*Early Learning Topic Handouts: Newborn Visit; Guidance – Newborn Visit; Guidance – 4-36 Month Visits; 4-Month Visit; 6-Month Visit; 9-Month Visit; 12-Month Visit; 15-Month Visit; 18-Month Visit; 24-Month Visit; 30-Month Visit; 36-Month Visit; Child Care; Early Literacy; Early Math & Science; Language & Communication; Play; Reach Out & Read; School Readiness; Screen Time; Social Skills <multi select>

If Parenting Resources >>

*Parenting Resource Handouts: 01 Breastfeeding Basics; 02 Newborn Crying; 03 Newborn Sleep; 08 Temperament; 09 Temperament Tool for HSS; 10 Daily Routines; 11 Child Care; 12 Sleep Advice; 13 Sleep Training Guidelines; 15 Getting Moving Crawling; 16x16 Gestures; 18 Sharing; 19 When Your Child Says No; 20 Pointing Joint Attention; 21 Temper Tantrums; 22 Limit Setting; 23 Biting; 25 Feeding Your Toddler; 26 Bedtime for Toddlers; 27 Toddler Language; 28 Loveys;

30 Time In Time Out; 31 Nightmares Night Terrors; 32 Toilet Readiness; 33 Toilet Learning; 36 Sexual Health Safety <multi select>

If What's Up Handout >>

What's Up Handouts: Newborn Visit; 1-Month Visit; 2-Month Visit; 4-Month Visit; 6-Month Visit; 9-Month Visit; 12-Month Visit; 15-Month Visit; 18-Month Visit; 24-Month Visit; 30-Month Visit; 36-Month Visit <multi select>

If Psychoeducation>>

<u>Psychoeducation</u>

Display "Psychoeducation is providing education and information using reflective discussions about areas of expressed and potential concern" banner

Psychoeducation Topics: ACEs; Anxiety; Attachment; Caregiver Mental Health; Child Care; Child Mental Health; Colic/Gas; Continuity of Care; Depression; Developmental Guidance; Early Intervention Programs; Early Learning Environments; Feeding; Family Planning HealthySteps Program Overview; Generalized Anxiety; Mindfulness; Myths/Misperceptions; Pacifier Usage; Positive Parenting Guidance; Routines; Safety; Screen Time; Separation Anxiety & Saying Goodbye; Serve and Return Nature of Brain

Development; Sexual Development; Sleep; Social Needs; Stranger Anxiety; Teething; Temperament; Toilet Learning; Trauma; Water Safety; Weaning <multi select>

If Caregiver Mental Health >>

Caregiver Mental Health Topics: Depression (PPD); Anxiety; Baby Blues <multi select>

If Early Intervention Programs >>

Early Intervention Programs: Overview/Systems Navigation; Occupational Therapy; Physical Therapy; Speech Therapy; Feeding Therapy; Special Instruction; Psychological Eval for ASD; ABA Therapy; <multi select>

If Feeding >>

Feeding Topics: Bottle Feeding; Breastfeeding; Developmental-Related Feeding; Introducing Solid Foods; Pickiness; Preference for Liquids/Rejecting of Solids; Weaning from Bottle; Weaning from Breast <multi select>

If Positive Parenting Guidance >>

*Positive Parenting Guidance Topics:** Promoting Self-Reflection; Promoting Self-Control; Mindfulness Practices/Strategies; Responding to Tantrums; Aggression; Sharing; Whining; Age-Appropriate Limit Setting; Fussiness/Soothing; Finding Joy/Celebrate Child; Normalize Typical Behaviors; Normalize Stress/Frustration; Seeking Support; Caregiveral Reflective Functioning; Daily Routines; Baby-Led Play; Transitions; Saying "No"; Biting; Time Outs; Lying; Sibling Relationships <multi select>

If Sexual Development >>

Sexual Development Topics: Gender Identity; Masturbation; Self-Touching; Exploration <multi select>

If Social Needs >>

Social Need Topics: Caregiver Absence; Caregiver Education & Employment; Interpersonal Violence; Financial Issues; Food Insecurity; Gun Safety; Healthcare Access; Housing; Immigration Status; Neighborhood/Physical Environment ; Smoking; Social Supports; Substance Misuse; Transportation <multi select>

If Child-Caregiver Therapy >>

Child-Caregiver Therapy: Child-Caregiver Psychotherapy (CPP); Caregiver-Child Interaction Therapy (PCIT); Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) <multi select>

Visit Details

Encounter Type: Well-child visit; HSS Consult (Initial Visit); HSS Consult (Follow Up Visit); Family Support Line; Other <single select>

If Well-child visit >>

*Team Based Well-child visit: Newborn; 2 weeks; 1 month; 2 months; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; 21 months; 24 months; 30 months; 36 months <single select>

*Team Based Visit: Yes; No <single select>

If Support Line >>

*Family Support Line Call Date: < date >

Inquiry Method: In Person; Phone; Text; Email; Online Portal <single select>

*HealthySteps Return Call Date: < date >

If Other >>

Visit Reason: <free text>

Start Time: <time field>

End Time: <time field>

Visit Duration (minutes): <numerical value>

Build Tip
Visit Duration (minutes) is automatically calculated based on the Start Time and End Time entries.

Referrals SmartForm

Like the Enrollment SmartForm, the Referrals SmartForm is a patient-level form that saves data across encounters so pertinent details can be reviewed & updated at each visit. Conditional branching logic (nested fields) will not clear previously selected values if collapsed; users must manually remove values to clear referral information or manually replace values if additional referrals of the same type are provided for the same patient/caregiver.

Referrals

*Family Needs: Adult Education Assistance Programs; Employment Assistance Programs; Family Planning; Financial Assistance; Healthcare; Home Visiting Service; Housing Programs; Immigration Support; Lactation Service; Legal Services; Nutrition Assistance Programs; Transportation Services; Utility Services <multi select>

If Adult Education Assistance Programs >>

*Adult Education Assistance Program Referral Date: mm/dd/yyyy <date selector>

*Adult Education Assistance Program Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Adult Education Assistance Program Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Employment Assistance Programs >>

*Employment Assistance Program Referral Date: mm/dd/yyyy <date selector>

*Employment Assistance Program Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Employment Assistance Program Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Family Planning >>

*Family Planning Referral Date: mm/dd/yyyy <date selector>

*Family Planning Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Family Planning Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Financial Assistance >>

*Financial Assistance Type: TANF; SSI; SSDI; Cash Assistance

If TANF >>

*TANF Referral Date: mm/dd/yyyy <date selector>

*TANF Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*TANF Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If SSI >>

*Social Security Income Referral Date: mm/dd/yyyy <date selector>

*Social Security Income Outcome Date: mm/dd/yyyy <date selector>

*Social Security Income Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If SSDI >>

*Social Security Disability Income Referral Date: mm/dd/yyyy <date selector>

*Social Security Disability Income Outcome Date: mm/dd/yyyy <date selector>

*Social Security Disability Income Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Cash Assistance >>

*Cash Assistance Referral Date: mm/dd/yyyy <date selector>

*Cash Assistance Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Cash Assistance Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Healthcare Services >>

*Healthcare Services Type: Primary Care; Specialty Care; Dental Care, Insurance <multi select>

If Primary Care >>

*Primary Care Referral Date: mm/dd/yyyy <date selector>

*Primary Care Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Primary Care Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Specialty Care >>

*Specialty Care Referral Date: mm/dd/yyyy <date selector>

*Specialty Care Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Specialty Care Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Dental Care >>

*Dental Care Referral Date: mm/dd/yyyy <date selector>

*Dental Care Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Dental Care Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Insurance Services >>

*Insurance Services Referral Date: mm/dd/yyyy <date selector>

*Insurance Services Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Insurance Services Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Home Visiting Service >>

*Home Visiting Service Referral Date: mm/dd/yyyy <date selector>

*Home Visiting Service Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Home Visiting Service Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Housing Programs >>

*Housing Program Type: Government Housing; Homeless Shelter; Private Housing <multi select>

If Government Housing >>

*Government Housing Referral Date: mm/dd/yyyy <date selector>

*Government Housing Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Government Housing Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Homeless Shelter >>

*Homeless Shelter Referral Date: mm/dd/yyyy <date selector>

*Homeless Shelter Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Homeless Shelter Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Private Housing >>

*Private Housing Referral Date: mm/dd/yyyy <date selector>

*Private Housing Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Private Housing Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Immigration Support >>

*Immigration Support Referral Date: mm/dd/yyyy <date selector>

*Immigration Support Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Immigration Support Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Legal Services >>

*Legal Services Referral Date: mm/dd/yyyy <date selector>

*Legal Services Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Legal Services Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Nutrition Assistance Programs >>

*Nutrition Assistance Program Type: WIC; SNAP; Food Bank; Meal Program; Pantry <multi select>

If WIC >>

*WIC Referral Date: mm/dd/yyyy <date selector>

*WIC Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*WIC Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If SNAP >>

*SNAP Referral Date: mm/dd/yyyy <date selector>

*SNAP Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*SNAP Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Food Bank >>

*Food Bank Referral Date: mm/dd/yyyy <date selector>

*Food Bank Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Food Bank Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Meal Program >>

*Meal Program Referral Date: mm/dd/yyyy <date selector>

*Meal Program Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Meal Program Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Pantry >>

*Pantry Referral Date: mm/dd/yyyy <date selector>

*Pantry Program Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Pantry Program Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Transportation Services >>

*Transportation Services Referral Date: mm/dd/yyyy <date selector>

*Transportation Services Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Transportation Services Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Utility Services >>

*Utility Services Type: Electricity; Gas; Gas & Electricity; Telephone & Internet; Water <multi select>

If Electricity >>

*Electricity Referral Date: mm/dd/yyyy <date selector>

*Electricity Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Electricity Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Gas >>

*Gas Referral Date: mm/dd/yyyy <date selector>

*Gas Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Gas Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Gas & Electricity >>

*Gas & Electricity Referral Date: mm/dd/yyyy <date selector>

*Gas & Electricity Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Gas & Electricity Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Telephone & Internet >>

*Telephone & Internet Referral Date: mm/dd/yyyy <date selector>

*Telephone & Internet Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Telephone & Internet Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Water >>

*Water Referral Date: mm/dd/yyyy <date selector>

Water Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

Water Referral Outcome: Assessed; Not Assessed; Received Services <single select>

Child Care & Early Education: Child Care; Early Head Start; Head Start; Preschool; Pre-Kindergarten; Early Literacy Program; Parenting Groups; Socialization Groups; Other <multi select>

If Child Care >>

Child Care Referral Date: mm/dd/yyyy <date selector>

Child Care Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

Child Care Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Early Head Start >>

Early Head Start Referral Date: mm/dd/yyyy <date selector>

Early Head Start Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

Early Head Start Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Head Start >>

Head Start Referral Date: mm/dd/yyyy <date selector>

Head Start Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

Head Start Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Preschool>>

Preschool Referral Date: mm/dd/yyyy <date selector>

Preschool Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

Preschool Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Pre-Kindergarten >>

Pre-Kindergarten Referral Date: mm/dd/yyyy <date selector>

*Pre-Kindergarten Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Pre-Kindergarten Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Early Literacy Program >>

*Early Literacy Program Referral Date: mm/dd/yyyy <date selector>

*Early Literacy Program Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Early Literacy Program Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Parenting Groups >>

*Parenting Group Referral Date: mm/dd/yyyy <date selector>

*Parenting Group Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Parenting Group Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Socialization Groups >>

*Socialization Group Referral Date: mm/dd/yyyy <date selector>

*Socialization Group Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Socialization Group Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Other >>

*Other Child Care & Early Education: <free text>

*Other Child Care & Early Education Referral Date: mm/dd/yyyy <date selector>

*Other Child Care & Early Education Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Other Child Care & Early Education Referral Outcome: Assessed; Not Assessed; Received Services <single select>

*Early Intervention Services: Early Start Program; Occupational Therapy; Physical Therapy; Speech Therapy; Audiology; Developmental Intervention; Feeding Therapy; Psychological Evaluation; Applied Behavior Analysis (ABA); Autism Spectrum Disorder; Other <multi select>

    If Early Start Program >>

        *Early Start Program Referral Date: mm/dd/yyyy <date selector>

        *Early Start Program Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

        *Early Start Program Referral Outcome: Assessed; Not Assessed; Received Services <single select>

        *Early Start Program Referral Assessed Date: mm/dd/yyyy <date selector>

        *Early Start Program Referral Received Services Date: mm/dd/yyyy <date selector>

    If Physical Therapy >>

        *Physical Therapy Referral Date: mm/dd/yyyy <date selector>

        *Physical Therapy Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

        *Physical Therapy Referral Outcome: Assessed; Not Assessed; Received Services <single select>

        *Physical Therapy Referral Assessed Date: mm/dd/yyyy <date selector>

        *Physical Therapy Referral Received Services Date: mm/dd/yyyy <date selector>

    If Speech Therapy >>

        *Speech Therapy Referral Date: mm/dd/yyyy <date selector>

        *Speech Therapy Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

        *Speech Therapy Referral Outcome: Assessed; Not Assessed; Received Services <single select>

        *Speech Therapy Referral Assessed Date: mm/dd/yyyy <date selector>

        *Speech Therapy Referral Received Services Date: mm/dd/yyyy <date selector>

    If Occupational Therapy >>

        *Occupational Therapy Referral Date: mm/dd/yyyy <date selector>

        *Occupational Therapy Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Occupational Therapy Referral Outcome: Assessed; Not Assessed; Received Services <single select>

*Occupational Therapy Referral Assessed Date: mm/dd/yyyy <date selector>

*Occupational Therapy Referral Received Services Date: mm/dd/yyyy <date selector>

If Audiology >>

*Audiology Referral Date: mm/dd/yyyy <date selector>

*Audiology Therapy Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Audiology Therapy Referral Outcome: Assessed; Not Assessed; Received Services <single select>

*Audiology Therapy Referral Assessed Date: mm/dd/yyyy <date selector>

*Audiology Therapy Referral Received Services Date: mm/dd/yyyy <date selector>

If Developmental Intervention >>

*Developmental Intervention Referral Date: mm/dd/yyyy <date selector>

*Developmental Intervention Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Developmental Intervention Referral Outcome: Assessed; Not Assessed; Received Services <single select>

*Developmental Intervention Referral Assessed Date: mm/dd/yyyy <date selector>

*Developmental Intervention Referral Received Services Date: mm/dd/yyyy <date selector>

If Feeding Therapy >>

*Feeding Therapy Referral Date: mm/dd/yyyy <date selector>

*Feeding Therapy Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Feeding Therapy Referral Outcome: Assessed; Not Assessed; Received Services <single select>

*Feeding Therapy Referral Assessed Date: mm/dd/yyyy <date selector>

*Feeding Therapy Referral Received Services Date: mm/dd/yyyy <date selector>

If Psychological Evaluation >>

*Psychological Evaluation Referral Date: mm/dd/yyyy <date selector>

*Psychological Evaluation Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Psychological Evaluation Referral Outcome: Assessed; Not Assessed; Received Services <single select>

*Psychological Evaluation Referral Assessed Date: mm/dd/yyyy <date selector>

*Psychological Evaluation Referral Received Services Date: mm/dd/yyyy <date selector>

If Applied Behavior Analysis (ABA) >>

*Applied Behavior Analysis (ABA) Referral Date: mm/dd/yyyy <date selector>

*Applied Behavior Analysis (ABA) Referral Outcome: Assessed; Not Assessed; Received Services <single select>

*Applied Behavior Analysis (ABA) Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Applied Behavior Analysis (ABA) Referral Assessed Date: mm/dd/yyyy <date selector>

*Applied Behavior Analysis (ABA) Referral Received Services Date: mm/dd/yyyy <date selector>

If Autism Spectrum Disorder >>

*Autism Spectrum Disorder Referral Date: mm/dd/yyyy <date selector>

*Autism Spectrum Disorder Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Autism Spectrum Disorder Referral Outcome: Assessed; Not Assessed; Received Services <single select>

*Autism Spectrum Disorder Referral Assessed Date: mm/dd/yyyy <date selector>

*Autism Spectrum Disorder Referral Received Services Date: mm/dd/yyyy <date selector>

If Other >>

*Other Early Intervention Service Provider: <free text>

*Other Early Intervention Service Referral Date: mm/dd/yyyy <date selector>

*Other Early Intervention Service Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Other Early Intervention Service Referral Outcome: Assessed; Not Assessed; Received Services <single select>

*Other Early Intervention Service Referral Assessed Date: mm/dd/yyyy <date selector>

*Other Early Intervention Service Referral Received Services Date: mm/dd/yyyy <date selector>

*Family/Child Advocacy: Caregiver Mental Health; Child Mental Health; Child Advocacy Center (CAC); Child Protective Services (CPS); Public Family/Children Services; Crisis Intervention; Intimate Partner Violence; Maternal Depression; Substance Use Program; Smoking Cessation Program <multi select>

If Caregiver Mental Health >>

*Caregiver Mental Health Referral Date: mm/dd/yyyy <date selector>

*Caregiver Mental Health Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Caregiver Mental Health Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Child Mental Health >>

*Child Mental Health Referral Date: mm/dd/yyyy <date selector>

*Child Mental Health Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Child Mental Health Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Child Advocacy Center (CAC) >>

*Child Advocacy Center (CAC) Referral Date: mm/dd/yyyy <date selector>

*Child Advocacy Center (CAC) Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Child Advocacy Center (CAC) Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Child Protective Services (CPS) >>

> ***Child Protective Services (CPS) Referral Date**: mm/dd/yyyy <date selector>

> ***Child Protective Services (CPS) Referral HSS Initial Follow-Up Date**: mm/dd/yyyy <date selector>

> ***Child Protective Services (CPS) Referral Outcome**: Assessed; Not Assessed; Received Services <single select>

If Public Family/Children Services >>

> ***Public Family/Children Services Referral Date**: mm/dd/yyyy <date selector>

> ***Public Family/Children Services Referral HSS Initial Follow-Up Date**: mm/dd/yyyy <date selector>

> ***Public Family/Children Services Referral Outcome**: Assessed; Not Assessed; Received Services <single select>

If Crisis Intervention >>

> ***Crisis Intervention Referral Date**: mm/dd/yyyy <date selector>

> ***Crisis Intervention Referral HSS Initial Follow-Up Date**: mm/dd/yyyy <date selector>

> ***Crisis Intervention Referral Outcome**: Assessed; Not Assessed; Received Services <single select>

If Intimate Partner Violence >>

> ***Intimate Partner Violence Referral Date**: mm/dd/yyyy <date selector>

> ***Intimate Partner Violence Referral HSS Initial Follow-Up Date**: mm/dd/yyyy <date selector>

> ***Intimate Partner Violence Referral Outcome**: Assessed; Not Assessed; Received Services <single select>

If Maternal Depression >>

> ***Maternal Depression Provider**: <free text>

> ***Maternal Depression Referral Date**: mm/dd/yyyy <date selector>

> ***Maternal Depression Program Referral Outcome**: Assessed; Not Assessed; Received Services <single select>

*Maternal Depression Program Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Maternal Depression Program Referral Assessed Date: mm/dd/yyyy <date selector>

*Maternal Depression Program Referral Received Services Date: mm/dd/yyyy <date selector>

If Substance Use Program >>

*Substance Use Program Type: Alcohol; Drugs; Prescriptions; Smoking Cessation <multi select>

If Alcohol >>

*Alcohol Program Referral Date: mm/dd/yyyy <date selector>

*Alcohol Program Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Alcohol Program Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Drugs >>

*Drug Program Referral Date: mm/dd/yyyy <date selector>

*Drug Program Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Drug Program Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Prescriptions >>

*Prescription Program Referral Date: mm/dd/yyyy <date selector>

*Prescription Program Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Prescription Program Referral Outcome: Assessed; Not Assessed; Received Services <single select>

If Smoking Cessation >>

*Smoking Cessation Program Referral Date: mm/dd/yyyy <date selector>

*Smoking Cessation Program Referral HSS Initial Follow-Up Date: mm/dd/yyyy <date selector>

*Smoking Cessation Program Referral Outcome: Assessed; Not Assessed; Received Services <single select>

Wrap-Up

Like the Enrollment & Referral forms, this is a Patient-level form that saves data across encounters so pertinent details can be reviewed & updated at each visit. Conditional branching logic (nested fields) will not clear previously selected values if collapsed; users must manually remove values to clear referral information.

Tier

*HealthySteps Tier: Tier 1; Tier 2; Tier 3

If Tier 2 >>

Family agrees to HealthySteps Tier 2 services: Yes; No <single select>
If Yes >>

*Tier 2 Identification Date: mm/dd/yyyy <date selector>

*Tier 2 Enrollment Date: mm/dd/yyyy <date selector>

Age of entry to Tier 2 services: Birth - < 5 months; 5 - 12 months; 13 - 18 months; > 18 months <single select>

Tier 2 Exit Date: mm/dd/yyyy <date selector>

If No >>

Tier 2 Services Decline Date: mm/dd/yyyy <date selector>

If Tier 3 >>

Family agrees to HealthySteps Tier 3 services: Yes; No <single select>

If Yes >>

*Tier 3 Identification Date: mm/dd/yyyy <date selector>

*Tier 3 Enrollment Date: mm/dd/yyyy <date selector>

*Age of entry to Tier 3 services: Birth - < 5 months; 5 - 12 months; 13 - 18 months; > 18 months <single select>

Tier 3 Exit Date: mm/dd/yyyy <date selector>

Graduation Discussion Date: mm/dd/yyyy <date selector>

       If No >>

           Tier 3 Services Decline Date: mm/dd/yyyy <date selector>

Patient Still in Program: Yes; No <single select>

    If Yes >>

        Patient No Longer Applies (reason): Graduated Program; Changed Providers; Moved Away; Declined Further Services; Treatment Non-Compliance; Deceased; Aged-Out; Other (comment) <single select>

Appendix B: MyChart/Welcome Automation Considerations

WCV Interval	Maternal Depression	Family Needs	Social-Emotional/ Behavioral Screening	Developmental Screening	Autism Screening
1-Month	X	X			
2-Month	X				
4-Month	X				
6-Month	X		X		
9-Month		X		X	
12-Month			X		
15-Month		X			
18-Month				X	X
24-Month		X	X		X
30-Month				X	
36-Month		X	X	X	

Recommended Universal Screening and Assessment Schedule

Appendix C: Foundation System Questionnaire Records

Survey of Well-Being in Young Children

ID	Name
330000148	SWYC-01 MO AGE DEVELOPMENTAL MILESTONES-2 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000145	SWYC-02 MO AGE DEVELOPMENTAL MILSTONES-2 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000166	SWYC-03 MO AGE DEVELOPMENTAL MILESTONES-2 MO BANKS (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
64137	SWYC-04 MO AGE-4 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64138	SWYC-05 MO AGE-4 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)

64139	SWYC-06 MO AGE-6 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64140	SWYC-07 MO AGE-6 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64141	SWYC-08 MO AGE-6 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64142	SWYC-09 MO AGE-9 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64143	SWYC-10 MO AGE-9 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64144	SWYC-11 MO AGE-9 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64145	SWYC-12 MO AGE-12 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64146	SWYC-13 MO AGE-12 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64147	SWYC-14 MO AGE-12 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64148	SWYC-15 MO AGE-15 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64149	SWYC-16 MO AGE-15 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64150	SWYC-17 MO AGE-15 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64151	SWYC-18 MO AGE-18 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64152	SWYC-19 MO AGE-18 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64153	SWYC-20 MO AGE-18 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64154	SWYC-21 MO AGE-18 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64155	SWYC-22 MO AGE-18 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64156	SWYC-23 MO AGE-18 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64157	SWYC-24 MO AGE-24 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64158	SWYC-25 MO AGE-24 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64159	SWYC-26 MO AGE-24 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64160	SWYC-27 MO AGE-24 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64161	SWYC-28 MO AGE-24 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64162	SWYC-29 MO AGE-24 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64163	SWYC-30 MO AGE-30 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64164	SWYC-31 MO AGE-30 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64165	SWYC-32 MO AGE-30 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64166	SWYC-33 MO AGE-30 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64167	SWYC-34 MO AGE-30 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64168	SWYC-35 MO AGE-30 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64169	SWYC-36 MO AGE-36 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64170	SWYC-37 MO AGE-36 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64171	SWYC-38 MO AGE-36 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64172	SWYC-39 MO AGE-36 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64173	SWYC-40 MO AGE-36 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64174	SWYC-41 MO AGE-36 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64175	SWYC-42 MO AGE-36 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64176	SWYC-43 MO AGE-36 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64177	SWYC-44 MO AGE-36 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64178	SWYC-45 MO AGE-36 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)
64180	SWYC-46 MO AGE-36 MO BANK (SURVEY OF WELL-BEING FOR YOUNG CHILDREN)

330000146	SWYC-47-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000147	SWYC-48-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000158	SWYC-49-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000149	SWYC-50-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000150	SWYC-51-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000151	SWYC-52-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000152	SWYC-53-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000153	SWYC-54-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000154	SWYC-55-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000155	SWYC-56-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000156	SWYC-57-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000157	SWYC-58-MO AGE DEVELOPMENTAL MILESTONES-48 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000159	SWYC-59-MO AGE DEVELOPMENTAL MILESTONES-60 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000160	SWYC-60-MO AGE DEVELOPMENTAL MILESTONES-60 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000161	SWYC-61-MO AGE DEVELOPMENTAL MILESTONES-60 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000162	SWYC-62-MO AGE DEVELOPMENTAL MILESTONES-60 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000163	SWYC-63-MO AGE DEVELOPMENTAL MILESTONES-60 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000164	SWYC-64-MO AGE DEVELOPMENTAL MILESTONES-60 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)
330000165	SWYC-65-MO AGE DEVELOPMENTAL MILESTONES-60 MO BANK (SURVEY OF WELL-BEING OF YOUNG CHILDREN V1.08)

The list of Masterfile records below includes net new build as well us updates to existing records in relation to the HealthySteps project.

About Nordic Consulting Partners, Inc.

Nordic is an award-winning strategic partner to health leaders around the world, helping them navigate complexity and harness technology to create healthier systems, businesses, and people. Our talented professionals bring deep clinical expertise and extensive technical knowledge, helping you prioritize, refine your strategy, and develop a clear roadmap to better quality care while lowering your costs. We bring together leadership, IT and operations, asking the right questions to drive long-term success.

What Drives Us

We want people to be healthy and well, and we see connected technology as the key. When care teams, payers, and patients collaborate, the whole world will be healthier.

- We harness technology to bring healthcare forward
- We deliver global scale and strength
- We understand healthcare from every angle

Nordic collaborates with healthcare organizations to plan and deliver technology solutions that make systems, businesses, and people healthier. Because when technology works to make people healthier, everyone wins.

What We Do

Together, our team of more than 3,300 professionals deliver decades of deep clinical experience, extensive technical knowledge, insightful strategic vision, and proven operational capability to more than 750 clients around the world across four key focus areas. In partnership with our clients, we help solve the most complex IT challenges to help make technology more useful for care teams and more beneficial to the business.

We help you focus on what matters most to your organization, so you can address the right issues at the right time. Together as a team, we can change healthcare for the better.