

# **PEDS Online: Implementation and Case Example**

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*Angel Kennedy, Michael Camp, Nicholas  
Robertshaw...and advice from many  
PEDS Online users*

***[www.pedstest.com/online](http://www.pedstest.com/online)***



Monday August 30, 2010

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**PEDS Online For Professionals**

Professional use of PEDS Online requires a license. All licenses are assigned with a unique username and password and allow the professional user to administer PEDS online for a specific number of times. For more information, please make your request using our online [contact form](#).

**Screens are scored immediately upon submission.** Licensed PEDS Online users are now able to view a history of their screens and download patient screen information for integration with your Electronic Medical Records.

**You can also send your patient parents to the PEDS Online test directly from your website.** For more information about our "Patient Portal System" and other custom programming options, [click here](#)

To view your account information and screen history, [click here](#)

**Professional Login**

Enter details below:

Username:

Password:

**Login Required**



This is an image of the PEDS Online login page, where you insert your username and password to begin. Once into the site, your login information “persists”, meaning that when you start screening a different child, you don’t have to re-enter your username or password.



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**PEDS and PEDS:DM** are two highly accurate, valid developmental-behavioral screening and surveillance tools. Used alone or together, they comply with AAP policy and offer the best solution for early detection.

**M-CHAT:**The AAP also recommends use of an autism-specific screen such as the **Modified Checklist of Autism in Toddlers** at 18 and 24 or

30 months.

## Dr. Frances Glascoe

Allentown, Pennsylvania

License Type: PEDSplus  
796 Uses left on license

### TEST OPTIONS:

**PEDS + PEDS:DM and/or MCHAT**

You will be given the option to take either M-CHAT or PEDS:Developmental Milestones (PEDS:DM) with optional M-CHAT at the end of your PEDS test.

**PEDS:DM + Optional M-CHAT (Does not include PEDS)**

After administering PEDS:Developmental Milestones (PEDS:DM) (for children 0 through 7 years 11 months) you will be given the option to administer the M-CHAT if the child is within its target range. (i.e., 16 months through 3 years 11 months)

[Start Test](#)

After logging in, you'll first see the screens' selection page.

You have these options:

1. You can start with *Parents' Evaluation of Developmental Status (PEDS)* which analyzes parents' concerns—which ones are problematic and which ones just need advice.
2. Then, optionally, you can complete *PEDS: Developmental Milestones (PEDS:DM)* and/or the *Modified Checklist of Autism in Toddlers (M-CHAT)*; or
3. OR... you can just start with the *PEDS:DM* and then decide whether to complete the optional *M-CHAT*.



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## PEDS: PARENTS EVALUATION OF DEVELOPMENTAL STATUS

Dr. Frances Glascoe  
Allentown, Pennsylvania

### Subject Information

Please enter information about the child, then record parents' responses to the questions below.

First Name/ID1:  Last Name/ID2:

Subject DOB:    Date of test:   Today  
(e.g. 2003-08-31)

Check if child was preterm  Weeks Premature

**Optional**

Examiner:

Child Identifier:  Location:

Ethnicity of child  Parent's highest level of education

### PEDS Online Response Form

Select level of concern for each question and type parents' comments in the text boxes below. Text must be supplied for at least one question. 'No,' 'Yes,' or 'A little' responses all required on Questions 2 - 9. Age at date of test must be less than 8 years.

**?** Please list any concerns about your child's learning, development, and behavior.

**?** Do you have any concerns about how your child talks and makes speech sounds?

Choose one: No  Yes  A little

Comments:

**?** Do you have any concerns about how your child understands what you say?

Choose one: No  Yes  A little

Comments:

**?** Do you have any concerns about how your child uses his or her hands and fingers to do things?

Choose one: No  Yes  A little

Comments:

**?** Do you have any concerns about how your child uses his or her arms and legs?

Choose one: No  Yes  A little

Comments:

**submit**



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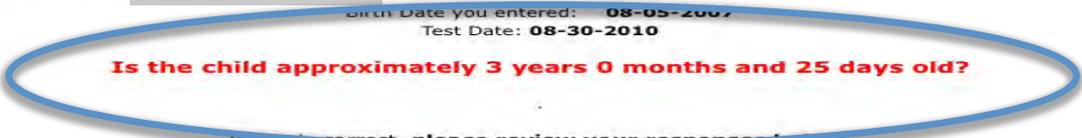
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**Test Results for** Matty Walds

Birth Date you entered: **08-05-2007**  
Test Date: **08-30-2010**



**Is the child approximately 3 years 0 months and 25 days old?**

If age is correct, please review your responses below.  
If correct, click on the "Submit" button at bottom of page to continue.

If changes are needed, you may click on your browser's "Back" button or [click here to Go Back and Make Changes](#)

**PEDS Questions: Review**

**Please list any concerns about your child's learning, development, and behavior.**

Response: He doesn't grasp markers or utensils well and doesn't like to write or draw. His speech is still difficult to understand.

**Do you have any concerns about how your child talks and makes speech sounds?**

Selected: **Yes**  
Response:

**Do you have any concerns about how your child understands what you say?**

Selected: **No**  
Response:

**Do you have any concerns about how your child uses his or her hands and fingers to do things?**

Selected: **Yes**  
Response:

**Do you have any concerns about how your child uses his or her arms and legs?**

Selected: **Yes**  
Response:

**Do you have any concerns about how your child behaves?**

Selected: **A Little**  
Response: easily frustrated

**Do you have any concerns about how your child gets along with others?**

Selected: **No**  
Response:

**Do you have any concerns about how your child is learning to do things for himself/herself?**

Selected: **Yes**  
Response: messy eater!

**Do you have any concerns about how your child is learning preschool or school skills?**

Selected: **A Little**  
Response: Knows shapes but just can't draw them

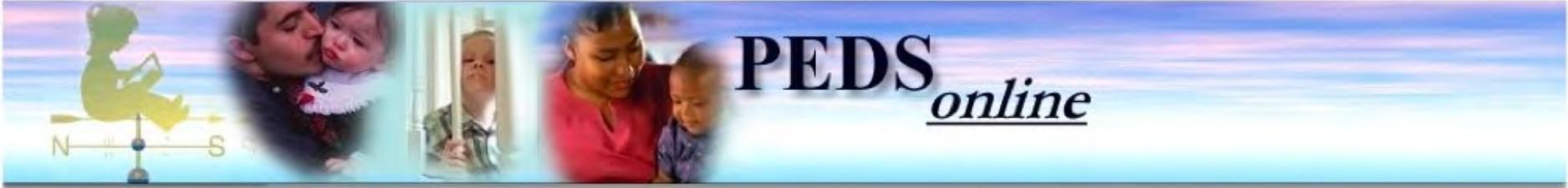
**Please list any other concerns.**

Response: none

Age and Responses Are Correct - Submit Now



**Matty, age 3**



**Please list any concerns about your child's learning, development, and behavior.**

He doesn't grasp markers or utensils well and doesn't like to write or draw. His speech is still difficult to understand.

**Do you have any concerns about how your child talks and makes speech sounds?**

**Choose one:** No  Yes  A little   
**Comments:**

**Do you have any concerns about how your child understands what you say?**  
**Choose one:** No  Yes  A little   
**Comments:**

He doesn't grasp markers or utensils well and doesn't like to write or draw. His speech is difficult to understand.

**Do you have any concerns about how your child uses his or her hands and fingers to do things?**

**Choose one:** No  Yes  A little   
**Comments:**

**Do you have any concerns about how your child uses his or her arms and legs?**

**Choose one:** No  Yes  A little   
**Comments:**

submit



You can administer optional measures for this child by selecting them below. You will be returned to a combined result after each measure. If you're done testing this child, you can start a new test for a different child by clicking the button at the right.

Test New Child

Continue with M-CHAT

Proceed to M-CHAT (Recommended)  
Rationale: This child is moderate risk on PEDS: Path B.

Continue with PEDS:DM

PEDS:Developmental Milestones: with optional M-CHAT (Recommended)

Test Report for **Matty Walds**

Child's name: **Matty Walds**  
Date of Birth: 08-05-2007  
Test Date: 08-30-2010  
Child's Age: 3 years 0 months 25 days

Measures taken:  
Parents Evaluation of Developmental Status (PEDS)

Examiner: Frances Glascoe  
Child Identifier: 12345667  
Location: Toad Creek Clinic

PEDS Result  
PEDS - Path B-2: (moderate risk for developmental problems)

Brief Recommendations  
Provide or refer for further developmental follow-up. Monitor development vigilantly.

**PEDS: Moderate Risk**  
**Options: Administer M-CHAT**  
**and/or PEDS:Developmental**  
**Milestones.**

PEDS Predictive Concerns  
Expressive Language

PEDS Non-predictive Concerns  
Fine Motor Behavior

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**M-CHAT (second level psycho-social screen)**

Please answer the following about how your child usually is. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swung, bounced on your knee, etc.?  Yes  No
2. Does your child take an interest in other children?  Yes  No
3. Does your child like climbing on things, such as up stairs?  Yes  No
4. Does your child enjoy playing peek-a-boo/hide-and-seek?  Yes  No
5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?  Yes  No
6. Does your child ever use his/her index finger to point, to ask for something?  Yes  No
7. Does your child ever use his/her index finger to point, to indicate interest in something?  Yes  No
8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them?  Yes  No
9. Does your child ever bring objects over to you (parent) to show you something?  Yes  No
10. Does your child look you in the eye for more than a second or two?  Yes  No
11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)  Yes  No
12. Does your child smile in response to your face or your smile?  Yes  No
13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)  Yes  No
14. Does your child respond to his/her name when you call?  Yes  No
15. If you point at a toy across the room, does your child look at it?  Yes  No
16. Does your child walk?  Yes  No
17. Does your child look at things you are looking at?  Yes  No
18. Does your child make unusual finger movements near his/her face?  Yes  No
19. Does your child try to attract your attention to his/her own activity?  Yes  No
20. Have you ever wondered if your child is deaf?  Yes  No
21. Does your child understand what people say?  Yes  No
22. Does your child sometimes stare at nothing or wander with no purpose?  Yes  No
23. Does your child look at your face to check your reaction when faced with something unfamiliar?  Yes  No

[continue...](#)



You can administer optional measures for this child by selecting them below. You will be returned to a combined result after each measure. If you're done testing this child, you can start a new test for a different child by clicking the button at the right.

Test New Child

Continue with PEDS:DM

PEDS:Developmental Milestones: with optional M-CHAT (Recommended)

Test Report for | **Matty Walds**

Child's name: **Matty Walds**  
Date of Birth: 08-05-2007  
Test Date: 08-30-2010  
Child's Age: 3 years 0 months 25 days

Measures taken:

Parents Evaluation of Developmental Status (PEDS)  
Modified Checklist of Autism in Toddlers (M-CHAT)

Examiner: Frances Glascoe  
Child Identifier: 12345667  
Location: Toad Creek Clinic

PEDS Result

PEDS - Path B-2 (modest risk)  
Provide or refer for health/sensorimotor/communication/developmental promotion.  
Procedure Code: 96110  
ICD-9 code: possible 315.9

M-CHAT: Pass

Failed Answers:

**PEDS: Moderate risk**  
**M-CHAT: Passed**  
**Options: Administer**  
**PEDS:Developmental**  
**Milestones.**



**Administering: PEDS: Developmental Milestones for Ezekial Woods**

Child's Name: **Matty Walds**  
 Birth Date: 08-03-2007  
 Test Date: 08-30-2010  
 Child's Age: 3 years 0 months 25 days  
 Prematurity: No  
 Test Form: M (6 questions)  
 PEDS Path: **B-2**

**Please complete the test form below and submit your answers at the bottom of the page.**

**PEDS:DM Questions**

**Open Facing Page and graphics for PEDS:DM Test Form M**

<p>Can your child scribble with a crayon or marker without going off the page much?</p>	<p>No <input checked="" type="radio"/>          Sometimes <input type="radio"/>          Yes <input type="radio"/></p>
<p>Point to the pictures of the cats and balls (on the facing page) and say <b>"Show me something big. Now show me something little."</b> What does your child know?</p>	<p>Neither big nor little <input type="radio"/>          Knows big or little, not both <input type="radio"/>          Knows both <input checked="" type="radio"/></p>
<p>When your child talks to other people, how much do they understand of what he or she says?</p>	<p>None <input type="radio"/>          Not much <input checked="" type="radio"/>          About half <input type="radio"/>          Most <input type="radio"/></p>
<p>Can your child stand on each foot for a second?</p>	<p>No <input type="radio"/>          Only one foot <input type="radio"/>          Yes <input checked="" type="radio"/></p>
<p>Can your child slip his or her shoes on?</p>	<p>No <input type="radio"/>          Yes, mostly on the wrong feet <input type="radio"/>          Yes, mostly on the right feet <input checked="" type="radio"/></p>
<p>Can your child play well with a group of children? If so, for how long?</p>	<p>No, or less than 5 minutes <input type="radio"/>          5-10 minutes <input type="radio"/>          15-20 minutes <input checked="" type="radio"/></p>

**Submit for Scoring**



**Next Subject: Start new PEDS measure with next subject.**  
You will not have to enter your logon information again.

Test New Child

**Please print/save these results before you start over with the next subject.**

**Test Report for** **Matty Walds**

Child's name: **Matty Walds**  
Date of Birth: 08-05-2007  
Test Date: 08-30-2010  
Child's Age: 3 years 0 months 25 days

**Measures taken:**

Parents Evaluation of Developmental Status (PEDS)  
PEDS Developmental Milestones (PEDS:DM)  
Modified Checklist of Autism in Toddlers (M-CHAT)

Examiner: Frances Glascoe  
Child Identifier: 12345667  
Location: Toad Creek Clinic

**Brief Results:**

**PEDS** - Path B-2: (moderate risk for developmental problems)

**PEDS:DM**

Milestones **unmet**: Fine Motor, Expressive Language

Milestones **met**: Receptive Language, Gross Motor, Self Help, Social Emotional

**M-CHAT: Pass**

Failed Answers:

**Recommendations:**

Refer to Early Intervention or the public schools for audiological, speech-language and psychoeducational testing. Use professional judgment to decide if referrals are also needed for social work, health, occupational/physical therapy, mental health services, etc.

**PEDS: Moderate risk**  
**M-CHAT: passed**  
**PEDS:DM: unmet**  
**milestones** in fine motor  
and expressive language



08-30-2010

Dear Child Development Specialist/ Health Provider,

On **08-30-2010**, we administered three highly accurate developmental-behavioral screening tests to **Matty Walds**, born **08-05-2007**. These include: Parents' Evaluation of Developmental Status (PEDS), the Modified Checklist of Autism in Toddlers (M-CHAT) and/or PEDS: Developmental Milestones (PEDS:DM). All three measures were standardized on thousands of children around the United States and validated against diagnostic measures of intelligence, adaptive behavior, speech-language, etc. All are approved by the American Academy of Pediatrics and shown to be highly accurate in identifying children in need of various types of evaluations and intervention services.

The results of PEDS place **Matt** in a high risk category. Children with this result have 11 times the risk of disabilities compared with other children. About 50% of children with this score are eligible for special education services and the remaining 50% tend to score well below average on measures of intelligence, language, or preacademic skills.

The results of the PEDS:DM confirm a pattern of risk. Milestones were not met at or below the 16th percentile in the following areas: **Fine Motor, Expressive Language**. Nevertheless, Ezekiel demonstrated appropriate social relatedness and understanding on the M-CHAT.

**Matty** also appears to be performing above the 16th percentile in **Receptive Language, Gross Motor, Self Help, Social Emotional**.

Given the above results, further testing is needed and should include diagnostic measures of speech-language, intelligence, adaptive behavior, and depending on the child's age, preacademics/academics. Your clinical judgment is needed to determine whether mental health, social services or other assessments would be helpful.

Assessment is available without charge through your local child-find program ([www.nectac.org](http://www.nectac.org)), or through the public schools-- please contact the school psychologist or speech language pathologist to make a referral. If **Matty** does not qualify for intervention or special education, please refer for services such as **start**, after school tutoring, summer school, quality daycare, and parent training.

In addition, we recommend checking **Matty's** hearing, vision, overall health status, including lead levels, and addressing **health**-related questions this family has. We also encourage you to monitor **Matty's** progress and encourage you to make sure that families sign a two-way consent form so that you can share these results with other providers and they with you.

Please assist this family in finding timely testing and services and also help them get information on how to help at home.

Sincerely,

Provider Or PEDS Online Support Team

Procedure code: 96110 (X 3)  
Possible ICD-9 code: 315.9  
PEDS results: high risk





## About the Results of your Child's Screen

Dear Parent,

On **08-30-2010** we administered to **Matty Wald**, born **08-05-2007**, three highly accurate brief tests of learning, development and behavior. These include: Parents' Evaluation of Developmental Status" (PEDS), the M-CHAT (a measure of social skills and understanding of everyday language) and PEDS: Developmental Milestones (PEDS:DM).

**Matty** performed well on the M-CHAT but had difficulty with other skills: **Fine Motor, Expressive Language.**

Nevertheless, **Matty** performed adequately in these areas: **Receptive Language, Gross Motor, Self Help, Social Emotional**

Coupled with the concerns you raised on PEDS, the results suggest that further testing of Ezekiel is needed to look carefully at all areas of development and advise you and this office about learning needs and helpful services. This testing will not cost you and will lead to recommendations for no-cost programs for which **Matty** is eligible.

We would also like to make sure that **Matty** gets vision, hearing, lead and autism-specific screening, to make sure there are no problems in these areas. Your health care provider should also address any health-related concerns you have. Depending on these results, your provider may need to make additional referrals.

We would like your permission to send the results of today's testing to the services we are recommending. We would also like your permission to receive information from them on the additional testing they do and the recommendations they have for helping **Matty**

We would also like to give you information on things you can do at home to help your child learn. If you have access to the internet, you will find helpful links at [www.pedstest.com](http://www.pedstest.com).

Sincerely,

Provider



Matty -- age 7



# Early Intervention and other preventive services





“Oh, ... by the  
way...”

# Needless to say...



=



**Families return for preventive care when visits are relevant – when we elicit and address families' own issues**





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New Screen

## Dr. Frances Glascoe

License Number: 501  
License type: PEDSplus



You are viewing from your Master account

**Today's activity (by Location)**  
[This file is still being programmed]

### GET SCREENS BY ACCOUNT

Your License Expires: Jun 6, 2020  
Screen Uses Issued with License 501: 1000  
Uses Left : 794

### 34 records on file for License # 501

PATH	No. Screens
<a href="#">Path A</a>	10
<a href="#">Path B</a>	16
<a href="#">Path C</a>	3
<a href="#">Path D/E</a>	5

Is Master: Yes  
Number of Associated accounts: 2

Associated accounts:  
[5540](#) -Main Test Site (13)  
[5722](#) -Third Level (7)

# Administrative Panel for PEDS Online



# PEDS *online / MyAdmin*

Wednesday September 1, 2010

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Screens on file for

### Dr. Frances Glascoe

License Number: 501  
License Type: PEDSplus

Search by Name/SubjectID/Child ID

Search for:

= Edit

### Most Recent Screens (Limit 42)

Sort By:

No.	Edit	Del	Child's Name	Test Date	Child ID	Birth Date	Results
1			<a href="#">FRUNSNIS GLUDVNICK</a>	08-31-2010		07-07-2008	PEDS: Path D/E   M-CHAT: FAIL   PEDS:DM - Yes
2			<a href="#">EZEKIAL WOODS</a>	08-30-2010		08-05-2007	PEDS: Path B   M-CHAT: PASS   PEDS:DM - Yes
3			<a href="#">EZEKIEL WOODS</a>	08-30-2010		08-05-2007	PEDS: Path A   M-CHAT: PASS   PEDS:DM - Yes
4			<a href="#">KODY HLEBICHUK</a>	08-24-2010		04-28-2004	PEDS: Path A   M-CHAT: NO   PEDS:DM - NO
5			<a href="#">JOHN DEER</a>	07-11-2010		03-12-2009	PEDS: Path D/E   M-CHAT: NO   PEDS:DM - Yes
6			<a href="#">DAVIDS PAGE5</a>	06-09-2010		07-19-2005	PEDS: Path A   M-CHAT: NO   PEDS:DM - NO
7			<a href="#">DAVID4 PAGE4</a>	06-09-2010		02-01-2006	PEDS: Path B   M-CHAT: NO   PEDS:DM - NO
8			<a href="#">DAVID3 PAGE3</a>	06-09-2010		08-03-2007	PEDS: Path B   M-CHAT: NO   PEDS:DM - NO
9			<a href="#">DAVID2 PAGE2</a>	06-09-2010		01-01-2008	PEDS: Path A   M-CHAT: NO   PEDS:DM - NO
10			<a href="#">DAVID PAGE</a>	06-09-2010		03-09-2009	PEDS: Path B   M-CHAT: NO   PEDS:DM - NO
11			<a href="#">JOHN DOE</a>	05-26-2010	asdfada	03-01-2009	PEDS: Path A   M-CHAT: NO   PEDS:DM - NO
12			<a href="#">HATE PAINTING</a>	05-11-2010		01-01-2005	PEDS: Path C   M-CHAT: NO   PEDS:DM - NO
13			<a href="#">COLD GREY</a>	05-11-2010		02-15-2009	PEDS: Path B   M-CHAT: NO   PEDS:DM - NO
14			<a href="#">BLUE BIKE</a>	05-10-2010		06-08-2009	PEDS: Path B   M-CHAT: NO   PEDS:DM - Yes
15			<a href="#">RACHEL DOE</a>	05-02-2010		02-03-2008	PEDS: Path B   M-CHAT: FAIL   PEDS:DM - Yes
16			<a href="#">RACHEL DOE</a>	05-01-2010		02-04-2008	PEDS: Path A   M-CHAT: NO   PEDS:DM - NO
17			<a href="#">RACHEL DOE</a>	05-01-2010		01-06-2008	PEDS: Path B   M-CHAT: FAIL   PEDS:DM - NO
18			<a href="#">RACHEL DOE</a>	04-29-2010		03-03-2008	PEDS: Path B   M-CHAT: PASS   PEDS:DM - Yes
19			<a href="#">ZEKE DOE</a>	04-29-2010		03-03-2008	PEDS: Path B   M-CHAT: PASS   PEDS:DM - Yes
20			<a href="#">MICHAEL TESTC1</a>	04-11-2010	HJ1551	02-03-2006	PEDS: Path B   M-CHAT: NO   PEDS:DM - NO



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**Dr. F**

**Most Recent S**

No.	Edit	Del	Child's F
1	<a href="#">E</a>	<a href="#">X</a>	<a href="#">FRUNSN</a>
2	<a href="#">E</a>	<a href="#">X</a>	<a href="#">EZEKIAL</a>
3	<a href="#">E</a>	<a href="#">X</a>	<a href="#">EZEKIEL</a>
4	<a href="#">E</a>	<a href="#">X</a>	<a href="#">KODY HI</a>
5	<a href="#">E</a>	<a href="#">X</a>	<a href="#">JOHN DE</a>
6	<a href="#">E</a>	<a href="#">X</a>	<a href="#">DAVIDS</a>
7	<a href="#">E</a>	<a href="#">X</a>	<a href="#">DAVID4</a>
8	<a href="#">E</a>	<a href="#">X</a>	<a href="#">DAVID3</a>
9	<a href="#">E</a>	<a href="#">X</a>	<a href="#">DAVID2</a>
10	<a href="#">E</a>	<a href="#">X</a>	<a href="#">DAVID P</a>
11	<a href="#">E</a>	<a href="#">X</a>	<a href="#">JOHN DC</a>
12	<a href="#">E</a>	<a href="#">X</a>	<a href="#">HATE PA</a>
13	<a href="#">E</a>	<a href="#">X</a>	<a href="#">COLD GI</a>
14	<a href="#">E</a>	<a href="#">X</a>	<a href="#">BLUE BI</a>
15	<a href="#">E</a>	<a href="#">X</a>	<a href="#">RACHEL</a>
16	<a href="#">E</a>	<a href="#">X</a>	<a href="#">RACHEL</a>
17	<a href="#">E</a>	<a href="#">X</a>	<a href="#">RACHEL</a>
18	<a href="#">E</a>	<a href="#">X</a>	<a href="#">RACHEL</a>

Other administrative support information

# PEDS

## PARENTS' EVALUATION OF DEVELOPMENTAL STATUS: PEDS ONLINE

An evidence-based method for detecting and addressing developmental and behavioral problems in children

### GUIDE TO DEVELOPMENTAL-BEHAVIORAL SCREENING: PEDS ONLINE

#### WELCOME TO PEDS ONLINE

PEDS Online ensures accurate detection of children with developmental-behavioral problems by providing access to validated high-quality screens: Parents' Evaluation of Developmental Status (PEDS), PEDS:Developmental Milestones (PEDS:DM), and the Modified Checklist of Autism in Toddlers (M-CHAT). These measures determine children's risk for various kinds of developmental-behavioral/mental-health problems. PEDS Online provides decision support, based on extensive research, i.e., when to refer and where, whether parent education is the best course versus reassurance or watchful waiting.

PEDS Online provides test results, billing and diagnosis codes, summary reports for parents, and, when needed referral letters. All information is returned in real-time, immediately upon completion of the screens. Thus, PEDS Online helps providers save time, receive appropriate reimbursement, and provide accurate measurement. Hosted at [forepath.org](http://forepath.org), PEDS Online is designed to keep data in compliance with HIPAA, or HL-7.

#### When to use PEDS Online:

The American Academy of Pediatrics (AAP) recommends screening as well as surveillance:

- 1) eliciting and addressing parents' concerns at each well-visit;
- 2) monitoring milestones as each well-visit;
- 3) using an autism-specific screen at 18 and 24 months.

PEDS Online addresses AAP policy via evidence-based measures that are not only screens but also tools for longitudinal surveillance, i.e., PEDS, PEDS:DM and the M-CHAT.

#### Ways to implement PEDS Online.

##### Overview:

There are three approaches to using PEDS Online. These include:

- Sending parents to our "Parent Portal" so they can complete measures before the visit (e.g., on a home computer or in an office kiosk). Parents will not see the results. Instead, providers will receive an email alerting them of a completed screen.
- Having office staff administer the measures, in real-time during an encounter, as an interview, i.e., typing in parents' responses as they comment.
- Letting parents self-administer the measures in paper-pencil format (e.g., in a waiting or exam room) and then having office staff type in responses.

#### Getting Started:

Make note of your unique site access information below:

**Username:** \_\_\_\_\_

**Password:** \_\_\_\_\_

**Licensee ID:** \_\_\_\_\_

(e.g. *Username\_License#*)

*This information is included in your completed license agreement but if lost please contact: [angel.kennedy@forepath.org](mailto:angel.kennedy@forepath.org).*

## RESOURCES FOR PEDS ONLINE USERS

### REFERRAL RESOURCES: LINKS TO COMMONLY NEEDED SERVICES

- For locating state, regional and local early intervention programs under the Individuals with Disabilities Education Act, and testing services for young children with suspected or known disabilities go to [www.nectac.org](http://www.nectac.org)
- American Academy of Pediatrics: Find a Pediatrician ([www.aap.org/referral/](http://www.aap.org/referral/)) to locate developmental-behavioral, neurodevelopmental, general and other subspecialty pediatricians. See also the Society for Developmental and Behavioral Pediatrics ([www.sdbp.org](http://www.sdbp.org))
- For help locating Head Start programs see [www.ehsnrc.org/](http://www.ehsnrc.org/)
- For help locating quality preschool and day care programs visit [www.childcareaware.org](http://www.childcareaware.org), and [www.naeyc.org/](http://www.naeyc.org/)
- For help locating parent training programs see [www.patnc.org](http://www.patnc.org) and the YWCA [www.ywca.org](http://www.ywca.org)
- For locating services for school age children, call the school psychologist or speech-language pathologist in the child's school of zone.
- For help locating mental health services go to [www.mentalhealth.org](http://www.mentalhealth.org)

### INTERNET RESOURCES FOR PROFESSIONALS

Many of the sites listed on the Internet Resources for Parents handout are useful for professionals wishing to gather a range of information handouts on developmental promotion. A few additional sites with a focus in professionals include:

- [www.pedstest.org](http://www.pedstest.org)

The site offers abstracts of research on PEDS and the PEDS:DM, and FAQs about both measures. In addition there are training slide shows and short movies on how to give various screens including case examples, and downloadable parent information handouts in English and Spanish. The site also houses a discussion list on early detection issues.

- [www.dbpeds.org](http://www.dbpeds.org)

This is the web site for the American Academy of Pediatrics Section on Developmental and Behavioral Pediatrics. It houses information on routine as well as challenging aspects of developmental-behavioral pediatrics (e.g., obesity, autism, medication management, etc.). In addition to numerous articles for physicians, there is also an e-mail discussion in which participants are general pediatricians and developmental-behavioral pediatrics as well as a few speech-language pathologists and other allied health professionals. You can post challenging cases, discuss various management strategies, etc. The section has a spiffy newsletter with a coding column, helpful how-to articles, etc.

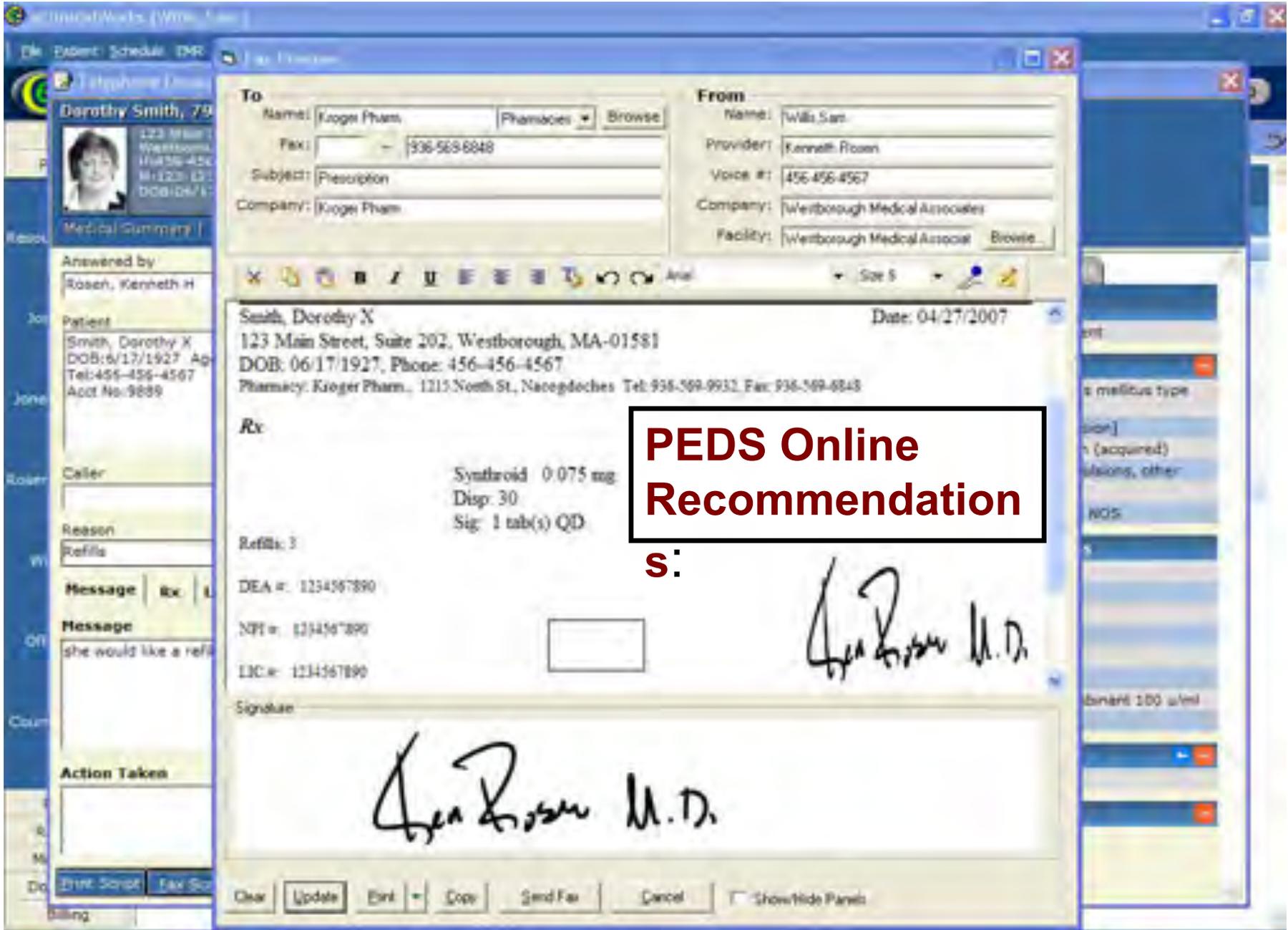
- [www.firstsigns.org](http://www.firstsigns.org)

**So how did  
our clinic  
implement  
PEDS  
Online**

**....**

***(while in  
the midst  
of trying to  
go  
paperless)  
?***





**PEDS Online  
Recommendation**

s:

*Kenneth H. Rosen M.D.*

*Kenneth H. Rosen M.D.*



## Plan B:

When parents haven't taken screens via the PEDS Online parent portal before the visit





**Pick up  
Printouts**

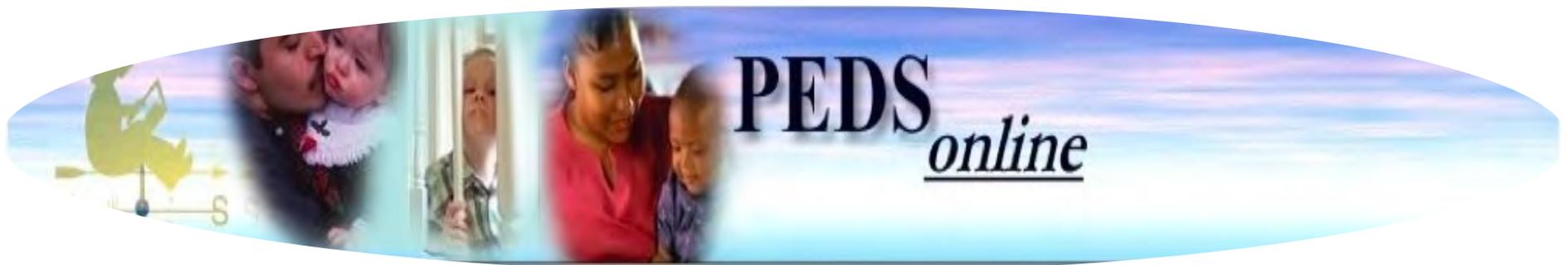
The form is a complex administrative document with multiple columns and rows. It contains various fields for data entry, including checkboxes, text boxes, and numerical fields. The text is small and difficult to read, but it appears to be a standard form used in a business or office setting. A yellow sticky note with the text "Pick up Printouts" is placed over the top portion of the form.



# Documentation

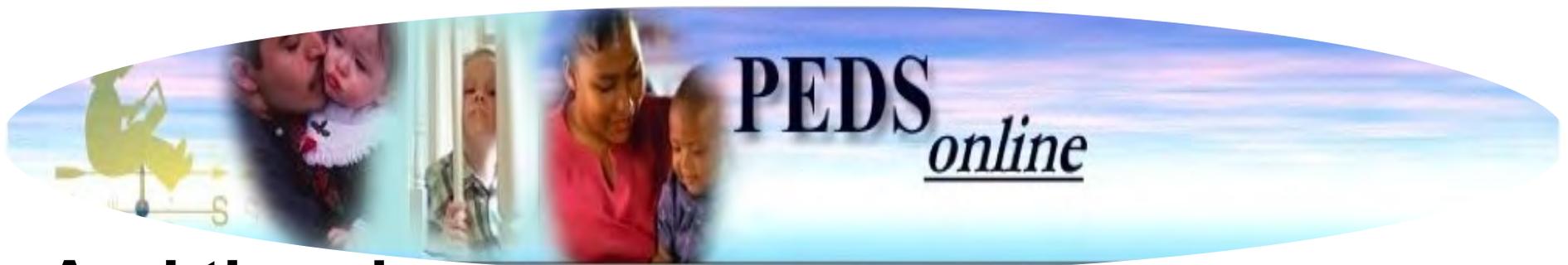
**While at PEDS ONLINE**  
CTRL + A = highlight/  
select  
CTRL + C = copy

**Switch to Electronic  
Record**  
Click on the field for  
PEDS Online results  
CTRL + V = paste



## **So, to summarize:**

1. It took a while to figure out how to make PEDS Online work in our differing clinics
2. Help from our office staff was crucial
3. Staff and clinicians appreciated the time our “physician champion” spent explaining the value of early detection
4. Together, we figured out a workable process



## **And there's more...**

1. We are better able to earn \$\$ for the work we do
2. We save time—shorter but more productive visits!!
3. Clinicians are more confident in the decisions they make—due to evidence-based support
4. We are far better able to collaborate with referral resources, get parents to follow-through, AND... get feedback about outcomes



## **And... our families:**

1. Love being asked about their concerns
2. Learn to notice their child's development and behavior more carefully.
3. Are more likely to attend well-visits
4. Rarely raise disruptive and time-consuming "door knob concerns"
5. Are more likely to follow through with our developmental promotion suggestions and referrals recommendations
6. Are more satisfied with the care we provide

# Likely question



# How to bill/code

## For Medicaid:

Add -25 to the preventive service code

Then list 96110 (times the number of screens administered), such as 96110 X 3

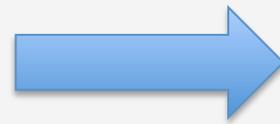
## For private payers:

Add – 59 to the preventive service code

Then list 96110 (times the number of screens administered), such as 96110 X 3

# Appeal Denied Claims!

**NO**



**YES**



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

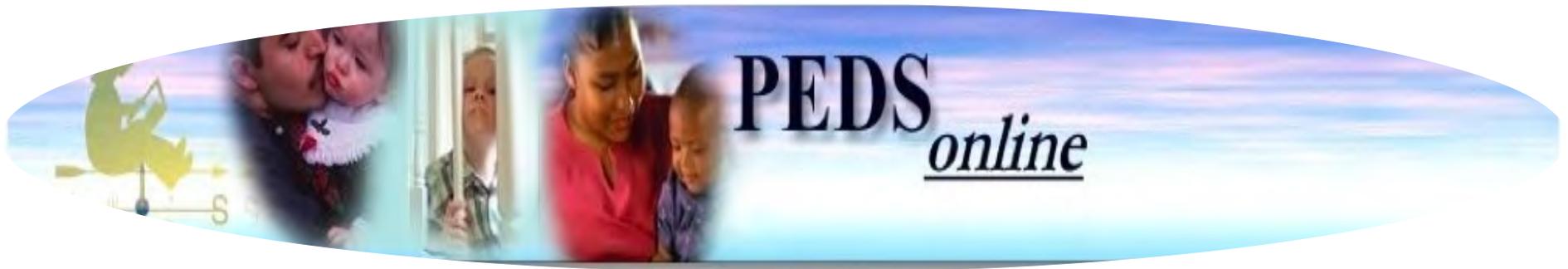


[www.aap.org](http://www.aap.org)

[www.pedstest.com/online](http://www.pedstest.com/online)



the  
end



[www.pedstest.com/online](http://www.pedstest.com/online)