



The Survey of Well-Being in Young Children (SWYC): Implementation and Lessons Learned from a Military Treatment Facility

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28 April 2022
1320 - 1420 (ET)

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Air Force Col. Eric M. Flake, M.D., F.A.A.P.



Air Force Col. Eric Flake M.D. is currently the pediatric consultant to the United States Air Force (USAF) Surgeon General, the former Program Director of the Department of Defense (DoD) Developmental Behavioral Pediatrics Fellowship at Joint Base Lewis-McChord (JBLM), Tacoma Washington, and the founder of the DoD JBLM Center for Autism Resources, Education and Services (CARES).

He attended military medical school at Uniformed Services University of the Health Sciences (USUHS), graduating in 2001. Col Flake is board certified both in Pediatrics and Developmental and Behavioral Pediatrics. He has published numerous articles and presentations regarding the psychosocial effects of deployment on children and autism.

Col Flake is an Associate Professor at the Uniform Services University and at the University of Washington. He is the father of five children and enjoys sports and the outdoors of the Pacific Northwest.



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Army Lt. Col. Ashley Smith is an Army general pediatrician currently serving as the Chief of Pediatric Primary Care and Associate Program Director for the pediatric residency program and leader and faculty development fellowship program at Madigan Army Medical Center. She is passionate about primary care delivery, quality improvement, medical education and faculty development.



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Army Lt. Col. Paul Patterson, M.D., Ph.D., is a board-certified pediatrician. He is currently completing a fellowship in developmental behavioral pediatrics at Madigan Army Medical Center and is an Assistant Professor of Pediatrics at the Uniformed Services University of the Health Sciences (USU).

With over 25 years of active-duty experience, LTC Patterson has led in diverse environments worldwide, including Korea, Iraq, Ethiopia, and Ukraine. He is particularly passionate about empowering parents and advocating for children. He is skilled at adopting new technologies for use in the management and diagnosis of a variety of conditions in children with a focus on autism and attention-deficit/hyperactivity disorder (ADHD).

LTC Patterson holds an M.D. from USU, a Ph.D. from The George Washington University in Electrical Engineering, and a B.S. from the United States Military Academy. He holds several patents, is a senior member of the Institute of Electrical and Electronics Engineers and is a Fellow of the American Academy of Pediatrics (AAP).



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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe “WHY” and “How” the adoption of the Survey of Well Being for Young Children (SWYC) is ideal for a military integrated care model.
2. Identify a systematic approach of establishing and measuring desired outcomes through implementation and impact outcomes.
3. Illustrate how joining a broader screening tool can assist to enhance collaboration from educational, medical, and community services to improve family wellness.



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When and Why

Consider the current developmental and other screening questionnaires you are using for patients < 3 years of age:

- At what ages do you screen?
- How does the family complete the screen (paper, electronically...)
- Are any important components of a patient's wellness missing?
- What resources are available for a positive screen?



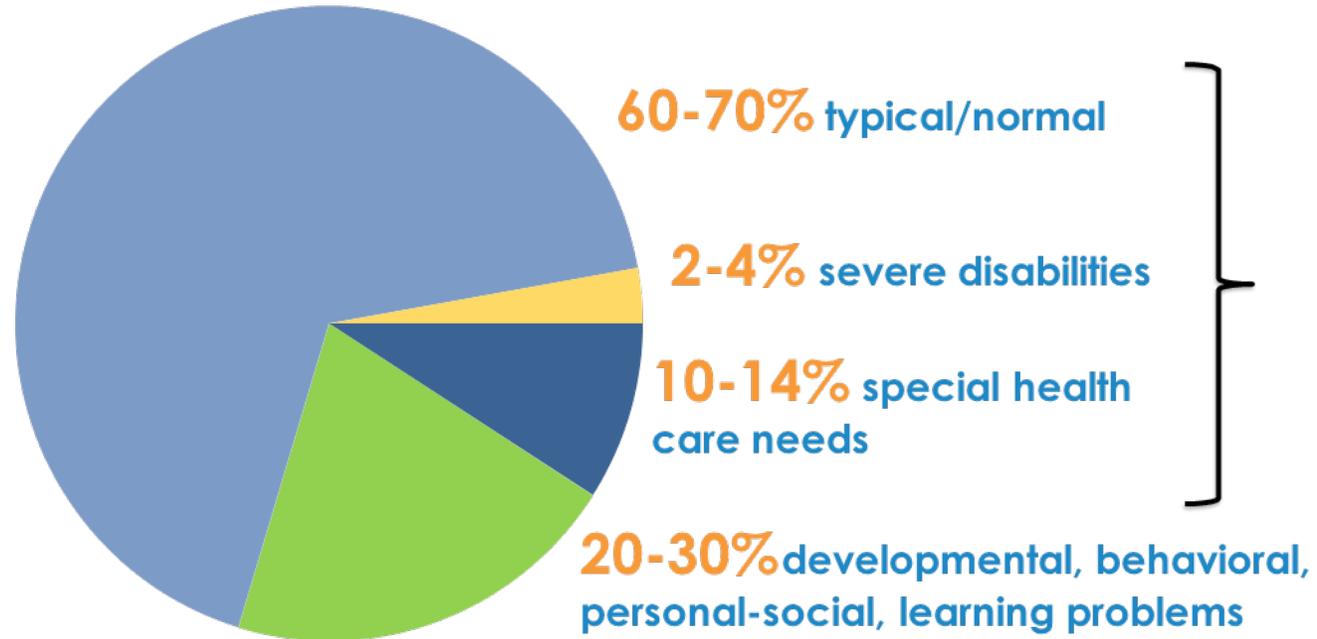
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Typical Pediatric Population

Getting Kids Ready by 5: A Typical Pediatric Population



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Quick Poll

3 Poll Questions:

1. Have you heard of the SWYC?
2. Have you implemented the SWYC?
3. Are you considering implementing the SWYC?



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What is the Survey of Well-Being in Young Children (SWYC)

- Comprehensive first-level developmental-behavioral screening instrument for children under 5.5 years of age
- Freely available in 13 languages and multiple formats
- Developed by Tufts Children's Hospital in 2010 with foundational principles of:
 - Comprehensive
 - Well-Being
 - Feasibility: Brevity/Simplicity for parents and staff
 - Sensitivity
 - Validity, normed against a large sample

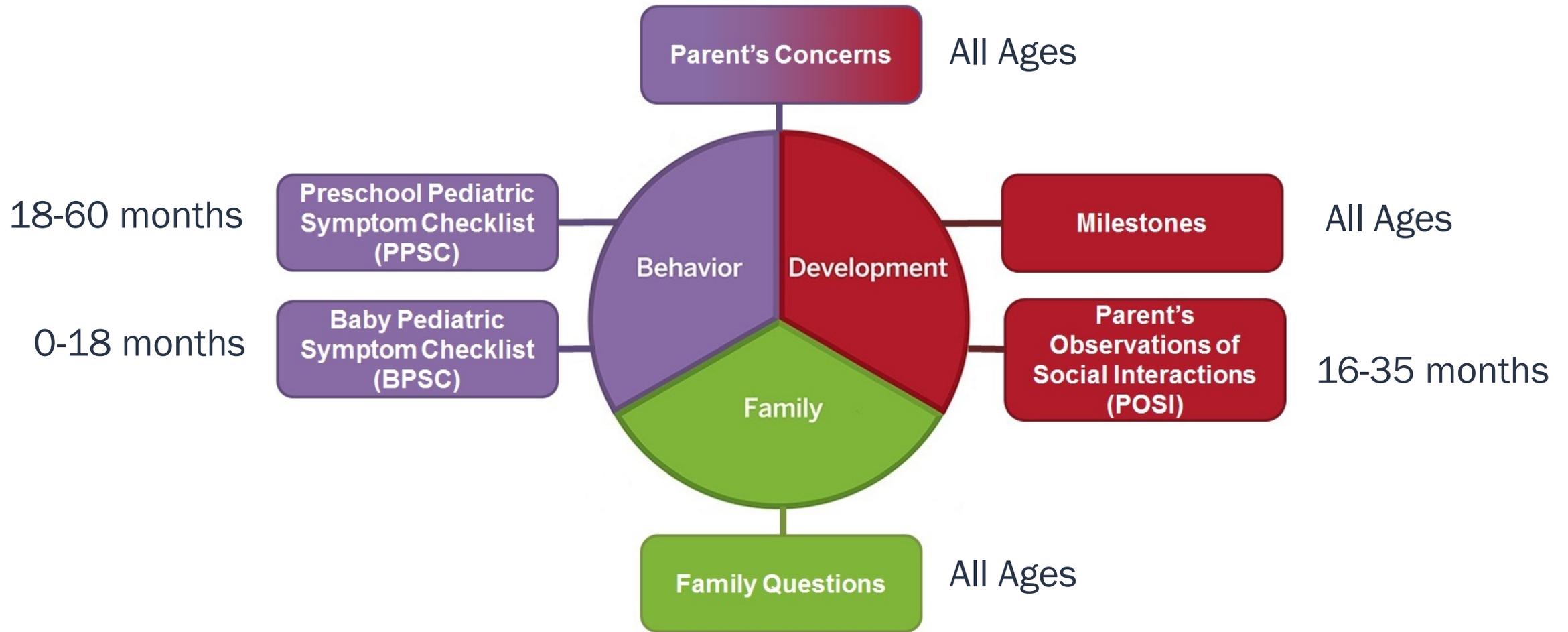


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Components of the SWYC



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Developmental Domain Screening

Two questionnaires are included:

- Developmental Milestones checklist
 - 10 questions about their child's motor, language, social, and cognitive development.
 - Forms are age-specific (0-60 months)
- Parent's Observation of Social Interactions (POSI), an autism-specific screener.
 - Between 16 and 35 months of age



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12 Month Milestones Example

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Picks up food and eats it	0	1	2
Pulls up to standing	0	1	2
Plays games like "peek-a-boo" or "pat-a-cake"	0	1	2
Calls you "mama" or "dada" or similar name	0	1	2
Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"	0	1	2
Copies sounds that you make	0	1	2
Walks across a room without help	0	1	2
Follows directions - like "Come here" or "Give me the ball"	0	1	2
Runs	0	1	2
Walks up stairs with help	0	1	2



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Emotional/Behavioral Domain

Two age-specific behavioral questionnaires, developed as downward extensions of the well-validated and popular Pediatric Symptom Checklist (PSC):

- The Baby Pediatric Symptoms Checklist (BPSC)
 - Children up to 18 months (12 items)
- The Preschool Pediatric Symptoms Checklist (PPSC)
 - Children 18-60 months (18 items)
- Parents are also asked whether they have any concerns about their child's behavior, learning, or development (2 items)



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Family Support / Context

Parents complete a set of screening questions addressing aspects of the child's family context (9 items)

- Tobacco exposure
- Alcohol & drug exposure and impact on child
- Food insecurity
- Parental depression screen (Patient Health Questionnaire-2 (PHQ2))
- Spousal relationship/domestic violence screen (based on Woman Abuse Screening Tool (WAST))
- Reading frequency in days per week
- The 2, 4, and 6 month SWYC forms include the Edinburgh Postnatal Depression Scale (EPDS).



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Validity and Reliability of the SWYC

- Comparison of pediatric Ages & Stages Questionnaires (ASQ-3) and SWYC suggest all 3 questionnaires have adequate specificity based on a 2020 study in Journal of the American Medical Association (JAMA)
- Other studies compared it favorably to the Child Behavior Checklist (CBCL) a frequently used parent report of symptoms of behavioral/emotional disorders.
- Family Questions derived from existing, validated questionnaires



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The SWYC in the Military Health System

- DHA Clinical Communities recommend implementing the SWYC at the following well visits:
 - 9 months
 - 18 months
 - 24 months
 - 30 months



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Poll

What barriers do you anticipate in implementing the SWYC in your current clinical environment? (can choose more than one)

- a) Leadership support
- b) Provider discomfort
- c) Documentation challenges
- d) Coding challenges
- e) Data collection challenges –tracking positive screens
- f) Identifying available resources for positive non-developmental related concerns



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Highlights from Madigan Pediatrics implementation

- Fully transitioned to the SWYC from ASQ in January 2021 in our pediatric Patient Centered Medical Home (PCMH) clinic.
- Our Clinic:
 - 13,500 empaneled patients at a large academic MTF
 - PCMHs are a mix of general pediatricians, pediatric Nurse Practitioners and residents
 - Embedded clinical social worker and Healthy Steps program pilot site
 - Developmental pediatric fellowship co-located
 - Implemented Adverse Childhood Events screen in 2019
 - Implemented SWYC for all well visits <5 years of age; kept Modified Checklist for Autism in Toddlers (MCHAT) at 18mo/24mo



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Resources for Planning

- Tufts website resources (<https://www.tuftschildrenshospital.org/The-Survey-of-Wellbeing-of-Young-Children/Overview>)
 - Super helpful for background and implementation planning
 - Staff education
 - Forms in additional languages
- Milsuite resources (<https://www.milsuite.mil/book/groups/dod-survey-of-well-being-of-young-children-swyc>)
- Sites that have gone live already



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Implementation / Preparation Timeline

- Preparation steps
 - Project leadership team (Providers, Nurses, Residents, MSAs, Clinic leaders)
 - Documentation plan
 - Logistics prep – well visit packets, scoring references, etc.
- Staff education
 - Intro for providers
 - Intro for clinic as a whole
 - Just in time prior to go-live
- Collaboration with developmental pediatrics team, clinic social worker, Healthy Steps and Family Medical PCMH to establish referral resources for positive screens



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Initial Barriers

- Provider discomfort
- Documentation challenges
- Coding challenges
- Data collection challenges – specifically tracking positive screens
- Identifying available resources for positive non-developmental related concerns



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Celebrate Wins

- Linking patients with resources to support wellness
 - Food insecurity
 - Behavior screens
 - Additional anticipatory guidance
- SWYC added to intake forms in MHS GENESIS to streamline documentation in Fall 2021



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Ongoing Challenges / Next Steps

- Expanding available resources
 - Integrating Healthy Steps
- Accurate data collection/coding
- Nuance of correct age-based forms
- Tracking positive screens/referral outcomes



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SWYC Implementation

Continue to ponder implementation of the SWYC at your clinical site:

- What are the next steps for you to consider based on what you have just heard?
- What additional education or tools might you need?



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The Big Picture – Why now

- Need for better outcomes to measure impact and inform future practices
 - Required utilization with Electronic Medical Records – Genesis
- SWYC integration allows for clinical decision for additional MHS and community resources
- The developmental trajectory of a child is influenced by more than tracking milestones
- Need to embrace change and innovation for better outcomes.



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The Big Picture – Strategic to Tactical for optimal outcomes

- Empowering the Medical Home
- Facilitating Special Needs Outreach
- Enhancing Military and Community Partnerships
- Promoting Parent-Child attachment
- Engaged Parent participation/voice



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Key Takeaways - Summary

- The SWYC is currently the best initial screening tool to identify risk in military children and families.
- The SWYC offers expanded screening which enables linking patients to medical and non-medical resources to support family wellness.
- Invested leaders and clinicians are a necessary to adopt the successful implementation of the SWYC.
- There are numerous opportunities for Performance and Quality Improvement (PI/QI) and research in the implementation and use of the SWYC, engage learners in these opportunities.



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Questions?



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To receive CE/CME credit, you must register by 0800 on 29 APR 2022 to qualify for the receipt of CE/CME credit or a certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 12 MAY 2022 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL: <https://www.dhaj7-cepo.com/content/apr-2022-ccss-military-children-and-youth>
2. Search for your course using the **Catalog, Calendar, or Find a course search tool.**
3. Click on the **REGISTER/TAKE COURSE** tab.
 - a. If you have previously used the CEPO CMS, click login.
 - b. If you have not previously used the CEPO CMS click register to create a new account.
4. Follow the onscreen prompts to complete the post-activity assessments:
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 - b. Complete the Evaluation
 - c. Take the Posttest
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at: <https://www.dhaj7-cepo.com/>
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