

First Fridays Forum

December 5, 2025 11-12pm

nhprae2.org



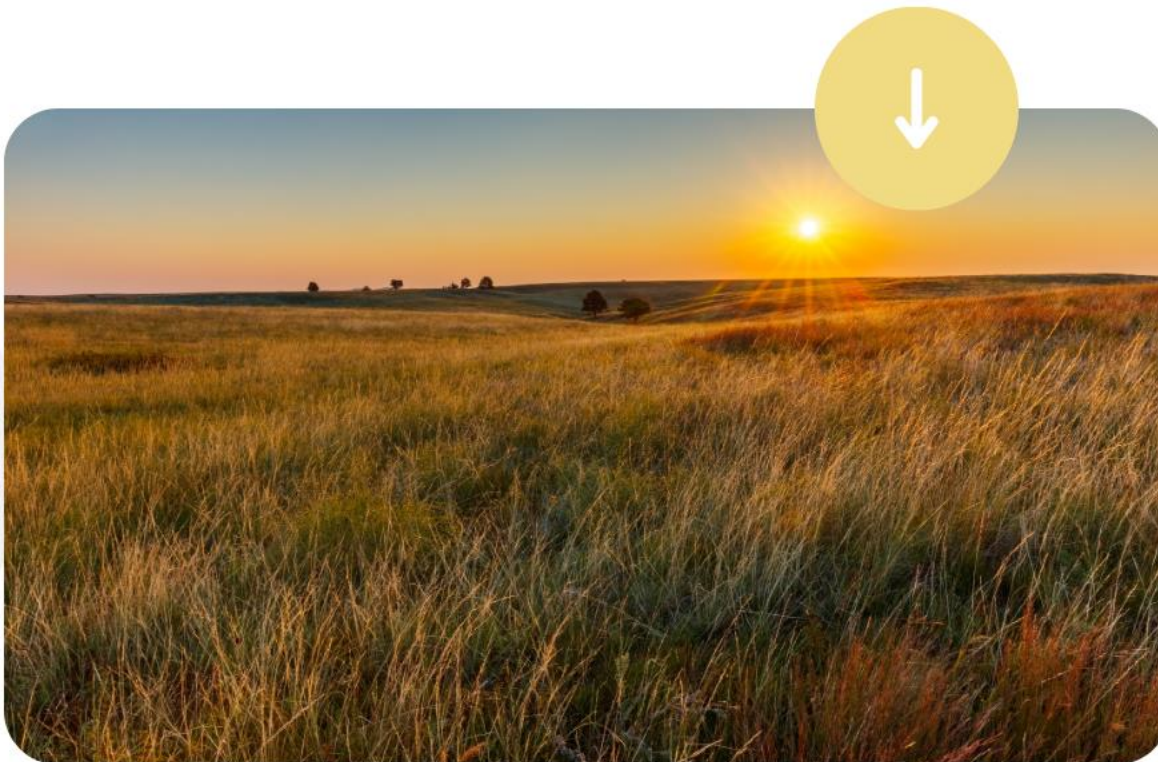
FIRST FRIDAYS

BEST PRACTICE IN PEDIATRIC CARE

As you come
in, drop your
name and
practice or
org in the
chat!

Agenda

Welcome everyone!



11-11:10am	Welcome & Introductions
11:10-11:40am	Best Practice in Pediatric Care with Mindy Craig
11:40-11:50am	Q&A with Mindy Craig
11:50--12pm	Wrap Up: Next FF, Survey

**Please let us
know in the chat
if you need
anything.**

Housekeeping

Logistics & Group Norms

- We will be recording- the recording, a Guide, and any materials will be posted to our website
- Meeting minutes will also be posted
- Feel free to ask questions throughout and/ or at the end



Intros

Connecting
with each
other!



Name
Practice/ Organization
County(ies)



**What are you most
excited for this
month?**

Welcome Mindy!

Mindy Craig, PA-C, M.S.

Mindy brings over 25 years of experience in health care with a deep commitment to advancing high-quality, team-based pediatric care. She completed her physician assistant studies at the University of Colorado's Child Health Associate/Physician Assistant Program and has hands on experience in nearly every practice role, giving her a unique ability to understand and address the challenges practices face in an evolving healthcare landscape.

Mindy specializes in pediatric practice transformation, with a particular interest on integrating behavioral health into primary care settings. Her expertise spans quality improvement, academic detailing, practice facilitation, and system redesign, all aimed at supporting sustainable, family-centered models of care.

She partners with pediatric practices, health systems, and state agencies to strengthen care delivery and create environments where providers can thrive and children and families receive the comprehensive support they need.



Best Care for Kids

Why Kids Are Not Just Little Adults!

Mindy Craig, PA, MS
mindymcraig@gmail.com

Level Set - Why kids are different

Developmental Change

- Constantly growing and changing – care must adapt

Disease Epidemiology

- Focus tends towards prevention and health promotion
- Payment doesn't always account for this focus

Dependence

- Deeply dependent on health and well being of their caregivers
- Requires a dyadic approach

Demographics

- Children are disproportionately affected by poverty
- Impacts of poverty are lasting in children – particularly in early childhood


Dollars

- Children make up 23% of population but only account for 10% of health care spending

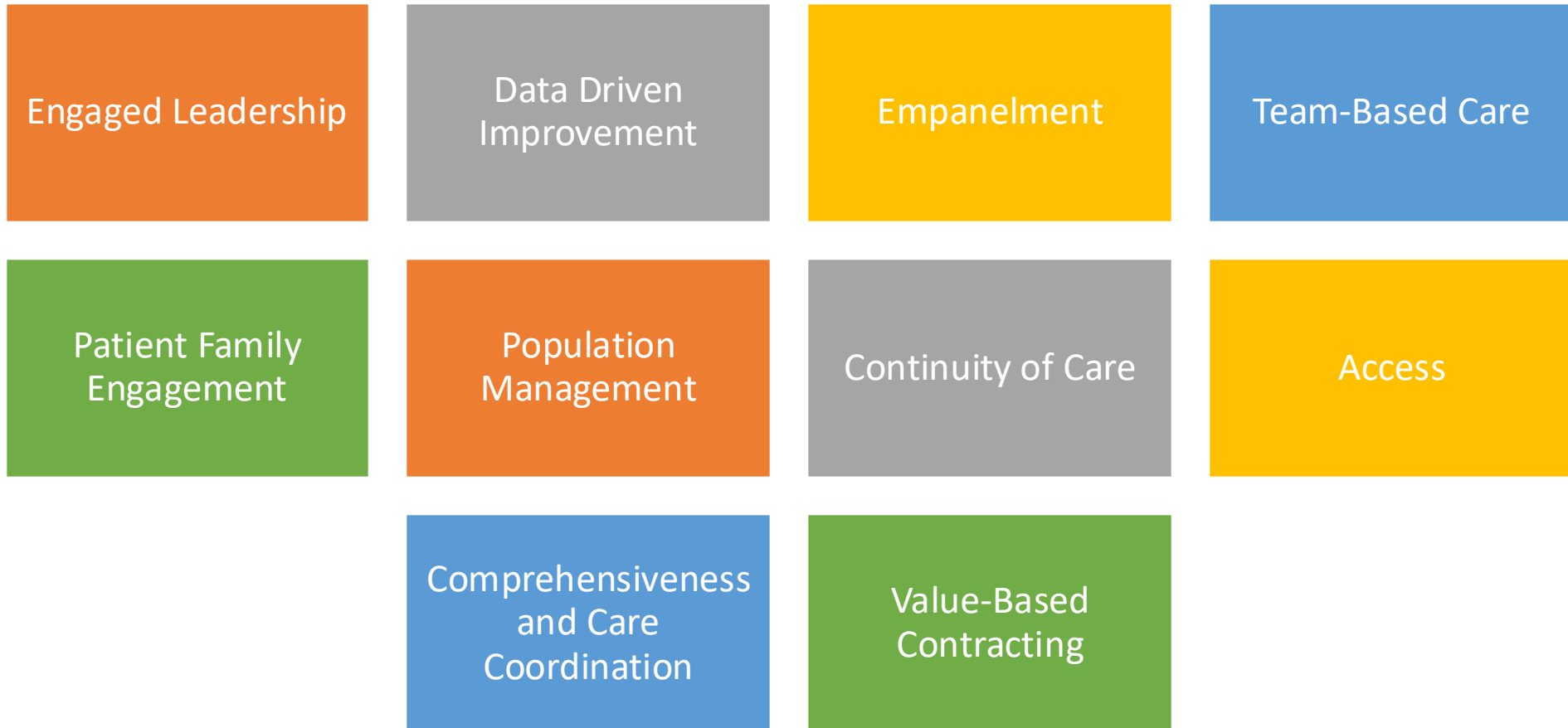
National Academies of Sciences, Engineering, and Medicine. 2024. [“Launching Lifelong Health by improving health care for children, youth, and families.”](#)

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Progress in Colorado on Pediatric Care

- Best Practices in the Care of Children –
 - CU-PIP contracted by HCPF
 - National and state level experts interviewed
 - Research driven report defining what high quality pediatric care can/should look like
 - Recognized that reimbursement doesn't align with identified “ideal state”
 - Organized report to align with existing frameworks
 - Conducted a gap analysis to understand what is the current state and how to support the ideal state
- 
- A series of four yellow dashed line segments in the bottom right corner, arranged in a curved, upward-pointing path.

Building Blocks



Opportunities for Improvement

Comprehensive Care Teams

Improve Patient/Family Engagement

Address vaccine hesitancy

Ensure comprehensive screenings regardless of where care is given



Best Care for
Kids

Developing a
comprehensive
care team

- AAP defines the pediatric care team as comprehensive with internal and external team members –
 - Core Team – family, providers, nurses, MA
 - Enhanced Team – lactation support, BHPs, Early Childhood Specialist, OT/PT, School-Based Health providers, Early Intervention/Child Find professionals, teachers

Best Care for Kids

Developing a comprehensive care team

Strong Care Coordination

- Ability to understand and navigate CO referral system for developmental supports - FERPA
- Assist families with transitions
- Work with schools and external partners

Including an Early Childhood Focus in BH

- BHP single out one early childhood visit
- Fully understand developmental resources

Including Oral Hygiene

- Participate in Cavity Free at Three
- Partner with local dentist for early referral and fluoride application

Providing Lactation Support

- Train a medical provider or BHP as lactation consultants
- Partner with hospital

Patient and Family Engagement

A child's healthcare needs cannot be met without also considering the dynamics and needs of the family. Family priorities, needs, values, medical literacy all impact how decisions are made.

- **Motivational Interviewing** – helps patient/family find their own motivations for behavioral change
- **Agenda Setting** – helps ensure both provider and patient/family understand the families concerns
- **Shared Decision-Making Tools** – used when more than one treatment option exists, elicits patient/family goals, priorities and values and clearly defines pros and cons of treatment options

Pediatric Patient/Family Engagement Tools

- [Decision Support Tool for Otitis Media](#)
- [Decision Support Tool for ADHD](#)
- [Decision Support Tool for HPV Vaccine](#)
- [Decision Support Tool for Asthma](#)
- Video demonstrating on the use of [Motivational Interviewing in Childhood Obesity](#)
- [Autism BH Medication Treatment Decision Support Tool](#)

Impact of Vaccine Hesitancy

- More families are feeling unsure about vaccines in general
- Providers are expressing fatigue with the conversations, decreased job satisfaction and overall increased burnout
- Some practices have addressed by requiring families to be vaccinate
- Other practices may feel the burden including significant decreases in their quality measures
- Decision support tools for vaccines can help get to the foundation of the hesitancy

Pediatric Screening Schedule

General Developmental

- AAP 9, 18, 30 months - most commonly used are the [ASQ](#) and [SWYC](#)

Autism Specific

- 18, 24 months - [MCHAT](#)

Adolescent Depression

- Yearly beginning at age 12, best practice is to include suicide risk assessment – [PHQ-A with ASQ](#)

Maternal Depression

- AAP 1mo, 2mo, 4mo, 6mo WCC – [Edinburgh and PHQ-9](#)
- [Post Partum Support](#) International offers free Psych consultation for US medical providers

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns. These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017). The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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	AGE ¹	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE												
		Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y	
	HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	MEASUREMENTS																																	
	Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Weight for Length		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Body Mass Index ⁵												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Blood Pressure ⁶		★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	SENSORY SCREENING																																	
	Vision ⁷		★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	●	★	●	★	●	★	●	★	●	★
	Hearing		● ⁸	● ⁹	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
	DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																	
	Maternal Depression Screening ¹¹				●	●	●	●																										
	Developmental Screening ¹²							●				●																						
	Autism Spectrum Disorder Screening ¹³									●		●																						
	Developmental Surveillance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Behavioral/Social/Emotional Screening ¹⁴		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Tobacco, Alcohol, or Drug Use Assessment ¹⁵																					★	★	★	★	★	★	★	★	★	★	★	★	★
	Depression and Suicide Risk Screening ¹⁶																																	
	PHYSICAL EXAMINATION ¹⁷		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	PROCEDURES ¹⁸																																	
	Newborn Blood		● ¹⁹	● ²⁰	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
	Newborn Bilirubin ²¹		●																															
	Critical Congenital Heart Defect ²²		●																															
	Immunization ²³		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Anemia ²⁴						★			★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
	Lead ²⁵						★	★	● OR ★ ²⁶	★	★	● OR ★ ²⁶	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
	Tuberculosis ²⁷				★			★				★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
	Dyslipidemia ²⁸											★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
	Sexually Transmitted Infections ²⁹																						★	★	★	★	★	★	★	★	★	★	★	★
	HIV ³⁰																						★	★	★	★	●							→
	Hepatitis B Virus Infection ³¹		★																					★	★	★	★							→
	Hepatitis C Virus Infection ³²																																	→
	Sudden Cardiac Arrest/Death ³³																					★												→
	Cervical Dysplasia ³⁴																																	●
	ORAL HEALTH ³⁵							● ³⁶	● ³⁶	★		★	★	★	★	★	★	★																
	Fluoride Varnish ³⁷							←			●						→																	
	Fluoride Supplementation ³⁸							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
	ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (<https://doi.org/10.1542/peds.2018-1218>).

3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).

4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Policy Statement: Breastfeeding and the Use of Human Milk" (<https://doi.org/10.1542/peds.2022-057988>). Newborns discharged less than 48 hours after delivery must be examined within

48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (<https://doi.org/10.1542/peds.2015-0699>).

5. Screen, per "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity" (<https://doi.org/10.1542/peds.2022-060640>).

6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (<https://doi.org/10.1542/peds.2017-1904>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (<https://doi.org/10.1542/peds.2015-3596>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<https://doi.org/10.1542/peds.2015-3597>).

8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<https://doi.org/10.1542/peds.2007-2333>).

9. Verify results as soon as possible, and follow up, as appropriate.

10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (<https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483>).

11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (<https://doi.org/10.1542/peds.2018-3259>).

12. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (<https://doi.org/10.1542/peds.2019-3449>).

13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (<https://doi.org/10.1542/peds.2019-3447>).

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ★ or ● → = range during which a service may be provided

(continued)
BFNC, 2024.PSMAR
3-3610324

[Link to Bright Futures Periodicity Table](#)

Developmental Referrals

Early Intervention

- Children 0-3
- Free to families – evaluation and services if qualified
- Services are done in the home (or agreeable location to family)

Child Find

- Children 3-5
- Free pre-school for children who qualify
- Services are provided in the pre-school classroom

Other options for developmental support:

Universal Pre-K

Home Visiting Programs



Challenges in pediatrics

- Lack of meaningful quality measures
- Seasonality of pediatrics makes continuity of care a challenge
- Vaccine hesitancy
- Payments to reflect attention on prevention and health promotion

Counts, Nathaniel Z., Kamila B. Mistry, and Charlene A. Wong. 2021. ["The Need for New Cost Measures in Pediatric Value-Based Payment."](https://doi.org/10.1542/peds.2019-4037) *PEDIATRICS* 147 (2).
<https://doi.org/10.1542/peds.2019-4037>.

NHP PD Corner

Provider Professional Development

Provider Trainings - Northeast Health Partners

- **Free** to our Network Providers!
- **Asynchronous** and **synchronous**
- Want a **specific training**? Submit a request to us via the survey or email Bekkah bekkah.abeyta@nhpllc.org

Save The Date

FEBRUARY 6TH

11-12:15PM

Zoom:
<https://us02web.zoom.us/j/81094143888>
Meeting ID: 810 9414 3888
Passcode: 363255

About Our Trainer



Jennifer Hale-Coulson, MA, LPC | Chief of Clinical Operations, NHP

Jen is the Chief of Clinical Operations at NHP. In her role she oversees Care Coordination, and over the years she has continued innovate and expand care coordination, ensuring that members receive the care, services, and community resources they need to live a healthier life.

Email for the Meeting Invite
nhprae2events@nhpllc.org

JOIN OUR FIRST FRIDAYS

CARE COORDINATION COACHING



Overview

Join us for a targeted training session designed for all **Tier 3 and 3+ practices**, with a special focus on care coordination. This very special edition of First Fridays will mark the official launch of the **Care Coordination Bootcamp**, a six-week, structured course created for practice administrators and care coordinators. The Bootcamp is designed to **build competency in care coordination standards and requirements**, while also **preparing teams for upcoming audits**. This launch session will set the stage for the weeks ahead, offering practical guidance, shared learning, and a clear path toward strengthening care coordination across practices. Participants will,

- Learn what the Care Coordination Audit looks like
- Understand or deepen their understanding of how to use the Care Coordination Audit tool and its sections

nhprae2.org



Provider Trainings

Table of

01. Train

The Provider Training Library provides easy access to training webinars, recorded presentations, educational sessions to support continued learning and success.

Trainings

Trainings

Would you like a RAE or NHP 101 presentation? Let us know. Contact our Community Support at NHPmembersupport@nhpllc.org.

Training Highlight: EPSDT Training 11/7 11-12:30pm

Join us for a comprehensive and engaging training by Family Voices for NHP network community-based organizations on Early & Periodic Screening, Diagnostic, & Treatment: NHP First Fridays Flyer- EPSDT 11.7.25.

2025 - New NHP Training Site Coming Soon!

- PCMP Onboarding Training Recorded Session
- PCMP Onboarding Training Slide Deck
- Medicaid Eligibility, Application Process & Benefits
- Home & Community Based Services Waivers (HCBS)
- American Society of Addiction Medicine (ASAM) Model
- Non-Emergent Medical Transportation (NEMT)
- BHA Technology Tools (Referrals & Bed Tracking Tools, Data Collection for SUD, Claims & Billing Procedure)

Staying Engaged

How to Get Involved



PIAC (Program Improvement Advisory Committee)

- Quarterly forums open to members, providers, and community partners. Great place to share ideas and discover local resources.
- PIAC - Northeast Health Partners

First Fridays

- Free bi-monthly trainings on timely, relevant topics tied to provider measures
- Open to all contracted providers
- Provider Trainings - Northeast Health Partners

JOIN OUR NEWLY REVAMPED

FIRST FRIDAYS



What is First Fridays?

First Fridays is a bi-monthly training series on **timely, relevant topics tied to provider measures** hosted by NHP. First Fridays is provided at no cost to NHP network providers. All sessions will be informative, up to date, engaging and skills-based with experts from across the region!

Each session will include,

- 30 minute Clinical focus
- 30 minute Administrative focus
- 15 minute Q&A

2026 Schedule

**EVERY OTHER MONTH
11-12:15PM**

Zoom:
<https://us02web.zoom.us/j/81094143888>
Meeting ID: 810 9414 3888
Passcode: 363255

DATE TOPIC

Feb. 6	Care Coordination Audits
Apr. 3	Access to Care Standards
Jun. 5	Immunizations for Adolescents
Aug. 8	Transitions of Care
Oct. 2	Medical Assistance with Smoking Tobacco Use Cessation
Dec. 4	Well Visits in the First 30 Months

Email for the Meeting Invite
nhprae2events@nhpllc.org

Survey

Take 1-3 minutes to fill out the form:

FF: Provider Network Forum Dec 2025 – Fill out form



Wrap Up

Contact Information & Upcoming First Fridays

Join us for next month's First Fridays...

FEBRUARY

**Care Coordination
Coaching**

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🌐 nhprae2.org

