Background on Screening versus Assessment and applications to AB 340

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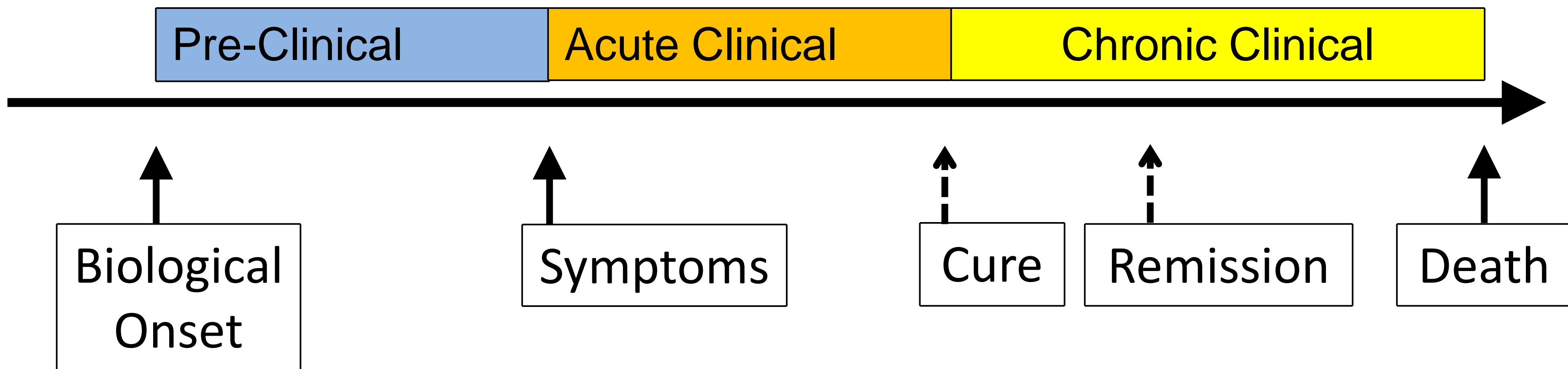
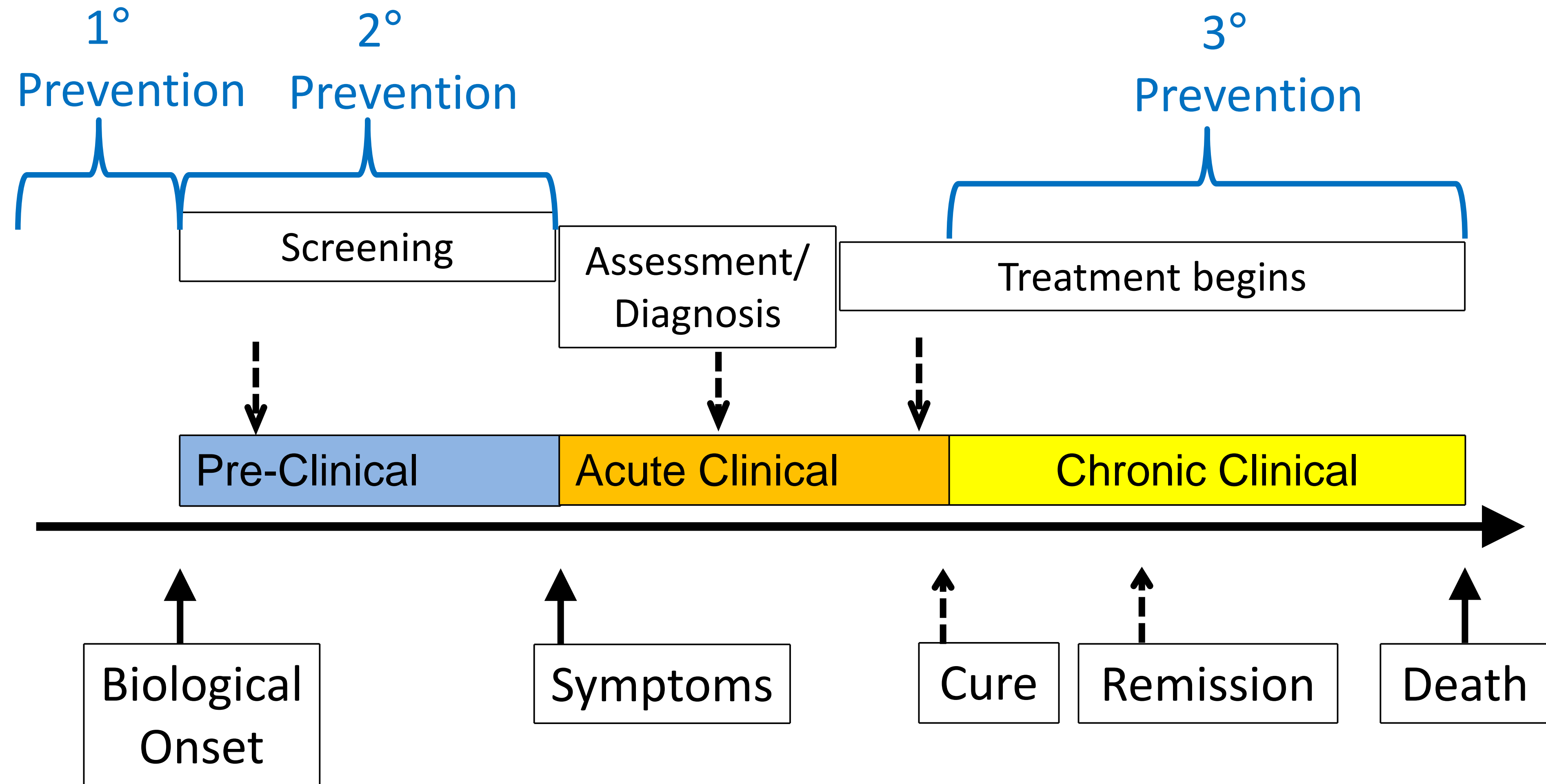
Natural History of Disease



Natural History of Disease and Prevention

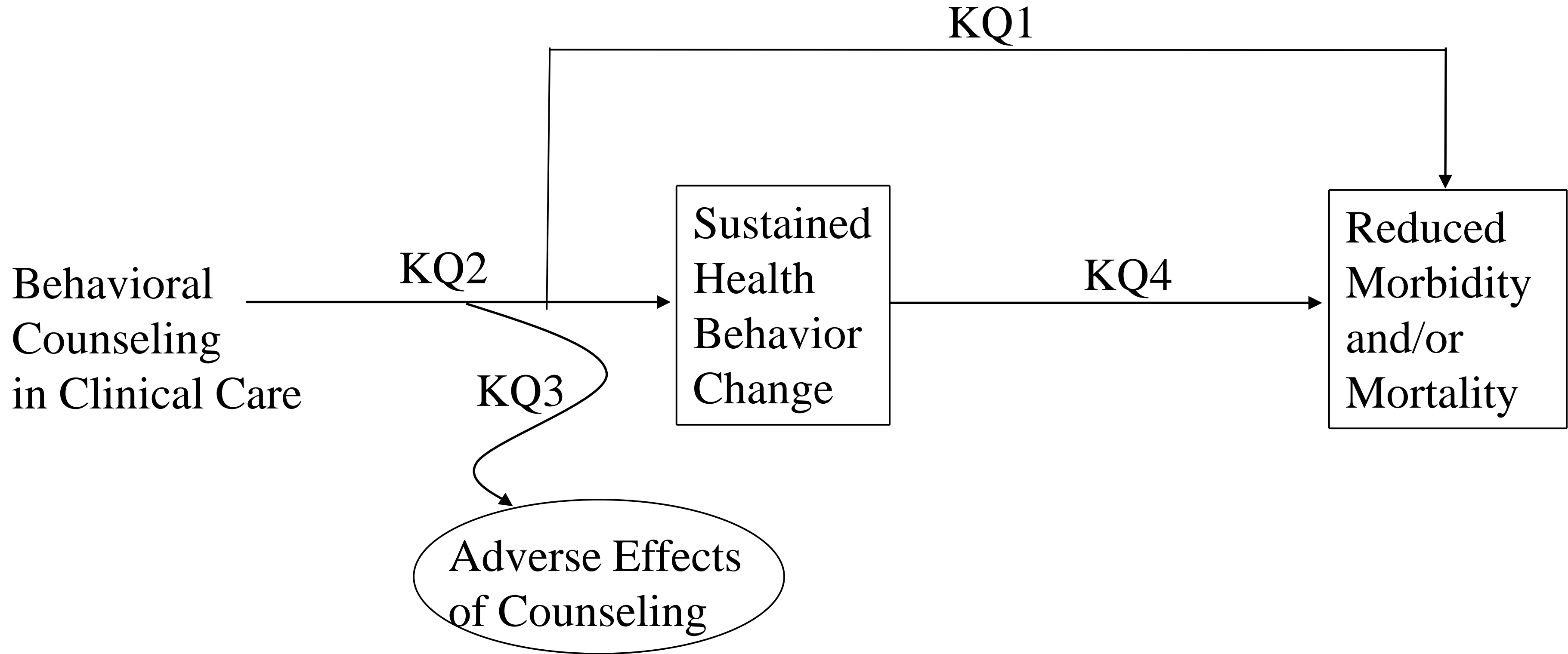


Primary Prevention

= action taken to prevent the development of a disease in a person who is well (or population that is healthy)

1. Chemoprophylaxis, e.g. immunizations and vitamins
2. Counseling, e.g. exercise counseling for healthy person or back to sleep
3. Education for a population, e.g. public health awareness campaign about HIV and tobacco

USPSTF Analytic Framework Counseling



Key Questions: KQ1. Does counseling reduce morbidity or mortality?
KQ2. Does counseling result in sustained health behavior change?
KQ3. Does counseling result in harms?
KQ4. Is sustained health behavior change effective in reducing morbidity and/or mortality?

Example Counseling Recommendation

- The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.

Secondary Prevention

= Screening = examination of asymptomatic to identify those likely to get disease in order to avoid or postpone poor outcomes; involves use of a specific test/tool and protocol for management of positive and negative screens

e.g. newborn screen for hypothyroidism

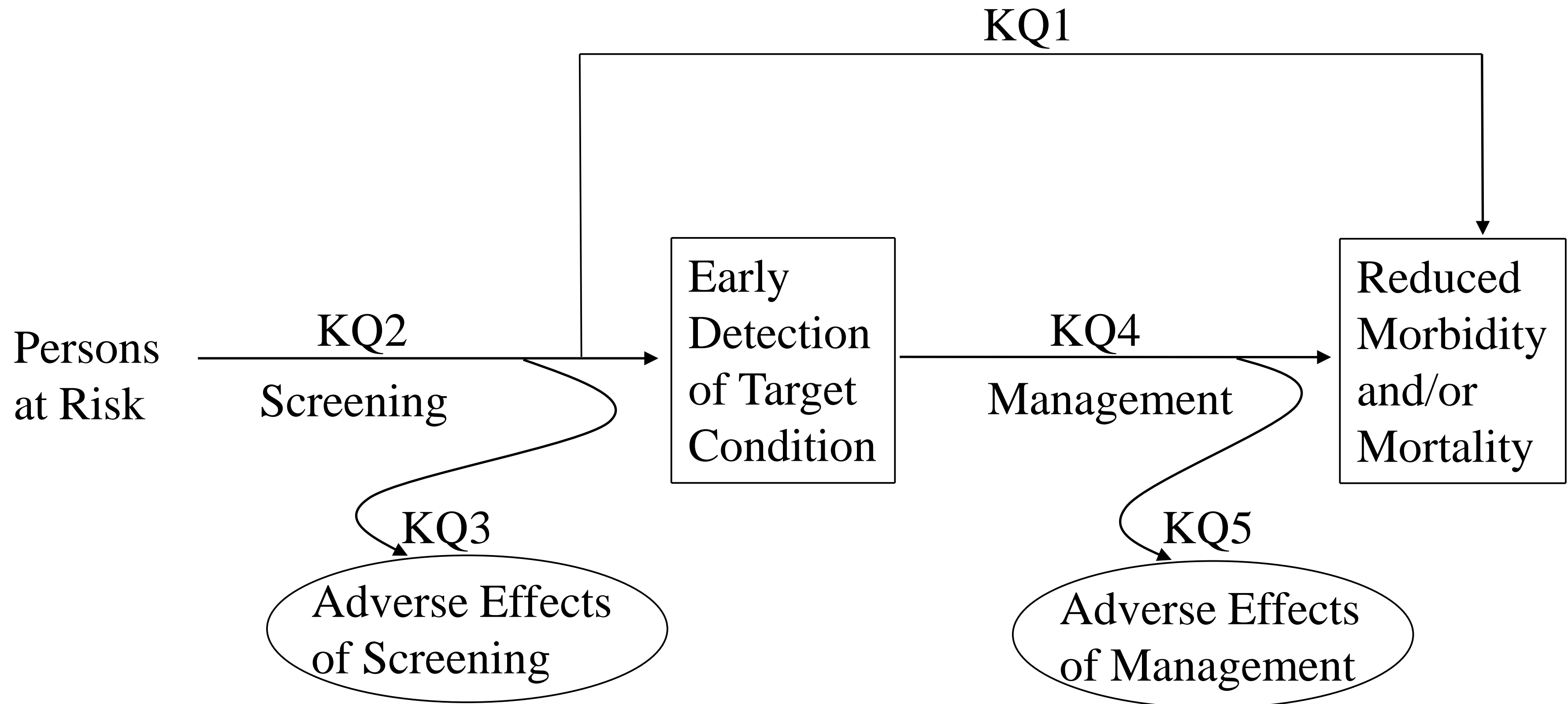
e.g. PPD for tuberculosis

e.g. ASQ for developmental delay

Criteria for Screening

- Disease is common (high incidence and prevalence) & has serious consequences (high morbidity or mortality)
- Prevalence of preclinical disease is high among population
- Accurate and reliable screening tests exist (acceptable sensitivity, specificity, positive predictive value)
- Screening test/tool is easy, simple, inexpensive, accessible, and has acceptable risk
- Management is efficacious and effective when given before symptoms develop

USPSTF Analytic Framework
Screening



Key Questions: KQ1. Does screening reduce morbidity or mortality?
KQ2. Can the target condition be identified accurately?
KQ3. Does screening result in harms?
KQ4. Is management effective in reducing morbidity or mortality?
KQ5. Does management result in harms?

Example Screening Recommendation

- The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years and in the general adult population. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
- Recommendation for primary care providers

Assessment/Diagnosis

= identification of a disease, illness or problem based upon history of symptoms and examination of signs

e.g. urinalysis in patient with fever and costovertebral tenderness to palpation

e.g. use of the DSM-V in patient with anxiety and tachycardia

Treatment

= medical care given to a patient for an illness or injury

e.g. antibiotics

e.g. asthma treatment protocol

Tertiary Prevention

= medical management of a chronic disease in order to limit disability and delay progression

e.g. physical therapy after knee surgery

e.g. exercise counseling for diabetic patient

Applications to AB 340

Definition of Trauma

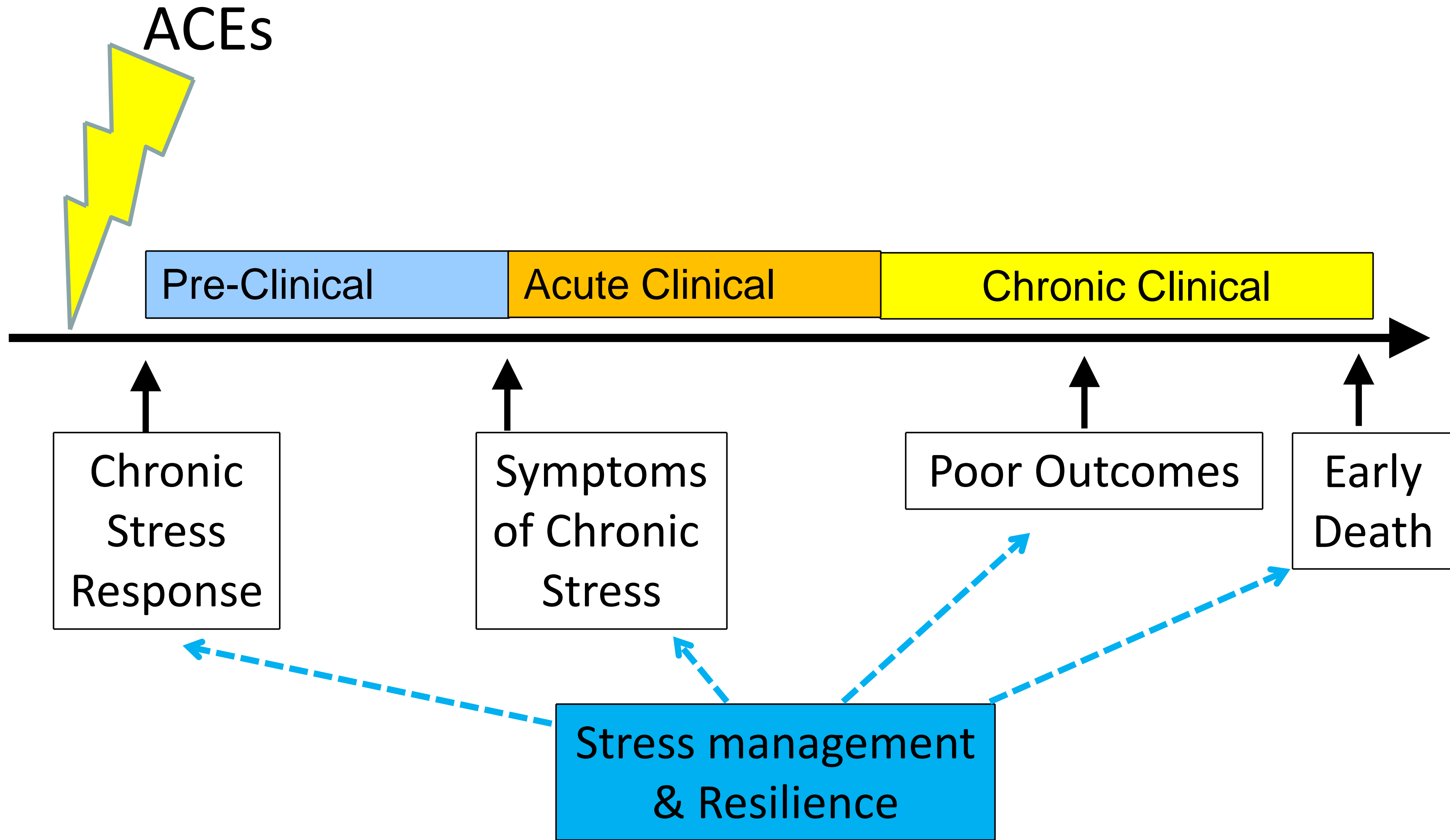
= the result of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being

May include ACEs, toxic stressors, social determinants of health

Goals of AB 340

- For EPSDT- screening, diagnosis, and treatment for individuals under age 21 covered by MediCal
- “update, amend, or develop, if appropriate, tools and protocols for the screening of children for trauma”
  A. Existing screening tools
  B. Efficacy and appropriateness of the types of providers
  C. Appropriations necessary to implement recommendations

Natural History of Poor Outcomes associated with ACEs



Primary Prevention of ACEs

= actions taken to prevent accumulation of ACEs in a person who is well (or a population that is healthy)

e.g. Counseling parents at a well-child visit

- Staying Healthy Assessment
- Bright Futures guidelines

e.g. Addressing unmet basic needs

e.g. Parenting education programs

e.g. Nurse home visiting programs

Secondary Prevention of ACEs

= screening asymptomatic to identify those exposed to ACEs in order to avoid or postpone poor outcomes associated with ACEs

e.g. ACE questionnaire for age 18+

e.g. Center for Youth Wellness Questionnaire

e.g. Whole Child Assessment

Should we screen for ACEs?

- ✓ Poor outcomes associated with ACEs are common
- ✓ Exposure to ACEs is prevalent
- ✓ Are there accurate and reliable screening tests for exposure to ACEs in adults?
- Are there accurate and reliable screening tests for exposure to ACEs in children?
- ✓ Screening test/tools are easy, simple, inexpensive, accessible, and have acceptable risk
- Are interventions efficacious and effective when given before symptoms develop?

Assessment/Diagnosis of Poor Outcomes

= identification of a disease, illness or problem associated with exposure to ACEs

e.g. Child and Adolescent Needs and Strengths (CANS) in symptomatic child

Treatment and Tertiary Prevention of Poor Outcomes

= medical care to cure or reduce disability associated with poor outcomes

e.g. interdisciplinary team protocol for effective treatment, follow-up and hand-offs