	Anxiety Management in Primary Care Clinic
Types of Anxiety Disorders	Selective mutism, separation anxiety disorder, phobias, OCD, social anxiety disorder, generalized anxiety disorder, panic disorder
How to Screen	PSC-17 (Pediatric Symptom Checklist): 4 year olds + Looks at psychosocial functioning, externalization and internalization SDQb (Strengths and Difficulties Questionnaire): 3 year olds + Sensitivity: 63% to 94% for emotional symptoms Specificity: 88% to 98% conduct problems Separate scale assesses impact of symptoms on global functioning ASQ-SE (Ages and stages questionnaire—social emotional): 6-60 months Screens for social-emotional communicative, motor, problem- problems Sensitivity: 71% to 85% Specificity: 90% to 98%
Positive Screening	 Obtain detailed hx re: symptoms, freq, duration, severity, degree of distress or interference Consider SW involvement as needed Behavioral Health/Psych referral
Initial Treatment (School Aged)	CBT What if symptoms persist? (school age): SSRI treatment in consult w/ psych

	BMC Primary Care Clinic Resources
Asthma Education	WHAT: 5-10 minute check in w/ patients to review triggers, spacer teaching, med teaching, AAP, screening for in home asthma services such as Breathe Easy WHEN: Monday-Friday 9am-5pm. Appropriate for any patient w/ asthma here for WCE, urgent visit, etc. HOW: Reachable via pager 8818
Health Leads	WHAT: A team of college students (usually premed) who can help patients access community resources including housing, daycare, adult education, food pantries, etc. WHEN: Monday-Friday; 9am-12pm and 2pm-5pm HOW: Find them in the blue shirts in the hallway or page them at 8203
Reach out and Read (ROR)	WHAT: Program to promote early literacy WHO: Age child 6 months – 5 years HOW: Kids ages 6 months – 5 years receive a book at every well child visit. WHERE: The ROR books are located in the little office next to the nursing office in the main primary care clinic hallway – they are next to a bunch of stickers too!!
Lactation Resources	 WHAT: We have lactation consults (both in the clinic and in the newborn nursery) who can often help mom's during the newborn visits. WHO: Any mom who is breastfeeding or attempting to breastfeed, especially those who have babies who aren't gaining good weight. Also appropriate to call them if moms have questions about pumping, latch, nipple pain, etc. WHEN: Anytime during PC clinic HOW: You can page the Child Life Specialist (Karlie Kennedy) who is usually in clinic and can come work w/ moms! You can also page a lactation consultant from the newborn nursery but it is very likely that they will be too busy to come during your visit.
Food Pantry	WHAT: Provides food resources (including fresh fruits and vegetables) to patients w/ food insecurity, chronic illness, etc. WHO: Anyone who gets a referral; immigration status DOES NOT matter and you don't need to document income when you refer, you just need to place the referral WHEN: Open Monday – Friday; 10:00 AM – 4:00 PM; pts can go 2x monthly HOW: Write a prescription for your patient in EPIC (they MUST have a Rx)

	BMC Primary Care Clinic Resources
Street Cred	WHAT: Organization started by BCRP alum Lucy Marcil to help families get the maximum amount on their tax returns WHO: For all pts w/ income <54,000 HOW: Refer patients to street cred (use .STREETCRED in the EMR) info@mystreetcred.org (617) 414-5946
Child Witness to Violence Project	WHAT: Provides social support and counseling for young (< 8y) children who have witnessed domestic violence. Run under the auspices of the DBP clinic. WHERE: Counseling happens at BMC but there is no documentation left in the chart. This can be tricky because you will not know if your patients are receiving services based on chart review alone. HOW: Call (617) 414-7425

	BMC Pediatrics Specialty Outpatient Clinics	
CCP Clinic	WHAT: Primary care home for patients w/ complex medical problems including NICU grads, patients w/ complex genetic disorders, etc. WHO: All patients w/ multiple medical problems and/or exceptionally complex social situations AND their siblings HOW: Talk to Dr. Jack Maypole (BCRP alum!)	
GROW Clinic	WHAT: BMC based clinic for kids w/ FTT, provides comprehensive wrap around services including social work and home visits performed by a dietician. Not a PCP WHO: For FTT kiddos (I think only less than age 5) HOW: Talk to the Grow clinic patient navigator (refer in EPIC)	
Baby Steps Clinic	WHAT: Provides coordination of care for babies who are preterm or have had complicated newborn courses; NOT primary care. Comprehensive team including pediatrician, nutritionist, OT, dieticians and close communication w/ neuro and GI WHO: For any baby who had a tough newborn course, is having difficulty gaining weight or other challenges. (All preterm) HOW: This is usually done when the baby leaves the nursery but if you think a baby would benefit from this clinic as well you can place a referral in EPIC	
SoFAR Clinic	WHAT: Primary Care Clinic for moms w/ a history of substance use and their babies (babies w/ a history of NAS) or exposure WHO: Babies born to moms who struggled w/ substance use during pregnancy and their siblings. Moms get care tooDyadic approach! HOW: Usually referred to the clinic from the newborn nursery but this can this can also be done on the outpatient side. Reach out to SoFar clinic SW to schedule an intake for the family.	
Teen and Tot Clinic	WHAT: Primary Care Clinic for teen moms and their babies – teen girls can get prenatal care in a centering group by midwife. Teen girls and children are seen together during primary care visits. The clinic also has a patient navigators and is run by Dr. Pierre-Joseph WHO: Teen moms and their babies/pregnant teens who have elected to become parents HOW: Page Adrian Stevenson (teen and tot patient navigator) or talk to Dr. Adolphe or Dr. Pierre-Joseph to transfer maternal/newborn care to teen and tot. Adrian will talk to the mom and do an intake	
IEP Clinic	WHAT: Clinic that is run by BMC preceptor Dr. Adolphe that bridges primary care w/ DBP, Helps w/ ADHD, ASD, learning/intellectual disorders. Appropriate for kids w/ IEP who aren't making progress or accessing the curriculum well or if parents have questions about the IEP. WHEN: Usually takes patients ~ 1 month to get in (for now) if you need help sooner or in the meantime, reach out to Dr. Adolphe directly. HOW: Place a referral in EPIC	

Specialty Outpatient Clinics continued on next page $\,\to\,$

	BMC Pediatrics Specialty Outpatient Clinics
Family Planning Services	Birth control counseling, STD testing, options counseling, for patients of ANY AGE, same-day birth control available page Teakia Brown
Pain Clinic	For kids with chronic pain (including functional), MD, acupuncturist, psychologist, PT
CATALYST Clinic	Teens with substance use disorder
Menstrual Disorders Clinic	Joint Adolescent/Heme Clinic
Lead Clinic	Sean Palfrey, for kids with elevated lead
CATCH Clinic	For gender affirming care
Embedded Child Psychiatrist	Andrea Spencer available for "curbside consults" and "co-management of patients with behavioral health concerns" page directly or refer to Integrated Behavioral health

BMC Indications for Social Work Consult		
Child Abuse	Substance abuse	
Neglect	Family bereavement	
Domestic Violence	 Newly diagnosed chronic or fatal illness 	
Sexual assault	 Witnessing/part of community violence 	
Mental health (depression, anxiety, psychosis, PTSD, etc.)	 Family distress or dysfunction 	
Thoughts of suicidal ideation/homicidal ideation	• Bullying	
Liz Kerr #3433, 4-7756	Jill Baker #2610, 4-7799	

BMC Clinic Tips

- Always review medications, allergies, etc by going to the A/P section of epic and clicking "mark all as reviewed"
- You can delete a note by clicking the "X" by the "sign note" or "pend note" drop down
- When ordering immunizations, use the order sets, which are present under "A/P" order section
 - Simply check off the box and sign the orders
- Huddle w/ your nurse and CA prior to clinic to discuss patients that may be late, clinic flow goals, complex patients, anticipated orders
- \bullet You know a patient is roomed when their vitals populate into your note
- To promote continuity, staple your card to the after visit summary
- Utilize case manager to make follow up appts for high risk patients
- ** You must import the flowsheets for the developmental screens into your note & indicate positive or negative
- ** You must send your notes to your preceptor w/i 48 hours for signing and billing

CHPCC Contacts			
Fax: 617-730-0505	Child Life: 84708	Newborn Pager (for scheduling visits): 5222	
Charge RN: 84706	Dental Clinic: 5654	Navigator: 5931	
Front Desk: 58944 SW Pager: 0170	Lactation: 56445	YPP: 7718	

CHPCC Primary Care Workflow

- Huddle with your nurse prior to clinic. During the session, you can stay in touch in person, or via ASCOM phone
- Patient checks in, which triggers a color change on PowerChart
- CA vitalizes patient and then places paperwork in the large conference room door after the patient is roomed
- Time permitting, your nurse will complete an intake medicine reconciliation and perform an initial assessment
- If age appropriate, take Reach out and Read book, toothbrush, and toothpaste with you
- Time permitting, to support workflow, nursing orders routine vaccines and sends them to you to be co-signed
- During the visit, don't hesitate to page any of the below numbers to help facilitate timely care for your families
- Consider using the clinic's "quick orders" tab to streamline your workflow
- Schedule a follow-up visit with your patient. It is good practice to even book the next annual visit in the computer
- Labs are drawn after the visit. Phlebotomy is located one floor above CHPCC. Instructions are printed on the "Patient passport" handouts available in all the rooms
- After the session, indicate if your patients' developmental screens were positive or negative on the paper billing pass, and give the pass to your preceptor

CHPCC Urgent Care

- Urgent care visits can be interspersed with primary care visits. You will also have dedicated urgent care sessions.
- Use the note's nurse triage assessment and the urgent care patient board to identify which nurse is caring for each patient. This nurse is your point person for additional interventions, such as a dose of ibuprofen or a nebulizer treatment
- Be flexible -- you may be asked to see a sick walk-in patient, or assist another provider with a difficult case.
- Important contact information, such as the ED expect line (call this number before transferring a patient to the ED) and the x-ray reading room are posted in the urgent care workroom.

	CHPCC Co-Located "Specialty" Clinics		
Refer patients wit	Refer patients with a PowerChart order		
Asthma Clinic	In-depth education or intervisit care, including home visits, for asthma patients requiring more frequent visits and/or asthma patients with more severe disease		
Advocating Success for Kids (ASK)	A multidisciplinary team (developmental medicine, educational specialist, social worker, and primary care) assists children who are having academic difficulties, such as from ADHD or a learning disability, who are not making adequate progress despite having an IEP, and also conducts evaluations for autism spectrum disorder and other developmental delays		
Rainbow	A multidisciplinary team to coordinate care for our clinic's medically complex children. Owing to their medical complexity, patients with a "Rainbow" distinction get longer patient visits, intervisit monitoring, and additional nursing, social work, and case management support.		
RASH	Have your patients' skin concerns addressed quickly, in a primary care setting, by pediatricians. This is generally far faster than a referral to dermatology.		
Young Parents Program (YPP)	A teen-tot clinic that provides primary care for adolescent parents and their children. Dedicated YPP staff provide longitudinal support.		