




In this case example, you will see how PEDS Online works in our busy clinics. We describe one of our patients, Matty Walds (not his real name), who was 3 years old when we first saw him.

You will also see how our very different clinics implemented the PEDS Online Screening service—including administration options, billing and coding for optimal reimbursement, help finding resources (both for referrals and for parenting information), etc.



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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](#)

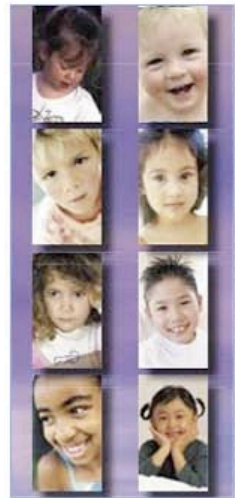
**Professional Login**

Enter details below:

Username:

Password:

**Login Required**



This is an image of the PEDS Online login page, [www.forepath.org/test](http://www.forepath.org/test), 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 anything.

***Note: You can trial the site by going to [www.pedstest.com/online](http://www.pedstest.com/online)***

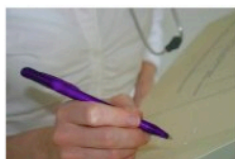


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**PEDS and PEDS:DM** are two highly accurate, valid developmental-behavioral screening and surveillance tools. Used alone or together, they comply with AAP policy and offer the best solution for early detection.

**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. (ie., 16 months through 3 years 11 months)

[Start Test](#)

After logging in, you'll first see the screens' selection page. You have two options:

1. You can start with *Parents' Evaluation of Developmental Status (PEDS)* and then complete (optionally) *PEDS: Developmental Milestones (PEDS:DM)* and/or the *Modified Checklist of Autism in Toddlers (M-CHAT)*; or
2. OR... you can start with the *PEDS:DM* and then decide whether to complete the optional *M-CHAT*.

*Our clinic uses PEDS at all well visits. At selected visits we ask providers to also administer the PEDS:DM and M-CHAT. Some of our providers always add the PEDS:DM because they prefer to not only evaluate parents' concerns but also routinely look at evidence-based milestones.*

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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.

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

**2. Do you have any concerns about how your child talks and makes speech sounds?**  
 Choose one: No ☐ Yes ☒ A little ☐  
 Comments:

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

**4. 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:

**5. Do you have any concerns about how your child uses his or her arms and legs?**  
 Choose one: No ☐ Yes ☒ A little ☐  
 Comments:

Once logged in, you land on this page where you'll see the required information you'll need to add, i.e., the child's name, date of birth, and date of testing (for which there is a click button that inserts today's date for you if helpful). Other fields are optional, but preferred.

Just below are the PEDS questions where parents' comments are entered. When finished click the "submit" button at the bottom of the page (not shown).



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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

You are then brought to this page where you double-check the child's age and that parents' responses are correct and can make changes if needed.



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 additional developmental/behavioral screens. If passed monitor development vigilantly.

#### PEDS Predictive Concerns

Expressive Language

#### PEDS Non-predictive Concerns

Fine Motor  
Behavior

So, you can stop just with PEDS. But we didn't because Matty landed on the moderate risk path of PEDS that calls for further screening. We could have referred him to early intervention for that, but we've found it doesn't take much time to do additional screens ourselves. And.. that enables us to decide right then and there whether we should refer (and for what types of services, or... whether we should just give the parents information on how to promote development and then monitor progress.

If you look at the top of this page, you will see the two (optional) screens available.

Because Matty was new to our clinic and he had not been screened for autism spectrum disorder (recommended by the American Academy of Pediatrics at 18 and again at 24 months), we chose to administer the M-CHAT next.



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

☒ Yes ☐ No  
☒ Yes ☐ No  
☒ Yes ☐ No  
☒ Yes ☐ No  
☒ Yes ☐ No  
☒ Yes ☐ No  
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☒ Yes ☐ No  
☐ Yes ☒ No  
☒ Yes ☐ No

[continue...](#)

The M-CHAT items then appear and you select between the yes-no answers. When finished, you click continue.



**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: [11](#), [20](#).

### 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.

The M-CHAT results along with PEDS results now appear on the page. Matty failed two questions (although he still received a passing score). Note that the failed items are shown as a live link. If you click on them, you will then see.....



## Failed M-CHAT Items

Name

**Matty Walds**

Date

August 31, 2010

Question

Response

Critical  
Item

11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)

Yes

20. Have you ever wondered if your child is deaf?

Yes

A child fails the checklist when 2 or more critical items are failed OR when any three items are failed.

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Scored by [Forepath](#)

....a separate window showing the failed items. It is best to re-interview families about their answers—most especially if the M-CHAT has been failed.

When you have finished, you close this window to return to your report for both PEDS and the M-CHAT, and you can then see one more option for screening.



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/sensory screens and offer developmental promotion.  
Procedure Code: 96110  
ICD-9 code: possible 315.9

#### M-CHAT: Pass

Now you've come back to the report page and can see the final optional screen, the PEDS:DM.

We chose to give the PEDS:DM because the M-CHAT only ruled out the probability of autism spectrum disorder. So... Matty might still have speech-language, fine motor or other problems that the M-CHAT doesn't detect. So, the PEDS:DM helps determine whether he needs a referral or instead whether he needs careful monitoring including offering his parents guidance on how to work with him.

Plus the PEDS:DM covers milestones, with evidence, and not only do most of our providers want to look at that, but the AAP recommends viewing milestones at each well visit.



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

Child's Name: **Matty Walds**  
 Birth Date: 08-05-2007  
 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**

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

Submit for Scoring

So now you see the PEDS:DM questions appropriate for Matty's age. After completing the 6 – 8 questions (depending on age—older children also get questions about reading and math), you click "submit" at the bottom of the page.



## PEDS:DM - DEVELOPMENTAL MILESTONES (ALL QUESTIONS)

Review parent responses for **Matty Walds**

Child Name: **Matty Walds**  
Birth Date: 08-05-2007  
Test Date: 08-30-2010  
Child's Age: 3 years 0 months 25 days  
Test Form: M (6 Questions)

**Please review your Milestones responses.**  
**If you need to make changes, click on the link below.**  
If answers are correct, proceed to the report page and additional options.

### PEDS

This child tested as PEDS Path: B-2

### PEDS:DM (Developmental Milestones)

*Parent responses indicate:*

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

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

[Take Me Back to Make Changes](#)

[Proceed to Report](#)

Next you'll see the PEDS:DM verification page (showing met and unmet milestones). It is possible to review answers and change them or just click "proceed to report"



**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.

Here you see the PEDS:DM results (and those of prior measures).  
Matty met milestones in receptive language, gross motor, self-help, and social-emotional.

But, he did not meet milestones in fine motor and expressive language; meaning that he performed below the 16<sup>th</sup> percentile compared to his peers. Such delays strongly predict present and future problems with school skills and school success.

It is definitely time to do something to help Matty! So... if you click on the bottom of this page (button not shown) you will see.....



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 Head 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 any 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

....a referral letter that PEDS Online generates and that you can send to early intervention, public schools, Head Start or other services and therapies to whom you wish to refer.



## 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.

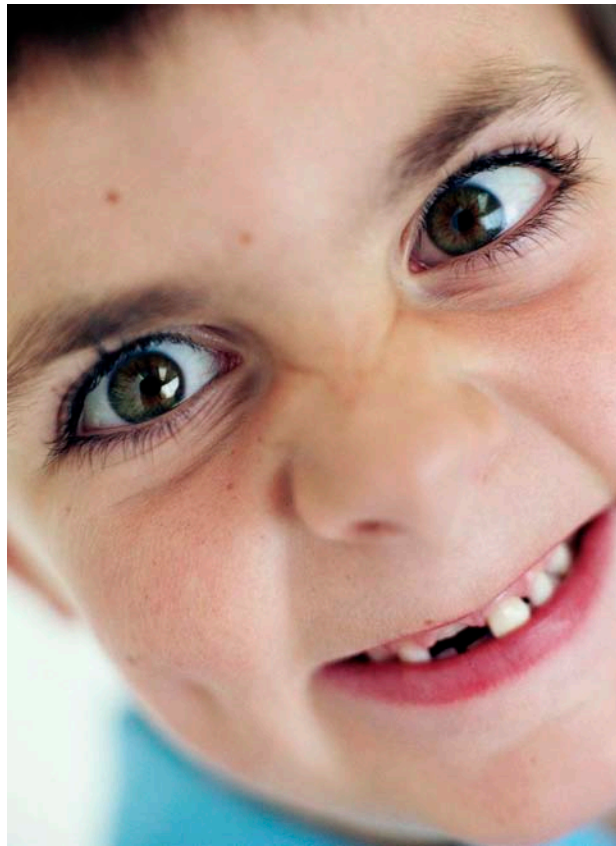
We would like your permission to send the results of today's testing to the services we are recommending. We would also like your permission to receive information from them on the additional testing they do and the recommendations they have for helping **Matty**

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

There is also a summary report you can print out to send home with parents. This explains the findings in family friendly terms and includes recommendations plus links to needed resources.



Matty (shown here at age 7 –and whose school photos always make us smile) was referred, at age 3, to early intervention and given extensive evaluations by a developmental psychologist, speech-language pathologist, and an occupational therapist. The results confirmed the pattern of delays observed in our screening.

Matty's parents decided to enroll him in Head Start with special education support including speech-language and occupational therapy. His problems with short attention span and his tendency to misbehave (probably as a consequence of frustration at not being understood) improved when his expressive language and articulation skills improved and...with exposure to well-behaved peers whom he watched carefully and imitated.

Although Matty made great strides, his cognitive and self-help, indeed all skills, progressed slowly relative to his peers. As we say in our clinic, "Development develops and developmental problems can too."

Two years later Matty received a diagnosis of intellectual disabilities as well as speech-language impairment. Once enrolled in the public schools, he was placed in a part-time special education classroom, with regular education for the rest of day (during activities that were non-academic in nature).

Meanwhile, Matty has many pre-vocational gifts and remembers, without prompting, to feed the animals on his parents' farm, actually enjoys weeding the family garden, and... he likes to wash dishes! Our clinic's staff all want to hire him one day!


Our clinic firmly believes that the *earliest possible* intervention is optimal. Although it isn't always a cure, it clearly helps our patients and their families. We recognize that determining which children need services, depends on quality early detection tools. We like the ease, speed, and scope of PEDS Online, and have found that the service reduces "oh by the way" concerns that so disrupted patient flow through our clinic. We have eliminated from our age-specific encounter forms the informal milestones checklist (even though it was drawn from the Denver-II) because that was time-consuming and seemed to miss many many children.

As a consequence, we've found that PEDS Online shaves several minutes from our well-visit encounters-- time that we now spend on more worthwhile pursuits: Preventing learning problems; giving parents information about child-rearing issues; encouraging parents, via Reach Out and Read, to share books and talk with their children during meals; and in facilitating referrals when needed.

We use PEDS Online at all well-visits, starting at 6 months (earlier if parents' raise concerns or we anticipate problems given prematurity or established conditions/syndromes) and then continue to use PEDS Online for preventive care encounters up to 8 years of age. After that we use, for children 8 and older, two quick academic and mental health screens (the SWILS and the PPSC-17 which are included in the print version of the PEDS:DM).

We've found that parents, especially those with limited education, are far more likely to return for well-visits because they realize our clinic views children's development as a routine part of pediatric care.

Finally, we have garnered much better reimbursement for screening from both private payers and Medicare as a consequence of using the validated tools within PEDS Online and from the billing/coding advice the site provides.



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**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

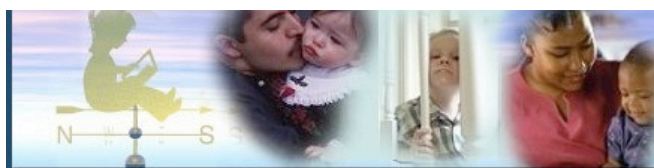
Associated accounts:  
[5540](#) -Main Test Site (13)  
[5722](#) -Third Level (7)

Wednesday September 1, 2010

Here's some "back of the book info." PEDS Online provides an administration panel where you can log in and see all records and... where you can modify records. For example, we've sometimes made mistakes with birthdates or the spelling of a patients' name. So we can fix that easily. Also our clinic sometimes sends families home with the M-CHAT and have them return within a month, so that we can add that to the results of screening.

This feature of PEDS Online gives us much flexibility in terms of managing our time and visit length. And, because our clinic is doing a quality improvement initiative, we can also track our progress at routine screening.

So from this page we can select to search our screens, show the most recent, etc.



# PEDS *online/MyAdmin*

[Home](#)

**Get Screens**

- Recent 75 (new)
- Show All By Page
- Search Screens

**Reference**

- Age Calculator
- Online Brief Guide
- EMR Integration
- FAQ

**Current News**

**Account Info**

- Support
- Account Information
- Review License
- Logout

**PEDS Online**

- New Screen

Screens on file for  
**Dr. Frances Glascoe**  
License Number: 501  
License Type: PEDSplus

Search by Name/SubjectID/Child ID  
Search for:

E = Edit

**Most Recent Screens** (Limit 42 )

Sort By: Test Date

No.	Edit	Del	Child's Name	Test Date	Child ID	Birth Date	Results
1	<span>E</span>	<span>X</span>	<a href="#">FRUNSNIS GLUDVNICK</a>	08-31-2010		07-07-2008	PEDS: Path D/E   M-CHAT: <span>FAIL</span>   PEDS:DM - Yes
2	<span>E</span>	<span>X</span>	<a href="#">EZEKIAL WOODS</a>	08-30-2010		08-05-2007	PEDS: Path B   M-CHAT: <span>PASS</span>   PEDS:DM - Yes
3	<span>E</span>	<span>X</span>	<a href="#">EZEKIEL WOODS</a>	08-30-2010		08-05-2007	PEDS: Path A   M-CHAT: <span>PASS</span>   PEDS:DM - Yes
4	<span>E</span>	<span>X</span>	<a href="#">KODY HLEBICHUK</a>	08-24-2010		04-28-2004	PEDS: Path A   M-CHAT: <span>NO</span>   PEDS:DM - NO
5	<span>E</span>	<span>X</span>	<a href="#">JOHN DEER</a>	07-11-2010		03-12-2009	PEDS: Path D/E   M-CHAT: <span>NO</span>   PEDS:DM - Yes
6	<span>E</span>	<span>X</span>	<a href="#">DAVID5 PAGE5</a>	06-09-2010		07-19-2005	PEDS: Path A   M-CHAT: <span>NO</span>   PEDS:DM - NO
7	<span>E</span>	<span>X</span>	<a href="#">DAVID4 PAGE4</a>	06-09-2010		02-01-2006	PEDS: Path B   M-CHAT: <span>NO</span>   PEDS:DM - NO
8	<span>E</span>	<span>X</span>	<a href="#">DAVID3 PAGE3</a>	06-09-2010		08-03-2007	PEDS: Path B   M-CHAT: <span>NO</span>   PEDS:DM - NO
9	<span>E</span>	<span>X</span>	<a href="#">DAVID2 PAGE2</a>	06-09-2010		01-01-2008	PEDS: Path A   M-CHAT: <span>NO</span>   PEDS:DM - NO
10	<span>E</span>	<span>X</span>	<a href="#">DAVID PAGE</a>	06-09-2010		03-09-2009	PEDS: Path B   M-CHAT: <span>NO</span>   PEDS:DM - NO
11	<span>E</span>	<span>X</span>	<a href="#">JOHN DOE</a>	05-26-2010	asdfada	03-01-2009	PEDS: Path A   M-CHAT: <span>NO</span>   PEDS:DM - NO
12	<span>E</span>	<span>X</span>	<a href="#">HATE PAINTING</a>	05-11-2010		01-01-2005	PEDS: Path C   M-CHAT: <span>NO</span>   PEDS:DM - NO
13	<span>E</span>	<span>X</span>	<a href="#">COLD GREY</a>	05-11-2010		02-15-2009	PEDS: Path B   M-CHAT: <span>NO</span>   PEDS:DM - NO
14	<span>E</span>	<span>X</span>	<a href="#">BLUE BIKE</a>	05-10-2010		06-08-2009	PEDS: Path B   M-CHAT: <span>NO</span>   PEDS:DM - Yes
15	<span>E</span>	<span>X</span>	<a href="#">RACHEL DOE</a>	05-02-2010		02-03-2008	PEDS: Path B   M-CHAT: <span>FAIL</span>   PEDS:DM - Yes
16	<span>E</span>	<span>X</span>	<a href="#">RACHEL DOE</a>	05-01-2010		02-04-2008	PEDS: Path A   M-CHAT: <span>NO</span>   PEDS:DM - NO
17	<span>E</span>	<span>X</span>	<a href="#">RACHEL DOE</a>	05-01-2010		01-06-2008	PEDS: Path B   M-CHAT: <span>FAIL</span>   PEDS:DM - NO
18	<span>E</span>	<span>X</span>	<a href="#">RACHEL DOE</a>	04-29-2010		03-03-2008	PEDS: Path B   M-CHAT: <span>PASS</span>   PEDS:DM - Yes
19	<span>E</span>	<span>X</span>	<a href="#">ZEKE DOE</a>	04-29-2010		03-03-2008	PEDS: Path B   M-CHAT: <span>PASS</span>   PEDS:DM - Yes
20	<span>E</span>	<span>X</span>	<a href="#">MICHAEL TESTC1</a>	04-11-2010	HJ1551	02-03-2006	PEDS: Path B   M-CHAT: <span>NO</span>   PEDS:DM - NO

We selected to see our most recent screens. The **E** to the left enables us to open a record to correct a mistake or add a new screen for a patient.

To the right you see the screens given and their results.



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### Get Screens

[Recent 75 \(new\)](#)  
[Show All By Page](#)  
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### Reference

[Age Calculator](#)  
[Online Brief Guide](#)  
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[FAQ](#)  

### Current News

### Account Info

[Support](#)  
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[Review License](#)  
[Logout](#)

### PEDS Online

[New Screen](#)

Dr. F

Most Recent S

No.	Edit	Del	Child's I
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>

Notice the left-hand menu showing some other helpful features and information about PEDS Online.

These include There are Frequently Asked Questions (FAQs)—some of which we’ll talk about later, and also an Online Brief Guide... described on the next page.



# 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).*

The downloadable PEDS Online Brief Guide, we printed out and keep copies at every station in our clinic where children are screened. We filled out the "Getting Started" Section so that all involved remember how and where to log in with our clinic's account and its unique administration panel.

## 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.dbped.org](http://www.dbped.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)

The PEDS Online Brief Guide includes “how-tos”, information about the various results, and also a helpful list of referral resources and professional information. It also includes a list of online parenting resources. We use [www.kidshealth.com](http://www.kidshealth.com) for information handouts on common issues like toilet training, sleep, eating, behavior, language development, etc. We also share a link to the site with parents so they can look up additional information they need—when they need it. Our patients are more than 50% Medicaid, but we’ve found that almost all have or can find computer access (e.g., through their children’s schools, public libraries (even their teenagers I-Phones)!



## So how did our clinic implement PEDS Online?

It was actually easier than we thought... although initially staff and providers pictured this sort of thing:

So.... there was a bit of grousing at the beginning!

We then set aside lunch discussions 1 – 2 times a week to let our clerical and nursing staff consider what would work best. We started the sessions with a “pep-talk” from one doc who was especially enthusiastic about early detection and intervention.



Together the clinic teams, after having other providers comment too, figured out what worked best. On the next page are a few of the options we use....

Although everyone wanted the results of PEDS Online to just “automagically” appear in our EHR and the PEDS Online team was able to do help with this, we soon realized we didn’t have the IT staff (or \$\$\$) on our end to handle that.

Also since we are a multi-site clinic (with somewhat different computer availability in exam rooms—although all providers have a laptop they can bring in with them), here are some of the ways we use PEDS Online.

- a) We always send parents home with an appointment card with the address of our clinic’s website where we put a link to PEDS Online. We encourage all parents to go to the site and complete the measures before their next well-visit (they don’t see the results—rather, each clinic receives an email alerting them that a screen is completed. Staff then open the administration panel and paste the results into the EHR—all before the providers see the patient.
- b) Although most parents remember to do this, not all do. And some don’t speak/read English well enough.
- c) So our back up plan is... that when the family checks in, the receptionist checks to see if there are completed screens. If not, she makes a note in the EHR and alerts the Med Tech.
- d) If the family speaks English, the Med Tech, after gathering vitals opens the site and administers at least PEDS or the PEDS:DM by interview. For non-English speaking families the Med Tech gathers print copies of the screens (in the appropriate language). These are provided with the PEDS Online license agreement and then escorts families to the exam room in hopes they can complete the screens on their own) and placing a note in the EHR alerting the providers.
- e) When the provider enters (with a laptop if needed) she or he can, if bilingual, can help families complete the screens or can enter their written comments into the site. If we lack language expertise (we need to find some Portuguese and Somali speaking staff!) the provider calls our translation service to facilitate the exam.
- f) We find most providers do like to start the encounter with PEDS questions about parents’ concerns. They submit those answers (or review them if already completed) and then decide from there whether other screens are needed. If time is lacking (often the case when our translation service is used), we make a follow-up appointment to complete other screens (if indicated).
- g) The provider then prints the parent summary (and any parenting handouts) for the families to pick up when they check out.
- h) After check out, the receptionist or clinic coordinator (depending on time, most especially time of day) open the PEDS Online admin panel and pastes information into the EHR and... deals with the referral letters generated by PEDS Online. We paste the contents onto our own letterhead before sending to various services.

It sounds like a lot of work but in reality.....



The planning process, given our very different clinics (considering the different families each clinic serves) was the main challenge. Once we got a plan worked out, it is now very easy.

And... the time savings are enormous because we don't have to hand-score, we have far fewer visits that run over the time allotted, we don't have to spend time creating referral letters, parents are better informed via the summary report we give them from PEDS Online, and I must say, parents and providers now really enjoy the screening process.

The other cool thing was that we had much improved reimbursement than before we started using PEDS Online. The cost is low and our reimbursement is about 8 times that—so quality early detection ensures that we do an optimal job--- and that we get paid for what we do.