



ADVANCING INTEGRATED HEALTHCARE

# Welcome

## Best Practice Sharing: Lead Screening

**Best Practices in Team-Based Care | November 15, 2022**

*Beata Nelken, MD, Jenks Park Pediatrics*

*Michelle Almeida, Health Program Administrator, Center for Healthy Homes and Environment, RIDOH*

*Cynthia Ali, NCM, Children's Medical Group*

*Janet Limoges, KIDSNET RIDOH*

# Agenda

<b>Topic</b> <i>Presenter</i>	<b>Time</b>
Welcome <i>Patricia Flanagan, MD</i>	8:00-8:05
Improving Lead Screening – Jenks Park Pediatrics <i>Beata Nelken, MD</i>	8:05-8:15
Overview of the Lead Poisoning Prevention Program <i>Michelle Almeida, Health Program Administrator Center for Healthy Homes and Environment, RIDOH</i>	8:15-8:30
Improving Lead Screening – Children’s Medical Group <i>Cynthia Ali, NCM</i>	8:30-8:40
<i>Discussion and Questions</i>	8:40-8:45
KIDSNET Reporting – Lead <i>Janet Limoges, Provider Relations Manager, KIDSNET, RIDOH</i>	8:45-8:55
Closing <i>Susanne Campbell, Senior Program Administrator, CTC-RI</i>	8:55-9:00

# Objectives & CME Credits

1. Implement new lead screening guidelines within primary care settings.
2. Improve lead screenings using best practice strategies shared by other practices.
3. Navigate KIDSNET, Rhode Island's data repository for children's immunizations and health screenings.

Claim CME credit here: <https://www.surveymonkey.com/r/Team-Based-Care-CME-evaluation>



*The AAFP has reviewed 'Advancing Comprehensive Primary Care Through Improving Care Delivery Design and Community Health,' and deemed it acceptable for AAFP credit. Term of approval is from 03/18/2022 to 03/18/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).*

# Improving Lead Screening

Best Practice Sharing from  
Jenks Park Pediatrics

*Beata Nelken, MD*







# Overview of the Lead Poisoning Prevention Program

**November 15, 2022**

**Best Practices in Team-Based Care meeting**

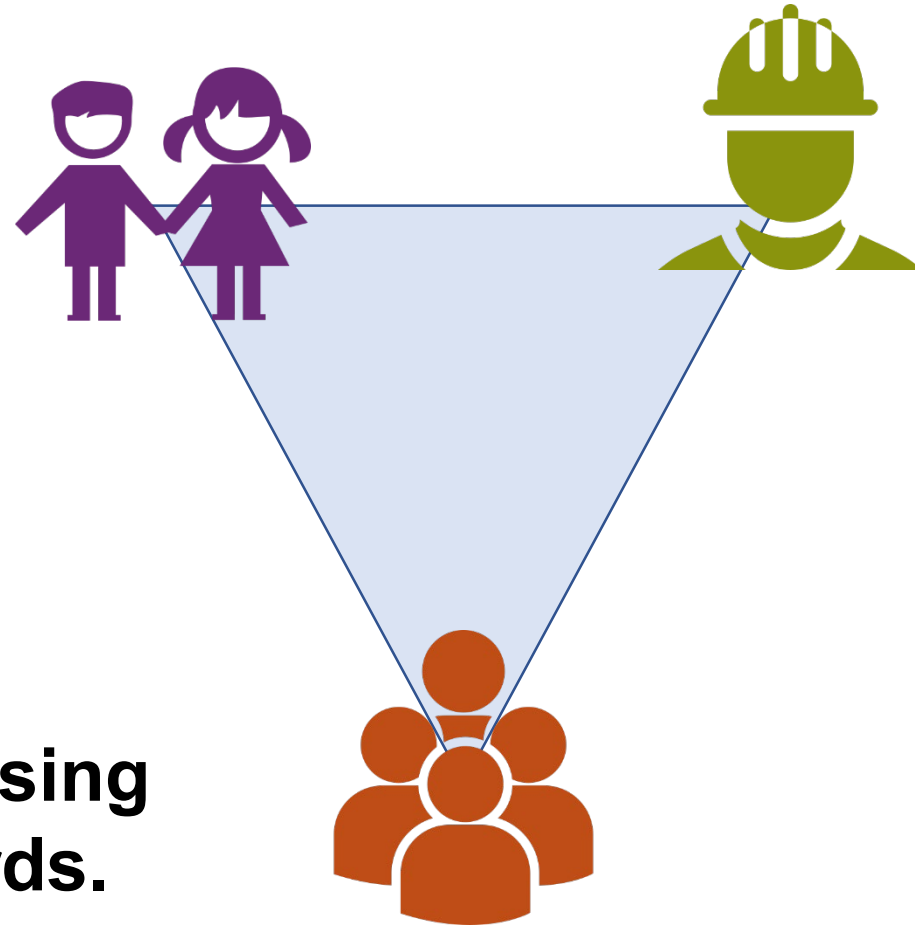
# RIDOH Lead Poisoning Prevention Program



**Protecting** the health  
and safety of

- children,
- workers, and
- general public

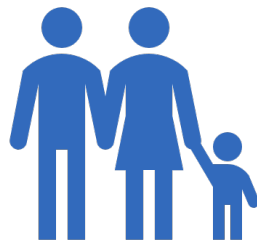
by **identifying and decreasing**  
**environmental lead hazards.**



# Lead Poisoning Prevention



**One comprehensive, statewide lead poisoning prevention program for Rhode Island**



## **Childhood Lead Poisoning Prevention Program**

*Funded by US Centers for Disease Control and Prevention*



## **Environmental Lead Program**

*Funded by the US Environmental Protection Agency*



## **Lead Hazard Mitigation Program**

*Funded by the Housing Resource Commission*



# Childhood Lead Poisoning Prevention Program



## Has your child been screened for lead poisoning this year?

Did you know all children must be screened for lead annually until the age of 6?

Lead can be found in paint, dust, soil, and/or water of homes built before 1978.

Lead poisoning can:

- Cause serious health problems
- Negatively affect a child's development
- Cause learning disabilities

For more information talk to your doctor, call the Rhode Island Department of Health at 401-222-5960, or visit <http://health.ri.gov/healthrisks/poisoning/lead/>



## Protecting children from lifelong effects of lead exposure

- **Ensure** that children younger than age six and special populations are screened.
- **Evaluate** screening and lead poisoning trends using blood lead test results.
- **Refer** children with elevated blood lead levels to case management and environmental lead inspection.
- **Conduct** outreach and education about the dangers of lead poisoning.
- **Create** and improve policy approaches to primary prevention

# Environmental Lead Program



## Identifying and decreasing environmental lead hazards

- **Offer** follow up assistance and enforcement after a lead inspection is conducted in the home of a child who is identified as having an elevated blood lead level.
- **Partnerships** to limit lead exposure in Rhode Island
- **Set** parameters for licensing lead professionals to conduct lead inspections and remove lead hazards from properties.
- **Conduct** field investigations on sites where lead hazard removal is performed to ensure that workers are appropriately licensed and follow lead-safe work practices.
- **Enforce** and inform the public about *Lead Poisoning Prevention Regulation*.

# Lead Hazard Mitigation Program



## Primary prevention of lead poisoning through lead-safe rental properties

- **Improve** awareness of lead hazards among Rhode Islanders and promote lead hazard reduction programs available throughout the state.
- **Educate** landlords on their legal obligations and motivate property remediation.
- **Enforce** lead hazard mitigation requirements by coordinating and collaborating with Rhode Island city and town officials.
- **Increase** the number of rental properties with a Certificate of Lead Conformance.
- **Decrease** the rates of lead poisoning in Rhode Island through primary prevention.

# RI is a Universal Screening State

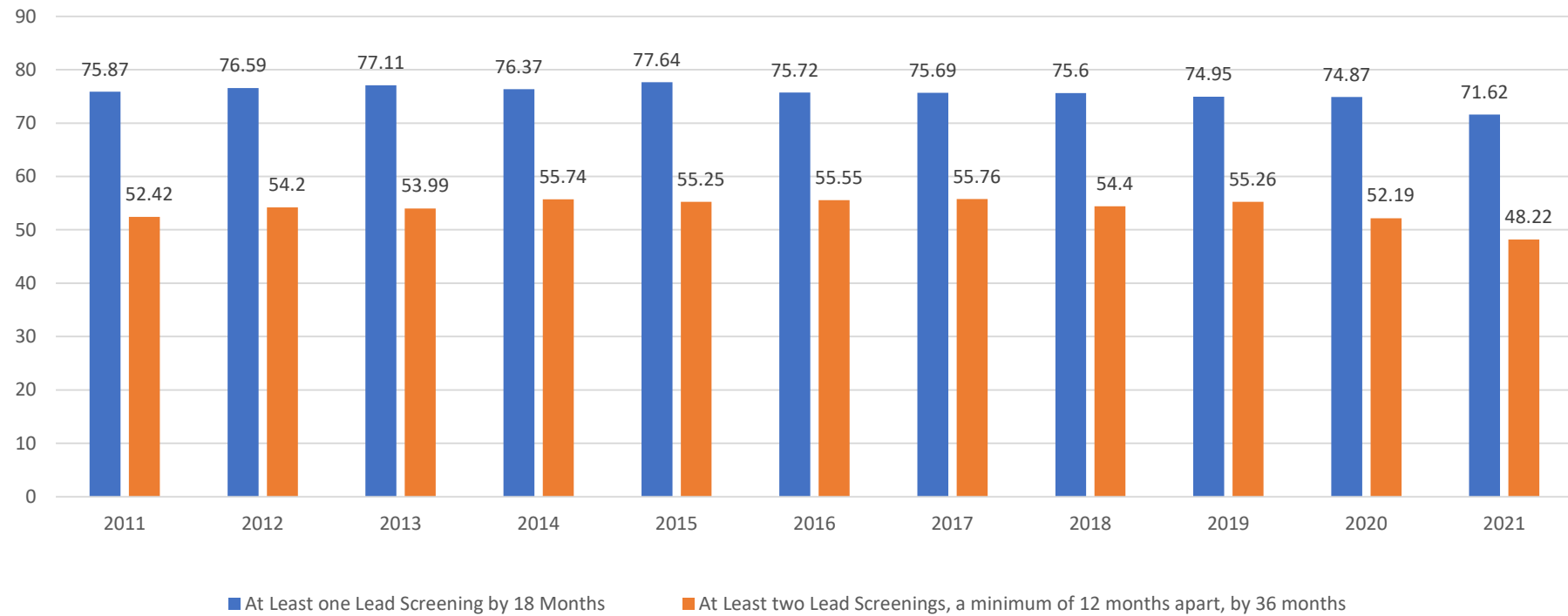


- All children living in Rhode Island should be lead tested at least 2 times before 36 months
  - One time between 9-15 months of age
  - Then again 12 months after the 1<sup>st</sup> test before the age of 36 months.
- If a child does not have a blood lead level (BLL)  $\geq 3.5$  micrograms per deciliter (mcg/dL) in either of the first 2 tests, then a risk assessment questionnaire can be conducted annually until the age of 6
- If a child ever has a test  $\geq 3.5$  mcg/dL the child should be tested annually until the age of 6
- If the child is screened according to the RIDOH requirements, they will always meet the HEDIS measure
- [Childhood Lead Poisoning Prevention Program Referral Intervention Process \(ri.gov\)](#)

# Screening Rates



**Percent of Children Statewide Screened for Lead in Compliance with Guidelines, 2011-2022**



# Blood Lead Reference Value

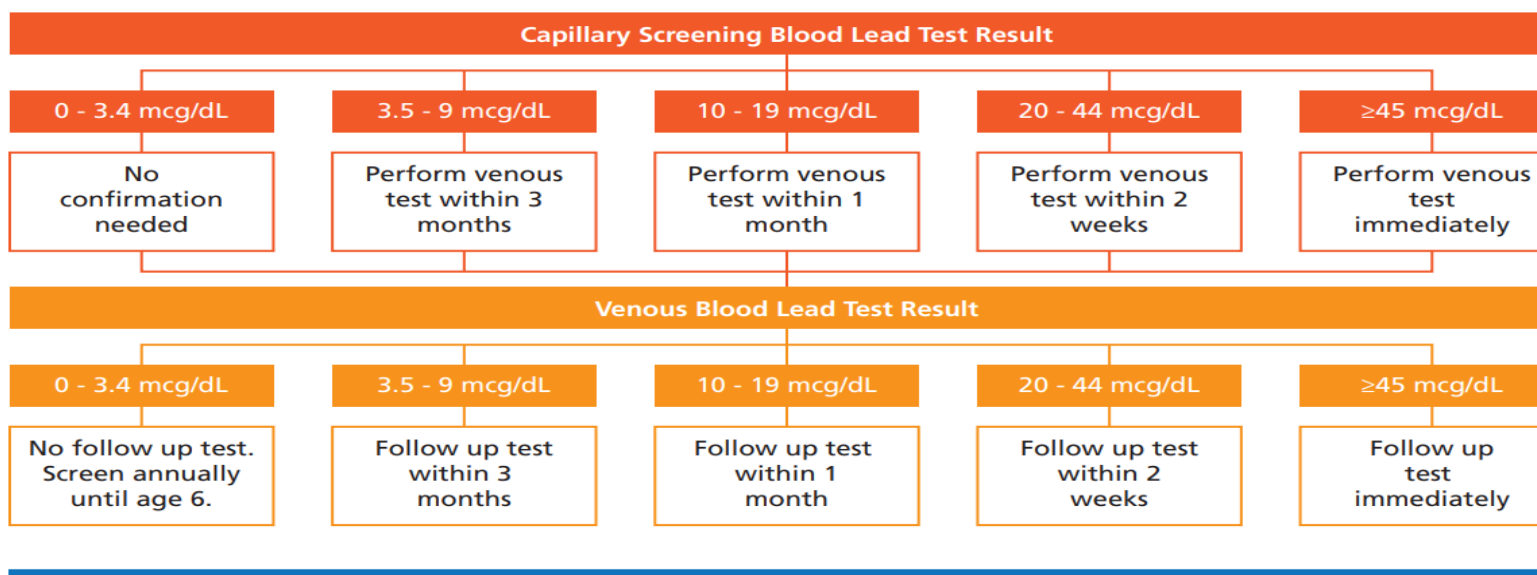


- CDC currently uses a [blood lead reference value](#) (BLRV) of 3.5 mcg/dL to identify children with blood lead levels that are higher than most children's levels.
- This level is based on the on the 97.5th percentile of the blood lead values among US of children ages 1-5 years from the 2015-2016 and 2017-2018 National Health and Nutrition Examination Survey (NHANES) cycles.
- Children with blood lead levels at or above the BLRV are among the top 2.5% of US children with the highest blood lead levels.
- CDC adopted the level of 3.5 mcg/dL October 2021
- RIDOH instructed primary care providers (PCPs) to start retesting children with BLLs of 3.5 mcg/dL in July 2022



## Childhood Lead Poisoning Prevention Program Overview of Referral Intervention Process

In Rhode Island, healthcare providers are required by law to conduct at least one lead test before the child is 15 months old and a second lead test at least 12 months after the first test, but before the child is 36 months of age. Children should then be screened annually through six years of age. For complete referral intervention process, please see the RIDOH [Lead Screening and Referral Intervention Process](#).



- [Childhood Lead Poisoning Prevention Program Overview of Referral Intervention Process \(ri.gov\)](#)



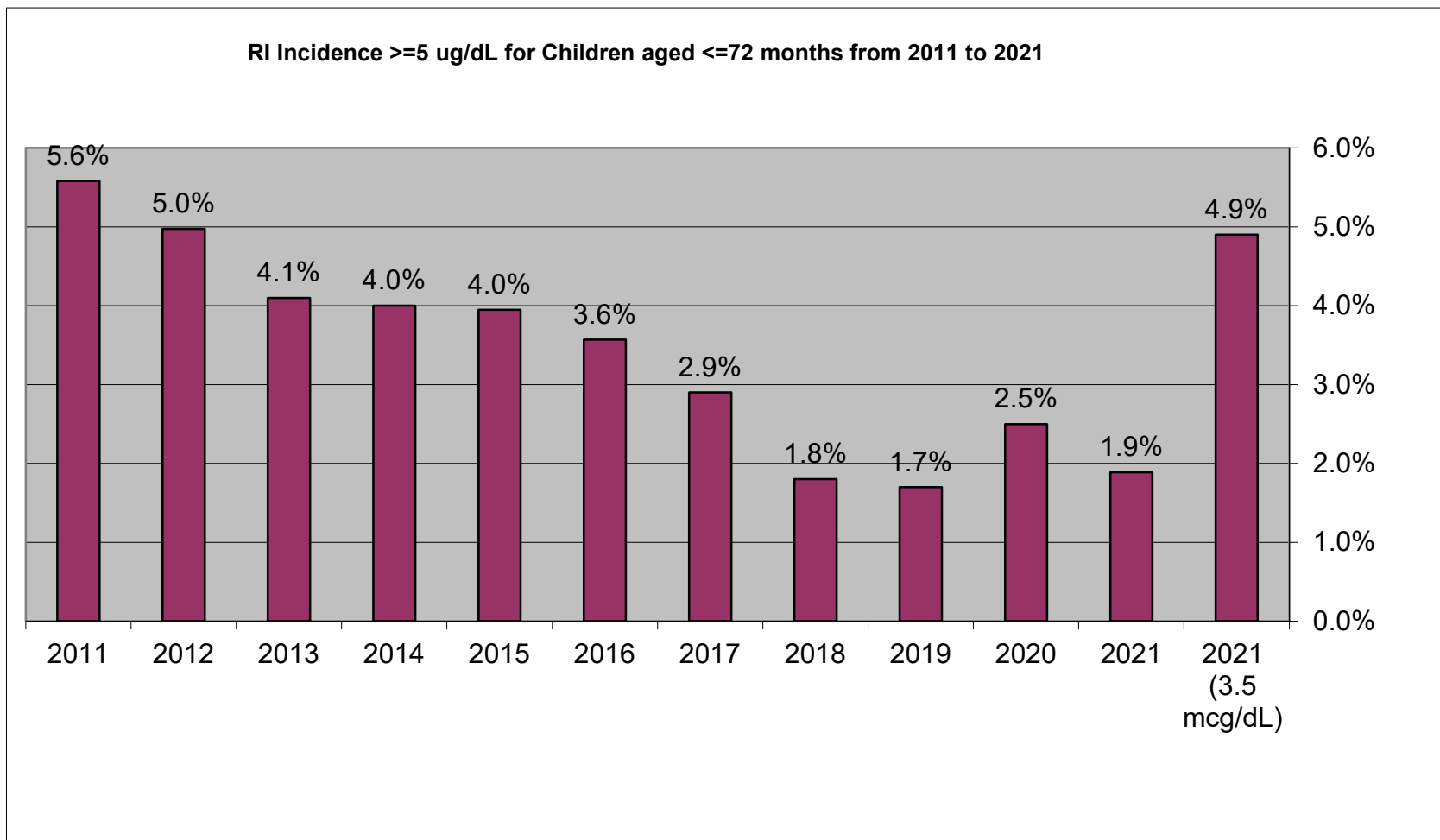
# Non-Medical Follow Up



Non-Medical Follow Up After Venous Blood Lead Test		
Venous BLL	By RIDOH	By PCP
0-3.4 mcg/dL	N/A	N/A
3.5 mcg/dL to 4.9 mcg/dL	<ul style="list-style-type: none"><li>• Informational packet will be mailed to families</li></ul>	<ul style="list-style-type: none"><li>• Warn parents that lead is present;</li><li>• Refer parents to the RIDOH and CDC lead web pages for more information</li></ul>
5 mcg/dL to 44 mcg/dL	<ul style="list-style-type: none"><li>• Offer non-medical case management</li><li>• Offer a lead inspection</li></ul>	<ul style="list-style-type: none"><li>• Encourage parents to accept services offered by RIDOH</li><li>• Warn parents that lead is present;</li><li>• Refer parents to the RIDOH and CDC lead web pages for more information</li></ul>
$\geq 45$ mcg/dL	<ul style="list-style-type: none"><li>• Offer non-medical case management</li><li>• Offer an immediate lead inspection</li><li>• Coordinate immediate interim controls, called a "super clean of lead hazards"</li></ul>	<ul style="list-style-type: none"><li>• Encourage parents to accept services offered by RIDOH</li><li>• Warn parents that lead is present;</li><li>• Refer parents to the RIDOH and CDC lead web pages for more information</li></ul>



# Lead Trends Highlight Importance of Screening



1260 children had a blood lead level  $\geq 3.5$ mcg/dL in Rhode Island in 2021.

# Improving Screening Rates and Outcomes



- Run reports in Kidsnet
- In office capillaries
- Text reminders from electronic medical records
- Encourage parents to accept non-medical case management and lead inspections
- Provide Understanding Your Lead Level Flyer [Understanding Your Child's Lead Screening \(ri.gov\)](#)

# Call to Action



- Tell us how we can support you
- Join the Lead Screening Advisory Committee

# Lead Poisoning Prevention Team



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# Improving Lead Screening

Best Practice Sharing from  
Children's Medical Group

Cynthia Ali, NCM



# Discussion



# KIDSNET Reporting – Lead

## Janet Limoges, Provider Relations Manager





# Evaluation & CME Credits

Please complete a session evaluation! Claim CME credit here:

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# Topics to look forward to

December 20: *Incontinence in Older Adults*

January 17 & February 21: *NCM Core Curriculum capstone projects*

March 21: *Sleep – **TIME CHANGE to noon – 1PM***

Mark your calendars **3<sup>rd</sup> Tuesday of the month at 8AM**

