Welcome and Project Overview

Donald E Lighter, MD, MBA, FAAP, FACHE
Learning Session Objectives

- State the difference between developmental monitoring and screening and review the benefits of incorporating each within a pediatric practice.
- Describe tools and resources that can assist with developmental monitoring, screening, and follow-up within a pediatric practice.
- Discuss strategies for incorporating developmental monitoring and screening within a pediatric practice.
- Demonstrate understanding of quality improvement core concepts, including the Model of Improvement/Plan-Do-Study-Act, and strategize how to incorporate quality improvement into practice.
Project Aims and Measures

• Between November 2015 and January 2016, project participants will collaborate to test, implement, disseminate, and plan to sustain strategies identified to improve and promote monitoring, screening, and follow-up for developmental concerns, so that:
  o 90% of patients are screened for risk of developmental, behavioral, and social delays using a standardized screening tool at the 9, 18, and 24 or 30-month health supervision visits.
  o The families of 90% of patients seen at the 9, 18, and 24 or 30-month health supervision visits receive a follow-up discussion of developmental screening results on the same day of the screening.
  o 90% of patients seen at the 9, 18, and 24 or 30-month health supervision visits are referred for follow-up care within 7 calendar days of receiving a positive developmental screening result.
Project Measures Continued

- 90% of patients are screened for risk of autism using a standardized screening tool at the 18- and 24-month health supervision visit.
- The families of 90% of patients seen at the 18- and 24-month health supervision visit receive a follow-up discussion of autism screening results on the same day of the screening.
- 90% of patients seen at the 18- and 24-month health supervision visit are referred for follow-up care within 7 calendar days of receiving a positive autism screening result.
## High Level Project Timeline

|------------------------------------------|-------------------------------------------|---------------------------------------------|---------------------------------------------|
|                                          | • Project orientation Webinar and QIDA demo to understand data collection system  
• Submit data on up to 40 patients related to the 6 measures | • Submit data on up to 20 patients related to the 6 measures, monthly for 3 months  
• Participate in at least 3 Webinars to discuss data and receive education  
• Implement interventions using PDSA cycles  
• Communicate with other participants via listserv  
• In last month, participate in sustaining change webinar | |
MOC Part 4 Requirements

- Participate in the project over a 5-month period (September 2015 – January 2016)
- Participate in an orientation webinar for the quality improvement (QI) project
- Complete web-based pre- and post- implementation surveys
- Submit baseline data for up to 40 of your own patients using QIDA
- Attend the in-person Learning Session and at least one day of AAP NCE
- Submit 3 months of data during the Action Period (up to 20 charts per month) using QIDA
- Submit findings and progress through 3 brief monthly reports
- Participate in 3 webinars where data is presented, QI principles are discussed, and education on topics relevant to the project are presented by experts in the field during the Action Period
- Review reports provided about data on a monthly basis; utilize data to guide future improvements

Stay engaged in the project!
Questions?
Report on Baseline Data and Pre-implementation Survey Results

Donald Lighter, MD, MBA, FAAP, FACHE
Baseline Record Review Data
Developmental Screening Referral

Cycle 1
(N=101)

Percent

0.0
10.0
20.0
30.0
40.0
50.0
60.0
70.0
80.0
90.0
100.0

Cycle

Goal
All Participants
Autism Screening Follow-up

Cycle 1 (N=332)

Cycle

Percent

0.0

10.0

20.0

30.0

40.0

50.0

60.0

70.0

80.0

90.0

100.0

Goal

All Participants

90.0

72.0
Pre-implementation Survey Results
Do you have easy-to-read materials to help parents track their child's development from birth to age 5 and help them talk with you about their progress?

- **Yes, I have what I need**: 56.3%
- **Yes, but I could use better materials**: 15.6%
- **No, and I would like to find good materials**: 28.1%

0 10 20 30 40 50 60 70 80 90 100
Do you routinely distribute these materials to families?

30

70

Yes
No
Learn the Signs. Act Early Materials

- Are you familiar? 22%
- Do you print or order? 29%
Developmental Monitoring/Surveillance

- % who responded “yes”:
  - Routinely conduct at every health supervision visit: 97%
  - Routinely document in the patient's chart/medical record: 94%
Do you currently perform standardized developmental screening tests in your practice using a standard screening tool?
What tool(s) do you use to perform standardized developmental screening tests?

- Ages and Stages Questionnaire (ASQ): 41%
- Ages and Stages Questionnaire, Third Edition (ASQ-3): 28%
- Parents' Evaluation of Developmental Status (PEDS): 25%
- Child Developmental Inventory (CDI): 3%
- Parents' Evaluation of Developmental Status: Developmental Milestones: 3%
- Survey of Wellbeing of Young Children (SWYC): 0%
Which apply to the standardized developmental screening tests that you use?

- Parent completes the screening test on paper; practice scans into electronic health record: 47%
- Parent completes the screening test on paper; provider enters scores into electronic health record: 41%
- My practice has purchased an online product from the screening tool publisher: 3%
- My practice is paper-based: 0%
At what age well-visits do you routinely conduct developmental screening tests?

- 9 months: 0%
- 18 months: 81%
- 24 months: 78%
- 30 months: 31%
Do you currently perform routine standardized developmental screening tests for *autism spectrum disorder* in your practice using a standard screening tool?
What tool(s) do you use to perform standardized developmental screening tests for autism spectrum disorder?

- Modified Checklist for Autism in Toddlers (M-CHAT): 56%
- Modified Checklist for Autism in Toddlers, Revised with Follow-up (M-CHAT-R/F): 34%
- Pervasive Developmental Disorder Screening Test-II (PDDST-II): 0%
Which apply to the standardized developmental screening tests for *autism spectrum disorder* that you use?

- Parent completes the screening test on paper; practice scans into electronic health record: 47%
- Parent completes the screening test on paper; provider enters scores into electronic health record: 44%
- My practice has purchased an online product from the screening tool publisher: 6%
- My practice is paper-based: 6%
At what age well-visits do you routinely conduct developmental screening tests for *autism spectrum disorder*?
Do you routinely discuss both positive and negative screening results with families?

Do you document the discussion?

- No
- Yes

**Responses:**
- Yes: 88
- No: 12

**Document Discussion:**
- Yes: 68
- No: 32
Do you have a standard process in place for next steps when a concern is noted by the primary care provider during the developmental screening process? Is the standard process followed?

- Yes: 53
- No: 47

- Yes: 59
- No: 41
When there is a positive developmental screening result, do you refer patients/families to any of the following for follow-up care:

- **Therapies (speech therapy, physical therapy, occupational therapy, etc)**: 97%
- **Early Intervention/Part C of the Individuals with Disabilities Education Act (IDEA)**: 91%
- **Developmental-Behavioral Pediatrician**: 66%
Are children who receive a positive developmental screen able to get the follow-up care they need in a timely fashion? If not, why are patients unable to get the follow-up care they need?

- Wait time is long for specialists
- Wait time for Developmental pediatrician and/or autism evaluation is longest (2-12 months), speech therapists generally shorter wait
- Parents not concerned/didn’t make appointment
Do you have a referral tracking system in place for children identified by a developmental or autism standard screening test as at-risk or delayed?
Does your practice provide ongoing training and orientation to staff on how to conduct developmental surveillance and screening?

- Yes: 25
- No: 75
Does your practice provide ongoing training and orientation to staff on how to communicate developmental concerns and screening results with families?
Questions?
Integrating Developmental & Behavioral Screening into Pediatric Preventive Care

Purpose, Strategies, and Tools

October 23, 2015
What We Know

• Impact of experience on brain development
• Growth, development, and behavior are inextricably linked
• Emotional development occurs in the context of a relationship (bonding, attachment, reading cues)
Prevalence and Risk

About **15%** of children have disabilities including speech and language delays, mental retardation, learning disabilities and emotional/behavioral problems.

(Less than 50% are detected prior to school entrance.)
Prevalence and Risk

13% of preschool children have mental health problems

This rate increases with the co-occurrence of other risk factors:

- Poverty
- Maternal depression
- Substance abuse
- Domestic violence
- Foster care
Benefits & Advantages of Structured Screening

The routine use of structured instruments:

• increases the reliability of the process when made a standard part of the visit flow
• engages parent(s) as a partner in care
• provides a template for conversation, helps set priorities for discussion, and guides the discussion based on parent concerns/questions

*There is evidence of more candid response with a written questionnaire than with direct questions*
Don’t Just Wait & See Tools

- General developmental & behavioral screening at 9, 18, and 24(30) months

- Autism screening
Why Developmental & Behavioral Surveillance & Screening?

• Early Identification

• Parental promotion & support

• Promotion of healthy development

• Anticipatory Guidance
Definitions: Surveillance (Monitoring) and Screening

**Surveillance:**
- Routine elicitation of family/patient concerns about development, behavior, or learning
- Generally accomplished by conversation and observation

**Screening:**
- **Primary screening** - formal screening done with the **total** population to identify those who are at risk
  - Examples include ASQ, PEDS, SWYC, PSC, SDQ, Bright Futures Supplemental Adolescent Questionnaires, and Edinburgh
  - These are tools with validation and cutoff scores, except the adolescent screens that ask about specific risks and strengths but do not have a numeric score.
Definitions: Surveillance (Monitoring) and Screening (cont)

- **Secondary screening:**
  - More specific screening done when risk is identified on a primary screen
  - Examples include the ASQ-SE, SCARED, CDI, CES-DC, PHQ-9 Modified for Adolescents, Vanderbilt, Conners...
  - Note that a specific screen may be used as a primary screen if there is known risk in a given population
    - Examples include MCHAT, PHQ-9 Modified for Adolescents, CRAFFT
Definitions: Surveillance (Monitoring) and Screening (cont)

Evaluation/Assessment:

• Goes beyond screening to ascertain diagnosis and develop recommendations for intervention or treatment

• This is generally not done by the primary care medical home, unless co-located or integrated professionals are in the practice.
  • For example, evaluation is done by Part C staff, in the schools, by a developmental & behavioral pediatrician, a psychologist, a psychiatrist, a geneticist, etc.
Early Childhood Screening Tools for Use in the Medical Home

• Primary Screening
  • 0-5: ASQ-3, PEDS, PEDS DM, MCHAT-R/F, SWYC

• Specific Social-Emotional Screening
  • 0-5: ASQ-SE, ECSA
  • 0-5: SWYC includes the Baby Pediatric Symptom Checklist and Preschool Pediatric Symptom Checklist
Early Childhood Tools: Characteristics

- Tools that use parent report:
  - ASQ-3
  - PEDS DM
  - SWYC
  - MCHAT R/F

- Tools that use parent concerns:
  - PEDS
The Ages and Stages (ASQ)-3

“First level screening tool for accurate identification of developmental delays or disorders”

- **Original sample** – 2008, 12,695 children
- **Validation** - Gesell, Bayley, Stanford-Binet, McCarthy, Batelle. Overall= 86% agreement
- **Sensitivity** - 86%
- **Specificity** - 86%

- Ages Tested - 2-60 months
- Elicits parent input/concerns
PEDS -DM

- Sensitivity 83%
- Specificity 84%
- 6-8 developmental milestones per age-range specific form (forms A-V)
- Covers ages 0-8 years
- Parent completed; answers questions on selected page in Family Book with dry erase marker
- Overlay for scoring
- Dr Glascoe recommends using with the PEDS, but not required
Parents Evaluation of Developmental Status (PEDs)

- Validation - 771 children
- Standardized - 2823 children across the U.S.
- Sensitivity: 74 – 80%
- Specificity: 70 – 80%
- Format - Each questionnarie-reviews 10 items
  - No, yes, and a little are responses.
  - Decision pathways A – E, based on score, to refer or do a second stage screen with ASQ, BINS, Batelle or CDI

Ages Tested: 0-8 years

Elicits parent input/concerns
Modified Checklist for Autism in Toddlers: MCHAT-R/F

- For 16-30 months (per instructions with tool)
- Sensitivity: 85%   Specificity: 93%
- 20 questions completed by parent
- 5-10 minutes to complete (parent)
- Simpler Scoring
  - For all items except 2, 5, and 12, the response “NO” indicates ASD risk; for items 2, 5, and 12, “YES” indicates ASD risk.
- Download forms and scoring
  - www.mchatscreen.com
MCHAT-R/F Information

• MCHAT-R, completed by parent; low, medium and high-risk scoring

• MCHAT Follow-up Interview: clarifying questions that can be used to increase positive predictive value of a positive screen.

• MCHAT-R Follow-up scoring sheet, score of 2 or greater is positive

• 10 translations in process: Bulgarian, French (Canadian), Italian, Japanese, Koren, Persian, Polish, Portuguese (Brazil and Portugal), Spanish (Western Hemisphere and Spain), Turkish

http://www2.gsu.edu/~psydlr/M-CHATTDiana L. Robins, Ph.D.
The Role of the Primary Care Medical Home

• Longitudinal relationship with the family is the “primary care advantage”

• Monitoring for healthy development in well-child care

• Support for the parent-child relationship
Promoting Healthy Brains

- Nutrition
- Nurturance
- Optimal environment
- Parent/caregiver health & mental health
- Developmental screening and surveillance in the medical home
- Parent – PCC partnership
- Anticipatory Guidance
Opportunities for Prevention and Promotion in Primary Care

- Prenatal Visits
- Psychosocial and maternal depression screening
- Developmental & behavioral screening and surveillance in pediatric and family practice offices
- Social/emotional screening for children identified “at risk”

*Psycho-social surveillance and screening for risk and protective factors is an integral part of routine care and the relationship with the child and family.*

*Implementation requires a QI approach to office process*
The Role of the Primary Care Medical Home

• Develop a reliable system for integration of surveillance, screening, referral, follow-up, and linkage to resources into the office workflow.

• Develop relationships with specialists & community agencies to include standardized referral and feedback processes.

• Follow criteria for referral after a positive screen. There is no rationale for a “wait and see” approach as it delays early intervention.
Pearls

• Primary surveillance and screening is **routine**, with every child/adolescent and family.

• Surveillance and screening include risks **and** strengths.

• Screening provides a template for conversation, and occurs in the context of a longitudinal relationship between the family and primary care clinician.

• Discussion with family occurs whether screen is positive or negative.

• When surveillance or screening indicate risk, next steps can include more specific secondary screening, a “warm hand-off” to an integrated mental health professional and/or referral and co-management.
Concerns for Developmental Delay

• Need to be addressed early with an assessment and evaluation
• Imperative not to delay making referral for further assessment and treatment by:
  • Early Intervention
  • Therapies (i.e., speech, occupational, or physical therapy)
  • Mental health providers for both the mother and infant/child
  • Parenting and home visiting programs
Referrals to consider when there are concerns on a screening tool....

• General developmental concerns related to speech, fine or gross motor, or learning
  • Infant Toddler (Part C) or Preschool EI (Part B)
  • Occupational therapy
  • Speech therapy
  • Physical therapy

• Social-emotional concerns (including concerns about psychosocial risks)
  • Mental health for the infant and mother dyad [i.e., Child Parent Psychotherapy (0-5 yrs), Parent Child Interaction Therapy (3-7 yrs)]
  • With known abuse/neglect [i.e., above plus also consider Attachment Biobehavioral Catch Up (0-36 months), TF-CBT (3-18 yrs)]
Referrals (cont.)

Simultaneous referrals for Community Resources:

• Evidence-based parenting programs (i.e., Incredible Years, Strengthening Families, Triple P, and Parents as Teachers)

• Evidence-based home visiting programs (i.e., Healthy Families America, Nurse Family Partnership)

• Early Head Start, Head Start

• Mother-Infant Dyad Resources:
  
  [http://www.ncpeds.org/ccnc-network-staff-online-library](http://www.ncpeds.org/ccnc-network-staff-online-library)
National Quality Measures for Developmental & Behavioral Screening
CMS Core Quality Measure

• CHIPRA Measure
• NQF # 1448
• Developmental Screening in the First Three Years of Life
  • Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday
• All states will be required to report for both Medicaid and CHIP in the CARTS reporting system annually
CQM: Numerator

The numerators identify children who were screened for risk of developmental, behavioral, and social delays using a standardized tool. National recommendations call for children to be screened three times in the first three years of life. The measure is based on three, age-specific indicators.

• Numerator 1: Children in Denominator 1 who had a claim with CPT code 96110 by their first birthday
• Numerator 2: Children in Denominator 2 who had a claim with CPT code 96110 after their first and before or on their second birthdays
• Numerator 3: Children in Denominator 3 who had a claim with CPT code 96110 after their second and before or on their third birthdays
• Numerator 4: Children in the entire eligible population who had claim with CPT code 96110 in the 12 months preceding their 1st, 2nd, or 3rd birthday (the sum of numerators 1, 2 and 3).
CQM: Denominator

• Denominator 1: The children in the eligible population who turned 1 during the measurement year.
• Denominator 2: The children in the eligible population who turned 2 during the measurement year.
• Denominator 3: The children in the eligible population who turned 3 during the measurement year.
• Denominator 4: All children in the eligible population who turned 1, 2, or 3 during the measurement year, i.e., the sum of denominators 1, 2, and 3.
PMCoE-DSF (Pediatric Measurement Center of Excellence – Developmental Screening & Follow-up)

1

Follow-up with patient family after developmental screening (the percentage of patients aged 6-36 months whose family received a follow-up discussion of developmental screening results on the same day of the screening visit)

- Numerator- pts whose family received a discussion of the developmental screen by a PCC on the same day of the screening visit
- Denominator- all pts 6-36 months who received a developmental screen using a validated screening tool
Follow-up referral after positive developmental screen

2 (percentage of patients aged 6-36 months who were referred for follow-up care within 7 calendar days of receiving a positive developmental screening result)

- Numerator – pts who received a referral for follow-up care within 7 calendar days of positive developmental screen
- Denominator – all pts 6-36 mos who received a positive developmental screening result OR an indication from the family of a concern
Developmental follow-up referral tracking (percentage of patients aged 6-36 months whose PCC received feedback from the follow-up care clinician within 6 months of providing the referral)

- Numerator - pts whose PCC received feedback within 6 months of the date of the referral
- Denominator - all pts 6-36 months who received a referral for developmental delay follow-up
Tools and Resources

FOR DEVELOPMENTAL MONITORING, SCREENING, REFERRALS, AND FOLLOW-UP

TONI WHITAKER, MD, FAAP AND JEN ZUBLER MD, FAAP
Tools for Monitoring

• Monitoring/surveillance
  • the process of routinely eliciting concerns about a child’s development, behavior, and learning through conversations with the family and observation.

• Family/patient education materials to help with monitoring
  • Learn the Signs. Act Early.
  • Bright Futures
Do you have easy-to-read materials to help parents track their child's development from birth to age 5 and help them talk with you about their progress?

- 15.6% Yes, I have what I need
- 56.3% Yes, but I could use better materials
- 28.1% No, and I would like to find good materials
Tools to Make Monitoring Easier

- Developed by CDC, in conjunction with the AAP
- Help parents become better partners in monitoring development
- Objective, research-based information may make visits more productive
Additional Materials from LTSAE
Learn the Signs. Act Early materials

- 22% of respondents were familiar
- 29% of respondents print or order
Tools for Screening

• AAP screening Algorithm

• AAP table of validated screening tools
  • New one expected in 2016

• Birth to 5: Watch Me Thrive!
  • Screening Compendium of Screening Measures for Young Children
  • Screening passport
Screening Algorithm
## Table of Screening Tools

<table>
<thead>
<tr>
<th>General developmental screening tool</th>
<th>Ages &amp; Stages Questionnaires (ASQ)</th>
<th>Description</th>
<th>Age Range</th>
<th>No. of Items</th>
<th>Administration Time</th>
<th>Psychomotor Projected/Scoring Method</th>
<th>Culturally Considerations</th>
<th>Purchase/Obtainment Information</th>
<th>Key References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battelle Developmental Inventory Screening Tool, 2nd ed (BDI-2)</td>
<td>Birth to 90 mo</td>
<td>Designed to screen for risk in social, motor, cognitive, communication, and adaptive domains.</td>
<td>100</td>
<td>10-15 min (3 y. old) or 20-30 min (1 - 4 y.)</td>
<td>Normed on 2006 US children, 2007-2008 normative data.</td>
<td>20 of 21 items (moderate high)</td>
<td>English and Spanish versions available</td>
<td>Paul H. Brookes Publishing Co. 2012; Paul H. Brookes Publishing Co. 2019</td>
<td></td>
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<tr>
<td>Bayley Infant Neurodevelopmental Screen (BINS)</td>
<td>3-24 mo</td>
<td>11-13</td>
<td>10 min</td>
<td>Normed on 2006 US children, 2007-2008 normative data.</td>
<td>10 of 13 items (moderate high)</td>
<td>English and Spanish versions available</td>
<td>Psychological Corp. 2006; Psychological Corp. 2010</td>
<td></td>
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<tr>
<td>Brighter Screens-IV</td>
<td>6-24 mo</td>
<td>8-10</td>
<td>10-15 min</td>
<td>Normed on 2006 US children, 2007-2008 normative data.</td>
<td>14 of 15 items (moderate high)</td>
<td>English and Spanish versions available</td>
<td>Psychological Corp. 2006; Psychological Corp. 2010</td>
<td></td>
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<tr>
<td>Child Development Inventory (CDI)</td>
<td>18 mo-6 y</td>
<td>300</td>
<td>30-50 min</td>
<td>Normative sample included 506 children from south of England.</td>
<td>15 items (moderate high)</td>
<td>English and Spanish versions available</td>
<td>Psychology Corp. 2006; Psychological Corp. 2010</td>
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Birth to 5: Watch Me Thrive
Screening Passport

What are developmental milestones?
Skills such as taking a first step, smiling for the first time, and waving “bye-bye” are called developmental milestones. Starting at birth and continuing throughout childhood, children reach milestones in how they play, learn, speak, act, and move.

What is developmental screening?
- A way to check your child’s development. It can show if your child is on track or if he or she might benefit from extra help.
- Recommended for all young children.
- Administered by a doctor, teacher, child care provider, home visitor or other professional.
- Uses a research-based questionnaire about how your child plays, learns, speaks, acts and moves.

How should I use this screening passport?
- Fill out this passport whenever your child has a developmental screen, or ask the doctor or other provider to fill it out for you.
- Take this screening record, along with any completed milestone checklists for your child’s age, to each check-up with your child’s doctor.
- Talk about screening results with the doctor.
- Ask the doctor to update your child’s records with recent screening results.
- Share this passport with your child care provider, teacher, home visitor, or anyone who provides services for your child.

Find more information about screening tools and resources at: www.hhs.gov/WatchMeThrive.
### Communicating Concerns: Screening and Diagnosis Results

**Handout II: Talking with Parents About a Concerning Developmental Screen**

- Explain in advance that all children of a certain age are screened for developmental concerns.
- Be sure parents understand that screening is not a diagnosis; it gives the pediatric provider information about parental concerns and is a starting point for discussion.
- Discuss screening results in person, not on the phone. If only one parent is present, offer to meet again with both parents or another support person identified by the parent.
- Referral to Early Intervention may be the first step. Be able to explain what Early Intervention is, and make parents aware that Early Intervention provides developmental services based on established eligibility criteria such as language delay, not based on a diagnosis. Early Intervention providers do not typically provide diagnoses, though they may suggest that a child be evaluated by a specialist in order to determine a diagnosis.
- If a referral to a specialist is indicated, be sure that the parents understand your concerns in addition to their own.
- Use language that leaves room for parents to anticipate possible results of a more detailed evaluation: e.g., the child “may be behind other children her age in this area,” or “seems to be having more difficulty than we would expect in a couple of areas,” or “The specialist has a lot of experience helping children, and will make recommendations for us to follow over time.”
- Provide information about accessing Early Intervention as soon as concerns are raised. If possible, identify someone in the office (social worker, nurse, etc.) to help parents make appointments. This is especially important for non-English speaking parents.
- Try to get a sense of whether the parents are likely to follow through with your recommendations. Arrange a follow-up visit in several weeks if you are concerned.
- Be available to parents as questions arise, and let them know you will remain the primary care doctor for their child.
- Ask if they want information about support groups in your area.
Tools for Referrals

Community Resource Template

EVALUATION AND DEVELOPMENTAL SERVICES

Early Intervention (EI) Program

EI Coordinator Name:
Telephone Number:
Fax Number:
Email Address:
Address:

Neurodevelopmental Pediatrics/Developmental-Behavioral Pediatrics:

Name | Telephone | Fax | Address | Email Address |
--- | --- | --- | --- | --- |
1 |   |   |   |   |
2 |   |   |   |   |
3 |   |   |   |   |

Child Psychologists:

Name | Telephone | Fax | Address | Email Address |
--- | --- | --- | --- | --- |
1 |   |   |   |   |
2 |   |   |   |   |
3 |   |   |   |   |

Child Neurologists:

Name | Telephone | Fax | Address | Email Address |
--- | --- | --- | --- | --- |
1 |   |   |   |   |
2 |   |   |   |   |
3 |   |   |   |   |

Other Evaluation/Developmental Referral Sources (OT, PT, Speech, Audiology, etc): 

Name | Telephone | Fax | Address | Email Address |
--- | --- | --- | --- | --- |
1 |   |   |   |   |
2 |   |   |   |   |

Earil Intervention Program Referral Form

Please complete this form for referring a child to Early Intervention (Part I) if you prefer to do so in writing. Also please indicate the feedback that you want to receive from the Early Intervention Program in response to your referral. Diagnosis of a specific condition or disorder is not necessary for a referral.

Parent/Child Contact Information

Child Name: 
Date of Birth: / / Child Age (Months) : Gender M / F

Home Address: 
Parent/Guardian: Relationship to Child:
Primary Language: Home Phone: Other Phone:

Reason(s) for Referral to Early Intervention

(please check all that apply)
- **Identified condition or diagnosis (e.g., autism, Down syndrome):**
- **Suspected developmental delay or concern (Please circle areas of concern):**
  - Motor/Physical Development
  - Cognitive Development
  - Social/Emotional Development
  - Speech/Language Development
  - Other:
  - At Risk (Describe risk factors): 
  - Other (Describe): 

Referral Source Contact Information

Person Making Referral: Date of Referral: / /
Address: 
Office Phone: Office Fax: Email:

Early Intervention Program Contact Information

Program Name: 
Address: City State Zip: 
Office Phone: Office Fax: Email:

Feedback Requested by the Referral Source

Date Referral Received: / / Date of Initial Appointment with Child/Family: / /
Name of Assigned Service Coordinator:
Tools for Follow-up

<table>
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<tr>
<th>Patient ID Number</th>
<th>Patient Name</th>
<th>Was this child referred? Where?</th>
<th>Date Referred</th>
<th>Was feedback received?</th>
<th>Date Feedback Received</th>
<th>Was the child identified with a developmental disability?</th>
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Engaging Families

Conversations about Developmental Screening

Don’t Just Wait and See
October 23, 2015
Remember Benefits & Advantages of Structured Screening

The routine use of structured instruments:

• increases the reliability of the process when made a standard part of the visit flow

• engages parent(s) as a partner in care

• provides a template for conversation, helps set priorities for discussion, and guides the discussion based on parent concerns/questions

There is evidence of more candid response with a written questionnaire than with direct questions
**Principles For Family Engagement**

<table>
<thead>
<tr>
<th>The family is the principal caregiver and the center of strength and support for children.</th>
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</thead>
<tbody>
<tr>
<td>The AAP recognizes that perspectives and information provided by families, children, adolescents, and young adults are essential components of collaborative decision-making in the delivery of high-quality, safe, and compassionate care. Patients and their families are integral partners of the health care team.</td>
</tr>
<tr>
<td>The AAP recognizes the value of diversity among patients, families, and pediatricians. The delivery of care within the context of appropriate physician knowledge, understanding, and appreciation of cultural and population distinctions take into account families’ experiences, beliefs, values actions, customs, and unique health care needs.</td>
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<tr>
<td>Recognizing, valuing, and building on the strengths of individual children and families and empowering them to discover and communicate their own strengths, build confidence, and partner in making choices and decisions about their health care is vital to optimal health and development.</td>
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<tr>
<td>To promote improved patient, family, and physician experiences and outcomes, the AAP encourages and supports family engagement in its core competencies of education, practice, research, and advocacy.</td>
</tr>
</tbody>
</table>

* AAP Guidance for Engaging Youth and Families in American Academy of Pediatrics Activities – still in draft
Visit Tips For Building Family Engagement

- If you see a parent doing something great, point it out
- Provide positive feedback during the visit
- Instead of telling the parent they “should” do something, offer that they “could” do something
- Ask the parents about their role as a parent, how they differ from their own parents, what they like to do with their child
- Take an interest in the parents
- Recognize the strength of extended family and offer strategies to assist
- Caution: when to focus on “how can I help you” more than “strengths” or how “strong” a family is
Remember Pearls

• Primary surveillance and screening is routine, with every child/adolescent and family.
• Surveillance and screening include risks and strengths.
• Screening provides a template for conversation, and occurs in the context of a longitudinal relationship between the family and primary care clinician.
• Discussion with family occurs whether screen is positive or negative
• When surveillance or screening indicate risk, next steps can include more specific secondary screening, a “warm hand-off” to an integrated mental health professional and/or referral and co-management.
Does Screening Mean Becoming an Expert in Evaluating a Child’s Development?

NO...

Screening is looking at the whole population to identify those at risk. Identified children are referred for assessment. Assessment determines the existence of delay or disability which generates a decision regarding intervention.

*Screening is optimized by surveillance*......*periodic screening gives a longitudinal perspective of a child’s developmental progress.*
When the Screening is Positive: Talking to Families

• Best to first highlight child’s strengths

• Always discuss results of the screening

• Bring up your/parent’s concerns

• Positive screen indicates potential of developmental delay/disorder

• Partner with family to decide on next steps & maintain contact throughout process
When Screening is Positive: Talking to Families

• Let family know you may not be an “expert”, but you can help refer & identify resources

• If positive autism screen, AAP Recommendation is for simultaneous referral for:
  • Evaluation and diagnosis
  • Early Intervention services
  • Audiology evaluation

• Part C - Early Intervention (0 up to age 3)
• Part B - Three years & above
• Assure family you will follow-up with call, visit
Don’t Just Wait and See: Improving Developmental Screening and Follow-up

OVERVIEW OF QUALITY IMPROVEMENT/MODEL FOR IMPROVEMENT

DONALD LIGHTER, MD, MBA, FAAP, FACHE
The Improvement Model

- What’s the problem?
- What should we measure?
- What can we improve?

- Pilot the improvement initiative

- Revise our plan based on what we’ve learned
- Deploy the improvement throughout the practice

- See if we’ve made a difference
PDSA is iterative
Set definite goals – Aim statement

Between November 2015 and January 2016, the practice will achieve the following goals:

- 90% of patients are screened for risk of developmental, behavioral, and social delays using a standardized screening tool at the 9, 18, and 24- or 30-month health supervision visits.
- 90% of patients are screened for risk of autism using a standardized screening tool at the 18- and 24-month health supervision visit.
- The families of 90% of patients seen at the 9, 18, and 24- or 30-month health supervision visits receive a follow-up discussion of developmental screening results on the same day of the screening.
- The families of 90% of patients seen at the 18- and 24-month health supervision visit receive a follow-up discussion of autism screening results on the same day of the screening.
- 90% of patients seen at the 9, 18, and 24- or 30-month health supervision visits are referred for follow-up care within 7 calendar days of receiving a positive developmental screening result.
- 90% of patients seen at the 18- and 24-month health supervision visit are referred for follow-up care within 7 calendar days of receiving a positive autism screening result.
Determine measures

- % of patients screened for risk of developmental, behavioral, and social delays using a standardized screening tool at the 9, 18, and 24- or 30-month health supervision visit
- % of patients seen at the 9-month, 18-month, and 24- or 30-month health supervision visit whose family received a follow-up discussion of developmental screening results on the same day of the screening.
- % of patients seen at the 9-month, 18-month, and 24- or 30-month health supervision visits who were referred for follow-up care within 7 calendar days of receiving a positive developmental screening result.
- % of patients seen at the 9-month, 18-month, and 24- or 30-month health supervision visits who were referred for follow-up care within 7 calendar days of receiving a positive developmental screening result.
- % of patients seen at the 18- and 24-month health supervision visit whose family received a follow-up discussion of autism screening results on the same day of the screening.
- % of patients at the 18- and 24-month health supervision visit who were referred for follow-up care within 7 calendar days of receiving a positive autism screening result.
Define measures

% of patients screened for risk of developmental, behavioral, and social delays using a standardized screening tool at the 9, 18, and 24- or 30-month health supervision visit

• Target Population: All patients seen for their 9-month, 18-month, and 24-or 30-month health supervision visit (Note: you may choose either the 24- or 30-month visit for this measure depending on when you conduct developmental screening)

• Numerator: # patients seen at their 9-month, 18-month, and 24- or 30-month health supervision visit with documentation in chart of a completed standardized developmental screen at the time of the visit

• Denominator: All patients seen for their 9-month, 18-month, and 24- or 30-month visit whose charts are reviewed

See appendix A for all operational definitions
Determine process workflow

1. **Child check in for well child visit**
2. **Checklist attached to chart (or EMR form)**
3. **Child’s chart “flagged” for screening**

   - Nurse documents screening exam on checklist
   - Nurse administers screening exam
   - Nurse validates chart for screening exam

   - Nurse notifies physician of exam
   - Physician reviews screening exam
   - Physician discusses exam and follow up with family
Engage staff

Explain importance of improvement initiative to staff

- Workflow
- Accountabilities
- Timeline
- Goals – definition of success
- Celebrate!

Brainstorm possible process improvements to try

- Direct link to Aim
- High impact, max learning
- Feasibility – time and money

Appoint project manager (or co-manager)

- Skills
- Motivation
- Time

Establish check-in meeting times to review data and progress

- Weekly or bi-weekly for short term projects

Provide support and encouragement along the way

- Cheerleader and coach!
- Help overcome barriers

Celebrate!
Project planner

What is an objective for a cycle?
- Thoughts?

What questions should you ask?
- Thoughts?

What is a “prediction”?
- Thoughts?

How do you plan for a change?
- How big a change, too?

Data collection – do you really need to plan?

Data management – it’s usually easier than you think

Act – back to step 1!
Tips for changing practices

- Include a manageable number of patients for intervention
- Chewable chunks – limit scale of intervention to a manageable number of processes
- Expect some resistance – capitalize on resistance to understand barriers
- Encourage innovation and flexibility
- Use data collection sheets to obtain data and make it part of workflow
- Collect only the data you need
- Learn from failures as well as successes
- Communicate learning and best practices
- Ensure leadership support
- Cheerleader and coach!
Your thoughts?
APPENDIX 1: MEASURES AND OPERATIONAL DEFINITIONS FOR DEVELOPMENTAL MONITORING PROJECT
<table>
<thead>
<tr>
<th>Measure Name/Type</th>
<th>Measure Definition</th>
<th>Source of Measure</th>
<th>Measure Calculation (Numerator/Denominator)</th>
<th>Measure Exclusion</th>
<th>Data Source/Associated Collection Tool</th>
<th>Measure Benchmark</th>
<th>Measure Target/Goal (%)</th>
<th>Data Collection Plan</th>
<th>Associated Questions</th>
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</thead>
<tbody>
<tr>
<td>Developmental Screening</td>
<td>% of patients screened for risk of developmental, behavioral, and social delays using a standardized screening tool at the 9, 18, and 24- or 30-month health supervision visit</td>
<td>CHIPRA Core Set</td>
<td>Target Population: All patients seen for their 9- month, 18-month, and 24- or 30-month health supervision visit. (Note: you may choose either the 24- or 30-month visit for this measure depending on when you conduct developmental screening.) Numerator: # patients seen at their 9-month, 18-month, and 24- or 30-month health supervision visit with documentation in chart of a completed standardized developmental screen at the time of the visit. Denominator: All patients seen for their 9-month, 18-month, and 24- or 30-month visit whose charts are reviewed</td>
<td>N/A</td>
<td>Patient charts/chart review tool</td>
<td>N/A</td>
<td>90%</td>
<td>Volume: 15 to 20 charts/records Frequency: Monthly Method of Transmission: QIDA</td>
<td>Is there documentation in the medical record that a standardized developmental screening was conducted at the 9-month visit? Is there documentation in the medical record that a standardized developmental screening was conducted at the 18-month visit? Is there documentation in the medical record that a standardized developmental screening was conducted at the 24- or 30-month visit?</td>
</tr>
<tr>
<td>Measure Name/Type</td>
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<tr>
<td>Developmental Screening Follow-up</td>
<td>% of patients seen at the 9-month, 18-month, and 24- or 30-month health supervision visit whose family received a follow-up discussion of developmental screening results on the same day of the screening.</td>
<td>PMCoE</td>
<td>N/A</td>
<td>Exclusions: Exclude records/charts with a “No” answer to the Developmental Screening Measure.</td>
<td>Patient charts/chart review tool</td>
<td>N/A</td>
<td>90%</td>
<td>Volume: 15 to 20 charts/records Frequency: Monthly Method of Transmission: QIDA</td>
<td>Is there documentation that developmental screening results were discussed with the patient’s family at the time of the screening?</td>
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</table>
## Developmental Screening Metrics

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<th>Data Source/Associated Collection Tool</th>
<th>Measure Benchmark Target/Goal (%)</th>
<th>Data Collection Plan</th>
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<tbody>
<tr>
<td>Developmental Screening Referral</td>
<td>% of patients seen at the 9-month, 18-month, and 24- or 30-month health supervision visits who were referred for follow-up care within 7 calendar days of receiving a positive developmental screening result.</td>
<td>PMCoE</td>
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<td>If a positive developmental screen was identified, is there documentation in the medical record that the patient was referred for follow-up care within 7 calendar days?</td>
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</table>

**Target Population:** All patients seen for their 9-month, 18-month, and 24- or 30-month health supervision visits. (Note: you may choose either the 24- or 30-month visit for this measure depending on what age you conduct developmental screening.)

**Numerator:** # patients seen at their 9-month, 18-month, and 24- or 30-month health supervision visit with documentation in chart of receiving a referral for follow-up care by the screening clinician within 7 calendar days of receiving a positive developmental screening result.

**Denominator:** All patients seen at their 9-month, 18-month, and 24- or 30-month health supervision visit who received a positive developmental screening result.

**Exclusions:** Exclude records/charts with a “No” answer to the Developmental Screening Measure.

**Exclusions:**
- Patient charts/chart review tool
- N/A
- 90%

**Volume:** 15 to 20 charts/records
**Frequency:** Monthly
**Method of Transmission:** QIDA
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</table>
| Autism Screening  | % of patients screened for risk of autism using a standardized screening tool at the 18- and 24-month health supervision visit. | N/A | N/A | Patient charts/chart review tool | N/A | N/A | 90% | N/A 15 to 20 charts/records Frequency: Monthly Method of Transmission: QID | Is there documentation in the medical record that a standardized autism screening was conducted at the 18- month visit? Is there documentation in the medical record that a standardized autism screening was conducted at the 24- month visit?
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<tr>
<td>Autism Screening Follow-up</td>
<td>% of patients seen at the 18- and 24-month health supervision visit whose family received a follow-up discussion of autism screening results on the same day of the screening.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Patient charts/chart review tool</td>
<td>N/A</td>
<td>90%</td>
<td>N/A</td>
<td>Is there documentation that autism screening results were discussed with the patient’s family at the time of the screening?</td>
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</table>

**Target Population:** All patients seen for their 18- and 24-month health supervision visit.

**Numerator:** # patients seen at their 18- and 24-month health supervision visit with documentation in chart of family receiving a discussion of the autism screen by a primary care clinician on the same day of the screening visit.

**Denominator:** All patients seen for their 18- and 24-month health supervision visit who received an autism screen using a standardized screening tool that was administered by the primary care clinician.

**Exclusions:** Exclude records/charts with a “No” answer to the Autism Screening Measure.

**Volume:** 15 to 20 charts/records

**Frequency:** Monthly

**Method of Transmission:** QIDAN/A
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</thead>
<tbody>
<tr>
<td>Autism Screening Follow-up</td>
<td>% of patients seen at the 18- and 24-month health supervision visit whose family received a follow-up discussion of autism screening results on the same day of the screening.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>90%</td>
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<td>Is there documentation that autism screening results were discussed with the patient’s family at the time of the screening?</td>
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**Target Population:** All patients seen for their 18- and 24-month health supervision visit.

**Numerator:** # patients seen at their 18- and 24-month health supervision visit with documentation in chart of family receiving a discussion of the autism screen by a primary care clinician on the same day of the screening visit.

**Denominator:** All patients seen for their 18- and 24-month health supervision visit who received an autism screen using a standardized screening tool that was administered by the primary care clinician.

**Exclusions:** Exclude records/charts with a “No” answer to the Autism Screening Measure.