November Project Webinar

November 3, 2015
OR
November 18, 2015
## Agenda

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Speaker</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Introductions</td>
<td>Christina Boothby, MPA</td>
<td>3 min</td>
</tr>
<tr>
<td>Integrating Developmental Screening into Practice Presentation</td>
<td>Toni Whitaker, MD, FAAP</td>
<td>20 min</td>
</tr>
<tr>
<td>Q&amp;A/Discussion</td>
<td>Toni Whitaker, MD, FAAP and Jennifer Zubler, MD, FAAP</td>
<td>10 min</td>
</tr>
<tr>
<td>Overview of Baseline Data/Facilitated Discussion</td>
<td>Donald Lighter, MD, MBA, FAAP, FACHE</td>
<td>25 min</td>
</tr>
<tr>
<td>Project Announcements</td>
<td>Christina Boothby, MPA</td>
<td>2 min</td>
</tr>
</tbody>
</table>
Integrating Developmental Screening into Practice

IMPROVING DEVELOPMENTAL SCREENING AND FOLLOW-UP

TONI WHITAKER, MD, FAAP AND JEN ZUBLER MD, FAAP
Barriers and Solutions

- What barrier to monitoring and screening is the top priority for your practice and any useful solutions you are using or considering?

(we’ll ask again after we discuss)
Steps to Consider

• Committed leadership
  • Gain explicit support from a respected champion (or identify yourself as such!)
  • Starts the process of gaining support from all
  • Can embrace, then model changes
  • To help make adjustments to staffing or roles if needed to facilitate new procedures
Steps to Consider

• Shared Definition of Need/Problem
  • Communicate with providers and staff
  • Invite discussion (formal or informal)
  • May be able to reflect back concerns you have heard from staff
    • Examples: You tell me parents often talk to you about concerns, development, etc...
      I know many of you are quite good at helping us notice developmental concerns...
  • Provide information to staff on how this will improve patient care
    \textit{(believe this yourself!)}
  • Be sure information is consistent among providers and staff
Steps to Consider

• Process Planning
  • Different staff members may be involved at different times of planning and execution; avoid surprises
  • Get input at each step
  • Refine goals as information is obtained, define well enough for consistency
  • Maximize contributions, minimize wasted time and effort
  • Realize that “more” of this could mean “less” of something else, and find the happy medium
  • Understand which staff members bear the most responsibility
Steps to Consider

• Some specifics
  • Who will choose the screening tools?
  • Who will obtain, stock, and monitor supply of screens?
  • When will the parent receive? Who will distribute? Who will complete? Who will ask (will they explain)? Who can help if reading or writing problem?
  • Who will gather the screen? Who will score? If not provider, how to forward?
  • How will the screen itself or the results become part of the medical record?
  • Do you have handouts, materials to reinforce typical development? What to do if concerns?
  • How will family satisfaction with the process be monitored?
Steps to Consider

• Anticipate problems
  • Similar steps to go through as various levels
  • Possible:
    • Physical space, where are/who has the forms, do we need extra clipboards?
    • Concerns about resources for referral?
    • Does the parent have enough time to complete another form? Can she/he read? Who watches the kids?
Steps to Consider

• **Evaluation** *(with some positive spin)*
  • Better care?
  • More satisfaction?
  • More time required from providers? More time during visit? Changes in number visits? Maybe save time in more problems later?
  • More time required from staff members? Perhaps more important than something else?
  • Increased identification of problems? How did it help?
  • Changes in reimbursement?
Barriers and Solutions

• What barrier to monitoring and screening is the top priority for your practice and any useful solutions you are using or considering?

• Any new ideas that may work for your unique situation?
  • Increasing parent education?
  • Sharing positive and negative results?
  • Improving referral system and follow-up protocol?
Have you found any resources in the Change Package/Toolkit that might be helpful to your practice?
Tools to Make Monitoring Easier

Learn the Signs. Act Early.

• The group data show many of you wanted more parent materials...

• Do you like these?
• Will you use?
Tools to Make Monitoring Easier

Learn the Signs. Act Early.

• Tried to order?
• Any problems – can we help?

• Other materials?
Tools for Screening

• Have you considered changing tools?
  • Adding?

• Are you happy with the tool(s) you are already using?
Tools for Discussing Screening Results

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 or 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, Tracking, & Follow-up

• Are you already happy with resources you have for referrals? Tracking?

• Ideas about how to find referral information or tools relevant for your practice?

• What else would help?
Report on Baseline Data and Pre-implementation Survey Results

Donald Lighter, MD, MBA, FAAP, FACHE
Baseline Record Review Data
Developmental and Autism Screening
Actual vs. Goal

Developmental Screening
Autism Screening

Goal

616 charts reviewed by 30 pediatricians participating in the collaborative
Pre-implementation Survey Results

32 SURVEYS COMPLETED REPRESENTING 32 PEDIATRICIANS PARTICIPATING IN THE COLLABORATIVE
Developmental Monitoring/Surveillance

- 97% Routinely conduct at every health supervision visit
- 91% Routinely document in the patient's chart/medical record

% who responded “yes”
Do you currently perform standardized developmental screening tests in your practice using a standard screening tool?

- Yes: 81
- No: 19
At what age well-visits do you routinely conduct developmental screening tests?

- 9 months: 68%
- 18 months: 81%
- 24 months: 78%
- 30 months: 31%
Autism Screening

- Routinely screen: 80% Yes, 20% No
- Routinely discuss pos and neg: 100% Yes
- Document discussion: 80% Yes, 20% No
- Standardized follow up: 60% Yes, 40% No
- Follow up process completed?: 40% Yes, 60% No
At what age well-visits do you routinely conduct developmental screening tests for *autism spectrum disorder*?
Referral Resources for Positive Screen or Concern

Referral barriers

- Long wait times for developmental peds and specialists
- Parents not concerned
- Parents did not make appointment
Staff Training for Developmental Testing and Communication of Results

Ongoing training for testing: Yes 20%, No 80%

Ongoing training for communicating concerns: Yes 100%, No 0%
Summary – Opportunities for Improvement

Most practices are screening children for developmental delays and ASD, but follow up and referral are less systematic.

Most practices desire high quality materials for parent education and support, but are unaware of many such resources.

ASD screening is performed at a fairly high rate, but follow up and resources are less reliably performed.

Referrals for children with developmental challenges are highly desirable and frequently made, but multiple time consuming and operational barriers exist to getting these children the advanced services they need.

EMR systems have become almost ubiquitous in pediatric practice, but most practices find it difficult to conduct follow up and tracking of children with developmental delays.