

---

# Developmental Screenings

---

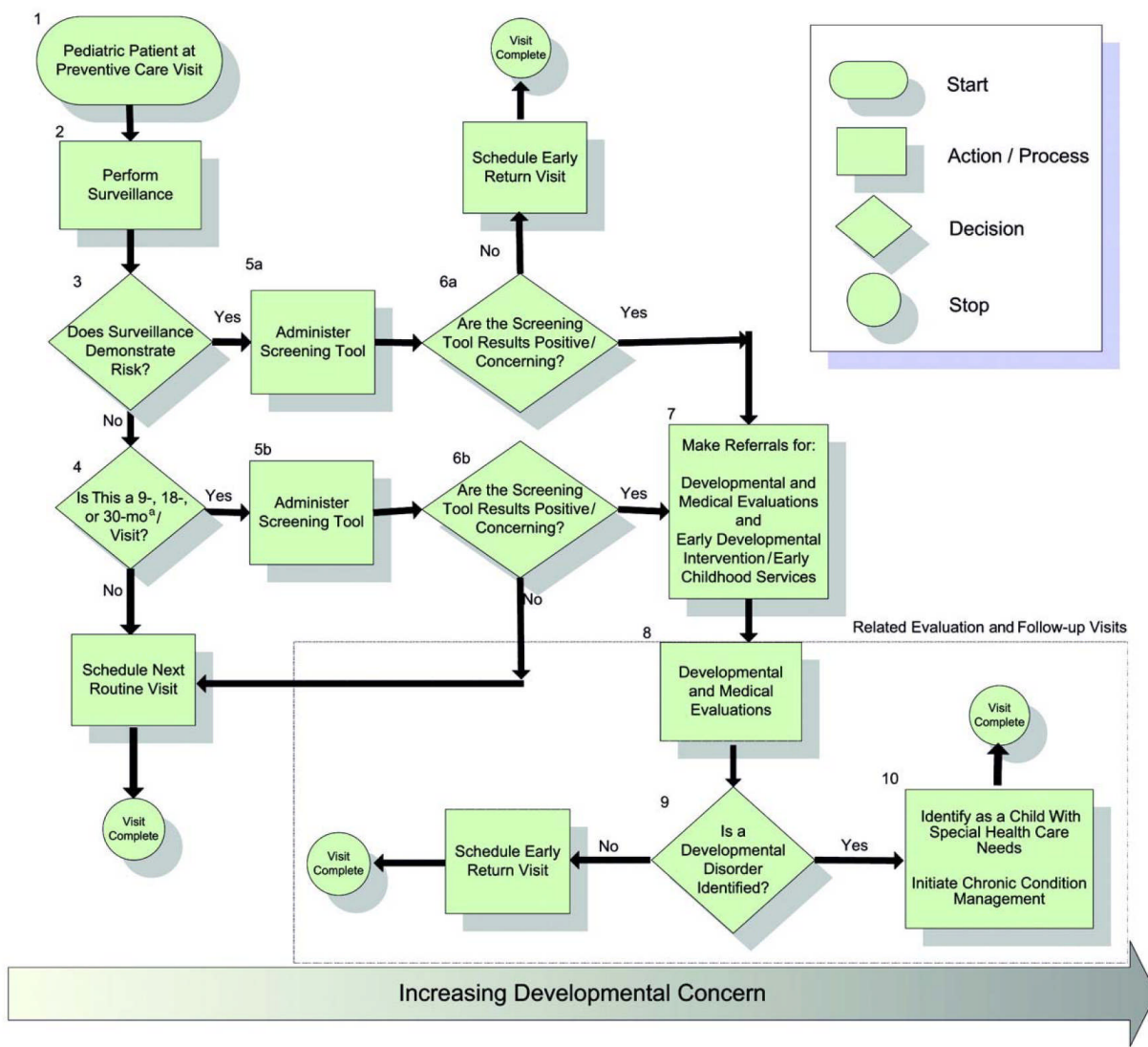
Madeleine S. Blancher, MD, FAAP

May 12, 2009

---

## AAP Policy – July 2006

- Developmental surveillance every well-child check-up
  - Developmental screenings at 9-18-30 mo visits
  - Specific autism screens at 18 & 30 months
  - Children diagnosed with developmental disorders should be identified as having special health needs
-



Pediatric Patient at Preventive Care Visit

1. Developmental concerns should be included as one of several health topics addressed at each pediatric preventive care visit throughout the first 5 years of life.<sup>6</sup>

2. **Developmental surveillance** is a flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems. There are 5 components of developmental surveillance: eliciting and attending to the parents' concerns about their child's development, documenting and maintaining a developmental history, making accurate observations of the child, identifying the risk and protective factors, and maintaining an accurate record and documenting the process and findings.

Perform Surveillance

Does Surveillance Demonstrate Risk?

3. The concerns of both parents and child health professionals should be included in determining whether surveillance suggests the child may be at risk of developmental delay. If either parents or the child health professional express concern about the child's development, a developmental screening to address the concern specifically should be conducted.

4. All children should receive developmental screening using a standardized test. In the absence of established risk factors or parental or provider concerns, a general developmental screen is recommended at the 9-, 18-, and 30-month<sup>a</sup> visits. Additionally, autism-specific screening is recommended for all children at the 18-month visit.

Is This a 9-, 18-, or 30-mo<sup>a</sup> Visit?

Administer Screening Tool

5a and 5b. **Developmental screening** is the administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder. Developmental screening that targets the area of concern is indicated whenever a problem is identified during developmental surveillance.

6a and 6b. When the results of the periodic screening tool are normal, the child health professional can inform the parents and continue with other aspects of the preventive visit. When a screening tool is administered as a result of concerns about development, an early return visit to provide additional developmental surveillance should be scheduled even if the screening tool results do not indicate a risk of delay.

Are the Screening Tool Results Positive/Concerning?

Make Referrals for:  
Developmental and Medical Evaluations and Early Developmental Intervention/Early Childhood Services

Developmental and Medical Evaluations

7-8. If screening results are concerning, the child should be scheduled for developmental and medical evaluations. **Developmental evaluation** is aimed at identifying the specific developmental disorder or disorders affecting the child. In addition to the developmental evaluation, a **medical diagnostic evaluation** to identify an underlying etiology should be undertaken. **Early developmental intervention/early childhood services** can be particularly valuable when a child is first identified to be at high risk of delayed development, because these programs often provide evaluation services and can offer other services to the child and family even before an evaluation is complete.<sup>25</sup> Establishing an effective and efficient partnership with early childhood professionals is an important component of successful care coordination for children.<sup>40</sup>

9. If a developmental disorder is identified, the child should be identified as a child with special health care needs and chronic condition management should be initiated (see No. 10 below). If a developmental disorder is not identified through medical and developmental evaluation, the child should be scheduled for an early return visit for further surveillance. More frequent visits, with particular attention paid to areas of concern, will allow the child to be promptly referred for further evaluation if any further evidence of delayed development or a specific disorder emerges.

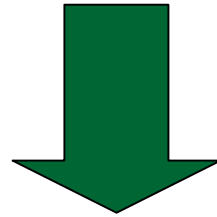
Is a Developmental Disorder Identified?

Identify as a Child With Special Health Care Needs  
Initiate Chronic Condition Management

10. When a child is discovered to have a significant developmental disorder, that child becomes a child with special health care needs, even if that child does not have a specific disease etiology identified. Such a child should be identified by the medical home for appropriate chronic condition management and regular monitoring and entered into the practice's children and youth with special health care needs registry.<sup>41</sup>

---

Early Identification



Further Evaluation



Specific & Appropriate Treatments

---

---

# Medical Home

- Ideal setting for developmental surveillance and screening
  - Site of prevention and early interventions
  - Site of continuous and comprehensive care
  - Developmental disorders are special health needs and require chronic condition management
-

---

# Definitions

- Surveillance--process of recognizing children who may be at risk
  - Screening--use of standardized tools to identify and refine that risk
  - Evaluation--complex process aimed at identifying specific developmental disorders
-

---

# Why do screening?

- 12-22% of children in US have developmental or behavioral disorders
  - Many validated screenings are available
  - Better services are available to children with developmental delays from birth on
  - Better outcomes for participants (higher graduation rates, delayed pregnancy, increased employment, decreased criminality)
  - **\$30,000 to > \$100,000 per child benefit to society**
-



---

# Why do screening?

## ■ Without screening:

- 70% of children with developmental disabilities not identified (Palfrey et al. J PEDS. 1994;111:651-655)
- 80% of children with mental health problems not identified (Lavigne et al. Pediatr. 1993;91:649-655)

## ■ With screening:

- 70-80% of children with developmental disabilities correctly identified (Squires et al. JDBP 1996;17:420-427)
  - 80-90% of children with mental health problems correctly identified (Sturner, JDBP 1991;12:51-64)
-

---

# Why do screening?

- *Subjective impressions* of development may be inaccurate and should not be exclusively relied upon
    - *Subjective estimates of developmental status proven to often be inaccurate*
    - *Mild retardation not identified until school age as evidence of delayed identification*
-

---

# Why do screening?

- Critical influence of early childhood years on later school success
  - Less-differentiated brain of younger child amenable to intervention
  - Opportunity to avert secondary problems: self-esteem, self-confidence
  - Legal mandate
-

---

# Why do screening?

- First three years of life are critical to brain development (Shonkoff et al, eds. From Neurons to Neighborhoods: The Science of Early Childhood Development; 2000)
  - Brain is most adaptable in childhood
  - Early treatment is most effective for developmental conditions
-

---

Why do screening in Alabama?

---

---

# Why do screening in Alabama?

- 2002 data from CDC:



---

# Why do screening in Alabama?

- 2002 data from CDC:
  - Median age of earliest Autism Spectrum disorder ranges from 49 months (Utah) to 66 months (Alabama)



---

# What are we doing for Alabama?

- Alabama Assuring Better Child Health and Development (AABCD)
    - Goals: Strengthen capacity to deliver care that supports young children's healthy development and to ID and implement policy & system changes that support the provision of preventive and early intervention by providers
    - Began in April 2007-15-mo initiative
    - Collaborative effort headed by Alabama Chapter-AAP, Medicaid, ALL Kids
-



---

# What are we doing for Alabama?

- AABCD- three pilot sites
    - Increased use of screenings from 4% to 78%
    - Resulting in 138% increase in referrals to Early Intervention
    - Improved cooperation between medical home and Early Intervention and other service providers
    - Engaged parent (usually mother) in actively participating in child's development
-

---

# What are we doing for Alabama?

- AABCD – Open Forum – January 2009
    - Encourage statewide utilization of screens
    - Introduction to various agencies and services
    - Collaboration between medical home and service providers
  - Alabama Chapter-AAP
    - Multiple didactic sessions educating members on developmental screenings
-

---

# How are we doing in Alabama?

- Barriers to developmental screening
    - Education of primary care providers in use of screening instruments
    - Time constraints on PCP's
    - Linkages between PCP's and service providers
-

---

# How are we doing in Alabama?

- Payment for administration of screens
    - Medicaid allows 2 screens per visit
    - All Kids allows 4 screens per child
    - BC/BS of Alabama
      - Usually not for well-child check-ups
      - Will pay for psychologists/psychiatrist to administer
-

---

# What's next for Alabama?

- AABCD III – follow-up program
    - Grant proposal with ADMH/MR, Medicaid & ALAAP
    - Coordination between medical home & service providers
      - Access
      - Communication
    - Decrease duplication of services
      - Time
      - Money
      - Hassle factor
-