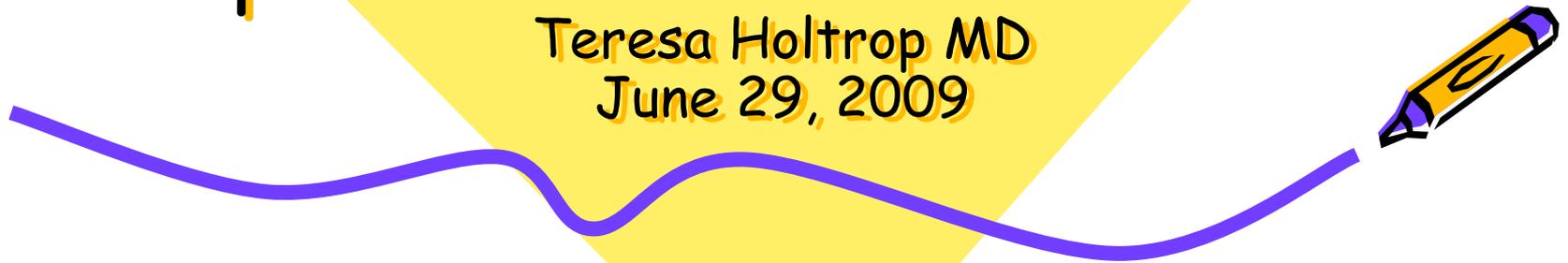


Michigan's Assuring Better Child Development (ABCD)

Update for Children's Special Health Care Services

Teresa Holtrop MD
June 29, 2009



Objectives

- Describe history and current status of ABCD in MI
- Discuss how ABCD MI may apply to CSHCS





- Estimates: 12-16% children experience developmental problems*
- BUT: only 1/3 of these children are identified in pediatric practices prior to school entry*
- We are missing almost 70% of children with developmental problems!

Leslie et al., 1998; Boyle et al., 1994; Glascoe FP, 2000; Palfrey et al., 1987



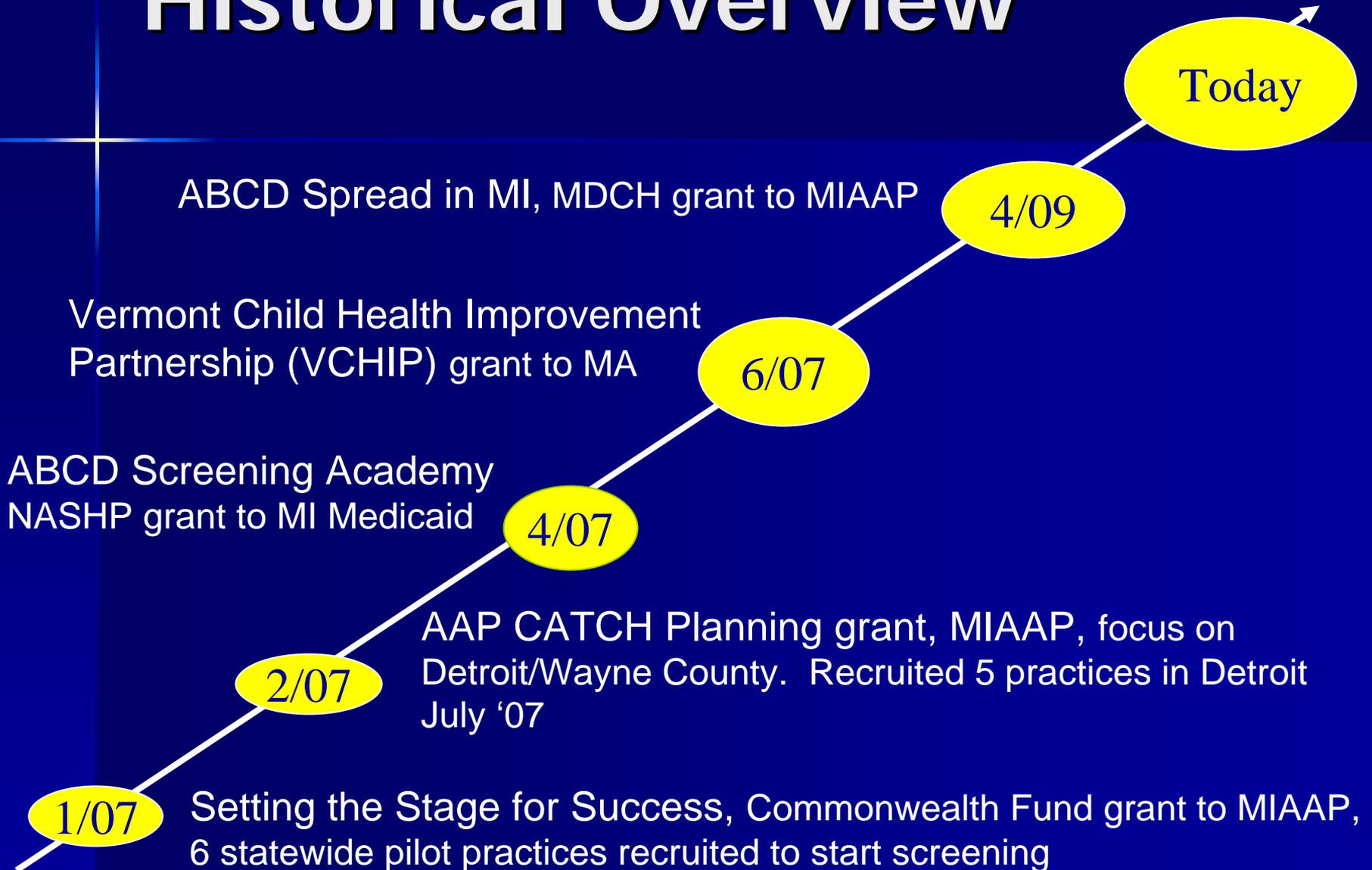
How was developmental screening working?



- Current reliance on developmental surveillance (monitoring) was not producing desired result
- Many children were not being referred to Early On or other early treatment services
- For many children with developmental conditions, parents have a concern for over a year before concern is acted on (often by someone other than pediatrician)
- MI Early On regularly fails to meet federal goals for number of children served

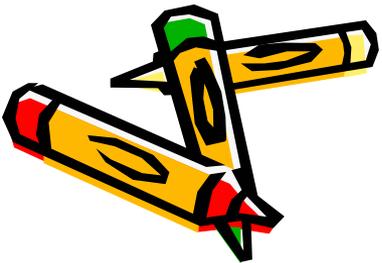
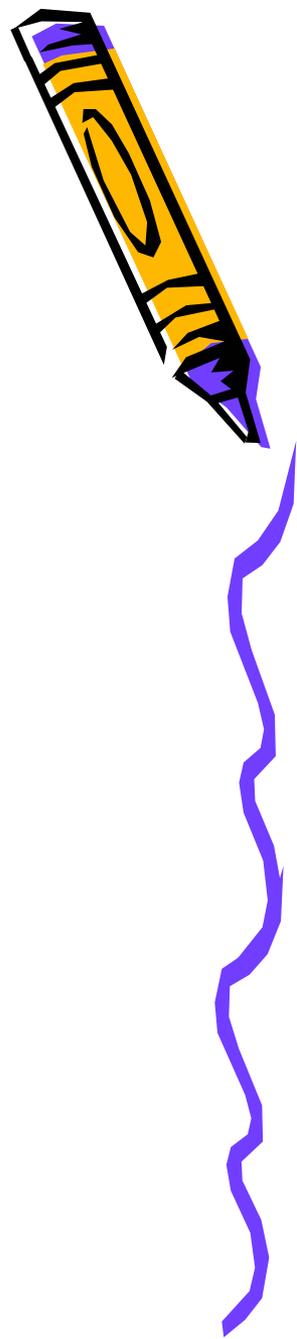


Historical Overview



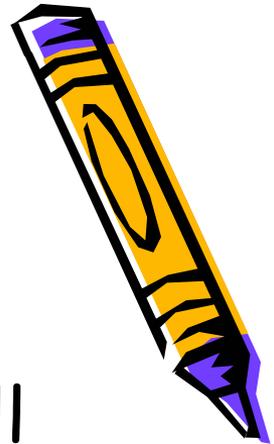
Why do screening?

- Best practice (AAP 2006 policy statement), standard of care
- Improved parental satisfaction (parents are giving feedback to health care provider, feel empowered)
- Improved efficiency in work flow



AAP Policy Statement

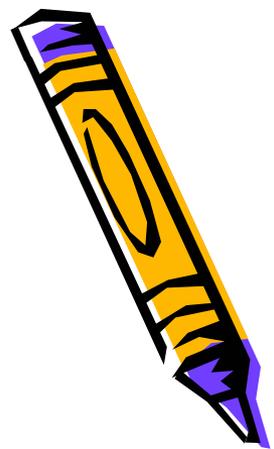
July 2006



- Developmental surveillance at every well child visit
 - **Surveillance** is continuous
- Formal developmental screening at 9, 18, and 30 months*
 - **Screening** is periodic
- If screening shows risk, **Evaluate** (diagnosis and treatment).
- In 0-3 y/o done by Early On



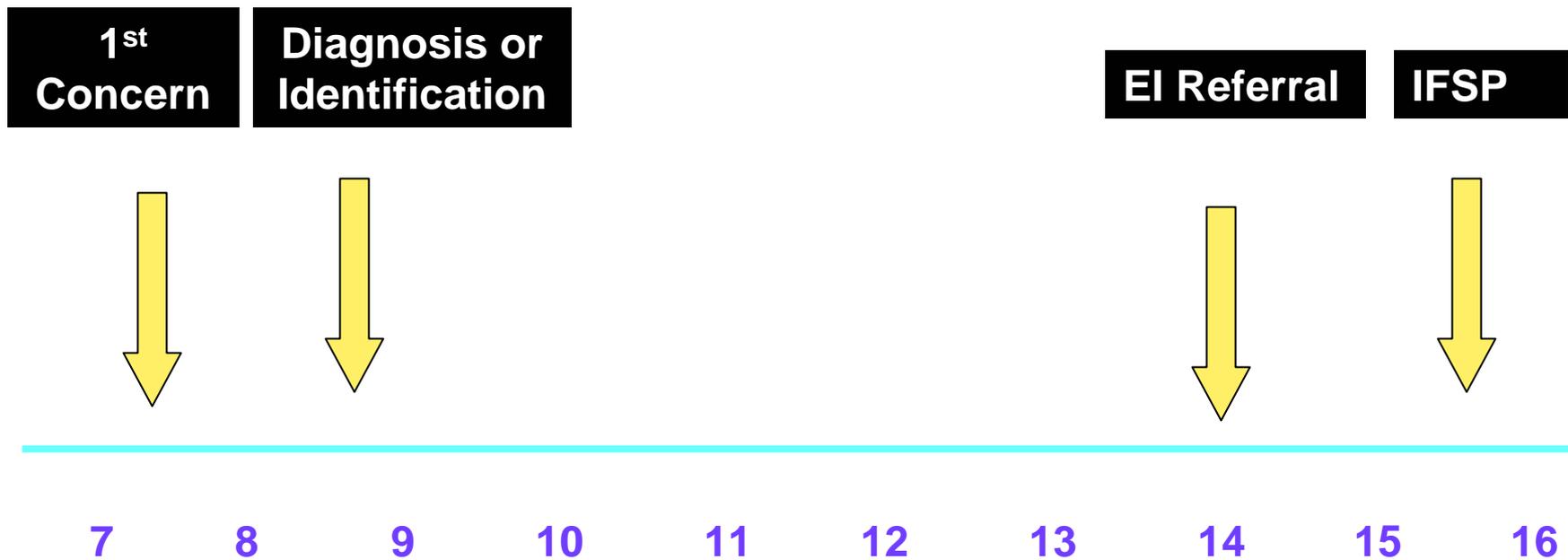
Developmental Screening: The Asterisk* (AAP 2006)



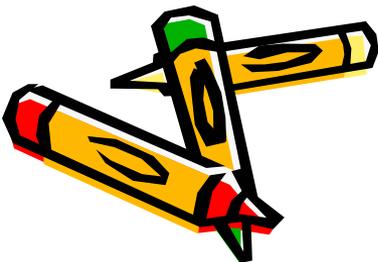
- Because the 30-mo visit is not yet a part of the preventive care system and is often not reimbursable by third-party payers at this time, developmental screening can be performed at 24 months of age.
- In addition, because the frequency of regular pediatric visits decreases after 24 months of age, a pediatrician who expects that his or her patients will have difficulty attending a 30-month visit should conduct screening during the 24- month visit.



Ages of Children with Developmental Delays for Events Related to Early Intervention Services



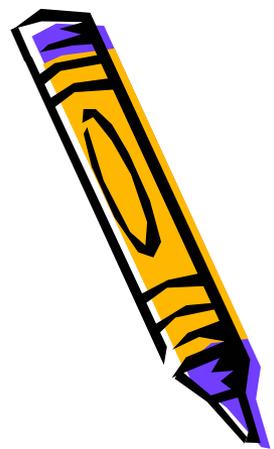
Child's Age (Months)



Final Report of the National Early Intervention Longitudinal Study, January 2007

Formal Screening - What does this mean?

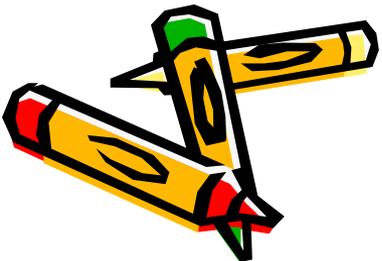
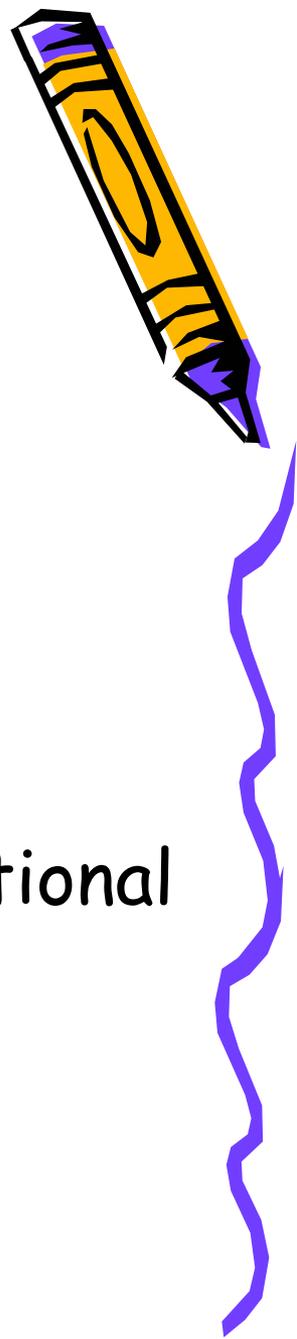
- Use a validated tool with high sensitivity and specificity
- Denver has high sensitivity but low specificity (tends to over-identify kids)
- ABCD Project recommends several screening tools other than the Denver



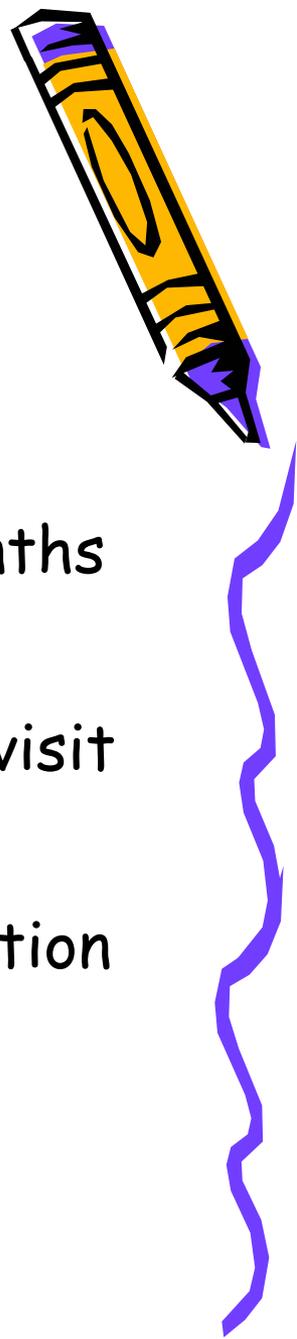
Examples of good screening tools

- ASQ
- PEDS
- PEDS-DM

- Other screening tools for social/emotional issues (ASQ-SE, MCHAT, maternal depression screener)



ABCD Screening Academy

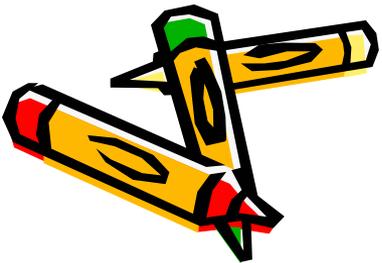
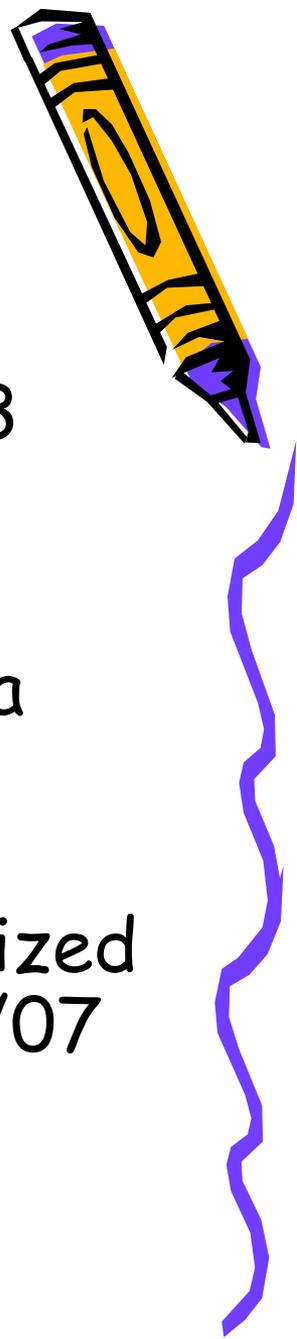


- **Background and Measurement Methodology:**
 - 15-month initiative, supported by the Commonwealth Fund
 - **Target Population:** Children ages 3-36 months with ≥ 1 well child visit
 - **Measurement Indicator:** Standardized developmental screening conducted at WC visit at 9, 18, and 24 or 30 months of age
 - **Data collection:** medical record review at baseline and 3 & 6 months post-implementation for the following age categories:
 - o 8 - 11 months
 - o 15 - 21 months
 - o 24 - 33 months



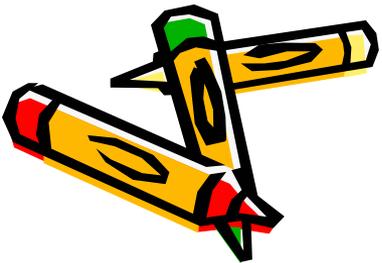
Michigan's ABCD Project

- Target population: children ages 0-3 years
- 9 pilot pediatric practices
- Primary care providers chose from a list of validated standardized developmental screening tools
- All practices implemented standardized developmental screening as of 12/1/07



Practice Site Role/Responsibility

- Identify physician champion and administrative champion
- Select a standard tool
- Participate in tool training
- Integrate administration of tool into well child visit processes
- Communicate regularly with ABCD project manager
- Pull designated charts for periodic data collection
- Participate in 2 “learning collaboratives (evening meetings) with other ABCD practice sites

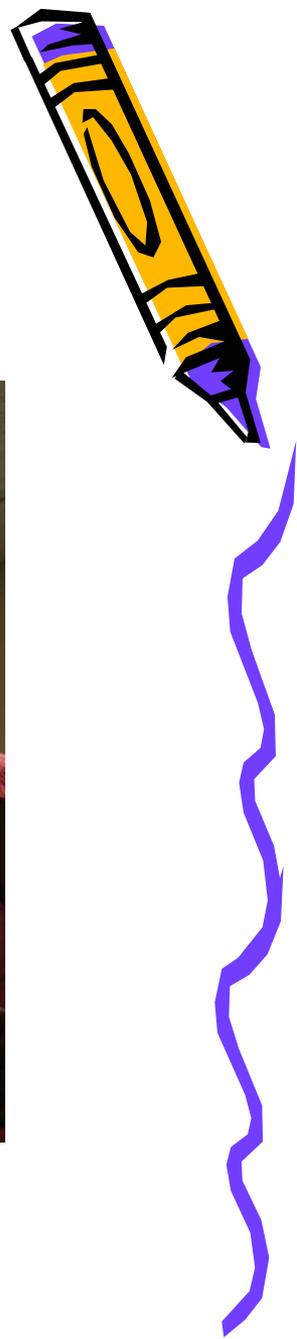


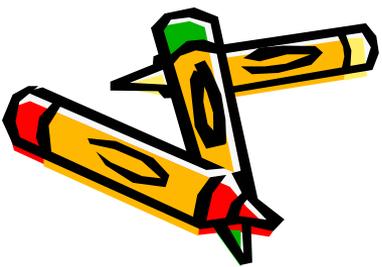
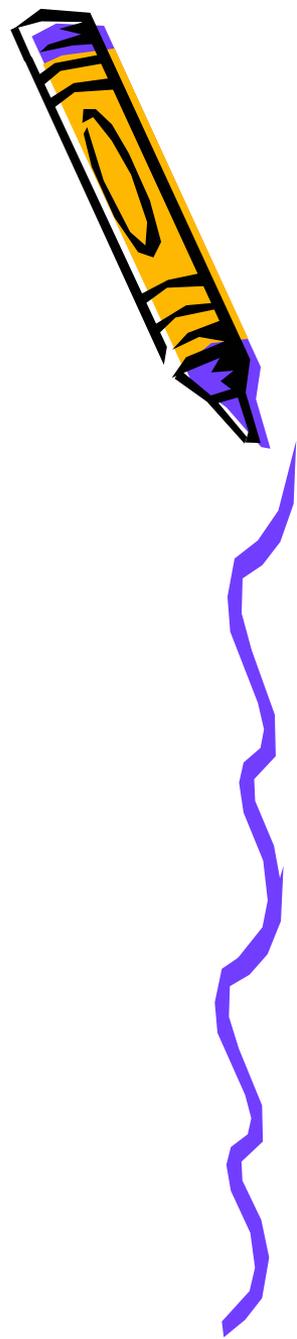
Lesson Learned

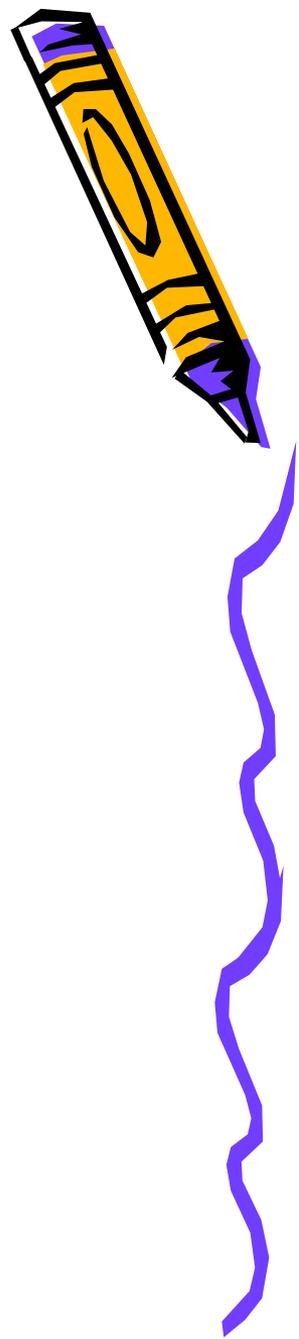
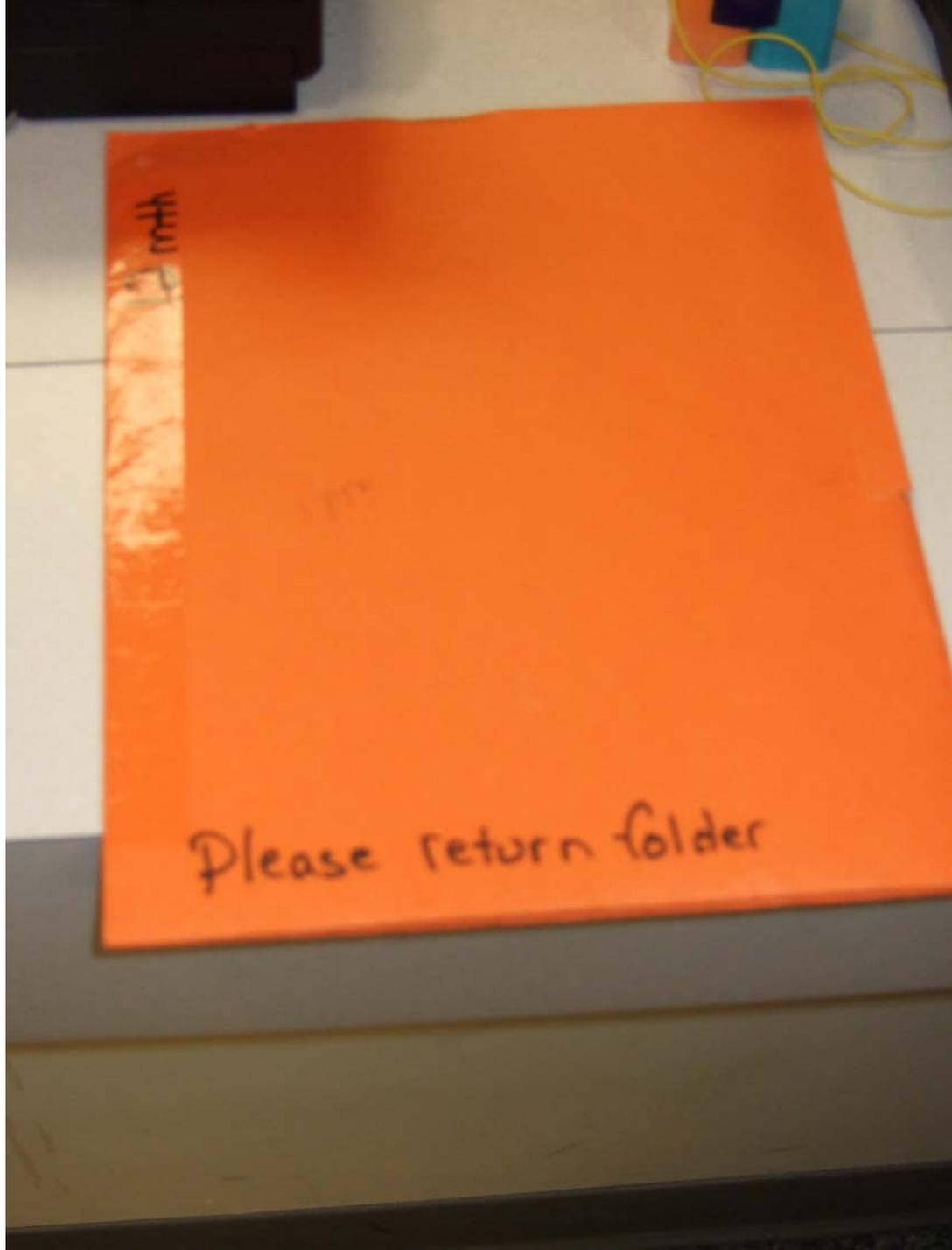
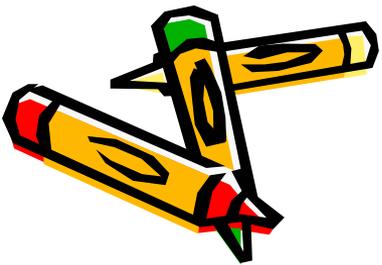
- All WCE 4-60 months get the Developmental Screen



Parent Can Complete tool while waiting in the exam room

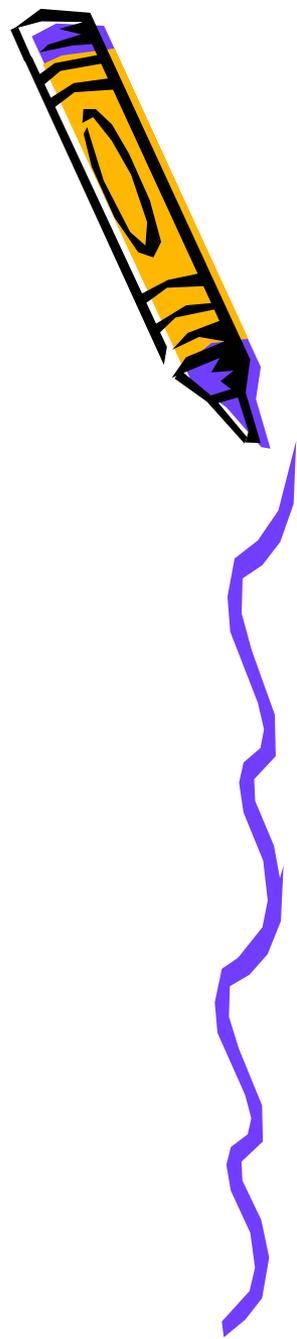






Lessons Learned

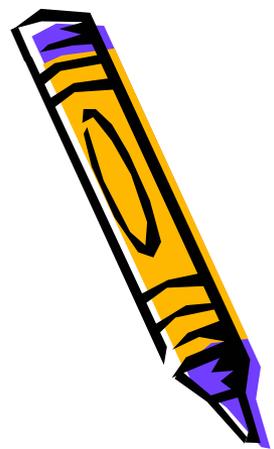
- Clinic Flow
- Choosing a screening tool
- Early On referrals
- Developmental specialist referral
- Privacy laws



Barrier

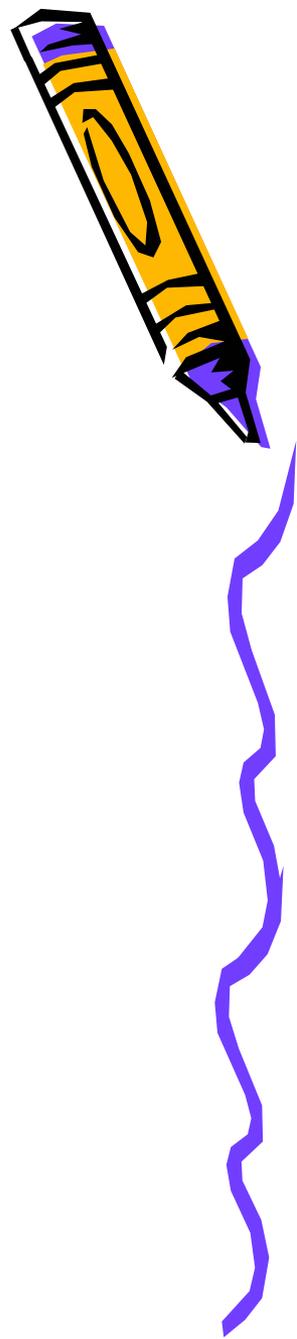
- Clinic Flow:

- Give the screen in the waiting room or in the exam room?
- Staff Training to incorporate the screening tool in each exam
- All Well child visits or just the ones recommended in the AAP policy?



Barrier

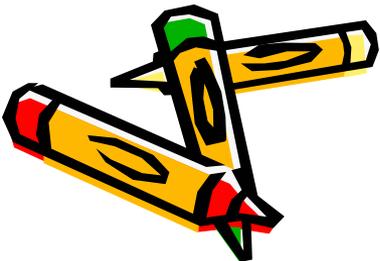
- Which screening tool?
 - Referrals based on ASQ results
 - Language limitations
 - Specificity 76% (not all children will be identified) (sensitivity 87%)
 - Over referral 11%
 - Under-referral 4%



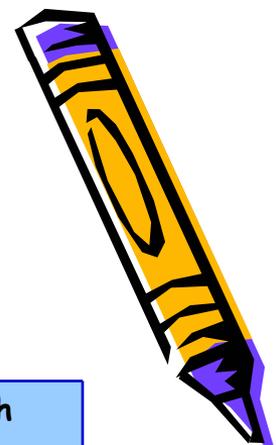
Medicaid Policy Improvement



- Medicaid policy changes include:
 - List of recommended validated standardized screening tools in the EPSDT Policy
 - Recommended use of approved guidelines and minimal screening standards based on AAP policy and Bright Future Guidelines
 - Clarification of Medicaid billing process for developmental screening (i.e., coding and reimbursement) in the form of a provider letter.

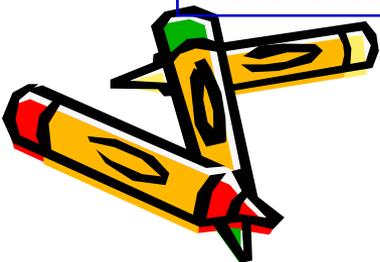


Aggregate Medical Record Findings

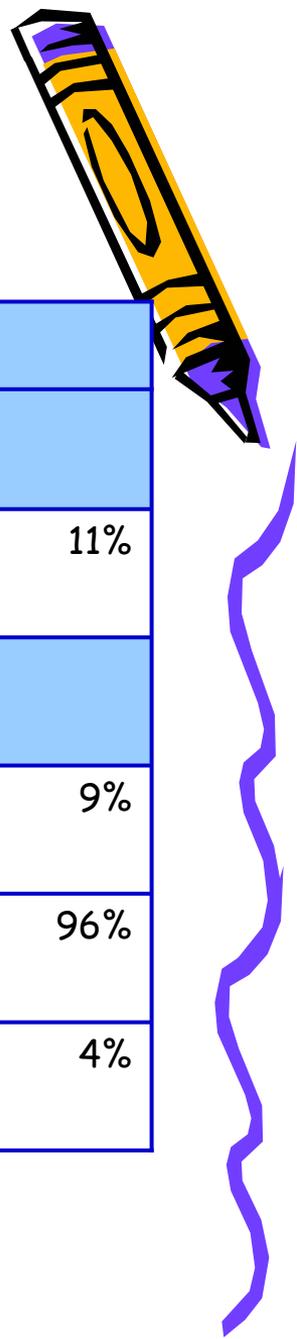


	# Records Reviewed	# Records with Screen Present		# Records with Positive Screen		# Records with Evidence of Referral	
		Numerator/Denominator	%	Numerator/Denominator	%	Numerator/Denominator	%
Baseline	123	32/123	26	8/32	25	7/8	87.5
3 Month Post-Implementation	64	33/64	51.6*	5/33	15.2	5/5	100
6 Months Post-Implementation	109	81/109	74.3*	15/81	18.5	15/15	100

* Statistically significant increase at $p < 0.01$



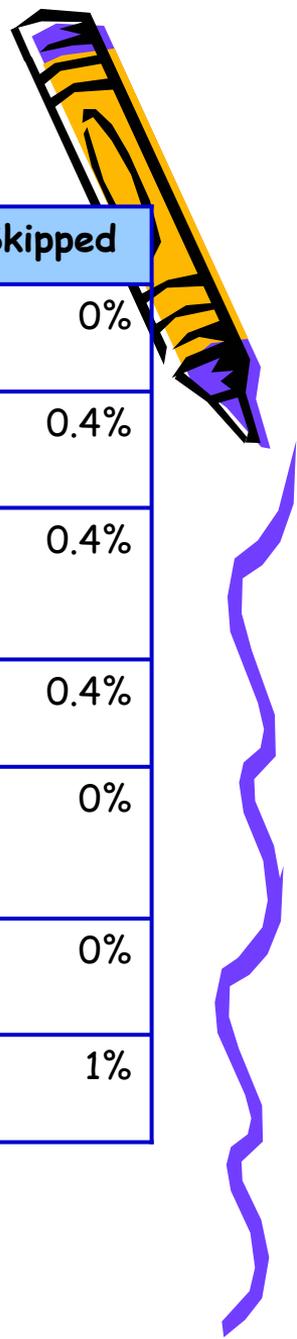
Parent Survey



Survey Statistics	Number	Rate
Surveys sent	2786	
Surveys undelivered	303/2786	11%
Survey denominator	2483	
Survey Response Rate	226/2483	9%
Surveys completed by mail	218/226	96%
Surveys completed online	8/226	4%



Parent Survey Results



Survey Questions	Yes	No	Unsure	Skipped
Child's health care provider had them complete child development checklist	66%	27%	7%	0%
Child's health care provider asked about learning, developmental or behavioral concerns	70%	26%	3%	0.4%
Child's health care provider informed them that they were performing a developmental assessment or test of the child's development	38%	46%	16%	0.4%
Child's health care provider tested child's learning and behavior	38%	47%	14%	0.4%
Child's health care provider noted a concern about their child's learning, development, or behavior that should be carefully watched	18%	77%	5%	0%
Referrals to other health care providers for learning, development or behavior problems	8%	90%	2%	0%
Child's health care provider had referred the child for speech/language or hearing testing.	12%	86%	1%	1%

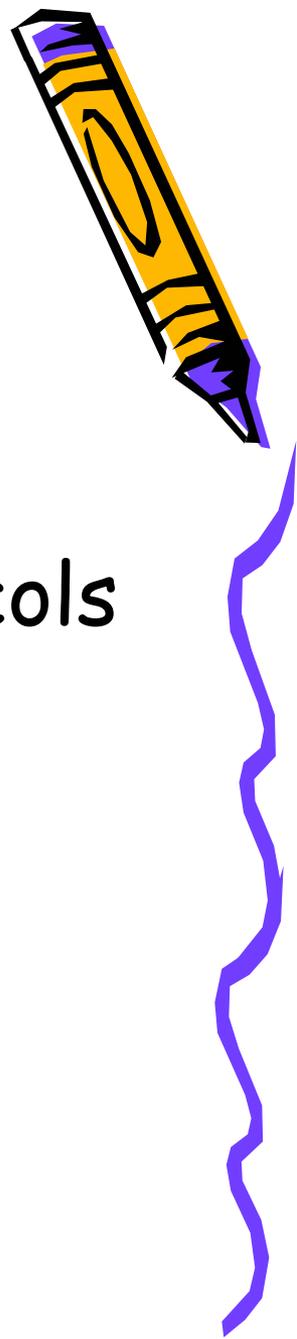


Provider Guided Discussion

- Barriers in the practices' internal planning and implementation procedures
- Billing and reimbursement
- Overall lack of knowledge regarding community resources and referral processes Follow-up (timely assessment and evidence of communication from Early On agencies) is inconsistent
- Appreciated implementing AAP guidelines – utilizing validated developmental screening and improvement in appropriate referrals
- Improved communication with parents
- Thought project was valuable especially this type of QI project and the networking with colleagues and health care providers
- Gestalt about rethinking well child care, proactively focusing on behavioral/developmental issues

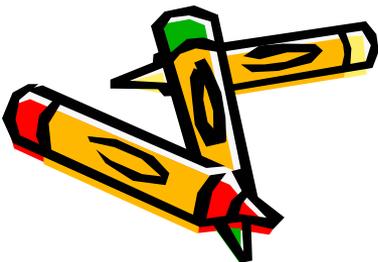
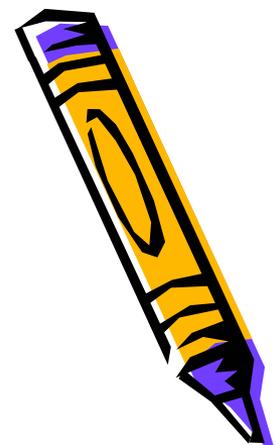
Barriers that need to be addressed

1. Billing issues
2. Referral options and protocols
3. Feedback to providers

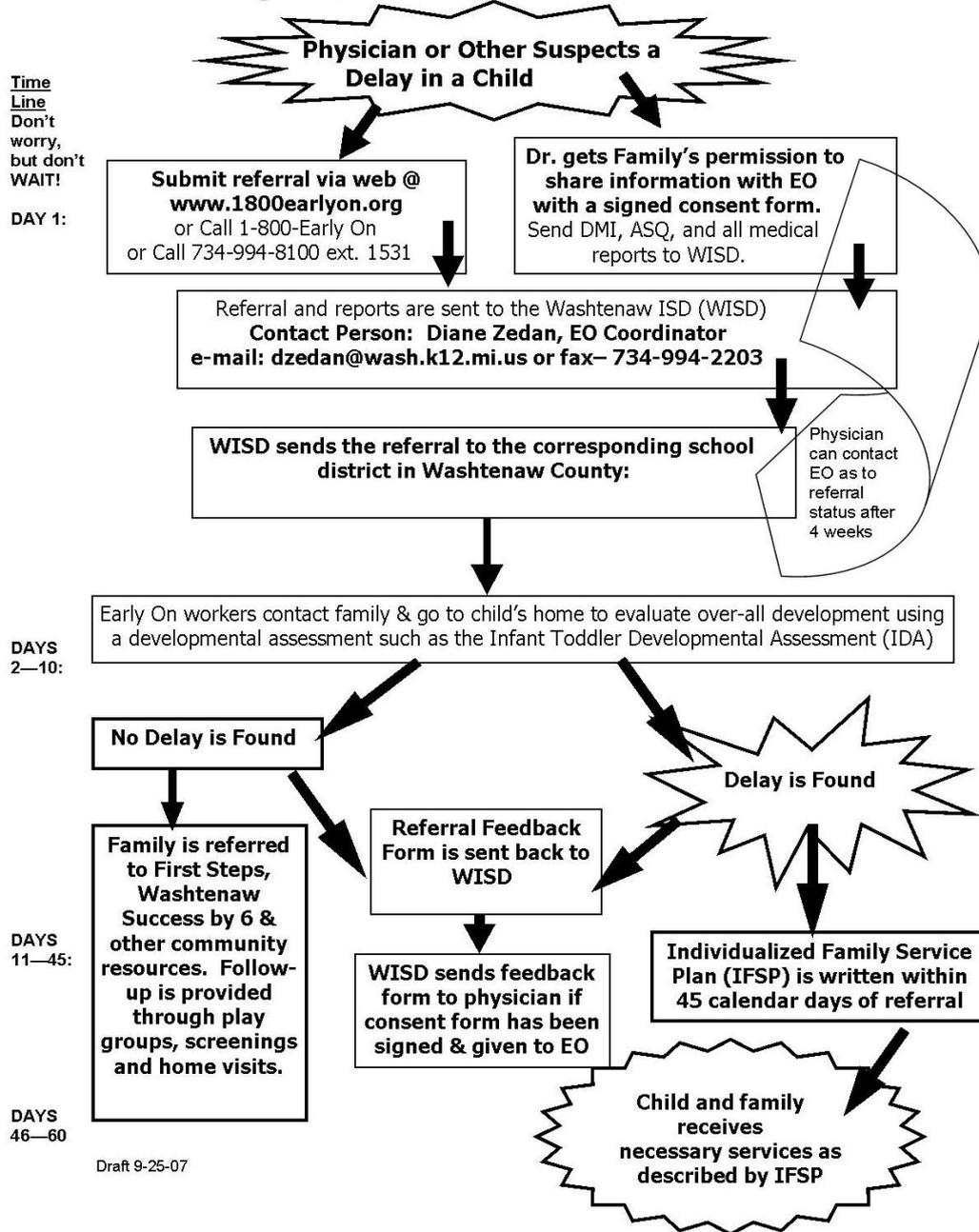


Potential Synergies

- Regional Great Start Collaboratives
 - Can be a good way to link physicians with Early On, Mental Health, Head Start, etc
 - Physicians in the trenches have little connection to Great Start efforts and don't understand the complexities of the system, need way to connect
 - Great Start Collaboratives can smooth bumps in the road, make referral protocols simpler, measure outcomes, push for more resources



Early On/Child Find Referral Process

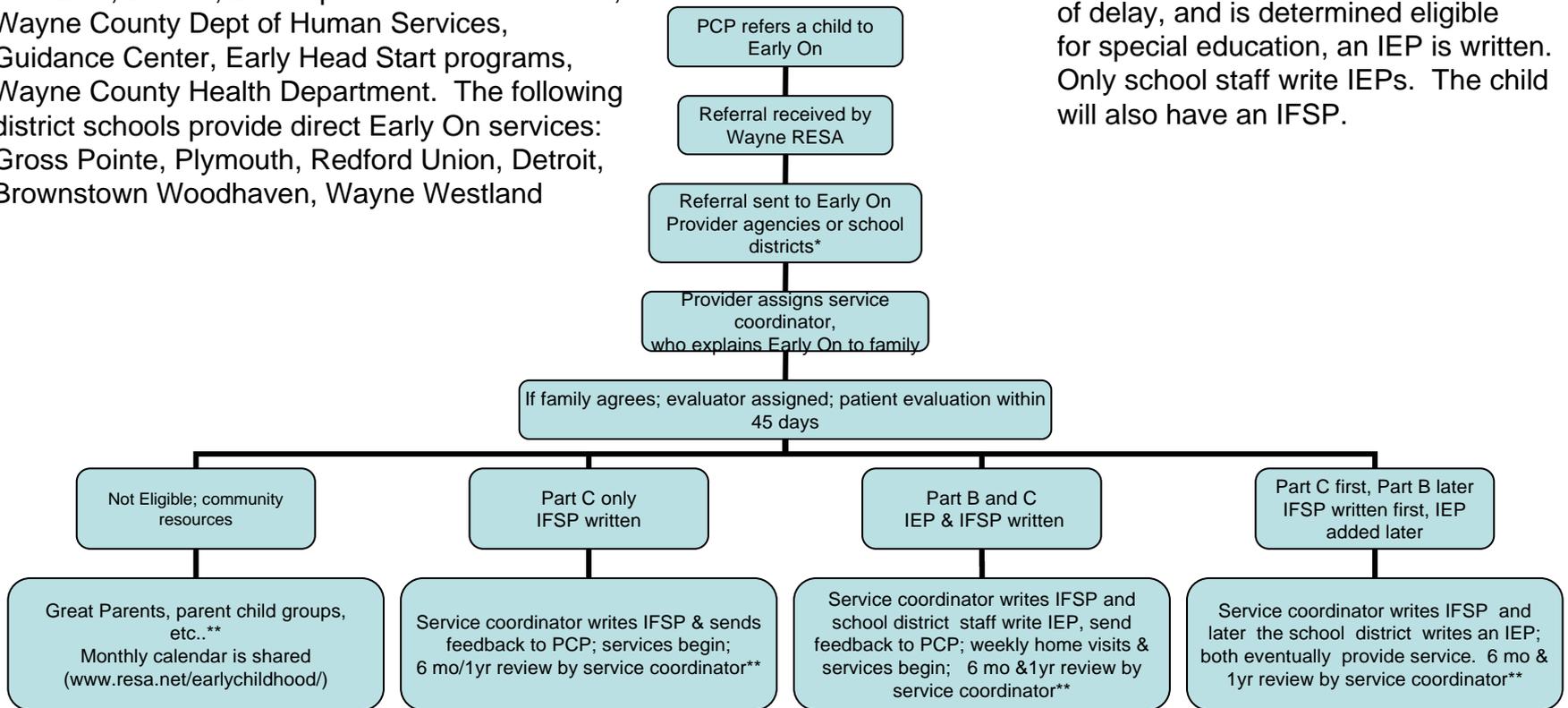


Early On Referral Process in Wayne County

* RESA refers to following Early On providers based on location, and reason for referral:

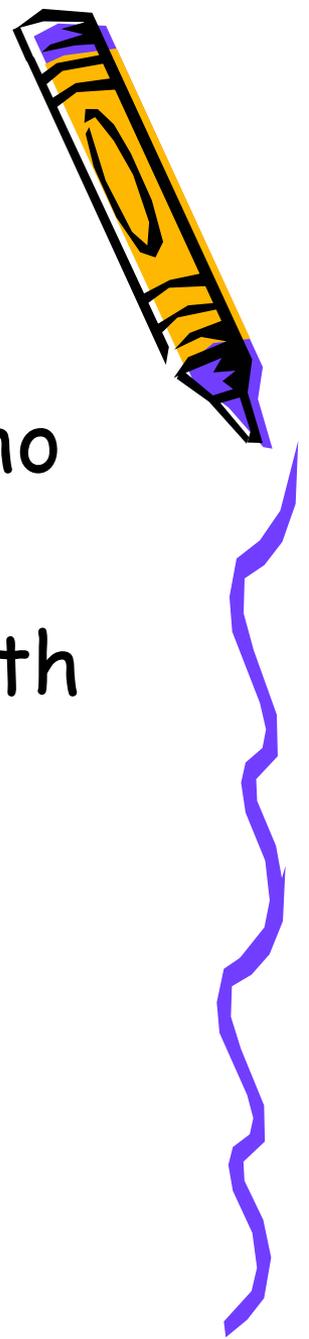
ACCESS, DHWP, Development Center Inc CMH, Wayne County Dept of Human Services, Guidance Center, Early Head Start programs, Wayne County Health Department. The following district schools provide direct Early On services: Gross Pointe, Plymouth, Redford Union, Detroit, Brownstown Woodhaven, Wayne Westland

**When a child has more than one type of delay, and is determined eligible for special education, an IEP is written. Only school staff write IEPs. The child will also have an IFSP.

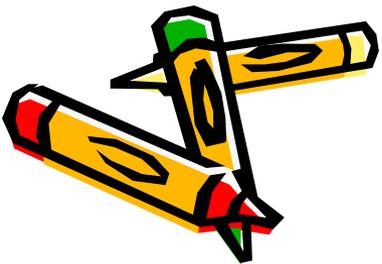


Abbreviations: PCP = Primary Care Provider; RESA = Regional Educational Service Area; IFSP = Individualized Family Service Plan; IEP= Individualized Educational Program

Screening for Children with Special Health Care Needs



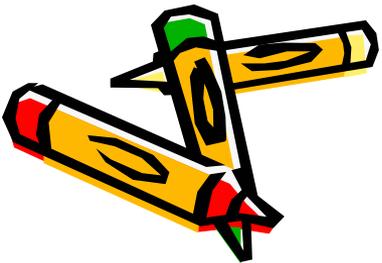
1. Screening to identify children who might qualify for CSHCS?
2. Screening to identify children with any kind of special need?
3. Ongoing screening of CSHCS children?



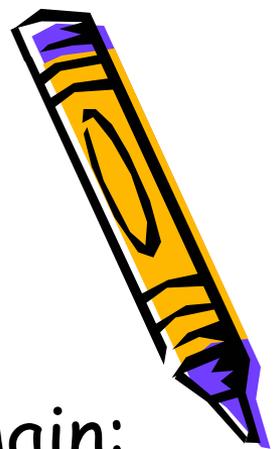
Screening to identify children who might qualify for CSHCS



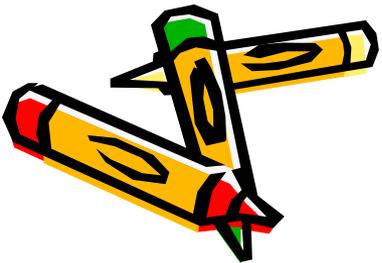
- ABCD focuses primarily on developmental delays
- Referral is into Early On
- Some children will be referred automatically to medical services too
- CSHCS insurance coverage is often an afterthought



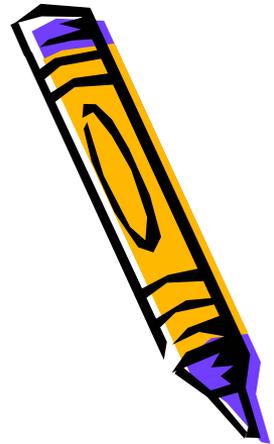
Screening to identify children with any kind of special need



- ABCD does this but referral issues remain:
 - If child doesn't qualify for Early On, are there still supports available to parents?
 - If child qualifies, intensity of services often inadequate. Capacity of E.O. is limited.
 - If behavior issues are primary, is Early On the best route to go?
 - If child past 3rd birthday, where to refer?



Ongoing screening of CSHCS children?



- How best to do this?
- Not supportive of parents if delay is rubbed in their face repeatedly
- Availability of appropriate developmental tracking tools (ex: Down syndrome)

