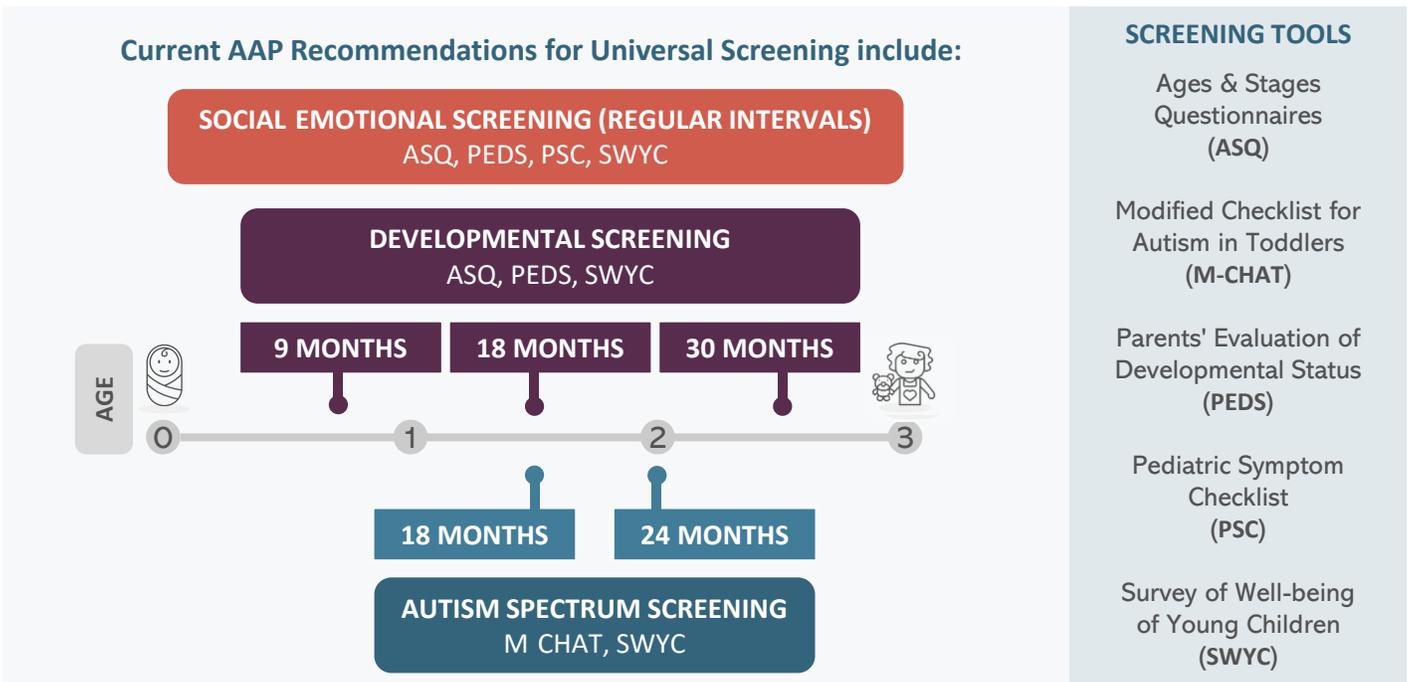


Pediatric Providers Use of Universal Developmental Screening Tools

2021 Study of Pediatric Providers in Michigan

One of the goals of the Michigan Department of Education’s Preschool Development Grant (PDG) is to improve program transitions within the mixed delivery system serving families with young children. The transition into early intervention services based on developmental screening can be difficult for families to navigate. Many children receive developmental screening as part of pediatric care, but **there is a need for more robust data that describes pediatric providers’ utilization of development screening tools and referral processes**. This project was completed as part of the PDG Needs Assessment. It was designed to learn more about pediatric providers' developmental screening practices and included both interviews and a statewide survey.

The American Academy of Pediatrics (AAP) recommends regular screening in the Bright Futures Guidelines¹. Guidelines from AAP state that any concerning screening result should be followed-up with a diagnostic evaluation and other actions such as referrals to supportive services or increased follow-up for developmental surveillance².



Methods & Participants

Nine key informant interviews were conducted with pediatric providers in Michigan to understand which developmental screening tools were used, their role in clinical decision-making, and the benefits and challenges related to embedding developmental screeners in regular practice. The statewide survey was developed in partnership with early childhood experts and researchers from the American Institutes for Research (AIR), the Michigan Department of Health and Human Services (MDHHS), the Michigan Department of Education (MDE), and the Michigan Public Health Institute (MPHI) to confirm and expand findings from the interviews with a larger sample of pediatric providers in Michigan. Fifty-eight complete survey responses were collected. The majority were from pediatricians (53%) and worked in hospital-affiliated or owned clinics (47%). Participants were geographically clustered in the west and southeast regions of the state.

STUDY SAMPLE

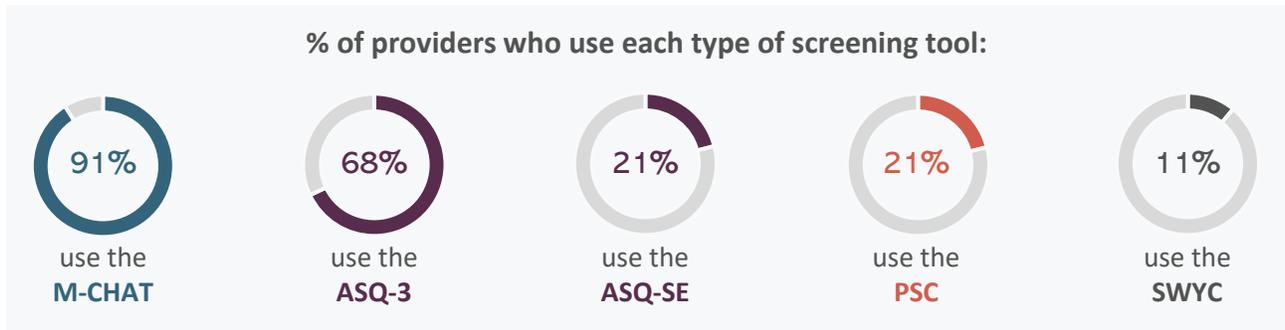
9 Key informant interviews

58 survey respondents

Key Findings

Prevalence of Developmental Screening Tools Used

The majority of providers surveyed reported using the M-CHAT and/or the ASQ-3. This combination of screeners was also most prevalent, with 62% of providers reporting using the M-CHAT and the ASQ-3 together.

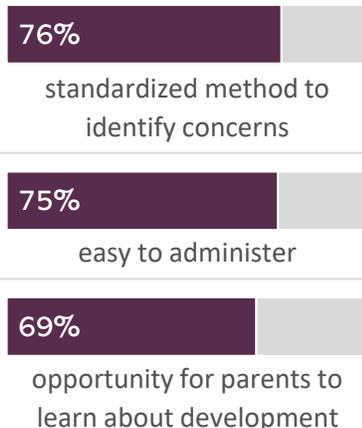


Using Developmental Screening Tools

Pediatric providers were actively using developmental screeners with their patients and using them as a critical piece of information when making referrals or adjusting their own care for children who are at-risk for developmental delays. Interviewees reported relying heavily on universal screening to capture a fuller picture of a child’s development than a short visit allows. For survey respondents, the challenges and needs for support around using screening tools focused more on logistics and capacity, such as time constraints, than the need to better understand the purpose and value of developmental screening. Providers highly endorsed use of developmental screening tools to help them make clinical decisions and engage and empower families. A thread of criticism and concern about screening tools was their appropriateness for all families. Providers were least likely to agree that tools are culturally appropriate, available in multiple languages, and easy for families to understand and complete. Providers reported needing to complete tools orally with families and reported how the tools take up limited visit time. Since most popular screening tools have been translated into many languages already, providers may need support accessing and utilizing these versions.

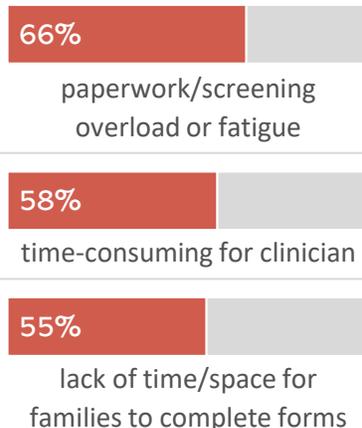
TOP 3 STRENGTHS of the screening tools

% of providers who chose this strength



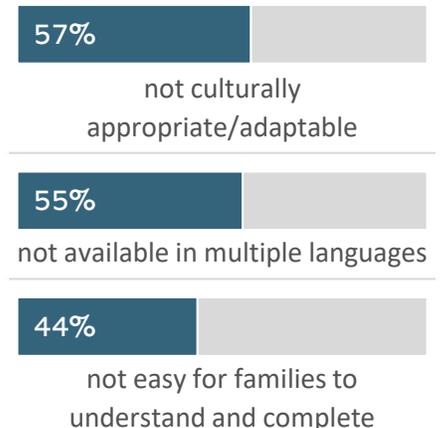
TOP 3 CHALLENGES of the screening tools

% of providers who chose this challenge



TOP 3 CONCERNS of the screening tools

% of providers with concern with this statement



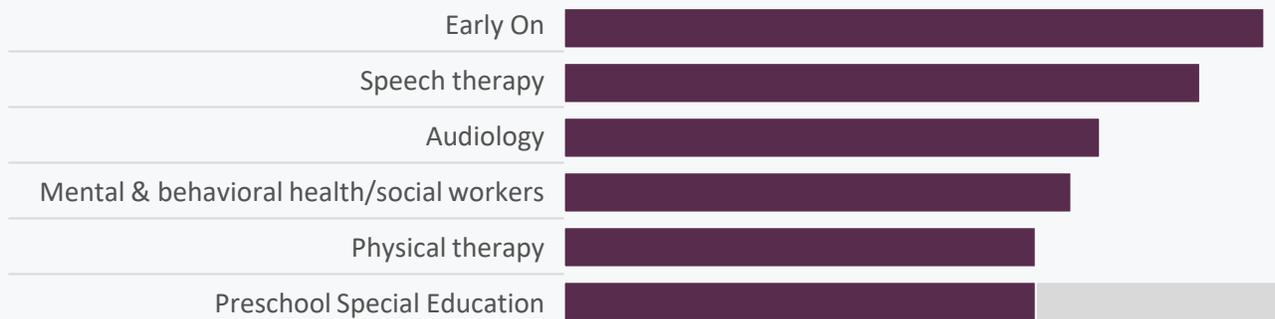
Key Findings, Continued

Role of Developmental Screening Tools in Making Referrals

Providers suggested that screening tools were a critical step in moving forward with referrals to other early childhood system supports. Clinicians reported different approaches to using screeners to inform referral processes in both interviews and the survey. About half of survey respondents reported a straight-forward link between screening findings and referrals. The other half of respondents took greater context into account before making referrals. Pediatricians were more likely than family medicine physicians to take context into account (65% and 13%, respectively). Further study might explore if other personal factors, such as number of years in practice, might influence referral processes. Further study is also needed to understand if these approaches are consistent for all families within a practice or whether family demographics might influence how referrals are addressed both within and across clinics.

TOP 5 SERVICES families are referred to in response to screening results

% of providers who refer to this service



Pediatric Providers Engaging with the Early Childhood System

Regardless of referral process, connection with the broader early childhood system was a challenge reported by pediatric providers. The top two needs for additional capacity or support were related to system capacity and coordination: **improving communication or feedback about the patient from agencies receiving a referral and having more referral options in their community**. Interviewees were able to offer more context on the referral process and reported some highly trusted partners, such as Early On[®] and local health departments. Interviewees also acknowledged hesitancy referring into a complex mixed delivery system with many different programs with different patterns of eligibility and acknowledged needing support for complicated referrals. As the Michigan PDG work moves forward, MDE and MDHHS may want to explore opportunities to improve connections between pediatric care providers and other services within the early childhood mixed delivery system (including Early On, early childhood special education, and home visiting).

Providers need additional capacity or support with:



improving communication or feedback about the patient from agencies receiving a referral



more referral options

Recommendations

Overall, results suggest both strong endorsement and utilization of developmental screening tools by pediatric providers, indicating that the pediatric care community is a ready partner in the effort to identify and address developmental delays early and effectively. Results also suggest several opportunities for enhancing the use of developmental screening tools and strengthening connections between pediatric care and the broader early childhood system.

Recommendations based on these findings include:



Provide logistic support for completing screening tools during pediatric visits, including time to complete screeners and discuss results with families, and staff to support administration.



Educate providers about the availability of translated versions of popular screening tools and offer support to administer these tools in a culturally appropriate way.



Provide guidance about screening and referral processes using the methods of communication most preferred by pediatric providers, so pediatric care providers are more consistent in how they act on screening results.



Provide information for pediatric providers about the services available in their communities that support early childhood development, including eligibility criteria, to support appropriate referrals.



Support care coordination between pediatric providers and early childhood service providers including opportunities for relationship building between pediatric care clinics and early childhood service providers to enhance referral follow-through and bi-directional communication.

This brief was developed by MPHI under the MDE's Preschool Development Grant.

References

¹ Hagan JF, Shaw JS, Duncan PM, eds. (2017). *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics.

² Lipkin, P. H., Macias, M. M., & Council on Children with Disabilities, Section on Developmental and Behavioral Pediatrics (2020). *Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening*. *Pediatrics*, 145(1). <https://doi.org/10.1542/peds.2019-3449>