



Linking Children to Developmental Services and Supports: An Overview

ABCD Screening Academy

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Background/Introduction

- *Beyond Referral: Pediatric Care Linkages to Improve Developmental Health.*
 - How do primary care pediatric practices link children to developmental services?
 - What are the current definitions and frameworks for understanding linkage?
 - What are the cross-cutting strategies and lessons learned?



Exemplary Practices and Programs

- Beaufort Pediatrics
- Children's Care Connection (C-3)
- Developmental Services Enhancement Program (DSEP)
- Enhancing Developmentally Oriented Primary Care Program (EDOPC)
- Exeter Pediatric Associates
- Guilford Child Health, Inc. (GCH)
- Help Me Grow (HMG)
- Inscription House Health Center/ Growing in Beauty (GIB)
- Kaiser Permanente Northern California
- Kennebec Pediatrics (KP)
- Kids Get Care (KGC)
- MGH Revere HealthCare Center/Healthy Steps
- Phoenix Children's Hospital/ Healthy Steps
- Tufts–New England Medical Center



Linkage Definition and Typology

7/13/2007



Problem statement/ What we found:

- There is wonderful linkage work going on across the country, which needs to be captured and disseminated.
- But, no unified definition of linkage and no common framework for understanding linkage strategies.



Linkage Definition

- Connecting the child and family to needed developmental services and supports – whether within the practice setting or beyond – while also staying connected to the child.



Linkage Typology

Practice-Wide Systems Change	Service Provider Partnerships	Community-Wide Systems Change
<ol style="list-style-type: none">1. Developmental surveillance/ screening & anticipatory guidance2. Point person for referral/linkage & follow-up system3. New/ enhanced staffing	<ol style="list-style-type: none">4. Co-location5. Co-management6. Networking & information-sharing	<ol style="list-style-type: none">7. New/enhanced community resources8. System-wide training & support9. Community/state policies and protocols



Linkage Typology: 3 Levels of Strategies

- I. Practice-wide systems change
- II. Service provider partnerships – Focused on relationship between practices and existing community services/supports.
- III. Community-wide systems change – system-wide, community-wide, state-wide change



Nine Key Strategies

1. Developmental surveillance/screening & anticipatory guidance
2. Point person for referral/linkage & follow-up system
3. New/ enhanced staffing
4. Co-location
5. Co-management
6. Networking and information-sharing
7. New/enhanced community resources
8. System-wide training and support
9. Community/state policies and protocols



Linkage Levels and Strategies

7/13/2007



Context for the Strategies

- These are not stand alone approaches.
- Most of the innovative practices and programs in our sample combine several strategies, often at different levels.
- In practice, not necessarily a clean-bright line separating one strategy from another.



Level I Strategies:

Practice-Wide Systems Change

1. Developmental surveillance/screening & anticipatory guidance
2. Point person for referral/linkage & follow-up system
3. New/ enhanced staffing



Level II Strategies: Service Provider Partnerships

4. Co-location of services
5. Co-management
6. Networking and information sharing



Level III Strategies: Community-Wide Systems Change

7. New/enhanced community resources
8. System-wide training
9. Community-wide policies and protocols



Level I Strategies: Summary Findings

- Current emphasis in pediatrics on in-house practice change, often as part of a QI systems change model.
- Strategies 1 and 2 are prerequisite for good linkage.
- Level I strategies improve quality of care.
- Adding in-house staff and services eases the transition to new services for children and families & keeps primary care central, but will still need to refer and link outside the practice.



Level II Strategies: Summary Findings

- Provider partnership strategies help use existing resources more effectively; improve quality of care:
 - Reduce barriers to care – e.g., transportation, stigma.
 - Promote early referral/linkage and follow up.
 - Promote joint problem-solving, family-centered care.
 - Reduce duplication and fragmentation of services.
- Networking can help uncover gaps in services and promote collaborative efforts to address.
- Time, financing and HIPAA can be challenges.



Level III Strategies: Summary Findings

- Level III strategies focus on filling community gaps in services/linkage (e.g. mental healthcare, mid-level assessment services, intervention services for mild/moderate delay).
- System-wide training and support trains next generation and provides common knowledge base for developmental care.
- System-wide policy changes can jump-start and/or sustain practice change.
- Reimbursement/financing policies are crucial.



Cross-Level/ All Strategies: Summary Findings

1. The 3 levels in the linkage typology should not be interpreted as a linkage hierarchy. All 3 are important.
2. These are not stand-alone strategies. To optimize impact and resources, practices and communities need to combine strategies.
3. There is no “one size fits all”.



Final Take Home Messages

- Start at whatever level, with whatever strategies are available to you.
- Keep the broader linkage framework in mind: strive to address all 3 levels
- Draw on the 9 strategies to fill gaps, as needed.