

# Assuring Better Child Health & Development “*ABCD*”

**DEVELOPMENTAL & BEHAVIORAL SCREENING:**  
*A Quality Improvement Initiative in Primary Care Practice*



# Quality Improvement in Primary Care Practice

## Developmental Screening & Surveillance.....

### The Solution:

#### (1) Develop a “best practices” comprehensive

**community model for replication** – The model builds on North Carolina’s “Physician Driven”, enhanced primary care, case management program, Community Care of North Carolina, and is characterized by two major components:

- Introduction & integration of a standardized, validated screening tool (ASQ) at selected well-child visits, that is practical and that works;
- Collaboration with local and state agency staff and families in developing this system for identifying and serving children.

# The Solution (cont.):

**(2.) Formed a State Advisory Group** – The group is comprised of leadership from key agencies who have the capability of making policy changes.



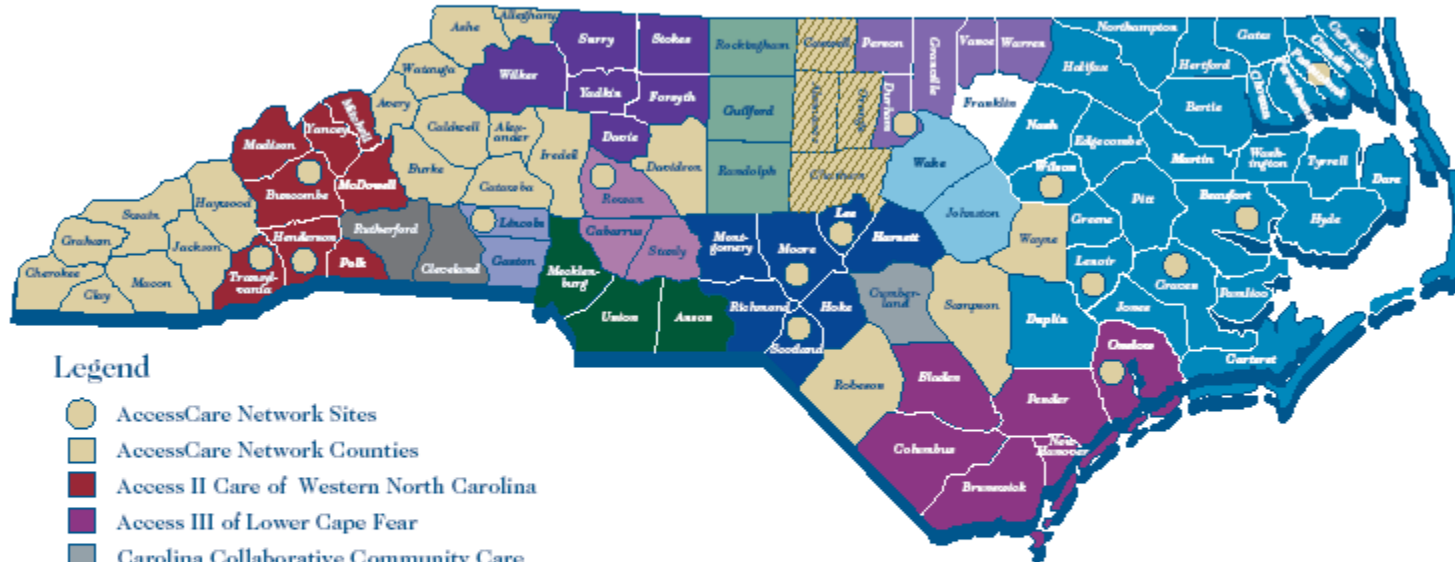
# Community Care of North Carolina

- 15 local networks, 100 counties
- Each network a 501 c3
- Network receives \$2.50 pmpm for care managers who work directly with/in practices. They assist with referrals, linking families with resources.
- Local networks manage care for Medicaid, SCHIP, and often uninsured
- Statewide MIS system- Care Manager



# Community Care of North Carolina

## Access II and III Networks



### Legend

- AccessCare Network Sites
- AccessCare Network Counties
- Access II Care of Western North Carolina
- Access III of Lower Cape Fear
- Carolina Collaborative Community Care
- Carolina Community Health Partnership
- Central Carolina Health Network
- Community Care of Wake / Johnston Counties
- Community Care Partners of Greater Mecklenburg
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Northern Piedmont Community Care
- Northwest Community Care Network
- Partnership for Health Management
- Sandhills Community Care Network
- Southern Piedmont Community Care Plan

PUS Access II III 9-2006

## CCNC (cont.)

- Quality Improvement protocols include asthma, diabetes, ED utilization, developmental & behavioral screening (ABCD), mental health integration in primary care, CHF, IPIP (Improving Performance in Primary Care).
- Clinical Directors- Decision-Making
- Regular reporting of data to networks.

# CCNC

## Quality Improvement Model

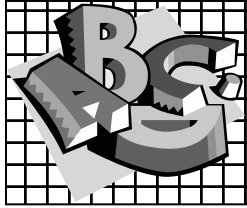
- Pilot network(s) (early adopters) initiate new protocol
- Pilot(s) develop, test, and refine process
- Replication in rest of networks
- Network care coordinators in the practices to assist with office process and facilitate care coordination
- Pilot practices use office systems approach

# ABCD Pilot Practices

*Office Systems Approach*

**KEY**

*For Implementation*



# The Office Process

- Assess Current Protocols♪
- Identify Physician Champion♪
- Select a Screening Tool♪
- “Map the Workflow” ♪
- Identify System Supports♪  
Networking is key♪
- Conduct Staff Orientations ♪

♪

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# NC Practice Training

- Pilots in Community Care Network-
  - on-site process development and data collection informed process for training expansion networks:
  - 7 Regional Trainings- Oct 2002-Oct 2003
  - 5 Practice Team Trainings – 2004
- Focus on practical integration into office flow and on building relationships with community partners.
- Regional Trainings included network and non-network practices

# Training Features

- Single Day – 9 AM-3PM
- CME – 5.5 CME for Regional Trainings
- Aligned goals with community partners (Part C, Family Support Network) and shared costs, in-kind, and faculty
- Parents as co-faculty
- Opportunity for practices to network with local community partners during training

# Surveys of Curriculum Participants

Regional Trainings: 87 participants

- Surveys: Pre-, Immediate Post-, and 6 months Post-Curriculum
- Measured knowledge, attitude, practice re: screening, referral, Early Intervention
- 69 curriculum surveys (pre and post) and 33 six months post.
- Significant improvement in knowledge and attitudes pre and post
- 6 months post - 21 providers reported changes in practice:
  - 6 changed instrument used to validated tool
  - 8 working on change
  - 7 more providers in practice using a tool
  - 8 new relationships with community partners

# Survey from Team Trainings

- 60 practices, 175 people
- 6 months post: tool being used, workflow change, suggestions for other practices
- 26 respondents
- 17 ASQ, 6 PEDS, 3 ASQ and PEDS
- Workflow comments: most- no change or improved flow, some noted increased nurse time

# Funding Trainings

- Aligned Goals: Part C, Family Support Network, AAP Chapter, AFP Chapter
- Location and Co-faculty – in-kind
- Shared costs for supplies, food
- Budget for training series - \$13,000

# Ongoing Training/Technical Assistance

- Network Care Managers in practices
- Quarterly QI Group
- Local Smart Start Partnerships – collaboration with ABCD to offer training to practices
- EPSDT claims report and follow-up
- Office training DVD and workbook

## Well Child Visits Quality Assurance Flowchart

