

Setting the Stage for Success...





Screening & Surveillance in Primary Care

Working with
Demonstration Sites

Keys to Success

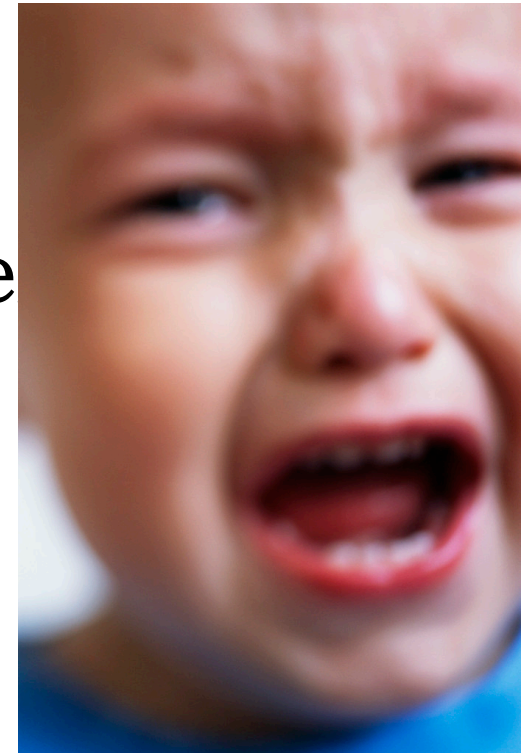
- Engage physicians in the process from the beginning
- Recognize practice concerns re: time, office flow, cost/resources, and referrals
- Use an Office Systems approach
- Assure data collection and management

Engaging Physicians

- Practice “champion” on work group
- Input of physicians and other key practice staff on flow process
- Include in data collection discussions

Recognize Practice Concerns

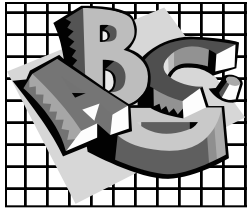
- ❑ Takes too long♪
- ❑ Difficult to administer♪
- ❑ Children may not cooperate
- ❑ Reimbursement is limited♪



WHAT'S POSSIBLE DEVELOPMENTAL & BEHAVIORAL SCREENING TOOLS						
	ASQ	BINS	PEDS	PEDS DM	IDI	BRIGANCE
TYPE	Parent Questionnaire	Direct Elicitation	Parent Questionnaire	Parent Questionnaire	Parent Questionnaire	Direct Elicitation
AGES	4 mos - 5 years	3 - 24 mos	0 - 8 years	0 - 7 to 11 years	3 - 18 mos	0-23 mos 2 - 2.5 years 3-4 years
STAFF REQUIRED	Para-professional	M.A. or equivalent	Para-professional	Para-professional	Para-professional	Professional
COST	\$199.00/kit	\$195.00/kit	\$69.95 - manual \$30.00?kit	\$275.00/starter kit extra laminated questionnaire book \$110.00 each	\$14.00/pad 25	For each age range: \$110.00/manual \$148.00/120 data sheets
REFILLS/COPY	OK to copy	refills - score sheet	refills -\$30.00/50	refills - record form \$32/100	refills - \$14.00	refills- \$148.00/120
TIME	3 min to score	20-30 min to admin 10 min to score	5 min to score	5- 10 min to score	10 min to score	10-15 min to admin
LANGUAGES	English Spanish French Korean	English	English, Spanish, Vietnamese,Hmong, Somali	English Spanish (7/07)	English Spanish	English Spanish
READING LEVEL	4th-6th grade	NA	5th grade	3rd to 4th grade	?	NA

The Office Systems Approach

- Organizational tool: Getting Started Worksheet
- Multidisciplinary: involves practice staff at all levels
- Networking: guides practice in building relationships with community partners



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 ♪



Assist with Data Collection and Feedback

“If you measure, it will improve”

Measurement –

- Drives the process at the practice level
- Drives policy change
- Increases credibility for replication and spread

Practice Measures

- Screening rate - # 96110 codes/# well-visits. Monthly and share with providers to see progress.
- Referral rate - # referrals/# screens done
- Referral sites - # and type
- Provider survey
- Parent Survey

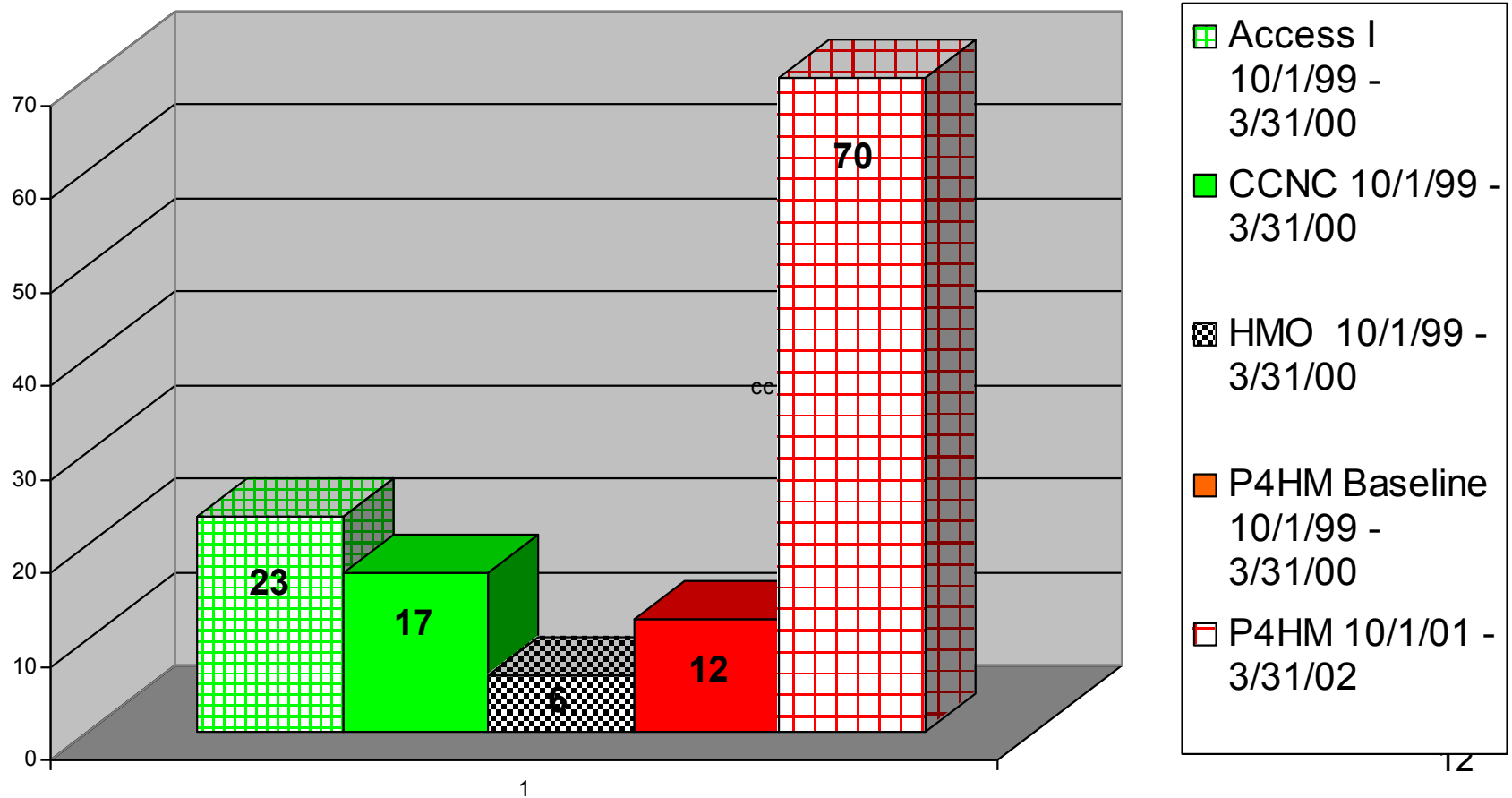


Data Sources

- Practice level billing system
- Medicaid claims data
- Medicaid auditing agency
- Part C data system – especially helpful for feedback on referrals
- Public Health state surveys

Developmental Screening:

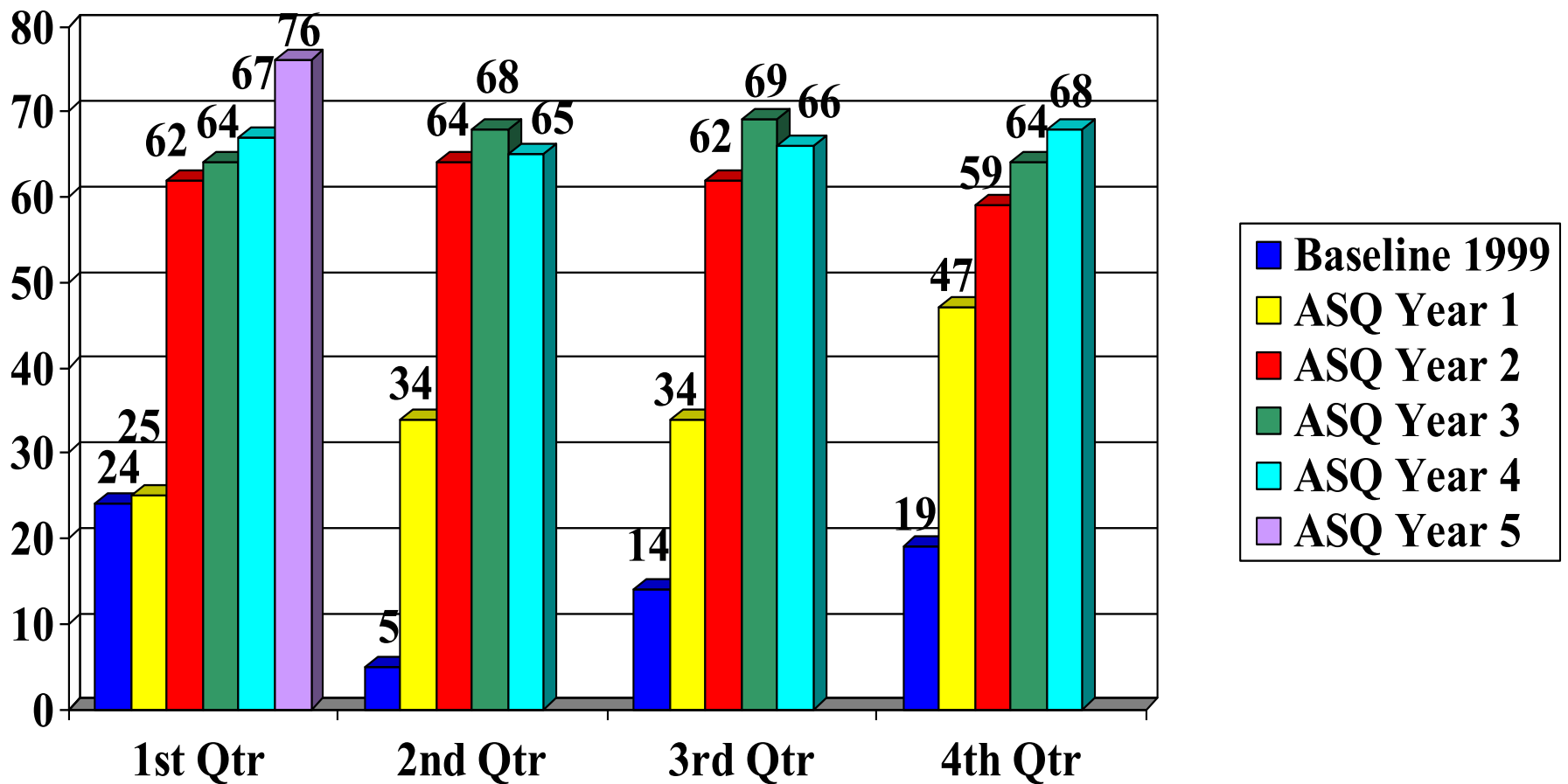
Percentage of 0-24 Month Health Checks with a Screening during a 6 Month Period



Screening Rate-ASQ

Ages 1, 2, & 4

(Years 2, 3 & 4 include two additional practices)



Policy Change

- Public Health system (Child Health) transitioned clinics to a menu of standardized, valid, developmental screening tools in 2003
- Medicaid changed EPSDT policy (Health Check), effective 7/1/2004, requiring a valid, standardized developmental screening tool when screening children at the 6, 12, 18 or 24 months and 3, 4, & 5 year old visit. The medical record should contain results & 96110-EP should be on the claim.