



Working with Demonstration Sites

NASHP Screening Academy, July 12, 2007

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About ICAAP

- Illinois Chapter, American Academy of Pediatrics
 - 2,300 physician members
 - Participant in ABCD II (2004-2006)
 - Lead in Enhancing Developmentally Oriented Primary Care (EDOPC) (2005-2008)
 - Four CME modules (Dev, S/E, Autism, PPD)
 - 50-90 presentations annually for 30-80 sites
 - Executive Director, Scott Allen
 - 9 years at national AAP, 6 at ICAAP



About the Illinois Department of Healthcare and Family Services (HFS)

- Single State agency responsible for
 - Title XIX (Medicaid)
 - Title XXI (SCHIP)
 - All Kids (affordable health coverage for all uninsured kids)
 - Administration of other medical programs

HFS (cont'd)

- Two million beneficiaries
 - 1.4 million under age 21
 - 587,000 children under age 5 (May 07)
 - FamilyCare - coverage to over 510,000 working parents
 - Children, pregnant women, and parents represent about 72% of all persons receiving medical services; representing only 36% of the spending
- Covers about
 - 49% of Illinois births
 - 94% teen births*
- 2008 Proposed Medical Budget - \$13.1 billion

*(CY 2004 birth file match)

HFS (cont'd)

- Mandatory managed care – PCCM or MCO – ensures “medical home”
 - PCP responsible to coordinate care
 - PCP provides preventive/primary care in the most appropriate setting – referrals for specialty care
 - Quality Assurance Strategy
 - Stakeholder Involvement, including provider organizations
 - Ongoing provider feedback using administrative data
 - Pay-for-Performance Strategy
 - Objective developmental screening included

*If you want to change the health care system,
Medicaid is a great place to start!*



Illinois Healthy Beginnings

- One of five ABCD II project states
 - Technical assistance from Commonwealth, NASHP
 - Funding from Michael Reese Health Trust
- Three-year project, 2004-2006
- Focus on:
 - Social/emotional development, screening and referral for children under age three
 - Screening for maternal depression
- Medicaid is the lead agency



Healthy Beginnings Partners

- Ounce of Prevention Fund
- Provider groups
 - Illinois Chapter of the American Academy of Pediatrics (ICAAP)
 - Illinois Academy of Family Physicians (IAFP)
- Early childhood experts
 - Advocate Health Care Healthy Steps Program
 - Erikson Institute
 - Illinois Association for Infant Mental Health
- Agency partners
 - Illinois Department of Human Services



Healthy Beginnings Key Strategies

- Develop and implement provider training
 - social emotional development, screening and referral
 - perinatal maternal depression screening and referral
- Implement pilots to test how training and referral protocols can be incorporated in primary care practices
- Identify resources for referral
- Clarify Medicaid policy and implement policy changes as needed
- Evaluate for lessons learned and to inform future efforts



Healthy Beginnings Pilot Sites

- Kane County – suburban setting
- Macon County – rural setting
- Chicago – Humboldt Park – urban setting
- Chicago Department of Public Health (CDPH)
Lead Screening Program

These pilot sites incorporate three federally-qualified health centers (FQHC), two family physician practices, one family physician practice with a residency program, two pediatric practices and two health departments

Healthy Beginnings Pilot Models

- **Outreach Model - Hardest to Reach**
 - Chicago Dept of Public Health Lead Screening Program
 - Outreach to children who do not have a medical home and/or have not had a lead screening
 - Targeting priority areas in Chicago and children under age 3
 - Received training and are actively conducting the ASQ, ASQ: SE and Edinburgh screening tools and referral process
- **Coordinated Community Model - Primary Care**

Coordinated Community Pilots

- Primary care practices attempting to incorporate:
 - S/E screening, referral of children under age 3
 - Perinatal maternal depression screening, referral
- Coordinating the community to support the practices
 - County Health Departments
 - AOK: Early Childhood Networks
 - Early Intervention Child and Family Connections (Part C)
 - Mental Health Resources

Coordinated Community Pilots - Steps

- Solicited volunteers/sites
- Drafted overview (communication document)
 - Structure/leadership
 - Expectations
 - Resources for technical assistance, coordination
- Formed steering committees at community level
- Developed evaluation
 - Negotiated with sites on data collection
- Collected baseline data
 - Needs assessment
 - Phone interviews with lead physicians

Information Requested from Pilots

- Who?
 - Identify organizations and point people from targeted agencies
 - Leadership
- Barriers
 - Policy, referral barriers for S/E, PPD
- Demographics
 - Children served, Medicaid, languages
 - Baseline data for evaluation (visits, referrals over specific time period)
- Current processes
 - Developmental, S/E, or PPD screening?
 - Patient/public education materials
 - Common patient questions



Pre-Intervention Findings

- Few sites already active
 - “Unwritten” policies for screening
 - Some CME on issues, little follow through
 - Few patient/parent education materials
 - Lack of time, staff major barriers
- Growth in Spanish-speaking population challenging

Lessons Learned

- A coordinated community approach can be beneficial:
 - Identify resources, barriers and gaps
 - Resolve issues in a timely manner
 - Improve communication among partners
 - Avoid duplication and assure services
- . . . and challenging:
 - Each community agency needed to develop its own plan and build on its strengths
 - Meetings needed agendas, leadership, action steps

Lessons Learned (cont'd)

■ Leadership

- Motivated physician leadership is key
 - Need to confirm intent to follow through, not just interest
 - Carefully explain goals, data collection requirements
- Commitment of entire practice is advisable
- Point of contact needs to be clear
 - Identify one key contact on both sides
 - Screening project leadership
 - Demonstration site
 - Staff turnover, availability challenging at practice
- Where does one person's role end and another's begin?

Lessons Learned (cont'd)

- Success/challenges vary by site
 - Residency training programs
 - More interested in training, policy at clinic level
 - Significant bureaucratic hurdles (PPD screening)
 - Health Departments/FQHCs
 - struggled to find time
 - suffered from turnover
 - Private practice
 - Usually smaller, which is beneficial
 - Dependent on leadership

Lessons Learned (cont'd)

■ Training

- Implementation of general developmental screening must precede other screenings
- Training must result in implementation, not just awareness
 - Consider academic detailing, mentoring
 - Follow-up with TA calls, meetings, reminders

Discussion

