

## EDUCATIONAL OBJECTIVES

### ASURING BETTER CHILD HEALTH AND DEVELOPMENT (ABCD II) PROJECT Pella Medical Clinic, March 16, 29 & 30, 2006

At the conclusion of the three 90 minute orientation and training sessions, each participant will understand and be able to demonstrate in a written fashion, their knowledge that a contemporary and reoriented child health care policy based on documented reasons for change is being introduced and is ready to become operational in Iowa and includes:

1. New scientific information that documents the need for a revised approach to child health care delivered through the Medicaid EPSDT program. The ABCD II project is being collaboratively devised, tested, and introduced into the Iowa program. It calls for a new orientation to the clinical practice of child health, developmental, monitoring/surveillance using professionally derived standards to detect child and family concerns, emphasizing infant and young child emotional, social and behavioral development as well as the need for cooperative efforts between private and public community resources to plan and implement treatment strategies.
2. A requirement that all physicians, nurses, nurse practitioners, physician assistants, and other office personnel involved in the information gathering, clinical, office, laboratory, or billing aspects of the program must assume new and enhanced roles and improve existing knowledge and skills regarding the delivery of child health care. This includes private offices and clinics, public clinics, hospital facilities, and community child and family health care support organizations.
3. The requirement that all participants possess and demonstrate the ability to clinical use the new skills, knowledge and behaviors necessary to accomplish such a new orientation in relationship to the new screening standards advocated by Iowa child health care leadership, with emphasis on emotional, social, and behavioral development of children three years of age and younger.
4. The requirement for new and improved planning and implementation strategies between those providing private health care and community-based social service and educational agencies relating to reduction or remediation of the family and/or environmental risk factors that inhibit complete development of the strengths possessed by the child and/or their families to become fully integrated and contributing members of the communities in which they live.
5. Methods to improve existing relationships between those providing private health care services and those in community programs providing child and family health care services, as well as public governmental and private payers responsible to compensate physicians and other health care professionals. Participants will receive information indicating that the ABCD II Project has as one of its objectives the identification and removal of barriers preventing full and adequate compensation of health care professionals for all such services previously stated in the previous four objectives.

**Specific agendas for the three training session include:**

**Pella In-service Education—March 16, 2006**  
Educational Objectives 1 and 2 and 4

**12:20 Craig Wittenberg, MD, Site Director, UI Family Practice**

- Welcome
- Pella Clinic's commitment to ABCD II Project
- Introduction of Steve Wolf

**12:25 Steve Wolfe MD, Iowa Chapter, American Academy of Family Physicians**

- Endorsement of ABCD II by Iowa Academy of Family Physicians and need for Iowa Family physicians to become involved in and learn new skills required in evolving projects such as ABCD II
- Purpose of ABCD II is to develop and infuse healthy mental development services for young children (birth thru age three) into the current EPSDT system of care.
- Project will use of standards devised by peers to ensure that developmental evaluation by all child health care professionals is based on objective assessments through use of Iowa Health Maintenance Clinical Notes (IHMCN)

**12:40 Carrie Fitzgerald, B.A., Iowa Department of Public Health**

- ABCD II is a Medicaid sponsored project receiving major support from the Iowa Department of Public Health and other Iowa Health, educational, and social organizations and agencies.
- A major tenet of the project is the enhancement of cooperation between private health care providers and community-based referral sources. Process has been amply documented in other Iowa communities. Early Access, Title V, and others are committed to make it work.
- Some examples of how process has worked in Pella and in Dubuque to date – and what not yet solved problems have been identified.

**1:00 Alfred Healy, MD, Medical Consultant**

- How ABCD II evolved, and expectations for its effect upon the US Child Health Care System; ABCD II Purpose.
- ABCD II Goals: Build the capacity of Iowa's public and private health care system to:
  - Goal 1: Conduct developmental surveillance, child and family risk screening, and provide anticipatory guidance (Level 1 services)
  - Goal 2: Deliver healthy mental development Level 2 services by improving linkages and creating partnerships
- Need for Child Health Care Professionals to adopt new practice skills
- Proposed Levels of Service and how implemented through IHMCN
- Sources of additional information

**1:20 Healy – Wittenberg - Fitzgerald – Wolf**

- Questions and additional comments
- Agenda for Wednesday, March 29

**Pella In-service Agenda—March 29, 2006**  
Educational Objectives 2 and 3

**12:20 Healy**

- Welcome
- Response to unanswered questions from March 16
- Brief review of ABCD II for new attendees & today's agenda
- Introduction of Beth Troutman

**12:25 Beth Troutman, Ph.D., Assistant Professor, Division of Child Psychiatry, UI**

**Emotional, Social & Behavioral Development in Children**

- Parental expectations for individual children
- Gestational & early neonatal concerns, including postpartum and maternal depression
- Process of bonding and attachment
- Introducing concept of “temperament” and associated characteristics that guide an individual's social and behavioral life
- Infant and young child rearing practices that support or interfere with optimal infant emotional development
- Maternal and paternal (individual and partnership) risk factors that interfere with optimal infant development
- How infant emotional development enhances or interferes with development of later behavioral and social characteristics
- Critical times (transitions?) to assess emotional and social development

**1:10 Alfred Healy, MD, ABCD II Medical Consultant**

**Clinical Tools to Screen & Evaluate Emotional & Social Development**

- The need for accurate and consistent standards and tools to screen infants, young children, and their families for risk factors that may interfere with the child's optimal development so as to identify their specific needs and to devise a management plan that matches their needs to appropriate resources.
- Selecting standardized screening tools to match appropriate ages and stages of a child's emotional, behavioral, and social development through use of the Iowa Medicaid Standards for Screening and Assessment.
- How the Iowa ABCD II project will be evaluated and recommendations for future use be generated

**1:30 Healy – Troutman**

- Questions and additional comments
- Agenda for Thursday, March 30

**Pella In-service Agenda—March 30, 2006**  
Educational Objectives 2, 3, 5

**12:20 Healy**

- Welcome
- Response to unanswered questions from March 29
- Review of ABCD II (new attendees)?
- Today's agenda
- Introduction of Royann Mraz

**12:25 Royann Mraz, MD, Associate Professor, Department of Pediatrics, UI**

**Behavioral Disorders with Particular Reference to Autism**

- The current understanding of the etiology of behavioral disorders with specific reference to the etiology of autism.
- What is currently felt not to be the etiology of autism
- Description of a “typical” profile of a child with autism or the “spectrum of autism”.
- What is a typical developmental profile of a child with autism?
- What are typical presenting complaints of parents?
- Which screening tools are useful to identify the child at risk for autism and when are they optimally used.
- What are currently accepted diagnostic tools to identify autism.
- What principles should be used to select and evaluate a “treatment” regime for autism.
- What “treatment” regimens are generally accepted as having value.
- What “treatment” regimens are not generally accepted as having value.
- Describe practical clinical tools to help identify or evaluate a child you suspect of having autism.
- What are practical and effective ways to “inform” parents you feel their child has autism.
- What other behavioral disorders resemble autism?
- What other behavioral disorders must clinicians consider in the course of screening and assessing infants and young children with behavioral disorders?
- Similar behavioral disorders that are often mistaken for autism?

**1:10 Carrie Fitzgerald, IDPH and Renee Wallace, RN, Director, Title V, Marion County Community Health Services**

**“Private and Community Partnerships”**

- Keys to successful partnerships
  - Planning
  - Communication

**1:20 Healy**

- Questions
- Thanks and discussion of clinicians perception of need for future educational opportunities