



"Assuring Better Child Health and Development" "ABCD" Evaluation

Project Focus:

North Carolina's approach to building Medicaid capacity for child development services is to identify best practices/issues from local initiatives, and use these lessons to shape replication efforts and statewide sustainability of the program. Improved health outcomes should result from successful implementation and sustainability of care management processes over the long term.

Evaluation Narrative:

A work group comprised of the Local Early Intervention Specialist, Guilford ACCESS Partnership (GAP) Case Manager, Local Developmental MD Champion, GAP Data Analyst, GCH Executive Director, and the State Project Coordinator met to discuss program goals, evaluation measures, and ongoing data tracking/trending. The work group identified the following goals:

- Increase the number of children screened for developmental delays
- Increase number of children referred for appropriate services
- Identify and respond to parental developmental concerns.
- Help parents understand developmental milestones/behavior and ways to facilitate healthy development
- *Establish/Improve the system of communication between the PCP, Consortium*, and Child Services Program. (Note: This is an indirect goal and will not be measured)*

**Note: Consortium refers to the local group of child development providers who work with high-risk children as a result of Public Law 99-457(IDEA).*

Evaluation Measures:

- 1) The number of children who were screened as a percentage of well child visits.
- 2) The number of children who failed* the developmental screen as a percentage of the total number of children screened.

**Note: Failed is defined as those children who's total ASQ score in any one developmental area is below the cutoff identified for his/her age. The children previously referred to the consortium will not be counted in this group.*

- 3) The number and type** of referrals as a percentage of the total number of children screened.

***Note: Types identified include speech, language, consortium, developmental evaluation centers.*

Methodology: Process Evaluation

NC will use the performance measures listed above to evaluate their ability to achieve quality processes. Two analytical designs will be employed for the purpose of the evaluation.

Guilford Child Health:

Data on children ages one, two, and four will be analyzed pre/post intervention. Baseline data will be collected from medical records using a standardized audit tool. An audit is the preferred system of data collection since providers are reimbursed for well child screenings using a “bundled service code”. In addition, NC Medicaid policy stipulates that providers should perform a written developmental screening at one, two, and four years of age; however, communication from the provider community supports the absence of screening in many practices due to time, expense, and expertise. Data on children ages six months and three years will be evaluated on a quarterly basis using quarter one as the baseline. Please refer to the data parameters below for more information relative to each design.

A standardized parent and practice survey designed to yield qualitative data has also been developed for collecting information about the program. Parents who are selected for survey will be randomly chosen from the “ABCD” database. The sample size will be calculated from the total children screened at the time of extractions. The survey will be conducted between March-May 2001 and will be repeated in year two of the grant. The practice survey will be administered to all employees who are identified as involved with the process. It will be conducted in year one and two of the program.

Moses Cone and Healthserve Family Practice:

Each practice’s performance will be evaluated quarterly and progress will be compared by and across practices. Children between 6-8, 12-14, 24-30, 36-42, and 48-54 months* who received a well child check within a quarter is the population for comparison. The NC Center for State Health Statistics will identify the population from claims data.

In addition, a standardized parent survey will be developed for collecting program information. A random sample from the “ABCD” database of the total children screened will be identified. The survey will be conducted during year three of the program and compared to survey results from year two. The practice survey will be administered to all employees who are identified as involved with the process. in year three. It will be conducted between September-October 2002.

Information Tracking/Trending:

The workgroup identified the need to track and trend data for the purpose of understanding the needs of this population both in terms of service delivery and education. The elements identified include:

- Interim screens by age in months
- Educational services by number and type
- Referrals for other* services noting type and source
- Parental developmental concerns by number and response

**Note: Other services include services not captured as a measure in number 3 above. e.g. type-social; source-GAP case manager;*

Data Parameters

1, 2, and 4 year olds:

- ❑ The NC Center for State Health Statistics will identify the baseline sample based on a 95% confidence level. (+-5% margin of error).
- ❑ One, two, and four-year-old children who received a well child check within a specified timeframe is the population from which the sample will be extracted. One year olds are defined as children between the ages of 12-14 months; Two year olds are defined as children between the ages of 24-30 months; Four years olds are defined as children between the ages of 48-54 months.
- ❑ Program year one for the three Guilford Child Health practices is 7/1/00-6/30/01.
- ❑ Program year one for Moses Cone and Healthserve is 7/1/01-6/30/02

6 month and 3 year olds:

- ❑ The NC Center for State Health Statistics will identify children ages 6 months and 3 years who received a well child check within a quarter. Six month olds are defined as children between the ages of 6-8 months; Three year olds are defined as children between the ages of 36-42 months.
- ❑ The baseline will be the first quarter (1/1/01-3/31/01) of intervention for both ages.

Methodology: Outcome Evaluation

NC has plans to augment the evaluation of the ABCD initiative by hiring an independent, university based organization to work with the “ABCD” workgroup in defining, collecting, and analyzing data on outcome measures to include but not limited to the following:

Referred Population:

- Type of service received
- Scope of Service, e.g. extent of service
- Duration of Service, e.g. units of service
- Rate of detection by age of certain dx (e.g. autism, ADHD, Cerebral Palsy)
- Average age of referral and referral rates as compared to statewide averages

General Population:

- Surveillance: cohorts of children at 6 months, 1, 2, 3, and 4 years using ASQ profiles
- Rate of emergency room utilization
- Change in Provider Behavior
- Change in Parent Behavior

Data would be collected in concert with the NC Early Intervention Program and the Medicaid Peer Review Organization (PRO) using provider and parent survey, EI data claims data, and information from chart audits.

Data would be compared across “ABCD” participating practices to practices that have not launched the “ABCD” initiative. This would assist NC Medicaid in examining the effectiveness of the model on young children’s receipt of service.

Note: The age ranges noted above were identified in order to capture children who receive their well child check outside of the periodicity schedule and to align the ages with NC Medicaid billing requirements.

