

Tools for Clinicians

ABCD Screening Academy

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NATIONAL ACADEMY

for STATE HEALTH POLICY

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Electronic Resource Center

- The ABCD Electronic Resource Center is designed to provide state policymakers and health care providers with easy access to research and resources that they can use to promote early childhood health and development.



Why Toolboxes for Clinicians?

- **Toolboxes contain information useful for primary care providers interested in incorporating the use of validated standardized developmental screening in their well child care practices.**
- **All toolboxes aim to assist practices with changes in behavior, knowledge, and skills.**



Process for toolbox selection

- Initial scan of toolboxes by a pediatric nurse practitioner– 10 identified
- Categorized according to:
 - primary purpose
 - covered topics
 - strengths and weaknesses
 - comprehensiveness
 - ease of use
- Reviewed by a workgroup of clinicians with expertise in the area of child development



Toolboxes selected

- American Academy of Pediatrics—
Developmental Behavioral Pediatrics
- American Academy of Pediatrics - National
Center of Medical Home Initiatives for
Children With Special Needs
- California Institute of Mental Health
- Children's Hospital Boston
- NASHP North Carolina ABCD Project
- Developmental Screening of Young Children
in Minnesota

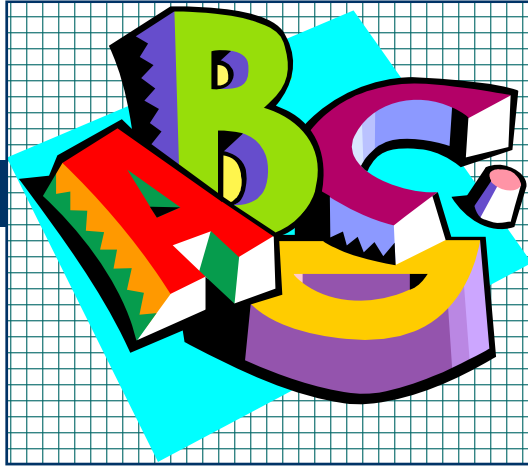


ERC content

- AAP algorithm
- Links to toolboxes and subtopics
- Information about whether toolboxes include key activities related to developmental screening such as:
 - description of screening tools
 - coding and reimbursement
 - practice guidelines

Questions?





Setting the Stage for Success...

Assuring Better Child Health & Development “ABCD”

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



The NC Office Resource Guide

- Background Materials – Neurons to Neighborhoods, AAP
- Reviews of Available Screening Tools – general developmental and social-emotional
- Office Process – steps to develop an office system
- Materials/Samples – handouts for clinicians and parents, posters
- Coding and Billing Information

Practice Training DVD

- One hour in length, designed to be used with practice team at a lunchtime meeting.
- Rationale behind screening and surveillance
- Office Process
- Policy and Billing
- Measuring and Reporting Performance
- Companion Workbook

Getting Started Key Items in the Toolkit

- The Getting Started Worksheet
- Screening Overviews
- Screening tool tables comparing tools on ages covered, type, cost, time, etc.
- Inventory of key community partners and referral resources
- Materials for clinicians – Talking with parents, waiting room posters, generic referral form
- Materials for parents – visit specific handouts

Getting Started Worksheet

1) Assess current protocols: *Developmental Screening and Surveillance*

What are we currently using for developmental screening?

A validated, standardized tool? _____ Which tool? _____
An Informal Checklist? _____
Nothing? _____

Are we screening routinely at ages:

6 months
12 months
18 or 24 months
36 months
48 months
and 60 months? Yes _____ No _____

If no, what ages are we missing? _____

Why are they missing? _____

2) Identify Physician Champion:

A Physician is the “voice” of the quality improvement initiative. They can help to facilitate communication with MDs, office staff and other community groups, both formally and informally, about the screening and referral system.

Who will be our Physician Champion: _____

3) Select a Developmental Screening Tool:

A variety of screening tools are available to providers. Please refer to www.dbpeds.org for a complete list. The ASQ and PEDS “have been put to the test in practices throughout NC” and practice staff has overwhelmingly said that the ASQ and PEDS work in a busy primary care practice. You may order these screening tools by mail or on-line:

(ASQ) www.brookespublishing.com
Paul H. Brookes Publishing
P.O. Box 10624
Baltimore, MD 21285-0624
(May be photocopied)

(PEDs) <http://www.pedstest.com>
Ellsworth & Vandermeer Press, LLC
P.O. Box 68164
Nashville, TN 37206
(Cannot be copied. Refills must be ordered.)

What's Possible, What Works ...

	ASQ	BINS	PEDS	IDI	BRIGANCE	PSC
Type/ Ages	Parent Questionnaire 4mos-5yrs.	Direct Elicitation 3 mos-24 mos	Parent Questionnaire 0-8 yrs.	Parent Questionnaire 3 mos-18 mos.	Direct Elicitation 21 mos -7.5 yrs.	Parent Questionnaire 6 -18 years
Staff Required	Para-prof	MA or Equiv.	Para-prof	Para-prof	Prof.	Para-prof
Time (Score)	5 min.	10-15 min.	5 min.	10 min.	10-15 min.	7 min.
Cost (Per Kit)	\$190* (less 30% = \$133.00 thru 9/30/04)	\$195	\$30 (pad of 50)	\$ 11 (pad of 25)	\$249	Freely Download
Refills	OK to copy	Needed	\$30	\$11	Contact company	OK to copy
Language	English & Spanish French & Korean	English	English & Spanish Vietnamese Hmung, Somali	English & Spanish	English & Spanish	English
Reading Level	4 th -6 th Grade	NA	5 th Grade	Contact company	NA	Contact company

WHAT WORKS... SOCIAL-EMOTIONAL SCREENS

	ASQ SE	TABS	BITSEA	Eyberg	PSC
TYPE	parent questionnaire or interview	parent questionnaire or interview	parent questionnaire or interview	parent questionnaire or interview	parent questionnaire or interview
AGES	6-60 months	11-71 months	12-36 months	2-16 years	4-18 years
COST	\$125 per kit	\$40 for manual	\$99.00 for kit	\$147 for kit	freely downloadable
REFILLS/COPY	free to copy	\$25 for pad of 50	\$35 for 25	\$29 for pad of 25	free to copy
TIME	10 minutes	5 minutes	5-7 minutes	5 minutes	5 minutes
LANGUAGES	English Spanish	English Spanish	English Spanish French Dutch Hebrew	English	English Spanish Chinese
RDG LEVEL	4th-6th grade	no info		6th grade	no info
				Earls Jan 2006	

The Longitudinal Relationship with Children and Families

Visit	PrimaryScreen	Pertinent Issues	Parenting	Secondary Screen
1 wk & 1 mo	Psychosocial	support, housing, transportation peak crying in 2nd month	Newborn Care Feeding, Sleep Reading Cues Soothing Strategies	
2m	Maternal Depression Edinburgh	socioeconomic family relationships attachment	Sleep Reading Cues	
4m	Maternal Depression	same as 2 month, reaching, rolling, social smile	Sleep Reading Cues	
6m	Psychosocial: MH, SA, DV	emergent motor & social skills mobility	Sleep Book sharing Age-appropriate expectations	ASQ SE if indicated
9m	ASQ/PEDS	emerging stranger anxiety mobility feeding self	Sleep Book Sharing Discipline	
12m	ASQ/PEDS (if not at 9 mos)	emerging language joint attention mobility	Sleep Book Sharing Discipline Toilet training	ASQ SE, TABS or BITSEA if indicated
15m	Psychosocial MH, SA, DV	language home environment	same as above	
18m	ASQ/PEDS	language independence & ambivalence	Sleep Book sharing Discipline Toilet training	ASQ SE, TABS or BITSEA; MCHAT if indicated
24m	ASQ/PEDS (if not at 18m), Psychosocial	language independence & ambivalence	Interaction with peers, Discipline, Toilet training Book Sharing	ASQ SE, TABS BITSEA, Eyberg if indicated MCHAT
30 m (or 36m)	ASQ/PEDS (if not at 30m)	communication, social skills	Book Sharing	ASQ SE, etc if indicated
48m	ASQ/PEDS	school readiness communication, social skills early graphomotor	Book Sharing	ASQ SE, TABS Eyberg, PSC if indicated
60m	ASQ/PEDS	same as above	same as above	same as above
6 to 18 yrs	PSC	learning, peers, self esteem	building self esteem, making good choices	ADHD, depression, anxiety screens

Referral Form Developmental Screening & Surveillance

Name of Child: _____

Date of Birth: ____/____/____ Age _____ Sex _____

Address: _____

Medicaid#: _____ Insurance _____ Social Security _____

Parent/ Guardian Name: _____

Home Phone: _____ Work Phone: _____

Race: _____ Primary Language: _____

Screening Tool: ASQ PEDs Other _____ *(Please Name)*

Developmental/Interdisciplinary Referral:

Concerns:

The ASQ or PEDS scoresheet is attached.
I have discussed this referral with parent(s)

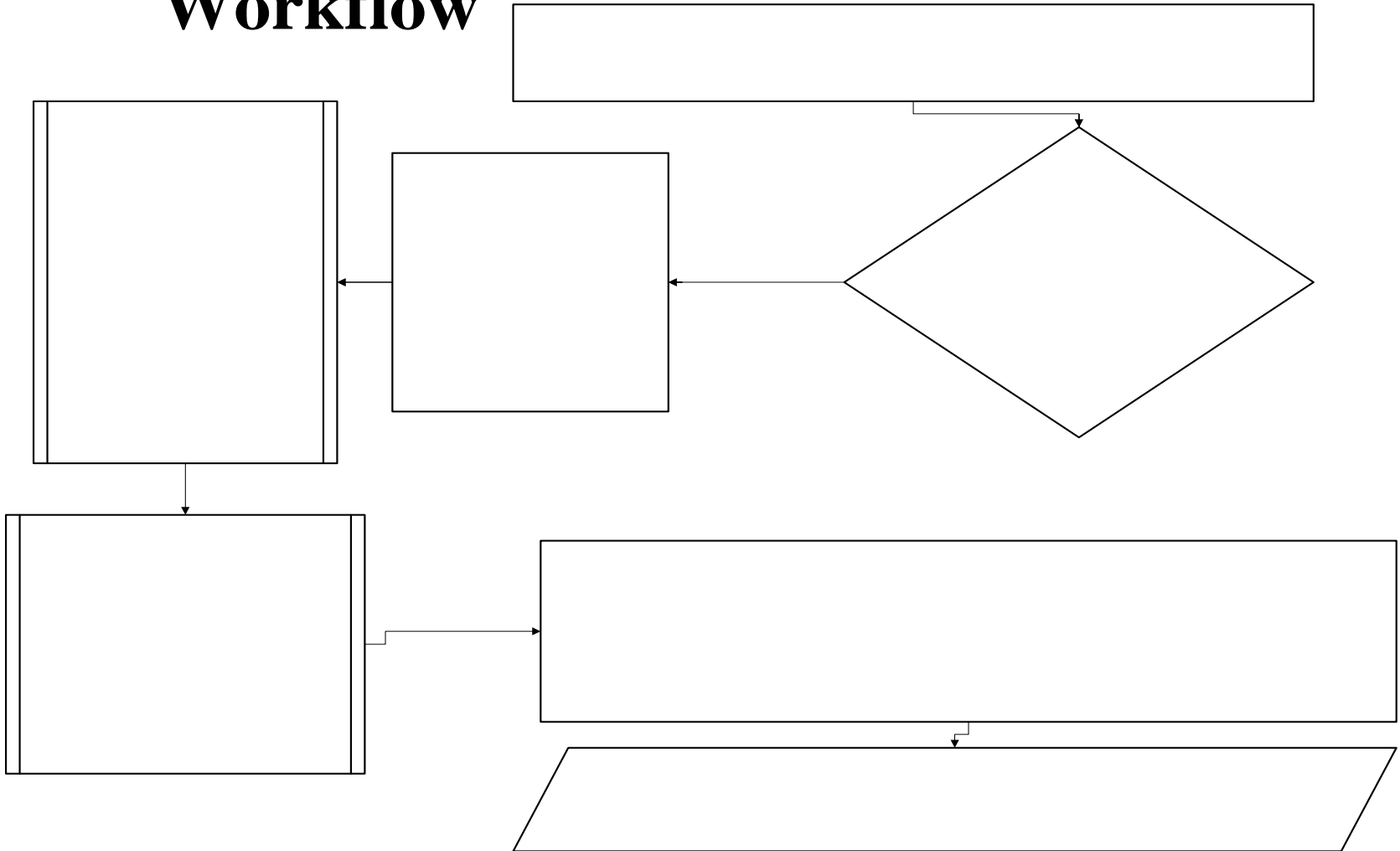
Referred By: _____

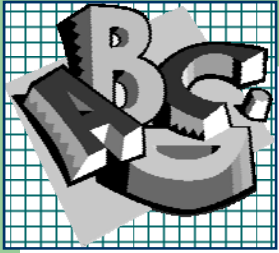
Phone: _____

PCP Office: _____

Fax: _____

Primary Care Practice Screening & Referral Workflow





What to do first

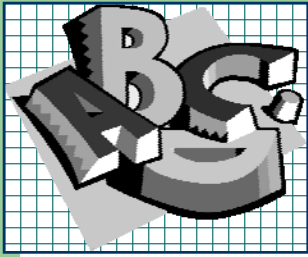
- Practice team (include staff at all levels) work through Getting Started Worksheet.
- Review current office systems
- Map the workflow
- Measure while implementing for real time improvement of the process



The Office Process

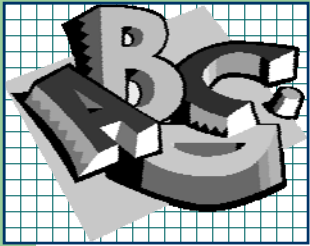
- Assess Current Protocols
- Identify Physician Champion
- Select a Screening Tool
- “Map the Workflow”
- Identify System Supports
 - Networking is key
- Conduct Staff Orientations

Setting the Stage for Success



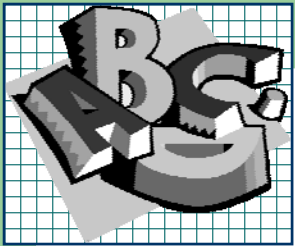
I. **Assess Current Screening Protocols**

- ❑ What are we currently using for developmental screening and what is the sensitivity/specificity of the tool? E.g. Informal checklist? A tool designed from other tools?
- ❑ Are we screening routinely at 6, 12, 18 Or 24, 36, 48 and 60 months? If not, what ages are we missing and why?



II. Identify Physician Champion

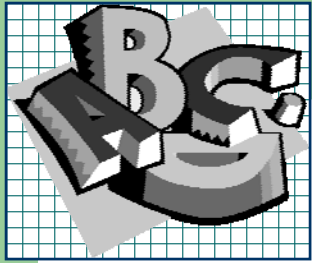
- ❑ What Physician will help staff keep it “**high on the practice agenda**”?
 - There are many competing initiatives in a practice.
 - The champion leads the work and facilitates communications with the MDs, office staff, and other community groups, both formally and informally, about your screening system.



III. Select a Screening Tool

- ❑ A variety of screening tools that meet desired sensitivity and specificity (70-80%) are available to providers.
- ❑ Two tools, the ASQ and PEDS “have been “put to the test” by North Carolina practices over the past seven years. Staff have indicated these parent questionnaires work well in a busy primary care practice.

For a complete list of tools and ordering information please refer to www.dbpeds.org

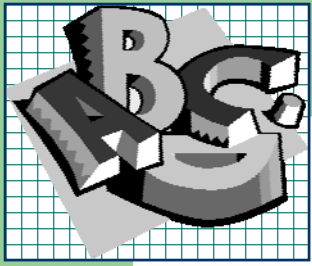


Setting the Stage for Success

IV. “Map the Workflow”

Develop a Formal Chart that outlines your workflow/process. The following questions serve to guide you in developing your own process.

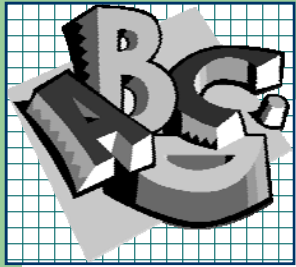
- Who will ensure copies are available to parents?
- When in the visit will the parent receive the tool?
- Who will give it to the parent? Who scores the tool?
- When are the results discussed with the parent?
- How will referrals be handled?
- Who is going to give the parent educational material?
- What happens with the tool after results are discussed?
- Who makes sure the materials and tools are restocked?



Setting the Stage for Success

V. Identify Community Resources

- Nurse Home Visiting
- Part C (0 – 3) Services
- Part B (3 – 5) Services
- Parent to Parent Support
- EPSDT Coordinators
- School/Childcare Nurses
- Smart Start
- Head Start
- Mental Health Providers

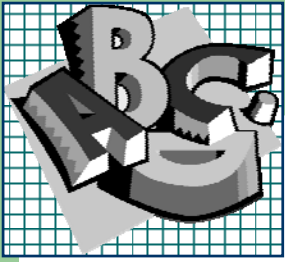


Setting the Stage for Success

VI. Conduct Staff Orientations

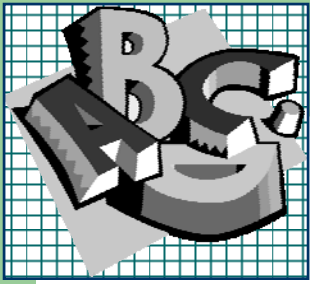
- Introduce the new workflow and procedures to your staff.
- Walk through the process and determine if it works the same in practice as it did on paper. Adjust as necessary.
- Republish the workflow map and formally incorporate into the office protocols.
- Remember to monitor progress, offer feedback, and make adjustments if necessary. Performance can be monitored in simple ways such as counting all your 96110's in a month.

BEGIN!



Sustaining Change

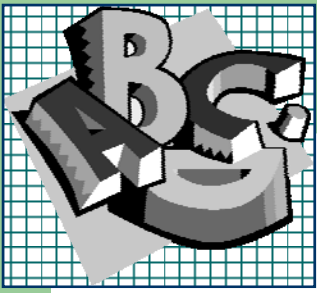
- Fundamental change in office systems
- Practice – wide guideline
- Process is routine
- Process is reliable, and does not depend on particular staff to be present to occur
- Roles at each level are clear and understood



Sustaining Change

New kind of communication with community

- Relationship with key partners
- Networking to facilitate process beyond practice
- Agreements on how to exchange information, e.g. standardized referral process/form



Sustaining Change

Participatory role for parents/family

- Parent is partner in screening
- Parent helps drive change by asking for service
- Parent gives feedback on referral sources and communication process