

Implementing the ASQ

From Keys to success to biting off too much: The only way to find out what is right for your practice

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How much to bite off

- What ages
- In office or at home

Getting the ball rolling

- Planning
 - Goal of all WCC 4 months to 5 years
 - Weekly meetings at lunch
- Enacting
 - Set start date – 2 weeks!
- Re-tooling
 - Follow up meetings to problem shoot

Key Efforts in implementing the ASQ

- Dedicated medical assistant
- Dedicated lead person
- Starting with only one provider to work out the bugs
- Committed and informed receptionist
- Reminding parents to bring in completed questionnaires
- Changing WCC forms
 - Results
 - Reminder
- Developing own flow sheet

Stumbling blocks

- Home versus office
 - Accuracy
 - Timeliness
 - Primary care giver not at WCC
- The correct age for that WCC

Actual benefits

- Low cost
- Easy to implement
- Easy to score
- Heightens parents observation of their children
- Reaffirmed my prior developmental assessment
- Additional visual support for parents if referral needed
- An educational tool for parents

Scaling down

- From 10 ASQs to 4
 - If filled out in office, ASQ for younger patients more accurate
- Do more frequent ASQs if assessment at WCC or previous ASQ borderline/abnormal
- Will send home ASQs for >2 year olds and have parents call with concerns
- Use if appointment made for developmental concerns