Scott G. Allen
Executive Director
Illinois Chapter of the American Academy of Pediatrics
About ICAAP

- IL Chapter, American Acad 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
Why Engage Stakeholders?

- Provides manpower
  - Assistance with program development, promotion
- Develops stronger program
  - Credibility
  - Diversity of experience, viewpoints
- Leverages resources
  - Funding
  - Infrastructure
- Prevents roadblocks
  - Needs/expectations on table
Illinois Healthy Beginnings

- Broad, multidisciplinary effort
  - X groups on Advisory Committee
  - Met annually
  - Small leadership group for day-to-day effort

- Established subcommittees
  - Policy, evaluation, provider training, resources/referral, client education
Illinois Healthy Beginnings Partners

- Providers
  - ICAAP*, IL Academy of Family Physicians*
  - FQHCs (IL Primary Health Care Assn)
  - Hospitals/clinics (Children’s Memorial, Advocate Health Care*)

- Policy
  - Ounce of Prevention Fund*
  - Illinois Maternal and Child Health Coalition
  - Voices for Illinois Children

- State/City Agencies
  - Medicaid (IDHFS)*
  - EI/Part C (IDHS)
  - Early Childhood Comprehensive Systems (IDHS)
  - Mental Health (IDHS)
  - Public Health (CDPH)

- Related systems efforts
  - Evanston Northwester Postpartum Depression Project
  - UIC Perinatal Depression Consultation Service
  - Illinois Children’s Mental Health Partnership

- Funders
  - Foundations (Michael Reese Health Trust)
  - Medicaid (IDHFS)

- Other groups
  - Illinois Association for Infant Mental Health*
  - Erikson Institute
  - March of Dimes
  - Managed Care

* Served on leadership group
Enhancing Developmentally-Oriented Primary Care

- Lead by four groups representing providers and policy
  - Illinois Chapter, AAP and Illinois Academy of Family Physicians
  - Advocate Health Care
  - Ounce of Prevention Fund

- Strong support/involvement from
  - Medicaid (as policy partner, funder)
  - Foundation community (as advocates, funder)

- Various groups engaged over time
  - Medical/health provider training programs
  - Early Intervention
  - Title V
  - Community clinic networks/state association
Lessons Learned

- Lead agency is key
  - Medicaid
    - Crucial to policy, incentives, provider involvement
    - Sometimes excessively bureaucratic, unwieldy
  - Provider groups
    - Expertise on how screening works in practice is key
    - Can advise on evaluation strategies, policy changes, etc.

- Consider roles/contributions in advance
  - Is organizational commitment possible?
  - Who is your contact? Consider roles within partner groups, turnover
  - Develop strategies for involvement (see next slide)
# Collaborator Roles (ex)

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Lessons Learned (con’t)

- If engaging a large group
  - Work to avoid disaffection
    - Plan regular communications
    - Offer concrete opportunities for input
    - Always include an “ask”
    - Give credit where due
  - Consider subcommittees to focus on strengths

- If focusing on key stakeholders
  - Avoid ignoring everyone else
    - Regularly review who’s *not* at the table
    - Don’t operate in a vacuum; make sure to promote your efforts
Partnering with Medicaid

- Assisted in program development
  - Identified pilot/demonstration sites
  - Reviewed curricula/materials, clarified billing information
- Encouraged screening/referral
  - Changed payment
    - unbundling for dev screening; PPD screening using child’s number
  - Clarified screening policies
    - Publicized list of allowable screening tools
    - Confirmed same-day policy of up to 2 dev screenings, 1 risk assessment
- Promoted quality
  - Review of content of care with MCOs, FQHCs
  - Accepted input on patient education materials
- Established infrastructure
  - Use of Medicaid match to support ABCD, EDOPC
  - Support and expansion of PPD toll free hotlines for parents, providers
  - Partnered in grant applications, awareness activity
Champions

- Utah Department of Health
  - Maternal and Child Health
  - Health Care Financing
  - Children with Special Health Care Needs
- Utah Department of Human Services
  - Division of Substance Abuse and Mental Health
- Advocacy Groups and Individuals
- Community Mental Health
- Primary Care
  - Intermountain Pediatric Society- AAP affiliate
  - Intermountain Healthcare
  - Health Insight
  - University of Utah Department of Pediatrics
Factors for Success

- Communication is critical
  - Meet and share accomplishments, future goals and challenges
  - Cheerlead, Cheerlead, Cheerlead
Challenges/Barriers

- These are the big issues you gotta know!
  - Give a heads up before the ball drops---
    - Turfism—
      - Don’t step on my grass until I am ready and if you do I won’t play with you!
  - What has been done—what needs to be updated—what needs to be done
  - Lack of clear understanding of the overall project purpose.
Utah’s Accomplishments

- Stakeholder group met three times— not too many nor too few.
  - Introduced the ABCD project, discussed plans and identified sub-committees
  - Updated on initial plan, accomplishments and plan for the future
  - Updated on activities, challenges and goals
Sub-committee Groups

- **Screening tools**
  - Infant social emotional delay
  - Toddler social emotional delay
  - Maternal depression

- **Measurement activities**
  - Practice audits to chart progress on screening goals

- **Updating Medicaid provider manual**
  - Included recommended tools and made case for screening

- **Assessing System Capacity**
  - Identified target capacity areas
  - Developed survey tool

- **Mental health training needs assessment**
Key to Success

- Enthusiasm is Contagious!
ABCDII - Iowa’s Care for Kids Healthy Mental Development Initiative

Engaging Stakeholders

Carrie Fitzgerald, Child and Family Policy Center
Project Layout

- EPSDT Collaborative Board
- Clinical Panel
- Work Groups
- Project Coordinator
- Inter-agency team
The EPSDT Collaborative Board

Members

- Prevention Of Disabilities Policy Council Chair
- American Academy of Pediatrics, Iowa Chapter
- Center for Disabilities and Development
- State Medicaid Director
- Iowa Academy of Family Physicians
- Child Health Specialty Clinics
- State MCH Title V Director
Board Role

**Board Responsibilities**

- 1) Oversee the project.
- 2) Receive recommendations from the Panel about desired system standards for screening, assessment, referral and intervention for at risk children.
- 3) Identify and assess Medicaid barriers to the implementation of the desired system standards.
- 4) Review the project evaluation and recommend changes to Medicaid policies to implement an effective statewide system of care.
Clinical Panel Membership

- Pediatrician
- Family Physician
- MCH Title V Agency, community level
- Nurse Practitioner Association
- Social Worker Association
- Early ACCESS, Part C
- State legislator
- Physician Assistant Association
- Iowa Psychological Association
- Iowa Medical Home Initiative Project
- Parent Representatives
- Community Empowerment – state and local reps
Panel Role

Panel Responsibilities

1) Recommend minimum systems and best practice standards for Level 1 Services.
2) Define Level II Services and minimum system standards.
3) Recommend screening and assessment tools and appropriate anticipatory guidance materials.
4) Identify potential service delivery models for use in the pilot sites.
5) Assist in identifying Medicaid barriers to implementation of an early mental health system of care.
6) Review demonstration site experiences and evaluations and recommend system changes.
Identified State Issues

1. Low rates of developmental/mental health screenings and anticipatory guidance
2. Difficulty in locating and connecting families with appropriate interventions
3. Identifying gaps and barriers in providing low-level intervention services for at-risk children and their families
Work Groups

- Created in response to identified issues and to issues submitted by the Panel
- Members on and outside of the Panel and Board were asked to serve on work groups
- No one turned down a request to serve on the work groups
- Five work groups were created
Work Groups (2)

1. Prevention and Early Identification Work Group
   - Developed the screening standards

2. Referral Work Group
   - Agreed to statewide plan for referrals

3. Medicaid Barriers Work Group
   - Reviewed barriers in billing, coding and referrals

4. Interventions Work Group
   - Established recommendations for interventions/services based on screening results

5. Evaluation Work Group
   - Designed, implemented, analyzed evaluation plan
Work Groups Membership

Members included early childhood experts
Community service providers
Physician practice staff, including billing and coding staff
Physicians, nurses, and parents
Stakeholder Importance

• Because our membership in the Panel and Work Groups were broad, many constituent groups were involved and included in the entire project process.

• We sought out publicity: submitted articles to many state-wide newsletters, presented at association meetings and conferences, and encouraged collaboration at all levels.

• Stakeholders always felt represented and engaged.

• Stakeholders carried our messages to constituent groups and policy makers.