



Developmental Screening and Referral Program Outline

*The Enhancing Developmentally Oriented Primary Care (EDOPC) project is a partnership of the Advocate Health Care Healthy Steps Program, the Illinois Academy of Family Physicians (IAFP), the Illinois Chapter of the American Academy of Pediatrics (ICAAP), the Ounce of Prevention Fund, and the Illinois Department of Healthcare and Family Services (IDHFS), among others. EDOPC content and training activities were coordinated with **Illinois Healthy Beginnings: The Assuring Better Child Health and Development (ABCD) II Project**, which was lead by the Ounce and IDHFS from 2004-2006. These groups have partnered to offer developmentally oriented continuing medical education (CME) opportunities to pediatricians and family physicians, described below.*

Trainings are held on-site in medical offices, clinics and hospitals, and are geared towards the entire staff in order to facilitate a comprehensive team approach to patient care. In addition to CME credits, we offer resource materials and the opportunity for additional training and technical assistance.

The Developmental Screening and Referral program is a 1.5 hour presentation that is designed to be presented in the office/clinic setting to all staff. A trained healthcare provider, such as a physician (pediatrician or family physician) or nurse/nurse practitioner offers the presentation.

Below is an outline, followed by images of the PowerPoint slides used during the presentation. Complete speakers' notes have been written and are used to train faculty members. Speaker notes and/or PowerPoint versions of this curriculum may be requested by contacting the project staff at info@edopc.org or at 888/270-0558 or 312/733-1026, x203.

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Overview

- I. Welcome
 - a. Introduce Speaker
 - b. Housekeeping Announcements
 - c. Background on Illinois Chapter, AAP's Office-Based Programs
 - i. Acknowledgement of project partners and funding
 - d. Background on AAP Policy Statement on Developmental Pediatrics
 - e. Needs Assessment Results (Tailored for each practice based on a needs assessment fielded and collected from each participating site)
 - f. Program Learning Objectives

- II. Importance of Early Intervention
 - a. Early Brain Development
 - b. Potential Impact of Early Intervention on Physical and Emotional Development
 - c. Legal Aspects of Developmental Screening and Referrals (*individuals have the RIGHT to developmental screening*)
 - i. Individuals with Disabilities Education Act (IDEA) requirements
 - ii. Americans with Disabilities Act (ADA) legal rights
 - d. Importance of Family Involvement with Screening
 - i. Healthy Steps (model program using Healthy Steps specialists to address developmental needs in practice)

- ii. Data from Unmet Needs Assessment (Illinois survey of providers that showed few were doing developmental screening and identified barriers)
- iii. Medical practice can gain and lose business based on screening practices

III. Purpose of Screening Tools

- a. Part C Intervention in Office Setting
- b. Surveillance vs. Screening
- c. Pitfalls of Screening
- d. Available tools:
 - i. Parent Report Tools
 - ii. Direct Examination Tools
 - iii. Social/Emotional Tools
- e. Recommended Tools

IV. Early Intervention Guidelines for Developmental Delays

- a. Atypical vs. Typical Delay
- b. Variable Delay (in one domain)
- c. At-Risk Delay
- d. Social/Emotional Delay

V. Recommended Tool

- a. Why This Tool is Recommended
- b. Ages and Stages (ASQ)
 - i. Pros and Cons (time barrier vs efficiency)
 - ii. When and How to Use
- c. Other available tools

VII. Exercise – Case Study

- a. Ages and Stages

VIII. Referral Process

IDEA requires physicians to refer children with suspected developmental delays in a timely manner to the appropriate early intervention system.

- a. How to Communicate to Family When a Child Fails a Screening
- b. Child and Family Connections (refer within 48 hours)
- c. School Professionals- Special Education Programs
- d. Medical specialists (PT/OT/ST)
- e. Other Groups/Resources
- f. At-Risk Patients
- g. Follow-up with Family

IX. Integrate Developmental Screening and Referrals into Regular Practice Procedures- What Happens Now and Who Does It?

- a. Techniques to incorporate screening and referrals, to overcome common barriers
 - i. Appropriate Time/Visit
 - ii. Organize Office for Detecting and Addressing Developmental Screening
- b. Follow-up process- Continue to communicate with families
- c. Roles of Health Professionals, Office Staff
- d. Ordering Information/Suppliers/Project-Related Discounts

X. Problem Solving

Review Completed Screening Implementation Worksheet and Discuss Findings with Practice Staff

- a. Discuss Obstacles/Problems with Screening Implementation
- b. Discuss Solutions/Answers to Doubts

- XI. Maximizing Reimbursement
Practices should feel comfortable to bill for screening services when screening is incorporated into normal office routine.
 - a. Medicaid coverage billing
 - b. Private Insurance Coverage and Rates
 - c. Relevant Codes

- XII. Conclusion
Questions and Answers
 - a. Evaluations
 - b. CME Certificates

For more information, including how to obtain the speaker notes and PowerPoint version of this curriculum and permission for their use, please contact the EDOPC project staff at info@edopc.org or at 888/270-0558 or 312/733-1026 x203.

Enhancing Developmentally Oriented Primary Care: Developmental Screening and Referral



Resource & Referral Kit Contents

Section #1

Policy:

- ❑ American Academy of Pediatrics: Developmental Surveillance and Screening of Infants and Young Children (RE0062) Vol. 108 No.1 July 2001 pp192-196

Section #2

Supplementary Reading:

- ❑ Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening, by the American Academy of Pediatrics Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Children With Special Needs Project Advisory Committee; *Pediatrics* 2006; 118; 405-420
- ❑ Parents' Evaluation of Developmental Status: How Well Do Parents' Concerns Identify Children with Behavioral and Emotional Problems
- ❑ Estimating the Cost of Developmental and Behavior Screening of Pre-School Children in the General Pediatric Practices *Pediatrics* Vol. 108 No. 4 Oct. 2001 pp913-922
- ❑ Developmental Screening is an Important Part of Well Care: How Can We *Really* Make it Happen?, Dianna Ploof, EdD and Sara C. Hamel, MD, in *the American Academy of Pediatrics' Section on Developmental and Behavioral Pediatrics' newsletter*, June 2002
- ❑ Detecting and Addressing Developmental and Behavioral Problems: Efficiently and Inexpensively, by Frances Glascoe
- ❑ Partnering with Parents to Promote the Healthy Development of Young Children Enrolled in Medicaid, Christina Bethell, Colleen Peck, Melinda Abrams, et al., The Commonwealth Fund, September 2002
- ❑ Increasing the Number of Infants Participating in the State's Early Intervention Program for Infants and Toddlers with Developmental Disabilities, by Stephen Saunders MD, MPH, FAAP
- ❑ Quality of Preventive Health Care for Young Children: Strategies for Improvement, Neal Halfon, MD, MPH, Moira Inkelas, PhD, MPH, Melinda Abrams, MS, and Gregory Stevens, PhD, MHS, The Commonwealth Fund, May 2005

Section #3

Implementation & Referral Resources:

- ❑ Miscellaneous Resources
- ❑ Additional Resources
- ❑ Illinois Head Start Sites
- ❑ CFC sites
- ❑ Early Intervention Description
- ❑ Healthy Families of Illinois sites

Section #4

Reimbursement & Coding:

- ❑ IDPA Information Notice dated 2/1/04 from Governor Blagojevich regarding billing for screening under the Healthy Kids Program

- ❑ IDPA Healthy Kids Handbook Appendix 8 pg. 1-3
- ❑ CPT Procedure codes for screening
- ❑ Fee Schedule
- ❑ Healthy Kids Handbook Agencies and referral resource materials pg. 12-15

Section #5

Screening Tools:

- ❑ Scripts for ASQ and ASQ:SE
- ❑ Quick Look for Screens
- ❑ Sample 10mo ASQ-(blank)
- ❑ Sample Peds-(blank)

Section #6

Ordering Information

- ❑ Screening Tools & Education for Pediatric Providers
- ❑ Ages & Stages Questionnaires-ASQ
- ❑ Child Find Public Awareness Materials
- ❑ Additional Educational Materials

Section #7

Handouts

- ❑ 9 month old link letter

Breastfeeding

- **Basics** “Breast Feeding Basics”
- **Getting Started** “How Do I Get Started With Breastfeeding?”
- **Tips from Moms** “Tips From Breastfeeding Moms”

Sleep and Routines

- **Position** “What Position Should My Baby Sleep In?”
- **Relaxation** “How Can I Help My Baby Wind Down In the Evening?”
- **Routines** “What Kind of Daily Routines Are Good for My Baby”

Feeding

- **Eating Out** “Tips For Eating Out With Baby”
- **Solid Foods** “Getting Started With Solid Foods”

Language Development and Early Literacy

- **Helping Child Talk** “How Can I Help My Child Learn to Talk?”
- **Milestones of Literacy** “Developmental Milestones of Early Literacy”

Autonomy and Self-Esteem

- **Dressing** “Me Do It Myself Tips for Helping Your Toddler Get Dressed”

Feeding

- **Helping Toddler Eat** “Me Don’t Want It. Helping Your Toddler to Eat Happy and Healthy”
- **Weaning** “Is My Toddler Ready to be Weaned? How Do I Do It?”

Language Development and Early Literacy

- **Choosing Books** “What Books for What Age? Choosing Books for Toddlers”
- **Language Development** “Should I Be Worried About My Toddler’s Language Development?”
- **Questions** “Why? Why? Why? Why Does My Toddler Ask So Many Questions?”

Reading

- “Tips on Reading Aloud With Your Toddler”

Play Toys

- “A Toddler’s Toy Box”

Toilet Training

- “We Did It! Helping to Make Toilet Training a Success”

Kindergarten Readiness

- “Will My Child Be Ready? What Kindergarten Readiness Really Means”

Section #8

Back Pocket Supplemental Info

- Step by Step: Incorporating Developmental Screening into Programs and Services for Young Children, a publication of the Ounce of Prevention Fund’s Birth to Three Project, Issue No. 1
- PEDS Administration and Scoring Guide
- Child Development Review 2006 Catalog

Enhancing Developmentally Oriented Primary Care

Developmental Screening and Referral

Disclosure Information

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss commercial products or services and unapproved/investigative uses of a commercial product/device in my presentation.

EDOPC at a Glance

- Collaborative project
 - Advocate Health Care, Healthy Steps for Young Children Program
 - Illinois Chapter, American Academy of Pediatrics (ICAAP)
 - Illinois Academy of Family Physicians (IAFP)
 - The Ounce of Prevention Fund
- 2005 through 2007
- Multiple funders

Developmental Screening and Referral

CME Information

- The AAP designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credit(s)™
- Physicians should only claim credit commensurate with the extent of their participation in the activity
- This activity is acceptable for up to 1.5 AAP credits (can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Fellows of the AAP)

Developmental Screening and Referral

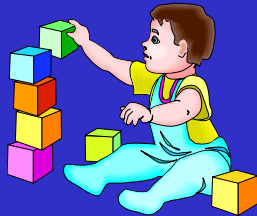
- Part I: Overview
- Part II: Recommended Tools
- Part III: Referral Process
- Part IV: Implementation Strategies in the Primary Care Office – Team Approach

Learning Objectives

Participants will be able to:

- Identify the purpose of developmental screening and early intervention
- Use tools to screen for developmental delays
- Implement referral procedures for children who fail or pass but exhibit potential development concerns
- Employ parent/caregiver education materials
- Implement efficient office procedures for screening and referrals

Terminology



Surveillance
vs
Screening

Why Screen and Refer?



- Screening works!
- Helps young brains develop and advances physical and emotional development
- Improves patient/family satisfaction
- Federal/legal requirements

Detection Rates

Without Tools

- 20% of mental health problems identified
(Lavigne et al. *Pediatr.* 1993; 91:649-655)
- 30% of developmental disabilities identified
(Palfrey et al. *JPEDS* 1994; 111:651-655)

With Tools

- 80-90% with mental health problems identified
(Sturmer, *JDBP* 1991; 12:51-64)
- 70-80% with developmental disabilities correctly identified
(Squires et al., *JDBP* 1996; 17:420-427)

Early Brain Development

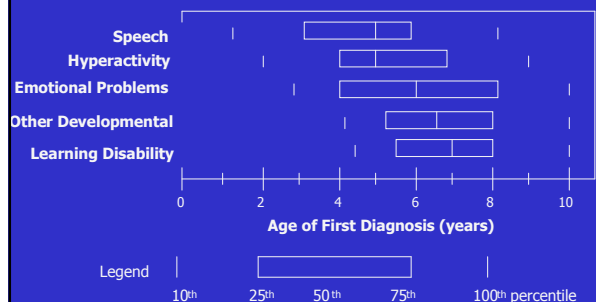
The more you use it,
the better it gets!



Good Customer Service

- Parents want and expect support on child development
 - Commonwealth Fund
 - Healthy Steps
- Screening can encourage parent involvement and investment in child's health care

Detection of Disabilities by Physicians



Illinois Unmet Needs Project

- 87% reported they provide developmental monitoring (92% of pediatricians)
- 64% are not using commercially developed screening tools
- 36% do...
 - Denver and Denver II (most common)
 - Ages & Stages Questionnaire
- Screen for social-emotional/behavior problems less often

Final Report: May 2002. Developmental Screening by Primary Care Physicians

Illinois Unmet Needs Project

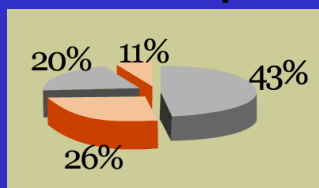
Barriers to screening:

- Lack of time
- Lack of staff
- Inadequate reimbursement
- Lack of training
- Lack of parent acceptance of delay



Final Report: May 2002. Developmental Screening by Primary Care Physicians

What to Expect



- 11%: high risk of disabilities & need referrals for further evaluations
- 20%: low risk of disabilities & need behavioral guidance
- 26%: moderate risk of disabilities & need developmental promotion/vigilance
- 43%: low risk of disabilities & need routine monitoring

Parents/Caregivers

- Parents are reservoirs of rich information
- Screening structures observations, reports, and communication about child development
- Screening becomes a teaching tool for parents and health care professionals
- Screening improves relationships
- Parent involvement reduces cost

Parents/Caregivers

- Parent recall is often inaccurate
- Parent reports rely on current descriptions of child's behavior and skills
- Parents may face personal challenges
- Reliable under certain conditions, with well-developed tests

Preparing Parents/Caregivers

- Explain tool and purpose to parents
- Discourage assumption of a "problem"
 - addressing behavioral and developmental issues is an important part of your service
- Assess ability to complete tool properly
 - with assistance?
 - in office or at home?

Communicating Results

- Focus on positives
- Practice your language
 - “Learning too slowly”
 - “Delayed in some areas”
 - “Needs some extra attention and support”



Communicating Results

- Stress the need for further evaluation and follow-up
- Offer parents activities they can do
- Help the parent to inform others
- Acknowledge parent’s fear
- Avoid judging or scolding parents
- Encourage communication, particularly when recommendations are not followed
- Provide parent with information on the referral
- Set a follow-up appointment
- “Demystify” the process

Developmental Screening: Part 2

- Features of developmental screening tests
- Ages and Stages Questionnaire – ASQ
- Parents Evaluation of Developmental Status

Screening Test Features

- Sensitivity
- Specificity
- Positive predictive value
- Validity
- Reliability



PEDS Parents' Evaluation of Developmental Status

- Birth through 8 years of age
- Two minutes to administer and score if conducted as an interview
- Less time is required if parents complete the brief questionnaire in waiting or exam rooms or at home
- Written at the fifth-grade reading level
- English and Spanish versions

Ages & Stages™ Questionnaire

- Parent report tool with exercises, 30-35 items
- Covers 5 skill/developmental areas
- Written at a 6th grade level
- Available in Spanish, English, and French
- Choices of responses (yes, sometimes, not yet)
- Requires 15-20 minutes to complete, 5 minutes to score
- 19 color-coded age-appropriate questionnaires and score sheets

Ages & Stages™ Questionnaire

Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil or crayon, without tracing? Your child's drawings should look similar to the design of the shapes below, but they may be different in size.



Ages & Stages™ Questionnaire

- Use ASQ Information Summary sheet to score and for child's permanent record
- Ensure test is complete
- Convert responses to point values: yes (10), sometimes (5), not yet (0)
- Add item scores by developmental area and record totals
- Use ratio scoring procedure for unfinished sections

Ages & Stages™ Questionnaire

Refer or Follow-up

	20	25	30	35	40
Communication	●	●	●	●	●
Gross motor	●	●	●	●	●
Fine motor	●	●	●	●	●
Problem solving	●	●	●	●	●
Personal-social	●	●	●	●	●
	20	25	30	35	40

Ages & Stages™ Questionnaire

The specific answers to each item on the questionnaire can be recorded below on the summary chart.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

All scores in points	Score	Cutoff	Communication		Gross motor		Fine motor		Problem solving		Personal-social			
			1	2	1	2	1	2	1	2	1	2		
Communication	39.1		1	2	1	2	1	2	1	2	1	2		
Gross motor	32.9		3	4	3	4	3	4	3	4	3	4		
Fine motor	30.0		5	6	5	6	5	6	5	6	5	6		
Problem solving	35.0		7	8	7	8	7	8	7	8	7	8		
Personal-social	25.4		9	10	9	10	9	10	9	10	9	10		
			Y	S	N	Y	S	N	Y	S	N	Y	S	N

Ages & Stages™ Questionnaire

Advantages

- Minimal physician time
- Low cost, photocopying permitted
- Developmental suggestions included
- Age-appropriate sensitivity and specificity
- Secondary screen to PEDS

Challenges

- Difficult to complete
- Difficult to stock and maintain

Developmental Screening: Part 3

- Referrals and referral resources
- Early Intervention System and Child and Family Connections offices
- Practical aspects of incorporating developmental screening
- Coding and reimbursement

Referral Overview

- Prevention Programs
 - at risk
- Early Intervention
 - birth to age 3
 - suspected delay
 - qualifying condition
- Special Education
 - ages 3 to 21

Early Intervention

- Who you should be referring to EI
- When to refer - timeline for evaluation/services
- Where to refer
- What specific services the EI system provides

Early Intervention: Who

Children Ages 0-3 with a Developmental Delay in:

- Cognitive abilities
- Physical abilities - including vision and hearing
- Language/speech/communication
- Social-emotional abilities
- Adaptive self-help skills

Children at risk of substantial developmental delay

Current rule is delay of 30% or greater to be eligible for services

Early Intervention: Who

At risk for delay

- Caregiver - diagnosed psychological disorder or developmental disability

Or when Three or More Risk Factors are Present

- Caregiver - alcohol or substance abuser
- Caregiver - less than 15 years old
- Caregiver - 10th grade education level
- Caregiver - chronic illness
- Child - homeless
- Mother - abused alcohol/substances during pregnancy
- Child has not been removed from abusive circumstances

Illinois Administrative Code Ch IV, § 500.50 Subchapter e

Early Intervention: Who

Children diagnosed with an eligible medical condition, which results in a high probability of Developmental Delay

Examples:

- Down Syndrome
- Fragile X Syndrome
- Spina Bifida
- Microencephaly
- Birth weight of less than 1000 gm

For more information:

www.wiu.edu/ProviderConnections/pdf/CFC_ProcedureManualpdf

0-3: Early Intervention - Where

Child and Family Connections (CFCs)

- 25 sites in Illinois
- Functions:
 - assist in screening/evaluation
 - determine eligibility
 - assess needs
 - plan for services
 - identify providers

Call 800-323-4769 for nearest CFC

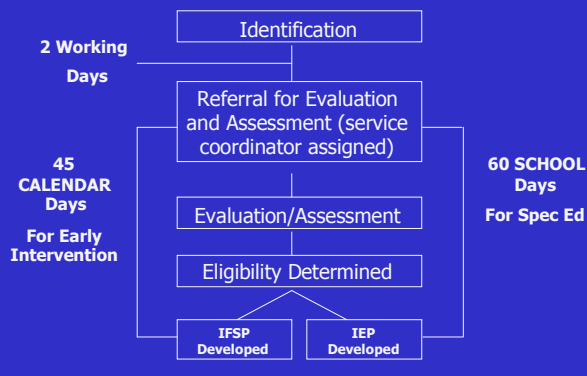
0-3: Early Intervention- What

- Occupational therapy
- Physical therapy
- Speech/language therapy
- Family training, counseling, support
- Service coordination
- Audiology
- Vision services
- Nursing
- Nutrition
- Psychological services
- Social Services
- Developmental therapy
- Transportation
- Medical diagnostic services

Early Intervention - Cost

- One fee is assessed per family using a sliding scale that adjusts for gross income and family size
- No one is denied service because of their income
- Fees are not assessed when
 - income is at or below 185% of the Federal poverty level
 - Child is enrolled in Medicaid/All Kids or WIC

Early Intervention: When



3-5: Special Education

- Autism
- Deaf-Blindness
- Deafness
- Emotional Disturbance
- Hearing Impairment
- Mental Retardation
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech/Language Impairment
- Traumatic Brain Injury
- Visual Impairment

3-5: Special Education- Referral Process

- Designate steps for making a referral
- Designate person(s) to whom a referral may be made
- Identify information to be provided
- Provide assistance necessary to meet requirements
- Identify process for providing parents with notice of their rights

Incorporating Screening into Practice

- QUESTIONS:
- Which tools at what intervals?
 - How do we make time for screening?
 - Who administers the screening, scores the tests, and communicates results?
 - What is the cost of the screening tools?
 - Can they be photocopied?
 - Where can I order materials from?
 - Who else may be screening the children in our practice?

Incorporating Screening into Practice

ANSWER:

The Team Approach

- Solves problems
- Generates new ideas
- Encourages participation
- Requires training



A Leader!



Screening Administration

Tools can be:

- Distributed at well child visits to be completed and brought back
- Mailed immediately prior to well child visits
- Completed in waiting or exam rooms
- Completed by phone interview prior to the visit

Staff Roles

Professionals

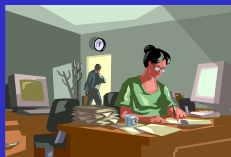
- establish the system
- choose the tools
- train scorers
- provide feedback to parents
- advise parents on development and behavior

Paraprofessionals

- implement the system
- score questionnaires
- provide routine feedback
- distribute patient education
- maintain and update referral lists

Staff Roles (cont'd)

- Secretarial staff: copy or order tools, maintain supply
- Medical records staff: stuff charts
- Receptionists: explain tool, offer assistance



Staff Roles (cont'd)

- Medical Assistants: score questionnaire
- Registered Nurses: score questionnaire, discuss results, offer referral information
- Physicians, NPs, PAs: review scored tools, discuss results, administer secondary screenings, make referrals

The Happy Employee



Maximizing Reimbursement

- Medicaid/All Kids coverage
- Private insurers
- Coding

EDOPC assistance:
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The End

