

# ***Setting the Stage for Success...***

# Assuring Better Child Health & Development “ABCD”

**The NC ABCD Project: 2000 - Present**



# Strategic Components

- Quality improvement project in primary care with quarterly data reporting and review
- Formation of State Advisory Group that involved leadership from the NC AAP Chapter and AFP Chapter
- Implemented within the infrastructure of Community Care of NC (CCNC)



# Quality Improvement in Primary Care Practice

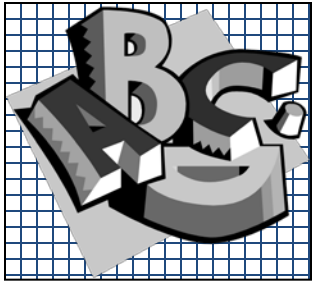
## Developmental Screening & Surveillance.....

### The Solution:

- (1) Develop a “best practices” comprehensive community model for replication — The model built on North Carolina’s “Physician Driven”, enhanced primary care, case management program, Community Care of North Carolina, and characterized by two major components:
  - Introduction & integration of a standardized, validated screening tool (ASQ or PEDS) at selected well-child visits, that is practical and that works;
  - Collaboration with local and state agency staff and families in developing this system for identifying and serving children.

# The Office Systems Approach

- Organizational tool: Getting Started Worksheet
- Multidisciplinary: involves practice staff at all levels
- Networking: guides practice in building relationships with community partners



# 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

# The Solution (cont.):

(2.) Formed a State Advisory Group – The group is comprised of leadership from key agencies who have the capability of making policy changes.

Medicaid  
Early Intervention Part C  
Public Health  
State ICC  
Department of Public Instruction:  
    Preschool  
Smart Start  
Family Support Network  
NC Pediatric Society  
NC Academy of Family Practice



# Community Care of N.C.

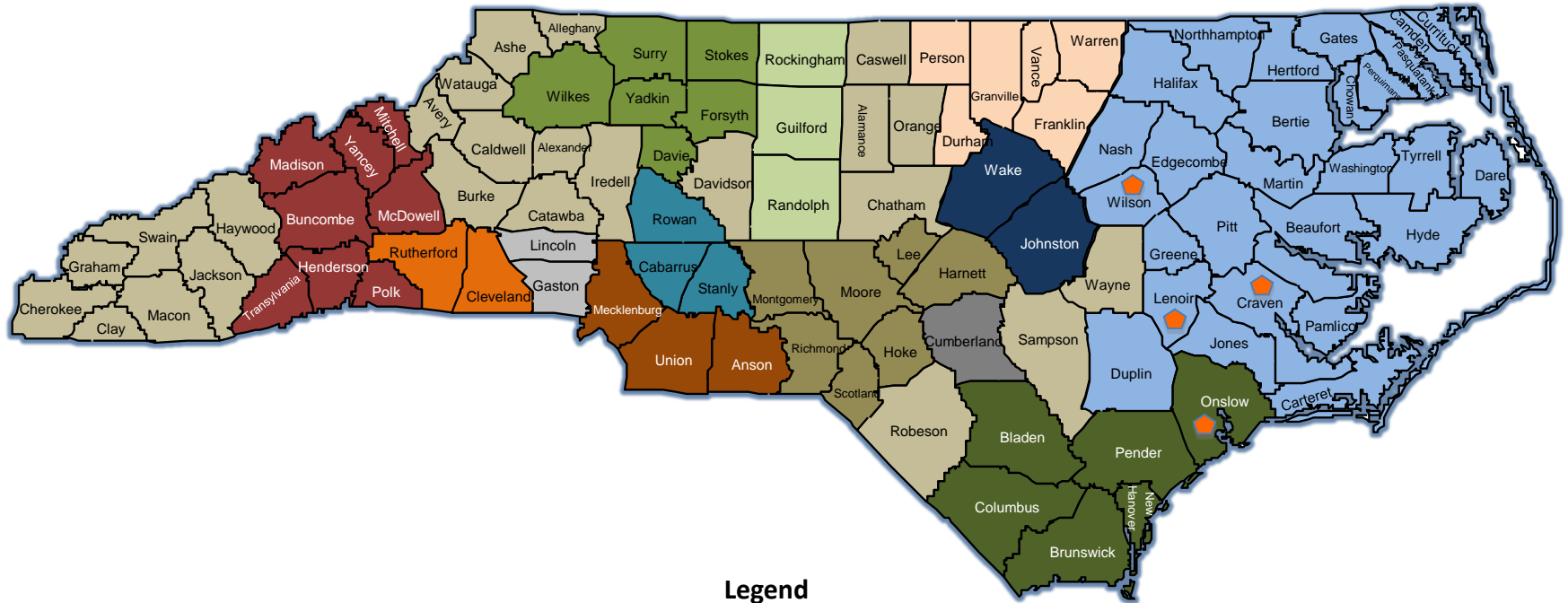
- 14 networks, each 501 c 3, 100 counties
- pmpm to networks and to practices to support care management activities
- Network level of support includes: care managers, behavioral care managers, OB Care Managers, network psychiatrist, PharmD, RD, transitional nurses
- Community mental health MCO (LME) participation on network boards and medical management committees
- Clinical Directors- Decision-Making
- Regular reporting of data to networks: Quality Measures & Feedback (QMAF)







Community Care  
of North Carolina



**Legend**

- AccessCare Network Sites
- AccessCare Network Counties
- Community Care of Western North Carolina
- Community Care of the Lower Cape Fear
- Carolina Collaborative Community Care
- Community Care of Wake and Johnston Counties
- Community Care Partners of Greater Mecklenburg
- Carolina Community Health Partnership
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Northern Piedmont Community Care
- Northwest Community Care
- Partnership for Health Management
- Community Care of the Sandhills
- Community Care of Southern Piedmont

Source: CCNC 2011

# Community Care of N.C.

- Care Managers – assist with follow-up, transportation, disease management, hospital transition; link families and PCP's to services; track ED usage.
- Web-based Care Manager System
- Informatics Center with Provider Portal
- Quality Initiatives – Adult & Pediatric: Asthma, Diabetes, CHF, ED Utilization, Mental Health Integration, ABCD, Dental Varnishing, Pregnancy Medical Home...



# Assuring Better Child Development (ABCD Project)

- Began in P4HM network, now statewide
- Screening and surveillance with parents as experts on their child
- Elicits parent concerns
- Builds ongoing relationship between parents and the Primary Care provider
- Early Identification



# Pediatrics & Community Care of N.C.

- Care Managers – assist with follow-up and disease management; link families and PCP's to services for developmental & behavioral disabilities; track ED usage.
- Pregnancy Medical Home
- Health Check Coordinators (EPSDT)
- Care Coordination for Children, 0-5 (CC4C)
- CHIPRA Quality Demonstration Grant
- Initiatives – Developmental Screening and Surveillance (ABCD), Asthma, Diabetes, Dental Varnishing, Mental Health Integration, Obesity, ADHD, EPSDT, psychosocial/social-emotional screening for school-age and adolescent; Medical Home for children & youth in Foster Care

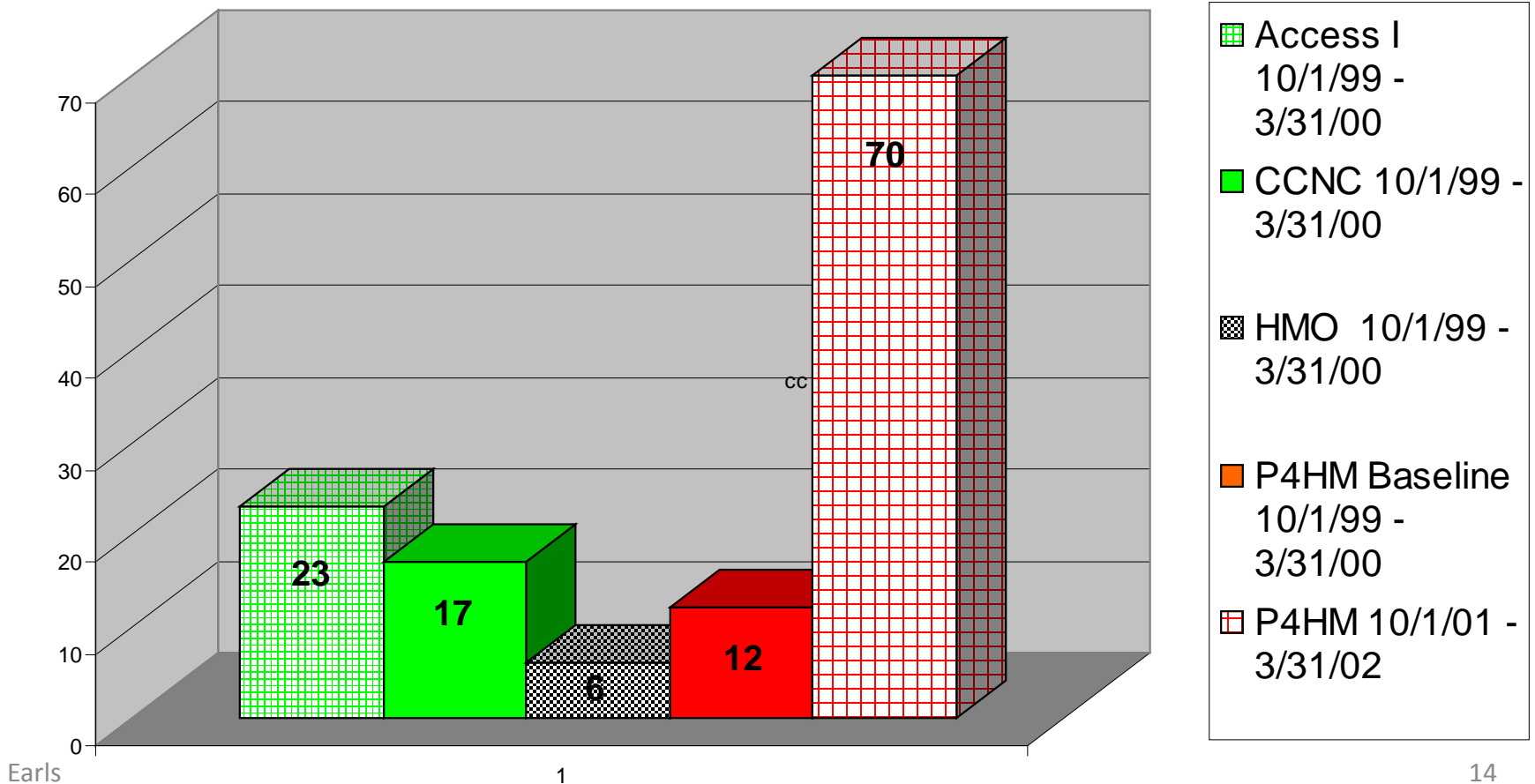


# Strategic Factors for Spread

- Data: 8 years of claims reporting, incorporated into CCNC's QMAF in 2012
- Policy Change
- Evaluation and publications
- Aligning goals with state partners: Part C, Preschool and Department of Public Instruction, Smart Start
- Standardized referral protocols and forms

# Developmental Screening:

Percentage of 0-24 Month Health Checks with a Screening during a 6 Month Period

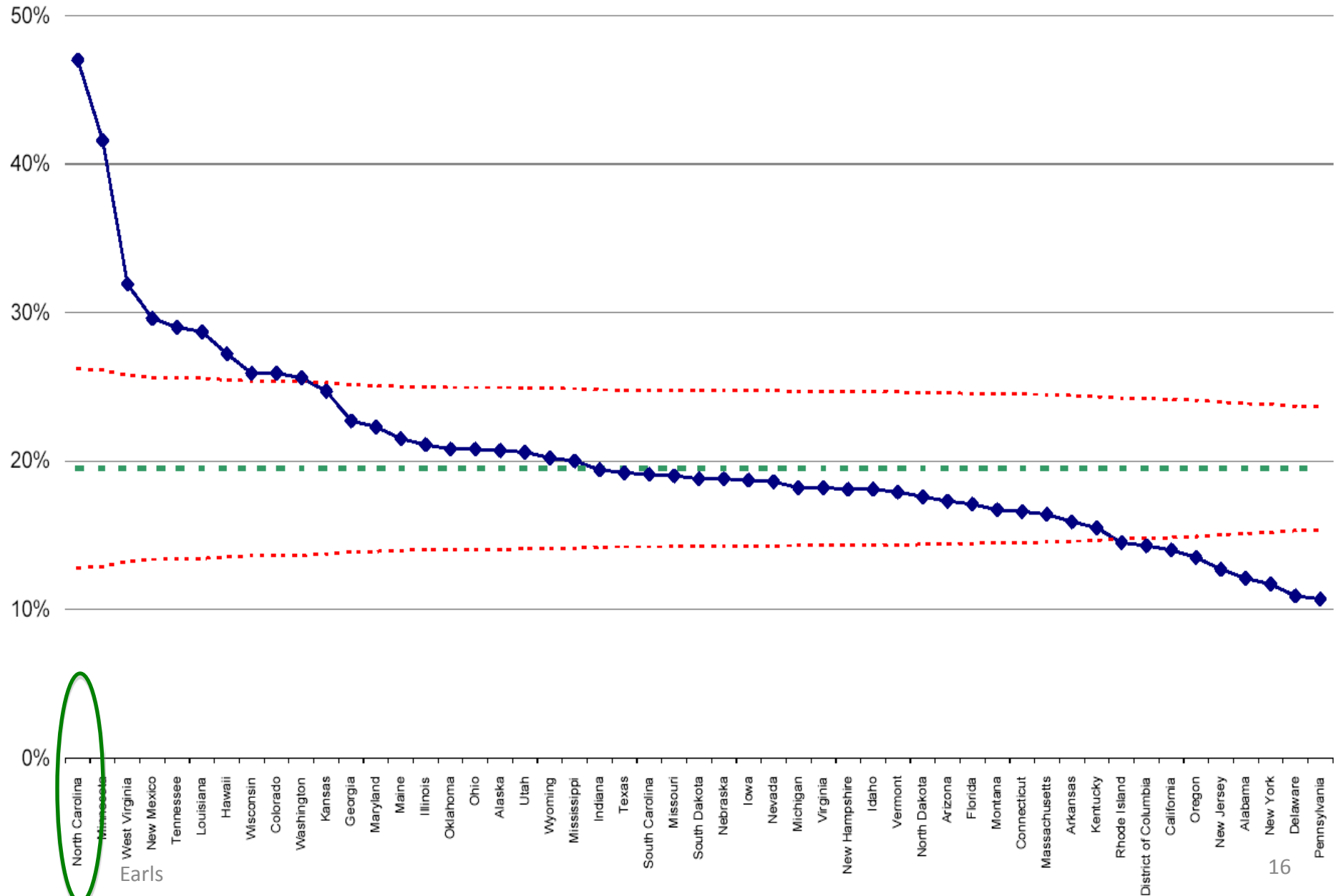


# NC Policy Change



- Public Health system (Child Health) transitioned clinics to a menu of standardized, valid, developmental screening tools in 2003
- Medicaid changed EPSDT policy (Health Check), effective 7/1/2004, requiring a valid, standardized developmental screening tool when screening children at the 6, 12, 18 or 24 months and 3, 4, & 5 year old visit. The medical record should contain results & 96110-EP should be on the claim.
- Effective 7/1/2010 Autism screening with MCHAT required at 18 and 24 month well-visits

# Developmental Screening (2007 NSCH)





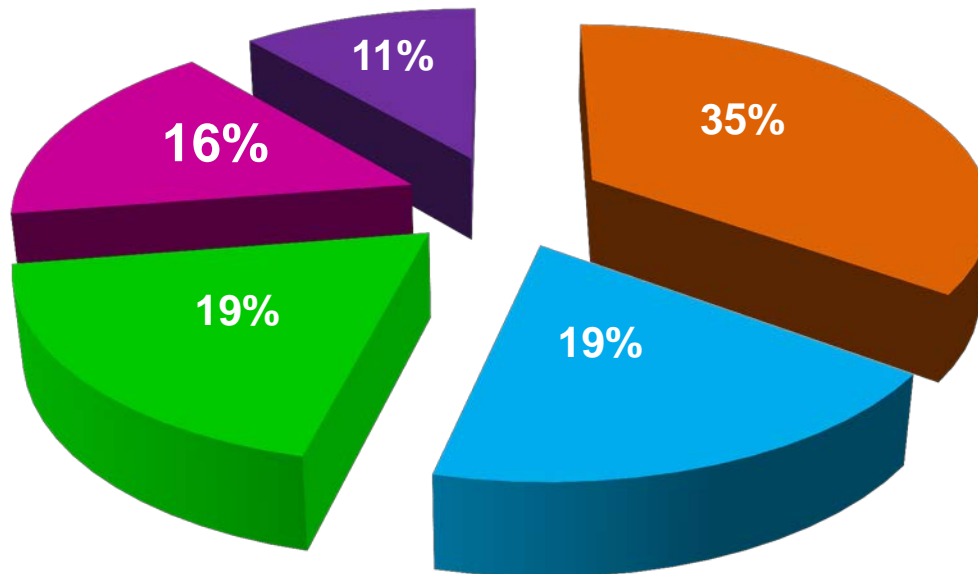
# Currently in NC

EPSDT quarterly report on 96110

- Greater than 90% of primary care practices are screening.
- 81% of EPSDT exams for 0-5 year olds include a developmental screening
- Increase in referrals to Part C since 2003 from 3400 to >20,000 annually

# Current Top 5 Referral Sources NC Infant-Toddler Program

- Physicians
- Parents/Caregivers
- Social Services
- Local Public Health
- Hospitals/NICUs



# NC ABCD Evaluation & Publications

- Earls, MF, Andrews, JE, Hay, SS, “A Longitudinal Study of Developmental & Behavioral Screening and Referral in North Carolina’s Assuring Better Child Health and Development Participating Practices,” Clinical Pediatrics, Vol. 48, No.8, Oct 2009, pp. 824-33.
- Earls, M, Hay, S, “Setting the Stage for Success: Implementation of Developmental and Behavioral Screening and Surveillance in Primary Care Practice, The North Carolina Assuring Better Child Health and Development (ABCD) Project,” Pediatrics, Vol. 118, No. 1, July 2006.

(Insert Letterhead Identification Here)

**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: \_\_\_\_\_

**Developmental/Interdisciplinary Referral:**

Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Screening Tool:  ASQ  PEDs  MCHAT  ASQ-SE  Other \_\_\_\_\_  
(Please Name)

**The ASQ or PEDS and/or MCHAT scoresheet is attached, if completed.**

I have discussed this referral with parent(s)

Referred By: \_\_\_\_\_

Phone: \_\_\_\_\_

PCP Office: \_\_\_\_\_

Fax: \_\_\_\_\_





**Physician Notification and Parental Release of Confidential Information Form  
to the Exceptional Children Preschool Program**

Directions: To be completed by the appropriate Primary Care Practice and/or Pediatrician (PCP) and sent to the appropriate Exceptional Children Preschool Program contact. Upon receipt, the school system will contact the family to set up a screen and/or referral meeting. The PCP is encouraged to provide the family with the contact name and number for the receiving school system.

**Child Contact Information**

Child Name:	Date of Birth:	Gender: M F
Home Address Street:	City:	State: Zip:

**Parent/Guardian Contact Information**

Parent/Guardian: _____ Street: _____ City: _____ State: NC Zip: _____ Email: _____	Primary Language: _____ <input type="radio"/> Interpreter is needed due to English as a second language	<input type="radio"/> Interpreter needed due to deafness or a hearing impairment or other accommodation(s) due to disability (please specify): _____
Home Phone: ( ) _____	Work Phone: ( ) _____	Cell Phone: ( ) _____

**Physician Contact Information**

Physician Name:	Address:	Office Phone: Office Fax:
-----------------	----------	------------------------------

**Reasons for Notification to Preschool Program (Check all that apply)**

Suspected delay in: <input type="radio"/> Motor skills <input type="radio"/> Cognitive skills <input type="radio"/> Social-Emotional skills <input type="radio"/> Communication skills <input type="radio"/> Behavioral skills <input type="radio"/> Speech-Language skills	<input type="radio"/> Autism <input type="radio"/> **Screen tool (please attach) <input type="radio"/> ASQ <input type="radio"/> PED <input type="radio"/> MCHAT <input type="radio"/> ASQ-SE	<input type="radio"/> Identified condition or diagnosis <input type="radio"/> Specific concerns _____ _____
---	--	--

**If parent(s) has agreed to pursue services from the Exceptional Children Preschool Program and is prepared to provide parental consent for release of confidential information at this time, please complete the information below.**

Specific records to be released to and/or received from this office (please check): <input type="radio"/> School system evaluation results <input type="radio"/> Vision screening/evaluation results <input type="radio"/> Hearing screening/evaluation results <input type="radio"/> Developmental screening results <input type="radio"/> Health screening results <input type="radio"/> Social Emotional/ Behavioral Health Screening results <input type="radio"/> Other	Purpose of the disclosure: <ul style="list-style-type: none"><li>▪ <u>Notification for preschool exceptional children program services</u></li><li>▪ <u>Educational/instructional planning</u></li></ul>	Party to whom the disclosure will be made: School system name: _____ School system in which the private school is located: _____
---	---	--

I give informed parental consent to disclose the confidential records listed above for the purpose(s) listed above, and to the part listed above:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Unless otherwise revoked, this authorization expires one year from the date of signature

I request a copy of the confidential records disclosed.

**\*\*Notation:**

ASQ: Ages and Stages Questionnaire

ASQ-SE: Ages and Stages Questionnaire for Social and Emotional Development

MCHAT: Modified Checklist for Autism in Toddlers

PED: Parent's Evaluation of Developmental Status

To be completed by school system staff Date received by school system: Follow-up communication with family:
---

# From There...



- Participation on ECCS planning/implementation teams
- Participation in development of the New Kindergarten Health Assessment to include developmental screening
- Mental health integration initiatives in the state-using other screening tools, e.g. Edinburgh for maternal depression & ASQ-SE in primary care
- A resource to Health Check (EPSDT) for seminars, surveys, and as questions arise from the provider community
- “ABCD” Quality Improvement Group meets quarterly to exchange resources, etc.
- ABCD State Advisory Group meets quarterly to strategize and facilitate spread

# Smart Start & ABCD

Smart Start staff person working within practices to develop/enhance systems for screening, referral, and community linkages

- 2001 “Region A” – 7 westernmost counties approximately 150 practices
- 2003 & 2005 2 counties
- 2007-2008 four Smart Start Partnership Grants, 8 additional counties; 6 more counties covered by local Partnership funding
- 2009 – 9 ABCD grants
- 2010 – NCPC Board-continued investment in ABCD grants. Currently 6 positions, serving 10 counties.

# Evaluation of Smart Start ABCD Project FY2007-2011

- Targeted Population:
  - 139 primary care/pediatric practices
  - 11,995 chart audits reviewed/analyzed
- Services Provided by SS ABCD Coordinators:
  - Training and technical assistance to medical providers in the use and integration of standardized, validated developmental screening tools at well-child visits (AAP recommended)
  - Information on where and how to refer “at-risk” children to appropriate early intervention (EI) agencies and community programs



# Smart Start Outcomes/Results Over Three Years

- Increase in the percent of children (from 80% to 99%) who received developmental screenings at their most recent well-child visits
- Increase in the percent of children (from 64% to 95%) who received all possible screenings at well-child visits
- Increase in the percent of “at-risk” children (from 44% to 67%) who were referred to the appropriate EI agency for services
- Increase in the percent of referred children (from 40% to 50%) who were documented as having received follow-up services

# Further Developments

- Training of Smart Start ABCD staff and QI group on autism screening and maternal depression screening
- CME sessions for NCPS and NCAFP on autism screening and referral
- January 2009: Medicaid opens a new code, 99420, for ASQ-SE, MCHAT, PSC
- 2012 NC's Race to the Top Grant specifies funding for expansion of Smart Start ABCD Coordinators to cover every CCNC network

# ABCD: Integral to Child Health Care Quality

- Coaching and data sharing in networks and practices: Pediatric QI coaches and Smart Start ABCD coordinators
- EPSDT quarterly report on 96110 and 99420 (autism screening) part of the CCNC QMAF reporting to networks and practices.
- Mental Health Integration in primary care practices: developmental & behavioral, social-emotional screening
- CHIPRA Child Health Quality Demonstration Grant

# ABCD: Integral to Child Health Care Quality (2)

- CHIPRA Core Quality Measure # 8 (24 CQM's from CMS and AHRQ)
- CHIPRA Grant Medical Home: 2 cohorts of practices in learning collaborative, 8 CCNC networks, 27 practices; developmental/behavioral/social-emotional screening, referral, and community linkages for ages 0-20 years
- CHIPRA implementation in Pediatric EHR format as structured, reportable data; HIE