

ABCD Screening Academy Progress Report: Improving the Identification of Young Children At-Risk for Developmental Delay

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Research shows that primary care providers who use a developmental screening instrument more effectively identify children who may be at risk for developmental delay than those providers who use only clinical judgment. Also, the American Academy of Pediatrics (AAP) recommends that pediatricians use a screening instrument at the 9-, 18-, 24- and 30-month well-child visits.

In 2000, the Assuring Better Child Health and Development (ABCD) initiative began supporting a small number of state efforts to improve the delivery of early child development services to low-income children and their families by strengthening primary health care services and systems. The work of these states both confirmed that states can facilitate provider use of a developmental screening tool and that doing so is an important first step in improving the delivery of child development services.

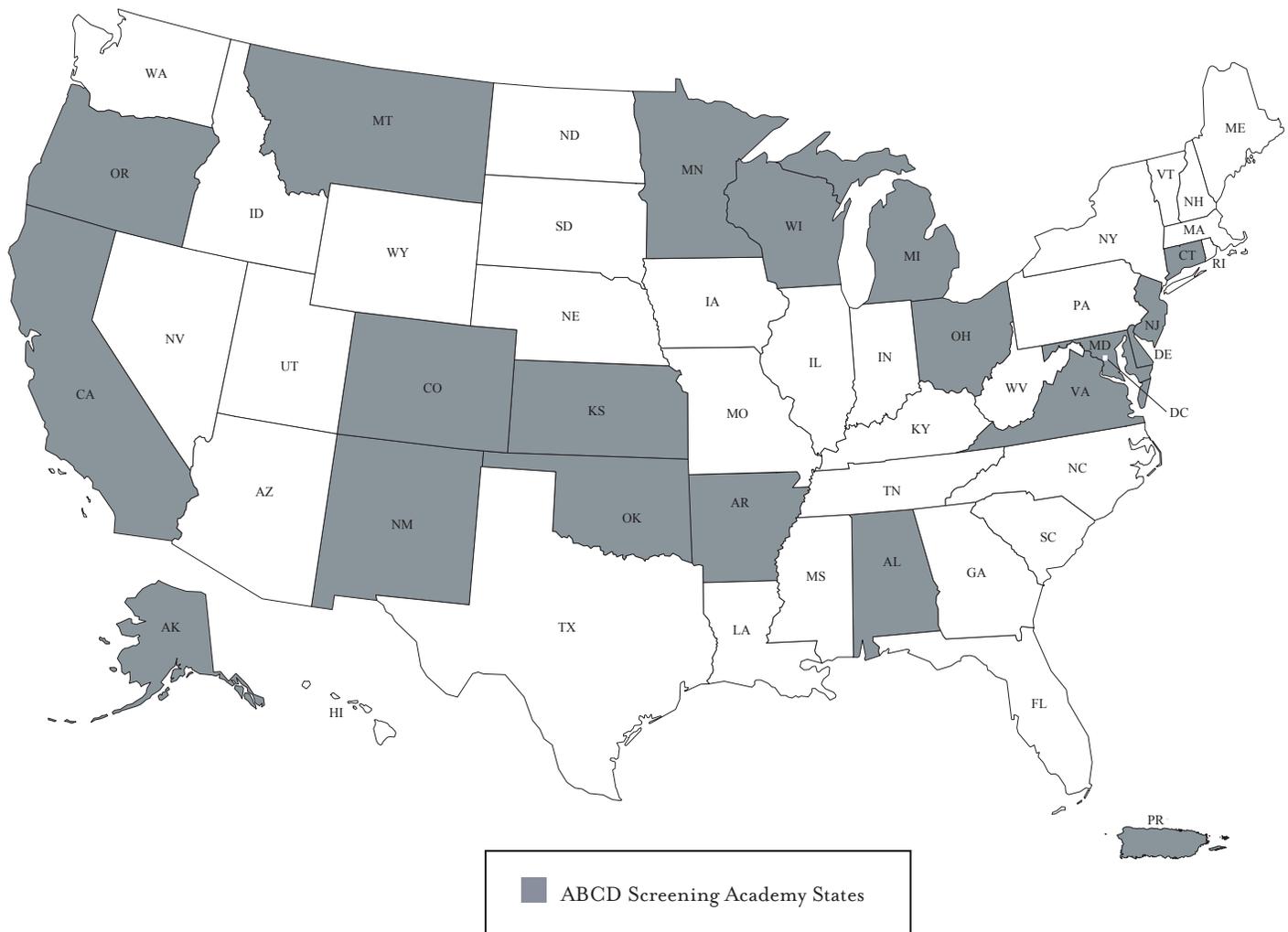
In early 2007, NASHP and The Commonwealth Fund invited states to apply to join the ABCD Screening Academy – and ultimately selected 19 states, Puerto Rico, and the District of Columbia for participation (see Figure 1). Through the ABCD Screening Academy, these participating jurisdictions¹ are working together to identify and implement the policies and practices that move the use of standardized developmental screening tools as part of well-child care from a best practice to a standard practice.

This *State Health Policy Monitor* summarizes the progress of the ABCD Screening Academy participants toward policy and practice improvement as reported to NASHP in March 2008.² It is clear that after 11 months of work all participants have made progress toward their goals and are on track to achieve even more by the end of the project.³ All Screening Academy states formed private-public partnerships to guide and support their efforts and are also measuring screening rates and conducting other evaluative efforts to track progress and help shape their policy and practice improvements. Most states are now at a critical juncture of their efforts as they seek to build on their newly acquired experience to (1) complete the policy improvements that will sustain and spread change, and (2) complete and implement their plans for spreading practice change beyond participating primary care practices.

IMPROVING STATE POLICY TO BETTER SUPPORT DEVELOPMENTAL SCREENING BY CHILDREN'S PRIMARY CARE PROVIDERS

The ABCD experience has shown that even minor policy improvements can promote standardized developmental screening. Other changes are also needed to promote, support, spread, and sustain the use of a standardized developmental screening tool

FIGURE 1: STATES PARTICIPATING IN THE ABCD SCREENING ACADEMY PROJECT



as part of regular well-child care. To date, all ABCD Screening Academy states have made progress toward their goal of policy improvement:

- : Eighteen states have identified areas and begun a process for making policy improvements related to standardized screening, and
- : Fourteen states have developed and begun processes to ensure that children’s primary care providers and others are successfully informed of new and existing state policies related to standardized screening.

All of the ABCD Screening Academy members are pursuing one of four major types of policy improvements (see Table 1). Also, most members are pursuing more than one of these types of improvements. To summarize,

- : Ten participants are making changes to billing and reimbursement policies. For example, Alabama, the District of Columbia, and Michigan have clarified and/or revised payment policies supporting the use of the 96110 procedure code⁴ during well-child visits.
- : Ten participants are collaborating with concurrent initiatives focused on improving child development services. Colorado and Kansas, for example, are working closely with legislative bodies and/or governors’ advisory committees to promote the use of standardized screening in primary care on a statewide basis.
- : Ten participants are implementing quality of care initiatives. Oregon, for example, is establishing incentives for managed care organizations (MCOs) to increase standardized developmental screening. Similarly, Arkansas plans to establish incentives

for providers to incorporate use of a standardized screening instrument into the periodic well-child visits conducted as part of the Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) program.

- : Ten participants are updating and revising provider manuals and periodicity schedules. Maryland, Minnesota, and Oregon, for example, have all revised provider manuals or released provider policy updates that recommend standardized developmental screening.

INITIATE STATEWIDE SPREAD OF STANDARDIZED SCREENING FOR YOUNG CHILDREN BY PRIMARY CARE PROVIDERS

All ABCD Screening Academy states have implemented standardized developmental screening in at least one primary care practice. The majority of states are supporting implementation at multiple practices. The states are using this experience to identify and test policy improvements needed to sustain practice change and support statewide spread. In addition, participating providers will form a core of knowledgeable, experienced providers who can encourage and support other providers in implementing standardized developmental screening.

All states are engaged in either planning and or implementing plans for statewide spread of standardized developmental screening. Most plan to achieve statewide practice change by spreading the innovation incrementally. However, three (Connecticut, Minnesota, and Ohio) plan to achieve statewide practice change by requiring providers to use a standardized screening tool during specific EPSDT visits. All states are using at least one of four strategies to support spread and most are using (or planning to use) multiple strate-

gies (see Table 2). To summarize,

- : Thirteen participants are developing stakeholder consensus on the importance of developmental screening. Delaware, for example, hosted a Stakeholders Forum in April 2008 which brought together more than 80 legislators, providers, insurance company representatives, and state agency staff to highlight ABCD demonstration site activities and findings. The keynote presentation was delivered by Francis Glascoe, author of the Parents' Evaluation of Development Status (PEDS) screening instrument.
- : Thirteen are conducting provider training. For example, the Minnesota Chapter of the American Academy of

TABLE 1: POLICY IMPROVEMENTS BY THE ABCD SCREENING ACADEMY PARTICIPANTS

	Billing and reimbursement policies	Inter-state agency coordination and collaboration with other initiatives	Quality of care	Provider manual and periodicity schedule changes
Alaska		X	X	
Alabama	X			X
Arkansas	X	X	X	
California	X			X
Colorado		X		
Connecticut	X			X
Delaware		X	X	
District of Columbia	X	X	X	
Kansas	X	X		
Maryland		X	X	X
Michigan	X			X
Minnesota	X		X	X
Montana	X			X
New Jersey		X		
New Mexico		X	X	
Ohio	X	X	X	X
Oregon			X	X
Virginia				X
Wisconsin			X	

TABLE 2: STATE STRATEGIES FOR SPREADING STANDARDIZED DEVELOPMENTAL SCREENING BY PRIMARY CARE PROVIDERS

	Developing stakeholder consensus on importance of developmental screening	Conducting provider training	Providing resources	Applying for funding
Alaska	X	X		
Alabama	X	X		
Arkansas	X	X	X	X
California	X			X
Colorado	X	X		
Connecticut		X		
Delaware	X	X		X
District of Columbia			X	
Kansas		X	X	
Maryland		X	X	X
Michigan	X	X		
Minnesota		X	X	
Montana	X		X	
New Jersey	X		X	X
New Mexico	X		X	X
Ohio	X	X		X
Oregon	X	X		
Virginia	X	X		
Wisconsin		X		X

Pediatrics will host a training session on developmental screening for pediatric providers as part of its 2008 annual meeting. The curriculum for the training will draw from their ABCD project’s learning collaborative held in November 2007.

- : Eight participants are helping practices to obtain screening tools and related resources. For example, New Jersey and Puerto Rico purchased the standardized screening instruments being used at the demonstration sites.
- : Eight have applied for funding to support spread strategies. For example Arkansas’ ABCD Core Team

partnered with the American Academy of Family Physicians (AAFP) local chapter and Partners for Inclusive Communities, the University of Arkansas for Medical Sciences Center on Disabilities, on a grant application to help support the statewide spread of ABCD. The grant, “Changing the Way Family/General Practice Physicians (F/GPs) Screen for Developmental Milestones and Utilize Early Intervention and Early Childhood Special Education Services,” would be used to expand standardized developmental screening to at least 20 family/general practice sites, with emphasis on rural parts of the state. It would also support the provision of information and training about early

developmental screening, developmental services, and early intervention and early childhood services to family/general practitioners.

NOTES

- 1 The 19 states, Puerto Rico, and the District of Columbia are referred to collectively in this report as states.
- 2 A more detailed summary of these states' accomplishments can be obtained by sending an e-mail to Jennifer May at NASHP (jmay@nashp.org). Also, at the time this summary was produced Puerto Rico had not yet submitted its progress report and, therefore, complete information is not included in this report. Finally, as of April 1, 2008, Maine withdrew from the ABCD Screening Academy.
- 3 Project results presented in the final reports for the ABCD Screening Academy will be analyzed and disseminated in late October 2008.
- 4 Providers use procedure codes to specify the services they provided to a patient on the bills providers send to payers. The 96110 code is used to bill for using a standardized developmental screening tool during the visit.

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