PROMOTING CHILD DEVELOPMENT IN PRIMARY CARE PRACTICE

Developmental Screening and Referral
Introductions
Overview
Rationale for screening and early identification
Screening methods and tools
Implementation in practice
Referral process
CME and CEU Information

Attendance Verification Form

Evaluation
Collaborative Initiative

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  - Illinois Academy of Family Physicians
  - Ounce of Prevention Fund
- University of Wisconsin –Extension
- Wisconsin Department of Health and Family Services
  - Birth to 3 Program
  - Children and Youth with Special Health Care Needs
Learning Objectives

Participants will:

- **Recognize the purpose of developmental screening** and importance of early intervention for children with developmental delays.

- **Identify how to select and utilize tools** to screen for developmental delay and describe the need for use of a valid and reliable screening tool.

- **Determine effective office practice roles** for delivery of service to children with ASD or other developmental challenges.

- **List resources and referral options**, in the community, for children with developmental challenges.
Developmental Screening and Referral

- Rationale for screening and early identification
- Screening methods and tools
- Implementation strategies
- Referral process
Rationale for Screening and Early Identification
What is Developmental Screening?

Developmental screening is the administration of a brief standardized tool that aids the identification of children at risk of a developmental disorder.

*Pediatrics*, July 2006
Developmental screening does not result in either a diagnosis or treatment plan but rather identifies areas in which a child’s development differs from same-age norms.

*Pediatrics*, July 2006
Surveillance Versus Screening

- **Developmental Surveillance:**
  recognizing children who may be at risk of developmental delays

- **Developmental Screening:**
  using standardized tools to identify and refine risk of developmental delays.
Why Screen?

- Improves patient / family satisfaction – Parents are interested in knowing more about their child’s development.

- AAP recommendation – July 2006 policy statement recommends standardized routine screening.

- Screening is more effective than surveillance alone at early identification of children with developmental delays.
Most parents desire developmental screening

According to parent report, only 57% of children age 4 to 35 months ever received developmental screening

Parents rated health care providers higher when screening did occur

Developmental surveillance & screening algorithm within a pediatric preventive care visit

1. Developmental concerns should be included as one of several health topics addressed at each pediatric preventive care visit throughout the first 5 years of life.6

2. Developmental surveillance is a flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems. There are 5 components of developmental surveillance: eliciting and attending to the parents' concerns about their child's development, documenting and maintaining a developmental history, making accurate observations of the child, identifying the risk and protective factors, and maintaining an accurate record and documenting the process and findings.

3. The concerns of both parents and child health professionals should be included in determining whether surveillance suggests the child may be at risk of developmental delay. If either parent or the child health professional express concern about the child's development, a developmental screening to address the concern specifically should be conducted.

4. All children should receive developmental screening using a standardized test. In the absence of established risk factors or parental concerns, a general developmental screen is recommended at the 9-, 18-, and 30-month visits. Additionally, autism-specific screening is recommended for all children at the 18-month visit.

5a and 5b. Developmental screening is the administration of a brief standardized tool aiming the identification of children at risk of a developmental disorder. Developmental screening that targets the area of concern is indicated whenever a problem is identified during developmental surveillance.

6a and 6b. When the results of the periodic screening tool are normal, the child health professional can inform the parents and continue with other aspects of the preventive visit. When a screening tool is administered as a result of concerns about development, an early return visit to provide additional developmental surveillance should be scheduled even if the screening tool results do not indicate a risk of delay.

7-8. If screening results are concerning, the child should be scheduled for developmental and medical evaluations. Developmental evaluation is aimed at identifying the specific developmental disorder or disorders affecting the child. In addition to the developmental evaluation, a medical diagnostic evaluation to identify an underlying etiology should be undertaken. Early developmental intervention/early childhood services can be particularly valuable when a child is first identified to be at high risk of delayed development, because these programs often provide evaluation services and can offer other services to the child and family even before an evaluation is complete. Establishing an effective and efficient partnership with early childhood professionals is an important component of successful care coordination for children.27

9. If a developmental disorder is identified, the child should be identified as a child with special health care needs and chronic condition management should be initiated (see No. 10 below). If a developmental disorder is not identified through medical and developmental evaluation, the child should be scheduled for an early return visit for further surveillance. More frequent visits, with particular attention paid to areas of concern, will allow the child to be promptly referred for further evaluation if any further evidence of delayed development or a specific disorder emerges.

10. When a child is discovered to have a significant developmental disorder, that child becomes a child with special health care needs, even if that child does not have a specific disease etiology identified. Such a child should be identified by the medical home for appropriate chronic condition management and regular monitoring and entered into the practice's children and youth with special health care needs registry.22
Algorithm Within a Pediatric Preventative Care Visit

1. Pediatric Patient at Preventive Care Visit
   - Perform Surveillance

2. Schedule Early Return Visit
   - Are the Screening-Tool Results Positive/Concerning?

3. Does Surveillance Demonstrate Risk?
   - Yes: Administer Screening Tool
   - No: Schedule Next Routine Visit

4. Is This a 9-, 16-, or 30-mo Visit?
   - Yes: Administer Screening Tool
   - No: Schedule Next Routine Visit

5a. Administer Screening Tool
   - Yes: Make Referrals for Developmental and Medical Evaluations and Early Developmental Intervention/Early Childhood Services
   - No: Schedule Early Return Visit

5b. Administer Screening Tool
   - Yes: Make Referrals for Developmental and Medical Evaluations and Early Developmental Intervention/Early Childhood Services
   - No: Schedule Next Routine Visit

6a. Are the Screening-Tool Results Positive/Concerning?
   - Yes: Make Referrals for Developmental and Medical Evaluations and Early Developmental Intervention/Early Childhood Services
   - No: Schedule Early Return Visit

6b. Are the Screening-Tool Results Positive/Concerning?
   - Yes: Make Referrals for Developmental and Medical Evaluations and Early Developmental Intervention/Early Childhood Services
   - No: Schedule Next Routine Visit

7. Related Evaluation and Follow-up Visits

8. Developmental and Medical Evaluations
   - Is a Developmental Disorder Identified?
     - Yes: Identify as a Child With Special Health Care Needs
     - No: Schedule Early Return Visit

9. Visit Complete

10. Visit Complete

Increasing Developmental Concern
### Detection Rates: With and Without Use of Screening Tools

<table>
<thead>
<tr>
<th>Developmental Disabilities</th>
<th>Mental Health Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without tools: 20%</td>
<td>Without tools: 20%</td>
</tr>
<tr>
<td>With tools: 80-90%</td>
<td>With tools: 80-90%</td>
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</tbody>
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The Prevalence of Children with Disabilities

- Approximately 12-16% of children have disabilities
- Only 30% of children with disabilities are detected before school entrance

Benefits of Early Intervention

- EI is critical to the development and well-being of children and their families.
- EI improves outcomes for participants.
- EI is socially and economically effective.

Early identification of developmental delays makes a difference!
Screening Methods and Tools
Screening Methods Used by Pediatricians

- 7 out of 10 pediatricians always identified potential problems via clinical assessment (e.g., surveillance) without the use of a screening instrument

- Only 23% use a standardized tool

- Of those tools used, Denver II was used most frequently

Physician’s Reported Barriers to Developmental Assessment of Children 0-3

- Insufficient Time: 80%
- Unable to Unbundle from WCC: 56%
- Inadequate Reimbursement: 55%
- Lack of non-MD Staff: 51%
- Unfamiliar with Codes: 46%
- Lack of DX and Rx Services: 34%
- Lack of Training: 28%
- Unfamiliar with Instruments: 24%
- Referral Resources: 19%

AAP, Division of Health Policy Research Periodic Survey #53, 2003
Screening Tool Features

- Sensitivity
- Specificity
- Positive predictive value
- Validity
- Reliability
Comparing Validity Across Three Screening Tools

<table>
<thead>
<tr>
<th>Tool</th>
<th>Sensitivity</th>
<th>Specificity</th>
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<tbody>
<tr>
<td>ASQ</td>
<td>72% (51-90%)</td>
<td>86% (81-92%)</td>
</tr>
<tr>
<td>Denver II</td>
<td>56%-83%</td>
<td>43-80%</td>
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<tr>
<td>PEDS</td>
<td>75% (74-79%)</td>
<td>74% (70-80%)</td>
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</table>
ASQ: Ages & Stages™ Questionnaire

- Parent report tool with 30-35 items / level
- 4-60 months of age
- Covers 5 developmental areas in children
- Choices of responses (yes, sometimes, not yet)
- Requires 15-20 minutes to complete if completed in the waiting room by parents, 5 minutes to score
- Written at a 6th grade level
- Spanish and other language versions available
Sample Words to Describe the ASQ to Parents

- “The ASQ is a tool that you can use to check your child’s development.”
- “Your child will be able to do some of the items, but not all of the items.”
- “You can help your child practice the skills we do on the ASQ.”
- “Your answers help show your child’s strengths and any areas where your child may need support or more practice.”
ASQ Screens 5 Domains

- Communication
- Gross Motor
- Fine Motor
- Problem solving
- Personal-social
ASQ Administration and Scoring

18 month case study
Scoring the ASQ

- **Step 1:** Total the points in each area. “yes” = 10, “sometimes” = 5, “not yet” = 0.
- **Step 2:** Transfer the area totals to the information summary page. Fill in the matching circle in the space provided.
- **Step 3:** Read the answers to “Overall” section questions carefully and note your suggestions.
- **Step 4:** Any score falling near or into the shaded area requires further attention or assessment.
Using the ASQ to Refer or Follow-up

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<th>25</th>
<th>30</th>
<th>35</th>
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</thead>
<tbody>
<tr>
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<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<td>Gross motor</td>
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<td>●</td>
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<tr>
<td>Fine motor</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Personal-social</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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Overall Section

- Go over any question that might be a concern.
- A “concern” in the overall section may be enough to make a referral.
Follow-up/Referral Criteria

**Well above cut-off points:**

- Provide anticipatory guidance to parents
- Re-screen at next scheduled interval
Follow-up/Referral Criteria

Close to cutoffs:

- Provide follow up activities to practice skills in specific domain(s)
- Talk to parents about opportunities to practice skills
- Make community referrals as appropriate
- Re-screen in 4-6 months or sooner if necessary
Follow-up/Referral Criteria

Below cutoff in one or more areas:

- Refer to early intervention or early childhood special education agencies, as well as for medical and developmental evaluations

Parent concern:

- Respond to all concerns
- Refer if necessary
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
Delivering Difficult News to Parents

- Validate parent concerns
- Present news in a thoughtful and caring manner
- **PROVIDE HOPE AND EMPHASIZE STRENGTHS**
- Use descriptive terms
- Provide information on community resources and services
- Help to establish an action plan
- Offer ongoing support
Implementation in Practice

- Planning considerations
- Billing for developmental screening
- Developmental screening project at GHC
Planning Considerations

- Determine need / interest
- Consider financial implications
- Review and select tool(s)
- Develop implementation plan and schedule
- Determine staff roles
- Provide professional development for staff
CPT Codes for Screening

- **96110** Developmental screening
- **96111** Second-stage screening or assessment
- **99420** Administration and interpretation of health risk assessment (can include family psychosocial screen)
- **96114** Neurobehavioral status exam
CPT Code 96110
Developmental Testing; Limited

- Screener administration (PEDS, ASQ)
- Does not apply to developmental surveillance
- RVU 0.36 = $13.64 Medicaid payment
CPT Codes 96111:
Developmental Testing; Extended

- Assessment tool administration, along with interpretation and report
  (Bayley Scales of Infant Development, Clinical Evaluation of Language Fundamentals, Fourth Edition)
- RVU 3.83 = $145.15 Medicaid payment
Diagnostic Codes

783.4  Developmental Delay
309.23  Academic Inhibition (school problems)
315.4  Developmental Coordination Disorder
784.5  Other Speech Disturbance
309.3  Disturbance of Conduct
Resource and Referral Process

What do I do with a positive screen?
A Sampling of Resource Options

- Specialists
- Information - Wisconsin Title V Program
- Health Care Financing – Medicaid
- Help at Home - State Programs
- Public Education – IDEA
- Community Inclusion - Community Resources
Specialists

- Developmental and Behavioral Pediatricians
- Pediatric Neurology & Psychiatry
- Audiologist, Ophthalmologist
- OT, PT, Speech Pathologist
- Orthopedic Specialists
- Others
Information - Wisconsin’s Title V

- CYSHCN Regional Centers
- Wisconsin Sound Beginnings Program
- The Wisconsin Birth Defects Prevention and Surveillance System
- Genetic Services
- Newborn Screening
CYSHCN Regional Centers
CYSHCN Regional Centers

- **Northern Region** – Marathon County Health Dept, Wausau
  - 866-640-4106

- **Northeastern Region** – Children’s Hospital of WI-Fox Valley, Neenah
  - 1-877-568-5205

- **Southern Region** – Waisman Center, Madison
  - 800-532-3321 or (608) 265-8610

- **Southeastern Region** – Children’s Hospital of WI, Milwaukee
  - 800-234-KIDS (5437)
  - 414-266-NEED (6333)

- **Western Region** – Chippewa Co. Public Health, Chippewa Falls
  - 800-400-3678
Regional Centers Provide:

- Information, Assistance and Referral
- Problem-solving
- Diagnosis specific information
- Parent to parent connections
- Access to training opportunities
- Health benefits assistance
- Limited service coordination through LPHD for Children not otherwise eligible for this service
Wisconsin First Step -- Help Book 2007
A Directory of Services for Children with Special Needs


Five regional directories are available, at no charge, each serving specific counties in Wisconsin.

Directories can also be provided in printed format by contacting Wisconsin First Step at (800) 642-7837
Health Care Financing - Medicaid

- Katie Beckett, Home and Community Based Waivers, SSI

- Provider Services General Hotline 1-800-947-9627

- Ombudsmen (appeals, complaints for HMO recipients) 1-800-760-0001
Help at Home-State Programs

- **Birth to 3 Program**
- Family Support Program
- Katie Beckett Medicaid Eligibility Option
- Home and Community Based Waivers: CIP1A, CIP1B, Brain Injury Waiver, Children’s Long Term Support Waivers
- Community Options Program
Whom does it serve?

- Federally-mandated program for infants and toddlers with developmental delays and disabilities and their families.
- Family-centered, collaborative care in natural environments
- Anyone can refer a child for an evaluation (parents must consent to evaluation)
- Evaluation and service coordination: free
- Parents may pay monthly cost share if income markedly above Federal Poverty Guidelines
Referral Process

- Evaluation for program eligibility
  - Child evaluated in 5 developmental areas
  - Child will not be given medical diagnosis

- Eligibility criteria
  - At least 25% delay in one area of development or atypical development
  - Diagnosis with high probability of resulting in developmental delays
Wisconsin Department of Health and Family Services Birth to 3 Program:
http://dhfs.wisconsin.gov/bdds/birthto3/

County Birth to 3 Programs:
http://dhfs.wisconsin.gov/bdds/b3dir/index.htm#County%20List
Public Education - IDEA

- Early Childhood Special Education Program
- Located in local public school system
- Referral can be made by any concerned person
- Individualized Education Program (IEP) designed to meet a child’s special needs.
- Requires coordination between educationally and medically necessary services
Community Inclusion -
Community Resources

- Advocacy
- Child care
- Teen outreach
- In-home support
- Family Support and Respite
- Parent education
- Parent support
- Recreation
- Wheelchair recycling project
Other Community Resources

- County Public Health Department
  - [http://dhfs.wisconsin.gov/programs/publichealth.htm](http://dhfs.wisconsin.gov/programs/publichealth.htm)
- Community Coordinated Child Care, Inc (4-C)
  - [www.4-c.org/](http://www.4-c.org/) 608-271-8191
- Parent to Parent of Wisconsin
  - [www.familyresourceconnection.org/ptpow.htm](http://www.familyresourceconnection.org/ptpow.htm) 888-266-0028
- ABC for Health
  - [www.safetyweb.org/](http://www.safetyweb.org/) 608-261-6939
- Wisconsin FACETS
  - [www.wifacets.org](http://www.wifacets.org) 1-877-374-4677
- Family Voices of Wisconsin
  - [www.wfv.org/fv/](http://www.wfv.org/fv/)
You make a difference...

Through early identification of developmental delays