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PROMOTING CHILD DEVELOPMENT IN PRIMARY CARE PRACTICE

**Developmental
Screening
and
Referral**





Marshfield Clinic

Monday, April 21, 2008

- ❑ Introductions
- ❑ Overview
- ❑ Rationale for screening and early identification
- ❑ Screening methods and tools
- ❑ Referral process
- ❑ Implementation strategies



Collaborative Initiative

- Wisconsin Birth to 3 Personnel Development Project
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 - Illinois Chapter of American Academy of Pediatrics
 - Advocate Health Care Healthy Steps Program
 - 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
- ✓ Referral process
- ✓ Implementation strategies



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.



Improved Patient Satisfaction

- 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

(National Survey on Early Childhood Health, *Pediatrics*, 2004)

Developmental surveillance & screening algorithm within a pediatric preventive care visit

Pediatric Patient at 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.⁸

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.

Perform Surveillance

Does Surveillance Demonstrate Risk?

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 parents 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 or provider 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.

Is This a 9-, 18-, or 30-mo* Visit?

Administer Screening Tool

5a and 5b. **Developmental screening** is the administration of a brief standardized tool aiding 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.

Are the Screening Tool Results Positive/Concerning?

Make Referrals for: Developmental and Medical Evaluations and Early Developmental Intervention/Early Childhood Services

Developmental and Medical Evaluations

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.²³ Establishing an effective and efficient partnership with early childhood professionals is an important component of successful care coordination for children.⁴⁰

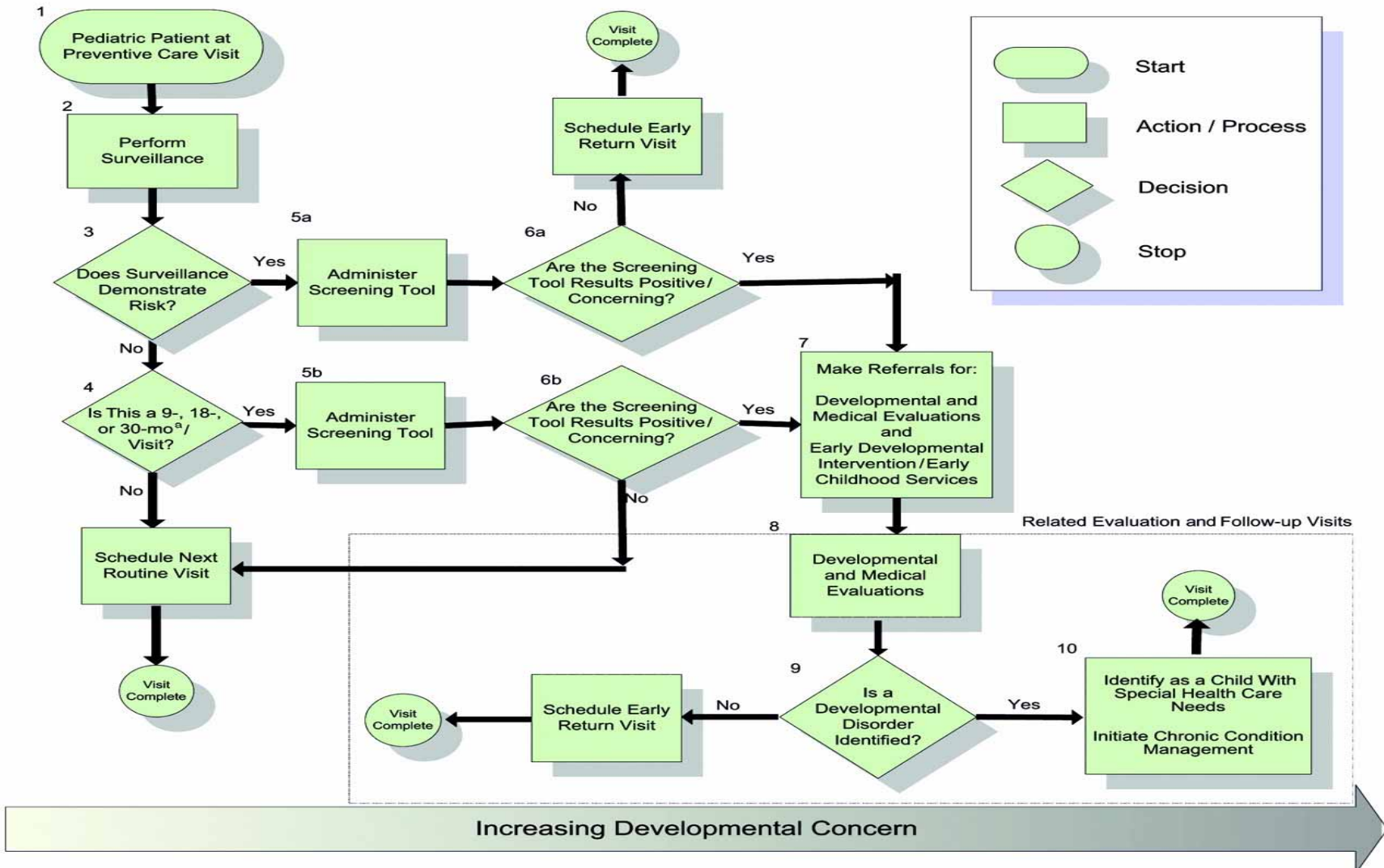
9. If a developmental disorder is identified, the child should be identified as a child with special health care needs and chronic condition management should be initiated (see No. 10 below). If a developmental disorder is not identified through medical and developmental evaluation, the child should 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.

Is a Developmental Disorder Identified?

Identify as a Child With Special Health Care Needs
Initiate Chronic Condition Management

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.⁴¹

Algorithm Within a Pediatric Preventative Care Visit





Detection Rates: With and Without Use of Screening Tools

Developmental Disabilities

Without tools: 20%

With tools: 80-90%

Mental Health Problems

Without tools: 20%

With tools: 80-90%

Palfrey et al. *JPEDS*.1987.



The Prevalence of Children with Disabilities

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

Earls & Shackelford, *Pediatrics*, 2006; Glascoe, *Pediatr Review*, 2000



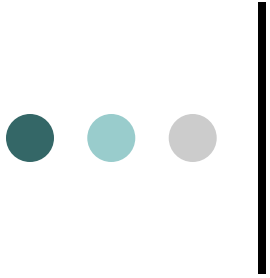
Benefits of Early Intervention

- 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.

Bailey, *Pediatrics*, 2005; Guralnick, *The Effectiveness of Early Intervention*, 1997

● ● ● | **Early identification of developmental delays makes a difference!**





Screening Methods and Tools

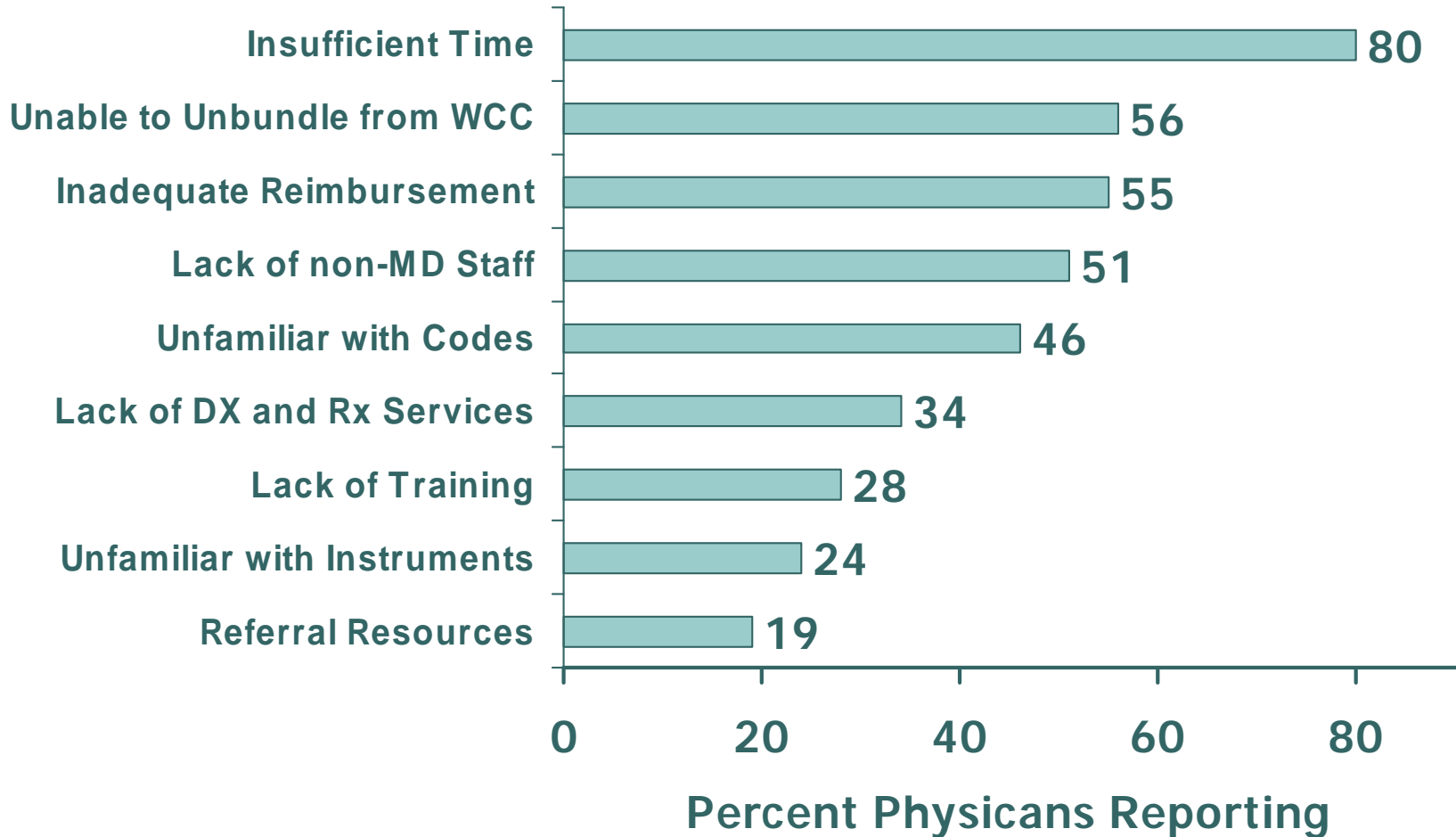


Screening Methods Used by Pediatricians

- 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





Screening Tool Features

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



Comparing Validity Across Three Screening Tools

	<u><i>sensitivity</i></u>	<u><i>specificity</i></u>
○ ASQ	72% (51-90%)	86% (81-92%)
○ Denver II	56%-83%	43-80%
○ PEDS	75% (74-79%)	74% (70-80%)



Parent Report Tools

Ages & Stages™ Questionnaire

PEDS Parents' Evaluation of
Developmental Status



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 French versions



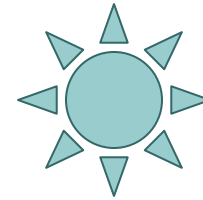
Sample Words to Describe the ASQ to Parents

- “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



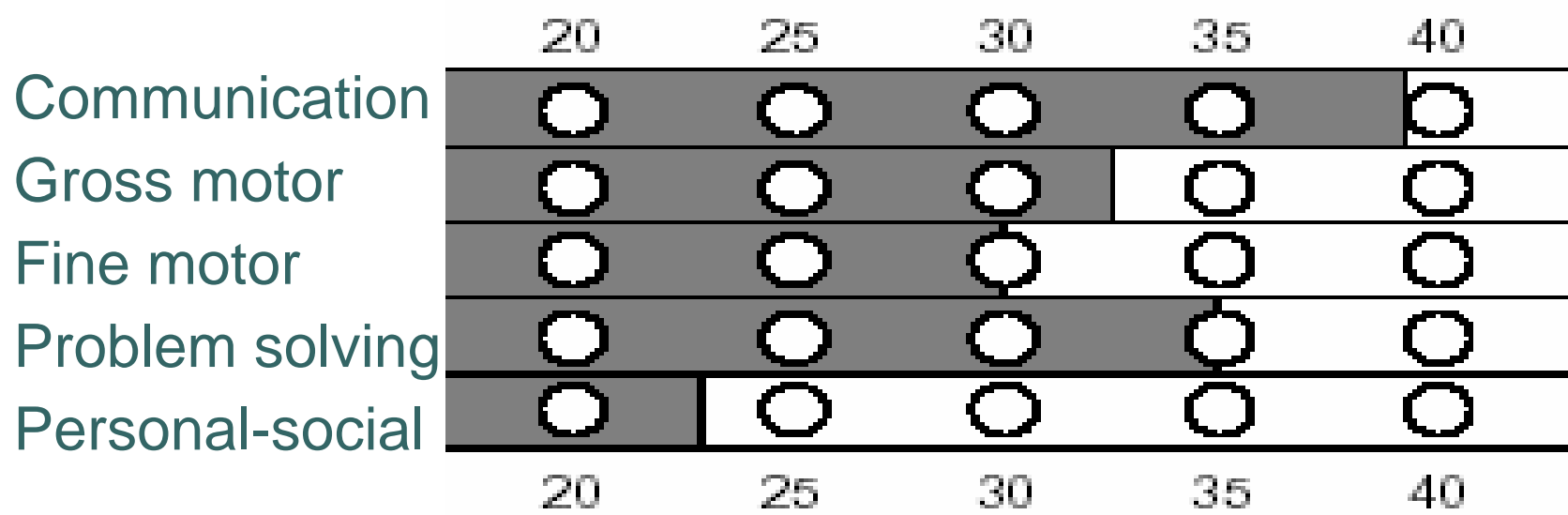


Scoring the ASQ

- **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





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

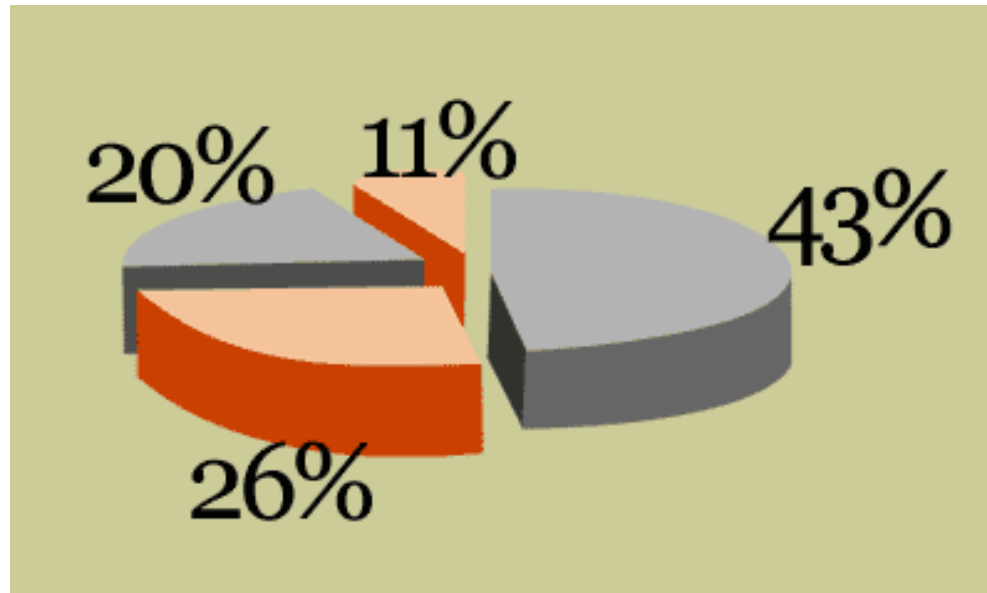
Below cutoff in one or more areas:

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

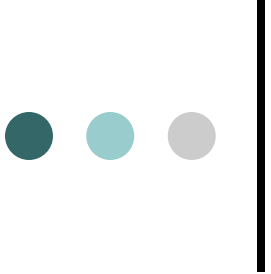
Parent concern :

- Respond to all concerns
- Refer if necessary

What to Expect from Screening Results



- 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

Resource and Referral Process

What do I do
with a
positive screen?





Resource Options

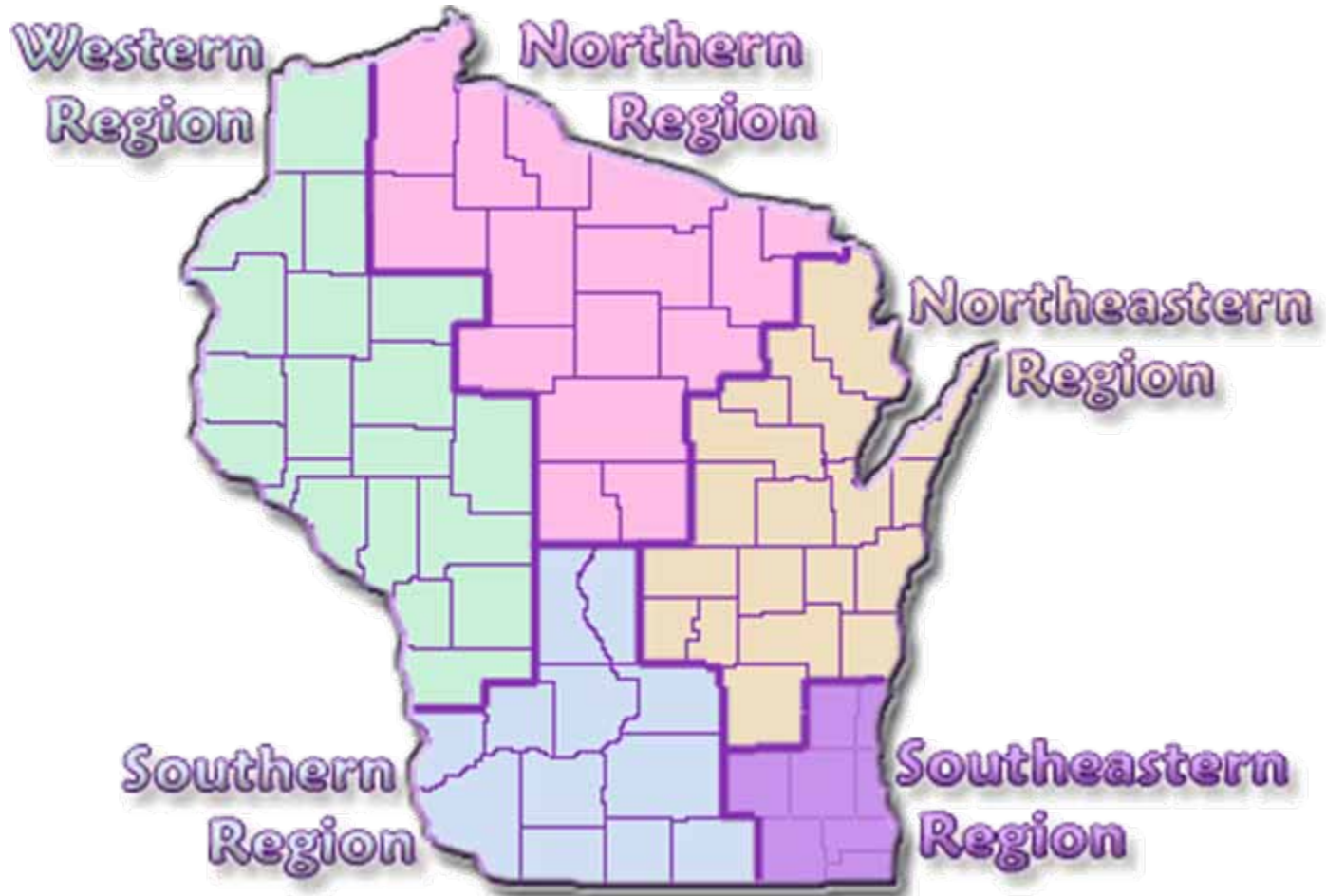
- **CYSHCN Regional Centers**
- Wisconsin First Step
- Other Community Resource Options



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

1-800-642-7837

Wisconsin First Step -- Help Book 2007
A Directory of Services for Children with Special Needs

Now Available On-Line at: <http://www.mch-hotlines.org>

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



Other Community Resources

- County Public Health Department
- Community Coordinated Child Care, Inc (4-C)
 - (Child Care Resource and Referral) 608-271-8191
- Parent to Parent of Wisconsin 1-888-266-0028
- Wisconsin FACETS
 - www.wifacets.org 1-877-374-4677



Referral Options

- Specialists for further evaluation
- Early Intervention (Birth to 3)
- Special Education (ages 3 to 21)



Specialists

- Developmental and Behavioral Pediatricians
- Pediatric Neurology & Psychiatry
- Audiologist, Ophthalmologist
- OT, PT, Speech Pathologist
- Orthopedic Specialists
- Others



Birth *to* 3 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)



Referral Process

- Evaluation for program eligibility
 - Child evaluated in 5 developmental areas (cognitive, physical, communication, social/emotional, and adaptive/self-help)
 - 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



Services and Costs

- IFSP document
 - Outlines plan to facilitate child's development
- Costs
 - Evaluation and service coordination: free
 - If parents' income markedly above Federal Poverty Guidelines, parents pay monthly parental cost share (not to exceed \$1800 annually) for additional services/supports



Contact Information

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>



Early Childhood Special Education Program

- Public Education Program
- Located in local public school system
- Referral can be made by any concerned person



Local School Referral Process

- Identify the local school district where family resides
- Determine steps for making a referral
- Determine 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



Implementation Strategies for Primary Care Practices



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



Consider Financial Implications

- Initial and ongoing cost of the screening tool(s).
- Cost to photocopy and/or to purchase copies if required by the publisher.
- Initial and ongoing training and support for staff.
- Possible change in staff roles and time.
- Will cost be reimbursed – **CPT Codes**



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

The Team Approach

❖ A Leader...

- ❖ Sets goals
- ❖ Define priorities

❖ A Team...

- ❖ Solves problems
- ❖ Generates new ideas
- ❖ Encourages participation
- ❖ Requires professional development/training





Determine Need/Interest

- Who else may be screening children in our practice / health care system?
- Who else in our practice / system may have an interest in becoming involved with screening?
- Who else may be screening the children in our community?



Review and Select Tool

- Determine which well child visits where the screening tool(s) will be used
 - AAP recommends 9-, 18-, and 30- (or 24-) month visits
- Determine which tools you feel will fit best in your current routines and practice philosophy.



Using ASQ in Primary Care Practice

Advantages

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

Challenges

- Can be difficult to complete
- Can be difficult to stock and maintain



Develop Process for Implementation and Schedule

- Make time for screening in the well child visits
- Determine method of distribution of the tool
 - Distribute at well child visit prior to the designated visit and return at designated visit
 - Mailed immediately prior to designated well child visit
 - Completed in waiting or exam rooms prior to designated well child visit
 - Completed by phone interview prior to the designated well child visit
- Determine who will administer the screening tool
- Determine who will score the screening tool
- Determine who will communicate results with parents



Determine 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

Examples of Staff Roles

- 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



Examples of Staff Roles

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





***Provide initial training
and ongoing
professional development
for all staff***



**You make a
difference...**

**Through
early identification
of
developmental delays**