Building Capacity for Electronic Screening and Electronic Exchange of Results

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Help Me Grow National Forum, May 2016

Objectives

1. Discuss considerations for choosing a screening platform vendor

2. Identify benefits and challenges of electronic screening

3. Understand the ways that electronic developmental screening can interface with health information exchange.

Part 1:
Electronic Screening in Minnesota

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Developmental & Social-Emotional Screening Programs in MN
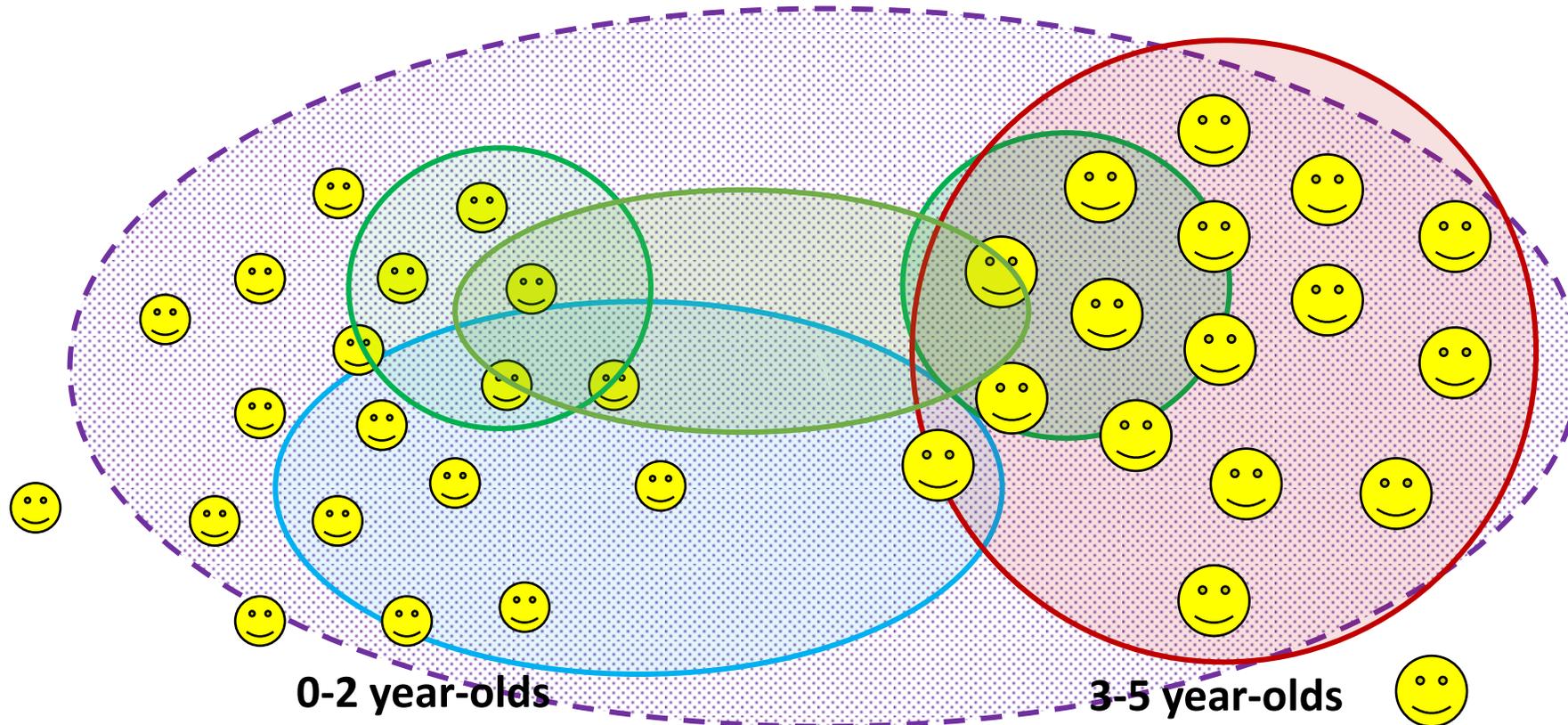## (oversimplified, not all-inclusive, and not drawn to scale)

Primary Care

Follow Along

Family Home Visiting

Head Start

Early Childhood Screening

0-2 year-olds

3-5 year-olds

4

Developmental & social-emotional screening in MN

Primary Care	• 0-5 years • "Universal", but inconsistent (especially SE)
Head Start	• 0-3 and/or 3-5 years • Consistent, only for enrollees (high risk)
Early Childhood (Preschool) Screening	• 3-5 years • Consistent, universal (missing some)
Follow Along Program	• 0-3 (up to 5) years • High risk or universal (depends on locality)
Family Home Visiting	• Prenatal, 0-3, up to 5 years • High risk only
Other	• Child welfare • Child care, adult mental health, other

Why electronic screening?

- Many of "todays" families WANT it
- Decrease administrative costs and potential errors:
  - postage and copying costs
  - electronic interval selection & scoring
- Coordinate screening among agencies serving the same families
- Broaden reach of who is screened and identify gaps
- Track referral connections/outcomes
- Real-time, child level developmental screening status

Race to the Top – Early Learning Challenge Grant
Early Childhood Comprehensive Systems
Electronic Screening Initiative

- **Improve access to developmental and social-emotional screening** for families and for screening professionals

- **Increase the number of children screened**, specifically focusing on populations that are currently hard to reach (i.e. homeless, highly mobile, and non-English speaking children and families)

- **Support community collaboration** across sectors and the **coordination of care** for young children

Priority components of an electronic screening system: vendor selection

- Electronic Access to screening instruments
  - ASQ and ASQ:SE access
  - Electronic selection for age, scoring, and data management
  - Reaching families/children at highest risk; audio versions available in Hmong, Somali, Spanish and English
  - App-based system (mobile device, smartphone, tablet, and PC)

- Can use in multiple screening environments

- Integration of an electronic screening data system with other existing data systems

- Coordination across screening programs and with community partners

Patient Tools, Inc.

- Automatic age selection, scoring, and data management capabilities
- App-based system can be used on mobile devices and desktop or laptop computers
- Could conduct screenings in a home without wireless
- Families can complete questionnaire(s) before an appointment
- Additional screening instruments available
- Access to audio versions of the ASQ-3 and ASQ:SE in multiple languages (English, Spanish, Somali & Hmong)
- System capacity to share screening data across systems and/or providers with parent consent

MN Electronic Screening Pilot Sites
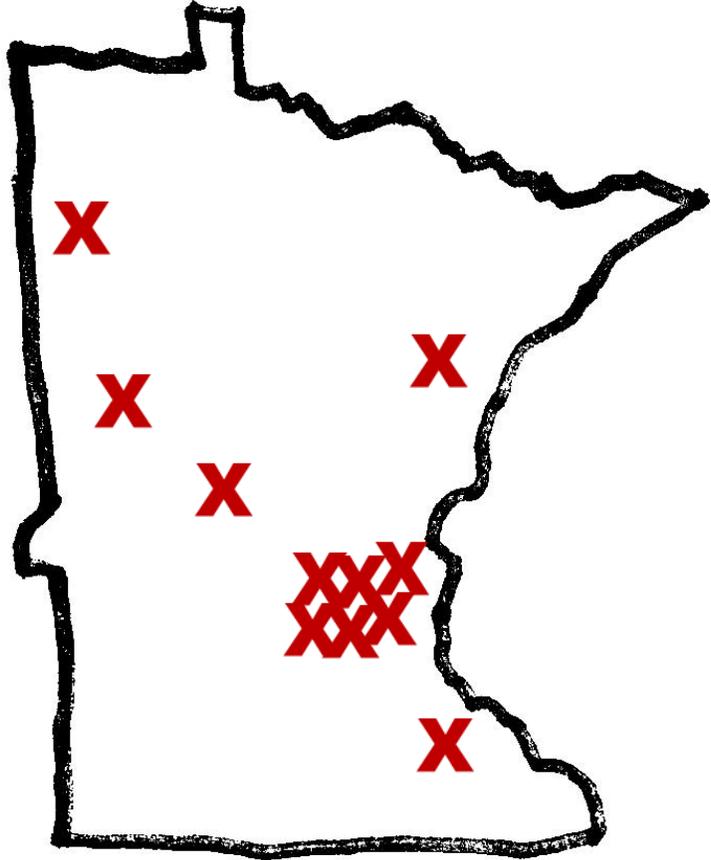
- Fraser *(Metro)*

- Hennepin County Public Health *(Metro)*

- Horizon Public Health *(West Central)*
  - *Alexandria Clinic*

- Minneapolis Public Schools *(Metro)*

- Reach Up, Inc. *(Central)*

- Rochester Public Schools *(Southeast)*

- St. Luke's Pediatric Clinic *(Northeast)*
  - *Duluth Schools*
  - *St. Louis County Public Health*

- St. Paul Public Schools *(Metro)*

- Washington County Public Health *(Metro)*

- Westside Community Health Services *(Metro)*

- White Earth Tribal Early Childhood Program *(Northwest)*

| Pilot Site	School District	Early Head Start/Head Start	Local Public Health	Primary Care	Mental Health	Child Care	Serves Families in RTT-ELC Transformation Zone
Fraser Clinic					X		X
Hennepin Co. Public Health			X	X			X
HORIZON Public Health			X	X			
Minneapolis Public Schools	X						X
Reach Up, Inc.		X					
Rochester Public Schools	X						
St. Luke's Pediatrics (& Duluth partners)	X		X	X			
St. Paul Public Schools	X						X
Washington Co. Public Health		X					
Westside Community Health Services				X			

Project Aim

By May 2016*, we intend that all pilot sites use the developmental and social-emotional electronic screening system with access to the ASQ-3 and/or ASQ:SE so that screening, referral, and follow-up coordination is enhanced where applicable.

The pilot project has been extended through December 2016.

Project Goals

1) 95% or more of target populations (children birth through 5, birth to 3, or 3 through 5) are screened based on the site screening protocol.

2) 80% or more are screened electronically.

3) 75% or more families give high ratings for ease of use with the electronic screening process

4) 90% or more of the screening staff express satisfaction with the electronic screening process

5) 95% or more of those coordinating services across different organizations within a community would agree that the app system makes it easier to communicate with other screening programs and/or service providers when necessary.

**Aggregate Number of Children Screened Electronically
August 2015 - April 2016**
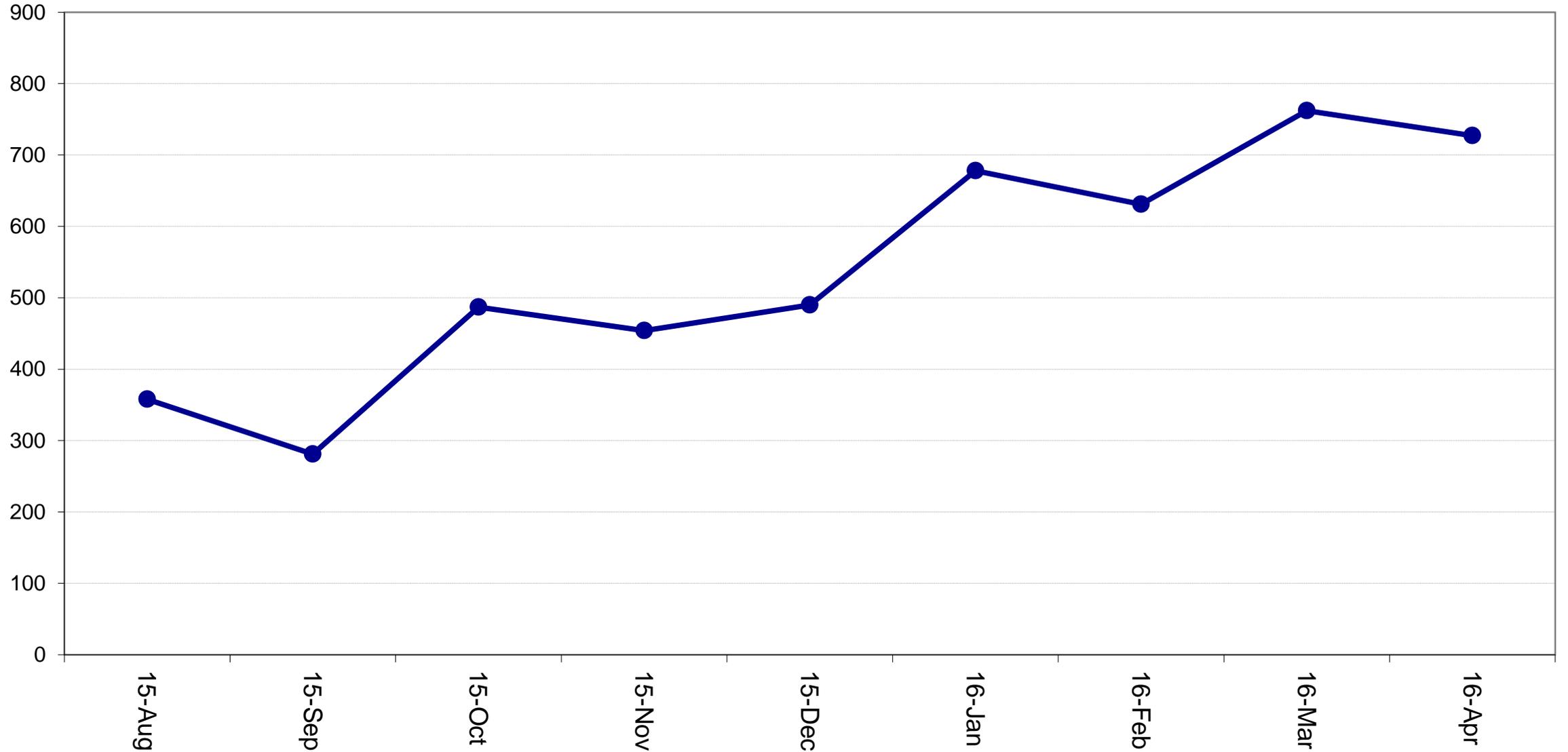
	Fraser	MPS	Reach Up	Rochester	St. Louis Co.	St. Luke's	SPPS	Washington Co.	West Side CHS	Total screened per month, all sites
Aug	--	163	125	70	--	--	--		--	**358**
Sep	--	98	89	90	--	1	--	3	--	**281**
Oct	7	200	78	104	--	39	38	21	--	**487**
Nov	7	109	31	115	--	81	96	15	--	**454**
Dec	9	209	13	106	--	44	89	20	--	**490**
Jan	7	240	38	119	--	93	167	14	--	**678**
Feb	7	241	19	119	--	43	171	22	9	**631**
Mar	7	248	16	132	4	84	174	22	75	**762**
Apr	3	288	34	109	N/A	48	127	26	92	**727**
Total screened by site, Aug 2015 – Mar 2016	**47**	**1,796**	**443**	**964**	**4**	**433**	**862**	**143**	**176**	**4,868 Total**

Successes

- 80% or more of children are being screened electronically at the participating pilot sites.

- The majority of parents rated the electronic screening system (app) as being "easy" or "extremely easy" to use.

- The majority of parents also indicated that the app helps them in understanding and supporting their child's growth and development.

Successes

- Sites are able to screen more children in the same period of time.

- Multi-agency sites have expressed high satisfaction with the ease of sharing screening results through referrals.

- 75% of screening staff express satisfaction with the electronic screening process.

Challenges and lessons learned

- Technology issues, both with the app-based system itself, and programs local I.T., have proved to be the greatest challenge to most pilot sites.

- Most pilot sites are not using a "community-model" approach to pilot the app-based system, so the full functionality of the app-based system is still mostly untested.

- Flexible vs. established vendors.

Next Steps

- Pilots continued through December 2016
- Evaluation and expansion recommendations
- ECCS – current and potential opportunities
- Help Me Grow implementation
- ABCD clinic/community collaborative expansion

Summary

Goals for electronic screening in Minnesota

- Improve equitable access to developmental & social-emotional screening
- Improve coordination across sectors

Successes

- 11 pilot sites implementing screening across the state
- Both families and screening program staff find it beneficial

Challenges

- More IT challenges than expected
- Need to further test sharing screening data between programs

Next steps

- Expand and improve screening pilot opportunities
- Move toward statewide access to screening