



Help Me Grow National Webinar:

Tips and Strategies for engaging Child Health Providers in Developmental Surveillance/Screening and Connecting Children to Services

www.HelpMeGrowNational.org

January 16, 2014

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Webinar Overview



Welcome & Introduction:

– Paul Dworkin

Executive Vice President for Community Child Health
Connecticut Children's Medical Center



Presenters:

– Lisa Honigfeld

Vice President for Health Initiatives
Child Health and Development Institute

– Desmond Kelly

Medical Director, Division of Developmental-Behavioral Pediatrics
Children's Hospital of Greenville Hospital System

– Susan Shepardson

EPIC Coordinator
Help Me Grow Orange County, CA



Moderator:

– **Joanna Bogin**, Program Director, *Help Me Grow National*

The *Help Me Grow* System



1
Child Health Care
Provider Outreach

2
Community &
Family
Outreach

3
Centralized
Telephone
Access Point

4
Data Collection
& Analysis

The Many Reasons *Help Me Grow* is of Benefit to Primary Care Physicians

Tips and Strategies for Engaging Child Health Care Providers HMG National Webinar, January 16, 2014

Desmond Kelly, MD

Professor of Clinical Pediatrics, University of South Carolina Sch. of Med. Greenville

Vice Chair for Academics, Greenville Health System Children's Hospital

Medical Director, Help Me Grow South Carolina

“Help Me Grow is a system that allows me to do my job as a pediatrician caring for families, better, more simply, and fairly quickly.”

Cliff O’Callahan, MD
Pediatric Faculty and Director of Nurseries
Middlesex Hospital

Challenge for Primary Care Pediatricians : AAP Recs



Children's Hospital
Greenville Health System

- Continuous developmental surveillance
- Periodic developmental screening
- Further medical and developmental evaluation if delays identified
- Early developmental intervention
- Chronic-condition management

American Academy of Pediatrics. Identifying Infants and Young Children with Developmental Disorders in the Medical home: An Algorithm for Developmental Surveillance and Screening. Pediatrics 2006 118 (1)

Developmental Screening Recommendations



Children's Hospital
Greenville Health System

- Developmental surveillance at all visits
- Formal screening periodically
 - 9 months
 - 18 months (incl screen for autism)
 - 30 months (24, 36 mo)

Positive Results on Developmental Screening?



- Refer for Early Developmental Intervention or Early Childhood Education Services
- Developmental Evaluation
 - Comprehensive process to identify specific developmental disorders affecting the child
- Medical Diagnostic Evaluation
 - Review of risk factors; medical eval; special investigations as indicated (neuroimaging; genetic and metabolic testing etc.)

EHR and Developmental Screening Measures



- Measure 1: Screening Occurrence
 - Proportion of children who have had a standardized, validated developmental screening assessment at their 9- (8-10) month, 18- (15-24) month, or 30- (30-40) month well-child visit
- Measure 2: Abnormal Screening Result
 - Proportion of children with an abnormal screening result (as defined by the cut-off specified by the screening tool used) documented on their problem list within the past 12 months
- Measure 3: Specialist Follow-up
 - Proportion of children seen by a specialist (for consultation or referral) for developmental concerns within the past 12 months who had their specialist note reviewed by their primary clinician



Challenges

- Lack of time
- Inadequate reimbursement
- Long waiting lists at regional centers
- Limited access to developmental services



| Barriers to Screening – PRIDE Survey | Strongly Agree | Some what Agree | Some what Disagree | Strongly Disagree | Missing |
|---|----------------------|---------------------|--------------------|-------------------|--------------|
| a. Lack of knowledge regarding providers/programs that provide diagnostic services for children with developmental delays | 10 (43.78) | 5 (21.74) | 2 (8.70) | 1 (4.35) | 5 (21.74) |
| b. Lack of available providers/programs willing to provide diagnostic services for children with developmental delays | 11 (47.83) | 4 (17.39) | 2 (8.70) | 1 (4.35) | 5 (21.74) |
| c. Lack of knowledge regarding providers/programs that provide treatment services for children with developmental delays | 6 (26.09) | 6 (26.09) | 4 (17.39) | 1 (4.35) | 6 (26.09) |
| d. Lack of available providers/programs willing to provide treatment services for children with developmental delays | 10 (43.48) | 4 (17.39) | 3 (13.04) | 1 (4.35) | 5 (21.74) |
| e. Transportation barriers for families accessing diagnostic or treatment services | 9 (39.13) | 6 (26.09) | 4 (17.39) | 0 (0) | 4 (17.39) |

The Rapidly Changing Health Service Delivery System



- Integrated Systems
- Care Coordination
- Access to Care
- Provide more high quality care at a lower cost
- Patient Centered Outcomes (patient satisfaction)
- Pay for Performance



Help Me Grow
can help
Child Health Care Providers
in all these domains!!

Developmental Screening



Children's Hospital
Greenville Health System

- Physician Outreach can provide advice in regard to setting up an office system of developmental screening
- Or - HMG can provide developmental screening, and/or “plug the gaps” by working directly with parents and child care providers
- Close the loop by providing screening results and follow up



Integrated Systems with Care Coordination



- Telephone care coordination
- Linking patients and families to services
- Linkage and collaboration between primary care physicians and specialists
- Linkage and collaboration between primary care physicians and community service providers

Access to Care



- Many visits to primary care physician and, especially to specialists, are related to underlying developmental and emotional/behavioral concerns
- By directing families to non-medical resources in the community that can most appropriately address the problems, HMG can help to decrease waiting lists for medical services

Efficiency and Cost Avoidance



- More efficient systems of developmental and behavioral screening
- Time spent in counseling and identifying resources is saved (and more patients can be seen)
- Costly medical specialist visits and special investigations (e.g. an EEG for a child with temper tantrums) can be avoided

Patient Centered Outcomes



- Parental concerns can be addressed with confidence and they can be quickly linked to care coordination
- Patients and families linked to appropriate services
- Higher scores on benchmark measures such as CG CAHPS (Clinician and Group Consumer Assessment of Healthcare Provider and Systems)



Pay for Performance



- Assistance in achieving “Medical Home” status
 - Improved quality measures
 - Decreased costs
- = Potential for improved contracts with reimbursers



Children's Hospital
Greenville Health System

Why would any health care
provider not want to become
a part of the
Help Me Grow family?

References



- American Academy of Pediatrics. Identifying Infants and Young Children with Developmental Disorders in the Medical home: An Algorithm for developmental Surveillance and Screening. *Pediatrics* 2006 118 (1)
- Dworkin PH. British and American recommendations for developmental monitoring: the role of surveillance. *Pediatrics* 1989;84:1000
- King TM, Tandon D, Macias M, Lipkin PH et al . Implementing developmental screening and referrals: Lessons learned from a national project. *Pediatrics* 2011; 125:2 350-360
- Schonwald A Horan K Huntington N. Developmental screening: Is there enough time. *Clinical Pediatrics* 2009(July); 48: 6 648-655
- Sices, L. Developmental screening in primary care: The effectiveness of current practice and recommendations for improvement. The Commonwealth Fund 2007; pub no. 1082



Questions?

Maintenance of Certification

**Another reason why pediatricians should
love *Help Me Grow***

Lisa Honigfeld

Vice President for Health Initiatives
Child Health and Development Institute

Associate Director, Office for Community Child Health
Connecticut Children's Medical Center

What is Maintenance of Certification?

- Pediatricians and subspecialists need to complete a maintenance of certification (MOC) process every 7 years as prescribed by the American Board of Pediatrics (ABP)

- MOC consists of four parts:
 - Part 1: Evidence of professional standing
 - Part 2: Evidence of lifelong learning and self-assessment
 - Part 3: Evidence of cognitive expertise
 - **Part 4: Evidence of satisfactory performance in practice**

MOC Part 4

- For MOC Part 4 credit, physicians must participate in two practice-based quality improvement (QI) activities each cycle
- QI activities must meet standards set by the ABP and receive approval from the ABP
- In April 2012, *Help Me Grow* received approval from the ABP for a chart-audit based quality improvement activity that meets Part 4 requirements

What is the QI project?

- Training module
 - ▣ Primary care practices receive *Help Me Grow* training on best practices for developmental surveillance, developmental screening, and connecting children to intervention services through *Help Me Grow*

- Chart audit
 - ▣ Practices collect and enter 6 months of chart audit data using an online database. **No patient identification information is included.**

- Data review
 - ▣ Practices review monthly progress reports and participate in practice change discussions to foster quality improvement

Chart Audit

Chart Audit Form

1. Patient ID Number: _____ 2. Well-child visit: 9 month 12 month 18 month

3. Month of Visit: _____

Developmental Surveillance

4. Can you locate documentation that the provider asked about parental concerns at the visit in the chart or EMR?

a. Select YES if you find documentation in the chart that the provider asked about parental concerns about learning, development, or behavior..... YES
 Otherwise, select NO..... NO

b. **If yes to Question 4a**, were any parental concerns noted? YES NO

Developmental Screening

5. Can you locate any of the following developmental screening tools from the visit in the chart or EMR?
If yes, please specify the outcome.

| Yes | No | Name of Screening Tool | Outcome |
|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Ages & Stages Questionnaire (ASQ) | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NOT SCORED |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Development Inventories (CDI) | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NOT SCORED |
| <input type="checkbox"/> | <input type="checkbox"/> | Denver II | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NOT SCORED |
| <input type="checkbox"/> | <input type="checkbox"/> | Parents' Evaluation of Developmental Status (PEDS) | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NOT SCORED |
| <input type="checkbox"/> | <input type="checkbox"/> | Modified Checklist for Autism in Toddlers (MCHAT) | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NOT SCORED |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NOT SCORED |

Chart Audit (cont'd)

Connection of children to services

If the patient either had a parental concern reported (Question 4b) or failed a developmental screening test (Question 5), please answer the following question:

6. Was the patient referred to any of the following community resources?

Select YES if you find evidence that the patient was **referred** to any of the following community resources.

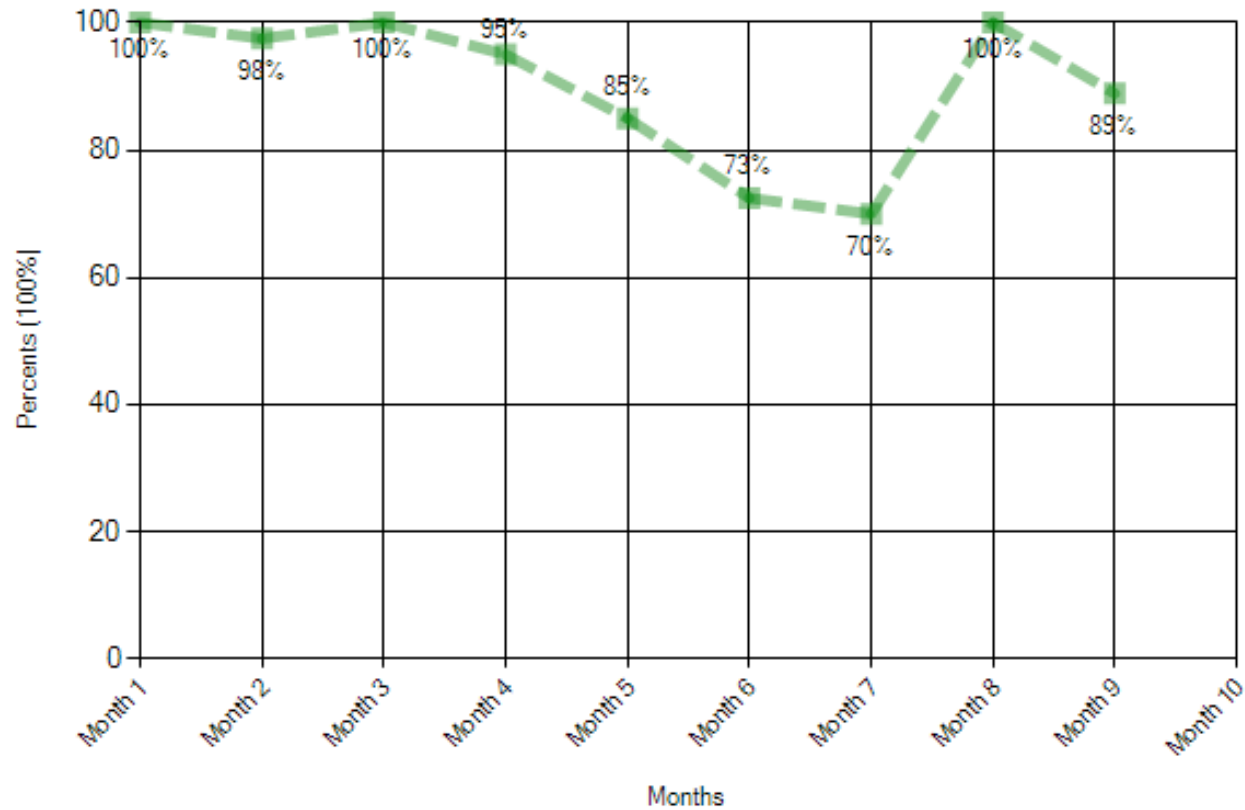
Otherwise, select NO.

Note: This list can be populated based on state-specific responses

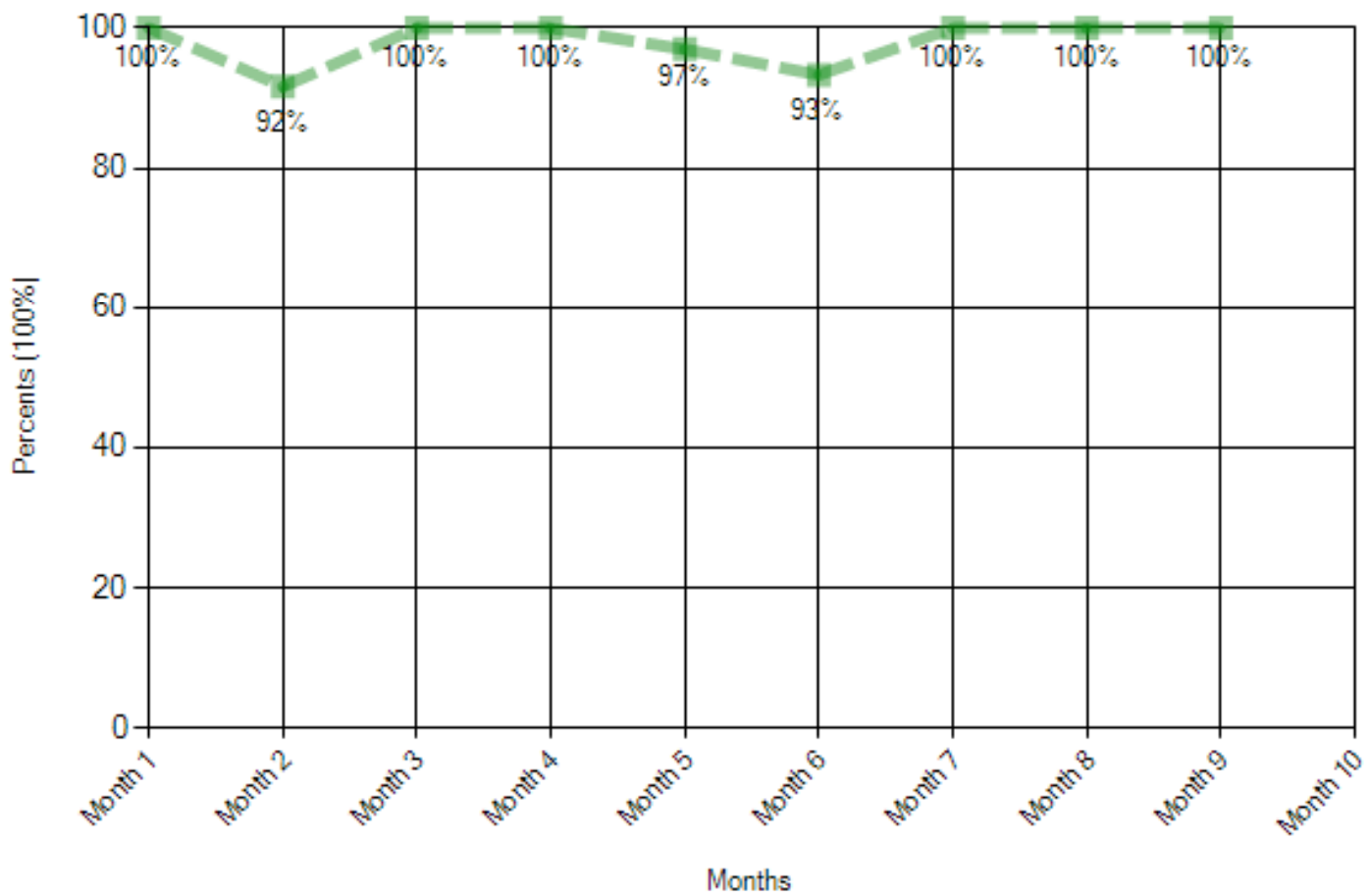
- | | | |
|--|------------------------------|-----------------------------|
| Help Me Grow..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Birth to Three..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| United Way 211..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Connecticut Children's Medical Center..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other doctor/specialist/agency..... | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Help Me Grow Report

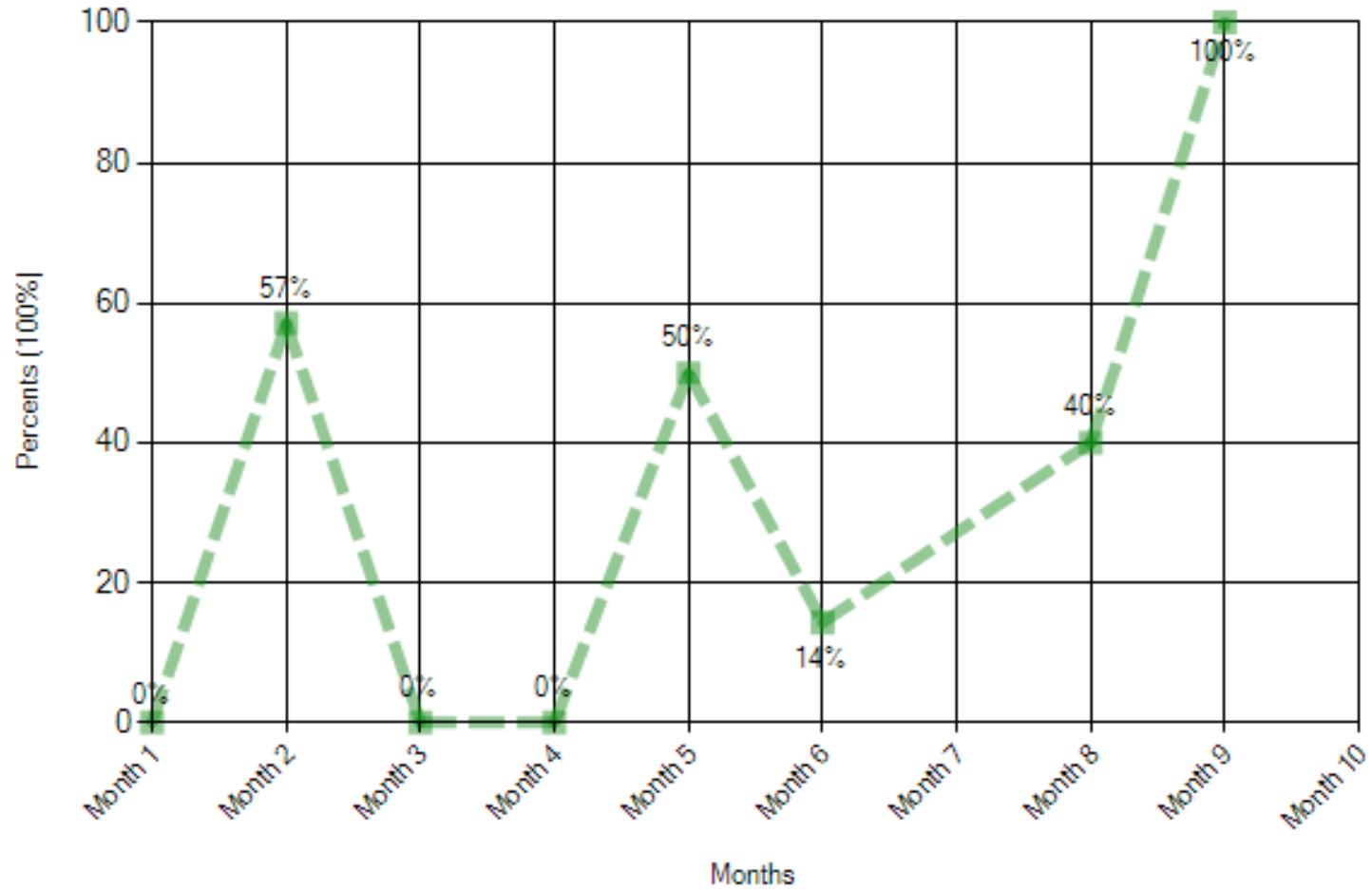
Evidence of developmental surveillance:
notation about elicitation of parent concerns at
9,12, and 18 month well child visits



Evidence of Developmental Screening with a validated tool at the 9 and 18 month well-child exams



Connection of children for whom there are concerns, detected either through surveillance or screening, to evaluation and/or intervention resources



Pediatricians' reports about improving care

- At our practice meeting, we discussed need to ask if parent has any concerns at each physical as this may obtain additional information that standard screening can miss and also may obtain information in-between standard screenings.
- At the last meeting we discussed barriers to doing the screenings such as time, resources, and language barriers. We decided on steps to take to improve these three areas and will begin implementation to improve our screening process.
- We are continuing to look at ways we can improve the referral process for our patients. There are some delays with the service processes for our county. The program coordinator has been notified and they are trying to get more staff to help to make it a smoother process. This will be a continual improvement process. To ensure that patients are getting connected and the appropriate referral is made our RN's are following up with the families within 1 month of being seen in our office. If they have not received a call our RN will help in the referral process.

Physician Participation in HMG Affiliate Sites

| State | Enrolled | Completed and Received Credit |
|-------------|--------------------------------|-------------------------------|
| California | 3 practices 5 pediatricians | 2 pediatricians |
| Connecticut | 3 practices 9 pediatricians | 6 pediatricians |
| Utah | | |
| Washington | 6 practices 17 physicians | 14 physicians |

To enroll pediatricians in the *Help Me Grow* QI MOC project

Go to the *Help Me Grow National Center* website and click on the Maintenance of Certification link:

<http://www.helpmegrownational.org/pages/hmg-maintenance-cert.php>

Or

Contact: Eminent Feyissa
(Efeyissa@connecticutchildrens.org)

MOC Program Manager

Office for Community Child Health

Want to offer this QI project to physicians in your state?

- Contact:

Eminet Feyissa

(Efeyissa@connecticutchildrens.org)

MOC Program Manager

Office for Community Child Health

Questions?



Help Me Grow
ORANGE COUNTY

Practical Tips for Academic Detailing and Engaging Child Health Providers

Susan Shepardson MS, EPIC Coordinator
Help Me Grow Orange County

What is Academic Detailing?

- Child Health Care Provider Office Visits
Educating Providers in the Community (EPIC)
- Conducting lunch presentations
- Informing, educating, and encouraging change
 1. Developmental Surveillance and Screening
 2. Using HMG
- Providing resources and materials

Tips for Engaging Providers

- Find providers to visit
 - AAP Member list
 - Google Maps Search (structured visits by city or region)
 - Walk by
 - Drive by
- Walk in with informational materials, business card, appointment calendar (iPhone) and ink pens (people love them!)
- Be prepared to conduct a spontaneous (one on one) presentation with provider

Tips for Engaging Providers

- Ask front office person if the practice participates in lunch presentations (or breakfast)
- Sometimes booked on the spot, sometimes referred to Office Manager, sometimes booked at follow up after physician reviews materials and gives approval
- Continue to try to book a presentation by following up the next day (or week)

Tips for Engaging Providers

- Keep a log of all visits
 - Date
 - Provider
 - Notes (important for follow up)
- For practices that do not do lunch presentations, take a moment to explain HMG and leave materials

Tips for Engaging Providers

- Be persistent, it may take several attempts (calls or visits) to book a presentation
- Less frequent ways to book a presentation include:

Word of mouth

Name dropping

RxVantage.com

Tips for Engaging Providers

- Attend AAP dinners, events, and conferences
- Try to present at large practice meetings (when multiple sites come together for monthly meetings)
- Box lunches are ordered for presentations (practical and cost effective)
- Be flexible – presentations may be 10 minutes to 2 hours in length and may be done in shifts

Tips for Engaging Providers

- Confirm with practice the day before
- During your presentation:
 - Provide relevant and useful information
 - HMG system
 - Developmental surveillance and screening
 - Maintenance of Certification (MOC), Quality Improvement (QI)
 - Billing (96110)
 - Part B and Part C

Tips for Engaging Providers

- Customize or change PowerPoint
- To gain credibility provide info on HMG history and growth
- Use HMG stories (family calls) for examples
- Be prepared to answer many questions
- Keep back up materials in car

Tips for Engaging Providers

- Be prepared to follow up or mail additional info
- Use sign in sheet and feedback form
- After presentation mail thank you card and business card



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Questions?


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Reminders:

-  **Fifth Annual *Help Me Grow* National Forum**
April 2-4, Miami, FL

-  **Upcoming *Help Me Grow* National Webinar** (Date TBD)
Cultural Competence & Parent Engagement in *Help Me Grow*

-  **Survey:**
Please complete our short survey to give us feedback for the next webinar!

This Webinar will be archived on our website:

www.HelpMeGrowNational.org