

Help Me Grow National Webinar:

Engaging Child Health Providers in Developmental Surveillance/Screening and Connecting Children to Services

www.HelpMeGrowNational.org

January 18, 2011



^{*}Supported by a generous grant from the WK Kellogg Foundation



Webinar Overview



Welcome & Introduction:

 Paul Dworkin, Project Director, Help Me Grow National, Physician-In-Chief, Connecticut Children's Medical Center Professor and Chair of Pediatrics, University of Connecticut School of Medicine



Presentations:

-Lisa Honigfeld, Vice President for Health Initiatives, Child Health and Development Initiatives, Child Health and Development Institute



 Kareena DuPlessis, Director, Child Development Infoline, United Way/211

Moderator:

- Joanna Bogin, Program Manager, Help Me Grow National







The Help Me Grow System

Child Health Care Provider Outreach

> Centralized Telephone **Access Point**

Community & Family Outreach

4 **Data Collection** & Analysis



Importance of Measuring Screening

- Screening rates
 Recent CPT code 96110 controversy
- Contribution to state performance goals (Title V, HEDIS, CHIPRA, CAHMI, NQF, RTT)
- Evidence of effectiveness to show potential funders





Help Me Grow Incentives for Child Health Providers

- Maintenance of Certification (MOC)
 - Part 4
- National Committee on Quality Assurance Medical Home Recognition (NCQA)





What is Academic Detailing?

- Office site visits
- Presentations to the whole practice
- Simple messages
- Resources to encourage practice change

Educating Practices in the Community (EPIC)





Why Academic Detailing?

- How do child health providers know what's new in pediatric care?
- How do child health providers learn about developmental resources for children in their communities?





Academic Detailing is Effective

- Pharmaceutical Industry
- Proper prescribing
- Asthma care
- Pain management for immunizations
- Early identification of developmental risks
- Screening for Autism Spectrum Disorders





Academic Detailing to Change Practice Behavior in Developmental Monitoring

- McKay article, 2006 Help Me Grow Study (Journal of Developmental and Behavioral Pediatrics, February 2006 Supplement)
- Honigfeld, Chandhok and Spiegelman article (Journal of Autism and Developmental Disorders, 2011)







Questions and Answers



Developmental Monitoring and Connecting Children to Services

Help Me Grow-CT
Educating Practices in the Community (EPIC)
Presentation

Kareena DuPlessis
United Way 2-1-1 / Child Development Infoline
1/18/12





Hands-on Strategies and Tips For Visiting Practices

- Be prepared for anything:
 - Where you will be presenting
 - What the practice wants to talk about
 - Questions you may not have anticipated
 - Staff coming & going during presentation
- Bring relevant resources
 - About your program
 - Local resources
- Give specific examples
- Offer to follow up or send additional materials
- Make sure to get sign in sheet and evaluations before you leave





Key Points

- The American Academy of Pediatrics recommends developmental surveillance at every well child visit and formal screening at 9, 18 and 24 month visits.
- Formal Screening is reimbursed by Medicaid and commercial insurance.
- When surveillance and screening identify children at risk for delay, Child Development Infoline/Help Me Grow are available to find services for children.





Why Are Screening and Surveillance Important?

- Early brain development research
- 20% of children are at risk for delays
- Referrals to early intervention services
- Promotes school readiness
- Can identity concerns before they develop into larger problems





Why We Have to Do Surveillance and Screening as Part of Pediatric Care

- Recognized by the American Academy of Pediatrics as part of pediatric care
- Children see the doctor as many as 12 times during the first two years of life for well care
- Schools, camps, and child care require that children see the doctor and have their well care visits
- Can find services for children who are at risk for or have delays





Developmental Surveillance

- Developmental Surveillance happens at every well child visit. Its 5 components include:
 - Eliciting parental concerns
 - Documenting and maintaining a developmental history
 - Observing the child
 - Identifying risks and protective factors
 - Maintaining an accurate record of findings over time, including input from others (schools, etc.)





Developmental Screening Uses Standardized Tools

The American Academy of Pediatrics recommends that developmental surveillance be incorporated at every well child visit. In addition, standardized developmental screening tests should be administered regularly at the 9, 18, and 24 (30) month visits.

American Academy of Pediatrics, Policy Statement, *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*, PEDIATRICS Volume 118, Number 1, July 2006



Two Developmental Screening Tools That Are Easily Administered In the Office

At the 9, 18, and 24(30) month visits:

- PEDS (Parents' Evaluation of Developmental Status)
- Ages & Stages Questionnaire

And for Autism (18 and 24 months):

M-CHAT (Modified Checklist for Autism in Toddlers)





Ages and Stages Questionnaire (ASQ)

- 2 months to 5 years of age
- Parent questionnaires that get longer as the child ages and some questions require the child to demonstrate a skill
- 10 to 15 minutes for parents to complete
- 1 to 2 minutes to score
- Available in many languages
- One time \$200 purchase and then materials can be copied





Parents' Evaluation of Developmental Status (PEDS)

- 10 questions that ask about parental concern
- Forms are not age specific, so practice uses the same form at every well child visit
- Available in many languages
- 5 minutes for parents to complete
- 1 to 2 minutes to score
- Composite scoring sheet that can be kept in the medical record
- Cost is about \$1.10 per visit and questionnaires cannot be copied





Other Screening Tools That Practices Use

 Modified Checklist for Autism in Toddlers (M-CHAT): 18 and 24 month visits

Pediatric Symptom Checklist (PSC):
 4 years old and up





Make Screening Part of Your Office System

- Select a tool
- Develop a procedure to ensure that parents/care takers get the right screening tool at the right visit
- Who will score?
- How will the results be recorded and put in the medical record?
- Who will help connect families to evaluation services if their children do not pass screening?





Billing For Screening With a Formal Screening Tool

- 96110 for any developmental screening done with a formal screening tool
- Can be billed on the same day as a well child exam or with other visit





When A Concern Is Identified

Call:

United Way's 2-1-1 Child Development Infoline Dial 1.800.505.7000 to connect children to services including:

- Birth to Three
- Early Childhood Special Education if ≥ 3
- Children with Special Health Care Needs
- Help Me Grow

Can also fax: 860.571.6853

Make on-line referrals: www.birth23.org





Connecticut's Child Development Infoline

The Gateway to Help and Referrals for Parents Providers Pediatric Professionals

1-800-505-7000

Connecticut Birth to Three **System**

For children birth-36 months of age with developmental delays or disabilities.

- Free Developmental Evaluation
- Service Coordination
- Individualized Family Service Plan (IFSP)
 Services from Early Childhood Therapists
- and Teachers as identified in the IFSP ■ Focus on assisting families through natural routines and activities

Help Me Grow

For children birth through age 8 considered 'at-risk' for developmental or behavioral problems

- Connects families to community based resources
- Provides Ages and Stages child monitoring program
 Trains child health providers
- in developmental screening ■ Facilitates regional community networking

Early Childhood **Special** Education

For children ages 3 through 5 who are found eligible for special education services

- Evaluation
- Services to eligible children: o Individualized Education
 - Program (IEP) o Special education and related services

Children and Youth with Special **Health Care Needs**

For children and youth birth to age 21 with chronic physical, developmental, behavioral, or emotional conditions who require more health and related services than other children the same age.

- Service Needs Assessment
- Care Coordination
- Benefits Coordination
- Family/Caregiver Support
- Respite Planning
 Links to medical home initiative
- Referrals to community based resources
- Transition Planning

Participating Agencies

Children's Trust Fund Department of Developmental Services Department of Public Health Department of Education United Way of Connecticut







Help Me Grow: A Program of the Children's Trust Fund

- Finds services for children birth to 8 who are at risk for developmental delay and may not be eligible for other services
- Develops and maintains real time community resource data base
- Provides information on various parenting issues, such as toilet training, behavior management, sleep
- Community Liaisons support Child Development Infoline in locating hard to find resources





In Summary

Development surveillance and screening is an integral component of well child care.

Use a formal screening tool (PEDS or ASQ) at 9, 18 and 24 month well child visit

Bill screening to Medicaid and private insurance with 96110 code

When concerns are identified, call
Child Development Infoline at 1-800-505-7000





Organizing Your EPIC Program

- Centralized infrastructure
- Physician champion
- Marketing
 - Pediatric Society
 - Hospitals
 - Conferences
 - Parents!





Incentives to Encourage Participation

- Reimbursement
- Interested in practice changes that can improve care and save them time
- Continuing Medical Education and Maintenance of Certification
- It's free!
- Food!





Funding for Child Health Care Provider Outreach Component

- Foundation Support (CHDI)
- Insurance Companies (Blue Cross Blue Shield)
- State Agencies (DPH)
- Pharmaceutical Companies (Pfizer)
- Private Sector Sponsors (Kohls)







Questions and Answers





Child Health Care Provider Outreach: Affiliates

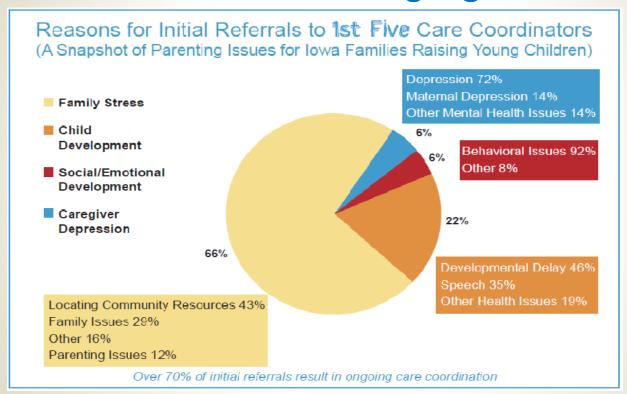
- lowa: 1st Five Healthy Mental Development Initiative
- Oregon:
 Screening Tools and Referral Training (START)
- Orange County, CA:
 Orange County Help Me Grow: Educating Providers in the Community (EPIC)
- Alameda County, CA:
 Screening, Assessment, Referral and Treatment (SART)





Iowa: 1st Five

Evaluation Highlights



Contact information: sonni.vierling@idph.iowa.gov
Website: www.idph.state.ia.us/1stfive/





Oregon: Screening Tools and Referral Training (START)

Screening Tools And Referral Training Year 3 Annual Report July 2010- June 2011 Oregon Pediatric Society

Contact information: anne.stone@oraap.org

Website: www.oraap.org





HMG-Orange County

Physician Satisfaction Survey Spring 2010 Executive Summary

Orange County Help Me Grow: Educating Providers in the

Community (EPIC)

Contact: Rhernan2@uci.edu

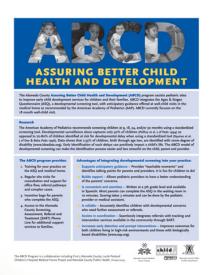
Website: www.helpmegrowoc.org





Alameda County: Screening, Assessment, Referral and Treatment (SART)

Help Me Grow-Pediatric Strategies
Assuring Better Child Health and Development (ABCD)



Contact: anna.gruver@first5ecc.org

Website: www.first5ecc.org/ (click on Pediatric Strategies button)



Questions and Answers





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Closing Comments: Dr. Paul Dworkin



Reminders:

- 2012 Help Me Grow RFP Released January 9, 2012
- Help Me Grow 3rd National Forum: Survey
- Help Me Grow: In the Spotlight
- Progress Reports Due: January 31 (Round 1 states)
- Survey:

Please complete our short survey to give us feedback for the next webinar!

For more information on Help Me Grow, please visit our website: www.HelpMeGrowNational.org