

Why Pediatricians Should Love *Help Me Grow*

Desmond P. Kelly, MD

Professor of Clinical Pediatrics
University of South Carolina School of Medicine - Greenville
Medical Director, Developmental-Behavioral Pediatrics
Children's Hospital of Greenville Hospital System



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



The Job of a Pediatrician (Primary Care Physician)

- Newborn care
- Well child care
- Management of acute illnesses and injuries
- Management of chronic conditions and children and youth with special health care needs (CYSHCN)
- Transition to adult care

Well Child Care

- Preventing disease or injury and promoting healthy child development
 - Newborn screening (Hearing; metabolic disorders)
 - Monitoring growth and development
 - Nutrition (Breast feeding)
 - Immunizations
 - SIDS (Back to Sleep)
 - Injury prevention
 - Ensuring safe environment (toxins)
 - Screening for parental/maternal depression
 - Managing challenging behaviors
 - Etc. etc.

The challenges

- *Time and reimbursement*
- *Short visits that are of high quality and efficiency that are billed and reimbursed adequately*
- New guidelines and recommendations every month
- Managing the office (or functioning within a hospital system)
- Maintaining licensure and certification

New Challenges

- Changing health care landscape (hospitalists, specialists, health systems)
- Shift from inpatient to outpatient care
- Recession; cuts in state budgets and services
- Electronic medical records
- Meaningful Use!
- Advances in genetics
- The internet and social media

The Pediatric Medical Home

A family-centered medical home is a trusting partnership between a child, a child's family and the pediatric team who oversees the child's health and well-being within a community-based system that provides uninterrupted care with appropriate payments to support and sustain optimal health outcomes.

Hope for the Optimists

- Shift to improving the health of the population (to cut health care costs)
- More emphasis on prevention and health promotion – *early identification and intervention* to minimize impact of problems
- Accountable Care Organizations (or some variation of concept under a different name)
- Recognition of importance of *care coordination*

Where does that leave the PCP?

- Adapting to survive
- Still striving to do the best she or he can for patients and their families with compassionate and high quality care
- Looking for help in the community
- “It does take a village”

So why will pediatricians love
Help Me Grow ?

Support in addressing the
“new morbidity”
- developmental and behavioral
problems

AAP Recommendations for Developmental Screening

- 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)

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

Developmental Surveillance

- Flexible, longitudinal, continuous and cumulative process
- Knowledgeable health care professionals identify children who may have developmental problems
- Outcomes
 - Appropriate referrals
 - Patient education
 - Support of healthy development

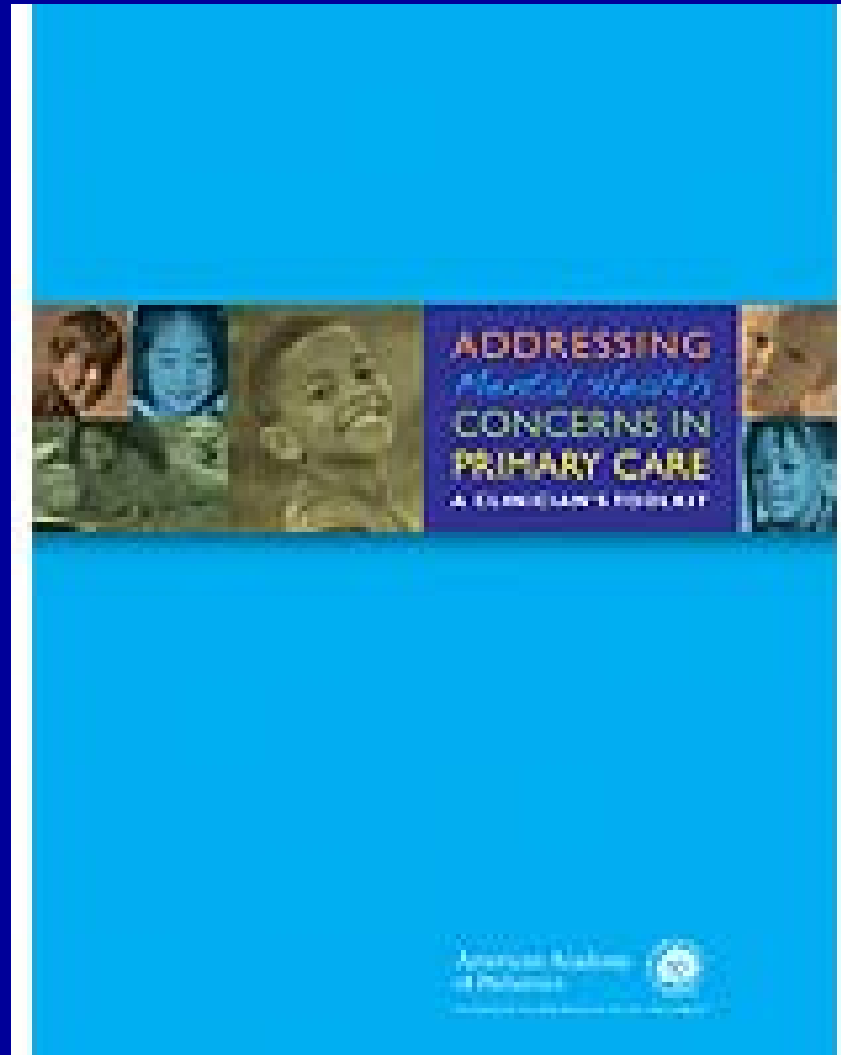
Developmental Screening Recommendations

- 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
- Chronic condition management

Pediatricians as Mental Health Professionals



Challenges

- Time
- Reimbursement
- Long waiting lists at regional centers
- Difficulty accessing developmental and behavioral services
- “Is it ethical to identify a problem you are unable to treat?”

What we learned from the PRIDE Program in Greenville

- Promoting Resources in Developmental Education (PRIDE)
- Targeted key players in young children's lives to promote early identification of developmental problems and referral for intervention services
- Parents; Child Care Providers; Primary Care Physicians

Child Health Provider Training in Developmental Surveillance and Screening

- Incorporating developmental surveillance into all encounters with children
- Use of standardized screening instruments: PEDS; Ages and Stages
- Establishing an office system for efficient screening and referral

Most valued components

- Parent and Child Care Provider education and support
- Physician education about setting up office systems and billing codes for screening
- Resource and referral guide

PRIDE Outcome Study

Physician Barriers to Developmental Screening

	Strongly Agree	Some what Agree	Some what Disagree	Strongly Disagree
a. Lack of knowledge regarding providers/programs that provide diagnostic services for children with developmental delays	44 %	22%	9%	4%
b. Lack of available providers/programs willing to provide diagnostic services for children with developmental delays	48%	18%	9%	4%
c. Lack of knowledge regarding providers/programs that provide treatment services for children with developmental delays	26%	26%	17%	4%
d. Lack of available providers/programs willing to provide treatment services for children with developmental delays	44%	18%	13%	4%

Components of Help Me Grow

- 1. *Central telephone access point*** for connection to care coordination and services
- 2. *Community outreach*** to identify resources, promote use of HMG call line, and provide networking opportunities among service providers.
- 3. *Physician outreach*** to support early detection of developmental-behavioral problems
- 4. *Data collection*** which includes identification of service gaps and barriers

6
Provider Gets Feedback

1
Well-Child Visit

2
Solicit Parent Opinions

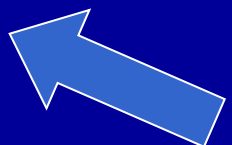
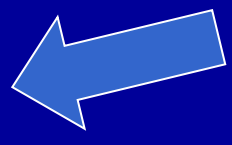
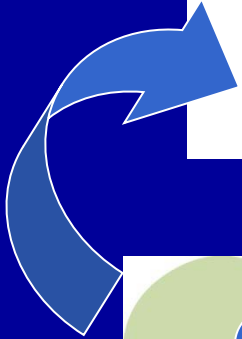
Help Me Grow

Physician Care Pathway

5
Parent Connected to Resource

4
Care Coordinator provides resources

3
Contact Help Me Grow



Help Me Grow Addresses the Biggest Challenges

- Efficient systems of developmental and behavioral screening
- Identification of resources and services
- ESPECIALLY for those “at risk” children who do not qualify for mandated public services
- Care coordination and linkage to services
(Without having to pay for a service coordinator in your office)

Selling points

- Assistance in meeting the quality expectations of your reimbursers
- Earn credits for Maintenance of Certification
- Partner with a system that can help you do developmental screening and find the services your patients and families might need
- Even if you dread hearing about developmental and behavioral problems in your patients you can at least give the families a number to call where you know they will find help

So what's not to love about
Help Me Grow?

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
- Glascoe FP, Dworkin PH. The role of parents in the detection of developmental and behavioral problems. Pediatrics. 1995;95:829
- Sand N, Silverstein M et al Pediatricians' reported practices regarding developmental screening: do guidelines work? Do they help? Pediatrics. 2005;116:174

References cont.

- 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
- Schonwald A, Huntington N, Chan E, Risko W, Bridgemohan C. Routine developmental screening implemented in urban primary care settings: More evidence of feasibility and effectiveness. *Pediatrics* 2009 (February);123:2; 660-668
- Sices, L. Developmental screening in primary care: The effectiveness of current practice and recommendations for improvement. The Commonwealth Fund 2007; pub no. 1082