

Questions from CHPO Session

HMG Virtual Forum 08.10.2020

When practices use the ASQ online - are they having the families use it prior to appointment? or are families completing at the office?

- In CT ASQ online and/ or via paper is offered when people call our Child Development Infoline- CT's central access point. Provider's generally give out the ASQ with the check-in materials when parents come in for well-child visits.
- In HMG Alameda County (CA), it is done both ways. All of the following scenarios exist:
 - Send the link before for families to complete prior to appointment (most common practice during COVID-19)
 - Have family complete it in the waiting room using a tablet (pre-COVID)
 - Send the link and offer it in office if not yet completed

Clarifying question: As HMG Health Provider Outreach Coordinator's Your Primary role has been to support the practice in implementing screening within their practice, not getting the practice to refer to you Help Me Grow to do the screening? Is that correct?

- In CT: I would say that we do both. When we go out and give our Educating Practices modules we ask providers to do Developmental Screening and to refer to Help Me Grow/Child Development Infoline when appropriate.
- In HMG Alameda County (CA), our goal is to train health care providers to successfully implement developmental screening and follow-up practices into their practice. We do however let them know they can refer families whose language is not available in any ASQ languages or families that are low-literacy.
- for HMG-LI, we offer support for physicians to complete the screen at their site, correct. Some practices are not ready for that, and will refer to us when there is a developmental concern, at which time we offer the screen to the family directly and can send the results to the physician
- Help Me Grow Pierce County does not provide direct services, but we do rely on our Child Health Care Providers to do initial screenings and then refer to our Central Access Point for any other referral needed, utilizing our HMG PC Provider Referral Form. Currently, we are unsure if ALL of our Child Health Care Providers are implementing screening within their practice, and it is my current priority to send out our Provider Survey that asks exactly those questions to all Child Health Care Providers within the county. Once we have enough responses we will be offering presentations and webinars

that focus on Child Developmental Screening Tools, Perinatal Mood and Anxiety Disorder Screening Tools, and Social Determinants of Health Screening tools to those who are not currently utilizing any tools or indicate that they are interested in learning, as well as publicly through our webinar series.

- HMG Indiana has both encouraged practices to implement developmental screening and refer families to HMG.

Has anyone had success embedding the ASQ right in the EHR?-I think some CT providers do have in their EHRs, but that was done separately from Help Me Grow.

-In HMG Alameda County (CA), we currently have a project underway to automate/embed the ASQ in our local FQHC network's EPIC instance. HMG Inland Empire (CA) is also in the process of automating the ASQ in their EPIC instance.

What software does CT use?-In CT our Help Me Grow/Child Development Infoline licenses the ASQ online from Brooks. See here for the link : <https://cdi.211ct.org/program/ages-and-stages/>

I might have missed something; Did I hear a mention of an Infant Mental Health screening? If so, what was it?- NO I think you heard that in CT we have an Infant Mental Health Educating Practices Module. There is no particular screener with this training.

-not sure if this is applicable, but HMG-LI offers the ASQ-Social Emotional screen to families. At present none of the physicians we work with screen for social emotional, although we worked with some to implement adverse childhood experiences screens using the ACE-Q

HMG Pierce Family Resource Navigators can and do refer families to Infant Mental Health services and some of our larger Pediatric Networks utilize the ASQ- Social Emotional screening tool. Something we are currently focusing on that is a new topic to me (Taylor) is Early Relational Health which is the Umbrella that Infant Mental Health lives under. It is a fascinating topic for anyone who might not have heard of it before.

At any point, are local school districts involved in the outreach processes? For example, early childhood special education programs at school districts?

Please see the following link to a special project happening in Norwalk CT with our Child Development Infoline/Help Me Grow and ASQ

<https://cdi.211ct.org/for-providers/cdinorwalk-community-initiative/>

-for Long Island, our region has too many school districts (124) to coordinate with, although we've presented to large meetings of them and are in contact with some regularly. One of the biggest sells to physicians about referring to HMG-LI was actually the fact that the preschool special education system in our region is so complicated; they find it easier to refer a family to us when a child is 3-5 with a developmental concern, so that we can assist in moving the family through that process

In Indiana some of our ECCS work has partnered with school districts and linked them to HMG but we have not had schools involved in the Child Health Provider Outreach Workgroup.

Do you have a physician feedback form? - Yes, in CT, we have a form that we collect at the end of every Educating Practices module. I will share it with Cassandra to share with you.

-In HMG Alameda County (CA), we have a feedback form that is faxed through our data system to health care providers on individual children. Initially they are provided with a referral fax receipt, and then feedback is provided on any other major updates (i.e. referrals made on behalf of the family, a part C evaluation scheduled, outcomes of any referrals, etc.)

-Long Island uses the STAR database (created by HMG-Orange County) that has auto-populated letters that we send to update physicians. If you are asking about receiving feedback FROM physicians, we have sent this survey to physicians before:

<https://www.surveymonkey.com/r/hmgliprovider>

In Pierce County we are currently piloting our provider referral form and at the same time piloting how to close the loop. Right now we are utilizing secured email, phone, and fax. We are also looking into a program called Smart Sheet that can securely close the loop with those involved with the initiative. As a county, our Hospital and Insurance networks are also looking into programs such as Now Pow and Unite Us, but that is not a decision we are involved in to help make. Help Me Grow PC is assisting in facilitating the meetings between the providers and our centralized access point, but it is their decisions ultimately on what they choose to do, we will help however they we can to achieve their needs for this.

HMG Indiana has a simple form that gets faxed back to the health care provider who made the referral to HMG to notify whether the family was connected to services or not.

What does the follow-up look like, and how does the team work through conflicts with confidentiality and releases of information?

- for HMG-LI follow-up includes: confirmation of receipt of referral form; a faxed letter once we have connected with the family to describe the referrals/plan (or a faxed letter that says we were unable to get in touch with the family after multiple attempts; this is typically preceded by calling the referrer to confirm contact information and see if there are alternative contact numbers); a "progress" update if the case is taking awhile, and

then a final faxed letter once the case is closed. The referral forms that the physicians send us require a family signature or verbal consent, so that handles confidentiality issues. If a family calls us on their own we ask them if they want us to share the information with their doctor, and if they do a verbal consent suffices and is documented because HMG-LI is overseen by a nonprofit that is not bound to HIPAA.

- HMG Alameda County (CA) has a very similar follow-up process to that described above for HMG-LI. Our understanding is that certain information can be shared under HIPAA with Health Care Providers under the service coordination provisions. We only obtain verbal consent. There is a written consent process for other types of providers.

Realizing that the answer likely varies widely by state/affiliate, who pays for the ASQ online? Great presentation and thank you.

In CT-ASQ online is paid for with a combination of state agency funding and United Way 211 funding. Individual pediatricians would have to purchase it themselves.

- In HMG Alameda County (CA), our organizing entity (First 5 Alameda County) currently pays for the costs of ASQ Online. We have let providers know that we may not be able to continue to do so indefinitely. Our hope is that the developmental screening reimbursement that has begun in CA through Medicaid may be reauthorized after its scheduled sunset date in 2021 and we can work with sites to use these funds to cover any licensing costs.
- ASQ Online is “owned” by Docs for Tots which is the organizing entity and fiscal agent for Help Me Grow - Long Island. It comes out of our HMG funding, which is a mix of private foundations and ECCS funding through the state. The ASQ Enterprise system and the price we pay for screen end up being the smallest line item on our budget!
- In Indiana we have funding through our ECCS grant for this currently.

That's awesome! Will the data be available to you if completed through the EHR?

- For HMG Alameda County (CA), yes! Part of the specs for the buildout in EPIC includes reporting specs. Once it is complete we will implement data sharing agreements to receive screening results and demographic data on children screened from the clinics.

How did you handle using the ASQ in multiple languages, an especially language that hasn't been translated?

- HMG-LI hasn't really run into this issue, because most of our population speak English or Spanish. The next most common language is Creole, but they can often read English as well. When that is not possible, we offer the Developmental Milestones portion of the

Survey for Wellbeing of Young Children, which we had translated into Haitian Creole and French for a previous project.

- For HMG Alameda County (CA) see response to the question below.

Loren can you describe your developmental screening follow up clinic you just mentioned?

- In HMG Alameda County (CA) we don't have a developmental screening follow-up clinic per se. As previously noted, providers have the option of referring to the CAP if the ASQ is not available in the family's language or if the family is low-literacy. These referrals pre-COVID were assigned to a HMG Family Navigator who can see the family in-person or through a Child Development Care Coordinator over the phone. We also have a Developmental Screening Program (DSP) that families can enroll in to receive the ASQ and ASQ:SE at regular intervals until a child's 5th birthday. We do not promote the use of or referrals to the DSP among health care providers, but have considered doing so for 3-5 year olds since developmental screening in pediatric practice is not very common for that age group since the AAP recommended intervals end by age 3.

Is anyone completing screenings (ASQ) via the phone with families?

- In CT-home visitors are doing virtual visits with families and are conducting ASQs via the phone and/or virtual visits.
- HMG-LI occasionally completes screens over the phone with families at their request; this is typically with Spanish-speaking families who struggle with literacy. These screens have gone fine, but we need to "schedule" them because they take longer (about half an hour)
- HMG Alameda County - same as Long Island. Very limited.
- HMG Pierce County- Our home visiting providers and well as Family Support Workers have been utilizing Zoom and Phone Calls when they can't safely do their home visits. This includes checking in on the family to make sure all of their needs are being met and conducting any screenings virtually.

Have any of you successfully pulled down medical system reimbursement for screening time and/or service linkage for families at the medical practice level?

-In CT, our providers get paid \$18 per Developmental Screen. We are still working on the other pieces.

- In New York, unfortunately no. We work primarily with Medicaid clinics, and Medicaid in our state includes developmental screening in the well-child visit reimbursement, which is only \$10. (That's why we have one of the worst screening rates in the country!). There

was a project out of Albany that was paying physicians a nice fee for completing screens, but that program is now defunct.

- In CA, providers are currently reimbursed \$59/screen for children enrolled in Medicaid. This began in January 2020 and is scheduled to sunset in 2021. Some staff at the practice level are able to be reimbursed for service linkage if the cost of that service has been built into their rate.

Interested to know more about the ability to address disparities in access and identification through provider outreach and education activities maybe for Abby as a result of her outreach

In all of our Educating practices provider outreach work we focus on practices that work with communities of color. In addition, we have added “cultural competency” awareness education in our modules. We are currently working with a pediatric provider who is developing a module that deals with pediatrics and racism issues. I am not really sure what else you are asking? Maybe I am misunderstanding your question. Let me know

- HMG-LI: most of the disparities in access on Long Island are for Spanish-speaking immigrant families. It is often hard to convince them to complete a screen or pursue early intervention, but once they do it's often a long and arduous process to get them through the system, which is why HMG is a value add for physicians who work with these families