Partnering with Pediatric Practices to Improve Developmental Screening and Referral Workflows

Help Me Grow National Forum

December 10, 2024

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Welcome!

L.A. Care HEALTH PLAN

Help Me Grow LA

Katy Nagy, MDP
Director of Systems Design and Impact Measurement, VIVA Social Impact Partners

Annette Espalin, MHA
Practice Transformation Program Manager II, L.A. Care Health Plan

Ann M Isbell, PhD
Health Systems Program Officer, First 5 LA

Jennifer Aiello, MS
Practice Transformation Project Manager II, L.A. Care Health Plan

Presentation Objectives

1. Learn about a partnership model that Help Me Grow systems or partners can apply with managed care/health plans and/or medical practices.

2. Analyze the impact of partnering with medical practices on furthering Help Me Grow goals, such as increasing access to developmental services.

Poll

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What is your current relationship with health plans and medical providers?

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HMG LA - L.A. Care Partnership

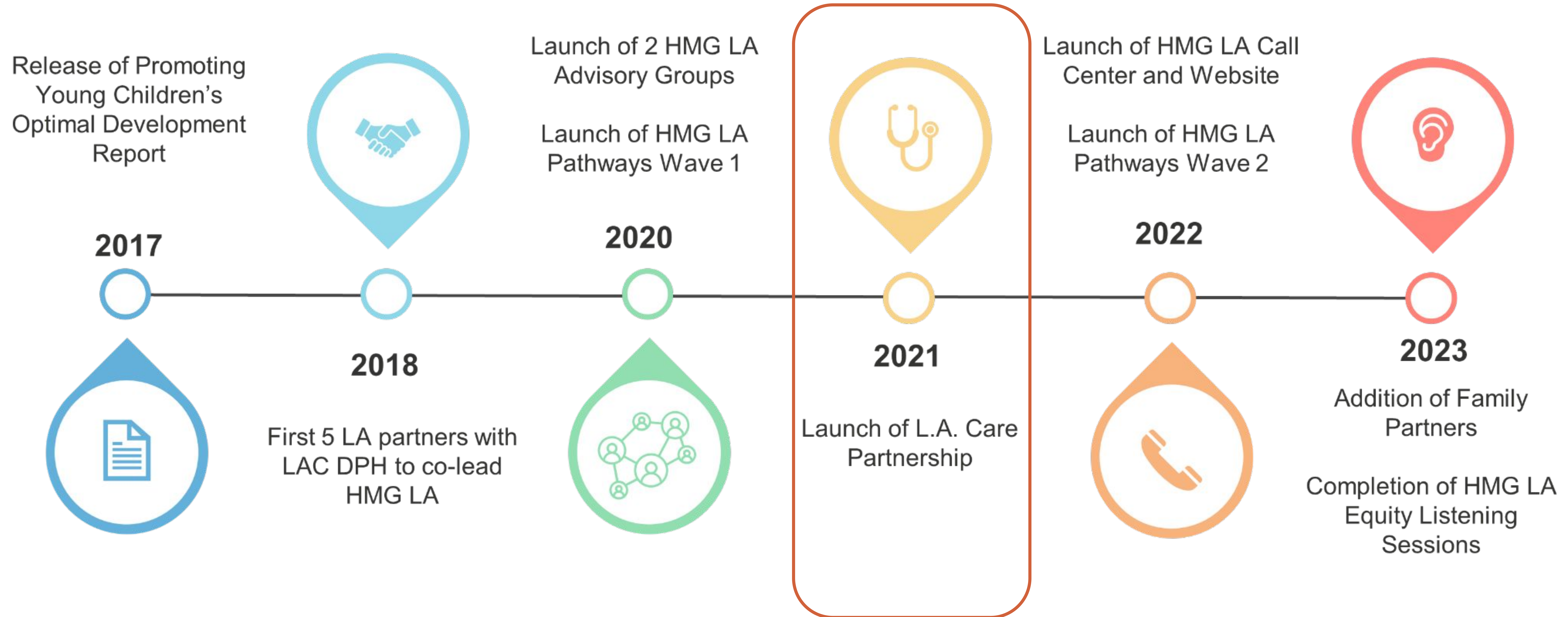
Partner Roles

- ★ **First 5 LA:** Funder, thought partner and connector
- ★ **L.A. Care Health Plan:** Project implementer + in-kind funding
- ★ **VIVA Social Impact Partners:** Independent evaluator

About Help Me Grow LA

Help Me Grow LA helps families find services that can support their child's development. Families often have questions about their child's development but don't know where to go for help. HMG LA can help families find resources and get services more quickly. When it comes to helping families, we can work together — providers, local agencies and the community — to do better. Help Me Grow LA helps improve the coordination of programs and services in local communities.

HMG LA Timeline

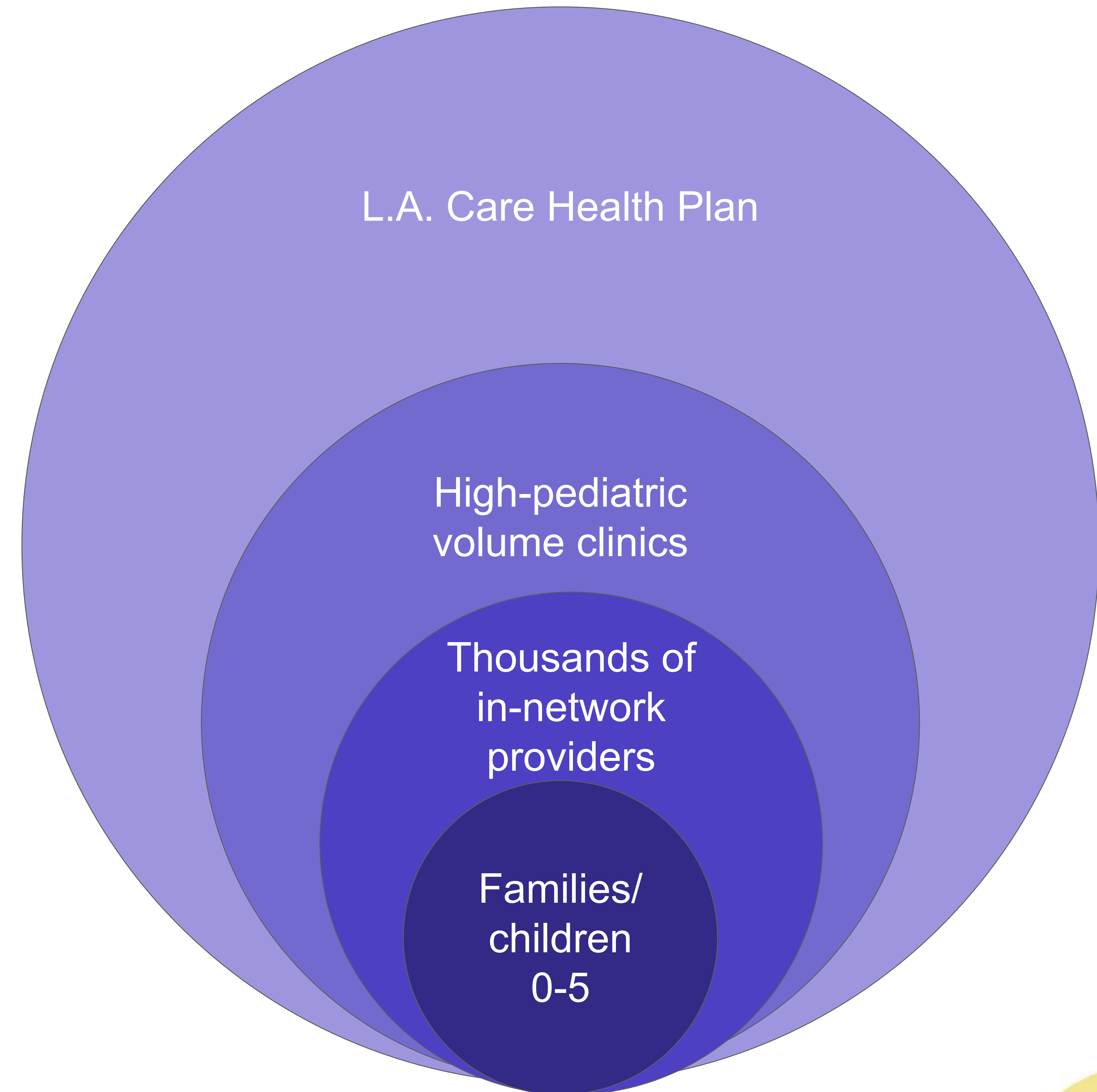


L.A. CARE - HMG LA Partnership

OBJECTIVES:

1. **Integrate** early identification and intervention protocols into practice workflow

2. **Increase awareness and education** on the importance of developmental screening and monitoring across levels (e.g., health providers, clinics, families, and community)



Partnership Activities

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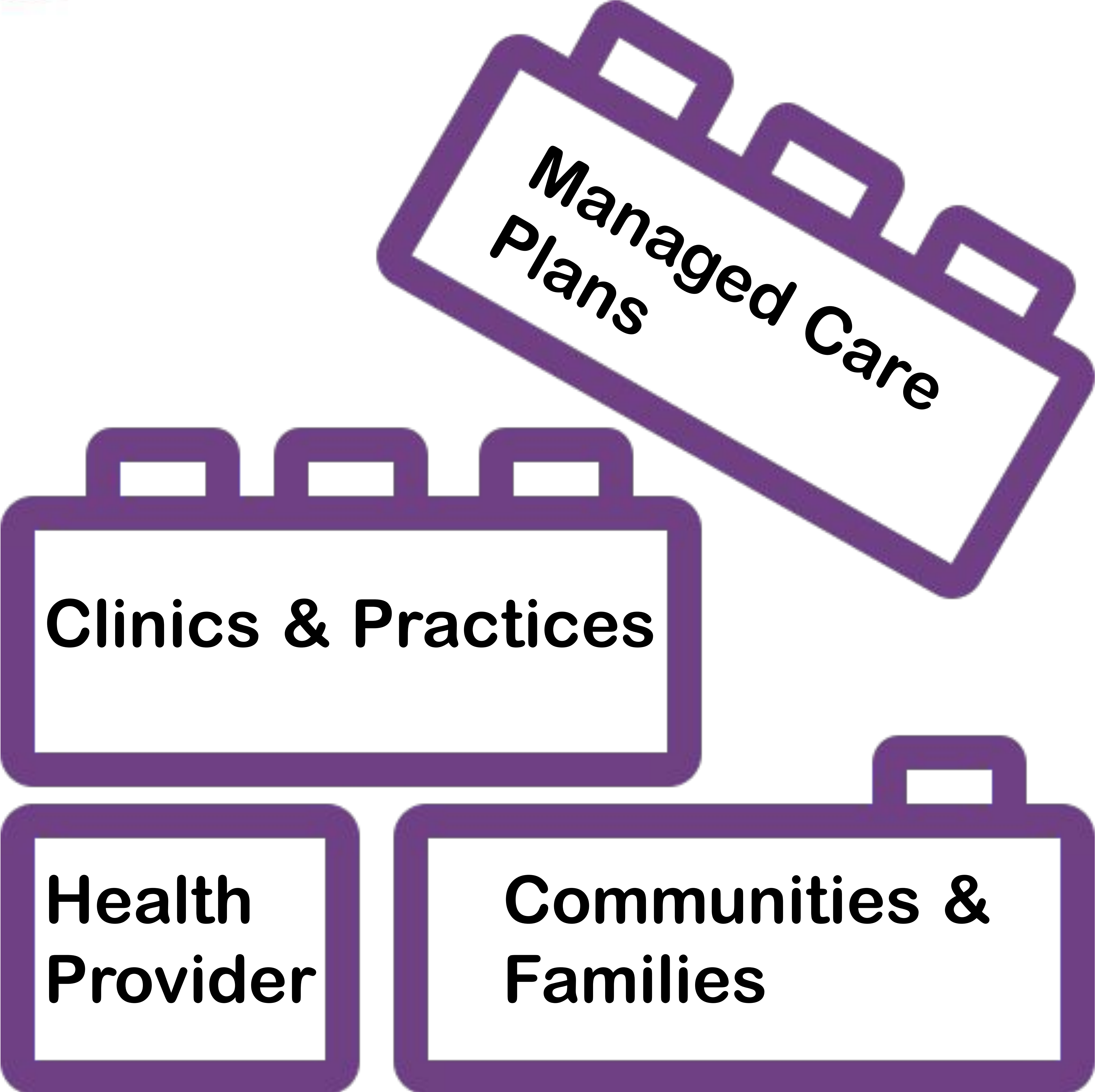

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Partnering with Pediatric Practices

Help Me Grow LA is a collaboration between First 5 LA and Los Angeles County Department of Public Health.
Visit HelpMeGrowLA.org for more information.

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Program Overview

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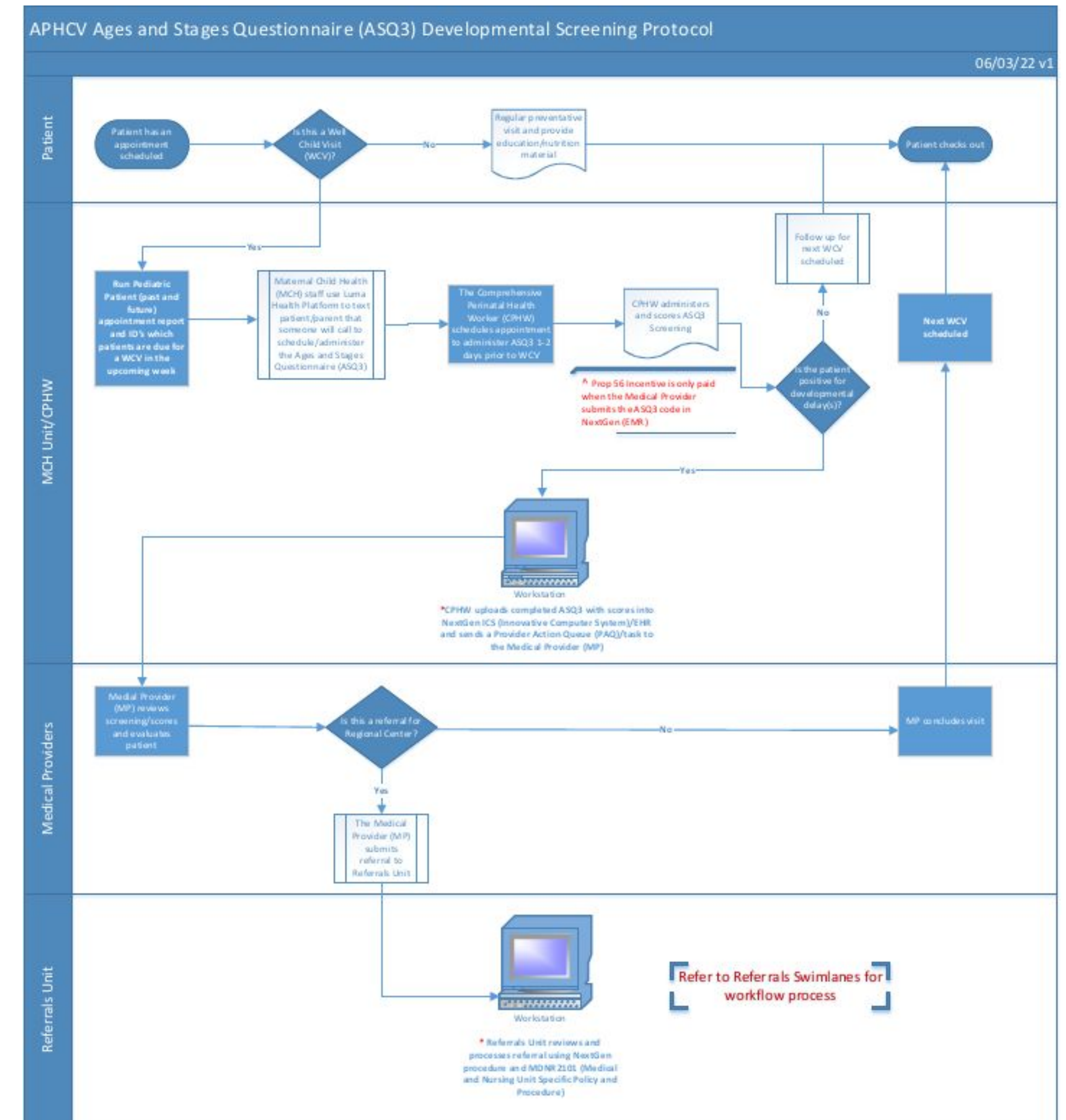
- L.A. Care conducted a 3-year Early Identification & Intervention Pilot Program focused on developmental milestone screenings for children ages 0-5 years old. The pilot concluded on September 30, 2024.

- **Enrollment Goal: Recruit 10 pediatric practices throughout LA County.**
  - Practice selection based on data reflecting sites with the highest pediatric populations.
  - A total of 6 practices enrolled (private and FQHCs):
    - **Cohort 1** (2 practices) & **Cohort 2** (4 practices)
    - Enrollment capped at 6 due to difficulties enrolling for Cohort 3

Practice Coaching Approach

Coaches managed various areas of practice transformation including:

- Educating practices on appropriate screening tools and how to administer and score them.
- Educating practices on Early Identification and Intervention (EII).
- Designing/re-designing developmental screening workflows.
- Assisting practices to retrieve data from their EMRs.
- Establishing community partnerships with Regional Centers to ensure early and appropriate intervention.
- Assisting with Prop 56 incentives program.



Practice Coaching Approach

There is not a "one size fits all" approach to practice coaching.

Practices were at varying stages of readiness:

- Coaches had to meet practices "where they were at" to avoid change overload.
- Coaches had to be intentional with their suggested tests of change.
- Coaches had to be mindful to incorporate all staff input when making decisions.

Challenges/Barriers

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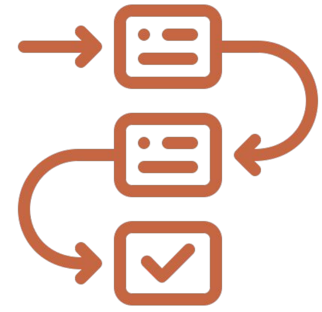
Most common challenges/barriers included:

- Lack of standardized data collection methods across practices.
- Lack of EMR reporting functionality.
- Lack of referral pathways for Regional Centers.
- Lack of communication between the practices and the Regional Centers.

Areas of Practice Transformation



Standard Workflows

IT/EHR

Culture of QI/Team Accountability

Community Partnerships/Linkages

Areas of Practice Transformation: Case Study 1

Areas of PT	2020 Baseline	Sept 2024
Standard Workflows	• Manually documenting ASQ scores into EMR. • Only English ASQ available to patients requiring translation (main language spoken is Chinese).	• Assigned 2 Pediatric Health Case Workers (PHCW) to administer/score/document the completed ASQ into the EMR (NextGen). • In collaboration with Brookes Publishing, translated ASQs for all 8 required languages across all sites.
IT/EHR	• Inconsistent/no tracking of number of completed screenings in a given month. • Inconsistent documentation in EMR of all referrals to a Regional Center.	• Data team pulls monthly reports for all patients 0-5 years old with a Well Child Visit and identify if a screening was completed at the correct age milestone 9-,18-,30-months. • Trained providers and staff on EMR updates to include drop down option to refer to a Regional Center.
Culture of QI/Team Accountability	• Limited staff with knowledge of importance of utilizing developmental screening tool. • Ad hoc meetings and huddles when needed.	• Trained staff and providers on benefits of using a developmental screening tool at appropriate age milestones. • Expansion of Pediatric huddles to include all providers to share best practices and learnings.
Community Partnerships/Linkages	• No communication with Regional Centers. • Inability to close feedback loop for all referrals to a Regional Center.	• Facilitated communication lines between practice staff and Regional Centers. • Incorporated appropriate timeframes for staff to contact Regional Center staff for referral updates that coincide with their process to assess/assign a referral.

Areas of Practice Transformation: Case Study 2

Areas of PT	2022 Baseline	Sept 2024
Standard Workflows	• No standard workflows. T.H.E. was not aware of the developmental screening. • Required in-depth training on the ASQ-3 and how to implement the screening within the practice.	• Developed an ASQ-3 form into the notes section of their EMR. Currently, the providers enter the ASQ responses into the form. • Working with patients to simultaneously subscribe them to the patient portal and send the ASQ, via text message, to be completed electronically prior to the visits.
IT/EHR	• Inconsistent/no tracking of number of completed screenings in a given month. • Inconsistent documentation in EMR of all referrals to a Regional Center (RC).	• IT can pull data from the form that was built into the EMR – as all fields are discrete variables. • IT currently working to track RC referrals by creating a drop down menu within the provider notes.
Culture of QI/Team Accountability	• No staff with knowledge of importance of utilizing developmental screening tool. • Ad hoc meetings and huddles when needed.	• Trained staff and providers on benefits of using a developmental screening tool at appropriate age milestones. • Monthly meetings between pediatric providers, CMO and IT to create forms and implementation of strategic workflows.
Community Partnerships/Linkages	• No communication with Regional Centers. • Inability to close feedback loop for all referrals to a Regional Center.	• Facilitated communication lines between practice staff and Regional Centers. • Data captured from the referral drop down (see above) will create reports that can be acted upon for quality improvement.

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Partnership Evaluation

Help Me Grow LA is a collaboration between First 5 LA and Los Angeles County Department of Public Health.
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Evaluation Overview

HMG LA - L.A. Care Evaluation Objectives

Co-design and co-implement a process and outcome evaluation of the L.A. Care partnership with HMG LA, including data collection support and data analysis, over a 24-month period.

Capture Implementation Learnings (Process evaluation)	Investigate Effectiveness (Outcome evaluation)

Implementation Findings

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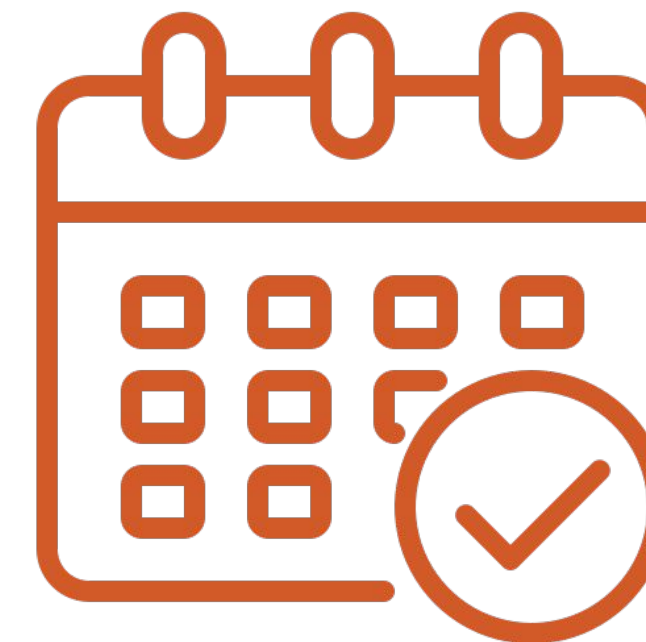
How have practices modified workflows to increase screenings? What successes have they experienced?

Phone Screenings

Digital Screening Tools



Consistency

Performance Metrics

Implementation Findings

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What factors influence whether practices are able to facilitate closed-loop referrals?

Automatic Referral Tracking

Attentive Staff

Relationship + Communication with Regional Centers

Completion of intake process

Implementation Findings

L.A. Care HEALTH PLAN | Help Me Grow LA

How many people have been reached through L.A. Care's communications and outreach efforts focused on spreading information about EII to community members?

36

Community Classes Held

513

Total Community Class Attendees

3.7M

Newsletter copies distributed

Implementation Findings

L.A. Care HEALTH PLAN | Help Me Grow LA

How many providers have been reached through L.A. Care's communications and outreach efforts focused on spreading information about EII to medical providers?

8,642

Newsletters Downloaded

728

Total attendees at CME events focused on EII

Note:

- *There were 34,893 provider newsletters distributed during Cycles 1-2.*
- *There were 3 total CME events, one per evaluation cycle.*

Outcome Findings

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Did provider/staff knowledge increase regarding the importance of screenings as well as early intervention?

Yes!

92%

of providers indicate each learning objective related to EII was met during CME events

82%

of providers plan to make improvements or changes after attending the CME event

N= 261 total provider respondents (130 in Cycle 2; 131 in Cycle 3)

Outcome Findings

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Did child development classes improve parents' knowledge of child development?

Yes!

98%

of parents who attended child developmental classes indicated their knowledge of child development improved

+

of parents indicated that their comfort in advocating for their child improved due to child development classes

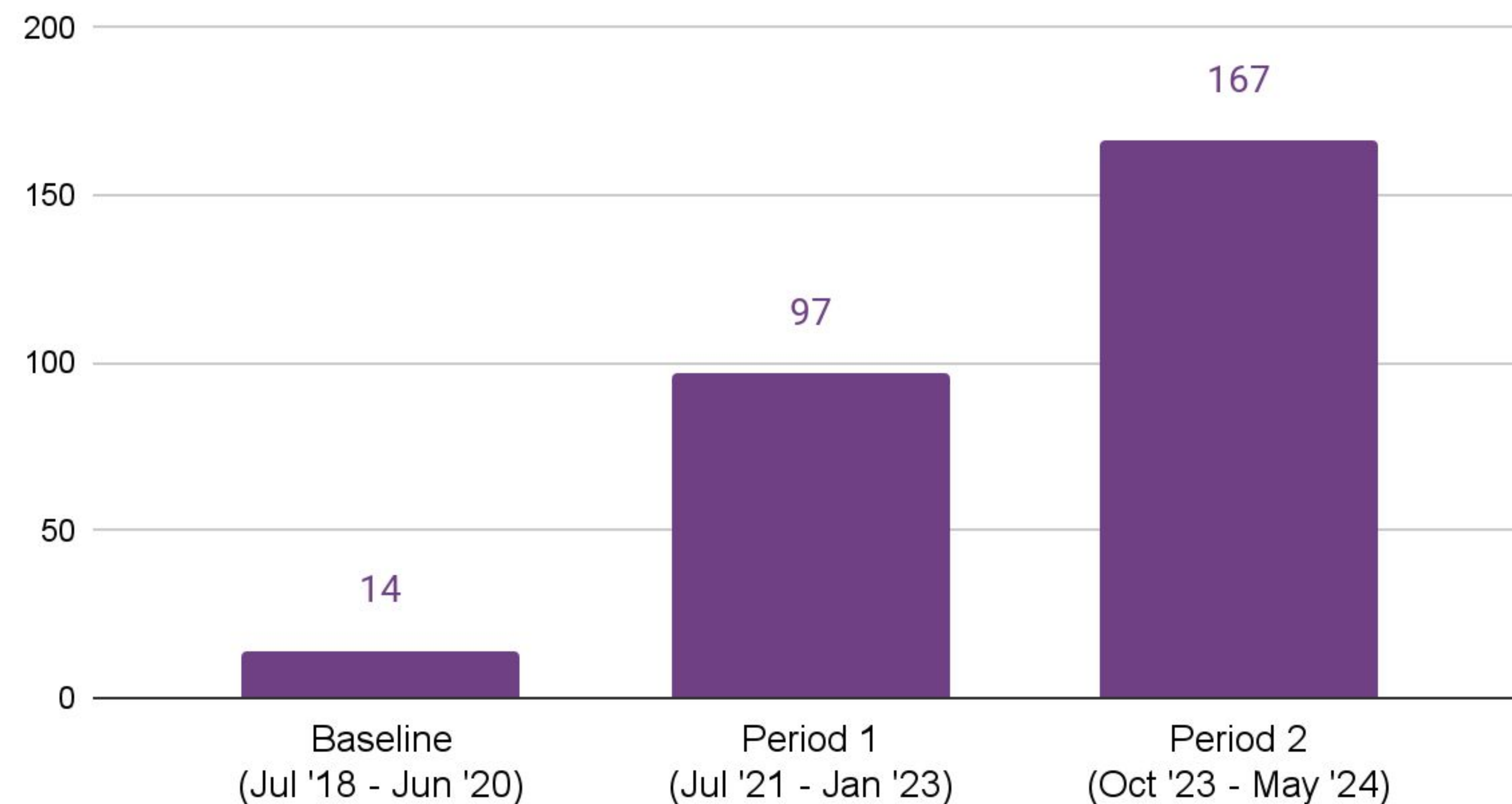
N= 340 total total parent respondents (222 in Cycle 2, 118 in Cycle 3)

Outcome Findings

Are participating practices conducting at least 15% more developmental screenings, compared to baseline? Yes!

Cohort 1 practices conducted 593% more screenings per month in Period 1 compared to baseline.

They conducted an additional 72% more screenings/month in Period 2 compared to Period 1.



N = 342 screenings for Baseline; 1,844 screenings for Period 1; 1,332 screenings for Period 2.

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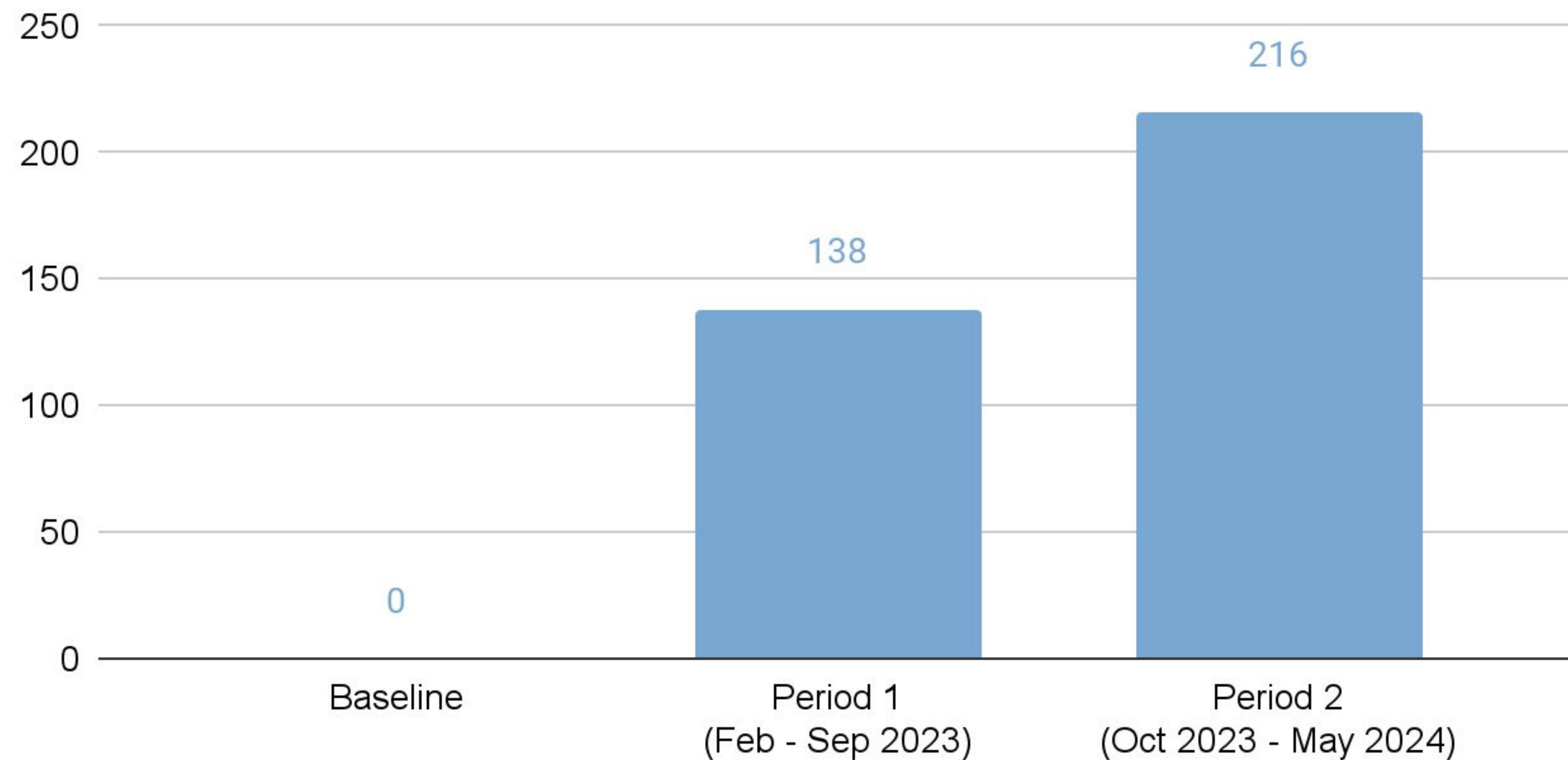
Outcome Findings

Are participating practices conducting at least 15% more developmental screenings, compared to baseline? Yes!

Cohort 2 practices began tracking and/or conducting screenings during Period 1.

They conducted 57% more screenings in Period 2 compared to Period 1.



*This visual includes data from 3 out of 4 of the Cohort 2 practices due to data quality issues with one practice.

Outcome Findings

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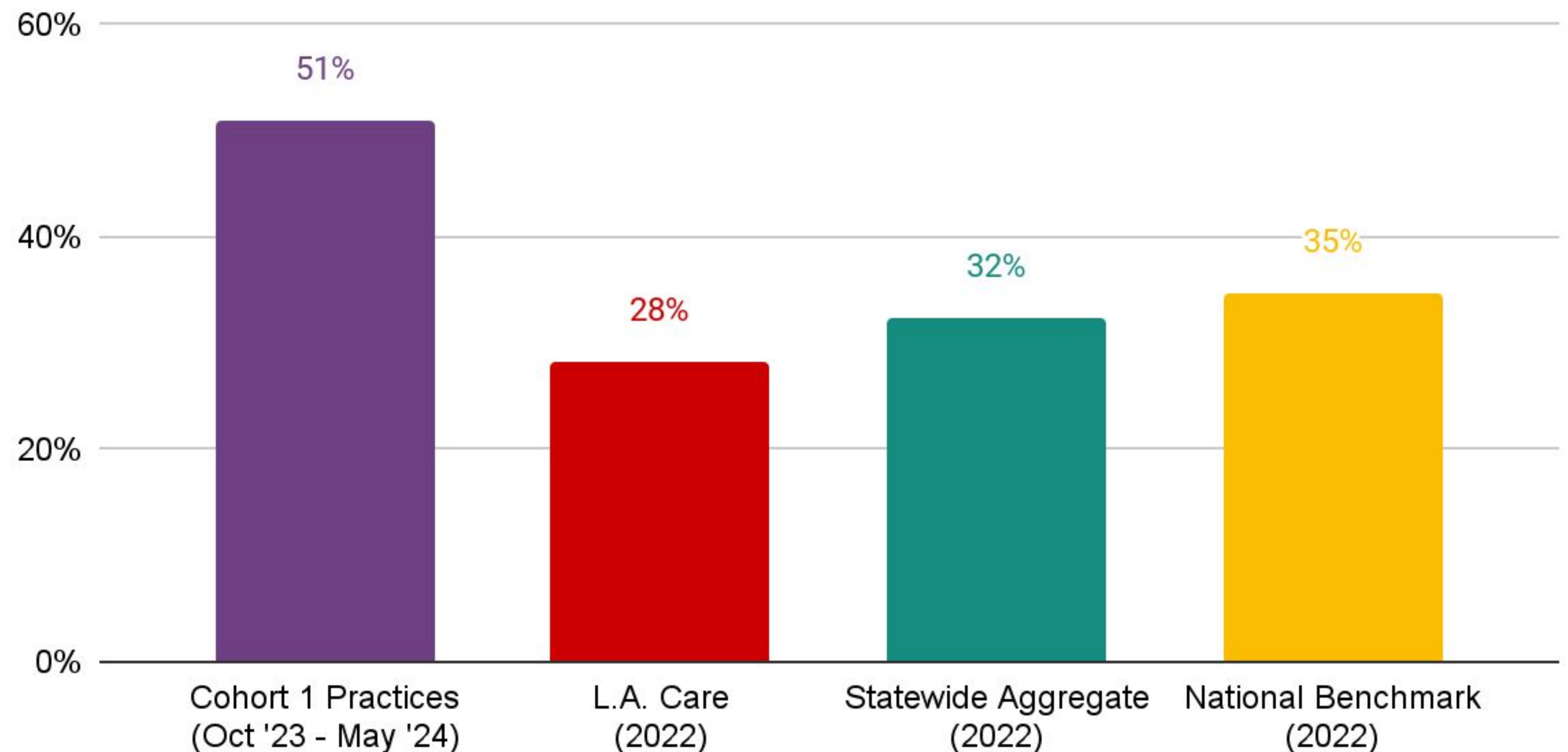
Access to EII services

For Cohort 1 practices, the percentage of children ages 0-3 who received a developmental screening from October 2023 - May 2024 exceeded the 2022 L.A. Care aggregate rate, statewide aggregate rate, and National benchmark.*

*Note: the L.A. Care Aggregate, Statewide Aggregate, and National Benchmark rates shown are 2022 reported HEDIS/MCAS measures for the percentage of children who were screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on the child's first, second, or third birthday. The percentage of children who received screenings at participating practices included children ages 0-3.



N= 2,611 for Cohort 1 practices in Cycle 3 .
Data source for L.A. Care rate, Statewide Aggregate, and National Benchmark: *2023 Preventive Services Report,* Quality and Population Health Management California Department of Health Care Services. Published April 2024.
https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2022-23-Preventive-Services-Report.pdf

Key Takeaways

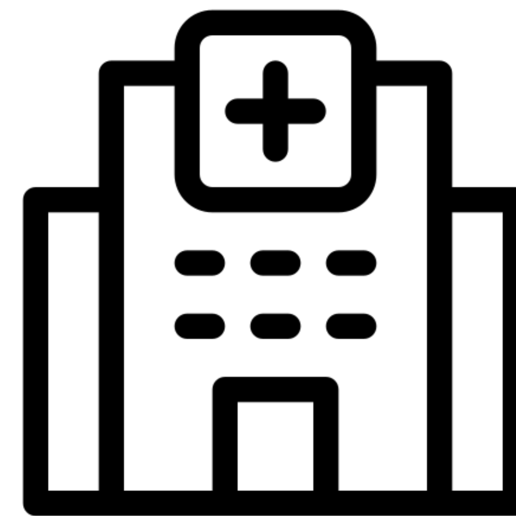
KEY TAKEAWAYS

Data Quality

- Data quality fluctuated throughout the evaluation period. Referrals data is especially limited.
- Testing new technologies/methods for automating screenings and capturing data is necessary and also impacts quality.
- Standardizing data and collection processes is challenging across practices.

KEY TAKEAWAYS

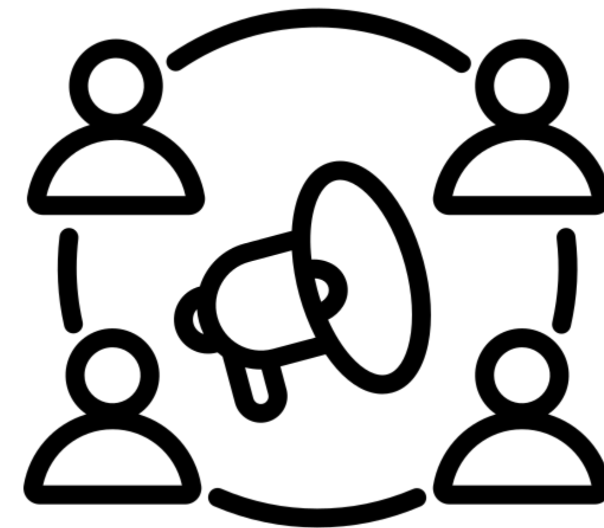
Regional Centers



- All practices face challenges making referrals to regional centers and closing referral loops
- There is a need to standardize referral and follow up processes across regional centers

KEY TAKEAWAYS

Community and Provider Outreach

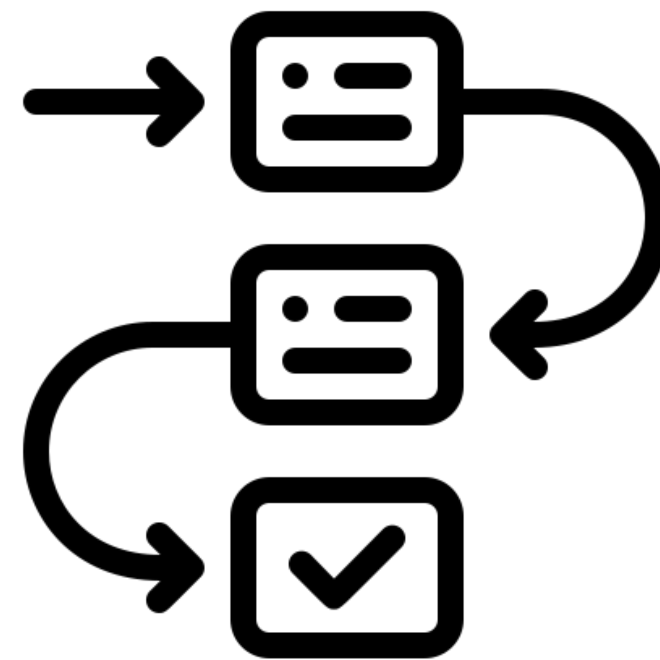


Community classes and CME events were effective methods for increasing knowledge related to EII.

Community Resource Centers played a key role in promoting community classes.

KEY TAKEAWAYS

Changes in Screening Workflows



Technology and coaching supported participating practices to change workflows, increase the use of data to inform practices, and ultimately ensure more children receive appropriate developmental screenings.

Questions?

Resources

Early Screening, Better Outcomes Toolkits:
https://www.first5la.org/early-screening-better-outcomes-developmental-screening-referral-toolkits/

Help Me Grow LA: www.helpmegrowla.org

- Parent resources: http://publichealth.lacounty.gov/mch/helpmegrow/resources.html

Tools to Support Developmental Screenings:
https://www.lacare.org/providers/tools/childrens-developmental-screening

Sample Screening Process: Practice Screening Protocol

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Thank you!

Get in Touch:

Ann Isbell: aisbell@first5la.com
Annette Espalin: aespalin@lacare.org
Jennifer Aiello: jaiello@lacare.org
Katy Nagy: katy@vivasocialimpact.com

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Before you leave….

Please share one learning, idea, or question that you are leaving this presentation with