

Developmental Screening and Referral to Early Intervention

Quality Improvement

**Sponsored by Illinois Chapter of American
Academy of Pediatrics for Ambulatory and
Community Health Network of Cook County**

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- This presentation will (not) include discussion of pharmaceuticals or devices that have not been approved by the FDA.

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Learning Objectives

At the end of this presentation, participants will understand the *Developmental Screening and Referral to Early Intervention Quality Improvement* initiative which aims to:

1. Standardize the process for early identification of young patients at risk for a developmental delay or disability
2. Implement routine developmental screening in practice
3. Develop a system to help make appropriate referrals to the Early Intervention (EI) program and follow-up with families to encourage them to complete the referral

Introduction to Quality Improvement Initiative

- Complete five web-based instructional modules on screening topics developed through **Enhancing Developmentally Oriented Primary Care (EDOPC)** program
 - Provides 7.5 hours of free CME followed by the practices and providers implementing the developmental screening QI activity at their pediatric clinics
- Implement changes and track progress
 - MOC Part 4 credit available for pediatricians

EDOPC Registration

- The Enhancing Developmentally Oriented Primary Care (EDOPC) program is a resource for healthcare providers in Illinois. EDOPC works to improve the delivery and financing of preventive health and developmental services for children birth to age three. EDOPC is a partnership of the [Advocate Health Care, Healthy Steps Program](#) and [Illinois Chapter, American Academy of Pediatrics](#).
- Through the [EDOPC Web site](#), you can enroll in online training on care coordination, developmental screening, domestic violence screening, perinatal maternal depression screening, and social/emotional screening.
- www.edopc.net

Why Use EDOPC Curricula?

- Increases screening rates
- Increases reimbursement for developmental screening
- Completion of EDOPC training is pre-requisite for participation

According to Illinois Medicaid data 2009-2010, providers who received EDOPC training had higher screening rates and were more likely to bill for a developmental or mental health screen.

EDOPC Instructional Trainings

1. Coordinating Care Between EI and the Primary Care Medical Home – 1.5 CME
2. Developmental Screening and Referral – 1.5 CME
3. Domestic Violence Effects on Children: Detection, Screening and Referral in Primary Care – 1.5 CME
4. Identifying Perinatal Maternal Depression During the Well-Child Visit: Resources for Screening, Referral, and Treatment – 1.5 CME
5. Social, Emotional, and Autism Concerns: Early Detection, Screening, and Referral – 1.5 CME

QI Measures for Activity

1. 90% of patients have a documented developmental screening done at 9, 18, and 24 or 30 month well child visits
 2. 90% of patients with identified risk or developmental delay are referred to an EI program
 3. 70% of parents or guardians of patients referred to an EI program receive a follow up phone call within 36 working hours from clinic staff
- All measures verifiable with documentation from patient chart or record

Standardized Forms

Standardized EI Referral Form

- Completed by the Primary Care Provider
- Becoming more widely used among providers in Illinois

Introducing the CFC Fax Back Form

- Completed by Child and Family Connections Service Coordinator
- Not yet widely used or required by EI program
- **Ask your CFC if they would be willing to use this form**

Two Stages for Learning and Improvement

Stage 1:

EDOPC Trainings

EDOPC Web site

Stage 2:

Quality Improvement Work

(practice coach provided—Cherie Estrada)

ICAAP eLearning Platform

Key Clinical Activities (KCAs)

1. Conduct developmental screening at 9-month well child visit
2. Conduct developmental screening at 18-month well child visit
3. Conduct a developmental screening at the 24- or 30-month well child visit

Documented in patient chart

4. Refer patients with positive screening (or other developmental concern) to an EI program

Documented in patient chart AND clinic's EI Referral Log

5. Complete follow-up phone call to parent or guardian within 36 clinic working hours of referral

Documented in EI Referral Log

Screening/Referral Log

1. Create and use a developmental screening log
 - Evaluate its use to support routine developmental screening processes
2. Develop a protocol to track patients referred to EI
 - Use a practice-wide referral log
3. Develop a clinic-wide tracking system for follow-up with parent/guardian

Developmental Screening QI Tools

1. Data Collection Tool
2. Aims and Measures Grid
3. Barriers and Ideas for Change Grid
4. Developmental Screening Referral Log

These tools are available in in the on-line learning system.

Chart Review Data

1. Conduct baseline chart review for KCAs
2. Report data directly into the on-line tool
3. Create improvement plan for gaps
4. Report patient data monthly for six months and track progress

Next Steps

1. Register for and complete 5 EDOPC modules (Oct/Nov 2012)
2. Participate in Webinar to learn about QI data collection tools and resources (Dec 2012)
3. Register for quality improvement phase (opens Dec 2012)
4. Review patient charts and enter baseline data in online system (Jan 2013)
5. Develop clinic QI plan using PDSA cycles (Oct 2012 - 2013)

Next Steps Continued

6. Create developmental screening and EI referral log (Oct-Dec 2012)
7. Report data monthly for six months and track progress with meeting QI goals (Jan 2013 to June or July 2013)
8. At end of six cycles submit data to ICAAP via online system (June – July 2013)
9. ICAAP QI staff review data and progress (July 2013)
10. Pediatricians notified as to whether Part 4 MOC requirements met (July/August 2013)

QI ICAAP Staff

If you have questions or need assistance, please contact ICAAP staff or consultant:

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