

**Developmental Screening and Referral to Early Intervention
Quality Improvement Initiative
Sponsored and Administered by Illinois Chapter of American Academy of Pediatrics (ICAAP)**

Executive Summary

The American Academy of Pediatrics (AAP) and Bright Futures recommend that developmental surveillance should be a component of every preventive care visit. Standardized developmental screening tools should be used when such surveillance identifies concerns about a child's development and for children who appear to be at low risk of a developmental disorder at the 9-, 18-, and 24- or 30-month visits. When a child has a positive screening result for a developmental problem, developmental and medical evaluations to identify the specific developmental disorders and related medical problems are warranted. In addition, children who have positive screening results for developmental problems should be referred to early developmental intervention and early childhood services and scheduled for earlier return visits to increase developmental surveillance.

The goals of the **Developmental Screening and Referral to Early Intervention (EI) Quality Improvement (QI) Initiative** are to 1) standardize the early identification of children at risk for or with a developmental delay or disability, 2) teach primary care providers how to make appropriate referrals to the EI program, and 3) coordinate care. Participants receive free web-based CME-approved training through the **Enhancing Developmentally Oriented Primary Care (EDOPC)** program as well as coaching provided through ICAAP. These instructional modules train the providers about the value of conducting developmental screening using a validated screening tool such as the Ages and Stages Questionnaire-3 or PEDS, an automated set of Internet-based tools for administering screens that detect and monitor development, behavior, social and emotional/mental health status.

Goals

Primary care providers and practice teams will:

1. Standardize the process for early identification of patients who screen positive for or are at risk for developmental delay or disability
2. Incorporate routine developmental screening into practice
3. Make appropriate referrals to the Early Intervention program using the Standardized EI Referral Form and suggested Fax Back Referral Form
4. Follow-up with families who received a referral to the EI program to encourage them to have their children evaluated for EI services

Measures

Goals focus on measurable outcomes including:

1. 90% of patients have a documented developmental screening at 9-, 18-, and 24- or 30-month well child visits
2. 90% of patients identified as at risk for or with a developmental delay are referred to an Early Intervention (EI) program

ICAAP Developmental Screening QI Initiative Executive Summary

3. 90% of parents or guardians of patients referred to an EI program receive a documented follow-up phone call within 36 working hours from clinic staff encouraging their children be evaluated for services

(As the 30-month visit is not yet a part of the preventive care system and is often not reimbursable by third-party payers at this time, providers may elect to perform developmental screening at 24 months of age. In addition, because the frequency of regular pediatric visits decreases after 24 months of age, a pediatrician who expects that his or her patients will have difficulty attending a 30-month visit should conduct screening during the 24-month visit.)

Medium Used

This is a web-based learning activity.

Two-Stage Learning for Quality Improvement

This course offers two stages for participants. Completion of stage 1 will enable the provider to receive Continuing Medical Education (CME) credit. Stage 2 initiates the quality improvement work and data reporting. It will enable pediatricians to receive Part 4 Maintenance of Certification (MOC) credit through the American Board of Pediatrics (ABP). Completion of ICAAP's QI Basics training is a prerequisite for stage 2.

Stage 1

Participants including physicians, nurses, MAs, PAs, and other office staff will be required to register and complete five modules on the EDOPC web site. Participants will complete pre-tests, content, and post-tests for each training. Completion of the EDOPC instructional modules will qualify the participants to enroll into stage 2, the data collection track which will count for Part 4 MOC credit approved by the ABP.

Stage 2

Pediatricians and other providers will participate in stage 2 if they wish to collect and report chart review data to measure improvement with developmental screening activities. Stage 2 requires registering on ICAAP's eLearning platform. To receive Part 4 MOC credit, pediatric providers must use ICAAP's eLearning System and report baseline and monthly data. The eLearning System provides a data collection tool, automated data collection reminders, and technical assistance from ICAAP staff. Participants will implement the Model for Improvement to complete an MOC Part 4 activity. After reporting baseline data on Key Clinical Activities, providers must report their own chart review data monthly over six months. All participants will have access to the extensive course resource library and QI implementation tools during and after course completion.

CME Credit

The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The EDOPC portion of this activity has been approved for 7.5 hours of CME.

ICAAP Developmental Screening QI Initiative Executive Summary

- This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the American Academy of Pediatrics (AAP) and the Illinois Chapter of the American Academy of Pediatrics. The American Academy of Pediatrics is accredited by the ACCME to provide continuing medical education for physicians.
- The AAP designates this enduring material for a maximum of 7.5 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- This activity is acceptable for a maximum of 7.5 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.
- The American Academy of Physician Assistants accepts AMA PRA Category 1 Credits[™] from organizations accredited by the ACCME.
- This program is accredited for 7.5 NAPNAP CE contact hours of which 0 contain pharmacology (Rx) content per the National Association of Pediatric Nurse Practitioners Continuing Education Guidelines.

Commitment to Change

Participants work on Key Clinical Activities to improve their developmental screening rates and follow up with patients and families.

Length

This activity's planners estimate that the CME track will take roughly 7.5 hours to complete. This includes viewing the EDOPC training modules, taking pre- and post-tests for each module, and interacting with the extensive resources and tools provided in the Learning Management System course tools.

Maintenance of Certification (MOC) Part 4 Performance in Practice Credit

Pediatric providers who elect to complete the Data Collection Track for Maintenance of Certification Part 4 Credit must complete the following tasks:

1. Successfully complete the EDOPC CME trainings with a minimum passing score of 75%
2. Work on Key Clinical Activities for practice-based improvement
3. Collect baseline data for these activities using the eLearning Management System directions
4. Complete quality improvement tasks as planned and developed in the CME and QI tracks
5. Complete chart reviews and input baseline and follow up data into the LMS bi-monthly for six months for a total of one baseline and three follow up data collections cycles
6. Submit results to ICAAP staff for review to verify improvement
7. ICAAP submits approval to ABP for the provider to receive Part 4 MOC credit

This course offers 25 MOC Part 4 points to diplomates of the American Board of Pediatrics.