ENHANCING DEVELOPMENTALLY ORIENTED PRIMARY CARE
Six-Year Impact 2005-2010

The Enhancing Developmentally Oriented Primary Care (EDOPC) project was initiated in 2005 by the Advocate Health Care Healthy Steps for Young Children program and the Illinois Chapter of the American Academy of Pediatrics (ICAAP). EDOPC was conceived as a multi-year project to improve the health and development of young children in Illinois and engaged many funders, stakeholders and partners. EDOPC strategies included:

- **Live training** to increase primary care providers’ use of validated tools for developmental, social/emotional, and maternal depression screening, as well as for autism, domestic violence, and early childhood obesity.
- **Accessible training materials** to create capacity for distance learning and continuous education on the above topics and to help primary care providers with ongoing learning, staff turnover, and other needs.
- **Technical assistance** to help primary care sites work through challenges and identify barriers that can be proactively addressed by the partners.
- **State policy change** to ensure that Illinois healthcare, Early Intervention (EI), and social service programs help rather than hinder primary care providers to deliver the highest quality care.
- **Community collaborations** to build statewide infrastructure to support early childhood development within health and mental health sectors.
- **National impact** by sharing EDOPC’s unique tools and strategies with other primary care groups, state Medicaid and EI programs, and national organizations like the American Academy of Pediatrics.

EDOPC is pleased to highlight its major successes from 2005-2010 in the following brief report. We appreciate the partnership of The Ounce of Prevention Fund and the Illinois Academy of Family Physicians in developing this initiative and helping to lead its early activity; the ongoing funding and support of the Chicago Community Trust, the Commonwealth Fund, Illinois Children’s Healthcare Foundation, the Illinois Department of Healthcare and Family Services, the Irving Harris Foundation, the Michael Reese Health Trust and the W. Clement and Jessie V. Stone Foundation; and the involvement of countless state agency staff and programs, community organizations, and healthcare providers in working toward EDOPC goals.

**Live Training**

Practice change does not happen by the establishment of new clinical guidelines alone. EDOPC took on a significant challenge – educating all Illinois pediatric primary care providers (PCPs) about the need for early childhood screenings and referrals and seeking a change in their behavior – and reached a significant majority of PCPs with programs that changed their behavior and resulted in increased health care services for Illinois children.
Between 2005 and 2010, EDOPC conducted 686 live training sessions – over 110 each year – for diverse primary care sites including private practices, hospitals, and academic training programs. Most importantly – over 80% of the state’s federally qualified health care (FQHC) clinics participated in at least one training, thus ensuring that EDOPC reached the population of children with the greatest need. In the state of Illinois alone, training has reached more than 1,250 primary care providers and 3,200 of their allied healthcare staff. These professionals and their staff provide care for approximately 425,000 children between birth and age three, which is approximately 78% of the birth-to-three population in the State.

EDOPC utilized the following indicators to identify changes in practice: chart audits, pre/post knowledge tests and the State of Illinois Department of Healthcare and Family Services’ data for children receiving Medicaid. EDOPC training and technical assistance increased the proportion of young children screened for developmental delays and addressed concerns of mothers screened for perinatal depression. Training increased the percentage of clinicians who intended to implement screening to over 85%. There was significant increase in their overall knowledge about the specific topic and availability of referral resources from pre to post education testing. Periodic chart audits were conducted at twenty two sites to assess progress in implementing regular developmental, social/emotional, and perinatal depression screening. Of these, 70% of sites showed increase in screening percentage from baseline to reaching EDOPC target screening rates of 85%.

Based on 2009 state claims data, providers who received intense EDOPC training were the most likely to bill for a developmental or mental health screen. These providers were more likely to have a higher screening rate than providers with no or little EDOPC training.

As a result of EDOPC’s efforts, the percent of well child visits that include a developmental screen has risen from 15.1% in 2002 to 32.0% in 2009, and the percent of providers who conduct at least one developmental screen in a year has increase dramatically from 12.7% in 2002 to 45.8% in 2009. It is estimated that the percentage of all Medicaid children from 0-36 months of age that received at least one screening per year has doubled, from 21.4% in 2002 to 42.0% in 2008.

**Accessible Materials**

Many important training packages remain unopened on health care professionals’ shelves—too overwhelming for busy practitioners to absorb. A major challenge for EDOPC was to develop accessible training materials and experiment with options for dissemination. Six concise training modules designed to be presented in one hour segments became the core of a strategy that broadened to include access to web—based training, teleconferences and a best practices document.
Concise training modules including a slide presentation and a resource notebook were developed for the following core topics:

- Developmental Screening and Referral
- Maternal Depression Screening and Referral
- Social/Emotional Screening and Referral
- Early Autism Diagnosis and Referral
- Coordinating Care Between Early Intervention and the Primary Care Medical Home
- Domestic Violence: Effects on Children

Two other modules have more recently been developed to respond to interests of the primary care practices: *Limit Setting in the Early Years* and *Obesity Prevention in the Early Years*. In addition to their delivery via live trainings noted above, the modules were also presented 24 times for 216 participants via teleconference, making the training accessible to providers unable or unwilling to attend in-person sessions.

EDOPC, working with the University of Illinois at Chicago Center for the Advancement of Distance Education (CADE), translated five of the core modules into online courses, available 24/7 to any interested party. Materials and information were continually reworked, including major revisions in 2010, to enhance the training experience. All of the current topics were approved for Continuing Medical Education (CME) credit in 2010. Since January 2008, the EDOPC web site has had 6,016 users, including 4,206 repeat users. Eighty-seven percent of users log in from the United States, and 18.5% of entries are from another referring site. The site has had over 24,700 pageviews in this three-year period.

The website includes other content useful to clinicians including links to local and national resources and sites with information on screening tools. To encourage all providers to focus on early childhood development and highlight the statewide change occurring, EDOPC also posts over 400 participating practice/clinic names and cities.

EDOPC also recognized that the experience of helping so many diverse providers with practice systems change gave faculty and staff unique knowledge and therefore created a “Best Practices” document, which was distributed to providers and posted on the EDOPC website. This document includes both guidance and tools on: General Office Systems; Screening Policies, Procedures and Tools; Staff Education; Patient/Parent Education; Referral to Community Agencies and Other Resources; and Coding and Billing.
Technical Assistance

Training sets the stage for practice change but a majority of practices need hands on assistance in overcoming very practical barriers to implementing effective developmental screening and referral. The training team has used multiple approaches including monthly technical assistance teleconferences, site visits, and telephone or email consultations to respond to practice needs. The resignation of a program champion often results in a downturn in screening activity and an immediate need for technical assistance to recalibrate roles within the practice.

Each site trained by EDOPC staff was offered technical assistance (TA) to implement developmentally oriented practice changes chosen by the site. Initially, newly trained sites typically requested information about ordering and using screening tools, interpreting their results, and deciding on a screening schedule for well child visits in practice settings. Attendance by EDOPC staff at onsite planning meetings and “kickoff” screening dates to assist with a team approach to routine screening has been consistently requested, especially by FQHCs and large practices. As practices began routine screening, they requested information on how other sites had been successful. They had new challenges such as documenting screening, tracking their progress through chart audits, identifying referral resources, using developmental handouts and materials in well-child visits, and establishing protocols for effectively documenting, referring and following up on mothers screening positive for postnatal depression screens in addition to coding and billing.

Monthly TA teleconference calls were instituted for FQHC sites who were trained in July of 2006 giving sites a chance to share experiences and problem solve with each other and EDOPC staff. These calls were offered to sites beginning in 2009 as other sites and residency programs had questions that could be addressed. In the latter three years of the project, sites began to request follow up training for new staff and also information on new tools such as the ASQ3. Another challenge for which sites now request ideas and assistance is with incorporating screening tools into electronic medical records.

Resource binders were provided on each topic along with training and included policy statements, relevant articles, screening tool information, community resources and parent and provider handouts. These are updated quarterly with new information and frequently requested documents. Relationship-based EDOPC technical assistance continues to evolve to meet the needs of practices and training programs.
State Policy Change

A hallmark of EDOPC practice has been attention to changes in policy that are needed to support effective developmental practice. From 2005-2007, EDOPC made significant progress, both independently and as a partner in other efforts such as the Assuring Better Child Health and Development (ABCD) II project. In 2008, an EDOPC Policy and Legislative Advisory Committee was established and specific policy goals were identified.

Highlights of EDOPC’s policy accomplishments include the following:

Medicaid
- Successfully advocated with the Illinois Department of Healthcare and Family Services (IDHFS) for billing for developmental screens “unbundled” (and paid separately) from the well-child visit and for billing for “unbundled” perinatal maternal depression screens even when the mother is not the provider’s patient (ie, during a well child visit)

Private insurance
- Urged both the Department of Insurance and the Governor’s Office to consider new benefit packages offered through a Health Insurance Exchange (HIE) to include developmental and maternal depression screening coverage, among other services

Legislative advocacy
- Participated in successful advocacy for the Illinois Habilitative Services Act (Public Act 95-1049)
- Participated in discussions which lead to passage of the Perinatal Mental Health Disorders and Treatment Act (Public Act 95-0469)
- Supported creation of the Early Intervention (EI) Task Force (HJR 50) to undertake a comprehensive and thorough review of the Early Intervention system

Early Intervention
- Clarified several EI eligibility issues
- Through committee members, participated in the Early Intervention Task Force and developed recommendations and an action plan to address issues related to workforce, financing, monitoring and evaluation, service delivery, and transitions

Perinatal Maternal Depression
- Supported passage of the Perinatal Mental Health Disorders Prevention and Treatment Act and secured Medicaid payment for related screenings, both noted above

In 2009, both chambers of the Illinois 96th General Assembly passed resolutions recognizing the accomplishments of EDOPC.
**Stakeholder Collaborations**

Primary care practices do not exist in a vacuum. In order to impact these practices the environment needs to become more aligned with an early child development focus. Policy change is one way to impact the environment; another strategy is to impact other early childhood organizations with which primary care interacts. EDOPC has adopted this latter strategy broadly with its partnership with the Illinois Department of Healthcare and Family Services, hub development, the Early Intervention Project, the Assuring Better Child Health and Development II and III projects, and additional collaboration with the Illinois Department of Human Services.

Major stakeholder collaborations include:

**Illinois Department of Healthcare And Family Services (IDHFS):** The collaboration with the IDHFS Bureau of Maternal and Child Health has not only resulted in additional support through Medicaid matching funds, but has encouraged cooperation regarding state data access, strengthening of the EPSDT program, and closer partnership with Illinois Health Connect (IHC), the state’s Medicaid primary case management system. Beginning in 2008 and each year since, IHC has included developmental screening in its Bonus Payment for High Performance program, and this encourages practices to access EDOPC for training and technical assistance.

**Hub Development:** In order to effectively expand throughout the State of Illinois given limited resources and also to build a critical mass of support in specific geographic areas, EDOPC began building hubs in key areas outside of the Chicago metropolitan area. The first four hubs, established in 2008, were Carbondale, Rockford, Peoria and Springfield. East St. Louis and Mount Vernon were added in 2009 and Decatur and Kankakee in late 2009/2010. The process of hub development included identification of physician champions, training in pediatric and family practice residency programs, training in large medical sites such as FQHCs and large private medical practices, and promoting community linkages.

**Early Intervention Project:** Lack of effective communication between primary care practices and Early Intervention (EI) sites was discouraging screening and interfering with children receiving needed services and follow-up. In 2008, EDOPC began the “Coordinating Care between Early Intervention and the Primary Care Medical Home Project” in partnership with primary care practices, Child and Family Connections (CFC) sites, and families. Pilot CFC sites in year one included Waukegan, South Suburban Cook County, Decatur and Peoria while Year 2 expanded to Northern Cook County, Norris City in southern Illinois, Lisle and Danville. The project developed and tested training modules for both primary care sites and CFC staff, provided opportunities for the two groups to meet and share concerns, and catalyzed the testing of common referral and follow-up forms. The web-based training module and common forms created for Illinois have been adapted to a national audience. The training was provided to 167 individuals or organizations. These have been made available to other states via a series
of conference calls about the project; two states adopted them immediately and three states are in the process of adapting them.

Assuring Better Child Health and Development (ABCD) II and III: The Illinois Department of Healthcare and Family Services (IDHFS) successfully received ABCD funding for three-year projects designed to assist states in improving the delivery of early child development services for low-income children and their families from 2005-2007 (ABCD II) and again beginning in 2009 (ABCD III). ABCD II focused on social/emotional and perinatal maternal depression screening and referral, and EDOPC tools and staff played a critical role. A major focus of Illinois’ ABCD III project is appropriate service to children with or at risk of delay but not eligible for EI services, who often fall through the cracks, and again EDOPC staff is helping to develop, test and promulgate training, tools and policy changes.

Collaborations with DHS: Because DHS is responsible for many early childhood services except payment for medical services, collaboration with this department has been a priority in order to successfully achieve EDOPC goals. Establishing the Early Intervention Project described above was one approach to such collaboration. Then in 2009, EDOPC created another formal partnership when DHS was awarded a grant for Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) by the Substance Abuse and Mental Health Services Administration. Given that the goal of this grant program is to promote the wellness of young children from birth to 8 years by addressing the physical, emotional, social and behavioral aspects of their development, EDOPC was engaged to implement provider training and technical assistance as one of several evidence-based public health strategies (ie the Healthy Steps for Young children Program) in high risk communities of Chicago’s west side. EDOPC is providing training and TA on seven developmental topics including a new module “Psychosocial Development, Screening and Referral for Children 5-8 to 19 primary care sites in the area. These trainings have paved the way for EI staff, Project LAUNCH mental health experts and other community resources to meet and form relationships with primary care providers. Finally, EDOPC has provided early screening and referral training as well as the broader Healthy Steps training to the DHS Maternal Child Nurse Consultants, thus creating a larger pool of developmental champions in the state.

National Impact

During the past six years EDOPC has gained a national reputation for leading an innovative state-wide initiative that is making an impact on the status of early childhood screening and referral in primary care settings.

EDOPC initiated its statewide policy and training activity to promote early childhood developmental screening with planning in 2004, two years before the national American Academy of Pediatrics (AAP) released its formal policy calling for developmental screening and surveillance. As one of the first major efforts to train significant numbers of primary care
providers on such screening and affect Medicaid policy, EDOPC’s training materials, toolkit, best practices document, and HFS policy have been shared with more than half of U.S. states. This included many presentations explaining the EDOPC model and its success engaging providers at national AAP meetings, convening dozens of state leaders, and at conferences and webinars of the National Academy for State Health Policy (NASHP), including presentation as a model to 20 state teams convened as part of NASHP’s “Screening Academy.” Other national presentations by the EDOPC team focusing either on child development itself or on the EDOPC project, have occurred at meetings of the National Association of Pediatric Nurse Practitioners, the Association of Maternal and Child Health Programs, the National Initiative for Children’s Healthcare Quality, the Zero to Three National Training Institute, and the Pediatric Academic Societies. Informal consultations with state agencies, providers, or EI programs in other states provided by EDOPC leaders are too numerous to mention.

When the EDOPC team identified barriers or challenges to the delivery of developmental services, EDOPC actively sought to address them at the source, even when national in scope. EDOPC, through ICAAP, submitted and passed two national AAP resolutions, one calling for clinical guidelines on screening for perinatal maternal depression during pediatric visits (passed, and guidelines were published) and one calling for clarification on the restrictive EI “natural environment” policy (passed, action in process). The Coordinating Care project noted above sought first to improve communication and coordinating between Illinois EI and primary care providers, but using those lessons expanded its success to other states. Between 2008 and 2010, nearly all state Part C Early Intervention Coordinators participated in the Coordinating Care project by sharing their data and receiving project materials. This has resulted in a nationwide conference held for state Part C Coordinators and AAP chapter Presidents and distribution of the training, toolkit and model Universal Referral and Individualized Family Service Plan (IFSP) Summary forms.

In terms of national recognition, EDOPC received an AAP Award of Excellence (2007) and was awarded one of the six Summit awards presented by the American Society of Association Executives to honor association projects with substantial impact (2008).