



THE UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER

Developmental Screening Quality Improvement Initiative

Sherri L. Alderman, MD, MPH

Developmental and Behavioral Pediatrician

Center for Development and Disabilities

<http://cdd.unm.edu/ecspd/dsi/>

NM Pediatric Society CME Program

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Developmental Screening Quality Improvement Initiative

I have no financial relationships to disclose.



Developmental Screening Quality Improvement Initiative

OBJECTIVES:

At conclusion of the presentation, attendees will:

1. Appreciate that I.D.E.A. federal legislation mandates services for young children diagnosed with developmental delays
2. Be familiar with AAP guidelines for developmental screening at well child visits
3. Understand the utility of standardized developmental screening tools during well child visits
4. Describe the process of referral of young children for full developmental assessment and interventional services



Background

- Prevalence of developmental (DD) and behavioral disabilities among US children is 15-18% (Kaye 2006)
- Only 20-30% of children with or at risk of DD are identified prior to starting school (Palfrey 1987)
- Clinical impressions alone detect <30% of children with DD (Smith 1978)
- Standardized developmental screening tools have specificity of 70-90%



Background

- 95% of young children see a child healthcare clinician in the first 3 years of life (Kaye 2006)
- Only 57% of children (10-15 months old) ever received a formalized developmental screening (Halfon 2004)
- Pediatricians report insufficient time (36%) and/or inadequate training in screening (65%) as barriers to utilization of developmental screening conducted with a standardized tool (VanLandeghem 2002)
- Parents whose child received a developmental screening reported higher family-centered care ratings and higher satisfaction with WCC (Halfon 2004)



Background

- Early Intervention (EI) programs can produce moderately large benefits including improved IQ, motor, language and academic achievement (Casto 1986; White 1985; Palfrey 2005)
- Average total expenditure per child in EI is \$15,740 (Halfon 2004)
- Estimated cost of failing to provide intervention for children living in poverty is as high as \$100,000 per child (Levin 2004)



Early Periodic Screening, Diagnosis & Treatment (EPSDT) Program

- The child health component of Medicaid
- Designed to improve the physical, mental and developmental health of low-income children by financing appropriate and necessary pediatric services

In regard to screening:

- Screening services to detect physical and mental conditions at periodic intervals ("periodic screens") and whenever a problem is suspected ("interperiodic screens")
- Screening includes:
 - Comprehensive health & developmental history
 - An unclothed physical exam
 - Appropriate immunizations & lab tests
 - Health education



Individuals With Disabilities In Education Act (I.D.E.A.) Part C & Part B

Part C: Early Intervention Programs for Infants & Toddlers (birth to 3 yrs)

- Established in 1986
- To enhance development of infants & toddlers with disabilities
- To reduce educational costs by minimizing the need for special education through early intervention
- To minimize the likelihood of institutionalization & maximize independent living
- To enhance the capacity of families to meet their child's needs



Individuals With Disabilities In Education Act (I.D.E.A.) Part C & Part B

Part C: Early Intervention Programs for Infants & Toddlers (birth to 3 yrs)

Mandates that States:

- Provide EI services for every eligible infant and toddler with disabilities and their families
- Services shall be comprehensive and appropriate based on scientifically-based research
- Services occur in the “natural environment” whenever possible



Individuals With Disabilities In Education Act (I.D.E.A.) Part C & Part B

Part B: Assistance for Education of All Children with Disabilities (3 years and over)

Created in 1974 to:

- Insure all children receive free and appropriate education
- Provide evaluation (testing)
- Provide Individual Education Plan (IEP) (services)
- Services may include therapies, transportation, recreation, parent counseling/training, classroom consultation



NM Pediatricians' Developmental Screening Practices

<http://cdd.unm.edu/ecspd/DSI/resources.asp>

- Survey conducted at March 2007 Wylder Lecture Statewide Conference in Albuquerque
- 30 attendees responded (55%)
- Survey asked about current developmental screening practices and familiarity with tools and EI agencies

Findings:

- 11 respondents reported difficulty with implementation of standardized developmental screening tools
 - All reported time as a barrier (100%)
 - Lack of staff availability (65%)
 - Cost (56%)
 - Language barrier or readability (48%)

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NM Pediatricians' Developmental Screening Practices

<http://cdd.unm.edu/ecspd/DSI/resources.asp>

- 2/3 have used Denver II and discontinued use
- 50% currently use Ages & Stages Questionnaire (ASQ)
- Almost half (47%) use their own checklist from experience
- Less than 25% know the CPT code for developmental screening
- Most (79%) know the EI referral process
- Over 75% agree that their practices would benefit from training on the implementation of routine standardized developmental screening

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AAP Guidelines for Developmental Screening

Pediatrics 118(1):405-410

- July 2006 AAP Policy Statement
- Standardized developmental screening tests should be administered regularly at the 9-, 18-, and 30-month visits; (generally visits when there is time available)

Terminology:

Screening—administration of a brief standardized tool that aids the identification of children at risk of DD; may be parent-completed, scored by nonphysician and interpreted by a physician; not diagnostic

Standardized—a test designed to provide a systematic sample of individual performance administered according to prescribed directions, scored in conformance with definite rules and interpreted in reference to certain normative information



AAP Guidelines for Developmental Screening

Pediatrics 118(1):405-410

- 9-month visit:
 - Motor, vision, hearing, emerging communication, social development
- 18-month visit:
 - Communication and language, motor, autism
- 30-month visit (or 24-month):
 - Motor, language, cognitive

Other screening:

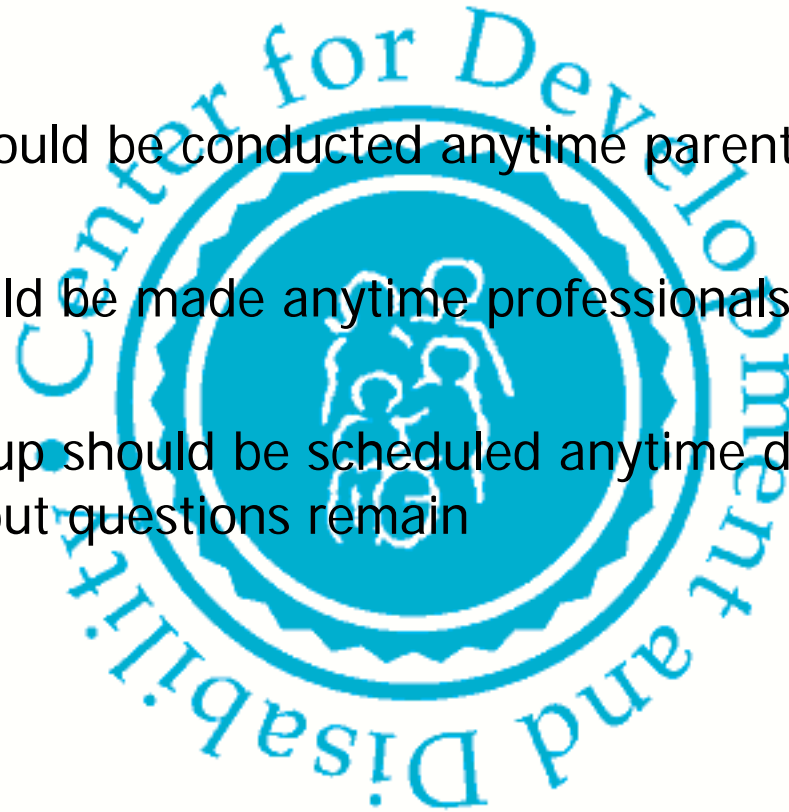
- Maternal depression (@ 6 weeks postpartum)
- Social emotional development
- School readiness (@ 4 years)



AAP Guidelines for Developmental Screening

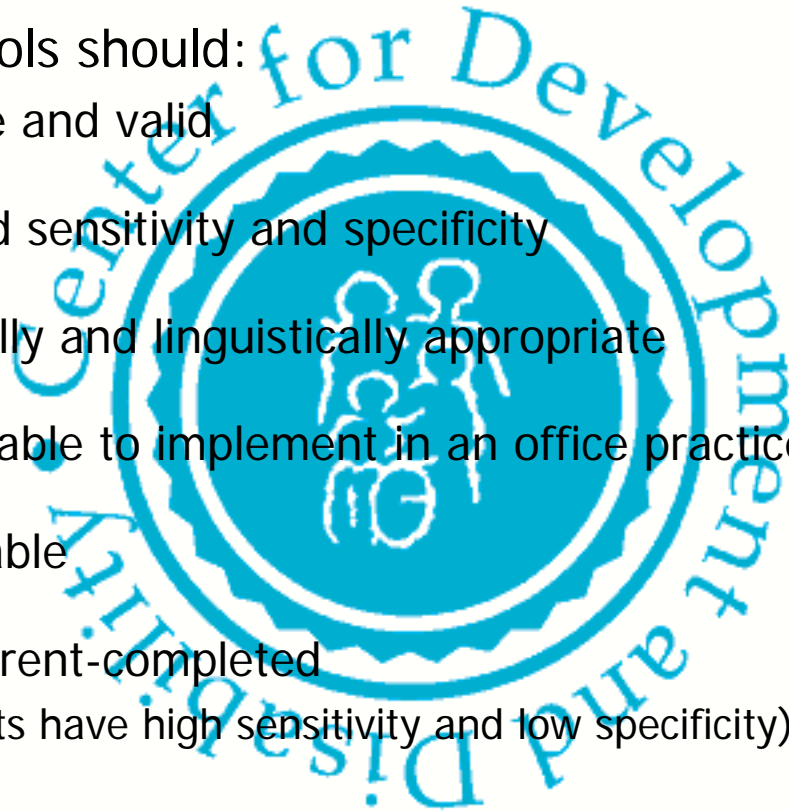
Pediatrics 118(1):405-410

- Screening should be conducted anytime parents raise concerns
- Referral should be made anytime professionals have concerns
- Close follow up should be scheduled anytime decision is made to not refer but questions remain



Standardized Developmental Screening Tools

- Screening tools should:
 - Be reliable and valid
 - Have good sensitivity and specificity
 - Be culturally and linguistically appropriate
 - Be reasonable to implement in an office practice
 - Be affordable
 - Can be parent-completed
 - (parents have high sensitivity and low specificity)



Standardized Developmental Screening Tools

Tool Sen Spec	Types/ Ages	Staff Required	Time To Score	Cost/ Refills	Languages Eng/Span	Reading Level
ASQ <u>70-90%</u> 76-91%	Parent Questionnaire (4mo-5yrs)	Para- professional	5 min.	\$199/ xerox okay	yes/yes	4 th -6 th grade
Denver II <u>56-83%</u> 43-80%	Direct Elicitation (0-6yrs)	Trained staff	20-30 min.	\$91 kit + \$185 training materials/ \$26-\$100	yes/no	na
PEDS <u>74-79%</u> 70-80%	Parent Questionnaire (0-8yrs)	Para- professional	5 min.	\$39/ \$30-\$50	yes/yes	5 th grade

<http://www.dbpeds.org>
<http://developmentalscreening.org>



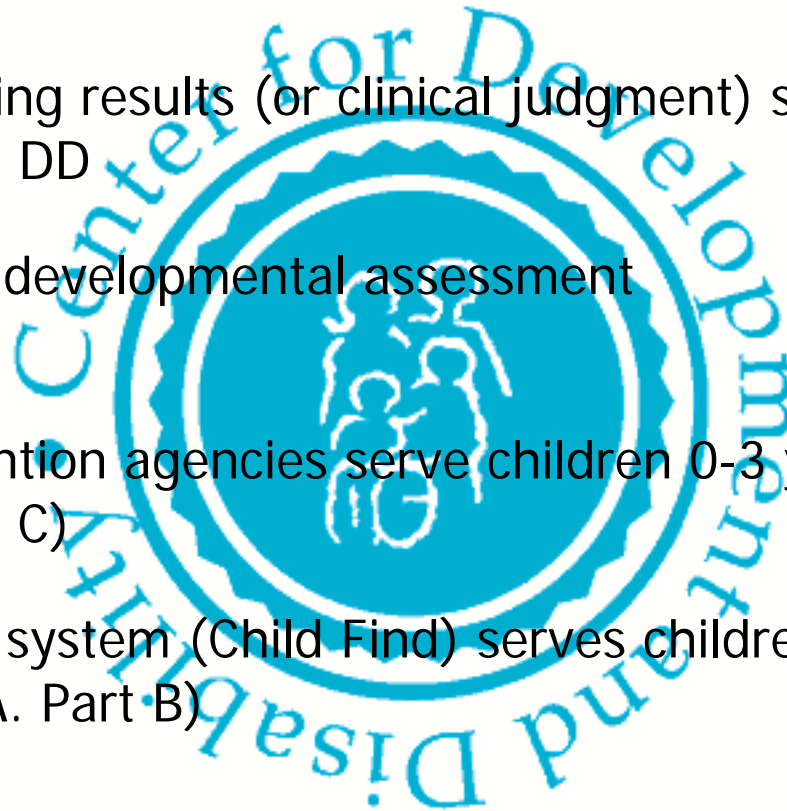
Coding/Billing

- NM Medicaid reimburses for developmental screening separate from EPSDT
- CPT code 96110
 - “Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report”
 - Can be parent-completed questionnaire
 - Must be standardized tool
 - Interpreted by “qualified professional”
 - \$14



Referral for Developmental Assessment

- When screening results (or clinical judgment) suggest concerns for a possible DD
- Elicits formal developmental assessment
- Early Intervention agencies serve children 0-3 years old (I.D.E.A. Part C)
- Public school system (Child Find) serves children 3 years and older (I.D.E.A. Part B)



Referral for Developmental Assessment

- Early Intervention
 - Family, Infant, Toddler (FIT) Program
 - NM Department of Health
 - 37 agencies—at least 1 in each county
 - (Universal) FAX REFERRAL FORM
 - Download from <http://cdd.unm.edu/ecspd/DSI/resources.asp>

Every child diagnosed with a developmental delay should have a medical home.



Developmental Screening Initiative (DSI), NM

<http://cdd.unm.edu/ecspd/dsi>

“Cultivating Champions for Growing Kids”

- DSI is an out growth of the Children’s Cabinet, Early Childhood Action Network (ECAN), and ECAN Developmental Screening Committee
- “Improving Developmental Care For Young Children and Their Families in New Mexico” 2006 document

Developmental Care System Model

<p>Promoting Public Awareness of Child Development</p> <p>Target: All Families, communities, and policy makers</p>	<p>Developmental Observation And Screening</p> <p>Target: All families with young children birth to age 5</p>
<p>Referral/Evaluation / Assessment</p> <p>Target: Families with young children birth to age 5 who have potential risk for developmental delay</p>	<p>Early and Specialized Intervention Services</p> <p>Target: Families with young children birth to age 5 who have identified developmental issues</p>

System Goal:
All developmental concerns will be addressed by kindergarten

<http://cdd.unm.edu/ecspd/dsi/resources.asp>

To Ensure That No Child Reaches School with an Undetected Developmental Condition



Developmental Screening Initiative (DSI), NM

<http://cdd.unm.edu/ecspd/dsi>

“Cultivating Champions for Growing Kids”

- DSI is a collaborative between the Center for Development and Disability and Envision NM
- DSI is a statewide quality improvement initiative promoting:
 - Routine
 - Sustainable
 - Standardized
 - Developmental screening
 - Office process
 - Timely referral
 - In primary care practices
 - Serving children 0-5 years old

DSI Goals are:

Earlier detection, referral and interventional services to address developmental delays in early childhood through facilitating practice change and community interagency collaboration



Developmental Screening Initiative (DSI), NM

<http://cdd.unm.edu/ecspd/dsi>

“Cultivating Champions for Growing Kids”

- DSI is a community intervention model targeting providers and community agencies serving children 0-5 years old
- Consists of:
 - On-site community-wide training “learning collaborative”
 - AAP guidelines, developmental screening tools
 - Plan-Do-Study-Act (PDSA) cycles, data collection
 - Quality improvement (QI) process, self-assessment
 - Heighten interagency community awareness and networking
 - CME
 - Ongoing support
 - Screening tools
 - Data collection tools and methodology
 - Data analysis and feedback
 - Consultation via e-conference, phone, telehealth



Developmental Screening Initiative (DSI), NM

<http://cdd.unm.edu/ecspd/dsi>

“Cultivating Champions for Growing Kids”

- Focus is on:
 - 1. Office process
 - 2. Self-assessment and feedback
 - 3. Interagency community collaboration and networking
- Currently in process of implementation in 2 demonstration community sites:
 - M & I Clinic in Albuquerque
 - A second site yet to be determined



Summary

- I.D.E.A. mandates services for young children with developmental delays
- Prevailing practice currently does not effectively detect most children with developmental delays until school-age
- AAP developmental screening guidelines recommend use of standardized developmental screening tools at all 9-, 18-, and 30-month well child visits
- Early Intervention (FIT) now has a universal referral form that simplifies referral of children 0-3 years old for assessment and developmental services
- Developmental Screening Initiative NM promotes AAP guidelines for developmental screening and community agency collaboration



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