



THE UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER



envision new mexico
The Initiative for Child Healthcare Quality



Developmental Screening and Quality Improvement

A Collaboration between
Center for Development and Disability
and
Envision New Mexico

With funding from
NM Department of Health Family Infant Toddler Program (FIT)
and
NM Human Services Department

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



Developmental Screening and Quality Improvement

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NM Academy of Family Physicians
Family Medicine Seminar
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<http://cdd.unm.edu/ecspd/dsi/>

Developmental Screening and Quality Improvement

I have no financial relationships to disclose.



Developmental Screening and Quality Improvement

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 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



NM Family Practice Developmental Screening Practices

- Survey conducted at 26th Annual Winter Refresher (2-9-08)
- 17 self-selected attendees responded
- Survey asked about current developmental screening practices and familiarity with tools and EI agencies

Findings:

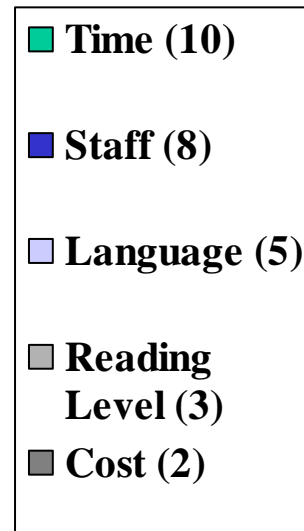
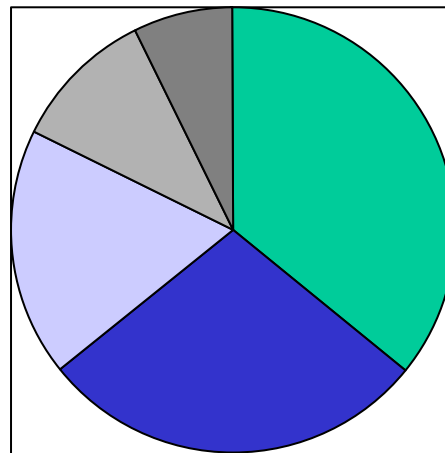
- 10 (~60%) respondents reported routinely using a standardized developmental screening tool for children birth to 5 years old (40% do not)
 - 56% (n=9) use their own checklist (from other tools and/or experience)
 - 35% (n=6) currently use Denver
 - 35% (n=6) used but discontinued using Denver



NM Family Practice Developmental Screening Practices

Findings:

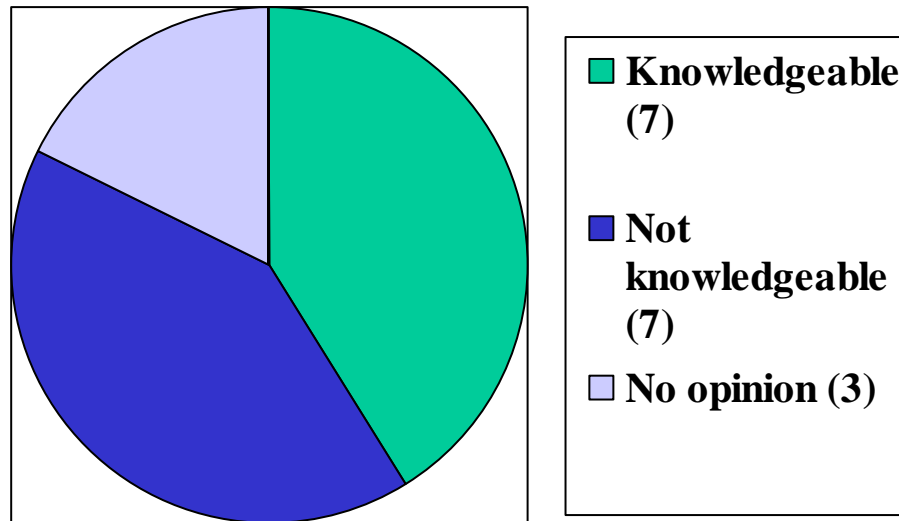
- 75% (n=13) reported reasons that systematic use of standardized developmental screening would be difficult
- Reasons included:



NM Family Practice Developmental Screening Practices

Findings:

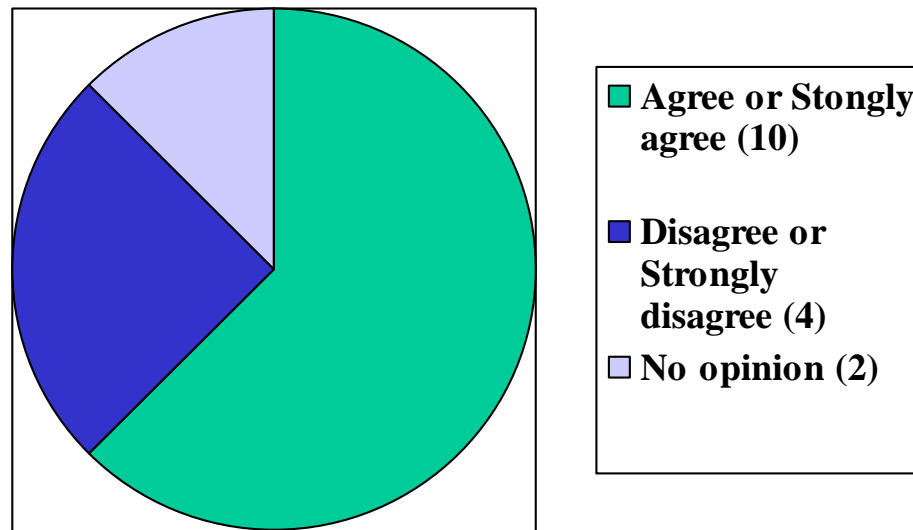
- An equal number reported being knowledgeable about standardized developmental screening tools as those reporting NOT being knowledgeable



NM Family Practice Developmental Screening Practices

Findings:

- Almost 60% agree that parent questionnaires provide accurate reporting of a child's development and behavior



NM Family Practice Developmental Screening Practices

Findings:

- ~75% of respondents reported being knowledgeable about how to access early intervention services
- Only 2 respondents reported knowing the CPT code for developmental screening
- No respondent reported billing for developmental screening
- "My practice would benefit from training in the implementation of routine, standardized developmental screening."
 - 10 (58%) Strongly agreed
 - 5 (30%) Agreed
 - 1 Disagreed
 - 1 had No opinion



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>



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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”

- Part of a nationwide initiative to promote routine, standardized developmental screening
- North Carolina’s “Assuring Better Child Health and Development (ABCD) Project” (1999-2004)
- Training in office process, developmental screening, chart review
- Increase in standardized screening from ~20% to ~70% over five years

Earls MF 2006



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Developmental Screening Initiative (DSI), NM

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“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

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

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

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

System Goal:

All developmental concerns will be addressed by kindergarten



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Developmental Screening Initiative (DSI), NM

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“Cultivating Champions for Growing Kids”

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

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>



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Developmental Screening Initiative (DSI), NM

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“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
 - Model for Improvement (QI) process, self-assessment
 - Heighten interagency community awareness and networking
 - CME and professional development credit
 - Ongoing support
 - Screening tools
 - Data collection tools and methodology
 - Data analysis and feedback
 - Consultation via e-conference, phone, telehealth



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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
- NW Valley N&I Care Family Practice Clinic is the first DSI site:
 - Jim Stapleton, MSN, CFNP
 - Susette Eaves, NP
 - Louise Kahn, PNP
- In collaboration with:
 - Alta Mira Specialized Family Services—Betty Voches
 - PB&J Family Services—Susannah Burke
 - Special Baby Clinic Neonatology Division of UNM—Nancie Furgang



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) has a universal referral form that simplifies referral of children 0-3 years old for assessment and developmental services
- Developmental Screening Initiative NM (DSI) promotes AAP guidelines for developmental screening and community agency collaboration



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Thank you



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