Choosing Screening Tools to Recommend/Promote
Process and Considerations

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State Agency Considerations:

- Solicit input from local/regional developmental experts
- Understand what tools are currently being used in the provider community and why
- Anticipate the concerns of those who will administer the tool(s) - both physicians and office staff
- Offer a ‘menu’ of tools that are acceptable in terms of reliability and validity
- Have a plan to support implementation
Physician/Practice Considerations

• How is screening (in general) done now, by whom, and what referral resources are used?
• What is the incidence of the conditions (how many might they see in a year)?
• What are the tools’ sensitivities, specificities, positive & negative predictive values?
• How to deal with positive (and false positive) screens and the questions raised by parents
• Recruit ‘advisors’ who currently use tools
Selecting the tools to recommend

• Don’t dictate – use a process that allows input.
  » Include the people who will actually use the tool
  » Include people your providers respect

• Go in prepared
  » Do your research
  » Consult with experts

• Consider that you have multiple objectives for tools and that they might not all be completely achieved
Utah’s process

• Gathered a committee of local folks representing various entities
  » Community pediatrician recommended by Intermountain Pediatric Society
  » Child mental health experts
    ▪ Clinical expertise
    ▪ Policy expertise
  » Early intervention
    ▪ Service Providers
    ▪ Policy / Administrative
Utah’s process

• Presented several tools that fit our criteria
  » Research
  » Consultation with experts
• Discussion and recommendations
• Published recommendations in provider bulletin (http://health.utah.gov/medicaid/pdfs/CHEC/CHEC7-06.pdf)
• Contracted with UPIQ and helped develop Learning Collaboratives around the topic
Utah Pediatric Partnership to Improve Healthcare Quality

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Gordon Glade, MD & Paul Young, MD - Co-Directors
Dana Patterson, MPH - Quality Program Manager
Sandra DeBry, MBA - Quality Improvement Specialist
UPIQ’s Mission

To improve the health of Utah’s children by promoting the incorporation of proven interventions, best practices, and ongoing, measurement-based improvements by physicians in their daily practice
The Partners

- Intermountain Pediatric Society/Utah chapter, AAP
- University of Utah Division of General Pediatrics
- Utah Department of Health
  » Division of Health Care Financing (Medicaid)
  » Division of Community and Family Health Services
- HealthInsight
- Intermountain Healthcare’s Primary Care Clinical Programs
- Utah Academy of Family Physicians (UAFP)
- Pediatric Education Services, PCMC
- Molina Healthcare of Utah (joining soon)
Deciding to Screen

• Most physicians have a “screening” process already - though many will be less than rigorous, much less validated.

• Why should they change? Focus on the benefits to the practice, not on all the kids that are missed:
  » Best practice
  » Parental satisfaction
  » Staff satisfaction
Selecting from menu

- Show’ em the tools
- Offer the data, in ways the staff can also understand (stories from practices)
- Present the pros and cons, honestly
- Emphasize integration into office routine, efficiency, effectiveness
- Facilitate team discussion of aims and implementation - encourage baby steps (PDSA cycles)