Setting the Stage for Success...
Assuring Better Child Health & Development “ABCD”

DEVELOPMENTAL & BEHAVIORAL SCREENING:
A Quality Improvement Initiative in Primary Care Practice

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The “ABCD” History....

- In 2000, North Carolina was one of 4 states to be awarded a grant from the Commonwealth Fund to develop and implement a program to enhance child development services.

- The Commonwealth Fund, among the first private foundations started by a woman philanthropist- Anna M. Harkness- was established in 1918 with the broad charge to enhance the common good. The Fund carries out their mandate by supporting independent research on health care issues & issuing grants for improving health care practice and policy.
The Challenges......

- 44% of children in NC live in low-income families

- The use of “the most common & familiar” developmental screening tool (Denver) is both untenable in primary care practice & does not meet sensitivity & specificity

- The AAP is recommending formal screening and surveillance at well child visits.

- Limited access to professionals with 0-5 expertise (psychiatry, psychology, counselors)
The Challenges Continue...

- Division of MH, SA, and DD Reorganizing: “target” population not inclusive of children at-risk or with mild to moderate problems.

- The Early Intervention (EI) eligibility criteria is changing—less children will qualify

- The number of children served by (EI) is low (8-13% of the total 0-3 population could qualify—only 2.6% historically served.)

- Across Medicaid systems of care the average rate of developmental screening was low: (approximately 15.3%) .........
Developmental Screening:
Percentage of 0-24 Month Health Checks with a Screening during a 6 Month Period
North Carolina’s Children....

Economic Security:

- 44% of children in North Carolina live in low-income families as compared to 40% nationally.
- 50% of those children live in families with incomes below 100% of the federal poverty level.
- 48% of the children living in low-income families are under the age of six.
NC’s Children cont...

Healthcare:
Over 50% of North Carolina’s 2.1 million children are eligible for special health care programs or are uninsured. Specifics include:

- Over 68,400 children are enrolled in NC’s SCHIP program, Health Choice
- 736,000 children are enrolled in the NC Medicaid program
- Approximately 239,000 children are uninsured

Note: Data reflective of source reporting parameters.
North Carolina’s Medicaid Budget

Annual Report- State Fiscal Year 2005

- Approximately 18% of NC’s total population eligible for coverage during year
- Population increased by 1.5 percent; however number of eligibles rose by 3.4 percent

NC Medicaid- 8.2 billion dollars
($5,154 per recipient)
Total recipients-1.5 million

Federal - approximately 67%
State - approximately 28%
County - approximately 5%
The responsibility for NC’s Medicaid program is within the Department of Health and Human Services (DHHS).

The agency within DHHS that administers North Carolina’s Medicaid program is the Division of Medical Assistance-DMA.

Other Divisions and Offices in DHHS that work in concert with DMA include, e.g., Office of Rural Health and Community Care Division of Social Services, & Public Health.
How are Medicaid Services Delivered in NC?

✓ Most of NC’s total 1.5 million Medicaid recipients are served through Managed Care Programs (65%)
✓ Most of NC’s total 736,000 Medicaid children are in Community Care of NC

Managed care is in all 100 counties to include:

- **Carolina Access**-Primary care case management program started in the early 90’s to create “medical homes” for recipients
- **Community Care of NC (CCNC)**-Enhanced primary care case management program building on the medical home. Physician driven quality improvement initiatives. CCNC is the largest program.
NC Early Intervention Resources:

- Child Service Coordination
- Infant Toddler (CDSA) & Preschool Programs (local school system)
- Governor Morehead School
- Preschool services for Deaf & HOH
- Schools for the Deaf (2)
- Parents as Teachers
Resources (cont.) ....

- Family Support Network
- Beginnings
- Universal Hearing Screening
Quality Improvement in Primary Care Practice
Developmental Screening & Surveillance.....

The Solution:

(1) Develop a “best practices” comprehensive community model for replication — The model builds on North Carolina’s “Physician Driven”, enhanced primary care, case management program, Community Care of North Carolina, and is characterized by two major components:

- Introduction & integration of a standardized, validated screening tool (ASQ) at selected well-child visits, that is practical and that works;
- Collaboration with local and state agency staff and families in developing this system for identifying and serving children.
(2.) Formed a State Advisory Group – The group is comprised of leadership from key agencies who have the capability of making policy changes.
Community Model

- Targeted integration efforts to P4HM’s six practice sites. The work was done incrementally starting with three pediatric sites. *(Workflow processes and protocols were charted and implemented across the sites.)*

- Contracted with the Institute of Health Science and Society to design a database and provide continuous data management support.

- Hired an Early Intervention Specialist as a member of P4HM’s care management team to facilitate local program operations.
Screening Rate-ASQ
Ages 1, 2, & 4
(Year 2, 3 & 4 include two additional practices)
Practice/Parent Surveys Summary

- **Instrument:** Questionnaires were disseminated to Guilford Child Health staff (three sites) in 2001 and Moses Cone Family staff in 2002. Questions were designed to yield qualitative information. A 27% and 26% response rate was achieved respectively.

- **Conclusions Staff....**
  
  agree the ASQ is an effective assessment tool and would recommend it to other providers;
  
generally use the ASQ as a guide for discussing developmental issues with parents;
  
agree it “somewhat” impacts office workflow so attention needs to be given to where and when parents complete the questionnaire;
  
parents appreciate the additional time staff spend assessing their child’s development
Evaluation continues......

- Referral Study-tracking 291 children from 2000 to 2003 to determine if referrals were completed, types of services received, etc.
- Longitudinal Cohort: tracking the trajectory of 526 children who had screenings beginning at 6 months of age, includes a survey of the screening physicians regarding their decision making.
- State-wide Provider Survey -Physician/Nurse Practitioner Surveys: re knowledge, attitudes, practice for screening, referral, & early intervention

*Note: July 2006 process paper-*
Replication

- Replicated model to other Community Care practices and some non-CCNC practices throughout the state to include practices in 11 plus counties.

- Replicated to largest CCNC network which could include practices in an additional 32 counties.

- Replicated to other practices after policy change both in Public Health and Medicaid....
Policy Change

- Public Health system (Child Health) transitioned clinics to a menu of standardized, valid, developmental screening tools in 2003.

- Medicaid changed EPSDT policy (Health Check), effective 7/1/2004, requiring a valid, standardized developmental screening tool when screening children at the 6, 12, 18 or 24 months and 3, 4, & 5 year old visit. The medical record should contain results & 96110-EP should be on the claim.
Healthy Development Learning Collaborative (NC & VT)

Medical home for children with special health care needs - Title V and Catch grants (Practices in Guilford, Orange, Pitt, Qualla Boundary)

Medical home grant (Title V) for children with hearing loss provides equipment (OAE), training, and consultation to practices -- Piloting new hearing screening guidelines in infancy and toddler hood.

Smart Start is working with practices in approximately ten NC counties ref: Medical Home/“ABCD”
Activities Continue......

- Collaborate with Nurse Family Partnership in one county with hopes of replicating to others

- Participate on ECCS planning/implementation teams

- The NC Institute of Medicine Task Force on Child Abuse Prevention promoted “ABCD” in primary care practice as an approach to primary prevention

- Serve as a resource to Health Check (EPSDT) for seminars, surveys, and as questions arise from the provider community
Activities Continue...

- **New Kindergarten Health Assessment** being piloted in Guilford and Wake counties

- **Four mental health initiatives** in the state-using other screening tools, e.g. Edinburgh for maternal depression & ASQ-SE in primary care

- “**ABCD**” tools used in Healthy Steps **residency** training program (Duke, Wake Forest, Carolinas Medical, UNC, and East Carolina)-Funded by Duke Endowment

- Formed “**ABCD**” **Quality Improvement** Group meets quarterly to exchange resources, etc.
Lessons Learned

- Keep it “tops” on the provider, family, and state agenda
- Build on existing infrastructures and align goals with partners who invest in quality improvement
- Optimize funding by sharing activities with partners
- Evaluate and report data
- Develop and change policy
Keeping it “Tops”

- Identify/Maintain Physician “Champion” and Coordinator to be involved in issues affecting children (National & State)
- Promote awareness to investors in quality improvement and prevention
- Identify what motivates providers and “dove tail” those interests
- Promote families “asking” for service
- Determine what needs sustaining and build on existing infrastructure...
Build on Existing Infrastructure

- Identify systems of care
- “Drive” activity locally vs. from state
- Distribute/manage funds-501-C
- “Test” ideas starting small
- Revise and define “best practices”
- Build relationships with partners who invest in quality improvement
Share Activities

- Physician/Office Manager/EPSDT Training
- Material Dissemination/Shared logos
- “Open Forum” Presentations
- Professional Articles
- Policy Development/Change
- Learning Collaboratives
- Practice/Family Resources
- Residency Training Programs
- Data/Evaluation/Reporting
Evaluate/Report Data

- Report performance to funders and partners
- Understand your partner’s data reporting requirements
- Align data collection points where possible
Develop/Change Policy

- Public Health
- Medicaid/EPSDT
- Early Intervention
- Commercial Insurance
Thank You for Listening!

“....from birth to age 5, children can show us, if we’re looking, how to help them get where they’re meant to be...”