Tools for Clinicians
ABCD Screening Academy
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October 9, 2007
The ABCD Electronic Resource Center is designed to provide state policymakers and health care providers with easy access to research and resources that they can use to promote early childhood health and development.
Why Toolboxes for Clinicians?

- Toolboxes contain information useful for primary care providers interested in incorporating the use of validated standardized developmental screening in their well child care practices.
- All toolboxes aim to assist practices with changes in behavior, knowledge, and skills.
Process for toolbox selection

- Initial scan of toolboxes by a pediatric nurse practitioner—10 identified
- Categorized according to:
  - primary purpose
  - covered topics
  - strengths and weaknesses
  - comprehensiveness
  - ease of use
- Reviewed by a workgroup of clinicians with expertise in the area of child development
Toolboxes selected

- American Academy of Pediatrics—Developmental Behavioral Pediatrics
- American Academy of Pediatrics - National Center of Medical Home Initiatives for Children With Special Needs
- California Institute of Mental Health
- Children’s Hospital Boston
- NASHP North Carolina ABCD Project
- Developmental Screening of Young Children in Minnesota
ERC content

- AAP algorithm
- Links to toolboxes and subtopics
- Information about whether toolboxes include key activities related to developmental screening such as:
  - description of screening tools
  - coding and reimbursement
  - practice guidelines
Questions?
Setting the Stage for Success...
DEVELOPMENTAL & BEHAVIORAL SCREENING: A Quality Improvement Initiative in Primary Care Practice
The NC Office Resource Guide

- Background Materials – Neurons to Neighborhoods, AAP
- Reviews of Available Screening Tools – general developmental and social-emotional
- Office Process – steps to develop an office system
- Materials/Samples – handouts for clinicians and parents, posters
- Coding and Billing Information
Practice Training DVD

- One hour in length, designed to be used with practice team at a lunchtime meeting.
- Rationale behind screening and surveillance
- Office Process
- Policy and Billing
- Measuring and Reporting Performance
- Companion Workbook
Getting Started
Key Items in the Toolkit

- The Getting Started Worksheet
- Screening Overviews
- Screening tool tables comparing tools on ages covered, type, cost, time, etc.
- Inventory of key community partners and referral resources
- Materials for clinicians – Talking with parents, waiting room posters, generic referral form
- Materials for parents – visit specific handouts
# Getting Started Worksheet

1) Assess current protocols: Developmental Screening and Surveillance

**What are we currently using for developmental screening?**
- A validated, standardized tool? ____________ Which tool? ____________
- An Informal Checklist? ____________
- Nothing? ____________

**Are we screening routinely at ages:**
- 6 months
- 12 months
- 18 or 24 months
- 36 months
- 48 months
- and 60 months? Yes ____________ No ____________

If no, what ages are we missing? _________________
Why are they missing? _________________

2) Identify Physician Champion:

A Physician is the “voice” of the quality improvement initiative. They can help to facilitate communication with MDs, office staff and other community groups, both formally and informally, about the screening and referral system.

Who will be our Physician Champion: _________________

3) Select a Developmental Screening Tool:

A variety of screening tools are available to providers. Please refer to [www.dbpeds.org](http://www.dbpeds.org) for a complete list. The ASQ and PEDS “have been put to the test in practices throughout NC” and practice staff has overwhelmingly said that the ASQ and PEDS work in a busy primary care practice. You may order these screening tools by mail or on-line:

<table>
<thead>
<tr>
<th>(ASQ)</th>
<th><a href="http://www.brookespublishing.com">www.brookespublishing.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul H. Brookes Publishing</td>
<td>P.O. Box 10624</td>
</tr>
<tr>
<td>Baltimore, MD 21285-0624</td>
<td>(May be photocopied)</td>
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</table>

<table>
<thead>
<tr>
<th>(PEDs)</th>
<th><a href="http://www.pedstest.com">http://www.pedstest.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellsworth &amp; Vandermeer Press, LLC</td>
<td>P.O. Box 68164</td>
</tr>
<tr>
<td>Nashville, TN 37206</td>
<td>(Cannot be copied. Refills must be ordered.)</td>
</tr>
<tr>
<td></td>
<td>ASQ</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Type/Ages</td>
<td>Parent Questionnaire</td>
</tr>
<tr>
<td></td>
<td>4 mos–5 yrs.</td>
</tr>
<tr>
<td>Staff Required</td>
<td>Para-prof</td>
</tr>
<tr>
<td>Time (Score)</td>
<td>5 min.</td>
</tr>
<tr>
<td>Cost (Per Kit)</td>
<td>$190*</td>
</tr>
<tr>
<td></td>
<td>(less 30% = $133.00 thru 9/30/04)</td>
</tr>
<tr>
<td>Refills</td>
<td>OK to copy</td>
</tr>
<tr>
<td>Language</td>
<td>English &amp; Spanish</td>
</tr>
<tr>
<td></td>
<td>French &amp; Korean</td>
</tr>
<tr>
<td>Reading Level</td>
<td>4 th-6 th Grade</td>
</tr>
<tr>
<td></td>
<td>ASQ SE</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>TYPE</strong></td>
<td>parent questionnaire or interview</td>
</tr>
<tr>
<td><strong>AGES</strong></td>
<td>6-60 months</td>
</tr>
<tr>
<td><strong>COST</strong></td>
<td>$125 per kit</td>
</tr>
<tr>
<td><strong>REFILLS/COPY</strong></td>
<td>free to copy</td>
</tr>
<tr>
<td><strong>TIME</strong></td>
<td>10 minutes</td>
</tr>
<tr>
<td><strong>LANGUAGES</strong></td>
<td>English</td>
</tr>
<tr>
<td></td>
<td>Spanish</td>
</tr>
<tr>
<td></td>
<td>French</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RDG LEVEL</strong></td>
<td>4th-6th grade</td>
</tr>
</tbody>
</table>

Earls Jan 2006
<table>
<thead>
<tr>
<th>Visit</th>
<th>Primary Screen</th>
<th>Pertinent Issues</th>
<th>Parenting</th>
<th>Secondary Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 wk &amp; 1 mo</td>
<td>Psychosocial</td>
<td>support, housing, transportation, peak crying in 2nd month</td>
<td>Newborn Care Feeding, Sleep Reading Cues</td>
<td>Soothing Strategies</td>
</tr>
<tr>
<td>2m</td>
<td>Maternal Depression Edinburgh</td>
<td>socioeconomic family relationships, attachment</td>
<td>Sleep Reading Cues</td>
<td></td>
</tr>
<tr>
<td>4m</td>
<td>Maternal Depression</td>
<td>same as 2 month, reaching, rolling, social smile</td>
<td>Sleep Reading Cues</td>
<td></td>
</tr>
<tr>
<td>6m</td>
<td>Psychosocial: MH, SA, DV</td>
<td>emergent motor &amp; social skills mobility</td>
<td>Sleep Book sharing Age-appropriate expectations</td>
<td>ASQ SE if indicated</td>
</tr>
<tr>
<td>9m</td>
<td>ASQ/PEDS</td>
<td>emerging stranger anxiety mobility feeding self</td>
<td>Sleep Book Sharing Discipline</td>
<td></td>
</tr>
<tr>
<td>12m</td>
<td>ASQ/PEDS (if not at 9 mos)</td>
<td>emerging language joint attention mobility</td>
<td>Sleep Book Sharing Discipline Toilet training</td>
<td>ASQ SE, TABS or BIT/SEA if indicated</td>
</tr>
<tr>
<td>15m</td>
<td>Psychosocial MH, SA, DV</td>
<td>language home environment</td>
<td>same as above</td>
<td></td>
</tr>
<tr>
<td>18m</td>
<td>ASQ/PEDS</td>
<td>language independence &amp; ambivalence</td>
<td>Sleep Book sharing Discipline Toilet training</td>
<td>ASQ SE, TABS or BIT/SEA; MCHAT if indicated</td>
</tr>
<tr>
<td>24m</td>
<td>ASQ/PEDS (if not at 18m), Psychosocial</td>
<td>language independence &amp; ambivalence</td>
<td>Interaction with peers, Discipline, Toilet training Book Sharing</td>
<td>ASQ SE, TABS BIT/SEA, Eyberg if indicated MCHAT</td>
</tr>
<tr>
<td>30 m (or 36m)</td>
<td>ASQ/PEDS (if not at 30m)</td>
<td>communication, social skills</td>
<td>Book Sharing</td>
<td>ASQ SE, etc if indicated</td>
</tr>
<tr>
<td>48m</td>
<td>ASQ/PEDS</td>
<td>school readiness, communication, social skills, early graphomotor</td>
<td>Book Sharing</td>
<td>ASQ SE, TABS Eyberg, PSC if indicated</td>
</tr>
<tr>
<td>60m</td>
<td>ASQ/PEDS</td>
<td>same as above</td>
<td>same as above</td>
<td>same as above</td>
</tr>
<tr>
<td>6 to 18 yrs</td>
<td>PSC</td>
<td>learning, peers, self esteem</td>
<td>building self esteem, making good choices</td>
<td>ADHD, depression, anxiety screens</td>
</tr>
</tbody>
</table>
Referral Form Developmental Screening & Surveillance

Name of Child:______________________________________________________
Date of Birth:____/____/____ Age_________________________Sex________________________
Address:____________________________________________________________
Medicaid#:_________________Insurance_________________Social Security_________________
Parent/ Guardian Name:________________________________________________
Home Phone:____________________ Work Phone:__________________________
Race:_________________________ Primary Language:__________________________

Developmental/Interdisciplinary Referral:
Screening Tool: ☐ ASQ ☐ PEDs ☐ Other ________________________________
(Please Name)
Concerns:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
The ASQ or PEDS scoresheet is attached.
I have discussed this referral with parent(s) ☐

Referred By: ________________________________ Phone: ________________
PCP Office: ________________________________ Fax: ________________
What to do first

- Practice team (include staff at all levels) work through Getting Started Worksheet.
- Review current office systems
- Map the workflow
- Measure while implementing for real time improvement of the process
The Office Process

- Assess Current Protocols
- Identify Physician Champion
- Select a Screening Tool
- “Map the Workflow”
- Identify System Supports
  
  Networking is key

- Conduct Staff Orientations
I. Assess Current Screening Protocols

- What are we currently using for developmental screening and what is the sensitivity/specificity of the tool? E.g. Informal checklist? A tool designed from other tools?

- Are we screening routinely at 6, 12, 18 or 24, 36, 48 and 60 months? If not, what ages are we missing and why?
What Physician will help staff keep it “high on the practice agenda”?

- There are many competing initiatives in a practice.
- The champion leads the work and facilitates communications with the MDs, office staff, and other community groups, both formally and informally, about your screening system.
III. Select a Screening Tool

- A variety of screening tools that meet desired sensitivity and specificity (70-80%) are available to providers.

- Two tools, the ASQ and PEDS “have been “put to the test” by North Carolina practices over the past seven years. Staff have indicated these parent questionnaires work well in a busy primary care practice.

For a complete list of tools and ordering information please refer to www.dbpeds.org
IV. “Map the Workflow”

Develop a Formal Chart that outlines your workflow/process. The following questions serve to guide you in developing your own process.

- Who will ensure copies are available to parents?
- When in the visit will the parent receive the tool?
- Who will give it to the parent? Who scores the tool?
- When are the results discussed with the parent?
- How will referrals be handled?
- Who is going to give the parent educational material?
- What happens with the tool after results are discussed?
- Who makes sure the materials and tools are restocked?
V. Identify Community Resources

- Nurse Home Visiting
- Part C (0 –3) Services
- Part B (3 – 5) Services
- Parent to Parent Support
- EPSDT Coordinators
- School/Childcare Nurses
- Smart Start
- Head Start
- Mental Health Providers
VI. Conduct Staff Orientations

- Introduce the new workflow and procedures to your staff.
- Walk through the process and determine if it works the same in practice as it did on paper. Adjust as necessary.
- Republish the workflow map and formally incorporate into the office protocols.
- Remember to monitor progress, offer feedback, and make adjustments if necessary. Performance can be monitored in simple ways such as counting all your 96110’s in a month.

BEGIN!
Sustaining Change

Fundamental change in office systems

- Practice – wide guideline
- Process is routine
- Process is reliable, and does not depend on particular staff to be present to occur
- Roles at each level are clear and understood
Sustaining Change

New kind of communication with community

- Relationship with key partners
- Networking to facilitate process beyond practice
- Agreements on how to exchange information, e.g. standardized referral process/form
Sustaining Change

Participatory role for parents/family

- Parent is partner in screening
- Parent helps drive change by asking for service
- Parent gives feedback on referral sources and communication process