



Improving Monitoring and Screening:

Case Study 1

Horace is a single father of a 2-year old son, Jackson who is not talking as much as his peers and rarely makes eye contact or engages in typical play. Jackson's daycare teachers say they are concerned that he has developmental delays. At Jackson's 24-month well-child visit, Horace asked the pediatrician about this and said he was worried; the doctor told Horace to "give it time," and was told that children develop at different rates. No developmental screening tool was used during this visit, and Horace didn't know to ask for one. Horace shared this experience with Jackson's daycare, and they called the local early intervention program. The early intervention program scheduled an evaluation appointment with Horace and Jackson, but the due to a long waiting list, the appointment isn't for six months. How can we work with pediatricians and parents to better educate them about screening? What can be done to address the long wait period for early intervention services? Are these issues in your state? If so, what is being done to address them?

1. Read the case study. Outline and determine the problem that is presented.
 - Wait time for developmental evaluations
 - Catchment areas are narrow
 - Availability of early intervention specialty services
 - Early intervention programs may already have contracts with agencies -- sometimes families must call agencies on their own (and wait more)
 - Long wait for evaluations – too few clinicians
 - Physicians don't have time to receive training
 - Need evidence to demonstrate which training /information interventions are effective in increasing screening using evidence-based tools by primary physicians, and which interventions have a longitudinal impact on practice
 - Low level of awareness concerning recommended tools and schedule for screening

2. Brainstorm new or existing approaches that could be used to help address this problem. What avenues has your state or program pursued in similar situations? Is there something your state or program has wanted to implement, but hasn't yet due to lack of funding/resources? Are there innovative approaches that could be used?
 - Create a road map of existing services
 - The AZ LEND is training pediatricians to conduct screening at recommended time periods based on AAP guidelines

- Focus is on rural communities that are overwhelmed with the number of patients
- They're recruiting community health centers to find out what training can be provided
- Training is being provided to fellows that train at these sites on screening tools and how to incorporate them into their visit time; clinic champions are needed to incorporate these tools
- They're collecting pre-training data and post-implementation data
- In GA, they're screening toolkits for physicians to determine ease of use in electronic health record
- In OH, the QI team works with the evaluation team to reduce time from the first visit to diagnosis.
 - They're working with kids up to age 6 (longer evaluations are needed for kids over age 6, which creates a back log as fewer providers are available to work with older kids)
- Have physicians offer evaluation times during evening & weekend hours, with a goal of getting to X number of children before they close down the alternative hours
- Refer rural kids to State EI or other places
- MA is trying to prioritize patients -- cases where children get a diagnosis, but still have no services months later
- Before the visit, have families send in the ASD screeners (e.g., Ages & Stage, McCarthur-Bate [state evaluation - parent report])
- OH is trying to offer a pediatric mini-fellowship to bring in a community practitioner - primary referral source (someone who does the screening) to give them more training on development
- MA goes to the practice and provides training. They provide TA support and go into the practice and create a website (autismscreening.org), which is a way to catalog community resources
- The autism consortium has a website with an autism screening database – it's a network for research and clinical care which supports specialists and helps families connect with resources; it's a helpful website that can be used by families/pediatricians
- Train primary physicians to use evidence-based standardized screening tools at recommended ages
- Establishment of learning collaboratives and teams of trainers to travel the state to train up the primary care physicians on using evidence-based screening tools
- Rosie D law mandates a behavioral screener to be done with well child visit in MA (2007 court case)
- Tie reimbursement to state-level mandate for screening
- VA has an ABCD project that allowed them to study of a small number of pediatric practices (re: reimbursement rates and what can be billed for)

- Act Early website “What to do while you wait”
<http://www.cdc.gov/ncbddd/actearly/concerned-whileyouwait.html> is a good resource
3. Engage in dialogue and discussion to explore and clarify the problem and talk about which approaches may be the most feasible and effective for addressing this problem
 - Make sure all know the required timeframes for required evaluations