

Reaching Out to Primary Care Providers: Lessons Learned from Act Early Research Topics of Interest

Learn the Signs. Act Early.
Quarterly Webinar Series

September 13, 2012



Webinar Overview

● Introductions

- **Cathy Rice, PhD:** National Center on Birth Defects and Developmental Disabilities/Centers for Disease Control and Prevention

● Presentations

- **Dan Crimmins, PhD:** Director, University Center for Excellence in Developmental Disabilities at Georgia State University, Professor, Institute of Public Health at Georgia State University
- **Stacey Ramirez:** Director of Individual and Family Supports at Georgia State University
- **Georgia Fruechtenicht:** Parent Detailer

● Discussion:

- **Larry Yin, MD, MSPH:** Act Early Ambassador, Assistant Professor of Clinical Pediatrics at the Keck School of Medicine of the University of Southern California, Director of Community and Clinical Services at the USC University Center of Excellence in Developmental Disabilities, Medical Director of the Boone Fetter Clinic at Children's Hospital Los Angeles

● Q & A

- Submit questions throughout the webinar via the 'questions box' on your webinar dashboard. Moderators will read the questions following the discussion.

● *Please take a few minutes to complete our short survey!*



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RESEARCH, EDUCATION, SERVICE





Parents as Detailers to Pediatric Practices for Learn the Signs. Act Early.



A Pilot Project



Daniel Crimmins, PhD
Georgia Fruechtenicht
Stacey Ramirez

Overview

- Goals of *Learn the Signs. Act Early.*
 - Increase rates of screening in primary care settings
 - Increase physician referrals to early diagnostic and intervention services
 - Decrease age of identification of developmental delays
 - Ensure that children with developmental delays are linked to needed early intervention supports and services
 - Improve outcomes for children with developmental disabilities and their families

Background

- Early intervention for developmental delays improves outcomes
- In 2006, the AAP released recommended schedule for screening
- In 2011, utilization of standardized screening in pediatric practices had reached only 50%
- Guidelines on their own do not change clinical practice!
- Guidelines must be reinforced with CME, self-directed and group learning, and opportunities for hands-on practice
- Cochrane Review determined that educational outreach (also called academic or public interest detailing) can be an effective means for improving clinical practice

Realities in Georgia

- Babies Can't Wait (BCW), the Georgia early intervention system, is not seen as effective or responsive
- Physicians see it as bureaucratic (and costly) or don't know about it, and only useful when other means have been exhausted
- Pediatricians *will* refer directly to specialists
- Distinct shortage of diagnosticians for screened children
- The ***Bright Futures*** guidelines for screening *are* being used for children receiving Medicaid – about 50% of children in Georgia
- M-CHAT will be used at 18 and 24 months

Project Overview

- Proof of concept:
 - Can parents of children with disabilities serve as academic detailers using the LTS/AE materials to increase screening and referral from primary care practices?
 - If so, how can this be developed into a model that can be replicated in other states?

Method

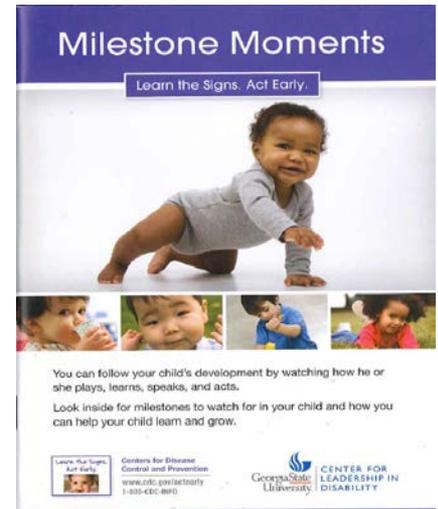
- Key informant interviews to inform approach
- Five parents of children with disabilities trained as “Parent Detailers”
 - Recruited through partnership with Parent-to-Parent of Georgia, which also serves as the hub for a network of county-level “Navigator Teams”
 - Modest incentives to individuals (i.e., \$50 gift cards)
- Initial goal – each parent to visit five practices

Detailer Training (1)

- Important to know how practices are organized:
 - functions of various office staff
 - who to approach about visiting
 - how to structure the request
- Resources available in Georgia, focusing on BCW
- Best practices related to screening and referral from AAP Bright Futures
- Local, state, and community-based information for parents of children referred for concern about developmental delays

Detailer Training (2)

- Orientation to the ***Milestone Moments*** booklet
 - Ages – 2 months to 5 years
 - Developmental Domains
 - Social/Emotional
 - Language/Communication
 - Cognitive
 - Movement/Physical Development
 - Act Early signs
 - “How you can help your child’s development”
- Incorporating the ***Milestone Moments*** booklet into the detailing visit



Detailer Training (3)

- Understanding that pediatric office staff *are* experts, but vary in knowledge, attitudes, and practices related to early intervention
- How to communicate with practitioners:
 - responding to practitioners' needs
 - providing information they perceive as useful
 - delivering a personal story that maximizes impact
 - **how to be succinct!**

Detailer Training – Lessons Learned

One initial assumption of training proved incorrect

- Lesson 1: Parents should not be put in a role where they are expected to be content experts in early intervention

Training redesigned to utilize the strengths of the detailers

- Lesson 2: Brief stories are compelling
- Lesson 3: ***Milestone Moments*** booklets were “the ticket” that gained entrée into offices

Detailer Materials

- Sample scripts developed to use when contacting a practice and during a visit
- Guide to “telling your story” to facilitate discussion during presentations
- Parent Detailer “leave behind” packets
 - ***Milestone Moments*** (approximately 250 per practice)
 - Referral information on Babies Can’t Wait and Children 1st
 - Information on Parent-to-Parent and other resources
 - ***Bright Futures*** chapter on screening and periodicity schedule
 - PowerPoint handout on screening
- Evaluation questionnaires to assess presentations

Presentations and Follow-Up

- Detailers offered a “lunch-and-learn” format
- After each presentation, physicians and their staffs rated presentations and materials
- After completing a summary report on the office visit, detailers received a \$100 incentive
- About one month after each visit, research staff followed up to:
 - Assess satisfaction with the visit
 - Determine if data are available to assess the impact of visits (e.g., tracking of whether parents act on referrals)
- Offices were given an incentive of a \$50 for returning this feedback

Practice Information

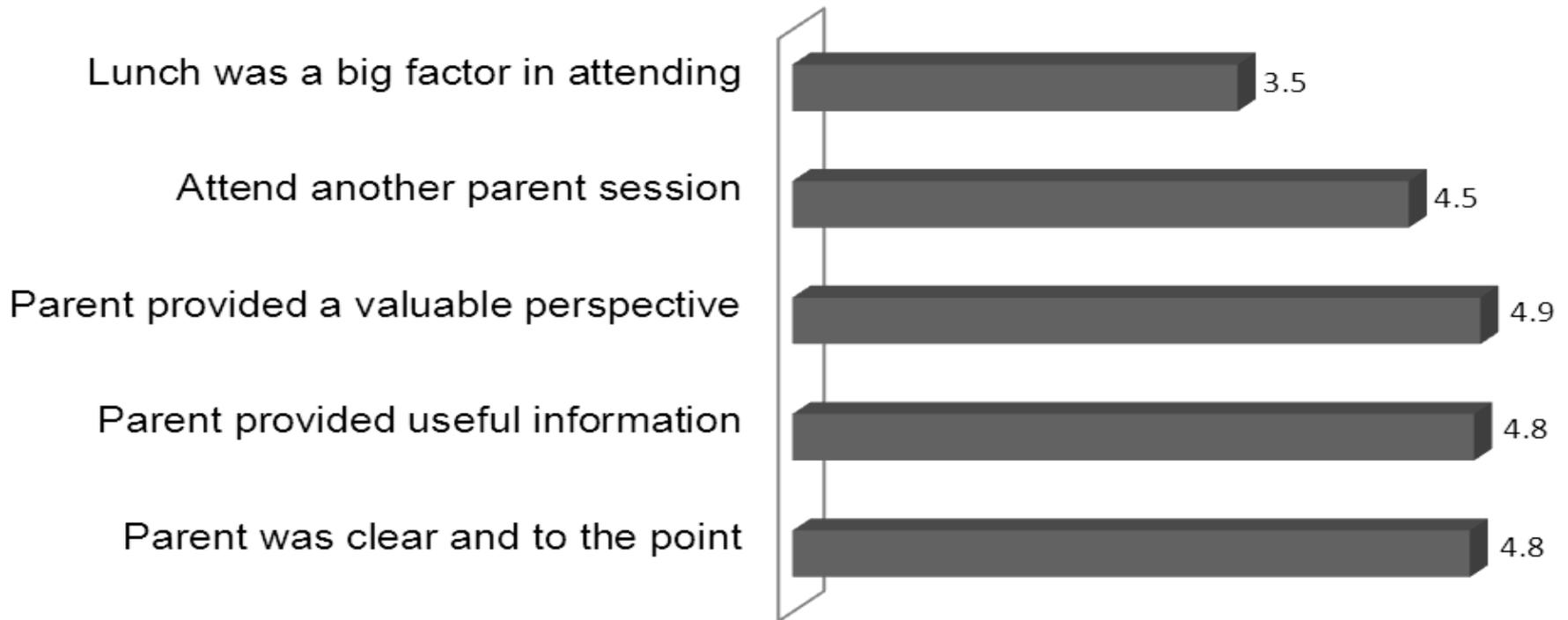
- Thirteen Georgia practices, representing more than 20 physicians and over 100 office personnel were visited by four parent detailers between April and August 2011
 - Eight practices were located in urban counties
 - Five practices were located in rural counties
 - Three urban Latino clinics visited, sessions conducted in Spanish with leave-behind material in English
- Practices were identified through convenience sampling based on proximity to parents' residence

Detailer Presentation Results

- Parent detailers
 - provided a valuable perspective
 - conveyed useful information
 - were clear and to the point
 - were effective in delivering the message
- Message
 - screening is important
 - *Milestone Moments* will be useful in practice

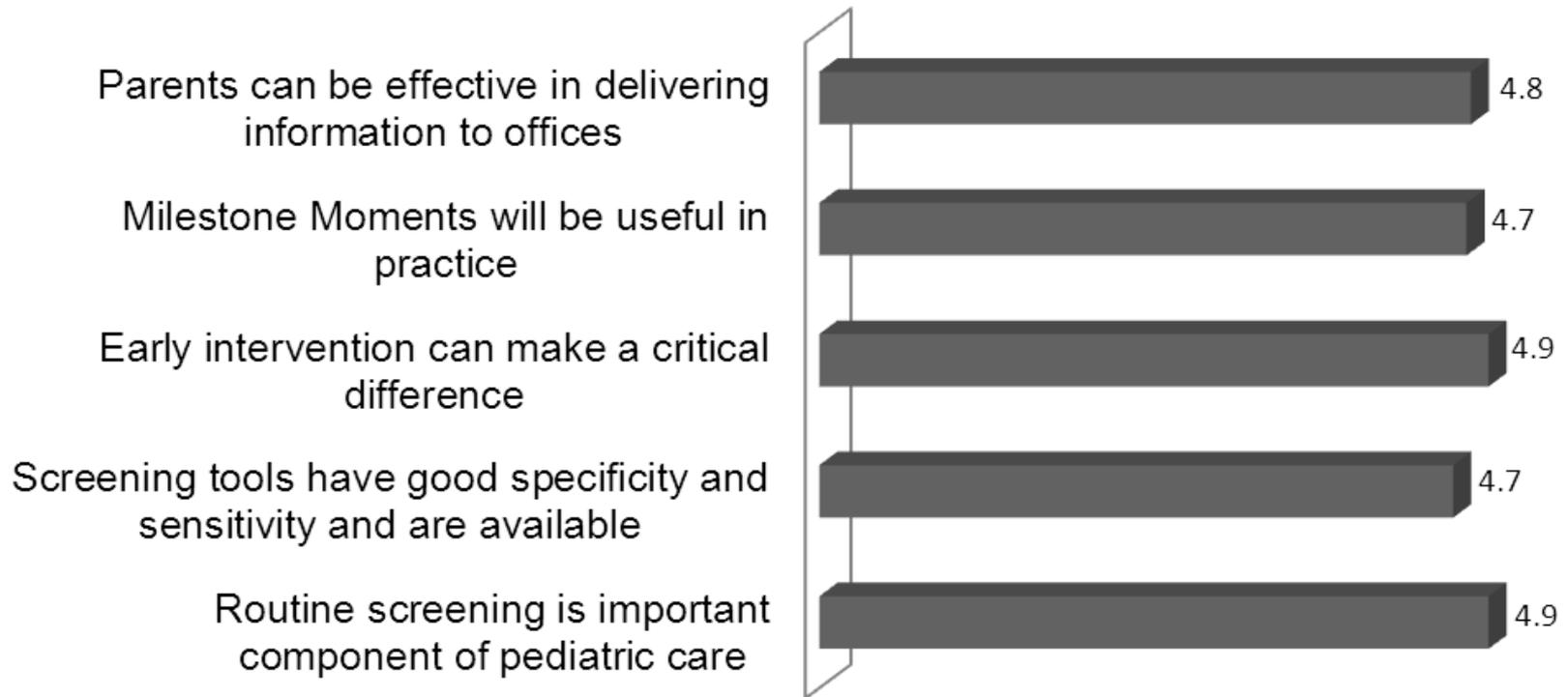
Detailer Presentation Results (1)

Figure 1 - Evaluation of Parent Presentations (n = 89)



Detailer Presentation Results (2)

Figure 2 - Evaluation of Presentation Message and Materials
(n = 89)



Office Follow-Up (1)

- Twelve out of the thirteen practices (one practice lost to follow-up) were followed-up via telephone
- Follow-up interviews conducted with office manager or other lead administrative staff who attended the parent detailer presentation
- Only two had previously heard of the LTS / AE campaign --one Latino, one rural

Office Follow-Up (2)

- *All* practices indicated they conduct developmental surveillance during well-child visits
- Eleven of twelve said they used standardized tools
- PEDS (five practices), M-CHAT (five practices), and the ASQ (four practices) were standardized screening instruments mentioned as being routinely used
- Eight practices indicated they were “somewhat” familiar with community resources (BCW cited most often) while four practices felt that they were “very” familiar with resources in their communities

Office Follow-Up (3)

- Four practices indicated positive changes around screening or referral as a result of the parent detailer presentation
 - “We are more likely to refer now instead of waiting and watching.”
 - “... we are aware of more resources. Now we use [parent detailer] as a resource and she has connected us with so many others in the community.”
- With regard to referrals, five indicated that their number of referrals had increased since the parent detailer presentation

Discussion (1)

- Parents *were* viewed as credible detailers
 - Provided perspective
 - Simple, direct message
 - Served as conduit for expert information prepared by others
 - Great potential as a model for other developmental concerns and other states or regions

Discussion (2)

- ***Milestone Moments*** booklet was a huge hit!
 - Helped to open doors to offices
 - Appreciated by physicians and staff
- Pediatric offices that were open to training report routine screening with standardized instruments

Discussion (3)

- Detailing wasn't "free"
- Per-visit costs – Approximately \$400 per practice
 - Incentives for Parent Detailers @ \$100 per visit
 - Lunch for Lunch-and-Learn: 10 participants @ \$10 = \$100
 - Packets: 10 participants @ \$2.00 = \$20
 - ***Milestone Moments*** booklets: 250 @ \$.65 = \$163
- Other costs
 - Organization and Administration
 - Training
 - Evaluation

Limits and Lessons

- Limits
 - Sample bias – anecdotal reports that practices already screening were open to training, but those not routinely screening were unresponsive
 - Small sample size (parents and practices)
 - Office managers as data source for follow-up
 - Difficult to determine whether increased referrals resulted from the parent detailing sessions
- Lessons
 - Even with incentives, volunteers dropped out
 - Detailing as a role – easy for some, hard for others

Future Considerations

- With an increasing number of parents in education and support roles to other parents (e.g., Parent to Parent, Family Voices, LEND) – what are trade-offs of having salaried detailers vs. incentivized volunteers?
- Great potential for replication across the U.S. in partnership with advocacy organizations or disability networks (e.g., UCEDDs and LENDs)

Question & Answer

To ask a question:

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THANK YOU

Visit Our Websites:

* Learn the Signs. Act Early.” Campaign

www.cdc.gov/actearly

* AUCD’s Act Early Webpage:

www.aucd.org/actearly

Questions about the Webinar series?

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