Parents as Detailers
to Increase Primary Care Provider Referrals for Early Intervention

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Overview

- Proof of concept:
  - Can parents of children with disabilities serve as academic detailers using the LTSAE 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?

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Overview

- Long-term objectives:
  1. Increase early identification of delays in development
  2. Increase physician referrals to early intervention (EI) services
  3. Improve outcomes in the lives of children and their families with developmental disabilities
  4. Ensure credibility of parent detailers in seeking to accomplish these goals

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Background (1)

- Extensive research shows identifying delays early while providing appropriate supports can greatly improve developmental outcomes
- American Academy of Pediatrics (AAP) released recommendations for developmental screening and referrals in 2006
- Studies have shown that simply developing and disseminating practice guidelines is insufficient for bringing about changes in clinical practice (Perkins, 2007)
- Standardized tools are not always consistently used and some pediatricians favor informal screens or parental checklists (Sand, 2005)

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Background (2)

- Guidelines must be reinforced with further support such as continuing medical education
- Research indicates that a multi-pronged approach that includes a combination of self-directed and group learning, coupled with opportunities for hands-on practice (Perkins, 2OO7)
- Cochrane Review determined that educational outreach (also called academic or public interest detailing) to health care professionals was a highly effective means for improving clinical practice (O'Brien et al., 2001)

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Resources in Georgia

- Georgia EI system is called Babies Can't Wait (BCW)
- BCW is organized into 18 district offices
- For children age three and older, services are provided and coordinated by the county school district
- BCW is, however, also an entry point for accessing these local school coordinators.

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Realities in Georgia

- BCW is no longer highly regarded as a system
- Physicians often don't know about it, or see it as bureaucratic (and costly) and only useful when other means have been exhausted
- Pediatricians will refer directly to specialists
- Few developmental-behavioral pediatricians
- PeachCare for Kids does reimburse for screening at 9, 18, and 24 months

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Approach

- Meetings with key informants
- Survey of practices in the Atlanta-metro area and two rural counties
- Train five parents of children with disabilities as "Parent Detailers"
  - Recruited through 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., $25 gift cards) and teams (i.e., $25 credit for team)
- Each parent detailer to visit five practices

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Key Informant Interviews

- Seek out informants familiar with screening and referral, academic detailing, physician education, and gaining access to physician practices
- Informants asked about
  - current approaches to screening
  - referral practices for children with identified concerns
  - perceived barriers to screening and referral
  - feedback on “parent detailing” concept

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Initial Interview Findings

- Pediatricians say they *are* screening
- Ongoing work with M-CHAT makes other resources available to many Atlanta-metro practices
- Questions raised about credibility of parents as conduit of information
- Some investment in current approaches to pediatricians – intensive in-office training and technical assistance and academic detailing by pediatric leaders
- Georgia AFP uses “lunch and learn” model pairing an educator and representatives from local agencies for WIC

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Survey (proposed)

- Short closed and open-ended questionnaire
- Practices in metro-Atlanta counties and at least two rural counties
- Collect information on
  - the structure of the practice
  - whether and how developmental screening is conducted
  - what triggers a referral
  - perceived barriers to referrals
  - how to gain entrée to office for detailing
  - who best to meet with
  - availability of routinely collected data and feasibility of data being shared to assess the impact of a PD intervention
- Responses assimilated into a report

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Parent Detailer Training

- Diversity of pediatric offices in terms of knowledge, attitudes, and practices related to early intervention
- Structures of pediatric offices and how to approach them
  - functions of various office staff
  - who to approach about visiting
  - how to structure the request
- Resources available in Georgia, with a focus on BCW
- Best practices related to screening and referral
- Information for parents who are being referred
- Contents of the LTSAE kit
- How to communicate with practitioners:
  - importance of responding to practitioners‘ needs
  - providing information they perceive as useful
  - how to package personal stories to have the desired impact
  - how to be succinct

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LTSAE and PD Materials

- Sample scripts will be developed for parents to use when first contacting a practice and during a visit
- Scripts will be developed in modular form
- The scripts will be used as a basis for role play in training
- Evaluation instrument to assess mastery of the PD role
- Parent Detailers will distribute
  - LTSAE resource kits
  - Referral information on Babies Can't Wait
  - Information on contacts from Parent-to-Parent available to help coach parents through the referral process
  - Handout on entitlements

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Parent Visits and Follow-Up

- Parent detailers visit five practices close to their homes
- After each visit, the PDs complete a report with ratings of their interactions with the staff and practitioners
- After completing the office visit and report, PDs receive a $25 gift card
- After each visit, project staff will contact the practice to:
  - Assess satisfaction with the visit
  - Determine if data are available to assess the impact of PD visits (e.g., tracking of whether parents act on referrals)
- Offices will also be offered an incentive of a $25 gift card to the office for returning this feedback

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Discussion

- Pediatricians vs. Family Physicians
- GA AFP seems to be a willing partner
- Model – UCEDD / AAP and AFP / Parent Organization
- Structured focus interviews vs. survey
- Emphasizing referral to a flawed system (BCW)
- The $25 incentive, is it adequate? Insulting?

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