



Parents as Detailers to Increase Primary Care Provider Referrals for Early Intervention: A Pilot Project

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Overview

- General 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 early greatly improves developmental outcomes
- In 2006, the American Academy of Pediatrics (AAP) released recommendations for developmental screening and referrals
- In 2011, utilization of standardized screening had reached only 50%
- Dissemination of guidelines is not enough to change clinical practice
- Guidelines must be reinforced with continuing medical education, self-directed and group learning, and opportunities for hands-on practice
- Cochrane Review determined that educational outreach (also called academic or public interest detailing) to health care professionals can be a highly 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 often 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, with long waits
- The ***Bright Futures*** guidelines for screening are being used for children receiving Medicaid
- 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 informants 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) and teams (i.e., \$50 credit for each Navigator Team)
- Set goal that each parent visits 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)

- 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 \$50 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 PD visits (e.g., tracking of whether parents act on referrals)
- Offices were given an incentive of a \$50 for returning this feedback

Practice Information

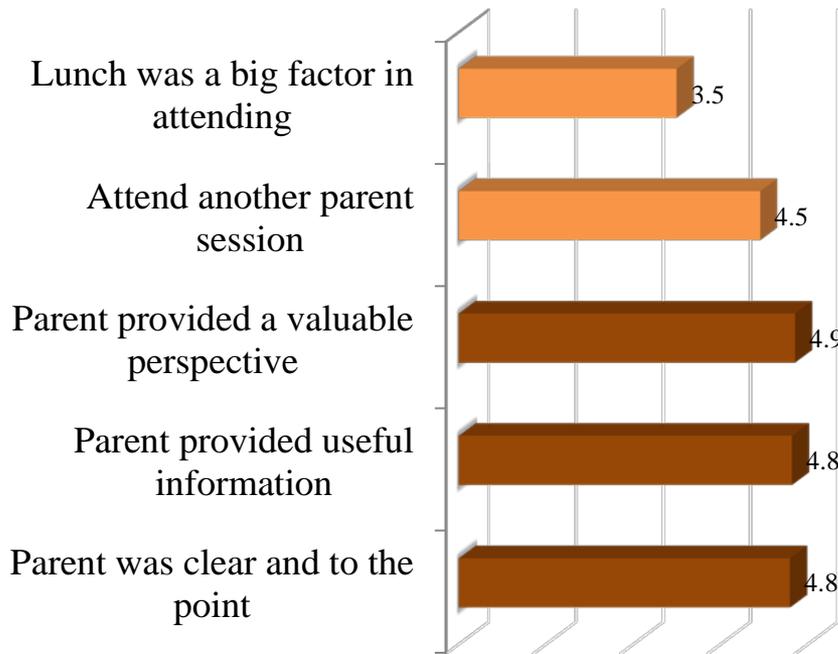
- Thirteen Georgia practices, representing more than 20 physicians and over 100 office personnel were visited by four parent detailers between April and August 2011
 - Eight practices were located in urban counties
 - Five practices were located in rural counties
 - Three urban Latino clinics visited, 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

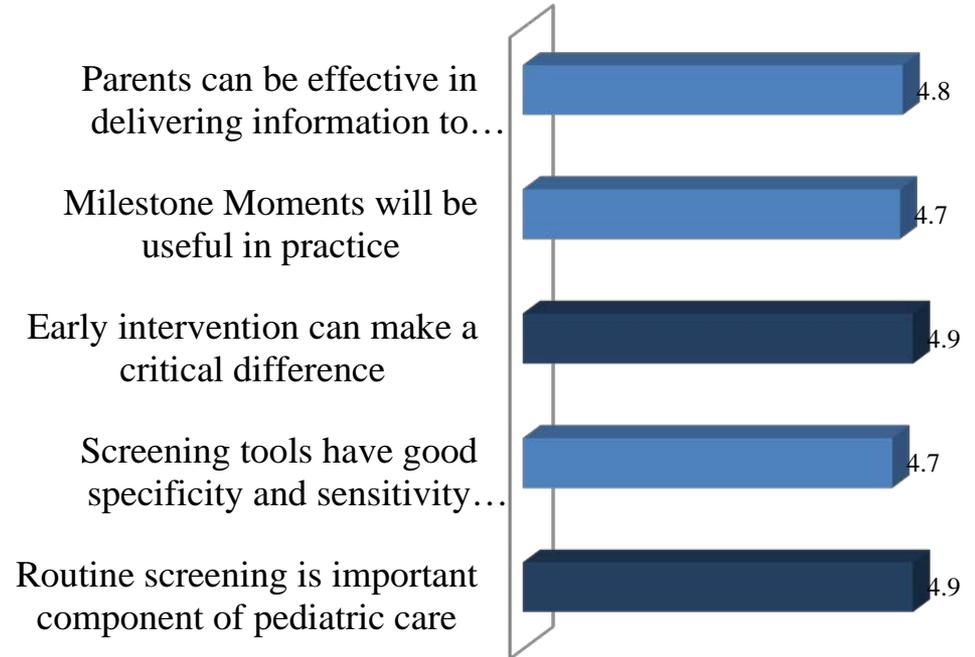
- Parent detailers
 - provided a valuable perspective
 - conveyed useful information
 - were clear and to the point
 - were effective in delivering the message
- Message
 - screening is important
 - *Milestone Moments* will be useful in practice

Detailer Presentation Results

Parent detailer presentations
(n = 89)



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

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

Limits and Lessons

- Limits
 - 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 with 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)