

Introduction

- AZLEND Developmental Screening Technical Assistance Program
 - improve and increase compliance with the American Academy of Pediatrics (AAP) developmental surveillance and screening guidelines in early childhood for rural and community practice targeting underserved populations
 - AZLEND Fellows conduct the program with a faculty member
 - Program just completed its 2nd year of implementation
- AAP recommendations include
 - Formal developmental screening at 9, 18, and 24 month well child checks
 - Formal autism screening at 18 and 24 month visits.
- The Arizona Medicaid program, AHCCCS, has included these tools to the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program with additional reimbursement.

Methods

- AZLEND fellows provide assistance to community medical practitioners to incorporate developmental screening in their clinic operations and collect pre and post training data to assess change.
- The Program consists of:
 - Interviews about process flow with key staff members
 - Development of recommended implementation plans and process flow
 - Providing training on the tools and implementation procedures for the clinic staff.
 - Evaluate the implementation success through rate of change measures
- Eight sites recruited from six rural southern AZ counties that provide care to diverse and underserved populations who are at risk for delayed diagnosis of developmental conditions.
- The main screening tool used was the Parents' Evaluation of Developmental Status (PEDS)

Results

- Five of the eight sites had difficulties and were not able to reach implementation stage.
- Successful sites include:
 - Gila Valley Clinic (Graham County) - Scheduled for data collection in Fall 2014
 - UA Family Medicine (Pima County) - Scheduled for data collection in Fall 2014
 - Sunset Community Health Center (Yuma County) – Completed 2013
- Sunset Community Health Center results:
 - 190 eligible well-child visits
 - 187 children (54% male and 87% Hispanic)
 - 86% on Medicaid funding or uninsured
 - Formal developmental screening rates increased from 0% pre-intervention to 85% post-intervention (Chi-square 135.7, $p < .001$)

Discussion

- The greatest factor to the unsuccessful implementation of the five sites was the lack of a strong physician advocate or stakeholder to ensure adherence to the process.
- This led to problems with site coordination and forward progress due to the inability to make the changes by the fellows to develop a work plan.
- Although AZLEND Fellows addressed all physician/staff concerns related to procedural changes at each site, these issues persisted and contributed to unsuccessful implementation.

Conclusions

- Difficulties in implementation for some sites and success of implementation at Sunset CHC along with their adherence to screening guidelines, demonstrates that a strong local physician advocate is crucial within the healthcare practice to ensure follow through.
- Developmental screening programs can be successfully incorporated into rural and border community health practices using AZLEND Fellows as primary contacts and trainers.