DEVELOPMENTAL SCREENING:
Overview

EARLY SCREENING, BETTER OUTCOMES:
Developmental Screening & Referral Toolkit for Pediatric Medical Clinics

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Giving kids the best start

Children's Hospital LOS ANGELES®

Introduction

http://www.youtube.com/watch?v=KrUNBfyjlBk

In the United States . . .

- 14 percent to 17 percent of children have a developmental or behavioral delay or disability.

- Fewer than half are identified before starting school.

- Nationally, only 10 percent of children with delays receive early intervention services.

- In California, only 14 percent of children birth to age 5 receive standardized developmental screening.

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One Family's Story . . .

At "Carla's" 18-month well-child visit, her mother completed the ASQ-3 and M-CHAT-R at the pediatrician's request. There were red flags for autism and concern for language delay. Carla was referred to the Early Start program at her local regional center.

Carla had a full evaluation. The speech-language pathologist found that she had a language and communication delay; the other domains of development were in the typical range. Carla started services twice-weekly in the home. The speech therapist worked directly with Carla and while Carla's mother participated in the "It Takes Two to Talk" group, where she learned strategies to support Carla's communication efforts.

By the time she turned 3, Carla's language and communication skills were age-appropriate. Her early intervention team helped link her to a Head Start preschool, where she is thriving.

Early Intervention Leads to Positive Outcomes

- Children birth to age 3 with delays can receive early intervention services such as . . .
  - Speech and language therapy to help with communication
  - Occupational or physical therapy to help with walking, picking up small objects, eating independently
  - Behavioral or mental health services to help with socializing, self-regulation, bonding and attachment with caregivers
- Many children who received early intervention services no longer need special help by the time they reach preschool or kindergarten
- For those who do continue to have special needs, early intervention helps children get access to special education services in preschool and kindergarten

[add name of your agency's screening program]

- Our clinic is launching an initiative to increase our rates of developmental screening.

- You are all part of this important effort.

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Why [insert name of your clinic]?

Quality of Care

- "Our mission is [insert clinic mission here]

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[insert name of your clinic] Challenges

- xx pediatric patients age birth to 5 years seen each year.

- xx (xx%) are identified with
  - development delays
  - speech problems
  - autism spectrum disorders
  - intellectual disabilities

- We are missing xx children with delays who could benefit from early intervention.

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[name of your clinic] Commitment:

We plan to address this significant under-identification of children with autism and other developmental delays.

Our goals:

- Give healthcare providers the tools to have developmental conversations with parents and caregivers

- Identify developmental disorders early

- Provide linkages to services in the community

- Support pediatric health care professionals as developmental champions

[insert name of your clinic]: Current Practice

- Monitoring children's attainment of developmental milestones during well-child exams

- Using internal screening tools

- Screening results not included in the EHR

American Academy of Pediatrics Model

Developmental Surveillance

Follow up Monitoring

Developmental Screenings
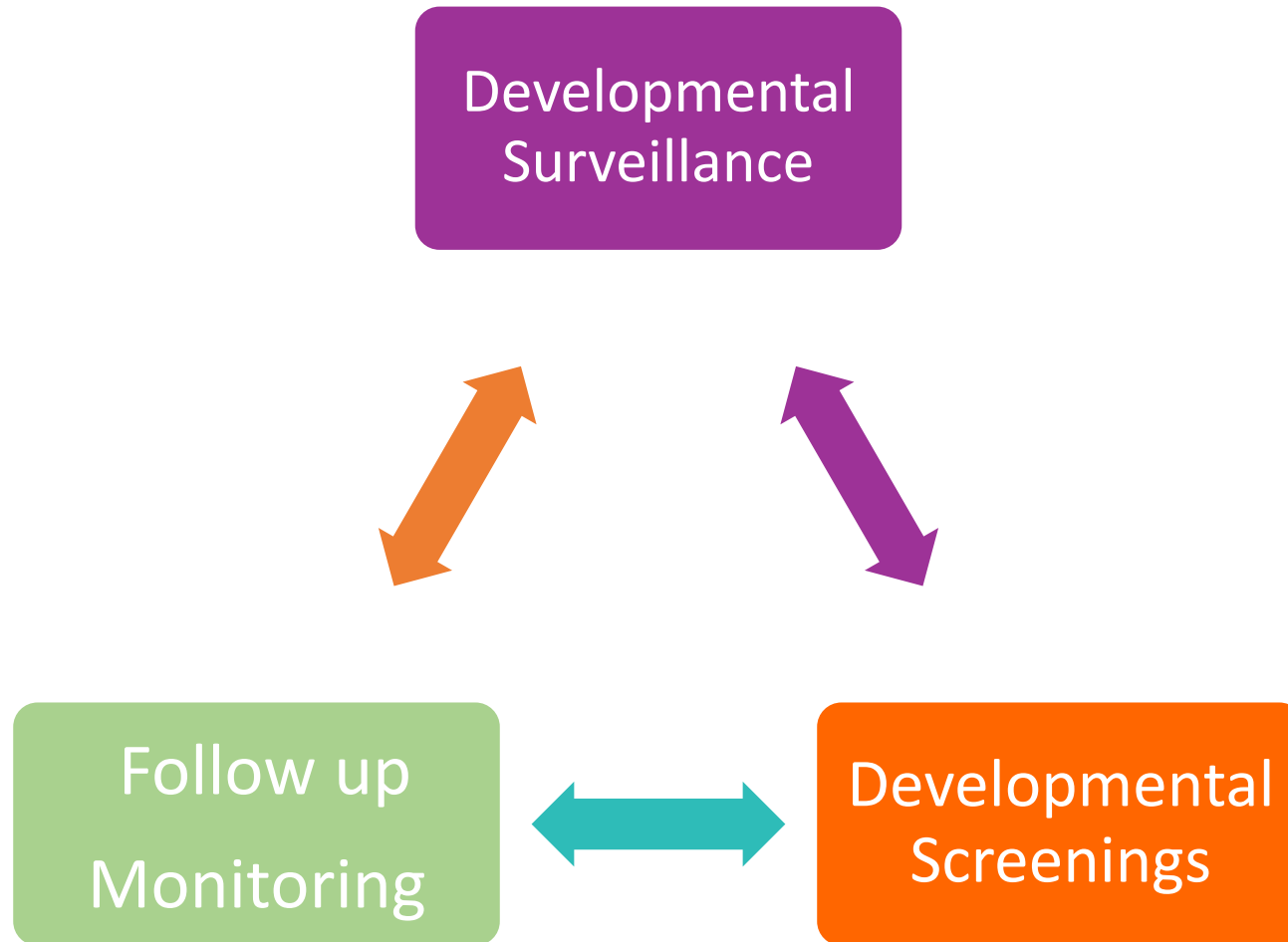
Developmental Surveillance

- Ask parents about concerns.
- Assess risk & protective factors.
- Perform informal developmental screening.
- Establish an ongoing process at all visits.
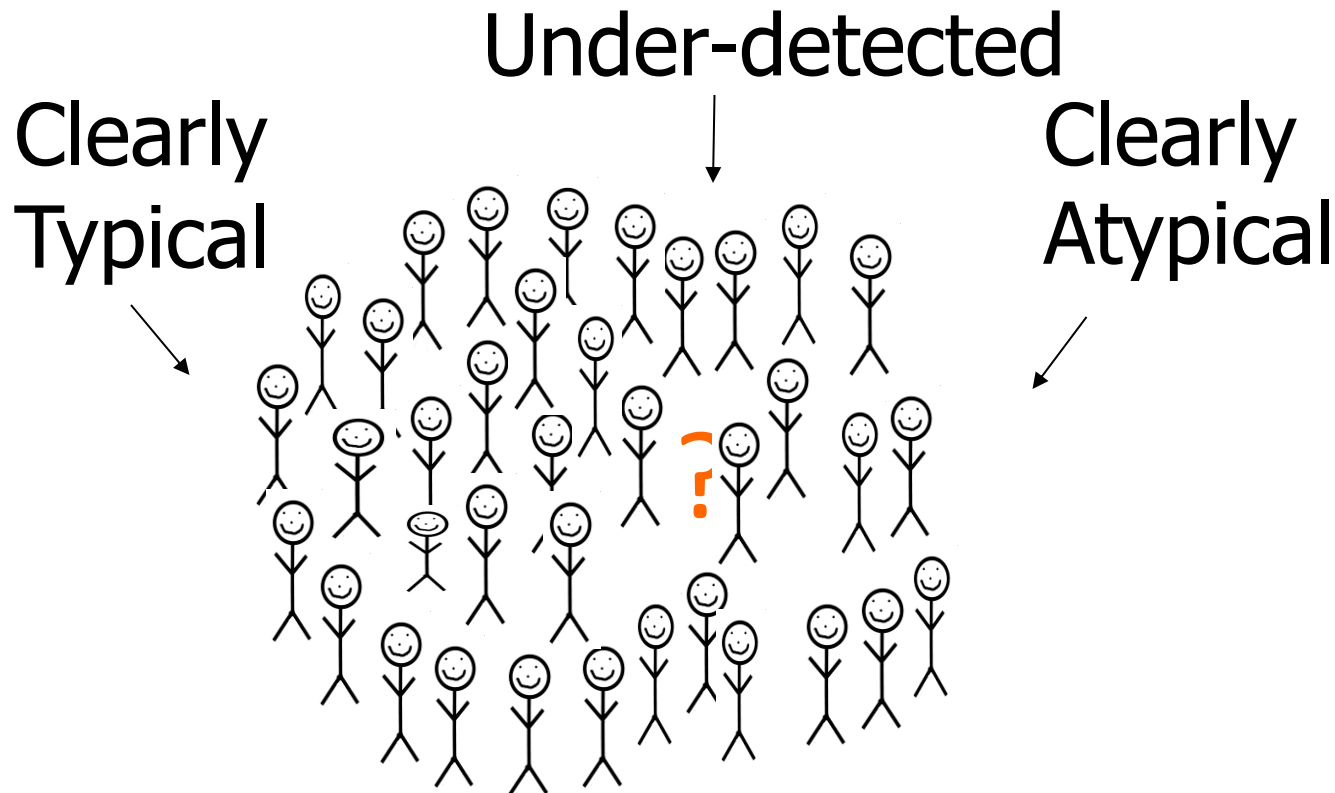
Developmental Screenings

A brief standardized tool …

- Completed by parent/caregiver
- Provides an opportunity for developmental conversations
- Allows providers to collaborate with parents to monitor, describe, and discuss all domains of a child's development
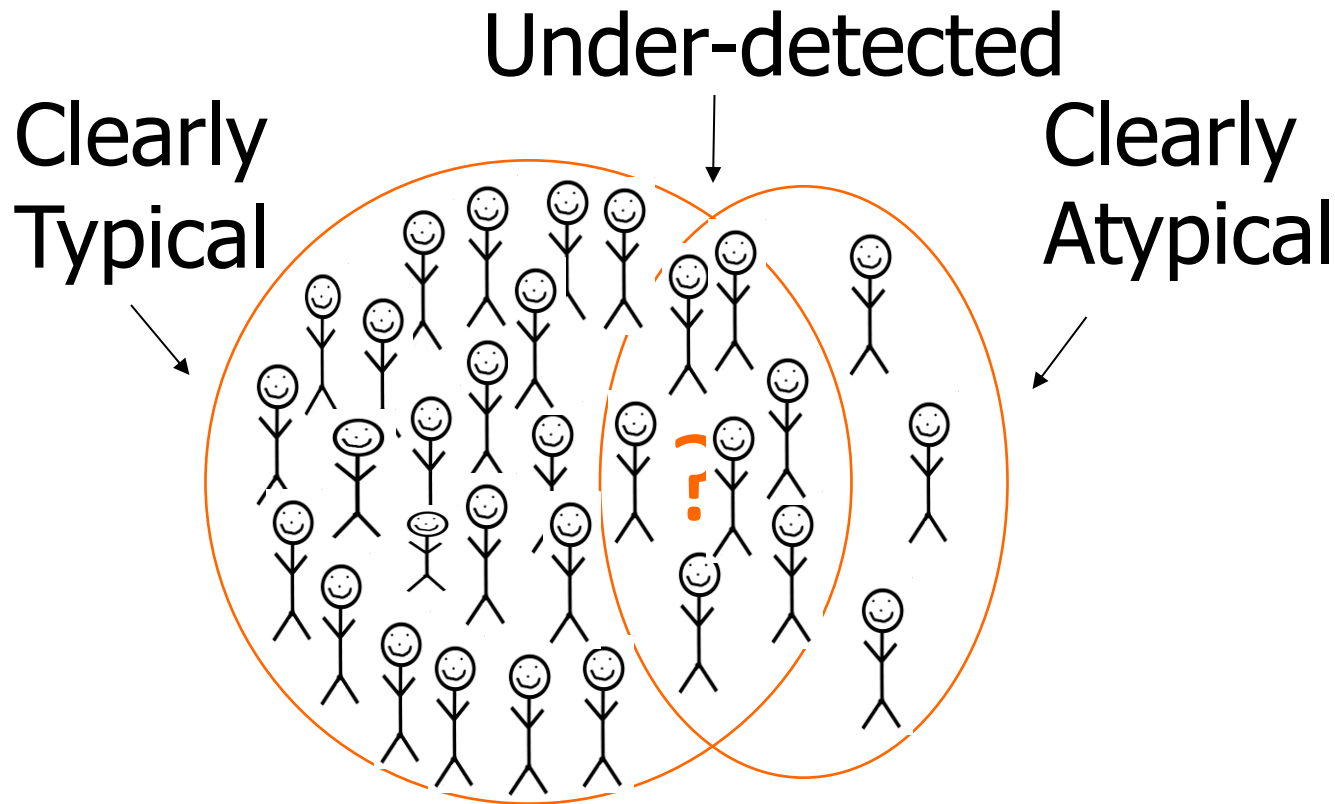- Screening recommended at 9, 18, 24/30 months

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Why Screen?

Under-detected

Clearly
Typical

Clearly
Atypical

Adapted from Macias, M. (2006) D-PIP Training Workshop

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[Insert name of your clinic] Standardized Screening Measures

- Ages & Stages Questionnaires, Third Edition (ASQ-3)

- Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2)

- Modified Checklist for Autism in Toddlers (M-CHAT)

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It Takes a Whole Team!

- [add picture]

Workflow: Roles of Care Team Members

Care coordinator identifies in the EHR which children have well-child visits scheduled and selects correct screening measures for child's age and language of parent

↓

Care coordinator mails screening and letter explaining screening to parent two weeks prior to visit + asks parents to hand in date of visit

↓

Parent completes screening measures at home before well-child visit

Day of visit: Registration staff collects screening measure; if not completed/brought in, gives screening measures to parent to complete in the waiting area

MA collects screening measures from parent; if not done, helps parent to finish in exam room

MA scores screening measures and puts in folder for provider along with *Milestones Moments* booklet
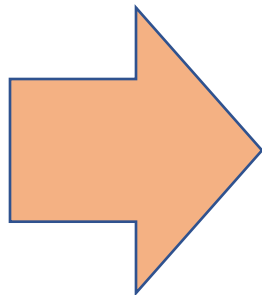
Provider initiates developmental conversation with parents and discusses screening results.

If a referral is recommended, provider discusses recommendation with parents and provides guidance re: process.

If a referral is recommended, MA assists with completing referral forms and provides family written referral information.

Provider documents screening results and follow-up plan in EHR.

Front desk staff scans screening results and uploads results in EHR.

If referral is made, within one week, care coordinator assists family with linkage to referrals.

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Next Steps: Training

1. Administer and score screening tools (for medical assistants).

2. Interpret the scores and discuss results with parents (for medical providers/physicians).

3. Link children and families to community resources (for medical providers and case managers).

Countdown to Launch and Spread

- Year 1 (Month, Year): [name of clinic]

- Year 2 (Month, Year): [name of clinic]

- Year 3 (Month, Year): [name of clinic]

*Our goal is to continue dissemination of this program to all of our pediatric health clinics.