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Douglas Handley
University of Vermont

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IMPLEMENTING DEVELOPMENTAL SCREENING PER AAP GUIDELINES

Douglas Handley MS-III

Hinesburg Family Medicine

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Mentors: Ann Dillenbeck (CIS), Ruth Willis MSN NP-C
(V-CHIP), James Ulager MD (Hinesburg)

PROBLEM: DEVELOPMENTAL DELAY

- ▶ “Fewer than half of the nation's pediatricians conduct systematic surveillance of young children's development... time and cost are among the barriers” (1) Missing developmental delay leads to further attenuation of the problem and can lead to additional developmental problems.
- ▶ Developmental delay can often be corrected or treated to reduce the impact it has on the child. The AAP suggests “developmental surveillance” at every well child visit and standardized “developmental screening” at WCC 9 months, 18 months, and 24 or 30 months (2)
- ▶ Studies show that standardized screening is better at catching developmental delay than surveillance alone (3)
- ▶ Question: How many of the pediatric patients are being officially screened for developmental delay at Hinesburg Family Medicine? And are the providers informed of additional referral options?

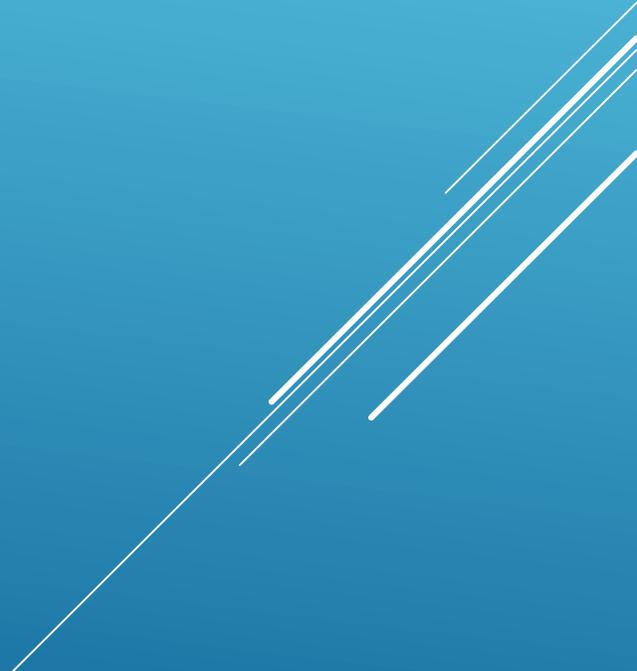
WHAT ARE THE HEALTH COSTS?

- ▶ Health Costs are hard to quantify. According to the CDC “only 2%–3% of all children receive public early intervention services by age 3 years, compared with approximately 15% who are estimated to have a developmental disability during childhood” (4)
- ▶ “Developmental delays and disabilities have...costs of providing health care, education support, and ongoing services. In addition, they have indirect costs, such as lost income potential for affected individuals over their lifespan. Substantial resources are expended for the education, medical, and community support of individuals with developmental delays and conditions. Affected children have significantly increased rates of health care use compared with children without such conditions. The economic costs to society associated with developmental conditions...were estimated to be an average of \$1,014,000 over the lifetime for an individual with mental retardation, \$921,000 for an individual with cerebral palsy, and \$417,000 for an individual with hearing impairment in 2003” (5)
- ▶ The specific costs to Hinesburg, VT is unknown

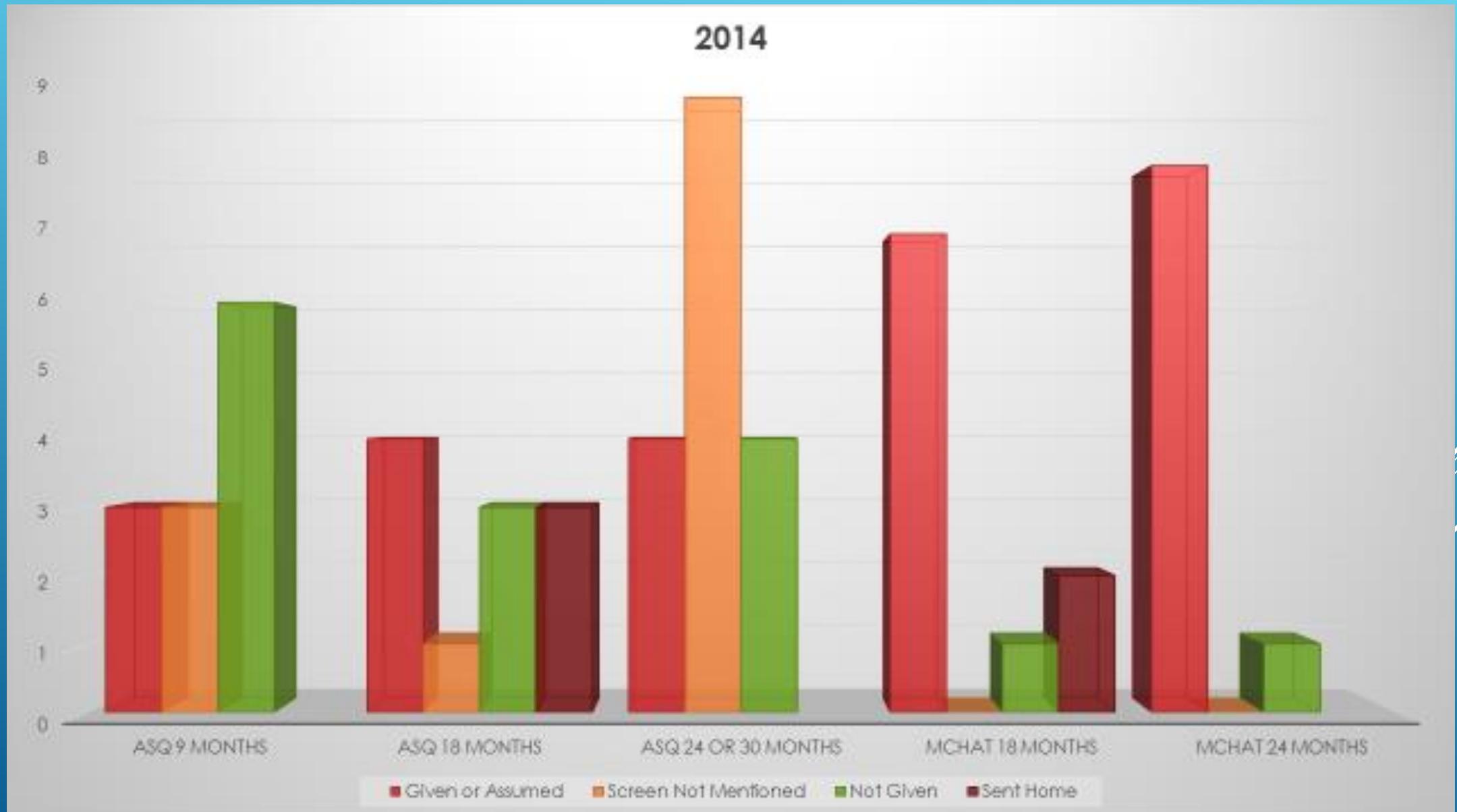
WHAT IS THE COMMUNITY PERSPECTIVE?

- ▶ Hinesburg Family Practice has not referred to Vermont Children's Integrative Services (CIS) in years for developmental delay. The reasons for which is unclear whether it is because the children are not in need of referral, they are not being screened, or because the providers are unaware of CIS referral benefits – [Name Withheld] Interview
- ▶ Out of the many pediatric and family medicine clinics in Vermont researched by V-CHIP approximately 40% of children are screened at each 9 month visit, 18 month visit, and 24/30 visit. Only about 25% are screened at all three ages. Hinesburg Family Practice has not been measured – [Name Withheld] Interview
- ▶ Having a measure of number of patients that receive at least one screening by the age of 30 months at Hinesburg Family Practice would be valuable to the providers and practice – [Name Withheld] Discussion

INTERVENTION AND METHODS

- ▶ Reviewed EMR clinic well child checks for 9, 18, 24, and 30 months for the 2014 year.
 - ▶ Categorized progress notes (developmental documentation) for these visits into 4 areas; screening administered, unknown, not administered, and screening sent home
 - ▶ Presented findings in two presentations to the physicians and staff at Hinesburg Family Medicine which included background education about the subject, results for their clinic in 2014, barriers to screen administration, referral education, and proposed interventions to improve screening at the clinic.
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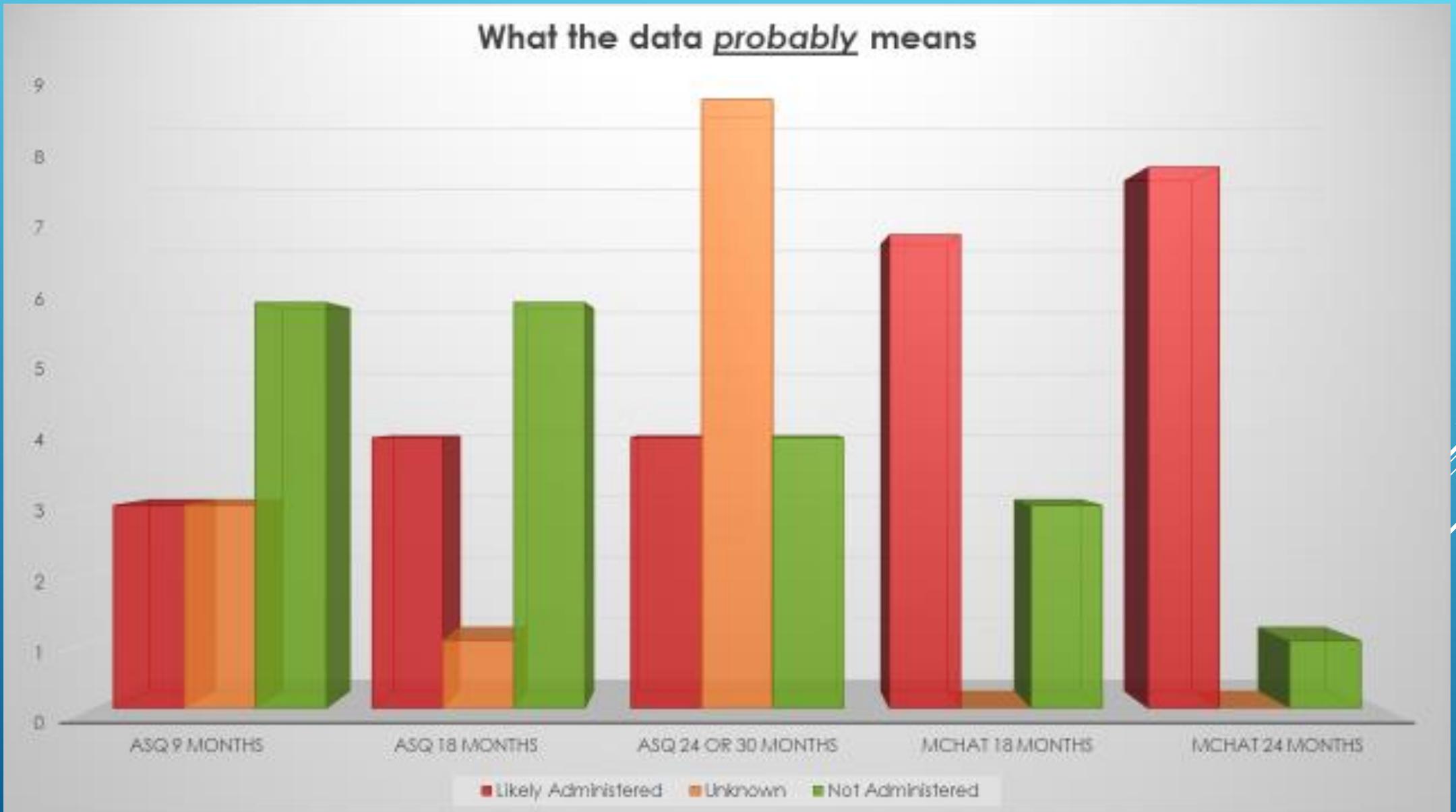
RESULTS DATA



RESULTS DATA CONTINUED

- ▶ Some progress notes said “No follow-up action needed” therefore it was assumed that the screening tool was administered
- ▶ The screens that were sent home had no follow up that I could find documented. It is likely that follow-up fell through and as a result the screen is the same as not done.
- ▶ All notes mentioned development which means surveillance was 100%.
- ▶ There was ambiguity in many progress notes concerning developmental screening.

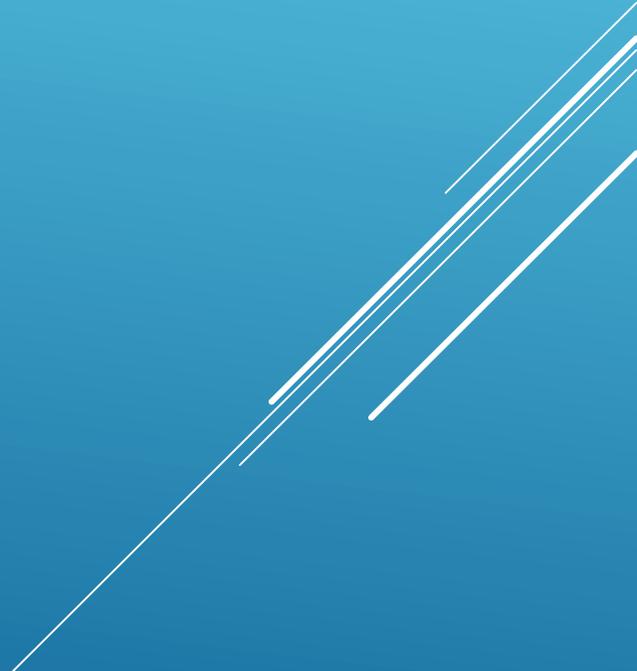
INTERPRETATION OF RESULTS DATA



EVALUATION OF EFFECTIVENESS AND LIMITATIONS

- ▶ Because of the ambiguity of the majority of the progress notes it is hard to know if screening or simply surveillance was administered
 - ▶ Data collection relied completely on provider documentation alone
 - ▶ Despite these limitations there was still an end quantitative measure for all ASQ and MCHAT screens done for the 2014 year that could be presented to the providers
 - ▶ For both presentations there was a discussion generated among the staff about what could be done better at the office to improve screening as well as documentation of screening which included the use of an ASQ flowsheet in the EMR, better dispersal of the screens, and better time management.
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RECOMMENDATIONS FOR FUTURE INTERVENTIONS/PROJECTS

- ▶ Using the same methods, a retrospective measure of 2015 could be performed to see if documentation and administration has improved since this project.
 - ▶ CIS representative [Name Withheld] would like to present information about CIS to the clinic and could be part of a future project
 - ▶ Handouts for parents about developmental stages could be made to educate them on what to expect as their children age
 - ▶ Parents of patients with developmental delay could be interviewed to gain insight into the costs and challenges of developmental delay as well as what could be improved.
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SOURCES

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