IMPLEMENTING DEVELOPMENTAL SCREENING PER AAP GUIDELINES

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Developmental Delay can have a snowball effect of starting out small and easy to miss, but become a larger problem that is difficult to fix.

- AAP suggests “developmental surveillance” at every well child visit and standardized “developmental screening” at WCC 9 months, 18 months, and 24 or 30 months (1)

- 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” (2)
HINESBURG FAMILY PRACTICE RESULTS FOR 2014
What the data *probably* means

![Bar chart showing data progression]

- ASQ 9 MONTHS
- ASQ 18 MONTHS
- ASQ 24 MONTHS
- ASQ 30 MONTHS
- MCHAT 18 MONTHS
- MCHAT 24 MONTHS

Legend:
- Probably Done
- Don't Know
- Not Done
THE GOOD NEWS?

Development was documented on EVERY patient in these age ranges. Which means surveillance is 100%
BARRIERS TO SCREENING

-Time constraint

-Children appear to be reaching milestones during well child visit

-A lot to cover during visits

-Pediatric behavior during visits

-Not certain of what the next step is with children at risk or failing to reach milestones
SO LET’S TALK ABOUT IT…

- Time constraint
  * When put to the test, screening did not change visit times (3)

- Children appear to be reaching milestones during well child visit
  * Studies have shown that surveillance only without standardized screening misses a significant percent of children at risk for or who have developmental delay (4)

- A lot to cover during visits

- Pediatric behavior during visits

- Not certain of what the next step is with children at risk or failing to reach milestones
REFERRALS

- Obviously other specialties, PT, OT, SLP
- If you are unsure or if the problem doesn’t lie within these categories, the Vermont Children’s Integrative Services offers 4 areas of assistance
  1. Early Intervention for Medical Conditions or Delays before age 3; doesn’t matter what insurance
  2. Nursing & Family Support; helps with parenting, great for active children and children at risk ages 0-6, Medicaid
  3. Specialized Child Care; crisis funding for children ages 6 weeks to 13 years
  4. Early Childhood and Family Mental Health; family support for kids who are having troubles regulating emotions; primarily Medicaid, but not exclusively
WHAT CAN CHANGE WITH THE SYSTEMS IN PLACE TO HELP IMPROVE?

- What do you think?

- Ideas that I thought of or came across
  - Overcome perceived barriers with practice
  - Be specific when documenting screening (which you can include in billing) (1 Table 2)
  - Integrate the ASQ and MCHAT into the EMR
  - Provide follow up phone calls from the office (5)
SOURCES

- Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening; Pediatrics Volume 118, number 1, July 2006 pp. 405-420
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- Schonwald; Developmental Screening: Is There Enough Time?; Clin Pediatrics July 2009 vol. 48 no. 6 pp 648-655

- Thomas; Comparison of Systematic Developmental Surveillance With Standardized Developmental Screening in Primary Care; Clin Pediatrics Feb 2012 vol 51. no. 2 154-159

- Talmi; Improving Developmental Screening Documentation and Referral Completion; Pediatrics Vol 134, number 4, October 2014, pp. e1181-e1188

- Interview with [Name Withheld] at CIS

- Interview with [Name Withheld] at V-CHIP