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INCREASING HEALTHCARE PROVIDERS' AWARENESS AND UTILIZATION OF VERMONT'S UNIVERSAL DEVELOPMENTAL SCREENING ONLINE REGISTRY

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UVMHC COLCHESTER FAMILY
MEDICINE



PROBLEM IDENTIFICATION

The Current Problem

- The American Association of Pediatrics recommends developmental screenings be completed by parents or care providers for all children at 9, 18, and 30 (or 24) month well child visits⁹
- An October 2019 study published in *Pediatrics* found that out of over 23,000 M-CHAT screenings, only 31% of positive screenings were sent for specialist evaluations¹
- On average the delay between parental concern of developmental delay and diagnosis of autism is 2.7 years. These are critical years when individualized care and developmental support can address difficulties at a younger age, improving outcomes^{2,3}
- 2017 Retrospective cohort study: 63% of parents of children with ASD raised concerns to their physician before age 3, while only 37% received services before age 3⁴
- Developmental/social delays in preschool aged children are often first recognized by early childhood educators, not physicians at well-child visits

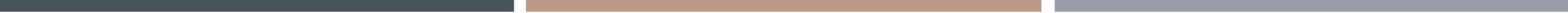
Steps Being Taken

- The Vermont branch of *Help Me Grow* has launched a Universal Developmental Screening online registry to compile screening results of ASQ-3, ASQ-SE, and M-CHAT
- Results can be entered and/or viewed by educators and health care providers, facilitating interprofessional care and support for children that would benefit most
- **Currently, there was no awareness of this database by physicians, NP's, and PA's polled at Colchester Family Medicine**



PUBLIC HEALTH COST

- Estimated annual costs of autism-services in the United States is between \$236-262 billion annually. Roughly \$175-196 billion of that is spent on adult services while only \$61-66 billion is spent on childhood services, diagnosis, and treatment. ¹⁰
- The total cost of autism care can be reduced by **2/3** over a person's lifetime with diagnosis and intervention in early childhood years. ¹¹
- As of October 2019, 20.6% of American adults with disabilities were either actively employed or seeking employment (compared to 69% of Americans without disabilities)¹²



COMMUNITY PERSPECTIVE

- “In order to fully realize a community of health, where collectively we all have a shared stake in creating conditions for optimal development, each adult plays a vital role, in harmony with other caregivers . The Developmental Screening Registry is a cross-sector communication tool that early childhood professionals can access to work towards an integrated and non siloed system.”
-Lauren Smith, MA
VT Help Me Grow Coordinator
Vermont Department of Health Employee
- “Vermont is uniquely positioned with its small population and close communities to facilitate communication across professional domains that work with young children and families. The Developmental Screening Registry aims to facilitate and nurture those discussions. Ultimately the goal is to help our youngest Vermonters grow and develop into a healthier and more equitable future.”
-Stephanie Mackevich
Health Care Organizer, *Let's Grow Kids*



RESULTS/RESPONSE DATA (QUALITATIVE OR QUANTITATIVE)

- 12 providers attended the information session and were educated on the use of the registry
- Informational handouts and guides were given to all in attendance and told to keep at their desks for future use
- Opened a discussion about future directions to increase the use of the registry. Suggesting a possible VCHIP project in the future similar to the adoption of an immunization database that occurred in the past 10 years
- One physician mentioned that he had filled out an ASQ for his child at her preschool earlier that week and that he was going to follow up to see if the preschool utilizes the registry

EFFECTIVENESS AND LIMITATIONS

Limitations

- The provider meeting where the presentation was given was during the last week of my clerkship which did not allow me to follow up with usage data after they gained access
- A single informational session is not able to implement a new addition to their well child visit work-flow because of the need for training with the nursing staff to help upload the ASQ and M-CHAT results.
- Providers expressed concern that this will 'be another thing on our plate with each well-child visit,'

Effectiveness

- The informational handouts were sent to the VT coordinator for *Help Me Grow* at the VT Dept of Health as well as the health care coordinator at *Let's Grow Kids*. I gave full permission for them to use and/or change the handouts for their future physician training sessions..
- Feedback from the info session was shared with VT Dept of Health and Let's Grow Kids in order to help improve their future trainings.



FUTURE DIRECTIONS

- Now that providers at Colchester Family medicine have been trained on the online registry, a future medical student can study the adoption rate of the system and further limitations to its use in clinical practice
- Follow-up with qualitative data on the utility of the registry for physicians
- Interview Children's Integrated Services and early educators in the community to understand how family medicine doctors can improve their communication to these community providers
- Extend the registry training to other primary care offices (family medicine and pediatrics) in the UVMMC system using the handouts created in this project
- Coordinate communication between VT Dept of Health and health care providers with suggestions for improvement to the user experience of the registry

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