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Transitioning to ASQ Online at Colchester Family Medicine

Colchester Family Medicine

Katie Barker, MS3

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Dr. Christine Staats

Problem Identification and Description of Need - Medical Practice Transformation

- ▶ 1 in 6 children have a developmental disability
- ▶ Risk of development delays increases with poverty, poor maternal mental health, teratogenic/toxins, certain genetic conditions, or difficult births
- ▶ Early detection of developmental delays allows for immediate intervention for best possible outcomes
- ▶ The AAP recommends all children are screened for developmental delays with a standardized tool (ASQ) at the 9-, 18-, and 30-month health supervision visit
- ▶ Currently at Colchester Family Medicine, 38% of these ASQ screenings are occurring, which can be improved with a goal of at least 90%
- ▶ Only 17% of children younger than 5 years of age with developmental delays received services for those delays

Public Health Costs -

- ▶ The cost of this problem is mainly a public health cost in the child's ability to progress and have improved functional outcomes, quality of life, and happiness
- ▶ Delayed interventions leads to worse outcomes for patients, with worsened developmental delays. Lack of detection is a missed opportunity for preventative intervention.
- ▶ Financially, these worse outcomes could require more resources than if intervention occurred sooner
- ▶ Children who receive appropriate services are less likely to require their parents, pulling them from work
- ▶ Better functional outcomes translates to individuals that can better contribute to the community

Community Perspective

- ▶ I spoke with **Dr. Breena Holmes** from the Vermont Child Health Improvement Program who has years of experience as a community pediatrician. She gave me an overview of developmental screening in Vermont, explained the details of coding and billing for screening in the clinic setting, and how this would apply to the use of ASQ online. She described how screening often has a way of underlining a deficit, causing anxiety for parents, but explained way for clinics to guide parents through the process using the Help Me Grow resources. Clinics can instead make it a narrative of accomplishments with every milestone hit and use the process as a way for parents to learn what normal development looks like, including social and emotional development. This helps parents better understand and bond with their children.
- ▶ I spoke with **Janet Kilburn** from Vermont Department of Health, Maternal and Child Health, who spearheads Help Me Grow. Help Me Grow is a national organization that connects families to community resources to allow children to grow, develop and thrive to reach their full potential. She explained the benefits of ASQ online for the family experience and quality of patient care, explaining 13 other sites in Vermont already use this system successfully. She also described Help Me Grow resources for both parents and providers, including activities for patients that score in the monitoring zone for development, to encourage family activities at home to aid in development. She explained the steps needed for Colchester Family Medicine to transition to ASQ online.

Intervention and Methodology

- ▶ Interviewed Dr. Breena Holmes of VCHIP and Janet Kilburn of the Vermont State Department of Health to learn about current screening practices in Vermont, the resources available to improve developmental screening practices, and brainstormed ways to make these improvements at Colchester Family Medicine
- ▶ Discussed the likelihood of this transition with nurses and providers at Colchester Family Medicine
- ▶ Received a demonstration of the ASQ online to inform proposal
- ▶ Wrote a proposal for Colchester Family Medicine to adopt the ASQ online, explaining the benefits and required change in workflow

Results/Response Data - Transition to the ASQ online

Change in workflow:

- ▶ Parents would be sent the URL link to the CFM ASQ online via MyChart prior to visit with additional Help Me Grow resources
- ▶ Once the parent submits a screening, the results are available to the provider
- ▶ The nursing team would upload the results as a PDF into EPIC for the provider to review in a convenient location
- ▶ The provider would review the results with the parent at the visit using billing code 96110.

Benefits to the ASQ online:

- ▶ The transition will improve the screening process for both provider and family experiences and quality of care.
- ▶ Screening will be a better bonding experience between parents and their child.
- ▶ Allows for increased rates of completions and improves accuracy of the results.
- ▶ Improves practice workflow with saved time, less paperwork, and reduced human error.

Evaluation of effectiveness and limitations

- ▶ The effectiveness of my project can be measure in whether Colchester Family Medicine:
 - ▶ accepts the proposal
 - ▶ completes the AQS online training provided by the Vermont Department of Health
 - ▶ implements the ASQ online

Recommendations for future projects

- ▶ Measure the impact of transitioning to the ASQ online by comparing the rates of completion of the screen from before and after the transition
- ▶ Further advertise the use of Help Me Grow resources for parents to learn more about childhood development

References

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4. <https://www.helpmegrowvt.org/providers-educators> - Link to ASQ online and how to do a referral.
5. <https://agesandstages.com/asq-online/> - The tool the parents would receive.
6. <https://www.cdc.gov/ncbddd/actearly/milestones/index.html> - CDC Milestone Checklist