

# IMPLEMENTING DEVELOPMENTAL SCREENING PER AAP GUIDELINES

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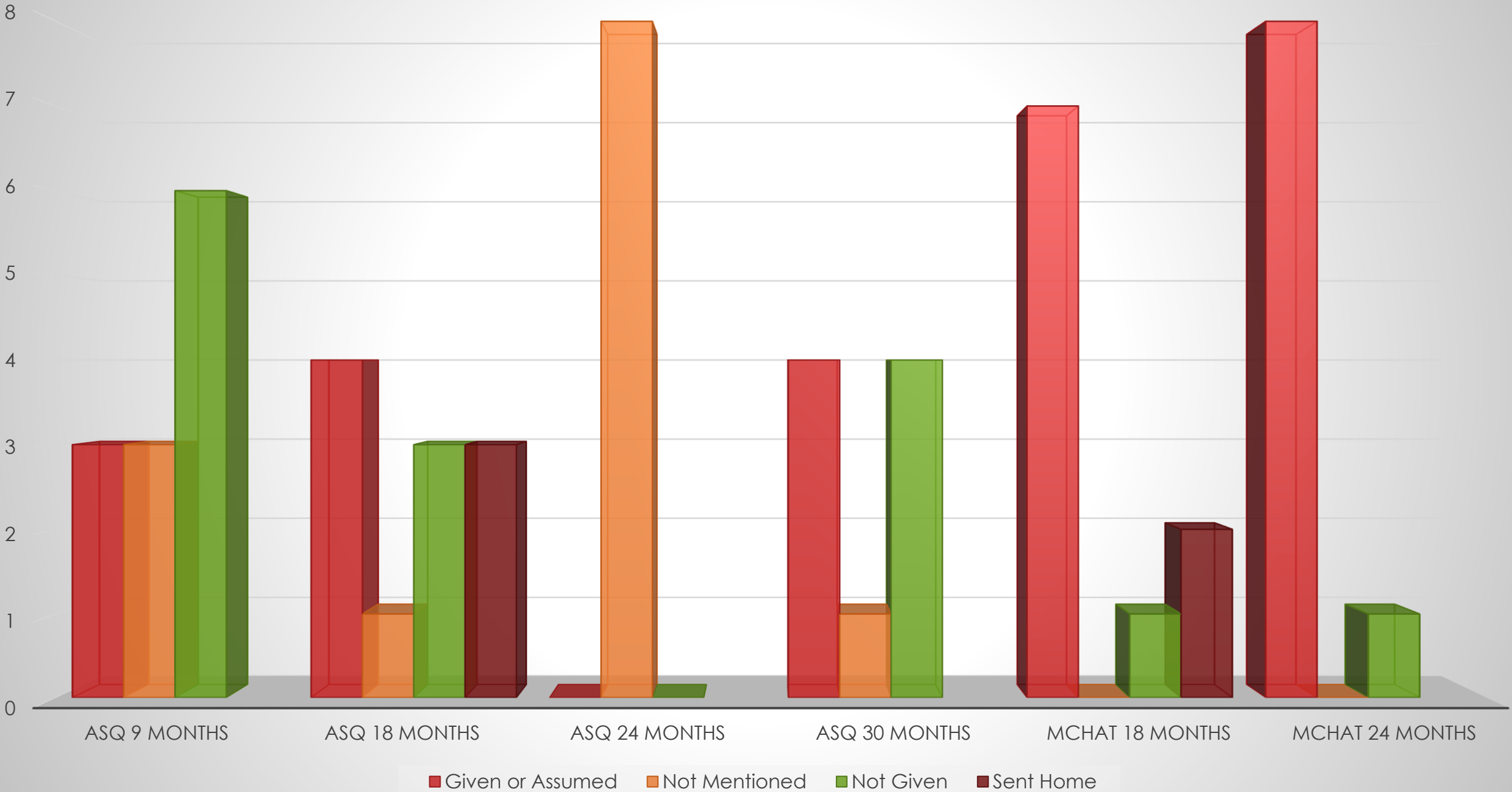


- ▶ **Developmental Delay can have a snowball effect of starting out small and easy to miss, but become a larger problem that is difficult to fix**
- ▶ **AAP suggests “developmental surveillance” at every well child visit and standardized “developmental screening” at WCC 9 months, 18 months, and 24 or 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)**

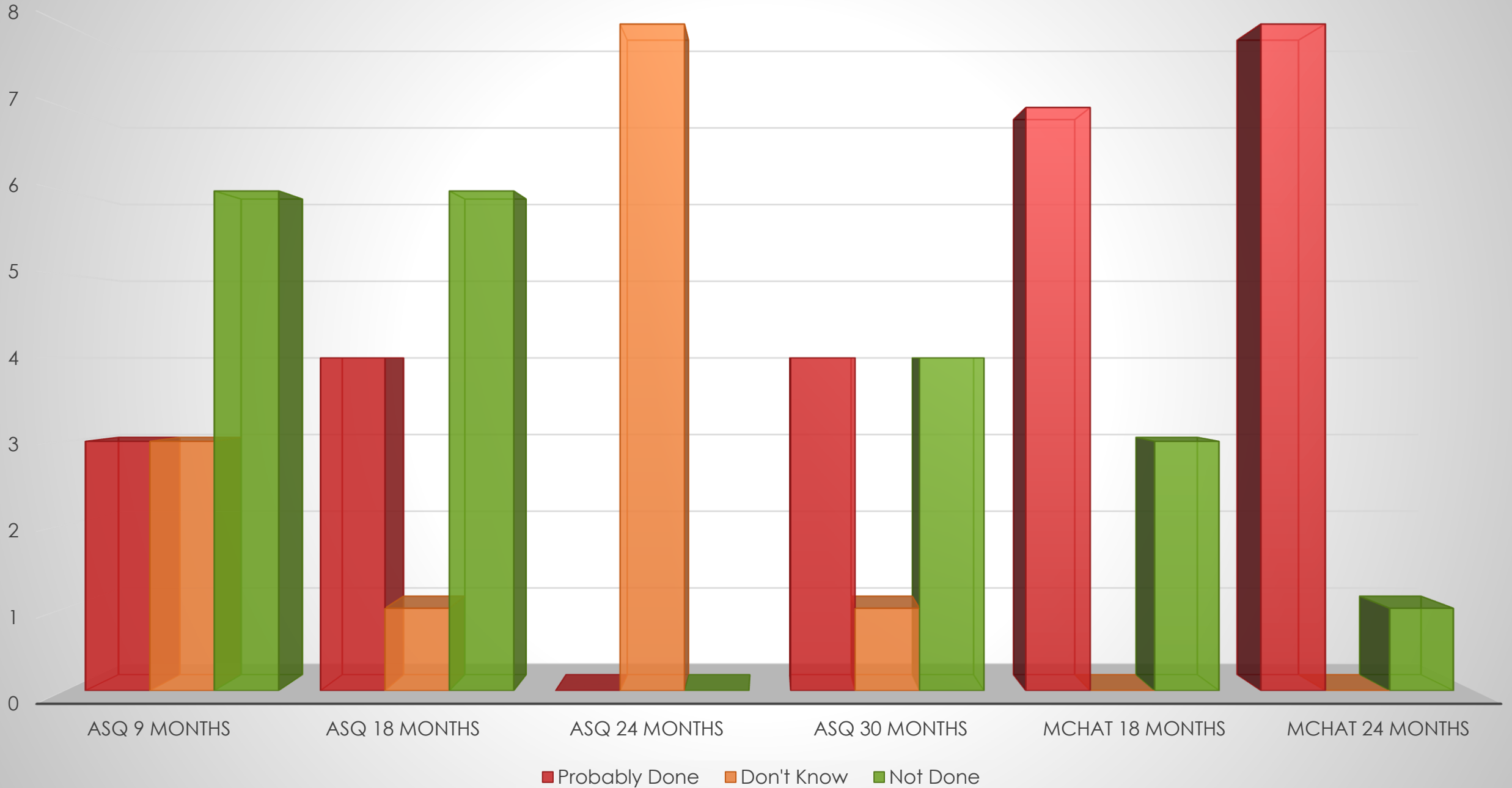
# HINESBURG FAMILY PRACTICE RESULTS FOR 2014



# 2014



# What the data probably means





## 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**

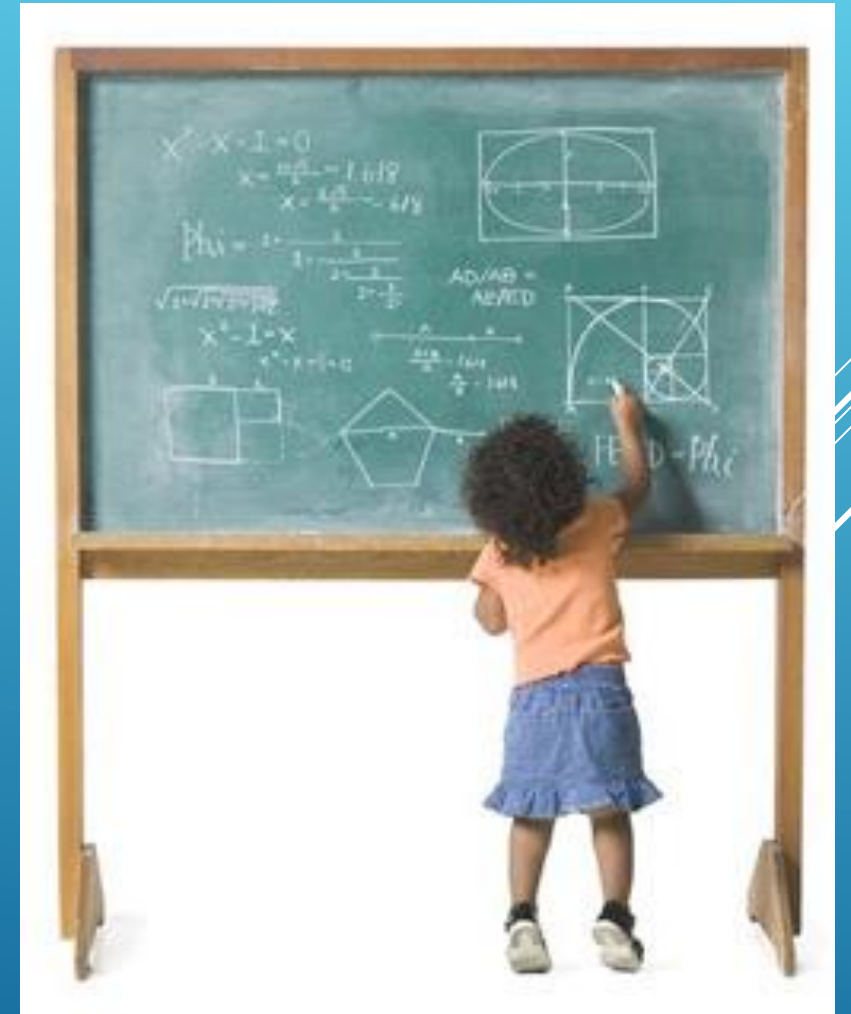


# REFERRALS

- **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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-CDC Morbidity and Mortality Report: Screening for Developmental Delays Among Young Children — National Survey of Children's Health, United States, 2007

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

-Talimi; 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