Improving Child Development: Lessons Learned and Promising Practices

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ABCD Initiative Goals

• to strengthen states’ capacity to deliver care that supports young children’s healthy development
• by identifying and implementing policy and systems changes that support the provision of preventive and early intervention care by Medicaid providers
Well Child Care

- Referral & Coordination of Care
- Medical History
- Physical Exam
- Procedures
- Immunizations
- Anticipatory Guidance & Parent Education
- Developmental Surveillance and Assessment
- Sensory Screening
- Measurements

Developmental Services
Why child development?

• Early action improves outcomes for school readiness, behavior... (Shonkoff and Phillips, eds., 2000)
  – First 3 years critical to brain development
  – Brain most adaptable in early childhood
  – Early treatment most effective

• There is room for improvement
  – 20-30% of children with or at risk for problems are identified prior to starting school (Glascoe and Shapiro, Revised: 2006)
  – Over 8 months between parent concern and early intervention (Part C) plan of care (National Early Intervention Longitudinal Study, 2007)
Why States?

• Medicaid covers more than half of all poor/low-income children (Kaiser Family Foundation, 2004)

• Medicaid benefits, especially EPSDT, provide a good base on which to build

• Other state programs can contribute resources for assessment and treatment, supporting practice change, and care coordination
  – Early Intervention (Part C)
  – Maternal and Child Health (Title V)
  – Mental health

• There is room for improvement
  – While >10% of young children have developmental delays, overall only 2.3% of children participate in Early Intervention (IDEA, Part C) programs (ideadata.org)
Why Pediatric Primary Care Providers (PCPs)?

- Almost all children receive a preventive health care visit before age 5 (National Survey of Children's Health)
- Most parents with concerns about their children’s development found medical professionals helpful (DB Bailey et al, 2004)
- AAP calls for developmental screening at three well-child visits (AAP, 2006)
- There is room for improvement
  - Physicians who use a standardized developmental screening tool do a better job of identifying children with potential delays than those who rely only on clinical judgment (Glascoe, 2000)
  - Most pediatricians rely on “only clinical judgment” (Sands, et al., 2005)
  - PCPs lack knowledge about follow-up resources and how to access them (Sands, et al., 2005)
Four State-based ABCD-related Projects

- ABCD I Consortium
- ABCD II Consortium
- Setting the Stage for Success
- ABCD Screening Academy
ABCD I & II Consortiums

- Two, 3-year state learning collaboratives
  - Multi-agency state teams conduct individual projects and share lessons learned
  - Commonwealth funds states and NASHP
  - NASHP provides support/oversight of state efforts and disseminates findings

- ABCD I: general development
  - NC, UT, VT, and WA conducted projects 2000-2003

- ABCD II: social/emotional development
  - CA, IA, IL, MN, and UT conducted projects 2004-2007
Setting the Stage for Success

• Designed to spread NC’s model for implementing developmental screening in primary care practices
  – Model developed under ABCD I
• Grant to Guilford Child Health, Inc.
  – Marian Earls is Principal Investigator
  – Funds provision of training to primary care practices and state officials in five states and revision of NC resource materials for a national audience
  – Trainings conducted Fall/Winter 2006
ABCD Screening Academy

Support efforts of 22 states to implement the policy and practice changes needed for wide-spread adoption of effective developmental surveillance and screening as part of standard well-child care.
Common State Goals

1. Increase appropriate, effective screening by pediatricians

2. Ensure providers and families have information they need to identify, treat, and refer

3. Ensure that referrals are effective
By the numbers

Accomplishments and lessons in measuring screening, referral, and assessment/treatment
Improved identification by incorporating a formal screening tool into well-child care
Documented difficulties in accessing/tracking follow-up services

<table>
<thead>
<tr>
<th></th>
<th># ID’ed by screen as potentially ‘at-risk’</th>
<th># referred</th>
<th># received follow-up from PCP or PCP staff</th>
<th># received follow-up from source other than PCP/PCP staff[^1]</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>67</td>
<td>27</td>
<td>32</td>
<td>13</td>
</tr>
<tr>
<td>IL[^2]</td>
<td>12</td>
<td>9</td>
<td>45-59</td>
<td>NR</td>
</tr>
<tr>
<td>IA[^3]</td>
<td>64-137</td>
<td>25-66 (incl. in-office follow-up)</td>
<td>Included in # referred</td>
<td>NR</td>
</tr>
<tr>
<td>MN Rural: 32</td>
<td>Urban: 18</td>
<td>Rural: 41</td>
<td>NR</td>
<td>Rural: 27</td>
</tr>
<tr>
<td>Urban: 18</td>
<td></td>
<td>Urban: 4</td>
<td></td>
<td>Urban: 3</td>
</tr>
<tr>
<td>Toddlers: 22</td>
<td></td>
<td>Toddlers: 17</td>
<td>Toddlers: 14</td>
<td></td>
</tr>
</tbody>
</table>

[^1]: Includes services from resource agency or mental health staff co-located w/PCP  
[^2]: Illinois results from practice-based demo and reported as a range as they took separate counts for 3 types of follow-up services  
[^3]: Iowa results reported as a range as they took separate counts for four domains  
[^4]: Utah data on follow-up outside the PCP is from sample of children referred; other data from sample of children w/well-child visit.
Illinois statewide data for children ≤ 36 Months
(Source: Illinois Medicaid)

Developmental Screening

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th># Children w/at Least One Screen</th>
</tr>
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<tbody>
<tr>
<td>2005</td>
<td>26,326</td>
</tr>
<tr>
<td>2006</td>
<td>55,142</td>
</tr>
<tr>
<td>2007</td>
<td>69,291</td>
</tr>
</tbody>
</table>

Early Intervention Services

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th># Children w/Screen followed by EI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>3,167</td>
</tr>
<tr>
<td>2006</td>
<td>4,197</td>
</tr>
<tr>
<td>2007</td>
<td>7,375</td>
</tr>
</tbody>
</table>
By Objective

Accomplishments and lessons in policy and practice improvement
Improve Identification (1)

- Promoted primary care provider (PCP) use of validated screening tools
  - State agencies worked with physicians to identify tools and promote their use
  - Modify Medicaid provider handbooks and websites used by provider practices
  - Change payment policies
    - Many state Medicaid programs began paying PCPs for screening with standardized tool
    - Minnesota began paying MCOs an incentive payment for increased screening rates
    - North Carolina stopped paying for specified EPSDT visits unless the bill indicated that the PCP conducted a developmental screen as part of the visit
Improve Identification (2)

• Help primary care providers integrate the tools into their practices
  – Utah conducted learning collaboratives to teams from PCP practices identify and test changes to office procedures (UT)
  – Illinois partnered with provider organizations that support practices
    • AAFP offered distance training to members
    • AAP staff conducted in office training
  – Iowa identified a physician-mentor to help each practice integrate screening
  – California worked through their contracted MCOs to organize on-site training to practices

• Create consistent expectations for developmental screening among state programs
  – Illinois changed MCH program policy
  – Minnesota Medicaid, public health, and education reached agreement on common screening guidelines and created a joint website that conveyed them
Improve Access to Follow-up Services

• Identify existing resources (all)

• Facilitate referrals
  – Utah: learning collaboratives feature development of referral pathways
  – Illinois & Iowa: identify resources to manage referrals

• Identify and fill in the gaps
  – Minnesota:
    • New diagnostic system that better met needs of young children
    • Medicaid benefit targeted to children with emotional disturbance
Leverage Resources to Promote Change

• Form partnerships
  – Illinois: local chapters of physician organizations sent out letter supporting policy change

• Use quality improvement
  – Utah: Performance improvement project (PIP) on coordination between mental health systems and HMOs
  – Illinois: PIP to measure and improve EPSDT services led to contract changes, training opportunities, and more measurement
  – Illinois: Measured PCCM provider use of developmental screen
    • Provide feedback to providers
    • Pay incentive payments to PCCM providers
    • Identify providers for training
Identify and Address Policy Barriers

• Policy changes in Medicaid and **other agencies**
  – Illinois & North Carolina Part C (early intervention) clarified eligibility policies
  – Iowa legislature & Utah MCH agency provided dedicated resources to expand/build
  – Some policy changes required legislation, most did not

• **Explicit process for identifying & considering changes**
  – California, Illinois, & Iowa projects developed formal mechanisms for identifying and considering changes
  – Minnesota feeds project results into a group outside the project

• **Identify policy barriers during planning, implementation, and operation of pilots**
  – All developed policy recommendations based on experience and in conjunction with stakeholders
Lessons learned

1. States efforts can improve the identification and treatment of developmental delay

2. Policy and practice improvement are (and should be) tied

3. Partnerships are critical (state agencies, physicians, families, community resource agencies….)

4. Start small—but plan for spread

5. Performance measurement and feedback can incent and support change even without new legislation or funding (but they sure help!!)
For more information

- WWW.NASHP.ORG and WWW.ABCDRESOURCES.ORG

- State Policy Options to Improve Delivery of Child Development Services: Strategies from the Eight ABCD States

- Improving the Delivery of Health Care that Supports Young Children’s Healthy Mental Development: Update on Accomplishments and Lessons from a Five-State Consortium
References

• Shonkoff JP, Phillips DA, eds. *From neurons to neighborhoods: the science of early childhood development*; IOM, 2000
• Final Report of the National Early Intervention Longitudinal Study, January 2007
• IDEAdata.org, Table 6-1. Infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2004.
• Sices L., *Developmental Screening in Primary Care: The Effectiveness of Current Practice and Recommendations for Improvement*, The Commonwealth Fund, December 2007