PRISMA HEALTH®

62nd Annual Greenville Postgraduate Seminar

Spotlight: Primary Care

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Don’t Just Wait and See: The Case for a Comprehensive Pediatric Screening Program

Blakely Amati, MD
August 16, 2019
Persistent Stress Changes Brain Architecture

Normal

Typical neuron—many connections

Toxic stress

Prefrontal Cortex and Hippocampus

Damaged neuron—fewer connections

Sources: Radley et al. (2004)
           Bock et al. (2005)
### Table 1. The Benefits of Early Childhood Intervention (5)

<table>
<thead>
<tr>
<th>Educational/Cognitive Outcomes</th>
<th>Behavioral Outcomes</th>
<th>Health Outcomes</th>
<th>Economic Outcomes</th>
<th>Social Outcomes</th>
<th>Other Positive Outcomes</th>
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</thead>
<tbody>
<tr>
<td>Increase in intellectual competence</td>
<td>Improved school readiness</td>
<td>Earlier identification of children at risk</td>
<td>Improved living conditions</td>
<td>Decrease in teen pregnancies</td>
<td>Improved parent-child relationships</td>
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<td>Positive home-school relationships</td>
<td>Reduction in juvenile delinquency</td>
<td>Improved knowledge of nutrition</td>
<td>Improved work skills</td>
<td>Reduction in child abuse</td>
<td>Increased self-esteem</td>
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<td>Increased parental involvement in a child’s schooling</td>
<td>Increase in child-school engagement</td>
<td>Increase in medical check-ups</td>
<td>Increase in family income</td>
<td>Elimination of infant and child homicide</td>
<td>Acceptance of personal responsibility</td>
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<td>Improved literacy</td>
<td>Less disruptive behavior in classroom</td>
<td>Decrease in licit and illicit drug use</td>
<td>Increased employment rates</td>
<td>Development of social support networks</td>
<td>Mental health benefits; environment with reduced stress</td>
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<td>Improved school achievement</td>
<td>Improved parent-child relationships</td>
<td>Improved prenatal care</td>
<td>Decrease in welfare dependence</td>
<td>Increased familiarity with local health care/social service support systems</td>
<td>Self-efficacy</td>
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<td>Less need for remedial assistance</td>
<td>Reduced participation in criminal activity</td>
<td>Fewer emergency department visits</td>
<td>Improved peer relationships</td>
<td>Lower rates of family adversity and conflict</td>
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<td>Less school failure</td>
<td>Reduced social isolation</td>
<td>Improved networks of support</td>
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<td>Higher school completion rates</td>
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Reprinted with permission from Homel et al. (6)

Cost/Benefit Analyses Show Positive Returns
Early Childhood Programs Demonstrating Range of Benefits to Society

![Graph showing cost/benefit analyses with positive returns for different early childhood programs.]

**FIGURE 1**
Cost/benefit analysis of benefits to society of early childhood programs. (Reprinted with permission from the Center on the Developing Child at Harvard University, www.developingchild.harvard.edu.)
“The first five years have so much to do with how the next 80 turn out.”

- Bill Gates Sr., Co-Chair of the Bill and Melinda Gates Foundation
“I think everyone has really started ‘waiting less’ and doing more to help and monitor developmental growth in all our patients.”

- Participant in recent AAP QI Initiative to improve and promote developmental surveillance and screening
Objectives

- Review developmental surveillance versus screening
- Identify the benefits of universal screening in a pediatric setting
- Identify the importance of screening for child development, maternal depression and the social determinants of health
- Review the American Academy of Pediatrics screening recommendations
- Identify the major parts of a screening process including referral and follow-up
MEDICAID BULLETIN

TO: All Providers

SUBJECT: July 1 Coverage and Reimbursement Changes

The South Carolina Department of Health and Human Services (SCDHHS), in its continuing efforts to purchase the most health for our citizens at the least possible cost to the taxpayer, routinely evaluates the services provided through the South Carolina Healthy Connections Medicaid program and the related provider payments issued for delivering those services. As a result of these efforts, several benefit and reimbursement changes are being implemented on July 1, 2019. While much of this information has been announced through other avenues, this bulletin reflects an effort to provide a comprehensive account. More details related to these changes are available at the SCDHHS website and in the Medicaid Provider Guides at scdhhs.gov.

Pediatric and Preventative Benefit Enhancements
Over recent years, SCDHHS has engaged in a number of efforts to ensure that the Medicaid benefit, especially as it relates to preventative and pediatric care, is consistent with evidence-based standards. These include considerable investments in quality of care through the Birth Outcomes Initiative (BOI) and Quality Through Innovation in Pediatrics (QTIP) program, and expanded access to immunizations and pediatric screenings.
1 in 4 children at risk for developmental delay

1 in 5 children will have emotional/behavioral problems

1 in 59 with autism

Development and behavioral disorders in top 5 chronic pediatric conditions causing functional impairment

25-45% of children with 1 disorder have at least 1 additional mental health or behavioral diagnosis at a given time
Approximately 40% of pediatricians do not consistently complete recommended developmental screenings.
Figure 1. Developmental Screening Rates for Children Under Age 3 in Medicaid and/or CHIP, 2016

Clinical judgment alone detects fewer than 30% of children who have developmental disabilities and fewer than 50% of children who have serious emotional and behavioral disturbances.

Providers are less likely to identify problems in minority or non–English-speaking children and adolescents.
Comprehensive Screening Program

- Ongoing Surveillance
- Routine Screening
- Interpretation and Discussion of Results
- Referral
- Follow-up

Screen early. Developmental checkups help your child learn and grow.
Surveillance + Screening = Early Identification

**Developmental Surveillance or Monitoring**
- Done by parents, teachers, & health professionals
- On-going process begins at birth
- Sample tool: "Learn the Signs, Act Early" Milestones Checklist

**Developmental Screening**
- Both look for developmental milestones
- Important for tracking signs of development & identifying concerns
- Formal process recommended by the American Academy of Pediatrics at 9, 18, 24 or 30 months
- Done by health professionals may be done by teachers with special training
- Uses a valid screening tool: Sample tool: Ages & Stages Questionnaire
Assessing the 5 Developmental Domains

Gross Motor
Fine Motor
Language
Cognitive
Social-Emotional/Behavioral
Developmental Screening

Brief standardized tool that aids in the identification of children at risk of a developmental disorder.

Screening Tools
Bright Futures Recommendations

Standardized developmental screening at:
- 9 months
- 18 months
- 24 or 30 months

Plus  autism specific screening at 18 and 24 months
Developmental Screening

- Does not make a diagnosis, but identifies those who need further evaluation
- Does not establish the pattern of developmental delay
Developmental History

Establish pattern of developmental delay
- Statis, acute, progressive

Identify markers of atypical development
- Delay, dissociation, deviation
“Don’t Defer, Refer”

Refer those who fail screening for further evaluation and diagnosis

Validated screens make correct decision >70–80% of the time

Improving Developmental Screening Documentation and Referral Completion

2610 children screened (86% of those eligible); 382 (15%) scored in abnormal range.

- At baseline, 20% of abnormal screens referred to community resources, 13% Early Intervention referrals; 43% recommended following up at next visit
- Referrals increased to 50% for community resources, 43% to EI with follow-up phone calls
Links families to existing, community-based programs and services for children at-risk for developmental, behavioral, or learning problems.

Launched in the Upstate in 2012.

Free resource available to children birth to age 5 in Anderson, Greenville, Laurens, Oconee, Pickens, Spartanburg, Charleston, Berkeley, Dorchester, Beaufort, Jasper, and Colleton counties.

In January 2019, 5,178 children and families connected. 43% by physician referral.
- **Information** on general child development and parenting topics
- **Referrals** to community resources, such as early intervention agencies, family therapy providers, parenting classes, speech, occupational, or physical therapy.
- **Developmental Screening**, HMG offers the Ages and Stages Questionnaire (ASQ -3) free of charge for children ages 1 month to 5 ½ years.
- **Developmental Activities** for parents to use at home in order to enhance their child’s developmental progress.
Barriers to Autism Screening in Family Medicine Practice

- Lack of autism knowledge specifically concerning recommended screening, screening tools, etiology and effective treatment
- Lack of available resources within their communities
- Call for stronger outcome studies
Concluded in 2015 that current evidence **insufficient** to assess the balance of benefits and harms of screening for ASD in young children for whom no concerns of ASD have been raised by their parents or a clinician.
AAP Statement on U.S. Preventive Services Task Force Final Recommendation Statement on Autism Screening

2/16/2016

by: Bernard Dreyer, MD, FAAP, president, American Academy of Pediatrics

“The American Academy of Pediatrics (AAP) agrees with the call from the U.S. Preventive Services Task Force (USPSTF) for more research on the impact of screening and interventions for children who have autism spectrum disorder (ASD), especially those in early childhood. This critically important research must be funded so we can learn how to better identify children with ASD early in life, and how to design the most effective interventions and treatments.

“However, strong evidence already exists on the benefit of formal screening using standardized tools. This type of screening can identify children with significant developmental and behavioral challenges early, when they may benefit most from intervention, as well as those with other developmental difficulties. For screening to be effective, by design it must be applied to all children — not only those who exhibit overt symptoms, or those an individual clinician judges would benefit.

“The AAP stands behind its recommendation that all children be screened for ASD at ages 18 and 24 months, along with regular developmental surveillance. This recommendation is encapsulated in the Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, which serves as the blueprint for well-child visits and coverage under the Affordable Care Act. Health insurance coverage of ASD screening should not be impacted by the USPSTF statement.

“Research shows that early intervention can considerably improve children’s long-term development and social behaviors. The AAP remains committed to providing its 64,000 member pediatricians with the tools and training they need to appropriately identify children with autism spectrum disorder and refer them to the treatment and services they need.”

###

The American Academy of Pediatrics is an organization of 64,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. For more information, visit www.aap.org and follow us on Twitter @AmerAcadPeds.
When compared to results of the diagnostic evaluation, Modified Checklist for Autism in Toddlers - Revised with Follow-up (M-CHAT-R/F) 20 items, sensitivity 71%, specificity 62% Parent’s Observations of Social Interactions (POSI) on the SWYC 7 items, sensitivity (89%), specificity 54%

The POSI displayed adequate reliability, comparable to that of the M-CHAT.

goals

Increase the proportion of young children…

• Screened for an Autism Spectrum Disorder ASD and other developmental delays by 24 months
• With an ASD or developmental delay with first evaluation by 36 months
• With an ASD or developmental delay enrolled in special services by 48 months

Healthy People 2020 www.hp2020.gov

CDC MMWR: Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 4 Years
Comprehensive Screening Program

✔ Development
✔ Behavior
(Maternal Depression
(Social Determinants of Health
Screening for the Social Determinants of Health

Socioeconomic Factors
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

Physical Environment

Health Behaviors
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Health Care
- Access to Care
- Quality of Care

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2016)
“Epigenetics” is an emerging area of scientific research that shows how environmental influences—children’s experiences—actually affect the expression of their genes.

During development, the DNA that makes up our genes accumulates chemical marks that determine how much or little of the genes is expressed. This collection of chemical marks is known as the “epigenome.” The different experiences children have rearrange those chemical marks. This explains why genetically identical twins can exhibit different behaviors, skills, health, and achievement.

This means the old idea that genes are “set in stone” has been disproven. Nature vs. Nurture is no longer a debate. It’s nearly always both!

Center on the Developing Child, Harvard University
For more information: https://developingchild.harvard.edu/epigenetics
EPIGENETICS EXPLAINS HOW EARLY EXPERIENCES CAN HAVE LIFELONG IMPACTS.

The genes children inherit from their biological parents provide information that guides their development. For example, how tall they could eventually become or the kind of temperament they could have.

When experiences during development rearrange the epigenetic marks that govern gene expression, they can change whether and how genes release the information they carry.

Thus, the epigenome can be affected by positive experiences, such as supportive relationships and opportunities for learning...

... or negative influences, such as environmental toxins or stressful life circumstances ...

... which leave a unique epigenetic “signature” on the genes. These signatures can be temporary or permanent and both types affect how easily the genes are switched on or off. Recent research demonstrates that there may be ways to reverse certain negative changes and restore healthy functioning. But the very best strategy is to support responsive relationships and reduce stress to build strong brains from the beginning.

Center on the Developing Child  
HARVARD UNIVERSITY

For more information: https://developingchild.harvard.edu/epigenetics
Perinatal Depression

- Develops during pregnancy or up to 1 year after childbirth
- Affects as many as 1 in 7 women, or more than 180,000 mothers annually
- Estimated that fewer than half of cases are recognized
The Still Face Experiment

Children of mothers suffering from maternal depression are more likely to have cognitive, neurological, and motor delays.
Assigned a Grade B to providing or referring pregnant and postpartum persons at increased risk of perinatal depression to counseling interventions.
Pediatric providers are well-positioned to screen women for postpartum depression due to their frequent contact with families during a child’s first year of life.

Postpartum depression disproportionately affects women with low SES.

*The AAP recommends postpartum depression screening and surveillance at the 1, 2, 4 and 6 month WCCs.*
State Legislation

01 Postpartum Depression Awareness Campaigns
- Washington (2005)
- Maryland
- Massachusetts
- California, Oregon (2010)
- Michigan (2011)

02 Task Force Mandates
- New Jersey (2000)
- Texas (2005)
- West Virginia (2006)
- Maine
- Maryland

03 Patient Education Mandates
- New Jersey (2000)
- Massachusetts (2010)
- Texas, Virginia (2003)
- Minnesota, Virginia (2005)
- Illinois (2008)

04 Screening Mandates
- New Jersey (2000)
- Illinois (2008)
- West Virginia (2009)
- Massachusetts (2010)
In South Carolina

2013

QTIP initiative

2016

CMS Bulletin: Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children

A maternal depression screening can be considered an integral part of a risk assessment for the child, in light of the evidence that maternal depression can place children at risk of adverse health consequences.

“Overall the implementation of the Edinburgh Postnatal Depression Scale was a huge success. Not only did we provide better care to our mothers after this intervention but our providers felt better about the care they were providing to mothers. All our providers felt they were able to detect mothers through the screen that they might have missed just from talking to the mom alone during the visit. Ultimately the addition of the Edinburgh Postnatal Depression Scale to our infant well child visits has been a positive intervention to our practice.”

- Physician at Pediatric Associates of Spartanburg
<table>
<thead>
<tr>
<th>Edinburgh Postnatal Depression Scale</th>
<th>Patient Health Questionnaire - 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score &gt;12: 80% Sensitivity, 90% Specificity</td>
<td>Score &gt;9: 88% sensitivity, 88% specificity</td>
</tr>
<tr>
<td>0-9 = Symptoms of distress may be short lived</td>
<td>5-9 = Mild Depression</td>
</tr>
<tr>
<td>10-12 = Symptoms of distress may be discomfoting</td>
<td>10-14 = Moderate Depression</td>
</tr>
<tr>
<td>13+ = High likelihood of Depression, referral indicated</td>
<td>15-19 = Moderate Severe Depression</td>
</tr>
<tr>
<td>At CPM: &lt;5 no concerns, 5-11 follow-up planned, 12+ referral recommended</td>
<td>20+ = Severe Depression</td>
</tr>
</tbody>
</table>

**Screening Tools**
More than 8 million US children are living in poverty.

Annie E Casey Foundation

Economic disadvantage is among the most potent risks for behavioral and emotional problems due to increased exposure to environmental, familial, and psychosocial risks.

Optimal Devpt Pediatrics 2015

The AAP recommends using a written screener or verbally asking family members questions about basic needs such as food, housing, and heat during patient encounters.

Screening Tools, AAP Poverty Curriculum
Adverse Childhood Experiences (ACEs)

- Original study surveyed 17,000 adults about early traumatic and stressful experiences.
- 66% of respondents experienced at least 1 ACE and 20% experienced more than 3.
- ACEs were related to increased rates of health problems in adulthood including obesity, cardiovascular disease, substance abuse, mental health problems, and poor health-related quality of life.
- As the Adverse Childhood Experience Study score increased, so did the number of risk factors for the leading causes of death.

Barriers

- Overworked providers
- Lack of knowledge
- Lack of support
- Unsure of role
- Feeling helpless
- Feeling unethical
- Opening “Pandora’s box”

Benefits

- Providing whole-person care
- Increased adherence
- Reducing “revolving door” medicine
- Identifying patients who need more support
- Better identifying true needs
- Providing trauma-informed care
- More cost-effective care
- Reducing missed diagnoses

References:

- Gottlieb L, Fichtenberg C, Adler N. Screening for social determinants of health. JAMA. 2016;316(23):2552
Parental Recommendations for Pediatricians

1. Build Trust
   - Signal confidentiality and be transparent about what triggers reporting to child welfare.

2. Choose the right moment and be sensitive in front of children

3. Let parents choose to learn about helpful resources at their own initiation.

4. Do not ask for the sake of asking (Double Loss)

5. Make clear screening is standard protocol

Screenings

# Medicaid children screened

Based on Administrative Claims

Data shared at January 2019 QTIP Learning Collaborative
Bradshaw Institute Screening Tool Survey April 2019

36 Pediatricians responded representing 12 Prisma Health Upstate Pediatric Practices

**Frequency of Screening during WCCs up to age 5**

- All WCCs: 46%
- 1 WCC: 15%
- 2 WCCs: 8%
- 3 WCCs: 8%
- 5 WCCs: 8%
- 6 WCCs: 15%

**Screening Tools Used with Patients 0-5**

- SWYC: 55%
- MCHAT: 17%
- Peds: 12%
- EPDS: 6%
- ASQ-3: 12%
Finding the Right Screening Tool for Your Practice

- **Ages**: What age groups do I serve and what screening tools are made for those ages?
- **Time**: How much time does it take to administer and interpret this tool?
- **Cost**: What is the cost for this screening tool and its ongoing use?
- **Training**: Is there training required? How much?
- **Languages**: Does the screening tool need to be available in different languages to fit the needs of the families I serve?
- **Culture**: Is it culturally appropriate?

**Screening Tools**

Birth to 5: Watch Me Thrive! A Primary Care Provider’s Guide for Developmental and Behavioral Screening
**DEVELOPMENTAL MILESTONES**
These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer all the questions.

<table>
<thead>
<tr>
<th>Item</th>
<th>Not Yet</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes sounds that let you know he or she is happy or upset</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Seems happy to see you</td>
<td></td>
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<tr>
<td>Follows a moving toy with his or her eyes</td>
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<tr>
<td>Turns head to find the person who is talking</td>
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<tr>
<td>Holds head steady when being pulled up to a sitting position</td>
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<tr>
<td>Brings hands together</td>
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<tr>
<td>Laughs</td>
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<tr>
<td>Keeps head steady when held in a sitting position</td>
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<tr>
<td>Makes sounds like &quot;ga&quot;, &quot;ma&quot;, or &quot;ba&quot;</td>
<td></td>
<td></td>
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<tr>
<td>Looks when you call his or her name</td>
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**BABY PEDIATRIC SYMPTOM CHECKLIST (BPS C)**
These questions are about your child's behavior. Think about what you would expect of other children of the same age, and tell us how much each statement applies to your child.

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<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
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<tbody>
<tr>
<td>Does your child have a hard time being with new people?</td>
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<tr>
<td>Does your child have a hard time in new places?</td>
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<tr>
<td>Does your child have a hard time with change?</td>
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<tr>
<td>Does your child mind being held by other people?</td>
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<tr>
<td>Does your child cry a lot?</td>
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<tr>
<td>Does your child have a hard time calming down?</td>
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<tr>
<td>Is your child fussy or irritable?</td>
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<tr>
<td>Is it hard to comfort your child?</td>
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<tr>
<td>Is it hard to keep your child on a schedule or routine?</td>
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<tr>
<td>Is it hard to put your child to sleep?</td>
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<tr>
<td>Is it hard to get enough sleep because of your child?</td>
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<tr>
<td>Does your child have trouble staying asleep?</td>
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**PARENT'S CONCERNS**

<table>
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<tr>
<th>Item</th>
<th>Not At All</th>
<th>Somewhat</th>
<th>Very Much</th>
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<tbody>
<tr>
<td>Do you have any concerns about your child’s learning or development?</td>
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<tr>
<td>Do you have any concerns about your child’s behavior?</td>
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**FAMILY QUESTIONS**

Because family members can have a big impact on your child’s development, please answer a few questions about your family below.

1. Does anyone who lives with your child smoke tobacco?
   - Yes
   - No
2. In the last year, have you ever drunk alcohol or used drugs more than you meant to?
   - Yes
   - No
3. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?
   - Yes
   - No
4. Has a family member’s drinking or drug use ever had a bad effect on your child?
   - Yes
   - No
5. Within the past 12 months, were your thoughts about food so run out before you got money to buy more?
   - Never True
   - Sometimes True
   - Always True
6. In general, how would you describe your relationship with your spouse/partner?
   - No Tension
   - Some Tension
   - A Lot of Tension
   - Not Applicable
7. Do you and your partner work out arguments with?
   - No Difficulty
   - Some Difficulty
   - A Lot of Difficulty
   - Not Applicable
8. During the past week, how many days did you or other family members need to be to your child?
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
9. How would you describe your emotional changes with a new baby?
   - Very Happy
   - Somewhat Happy
   - Neutral
   - Somewhat Unhappy
   - Very Unhappy
10. How would you describe your emotional changes with a new baby?
    - Very Happy
    - Somewhat Happy
    - Neutral
    - Somewhat Unhappy
    - Very Unhappy

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**EMOTIONAL CHANGES WITH A NEW BABY**

Since you have a new baby in your family, we would like to know how you are feeling now. Please check the answer that comes closest to how you have felt IN THE LAST 7 DAYS, NOT JUST HOW YOU FEEL TODAY.

1. I have been able to laugh and see the funny side of things
   - As much as always
   - Different not much now
   - Definitely not so much now
   - Not at all
2. I have looked forward with enjoyment to things
   - As much as I ever did
   - Less than I used to do
   - Definitely less than I used to do
   - Hardly at all
3. I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never
4. I have been anxious or worried for no good reason
   - Yes, not at all
   - Hardy ever
   - Yes, sometimes
   - Yes, very often
5. I have felt scared or panic for no good reason
   - Yes, quite a lot
   - Yes, sometimes
   - Not, not at all
   - No, not at all
6. Things have been getting on top of me
   - Yes, most of the time
   - Yes, sometimes
   - I haven’t been able to cope as well as usual
   - I have been coping quite well
7. I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all
8. I have felt sad or miserable
   - Yes, quite often
   - Not very often
   - No, not at all
9. I have been so unhappy that I have been crying
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all
10. The thought of harming myself has occurred to me
    - Yes, quite often
    - Not at all
    - Never

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**PRISMA HEALTH**

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Getting Started

Quality Improvement Institute for Healthcare Improvement (IHI) modules
http://www.ihi.org/education/IHIOpenSchool/Courses/Pages/default.aspx

AAP Screening Technical Assistance and Resource Center (STAR) Modules
https://screeningtime.org/star-center/
Engaging staff in the screening process

- Provide information about validated screening tools to partners.
- Consider implementing with a multi-disciplinary team, including office staff and other clinicians, to assist with project buy-in.
- Communication is key! Providing support and engagement to and among project participants can help participants address barriers, celebrate successes, and share relevant insight and resources.
- Consider becoming a trauma informed practice. Often we “see the behavior and not the back story”

AAP Developmental Surveillance and Screening MOC Part 4 QI Project Toolkit
Consider Workflow

- Take a **universal approach**.
- Help front office keep track of which forms are needed at which visit.
- **Paper vs Paperless**
  - If paper screen, consider use of a **HIPAA compliant clipboard**, start completing in lobby
  - If electronic, may be able to fill out online prior to appointment or on tablet in lobby
- Decide who will score screeners.

**HIPAA Compliant Clipboard Cover:**

“At each check-up we ask all families about how things are going at home because this is important for your child’s health. Here at the Center for Pediatric Medicine we have a large team available to help with things like access to healthy food, transportation, housing, education, utilities or anything else. Please notify any member of the team if you would like to meet with someone to discuss your needs or concerns.”
Engaging families in the screening process

- Screening tools help focus the discussion during the WCC.
- **Point out the specific behavior** the child is struggling with and ask if they observe the same behavior(s) at home.
- Screening results should be discussed with family whether positive or negative.
- **Balance conversation with affirmations with what is going right or give positive feedback based on your observations** or ask them what is going well in their family.
- Stress that screening does not provide a diagnosis.
Teach Parents How to Promote Early Child Development

Center on the Developing Child
HARVARD UNIVERSITY

SERVE & RETURN
Positive interactions build sturdy brain architecture

Reach Out & Read®
where great stories begin®

MILESTONE TRACKER

...because milestones matter.

PREScription FOR PLAY!
Engaging families in the screening process

- Give family time to listen, reflect and provide input
- Suggest activities to support child development
- Provide informative materials and direct to additional resources
- Refer for further evaluation
- Develop process to follow-up on outcome of referrals
Developmental Milestones

Meets age expectations*

- Needs Review
  - Refer to milestones scoring chart by child's age in month
  - Meets expectations
  - Borderline, f/u at next appt* or consider Help Me Grow (HMG) referral
  - Referrals made for speech/fine/gross motor delay +/- HMG

Baby/Pediatric Symptom Checklist

No concerns

- At risk
  - Clarify responses with family
  - Ask about behavioral techniques, screen for corporal punishment i.e. spanking, hitting
  - If borderline concern, consider a HMG early intervention*
  - Consider discussion with Social Work
  - Consider referrals to Help Me Grow, TripleP Parenting

Parent’s Observation of Social Interactions

Normal for age

- At risk
  - Borderline, f/u at next appointment
  - Consider referrals to HMG, BabyNet/Child Find
  - Consider referral to Dev-Behavioral/Peds

Family Questions/Social Determinants of Health Screening

No concerns

- Document concerns
  - Refer to community resources
  - If concerns elicited about parental interactions - screen further for domestic violence. “Do you feel safe at home?”
  - Follow-up with SW
  - Consider referral to Medical-Legal Partnership
Billing and Reimbursement

- Dependent on your payer source
- Modifiers may be needed
Wrapping it up with a Case
Thank you for completing the Ages and Stages Questionnaire (ASQ-3) through Help Me Grow South Carolina for [name]. [Name]'s ASQ scores in the area(s) of Gross Motor, Problem Solving, and Personal Social indicate typical development. [Name]'s scores in the area(s) of Communication and Fine Motor indicate additional developmental support and/or further evaluation may help your child at this time. Additional concerns are present involving his social-emotional development.

We will be contacting you to follow-up on the referral listed below. To ensure [name]'s developmental needs are met; you may want to raise the indicated concerns with baby's pediatrician.

<table>
<thead>
<tr>
<th>Referral</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babynet/Greenville</td>
<td>864-331-1454</td>
</tr>
</tbody>
</table>

⇒ In order to address the speech concerns identified for [name] and evaluate for early intervention services, an appointment with Greenville Baby Net (Program Coordinator Patti Ertzberger) has been scheduled for Thursday 08/24/2017 at 9:00 AM. The Baby Net office is located at 600 E Washington Street, Suite 602 in Greenville SC 29601.

Enclosed, you will find fun activities to do with [name] to further enhance his development. You will want to encourage skills in all areas, but focus on the area for which additional developmental support is recommended.
Ask a group of medical students, “What was the most important lesson that you learned during your pediatrics rotation?” and it is likely that many will respond, “That **infants and children are not little adults**.” But within this patently correct observation lies a subtler, deeper truth: What sets infants and children apart from adults is that infant and children are **still under construction**. As a consequence, experiences in childhood help to build a strong or weak foundation for future growth.

Similarly, what sets pediatricians apart from other healthcare professionals is the recognition that their patients are still developing - physically, emotionally, intellectually, and socially. As a consequence, pediatricians must have a fundamental appreciation for the wide array of influences (eg. genetic, nutritional, environmental, social) that affect the unfolding of the developmental process. **Pediatricians recognize that current and future child well-being is not just about the child but the developmental milieu: the family, neighborhood, and culture context in which that development is occurring**.

Thinking Developmentally: Nurturing Wellness in Childhood to Promote Lifelong Health.

Garner and Saul 2018
MILESTONE TRACKER

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“Child development is the basic science of pediatrics”

Julius Richmond, MD 12th US Surgeon General
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