





Implementing Developmental Screening In Primary Care Practice

Arianna Keil, MD





Learning Objectives

- Recognize the purpose of developmental screening and early intervention for children with developmental delays
- Be familiar with screening tools for developmental delay, and understand the need for use of a valid and reliable screening tool
- Know how to incorporate developmental screening into well-child care
- Be familiar with resources and referral options, in the community





Rationale for Screening and Early Identification



What is Developmental Screening?



Developmental screening is the administration of a brief standardized tool that aids the identification of children at risk of a developmental disorder.

Pediatrics, July 2006




Surveillance Versus Screening

- **Developmental Surveillance:** recognizing children who may be at risk of developmental delays
- **Developmental Screening:** using standardized tools to identify and refine risk of developmental delays



Developmental screening *does not* result in either a diagnosis or treatment plan but rather identifies areas in which a child's development differs from same-age norms.

Pediatrics, July 2006



Why Screen?

- Improves patient / family satisfaction
 - Parents are interested in knowing more about their child's development
- AAP recommendation
 - July 2006 policy statement recommends standardized routine screening
- Screening is more effective than surveillance alone at early identification of children with developmental delays

Improved Patient Satisfaction

- Most parents desire developmental screening
- According to parent report, only 57% of children age 4 to 35 months ever received developmental screening
- Parents rated health care providers higher when screening did occur

Developmental Surveillance and Screening Algorithm Within a Pediatric Preventive Care Visit

Copyright ©2006 American Academy of Pediatrics. Council on Children With Disabilities. et al. Pediatrics 2006;118:405-422

Algorithm Within a Pediatric Preventative Care Visit

10

Detection Rates: With and Without Use of Screening Tools

Developmental Disabilities	Mental Health Problems
Without tools: 20%	Without tools: 20%
With tools: 80-90%	With tools: 80-90%

11
Pattay et al. JPCDS 1987

The Prevalence of Children with Disabilities

- Approximately 12-16% of children have disabilities
- Only 30% of children with disabilities are detected before school entrance


12
Earls & Shuckford. Pediatrics, 2006; Glascoo. Pediatric Review, 2000

Benefits of Early Intervention (EI)

- EI is critical to the development and well-being of children and their families
- EI improves outcomes for participants
- EI is socially and economically effective

13
Bailey, Pediatrics, 2005; Guralnick, Am J Ment Retard, 1998; Shonkoff, 2000

Early Identification of Developmental Delays Makes a Difference!



14

Screening Methods and Tools

15

Screening Methods Used by Pediatricians

- 7 out of 10 pediatricians always identified potential problems via clinical assessment (e.g., surveillance) without the use of a screening instrument
- Only 23% use a standardized tool
- Of those tools used, Denver II was used most frequently

16
Sand et al., Pediatrics, 2006

Screening Methods Used by Pediatricians & Family Physicians

- Nearly all...
 - Used list of developmental milestones
 - Prompted parents for concerns
- About one-third...
 - Used a provider administered instrument
- Less than 15%...
 - Used a validated parent questionnaire

17
Sices, JDBP, 2003

Physician's Reported Barriers to Developmental Assessment of Children 0-3

- Insufficient time: 82%
- Lack of non-MD staff: 48%
- Inadequate reimbursement: 44%
- Other barriers:
 - Unable to unbundle from WCC
 - Unfamiliar with codes
 - Lack of Dx and Rx services
 - Lack of training
 - Unfamiliar with instruments
 - Referral resources

18
AAP, Division of Health Policy Research Periodic Survey #53, 2003

Screening Tool Features

- Sensitivity
- Specificity
- Positive predictive value
- Validity
- Reliability

19

Comparing Validity Across Three Screening Tools

	<u>sensitivity</u>	<u>specificity</u>
ASQ	72% (51-90%)	86% (81-92%)
Denver II	56%-83%	43-80%
PEDS	75% (74-79%)	74% (70-80%)

Sources: 1999; Glascoe, 2006; Glascoe, Pediatrics, 1992

20

ASQ: Ages & Stages™ Questionnaire

- Parent report tool with 30-35 items / level
- 2 - 60 months of age
- Covers 5 developmental areas in children
- Choice of responses (yes, sometimes, not yet)
- Requires 15-20 minutes to complete if completed in the waiting room by parents, 5 minutes to score
- Written at a 6th grade level
- Spanish, French, other language versions available

21

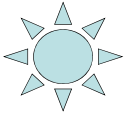
Sample Words to Describe the ASQ to Parents

- “The ASQ is a tool that you can use to check your child’s development.”
- “Your child will be able to do some of the items, but not all of the items.”
- “You can help your child practice the skills we do on the ASQ.”
- “Your answers help show your child’s strengths and any areas where your child may need support or more practice.”

22

ASQ Screens 5 Domains

- Communication
- Gross Motor
- Fine Motor
- Problem solving
- Personal-social




23

Selecting Appropriate Age Interval Questionnaire

- Each age interval questionnaire valid for +/- 1 month window
- Correct for prematurity up to 2 yrs of age
 - Birth < 37 weeks gestation

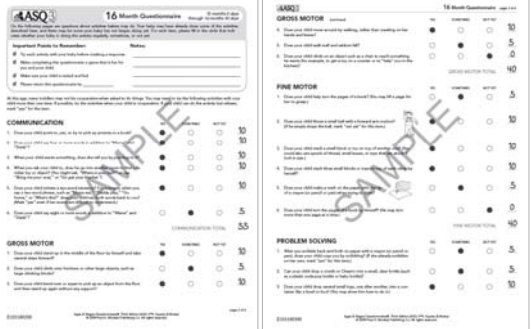
24

ASQ Administration and Scoring



25


Using the ASQ



26

Overall Section

- Go over any question that might be a concern
- A "concern" in the overall section may be enough to make a referral



27

Scoring the ASQ

Step 1: Total the points in each area. "yes"= 10, "sometimes"= 5, "not yet"= 0

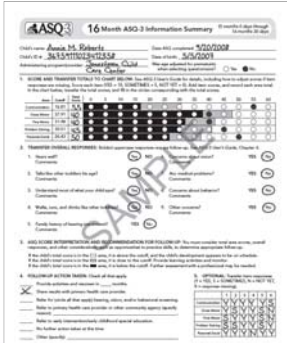
Step 2: Transfer the area totals to the information summary page. Fill in the matching circle in the space provided

Step 3: Read the answers to "Overall" section questions carefully and note your suggestions

Step 4: Any score falling near or into the shaded area requires further attention or assessment

28

Scoring Sheet



29

Follow-up/Referral Criteria: Reassuring Screen

- Well above** cut-off points:
 - Provide anticipatory guidance to parents
 - Re-screen at next scheduled interval

30

Follow-up/Referral Criteria: Borderline Screen

- Close to cut-off points:
 - Provide follow up activities to practice skills in specific domain(s)
 - Talk to parents about opportunities to practice skills
 - Make community referrals as appropriate
 - Re-screen in 4-6 months or sooner if necessary

31

Follow-up/Referral Criteria: Concerning Screen

- Below cut-off point in one or more areas:
 - Refer to early intervention (Birth to 3) or early childhood special education agencies
 - Refer for medical and developmental evaluations
- Parent concern:
 - Respond to all concerns
 - Refer if necessary

32

Delivering Difficult News to Parents

- Validate parent concerns
- Present news in thoughtful and caring manner
- Provide hope and emphasize strengths
- Use descriptive terms
- Provide information on community resources and services
- Help establish an action plan
- Offer ongoing support

33

Planning Considerations in Your Practice

34

Planning Considerations

- Determine need/interest
- Consider financial implications
- Review and select tool(s)
- Develop implementation plan and schedule
- Determine staff roles
- Provide professional development for staff

35

Team Considerations

- Which ages will you screen?
- Who will determine which children being seen for well-child care in upcoming 2-4 weeks?
- Who will select the appropriate age interval questionnaire and mail to parents?
 - Each ASQ interval is valid for +/- 1 month
 - Correct for prematurity up to 2 years of age

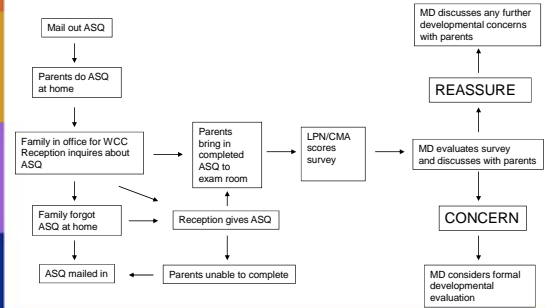
36

Team Considerations

- What if parents come without a completed form?
- Who will score the questionnaire?
- If a child has a concerning score, who is responsible for making appropriate referrals?
- How will you follow-up with children with concerning or borderline screens?

37

GHC Developmental Screening Flowchart



38

Resource and Referral Process

What do I do with a concerning screen?



39

A Sampling of Resource Options

- Medical Specialists
- WI Title V Program's CYSHCN Centers
- IDEA Programs
 - Part C/Early Intervention: Birth to 3 Program (0-3 years)
 - Part B/Early Childhood Special Education (3-5 years)
- Community Resources

40

Other Community Resources


- County Public Health Department
<http://dhs.wisconsin.gov/programs/publichealth.htm>
- Child Care Resource and Referral Agencies
www.supportingfamiliesstogether.org
608-271-8191
- ABC for Health
www.safetyweb.org
608-261-6939

41

Other Community Resources

- Family Voices of Wisconsin
www.wfv.org/fv
- Parent to Parent of Wisconsin
www.familyresourceconnection.org/ptpow.htm
888-266-0028
- Wisconsin FACETS
www.wifacets.org
1-877-374-4677

42




You make a difference...


through
early identification
of developmental delays

43

Ask a Question

 **Viewing online?**


- o Click on the chat icon above
- o Question emailed to Training Team
- o Questions answered by expert on topic
- o Response within 2-3 weeks




44

Acknowledgements

- CDC-Research Topics of Interest
- WI Medical Home Webcast Series
- Waisman Center
- WI CYSHCN Program



Waisman Center
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Children and Youth with
Special Health Care Needs

45