First STEPS (Strengthening Together Early Preventive Screening) Learning Initiative: Improving Developmental, Autism, and Lead Screening

“ASQ” Not What Screening Can Do For You”

Mike Ross, MD, Don Burgess, MD, Susan Lee

Coaching Call
June 14th, 2012
Implementing Developmental Screening in Your Office Flow

- Develop processes with the front office staff and MA/nurses to implement screening (Mike Ross, MD)
- Incorporating multiple screenings at each visit in your office: How to do both the ASQ or PEDS and MCHAT at 18 mo and 24-30 mo. (Don Burgess, MD)
- Scoring the ASQ and MCHAT ½—Q & A with Mike Ross and Don Burgess
- The Changing World of Lead Update—new CDC recommendations released May 16th (Susan Lee)
Objectives

• Outline ways for practices to incorporate screening tools in their office flow including working with the front office staff, medical technicians, and nurses.

• Review the developmental and autism screening tools: how to do the screening, how to do 2 screening tests at one time, how to score the test.

• Understand new recommendations from the CDC about lead testing and treatment.
Process Mapping the Workflow

• Think about developing a process map for your office around developmental and autism screening
  – Who touches the process and where does it happen?
  – What is each staff person’s role in the process?
  – What is the family’s role?
Implementing Developmental Screenings at Husson Pediatrics: Lessons Learned

Michael A. Ross MD FAAP
Lead Physician, Husson Pediatrics
Eastern Maine Medical Center
Pre-visit Preparation

- Details:
  - Developmental screening includes both the parent screening portion and the provider scoring form
  - Childs name written on each form by staff
  - Pre-Night chart preparation as above
  - Check-in has a backup supply of screens in case a nighttime prep chart is missed/parent needs a replacement.
  - Childs name written on each form by staff
Patient Check-in:

- Screening given to parent at check-in by welcoming clerical staff.
- Screening is completed by parent in the waiting room/exam room.
- Screening tool is collected by MA and left with check-out sheet for provider review.
- Provider enters the encounter, reviews and scores the screening with the patient.
Provider and Family Review

- Provider scores form on enclosed scoring sheet
- Reference laminated scoring instruction available in each room
- Provider reviews screening with family, discusses interventions if needed, and signs the screening tool.
- Provider inputs quick-text into EMR with tagged observation term indicating the screening has been completed.
- Provider documents assessment and clinical impression in EMR. Follow-up visits, Referrals, etc. are made at the point of care via EMR.
Developmental Screening: Billing (CHAT, ASQ, PEDS)

- Developmental screening needs to be **self-sustaining**:
  - 96110: Developmental testing, limited
    - Expectation is that the screening tool will be completed by a non-physician staff member and reviewed by the provider.
    - No physician work is included in the RVU (no rWVU)
    - Reported **in addition to** E/M services provided on same date
Developmental screening: Mainecare:

- 96110 for ASQ/PEDS
- 96110-HI for MCHAT1
- 96111-HK for MCHAT2
- Any EM code billed on the same day as 96111 needs a “modifier 25” appended to prevent bundling.
Results: General

- Office quickly accepted screenings into practice.
- Success of the program was due to a team approach that utilized all areas of the office (medical records, Clerical, MA staff, Providers)
- Providers rapidly incorporated M-CHAT into their clinical routine
- After the trial, Providers voted to replace the PEDs with the ASQ.
- We worked to provide billing solution that was fair, and allow for the program to remain self-sustaining.
- Awareness of developmental delay and the importance of early detection increased among providers, staff, and patient population
Developmental and Autism Screening Tools: Questions about Scoring and Incorporating into your office visits

Donald R. Burgess, MD, FAAP
SMMC Developmental Pediatrics
First Steps Coaching Call
Improving Developmental and Autism Screening
You want me to do what?
Surveillance and Screening Guidelines

- Perform developmental surveillance at every well-child visit
- Perform developmental screening using a standardized screening tool (ASQ/PEDS) at 9, 18, and 24/30* months or when concern is expressed
- MCHAT 1 at 18 mo and 24/30 mo visit
- If screening results are concerning, refer to developmental and medical evaluations and early intervention services (F/U using MCHAT 2)
- Follow up on referrals made and continually track child’s developmental status
Developmental Screening Principles

• When the results are normal:
  – Inform the parents and continue with other aspects of the preventive visit
  – Provide an opportunity to focus on developmental promotion

• When administered due to concerns:
  – Schedule early return visit for additional surveillance, even if the screening tool results do not indicate a risk of delay

• When results are concerning:
  – Schedule developmental evaluations
  – Schedule medical evaluations
• Great talking point for discussing development
• More children have come back for follow-up before their next WCC
• More children have been referred for developmental evaluations
• Additional screening has been done on children at risk or with issues on developmental surveillance
Ideas on how to 2 screenings at one visit

• PEDS or ASQ and MCHAT 1 at 18 mo and 24 mo
ASQ-3 24 Month ASQ-3 Information Summary 23 months 0 days through 23 months 15 days
Child ID: [redacted]
Last name: [redacted]
Administering program/provider: [redacted]
Child's date of birth: 11/24/08

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

<table>
<thead>
<tr>
<th>Area</th>
<th>Cut-off</th>
<th>Total Score</th>
<th>0</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
<th>30</th>
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<td>Problem Solving</td>
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<td>Personal Social</td>
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1. Hears well?
   Comments: [redacted]
   YES NO

2. Talks like other toddlers his age?
   Comments: [redacted]
   YES NO

3. Understand most of what your child says?
   Comments: [redacted]
   YES NO

4. Walks, runs, and climbs like other toddlers?
   Comments: [redacted]
   YES NO

5. Family history of hearing impairment?
   Comments: [redacted]
   YES No

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ☐ area, it is above the cutoff, and the child's development appears to be on schedule.
If the child's total score is in the ☐ area, it is close to the cutoff. Provide learning activities and monitor.
If the child's total score is in the ☐ area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.
   - Provide activities and rescreen in [redacted] months.
   - Share results with primary health care provider.
   - Refer for [circle all that apply] hearing, vision, and/or behavioral screening.
   - Refer to primary health care provider or other community agency (specify reason):
   - Refer to early intervention/early childhood special education.
   - No further action taken at this time.
   - Other (specify):

5. OPTIONAL: Transfer item responses
   (N = YES, S = SOMETIMES, N = NOT YET, X = response missing).

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<tr>
<th>Area</th>
<th>1</th>
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Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swinging, bounced on your knee, etc.?  
   Yes No
2. Does your child take an interest in other children?  
   Yes No
3. Does your child like climbing on things, such as up stairs?  
   Yes No
4. Does your child enjoy playing peek-a-boo/hide-and-seek?  
   Yes No
5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?  
   Yes No
6. Does your child ever use his/her index finger to point, to ask for something?  
   Yes No
7. Does your child ever use his/her index finger to point, to indicate interest in something?  
   Yes No
8. Can your child play properly with small toys (e.g., cars or blocks) without just mouthing, fiddling, or dropping them?  
   Yes No
9. Does your child ever bring objects over to you (parent) to show you something?  
   Yes No
10. Does your child look you in the eye for more than a second or two?  
    Yes No
11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)  
    Yes No
12. Does your child smile in response to your face or your smile?  
    Sometimes
13. Does your child imitate you? (e.g., you make a face—will your child imitate it?)  
    Yes No
14. Does your child respond to his/her name when you call? — after several tries  
    Yes No
15. If you point at a toy across the room, does your child look at it?  
    Yes No
16. Does your child walk?  
    Yes No
17. Does your child look at things you are looking at?  
    Yes No
18. Does your child make unusual finger movements near his/her face?  
    Yes No
19. Does your child try to attract your attention to his/her own activity?  
    Yes No
20. Have you ever wondered if your child is deaf?  
    Yes No
21. Does your child understand what people say?  
    Yes No
22. Does your child sometimes stare at nothing or wander with no purpose?  
    Yes No
23. Does your child look at your face to check your reaction when faced with something unfamiliar?

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M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

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[Signatures]
Q & A

• Scoring the ASQ, PEDS and MCHAT 1 & 2
• Issue around Screening Tools that you are having
• Barriers to doing the work in your practice and health care system
What Types of PDSA Cycles Have You Tried?

- What is working?
- What has not worked?
- What would you suggest to other practices?
Developmental Screening Resources

• www.medicalhomeinfo.org/screening

• www.developmentalscreening.org

• abcdresources.org

• www.dbpeds.org
The Changing World of Lead Update-
new CDC recommendations
released May 16th

Susan Lee
CDC’s Statement

- Advisory Committee
- Addressing the fact that lead has no threshold for toxicity
- 5 ug/dL = new Reference Value
- Focus primary prevention
- Questions about follow up. CDC will provide guidance
Maine’s Activities

• Start tracking 5 ug/dL and above
• Expand dust testing offer to 5 to 9 ug/dL
• Continue extensive efforts in primary prevention
• Continue to offer lead dust test kits through providers if interested
What can you do?

- Consider follow up blood lead testing for 5 and above.
- We WILL be doing environmental follow up
- Wait for CDC guidance on follow up blood lead recommendations.
Next STEPS

• Report your June data (June 15\textsuperscript{th})—Contact Sue Butts-Dion with questions
• Next All Practice Call July 12\textsuperscript{th} 12-1 PM
• Phase 2 Learning Session 2 Sept 14\textsuperscript{th} at the Hilton Garden Inn Freeport (Celebration event for Phase 1 at Harraseeket 5-7 PM)
Tell Us What You think About First STEPS

• The Muskie School is trying to reach those who participated in Phase I for a 20-25 minute telephone conversation to hear about their experiences. Chris Riccardo is trying to schedule the interviews and maybe leaving messages at your office.

• If you are interested in participating and want to reach him directly, his telephone number is: 780-4489 and e-mail is: criccardo@usm.maine.edu
Nancy Cronin is Looking for a Provider Volunteer

• Nancy has contracted with the database Childlink to add a module to collect M-CHAT and DD screening data from early childhood staff and medical professionals
• The CDC has approved testing CHILDLINK with one practice to fix the EMR connection bugs so the info can flow from the proprietary EMR to Childlink
• She needs one practice to meet with UMO techs to discuss what types of reports and connections would be useful to doctors about external screenings tests and any other logical connection points
Contact Info / Questions

- **Amy Belisle**, MD, 207-829-8444, Maine Quality Counts, abelisle@mainequalitycounts.org
- **Sue Butts-Dion**, 207-283-1560 First STEPS Program Manager, Quality Specialist, Maine Quality Counts, sbutts@maine.rr.com
- **Barbara Farrell** 207-622-3374 ext. 218, First STEPS Administrative Assistant, Membership & Events Coordinator, Maine Quality Counts, FAX 207-622-3332 bfarrell@mainequalitycounts.org
- **Catherine Gunn**, 207-780-5576 First STEPS Data Collector, Cutler Institute for Health and Social Policy Muskie School of Public Service FAX 207-228-8083 cgunn@usm.maine.edu
- **Nancy Cronin**, MA, ASD Systems Change Coordinator, Maine Developmental Disabilities Council, Nancy.E.Cronin@maine.gov, 207-287-4214, Fax: 287-8001