Developmental Screening Alignment: National Performance Measure 6 Data and Strategies

July 25, 2018
3:30-4:30PM ET

For audio: 888-757-2790  |  Passcode: 105799
Quick Overview
How to Use Web Technology

• Press *6 to mute/unmute your line. Or use your phone’s mute button.

• If you need to step away from the phone, please do not put the call on hold. Hang up and join again.

• Ask questions/make comments throughout the webinar:
  • Use *6 to unmute your line or
  • Submit questions/comments the call in the chat box at the lower, right-hand side of your screen.

• This webinar will be recorded and materials will be shared via email.
Agenda

• Introduction & Background
• Developmental Screening (NPM-6): New Data and Practice Resources
• State Example: Oregon
• Resources
• Discussion, Questions, & Wrap-Up
WHO'S HERE???
Introduction & Background

Paige Bussanich, M.S.
pbussanich@amchp.org

Senior Program Manager
Children and Youth with Special Health Care Needs
SPHARC
State Public Health Autism Resource Center

is a comprehensive web-based resource center for state programs, including Title V.

OUR AIM
is to help increase state capacity to implement systems of care for children and youth with ASD/DD.

HRSA
Health Resources & Services Administration
How does SPHARC provide support to states in addressing NPM 6?

1. Training
AMCHP’s eLearning Module

- **Identify** the purpose of developmental screening
- **Understand** the impact screening has on families and children
- **Recognize** the roadblocks and challenges of the screening process
- **Ascertain** the role of Title V in developmental screening and communicate its value
- **Identify** additional resources to assist in communicating value

July 25, 2018

http://bit.ly/2tgAz3A
How does SPHARC provide support to states in addressing NPM 6?

1. Training

2. Systems Coordination
Systems Coordination

HRSA State Planning and Implementation Grants for Improving Services for Children and Youth with ASD/DD

National Standards for Systems of Care for Children & Youth with Special Health Care Needs

Early Childhood Comprehensive Systems Collaborative Improvement & Innovation Network

Learn the Signs. Act Early.
How does SPHARC provide support to states in addressing NPM 6?

1. Training

2. Systems Coordination

3. Data Integration
Data Integration

• Tip sheets
• Use cases
  – Autism
  – Community-based services
  – Developmental Screening
• State examples
  – Kentucky
  – North Carolina
  – Rhode Island
Speaker Introduction

Ashley Hirai, PhD
Senior Scientist, Office of Epidemiology and Research
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
Developmental Screening (NPM-6): New Data and Practice Resources

July 25th, 2018

Ashley Hirai, PhD
Senior Scientist, Office of Epidemiology and Research
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
Overview

1. Measure alignment
2. New data and findings from the 2016 NSCH
3. New resources for effective/promising strategies
How is developmental screening (NPM-6) assessed?

National Survey of Children’s Health

**DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about specific concerns or observations you may have about this child’s development, communication, or social behaviors?**

Sometimes a child’s doctor or other health care provider will ask a parent to do this at home or during a child’s visit.

- Yes
- No

**If yes, and this child is 9-23 Months:**

Did the questionnaire ask about your concerns or observations about: Mark ALL that apply.

- How this child talks or makes speech sounds?
- How this child interacts with you and others?

**If yes, and this child is 2-5 Years:**

Did the questionnaire ask about your concerns or observations about: Mark ALL that apply.

- Words and phrases this child uses and understands?
- How this child behaves and gets along with you and others?

**Parent-completed questionnaire from a doctor or other health care provider**

**Two age-specific content components regarding**
- language development
- social behavior
Measure Alignment for Developmental Screening

NPM-6

• Denominator Change
  • Previously children 10 months through 5 years with a health care visit in the past year
  • Now all children 9 through 35 months for alignment with
    • AAP Bright Futures – screening at 9, 18, 24 or 30 months
    • Healthy People 2020 – Maternal, Infant, Child Health Objective 29.1 Screening for Autism and Other Delays through 35 months
    • Medicaid/CHIP Core Quality Set – developmental screening in first three years of life

• Alignment for consistency with guidelines and other measures; should be no change in practice
Developmental Screening and Surveillance in Early Childhood: Results from the 2016 NSCH


https://jamanetwork.com/journals/jamapediatrics/article-abstract/2686728
Background and Importance

• Approximately 12%-15% of children experience developmental delays or disabilities
  • Isolated delays in reaching developmental milestones
  • Functional impairments in vision or hearing
  • Diagnosable learning, emotional, and behavioral disorders

• Early identification and intervention are critical to promote healthy development and school readiness

• AAP has recommended universal screening since 2001 with specific algorithm in 2006 for screening at 9, 18, 24 or 30 months

• Many initiatives and campaigns
  • Commonwealth Fund’s Assuring Better Child Development
  • CDC “Learn the Signs, Act Early”; ACF “Birth to Five, Watch Me Thrive”
  • Medicaid/CHIP Core Quality Measure with Demonstration Grants
  • Title V MCH Block Grant Performance Measure
Objectives

• Previous NSCH analyses indicated that
  • Fewer than 1 in 5 children screened in 2007 (19.5%)
  • Increased to 1 in 3 by 2011/12 (30.8%)

• Study Question: Using the newly redesigned NSCH, what are the latest national estimates of developmental screening and surveillance, and individual and state variation, that may identify opportunities for improvement?
Methods

- **Data Source:** 2016 National Survey of Children’s Health
  - Nationally and state representative parent-completed survey
  - Address-based mailed survey with web response option

- **Study Population:** Children 9-35 months

- **Outcomes:**
  - **Developmental Screening:** parent-completed standardized screening
  - **Developmental Surveillance:** elicitation of developmental concerns

- **Covariates:**
  - Child: age, sex, race/ethnicity
  - Family: household education/income, primary language, family structure
  - Health Care: insurance, preventive visit, medical home, CSHCN

- **Statistical Analysis:**
  - Unadjusted and adjusted associations with covariates
  - State-level estimates before and after adjustment
Overall Results

As reported by their parent/guardian(s) in 2016,

- 30.4% of children had received developmental screening
- 37.1% of children had received developmental surveillance
Variation by Child, Family, and Health Care Factors

- Developmental screening ranged from 9.2% among children without a preventive medical visit to 39.1% among CSHCN.
- After adjustment, factors that remained significantly related to screening included primary language, family structure, highest household education, medical home, preventive visit, child health status, and CSHCN status.

Adjusted Rates of Developmental Screening

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Primary Language</td>
<td>32.9%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Preventive Medical Visit</td>
<td>32.6%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Medical Home</td>
<td>35.1%</td>
<td>26.3%</td>
</tr>
</tbody>
</table>
State-level Variation in Developmental Screening

- Child, family, health care factors explained only 4% of variation
Conclusions and Implications

- Addressing language barriers and promoting the medical home model and adherence to well child visit schedule may improve screening rates.
- Despite low overall rates, state variation underscores the promise and potential for quality improvement efforts.
- State differences were not explained by child, family, and health care characteristics, suggesting a role for unmeasured policies and practices.
  - Top performers (OR, CO, MN, NC, AK, MT, MA, MD) located in all regions show that improvement is possible across the country.
- Systems-level quality improvement efforts, building upon the medical home, will be necessary to achieve universal screening.
Resources for Effective/Promising Practices

Strengthening the Evidence for MCH Programs

https://www.mchevidence.org/tools/npm/6-developmental-screening.php

Evidence Tools

NPM Topic Areas

1. Well-Woman Visit
2. Low-Risk Cesarean Deliveries
3. Perinatal Regionalization
4. Breastfeeding
5. Safe Sleep
6. Developmental Screening
7. Child Safety/Injury
8. Physical Activity
9. Bullying
10. Adolescent Well-Visit
11. Medical Home
12. Transition
13. Oral Health
14. Smoking
15. Adequate Insurance Coverage

Search for Evidence Sources in the MCH Digital Library

1. Find Established Evidence
2. Find Emerging Evidence
3. Find State ESMs

Developmental Screening

Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends screening tests begin at the nine month visit.

NPM 6 Tools

- Introductory Resources
  - Evidence Brief (National Center for Education in MCH (NCEMCH) at Georgetown University).
  - Environmental Scan (Women’s and Children’s Health Policy Center (WCHPC) at Johns Hopkins University). This environmental scan identifies compilations of strategies to advance NPM 6. Read more about environmental scans.

- Evidence Analysis Report
  - Evidence Review Brief: A three-page summary of report methodologies, results, key findings, and implications.
  - Evidence Review: Full Report. A critical analysis and synthesis of the effectiveness of strategies that might be applied to address NPM 6 to serve as the foundation for accountability. The evidence review uses a structured approach to evaluate the available empirical evidence and to draw conclusions based on the best available evidence. Read about the evidence analysis report methodology | You can also access the full set of Evidence Analysis Reports.
### Developmental Screening Evidence Brief

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Intervention</th>
<th>Example(s)</th>
<th>Evidence Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>Home Visiting</td>
<td>Routine developmental screening and parent education by home visitors</td>
<td></td>
</tr>
<tr>
<td>Health Care Providers</td>
<td>Health Care Provider Training Only</td>
<td>Learning module implemented in pediatric practices</td>
<td></td>
</tr>
<tr>
<td>Health Care Practices</td>
<td>Quality Improvement in Health Care Settings</td>
<td>Statewide learning collaborative for pediatric practices</td>
<td>Moderate Evidence</td>
</tr>
<tr>
<td>Systems</td>
<td>Systems-level Approaches with Quality Improvement</td>
<td>Statewide learning collaborative for primary care practices with enhanced reimbursement for developmental screening and collaboration with local agencies</td>
<td>Moderate Evidence</td>
</tr>
</tbody>
</table>

— indicates insufficient number of studies to assign evidence rating or outcome

---

Garcia S, Brown E, Strobino D, Minkovitz C. National Performance Measure 6 Developmental Screening Evidence Review. Strengthen the Evidence Base for Maternal and Child Health Programs. Women’s and Children’s Health Policy Center, Johns Hopkins University, Baltimore, MD. 2018
Contact Information

Ashley Hirai, PhD
Senior Scientist, Office of Epidemiology and Research
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
Email: ahirai@hrsa.gov
Phone: 240.472.2783
Web: mchb.hrsa.gov
Connect with HRSA

To learn more about our agency, visit www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US: facebook, twitter, linkedin, youtube
State Example
Speaker Introduction

Colleen Reuland, MS
Director, Oregon Pediatric Improvement Partnership
Department of Pediatrics at Doernbecher Children’s Hospital, OHSU
From the Front-Line: Sharing from Oregon About Efforts to Improve Developmental Screening

Event: Developmental Screening Alignment: National Performance Measure 6 Data and Strategies
When: Wednesday 25 July 2018, 03:30 PM - 04:30 PM

Colleen Reuland, MS
Director, Oregon Pediatric Improvement Partnership
Department of Pediatrics at Doernbecher Children’s Hospital, OHSU
Agenda

- Background and context on work within and across states focused on developmental screening
- Overview of multi-pronged approach used in Oregon
- Questions and discussion with attendees
Reuland & OPIP Experience with Developmental Screening

• Measurement and evaluation of community-based developmental screenings

• Learning collaboratives and quality improvement with primary care practices and health systems to implement developmental screening.

• Community and population-based efforts engaging multiple sectors on developmental screening AND follow-up

• Measurement development and implementation
  o Developed measures used by the Assuring Better Child Development states and practices to measure developmental screening and follow-up (Based on claims data, medical chart reviews)
  o Part of Child and Adolescent Health Measurement Initiative (CAHMI) team that developed the items within the National Survey of Children’s Health
  o Measure Steward for Developmental Screening CHIPRA Core Measure (based on claims OR claims & medical chart review)
Oregon’s Multi-Pronged Approach to Improve Developmental Screening

1. Use of Data
2. Practice-Level Quality Improvement
3. Improve and Clarify policies (including payment)
4. Leverage Medicaid Managed Requirements Related to Performance Improvement Projects
5. Patient Centered Medical Home
6. Metrics Tied to Incentive Dollars
7. Synergy with efforts focused within Early Learning System
#1: Use of Data to Highlight Current Levels of Screening, Need for Improvement

- National Survey of Children’s Health
- Pregnancy Risk Assessment Monitoring System (PRAMS)- II Data
- Oregon part of numerous ABCD efforts, therefore collected and reported on data based on claims data and medical chart review data
- CHIPRA Core Measure: State reported the Developmental Screening Measure for Publicly Insured Children, Led Multiple Improvement Efforts through this 5-Year Effort
- Child and Family Well-Being (CFWB) Measures Workgroup
  - From 2014-2015, the CFWB Measures Workgroup focused on identifying opportunities for coordination and integration between health and early learning system transformation efforts.
#2: Practice-Level Quality Improvement

- Participation in the Assuring Better Child Development (ABCD) Screening Academy.
  - Implemented screening across 10 practices within Kaiser Permanente Northwest
- American Academy of Pediatrics Catch Grant to David Willis, President of Oregon Pediatric Society at the time
- Oregon Pediatric Society START Training on Developmental Screening ([https://oregonpediatricsociety.org/start/](https://oregonpediatricsociety.org/start/))
- Children’s Health Alliance Quality Improvement Project on Developmental Screening
- Oregon Pediatric Improvement Partnership led multiple medical home learning collaboratives, including implementation of developmental screening and follow-up
- Project Launch projects in two communities (Multnomah and Deschutes counties)
#3: Improve and clarify policies (including payment)

- Medicaid clarified expectations of screening aligned with Bright Futures recommendations
- Clarified use of 96110 claim and related policies
- Address barriers with 96110 claims reimbursements
  Example: Number of claims that be submitted in one day, Modifiers that should be used (-25 or -33)
- Ensured 96110 was above the “line” for coverage on the Oregon Health Plan prioritized list
#4: Medicaid Performance Improvement Project

- Performance Improvement Projects (PIP) a requirement of Medicaid Managed Care quality requirements.
- Medicaid created an optional PIP focused on screening, referral, and care coordination.
- Opportunity to contract with an EQRO-Like Entity to Facilitate a Learning Collaborative of the managed care organizations.
  - Contracted with Oregon Pediatric Improvement Partnership (EQRO-like entity).
  - Builds off “trusted” broker between state and front-line.
- Engaged eight managed care organizations that cover 1 in three children in the state.
- Community café’s of parents of children who had delays and received Early Intervention.
- PIP included measures of developmental screening and follow-up for children who had eligible visits.
  - Measure developed by OPIP.
  - Claims measure run by Medicaid.
  - Medical chart reviews conducted by Managed Care Organizations.
- Effort also engaged partners in Early Intervention at the state and community-level.
#5: Oregon’s Patient Centered Primary Care (PCPCH) Home Standards

- State-specific definition and accreditation
  - General definition, not specific to certain populations
  - Scoring used to identify practices within “Tiers”, with Tier 5 being the highest
    - 11 “must-pass” criteria that every clinic must meet in order to be recognized
    - Developmental screening is included in a global “Must Pass Measure”
      - Measure: 3.C.0 - PCPCH has a screening strategy for mental health, substance use, and developmental conditions and documents on-site and local referral resources
      - Other criteria worth varying amounts of points. Harder concepts = Higher # of points
      - Total points determines clinic’s overall tier on the PCPCH recognition.

- Incentives related to PCPCH
  - CCOs get incentive monies based on number of members who go to a PCPCH
    - High variability within CCO on use of PCPCH tiers for alternative payment reform to clinics
  - Some incentive to privately insured OHA members who go to a PCPCH, reduction in co-pays
• Coordinated Care Organizations (CCOs)
  o Network of all types of health care providers (physical health care, addictions, mental health care, dental care) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid).
  o In 2016, 16 CCOs operating in communities around Oregon
  o 93% of children in Oregon Health Plan are enrolled in a CCO

• Key Levers within Coordinated Care Model
  o Global budget
  o Performance Improvement Projects
  o **Performance Metrics – Incentive Metrics**
#6: Incentive Metrics Tied to Developmental Screening within Oregon’s Coordinated Care Organization Model

## 2017 CCO INCENTIVE METRICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adolescent well-care visits</td>
<td>2017 CCO INCENTIVE METRICS</td>
</tr>
<tr>
<td>3. CAHPS Composite: Access to care</td>
<td>12. Effective contraceptive use among women at risk of unintended pregnancy</td>
</tr>
<tr>
<td>4. CAHPS Composite: Satisfaction with care</td>
<td>13. EHR Adoption</td>
</tr>
<tr>
<td>5. Childhood immunization status</td>
<td>14. Follow-up after hospitalization for mental illness</td>
</tr>
<tr>
<td>6. Colorectal cancer screening</td>
<td>15. Mental, physical and dental health assessments within 60 days for children in DHS Custody</td>
</tr>
<tr>
<td>7. Controlling high blood pressure</td>
<td>16. Patient Centered Primary Care Home (PCPHC) Enrollment</td>
</tr>
<tr>
<td>8. Dental sealants on permanent molars for children</td>
<td>17. Prenatal and postpartum care: Timeliness of prenatal care</td>
</tr>
<tr>
<td>9. Depression screening and follow-up plan</td>
<td></td>
</tr>
<tr>
<td>10. Developmental screening in the first 36 months of life</td>
<td></td>
</tr>
</tbody>
</table>
#6: Incentive Metrics Tied to Developmental Screening within Oregon’s Coordinated Care Organization Model

Oregon's Developmental Screening Rate from 2008-2016

Due to transitions within the CCOs, this provisional 2012 developmental screening rate was calculated using continuous enrollment in OHP, not continuous enrollment in an MCO/CCO like the rates for 2011, 2013-2016.
#6: Synergy with efforts within the Early Learning System Efforts

- Early Learning Division and Creating of Early Learning Hubs
- Joint Subcommittee Early Learning Council and Oregon Health Policy Board
#6: Synergy with efforts within the Early Learning System Efforts

- In 2011, legislature established the Oregon Education Investment Board (OEIB) and Early Learning Council (ELC).
- Established 16 Early Learning Hubs to bring together Human Services, Health, Early Learning, K-12 Education and Business Sectors.
- First Hub started in 2014.
- Collective Impact philosophy.

1. Children arrive more ready for kindergarten
2. Families are stable and attached
3. Services are coordinated and aligned
Focus on Developmental Screening within Early Learning Hubs:

- Early Learning Hub Metrics
  - 1st wave Included CCO Developmental Screening Incentive Metric
- High quality child care – part of highest level designation
http://www.oregon-pip.org/focus/DevScreening.html

http://www.oregon-pip.org/focus/FollowUpDS.html


Contact information:
Colleen Reuland, MS  reulandc@ohsu.edu
Questions and Discussion with Attendees
EVALUATION LINK

- https://www.surveymonkey.com/r/5222MBB
National Performance Measure 6

Resources from *Strengthen the Evidence for MCH Programs*
Findings of the Evidence Analysis Review

• Quality improvement in health care settings appears to be effective.
• Systems-level approaches with quality improvement interventions appears to be effective.
• Health care provider training and home visiting programs may be effective; however, further evidence is needed to fully assess their impact.

Examples – moderate evidence of effectiveness

• Quality Improvement in Health Care Settings (Health Care Practices): Statewide learning collaborative for pediatric practices
• Systems-level Approaches with Quality Improvement: Statewide learning collaborative for primary care practices with enhanced reimbursement for developmental screening and collaboration with local agencies
Implications

• Ongoing evaluations of multiple national initiatives, such as the Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN) and Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) may yield additional strategies to increase the percentage of children receiving developmental screening.

• Sustained investment in evaluations of systems-level approaches is essential for expanding the base of strategies to improve developmental screening.
NEW EVIDENCE TOOLS

- New website: www.mcchevidence.org
- Evidence Tools:
  - Evidence Brief
  - Environmental Scan
  - Evidence Review
  - Sample Implementation Strategies
  - Additional Learning
NEW EVIDENCE TOOLS

- New MCH Library site
  [www.mchlibrary.org](http://www.mchlibrary.org)
- Finding Aids:
  - Established evidence
  - Emerging evidence
  - State ESMs
Implications

- Staff from Georgetown University and the National MCH Workforce Development Center
- Individualized, needs-based, and solution-oriented
- Contact us: [mcchevidence@ncemch.org](mailto:mcchevidence@ncemch.org)
WHAT QUESTIONS, INSIGHTS, OR COMMENTS DO YOU HAVE?
Thank You!

Paige Bussanich  
AMCHP  
pbussanich@amchp.org

Ashley Hirai  
HRSA/MCHB  
AHirai@hrsa.gov

Colleen Reuland  
Oregon Pediatric Improvement Partnership  
reulandc@ohsu.edu