A FEW HIGHLIGHTS

• MaineCare
  ✓ Amended and implemented new Well-child Bright Futures forms that include the new screenings.
  ✓ MaineCare created Medicaid Codes to pay for screenings

• Families
  ✓ Insurance Mandate

• Medical Practitioners
  ✓ 15 Practices Engaged Quality Improvement Activities
  ✓ Hundreds of Medical Practitioners trained to perform recommended screening for autism

• Early Childhood Practitioners
  ✓ Hundreds trained and now screening for autism
EVALUATION & INTERVENTION PILOT

Conducted two quality improvement studies in multiple locations with developmental pediatricians and Child Developmental Services (CDS) [IDEA Part C/Part B–617] sites to evaluate current processes for referral and evaluation, and field test algorithm developed to streamline evaluation and access to early intervention Services.

METHOD

Southern Maine

• Adjustment of information CDS includes with referrals.
• CDS Case Manager distributes required forms to the family and provides any needed assistance in filling them out.
• Upon referral, Dx creates an evaluation plan that includes anticipated appointment dates.
• Communication of plan to CDS case manager.
• A comprehensive tracking database has been developed to collect data and facilitate this process.
• Following joint planning meetings, any recommendations that do not have a plan-of-care through the educational system will be documented and sent to the PCP for follow-up through referrals.
Northern Maine

- Develop and implement process to identify young children who are in both systems.
- Communicate timeline for evaluation and reports completed to prevent duplicative assessments.
- Once evaluation of patient is complete, meet with CDS to discuss a plan that will most likely include a combination of CDS or educational services, as well as other medical services needed to provide the child with a comprehensive early intervention plan.

EVALUATION

- Data Collection:
  - Timeframes
  - Types of Diagnosis
  - Age at Diagnosis
  - Physician’s Qualitative Comments
- External Evaluators
Southern Maine

- 112 Children benefited from Quality Improvement Activities (29 Referrals from PCPs and 83 from CDS).
- Improved information included on referrals providing more specifics about the child’s issues and symptoms.
- Families are now more aware that there is a concern their child may have an ASD. Families come to evaluations more thoughtful and informed.
- Reduced number of “no-shows.”
- Increased number of families completing paper work in advance of appointments.
Children referred by PCP had to wait twice as long for a visit.

QI activities reduced process by over one month.
RESULTS

Northern Maine

• 30 Children benefited from Quality Improvement Activities (All referred by PCPs).
• Data was collected only about children who were ultimately diagnosed with ASD.
• Waiting for Evaluators’ report on pre- and post- interviews.
• By conducting monthly meetings between clinicians and CDS staff representing both Part B and Part C services, there has been an increased understanding of the processes each agency uses, how they overlap, and how they differ.
• Able to have productive open conversations between the two entities and physicians have expressed an increased sense of collaboration.
• Both physicians and CDS have committed to continue meeting after pilot is done.
“As a community, we have attained a better working relationship between CDS, EMMC, case management agencies, and Section 28 providers. Unfortunately, this remains a very difficult system for parents (and clinicians) to understand and can continue to lead to controversy.”

# OF DAYS COMPARISON OF NORTHERN AND SOUTHERN TIMELINE FOR PCP REFERRALS

- Avg # Days From Referral to Packet Rcvd: Northern (32), Southern (33)
- Avg # Days From Referral to First Visit: Northern (101), Southern (91)
- Avg # Days From First to Dx: Northern (16), Southern (27)
- Avg # Days From Referral and Dx: Northern (117), Southern (107)
AGE AT DIAGNOSIS COMPARISON

Northern Maine

- 2 and under: 7%
- 3: 10%
- 4: 37%
- 5: 43%
- 6 and over: 3%

Southern Maine

- 2 and under: 3%
- 3: 14%
- 4: 21%
- 5: 55%
- 6 and over: 7%

National

- 2 years and under: 19%
- 3 years: 17%
- 4 years: 13%
- 5 years: 11%
- 6 years and over: 40%

National averages released May 2012 through the CDC (http://www.cdc.gov/nchs/data/databriefs/db97.pdf)

EARLY INTERVENTION PILOTS
ALTARUM’S CONCLUSIONS

- Both pilots succeeded in improving communication and timeliness of the screening and referral process in both sites.
- The process of planning the pilot was as useful in improving the system as the pilot project itself.
- “Overall, the pilot demonstrated that small process changes can improve coordination and communication between CDS and specialty providers.”
CONCLUSIONS

• Coordinated evaluation appears to:
  – Expedite diagnosis date,
  – Reduce duplicative testing, and
  – Foster a culture of improved communication and trust.

• Preliminary qualitative analysis indicates that improved working relationships:
  – Decrease misunderstandings regarding roles,
  – Increase coordination of services, and
  – Increase the opportunity for Doctors to advocate for different services through the educational system or augment services by utilizing the medical model.