

Project Screening: Lessons Learned

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Developmental/behavioral disorders are common

- 12-18% of U.S. children have a developmental or behavioral disorder
 - Speech and language impairments
 - Mental retardation, learning disorders
 - Emotional/behavioral disturbance

Glascoc, 2000

AAP Policy Statement, Pediatrics, 2001

The Data

- Only 30-40% of parents volunteer concerns without prompting

Glascoc, Pediatrics, 1995

- <30% of children with behavioral or developmental problems are detected and referred before kindergarten

(Palfrey, JI Pediatrics, 1987)

(Rushton, Arch Ped Adolesc Med, 2002)

We can do something

- Early Intervention limits long-term morbidity
 - Higher HS graduation rates
 - Less grade retention
 - Less criminality

(Reynolds, JAMA, 2001)



Parent Perceptions

- 57% of parents report child's development was ever assessed in a pediatric visit

Halfon, Pediatrics, 2004



AAP Statement, 2006

- Developmental surveillance at every well-child visit
- Standardized developmental screening tests at 9-, 18-, and 30-month visits
- Autism-specific screen at 18 months

Pediatrics, Vol 118, July 2006, 405-420

PEDS

- 10 questions targeting parental concerns
- Developmental/academic/behavioral
- Designed to detect children eligible for special education
- Accuracy:
 - Sensitivity 74-79%
 - Specificity 70-80% across age levels

Glascoe, Collaborating with Parents, 2002

Giving the PEDS

Parent complete on their own

- 5th grade reading level
- Takes about 5 minutes to complete
- Parents with literacy limitations will need support

Glascoc, Collaborating with Parents, 2002

Translated into many languages

- English, Spanish, Vietnamese
- Hmong, Somali, Chinese, Malaysian
- Portuguese, Arabic

Birth to 9 years

The PEDS (Parents' Evaluation of Developmental Status)

PEDS RESPONSE FORM

Child's Name Billy Morris Parent's Name Linda Morris
Child's Birthday 4/17/94 Child's Age 3 Today's Date 4/27/97

Please list any concerns about your child's learning, development, and behavior.

He's kind of quiet and doesn't say very much. Seems to prefer watching to interacting.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

As I said, I don't think he talks as well as he should for his age. Otherwise, he's just a great little boy very loving, watches everything carefully. Figures things out quickly. Very bright!

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

Please list any other concerns.

None.

Children's Hospital Primary Care Center (CHPCC)

- Busy, crowded hospital-based teaching practice
- Urban, high-risk population
- Medicaid population 65%
- 13,000 patients; 111 staff, including 14 full and part time attending physicians; 70 residents
- PEDS implemented January 2006

Martha Eliot Health Center (MEHC)

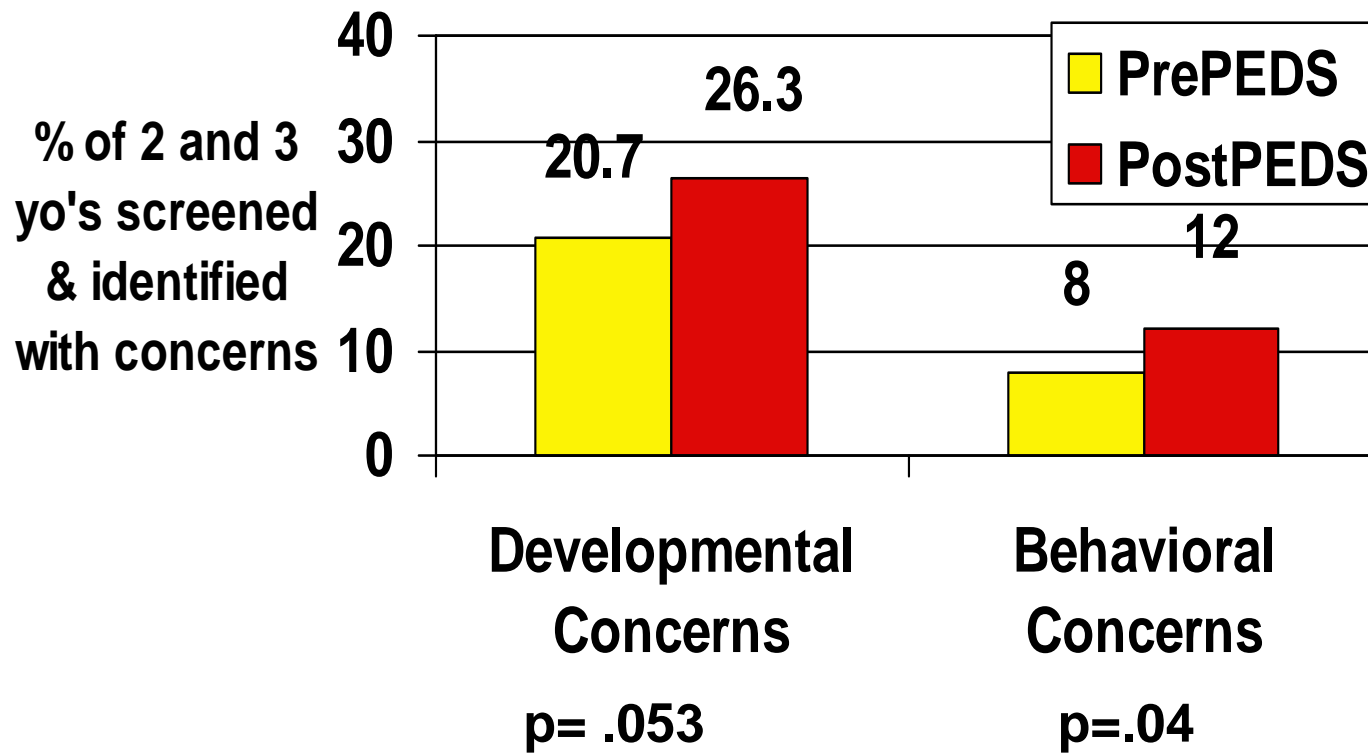
- Large, fast-paced urban community center
- Primarily low income, ethnically diverse population
- 75% Spanish speaking, many recent immigrants
- 8,000 patients; 19 staff, including 8 full and part time attending physicians, 8 residents
- PEDS implemented April 2007

Process

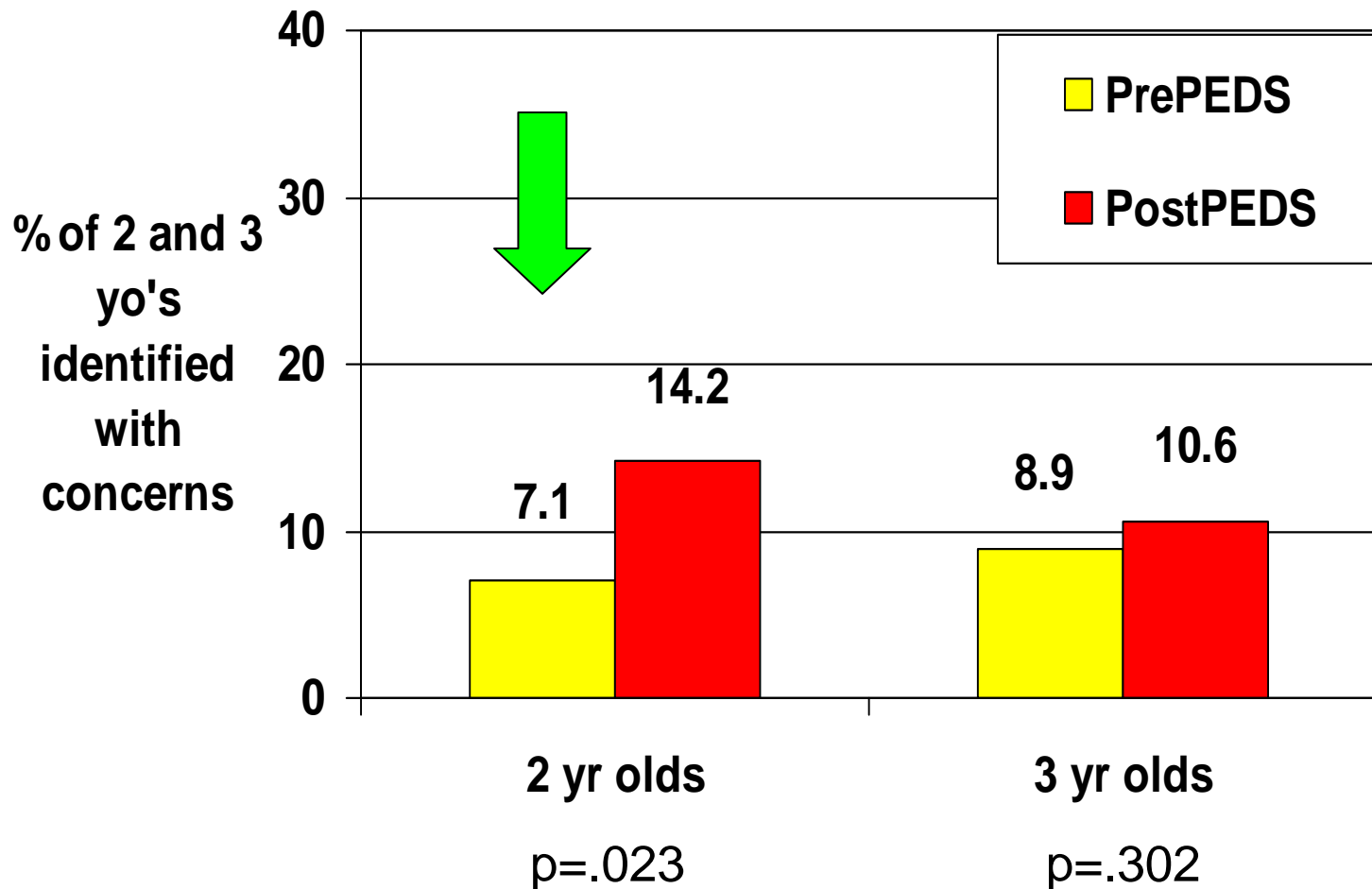
- Train staff to administer and score PEDS
- Work with office staff and clinical assistants on flow of activity
- Parent completes PEDS while waiting for physician
- Physician reviews PEDS with parent

Outcomes: CHPCC

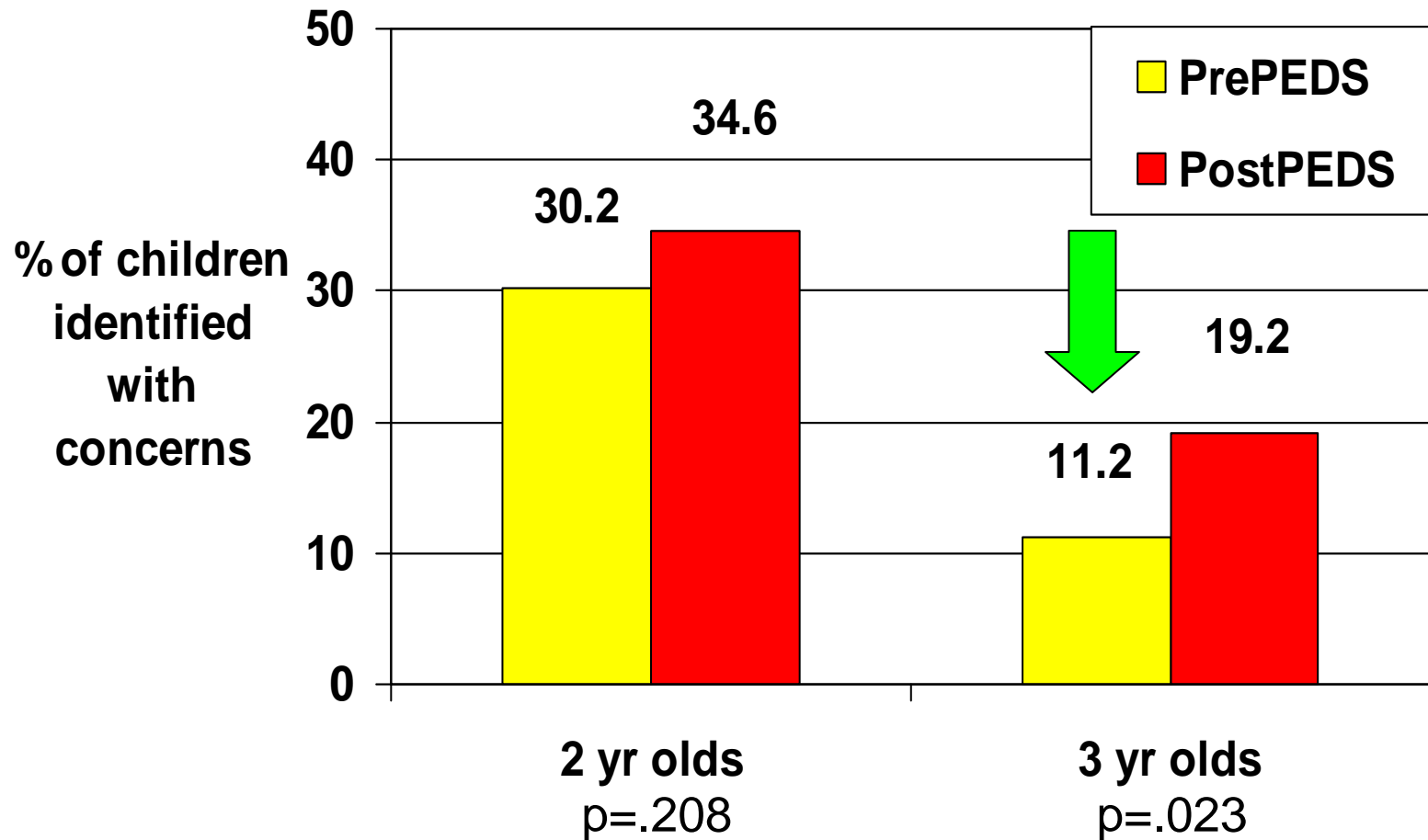
Changes in Identification of New Concerns Pre vs. Post PEDS



Changes in Identification of New Behavior Concerns



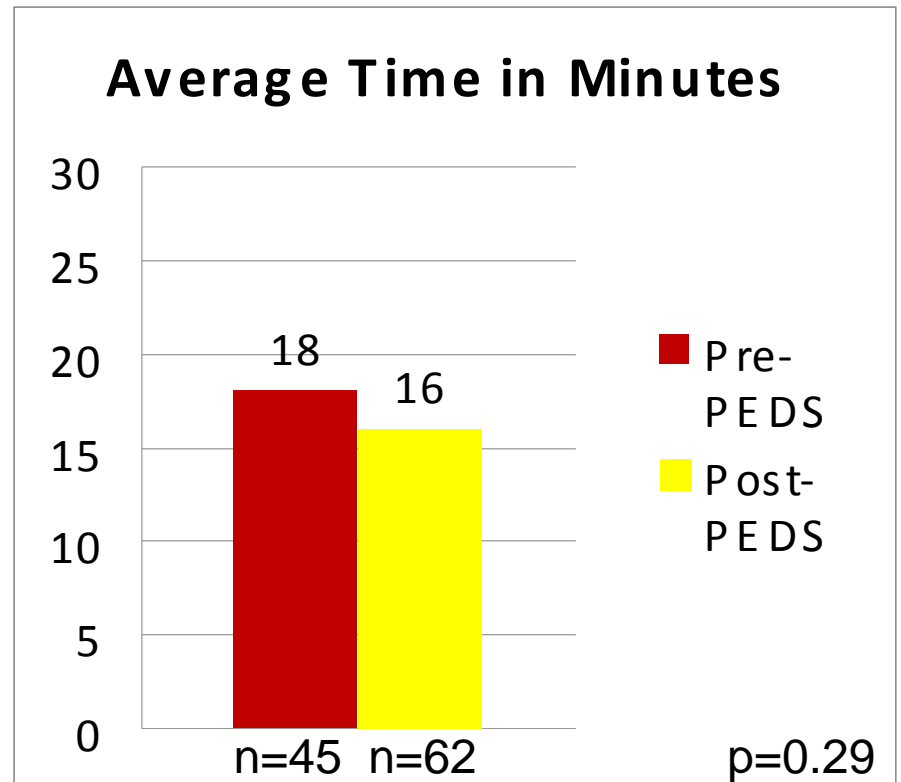
Changes in Identification of New Developmental Concerns



Outcomes: MEHC

Time Data

- Martha Eliot Health Center
 - Visits were timed
 - 45 visits Pre-PEDS
 - 62 visits Post-PEDS



Parent Surveys

- Post-PEDS parents reported:
 - Speaking to the provider about concerns they had about their child (74.2% v. 90.2%, $p=.05$)
 - Receiving answers to their concerns (89.7% v. 100%, $p=.04$)
 - Being asked about their child's behavior (83.9% v. 100%, $p=.006$)

Making a Successful Change

Confront Core Values to Win Acceptance

- Evidence-based care
- Group training for staff

Engage the Stakeholders

- Include office staff and clinical assistants in planning
- Contact EIP
- Identify champion

Have a Structured Approach

- Organizational planning
- Practice run
- Referral plan
- Monthly check-ins

Feedback

- Address glitches
- Sustain practice
- Share data

Provide Motivation

- Doesn't increase time, increases identified concerns
- MASS Health policy change probable, reimbursement

Lessons Learned

- Champion identified in office staff
- Large focus on operational process
- Turn over responsibility gradually
- Get provider feedback during small informal meetings
- Sharing information from parents helped in addressing resistance