Background

An estimated 14% of US children have a developmental delay.

20-30% of these children will not be diagnosed until after the start of kindergarten.

Identifying developmental delay early is crucial to early childhood development.

The American Academy of Pediatrics endorses developmental screening at the 9, 18, and 30 month well child checks.

Parent and provider surveys indicate that developmental screening practices in New Hampshire are suboptimal.

Aims

1) To increase the proportion of children <3 screened for developmental delay with a standardized screening tool (Ages and Stages Questionnaire (ASQ)) to 80% at 3 different time points (<1, <2, <3)

2) To increase the proportion of children with failed developmental screen who have documented referral for additional services to 80%

Design

Four participating practices: 
- Dover Pediatrics
- Dartmouth Hitchcock
- Keene
- Monadnock Regional Pediatrics
- Core Physicians

Two Phases:
- Pre-Work (3 months)
- Implementation (9 months)

Pre-existing collaborative models involved monthly conference calls and team meetings.

Continued to track performance. One clinic added screening to its internal quality “dashboard” and enhanced systems to track children at risk.

Aim: Increase to 80% the proportion of children who turned 1 year old in the past month who has a documented screening.

Aim: Increase to 80% the proportion of children who turned 1, 2, or 3 years old in the past month who has a documented screening.

Results

Evaluation

Chart review for baseline data

Monthly review of electronic health records to assess progress toward aims

Bimonthly clinic progress reports

Systems of care survey before and after collaborative

Assess changes in clinic systems/attitudes

Evaluations of training, tools, and technical assistance

Assess participant satisfaction with collaborative

Conclusions & Discussion

Learning collaborative did not meet the 80% target, though positive change was seen in each measure.

Measurement Challenges

Lag time between screen completion & “counting” it in performance metric

Sequential implementation of screens at WCV limits ability to see performance change for 9 mo. project

Referral data was hard to capture in some EHRs

Referral patterns proved difficult to impact as some providers opted to see patients back in clinic prior to referral.

Introducing screening did not lengthen visits.

Significant decrease in provider perception about difficulty of using ASQ

All clinics are still screening and have made changes to continue to improve/sustain their rates.

Standard operating procedures, staff training, billing, and enhanced systems to track children at risk

Continuing to track performance. One clinic added screening to its internal quality “dashboard”

Clinicians involved were invested in outcomes, but less invested in quality improvement principles/strategies

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We’re finally meeting the standard of care for developmental screening in our practice and in a sustainable manner.”