Promoting Developmental Screening in the First Three Years of Life: Lessons from Illinois

Thursday, February 26th, 2015
12:00 – 1:00 pm ET

For audio, please listen through your speakers or call:
1-844-629-8837, conference ID # 80891106

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# Agenda

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<td><strong>Welcome and Introductions</strong></td>
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<td>- Jill Rosenthal, NASHP</td>
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<td>- Marsha Lillie-Blanton, PhD, Chief Quality Officer and Director of Quality, Evaluation and Health Outcomes, Center for Medicaid and CHIP Services</td>
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<td>12:10 – 12:40 pm</td>
<td><strong>Perspectives from Providers and Policymakers in Illinois</strong></td>
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<td>- Dr. Karin Vander Ploeg Booth, Assistant Professor of Pediatrics, The University of Chicago Medicine, Comer Children's Hospital</td>
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<td>- Julie Doetsch, Manager, Child Health Section, Illinois Department of Healthcare and Family Services</td>
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<td>- Moderator: Jill Rosenthal, NASHP</td>
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<td>12:40 - 12:50 pm</td>
<td><strong>Steps States Can Take to Report Developmental Screening Measure and Opportunities for Technical Assistance</strong></td>
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<td>- Ledia Tabor, NASHP</td>
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<td>- Michaela Vine, Mathematica Policy Research</td>
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<td>12:50 - 1:00 pm</td>
<td><strong>Questions and Answers</strong></td>
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Objectives

- Be aware of efforts taken by CMS to encourage states to promote the performance of developmental screenings and the reporting of the Developmental Screening in the First Three Years of Life measure.

- Understand the importance of developmental screenings to the healthy development of all children, and especially to children enrolled in Medicaid.

- Understand how a State reporting the Developmental Screening in the First Three Years of Life measure can help promote developmental screenings.

- Understand some of the challenges states have faced in reporting the Developmental Screening measure, and some high-level approaches to addressing those challenges.

- Be aware of the opportunity to request and receive technical assistance on reporting the Developmental Screening measure, and how to submit a Statement of Interest to participate.
DEV Measure: *Developmental Screening in the First Three Years of Life*

- Included as one of 24 measures in the Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP.

- Records the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their 1st, 2nd, or 3rd birthday.

- Two options to collect data:
  - Administrative only – Use administrative data to calculate the numerator and denominator. Numerator comes from claims data, specifically CPT 96110 (developmental testing, with interpretation and report).
  - Administrative and Medical Record Review (Hybrid) – Use administrative data for the denominator, and medical records to determine the numerator (documentation of screening performed).

- Twenty states reported on the *Developmental Screening* measure for FFY 2013, an increase from twelve states that reported data for FFY 2012.
Performance on DEV in FFY 2013

- 1st Year of Life: Mean 30.4, Median 20.1
- 2nd Year of Life: Mean 34.4, Median 27.7
- 3rd Year of Life: Mean 26.6, Median 20.6
Importance of Collecting and Reporting the DEV Measure

- Periodic developmental and behavioral health screenings are required for all children enrolled in Medicaid (under EPSDT), and are also covered by all CHIP programs.

- Screening at recommended intervals during early childhood is essential to identify possible delays in growth and development so any deficits can be addressed early.

- The DEV measure can be used to
  - track how Medicaid and CHIP programs are performing in evaluating the growth and development of very young children
  - drive improvement through transparency and accountability
The US Departments of Health and Human Services and Education launched **Birth to Five: Watch Me Thrive!** in 2014 to highlight the importance of universal developmental and behavioral screening of young children.


To support states in collecting and reporting this measure, CMS provides technical assistance that can be requested via an email to **MACqualityTA@cms.hhs.gov**.
In 2010, CMS launched its Children’s Quality Demonstration Grant Program with 18 states. CHIPRA grantees have leveraged grant funding to help improve the performance and measurement of developmental screenings in children enrolled in Medicaid and CHIP.

Half of the states focused on DEV measure

- Alaska, Illinois, Maine, Massachusetts, North Carolina, Oregon, Pennsylvania, South Carolina, West Virginia
Resources for State Medicaid and CHIP Agencies


- **EPSDT Resource Compendium** includes state-specific efforts on developmental and behavioral screenings http://www.nashp.org/epsdt/resources-improve-medicaid-children-and-adolescents

- **NASHP ABCD Publications Library** http://www.nashp.org/sites/default/files/abcd/ABCDresources.org/ABCD_Pubs_Library.pdf
DEVELOPMENTAL SCREENING AND A COLLABORATIVE INITIATIVE IN ILLINOIS

Karin Vander Ploeg Booth, MD
NASHP/CMS Webinar
February 26th, 2015
Importance of Developmental Screening

- 12-16% of US children are estimated to have developmental and behavioral disorders
- Early identification should lead to early intervention, when the developing brain can benefit most
- Without formal developmental and behavioral screening, children at risk are missed and opportunities are lost
Developmental surveillance and screening algorithm within a pediatric preventive care visit


©2006 by American Academy of Pediatrics
Surveillance and screening algorithm: ASDs.

1a: Pediatric Patient at Preventive Care Visit
1b: Extra Visit for Autism-Related Concern, ASD Risk Factor, or Other Developmental/Behavioral Concern

2: Perform Surveillance
2a: Score 1 for Each Risk Factor:
- Sibling with ASD
- Parental Concern
- Other Caregiver Concern
- Pediatrician Concern

3: What is the Score?
3a: Score = 2+
3b: Score = 1
4: Is this an 18- or 24-Month Visit?
5a: Evaluate Social-Communication Skills
5b: Administer ASD-Specific Screening Tool
6a: Are the Results Positive or Concerning?
6b: Are the Results Positive or Concerning?

7: 1. Provide Parental Education
    2. Schedule Extra Visit Within 1 Month
    3. Re-enter Algorithm at 1b

8: 1. Provide Parental Education
    2. Simultaneously Refer for:
       a. Comprehensive ASD Evaluation
       b. Early Intervention/Early Childhood Education Services
       c. Audiologic Evaluation
       3. Schedule Follow-Up Visit
       4. Re-enter Algorithm at 1b

7b: 1. Schedule Next Preventive Visit
    2. Re-enter Algorithm at 1a

Legend:
- Start
- Action / Process
- Decision

Reprinted from Pediatrics, 2007

Johnson C P, and Myers S M 2007
Screening vs Surveillance

- Surveillance = a flexible continuous process whereby knowledgeable professionals perform skilled observations of children during the provision of health care
  - Includes:
    - Eliciting parental concerns
    - Maintaining a developmental history/developmental checklist
    - Observing the child
    - Identifying risk factors

- Screening = Using a standardized developmental tool to identify a child is at risk for developmental delay
## Detection Rates

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<th>Without Screening Tools</th>
<th>With Screening Tools</th>
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<td>- 20% of mental health problems identified</td>
<td>- 80-90% with mental health problems identified</td>
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<tr>
<td>- 30% of developmental disabilities identified</td>
<td>- 70-80% with developmental disabilities correctly identified</td>
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What to Expect with Routine Screening

- **11%**: high risk of disabilities & need referrals for further evaluations
- **20%**: low risk of disabilities & need behavioral guidance
- **26%**: moderate risk of disabilities & need developmental promotion/vigilance
- **43%**: low risk of disabilities & need routine monitoring
Outcomes of Early Intervention

- Intensive, comprehensive early intervention and education programs can substantially:
  - Alter developmental trajectories
  - Improve health
  - Improve educational outcomes from middle childhood though adulthood
    - Decrease grade retention
    - Decrease high school drop out
  - Decrease rates of juvenile arrest and violent arrest

Halfon 2003, Reynolds 2001
Launched in 2005

Goals
- Improve delivery/financing of preventive health and developmental services for children 0-3
- To build on existing programs to develop a range of strategies for primary care settings

Methods
- Professional education
- Ongoing technical assistance for practices
- Emphasis on referral and connection with community resources
- Collection of policy-relevant information on barriers to care
- Opportunity for collaboration with stakeholders
- Access to resources via EDOPC website
Getting a Project Started

- Need the “Perfect Storm”
  - Interest from key groups
  - Key partners
  - Funders
EDOPC Inspiration

- Unmet Needs Project
  - Need for commercially-developed tools, better use of EI system
- Illinois early childhood/screening initiatives
  - Advocate Health Care Healthy Steps
  - Provider groups (ICAAP, IAFP) trainings
  - Ounce of Prevention Fund
- Clinical policy recommendations
- Provider interest – FQHCs and others
- State agency interest
- National efforts
  - Assuring Better Child Health and Development (ABCD)
Key Partners

- Advocate
  - Advocate Health Care Healthy Steps
  - Large healthcare system
    - Key clinical/training staff
    - Infrastructure (fundraising, administration)

- ICAAP
  - Broad membership and volunteer base
  - Experience in academic detailing
  - Early childhood/developmental screening expertise
  - Partnerships with advocacy, provider groups
  - Growing systems change and policy work

- Illinois Academy of Family Physicians
- Ounce of Prevention Fund
Local Funders/Stakeholders

- Private Foundations
- State Agencies
  - Illinois Medicaid
  - Early Intervention/Title V
- Provider Groups
  - Community clinics
  - Residency training programs
- Advocacy Organizations
Initial Funding Period

- 2005-2008
- Academic Detailing Model Emphasized
- Policy and advocacy work was crucial
- Increased work with Illinois DHS and HFS
  - DHS regarding referral and coordination of care pieces
  - HFS regarding policy changes such as payment for screening and data sharing
Why Academic Detailing (aka practice-based education)?

- Key themes related to effective educational interventions have been identified

- Interventions must:
  - Account for the complexity of the medical practice environment
  - Be learner-centered, relevant
  - Take advantage of readiness to change and capitalize on leadership/agent for change
  - Be interdisciplinary
Key Components

- Site champion
- Training
  - Included clinicians and administration
  - Focused on practice systems change
- Technical Assistance
  - Toolkits distributed
  - Monthly conference calls
  - Access to experts in between
- Feedback to Sites
Incorporating Screening into Practice

- Which tools at what intervals?
- How do we make time for screening?
- Who administers the screening, scores the tests, and communicates results?
- Is the tool available in other languages?
- Is there a cost of the screening tool?
- Can they be photocopied?
- Where can I find materials from?
- Who else may be screening the children in our practice?
EDOPC Policy Work with Illinois DHS

- Medicaid/ HFS
  - New guidelines and tools, including social emotional tools
  - Clarified unbundling for well-child visit
  - Added reimbursement for PPD screening as a risk assessment
  - Supported developmental screening as bonus measure

- Early Intervention/ DHS
  - Clarified child as automatically eligible if primary caregiver diagnosed with a severe mental disorder
  - Clarified that children 0-3 are eligible to receive EI services if only delay is social-emotional
  - Pilot program to increase communication between CFCs and Primary Care Providers resulted in:
    - Development and dissemination of forms for referral and communication
    - Training development regarding care coordination and forms for referral and communication
OBJECTIVE DEVELOPMENTAL SCREENING PROMOTION THROUGH ILLINOIS’ MEDICAID/CHIP AGENCY

Julie Doetsch, MA
Illinois Department of Healthcare and Family Services
CMS/NASHP Webinar
February 26, 2015
Objective Developmental Screening (ODS) Provider Supports

- Engaging in public/private partnerships –
  - Promote ODS in the medical home

- Enhancing Developmentally Oriented Primary Care -
  - Training and education in-office, web site, CME
  - Sustaining efforts
ODS Provider Supports

- Financial incentives –
  - Reimbursement for CPT codes 96110 and 96111 unbundled from EPSDT billing
  - Pay for performance

- Use of data –
  - Panel Rosters
  - Care Coordination Claims Data (CCCD)
ODS Provider Supports

- Resources to coordinate between medical home and Early Intervention –
  - Referral processes and resources
  - Standardized EI referral (Form 650) and feedback (Form 652) forms
Policy Levers

- Unbundled reimbursement for ODS separate from EPSDT
- Pay for performance
- Data usage
Policy Levers

- Strengthened managed care contracts
  - EPSDT services provided per Healthy Kids Handbook
  - ODS measure incorporated as a health and quality of life performance indicator
Policy Levers

- Handbook for Providers of Healthy Kids Services
  - Adopts *Bright Futures* guidelines
  - Processes / reimbursement

- Tool approval mechanism –
  - Form 724 - submitted by HFS enrolled providers
  - Screening, Assessment and Evaluation Tool Review Committee
Timeline – Selected Activities

■ 2004:
  □ Billing for ODS un-bundled from EPSDT billing
  □ STEPPS / ABCD II launches training efforts

■ 2005:
  □ EDOPC launches training

■ 2008:
  □ EDOPC training website launched
  □ Medicaid offers P4P bonus payments for ODS

■ 2009:
  □ ABCD III begins focused on coordination of medical home/EI

■ 2013 – 2015:
  □ Referral systems developed and deployed
  □ Healthy Kids Handbook revised
  □ Managed care entities expand, include ODS requirements
ODS Measure Importance

- Transparency through public reporting –
  - CHIP Annual Report
    - Report to CMS on the Child Core Set measures
  - CHIPRA Child Core Data Set trend report
    - CY2009 - CY2012 data reported
CHIPRA Child Core Set Data Book: ODS Performance
ODS Measure Importance

- To assess health care system performance
  - Managed care / PCCM
- To assess quality improvement (QI)
  - Training - EDOPC
  - Pay for performance
- To focus quality improvement initiatives
  - Secretary's Annual Report on the Quality of Care for Children in Medicaid and CHIP
Alignment among users of the ODS measure (and Child/Adult Core Sets)
- Bureau of Managed Care
- Bureau of Quality Management

Quality of Care Committee
- Makes nuanced decisions about measure programming across all interested parties
Thank You

Julie Doetsch, MA
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Prioritize reporting of the Developmental Screening measure within the Medicaid agency.

Contract with the EQRO to perform medical records reviews needed in the hybrid approach.

Reimburse providers for the 96110 code.

“Unbundle” the 96110 code, for example from EPSDT payments.

Partner across payers, providers, and other systems to collaborate on performance improvement.
State’s Steps to Improve Reporting of Developmental Screening Cont.

- Reinforce the importance of developmental screening and offer toolkits and educational pieces to help providers perform the screens.

- Engage with providers and office staff on the benefits of developmental screening, the importance of recording the 96110 CPT code (regardless of payment) and ways to incorporate screening and reporting into practice flow.

- Prioritize the Developmental Screening measure in the state’s Medicaid Performance Improvement Projects (PIP) and in any provider pay-for-performance (P4P) programs.
Upcoming Technical Assistance Opportunity

- The Developmental Screening Action Learning Webinar will engage states in collaborative learning to help them report the DEV measure.
- Participants will be chosen from states that submit completed Expression of Interest (EOI) forms.
- Interested state teams should complete the EOI and send it to MACQualityTA@cms.hhs.gov by March 19, 2015.
- Information about the date and time for the collaborative learning opportunity will be forthcoming.
Question and Answer

Please use the chat box at the bottom of your screen to ask a question.
Thank you

- Check out the Resource Guide (sent to registrants before and after).

- Please use the following link to complete an evaluation of this webinar:
  https://www.surveymonkey.com/s/5X8NDNQ