

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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NATIONAL ACADEMY
for STATE HEALTH POLICY

Agenda

12:00 - 12:10 pm	Welcome and Introductions <ul style="list-style-type: none">• <i>Jill Rosenthal, NASHP</i>• <i>Marsha Lillie-Blanton, PhD, Chief Quality Officer and Director of Quality, Evaluation and Health Outcomes, Center for Medicaid and CHIP Services</i>
12:10 – 12:40 pm	Perspectives from Providers and Policymakers in Illinois <ul style="list-style-type: none">• <i>Dr. Karin Vander Ploeg Booth, Assistant Professor of Pediatrics, The University of Chicago Medicine, Comer Children's Hospital</i>• <i>Julie Doetsch, Manager, Child Health Section, Illinois Department of Healthcare and Family Services</i>• <i>Moderator: Jill Rosenthal, NASHP</i>
12:40 - 12:50 pm	Steps States Can Take to Report <i>Developmental Screening</i> Measure and Opportunities for Technical Assistance <ul style="list-style-type: none">• <i>Ledia Tabor, NASHP</i>• <i>Michaela Vine, Mathematica Policy Research</i>
12:50 - 1:00 pm	Questions and Answers <ul style="list-style-type: none">• <i>Jill Rosenthal, NASHP</i>

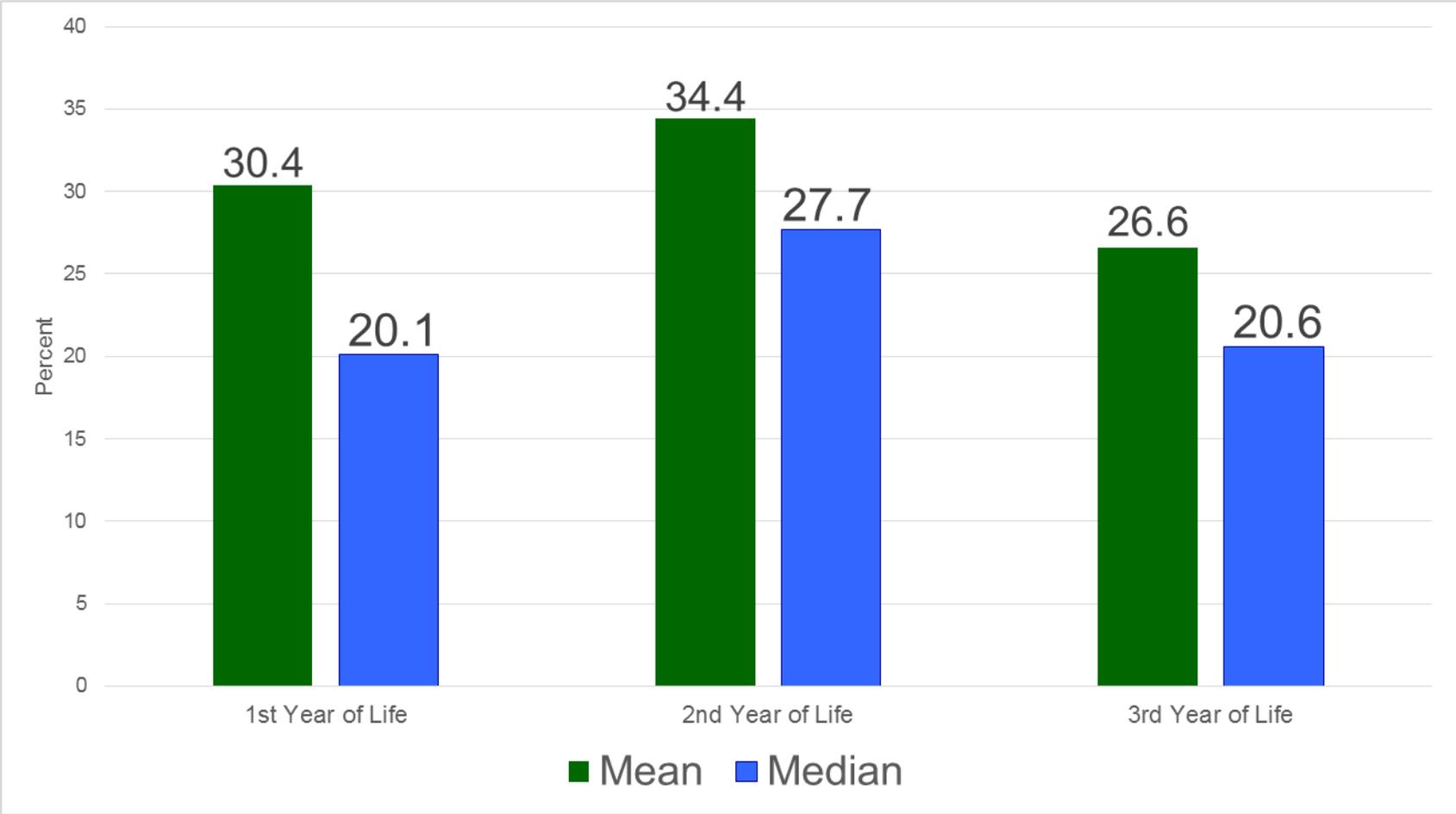
Objectives

- 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



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

CMS Efforts to Ensure Children Receive Developmental and Behavioral Screening

- 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.
- In June 2013, CMS hosted the webinar, “Developmental Screening in the First Three Years of Life: Understanding How to Collect and Use the Child Core Set Measure.” Available here: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/DevelopmentalScreeningWebinar.pdf>
- 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.

CMS Efforts to Ensure Children Receive Developmental and Behavioral Screening Cont.

- 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

- **CMS Child Core Set** web page <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/chipra-initial-core-set-of-childrens-health-care-quality-measures.html>
- **Birth to Five: Watch Me Thrive!** web page <http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive>
- **CMS Informational Bulletin** *Prevention and Early Identification of Mental Health and Substance Use Conditions in Children*
<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-03-27-2013.pdf>
- **Tri-Agency letter** on trauma-informed treatment
<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf>
- **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](http://www.nashp.org/sites/default/files/abcd/ABCDresources.org/ABCD%20Pubs%20Library.pdf)

DEVELOPMENTAL SCREENING AND A COLLABORATIVE INITIATIVE IN ILLINOIS



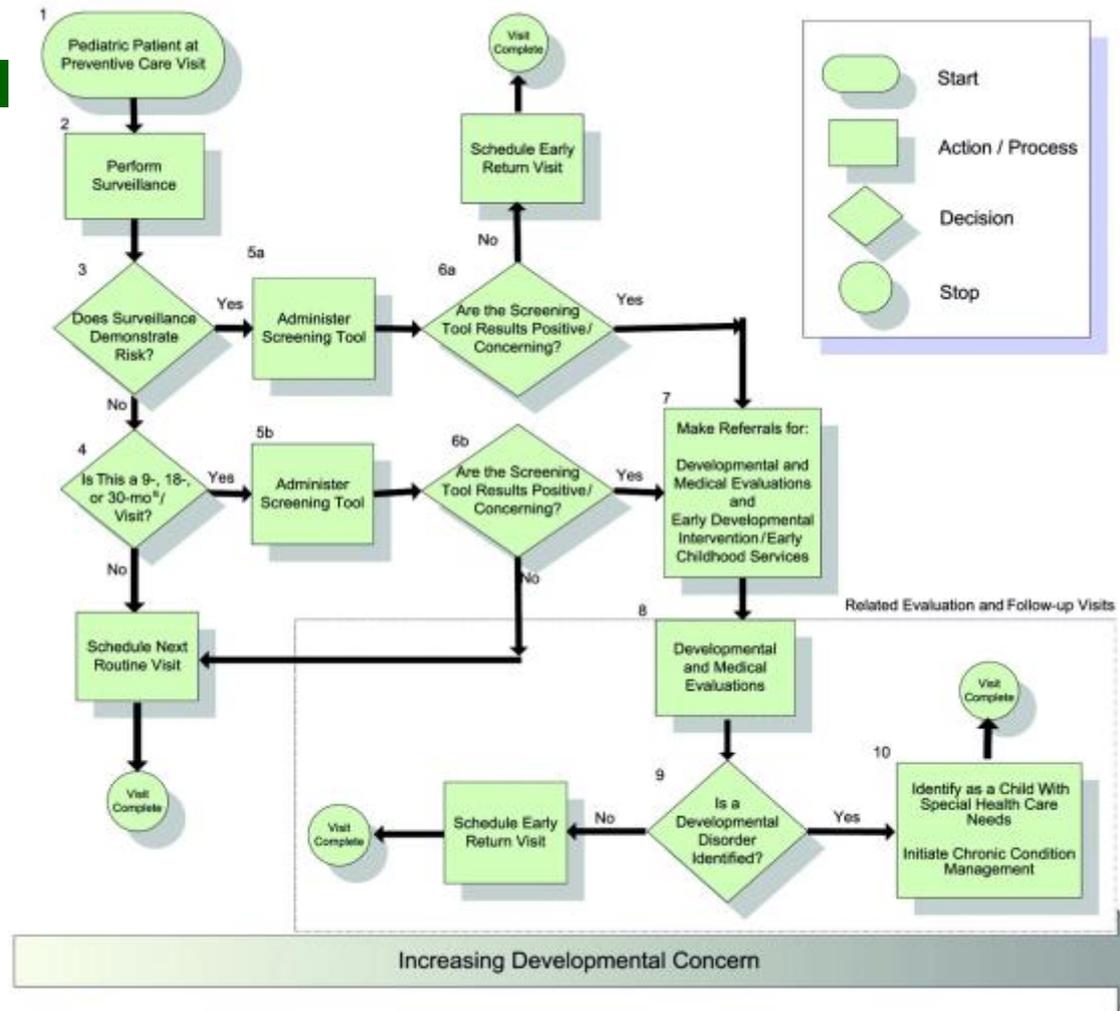
Karin Vander Ploeg Booth, MD
NASHP/CMS Webinar
February 26th, 2015

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

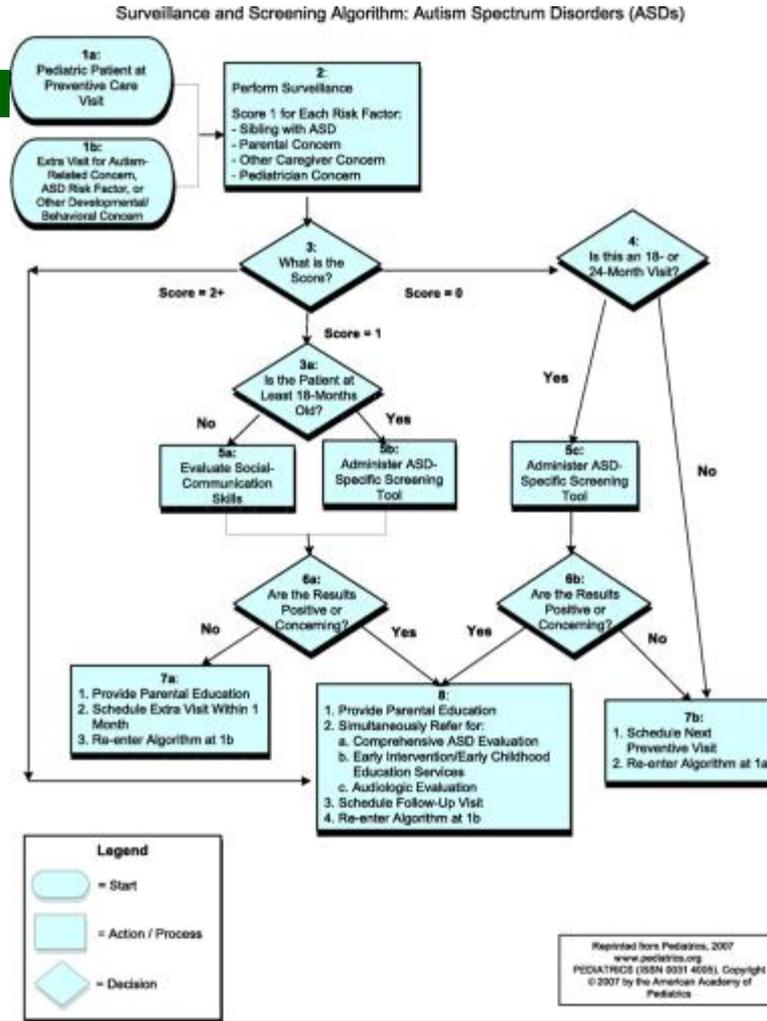
Developmental surveillance and screening algorithm within a pediatric preventive care visit



Council on Children With Disabilities et al. Pediatrics 2006

PEDIATRICS®

Surveillance and screening algorithm: ASDs.



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



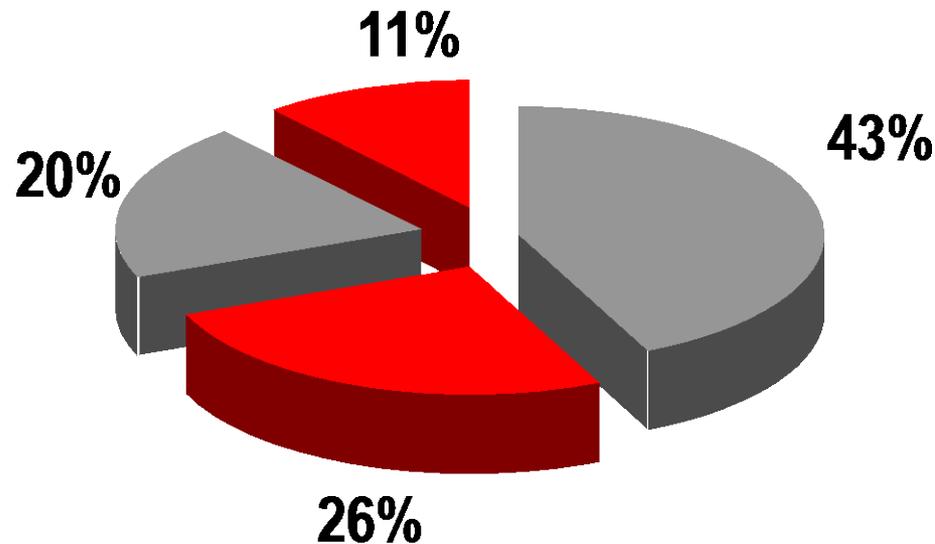
Without Screening Tools

- 20% of mental health problems identified
(Lavigne et al. *Pediatr.* 1993; 91:649-655)
- 30% of developmental disabilities identified
(Palfrey et al. *JPEDS.* 1994; 111:651-655)

With Screening Tools

- 80-90% with mental health problems identified
(Sturner, *JDBP* 1991; 12:51-64)
- 70-80% with developmental disabilities correctly identified
(Squires et al., *JDBP* 1996; 17:420-427)

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 through adulthood
 - Decrease grade retention
 - Decrease high school drop out
 - Decrease rates of juvenile arrest and violent arrest



Enhancing Developmentally Oriented Primary Care



- 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:

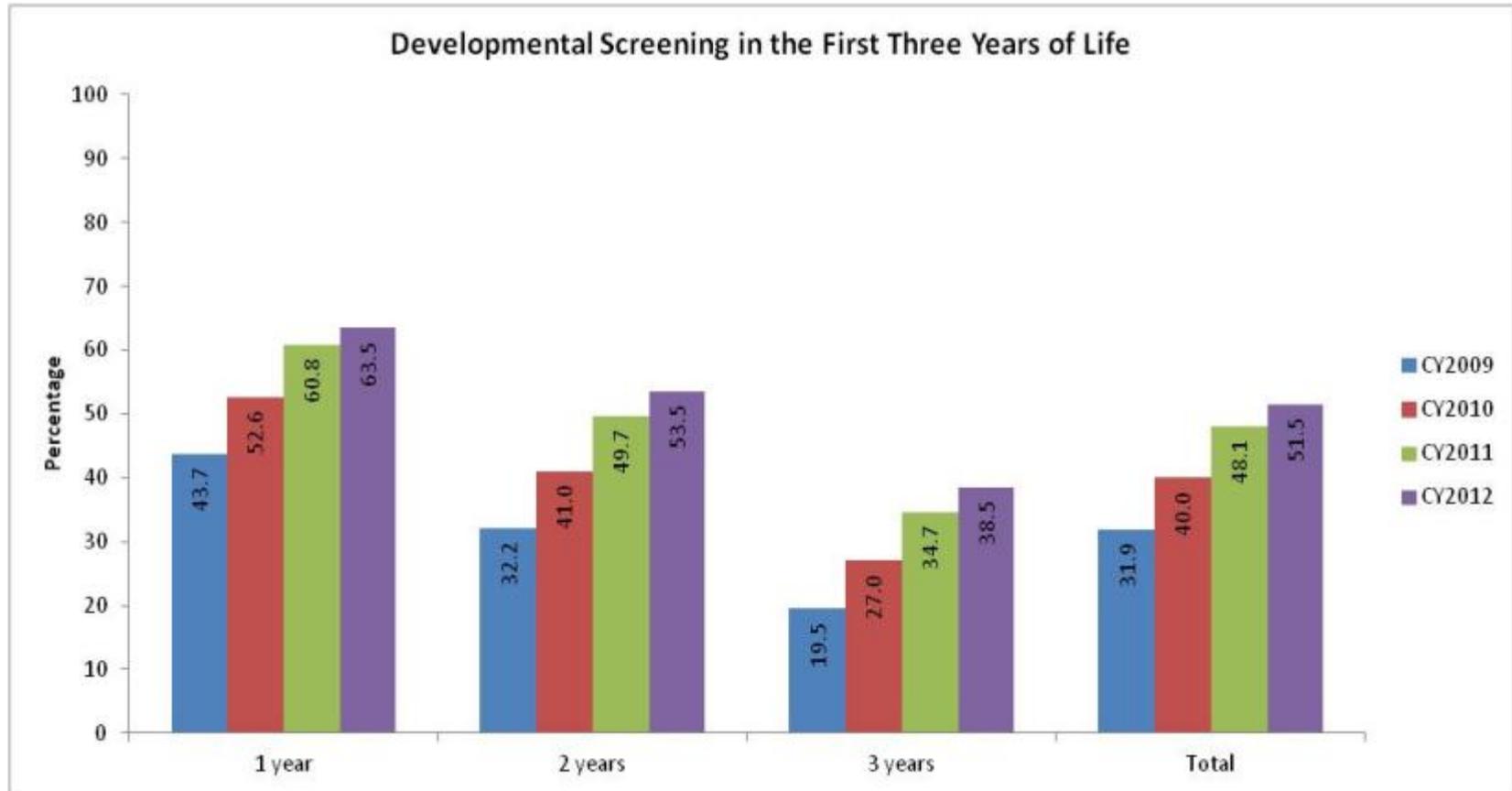
- Referral systems developed and deployed
- Healthy Kids Handbook revised
- Managed care entities expand, include ODS requirements

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

ODS Measurement Improvement



- 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



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State's Steps to Improve Reporting of Developmental Screening

- 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>

