

Section 1: Purpose

The purpose of the Participation Agreement is to affirm that if chosen, your practice is committed to participate in the Developmental Screening Quality Improvement Learning Collaborative, a joint effort of the NH Pediatric Improvement Partnership (NHPIP) and the NH Citizens Health Initiative (NHCHI). This agreement describes the benefits, design, and support that practices can expect from NHPIP/NHCHI project staff as well as expectations of participating clinics.

Section 2: Context

Research indicates that the identification of developmental delays as early as possible is crucial to supporting early childhood development¹. It is estimated that 12-16% of children in the United States have a developmental delay and as many as one half of those children will not be identified until after beginning kindergarten². In 2006, the American Academy of Pediatrics (AAP) endorsed developmental screening of young children with a standardized screening tool as a routine component of well-child care during the 9, 18, and 30 month visits³. The use of standardized developmental screening tools at periodic intervals increases accuracy in detection of childhood delays⁴. Available data suggests that rates of developmental screening in NH are suboptimal. (See Appendix A)

This NHPIP/NHCHI developmental screening learning collaborative builds upon a successful pilot project with four NH clinics (both family practice and pediatrics) completed in July 2015 by the NHPIP. Over the nine month collaborative, practices increased the percentage of children screened for developmental delays by the age of one from 0% to a mean of 70.4%. One project team leader, in discussing benefits of participating in the learning collaborative, stated, “We’re finally meeting the standard of care for developmental screening in our practice and in a sustainable manner.”

Benefits of Participation in this Developmental Screening Learning Collaborative

Participating practices will receive the following benefits:

- Learn proven ways to improve developmental screening services for children
- Receive tools, trainings, and technical support to support clinic systems and workflow change
- Receive real-time reports on developmental screening and referral performance
- Communicate and learn from other participating clinics
- Potential to receive up to 25 credits of Part 4 Maintenance of Certification (MOC) credit
- Potential to receive Continuing Medical Education (CME) credit for webinars and learning sessions
- Reimbursement for developmental screening by all major payers

¹ J. P. Shonkoff and D. A. Phillips (eds.), *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press, 2000.

² Mackrides, P. S., & Ryherd, S. J. (2011). Screening for developmental delay. *American Family Physician*, 84(5), 544-549. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=21888305&site=ehost-live>

³ American Academy of Pediatrics. Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. *Pediatrics* July 2006; 118:1 405-420; doi:10.1542/peds.2006-1231.

⁴ Developmental surveillance and screening of infants and young children. (2001). *Pediatrics*, 108(1), 192. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=4767622&site=ehost-live>

- Ability to connect to other NH Citizens Health Initiative projects including the Northern New England Practice Transformation Network and the Behavioral Health Integration Learning Collaborative.

Section 3: Learning Collaborative Aim, Measures, and Goals

Aim

By the end of the learning collaborative, increase the proportion of children:

1. with 9, 18, and 30 month well-child visits in the past month where a standardized developmental screen was completed (Target: 80%) (process measure)
2. with a failed score on a standardized developmental screening instrument who have a documented clinician referral for additional services. (Target: 70%) (outcome measure)
3. who turned one in the past month and were screened for developmental concerns using a standardized instrument. (Target: 80%) (outcome measure)

Two additional intermediate outcome measures will be tracked: the proportion of children who turned two and proportion of children who turned three in the past month screened for developmental concerns. Changes in care systems and satisfaction with the Learning Collaborative design will also be measured.

Measures

The below measures will be used to track progress on these aims.

1. The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool (Ages and Stages Questionnaire-3 (ASQ-3)) at:
 - (a) 9 month well-child visits
 - (b) 18 month well-child visits
 - (c) 30 month well-child visits
2. The percentage of children who fail a standardized screening tool (defined as failing one or scoring borderline on two ASQ-3 domains) who have a documented clinician referral for additional services (early intervention, diagnostics, etc.)
3. The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool⁵ (ASQ-3) by:
 - (a) their first birthday
 - (b) their second birthday
 - (c) their third birthday
 - (d) their first, second, or third birthday

Goals

This learning collaborative will accomplish the above aims by:

- Introducing and assisting practices in using the ASQ-3 and the AAP Algorithm for developmental screening.

⁵ Developmental screening measures endorsed by the National Quality Foundation.

- Educating and assisting practices in the application of 1) the Model for Improvement⁶ and 2) team-building principles to facilitate practice change efforts to integrate developmental screening into the office workflow.
- Building relationships between practice sites and key diagnostic and early intervention providers to facilitate identification, referral and monitoring of children with a developmental concern.
- Assisting practices with exploring opportunities to: 1) partner with parents in providing developmental care, 2) monitor children identified with a developmental concern, and 3) sustain developmental screening after the project. .

Section 4: Description of Learning Collaborative Activities

During the pre-work phase (February-March 2016), practices will:

- Complete a a) Business Associates Agreement to facilitate data sharing and HIPAA compliancy and b) a Non-Disclosure Agreement to facilitate sharing of clinic specific performance metrics.
- Identify developmental screening QI team members
- Set a monthly developmental screening QI team meeting time
- Collect baseline evaluation data (short chart review to assess baseline screening rates)
- Participate in one to two preparation conference calls, one clinician-focused webinar (how to use Ages and Stages Questionnaire (ASQ)) and one preparatory site visit with project staff.
- Complete an initial assessment of office systems of care relative to developmental screening (Project staff will complete the survey with the clinic team during the aforementioned site visit)
- With assistance from project staff, develop EHR-based reporting for monitoring performance on project metrics

During the “action” phase (Apr-Dec 2016) the following supports will be provided to participating clinics:

- Two in-person half-day learning seminars (April and September) at a TBD central location.
- Every other month conference calls of participating clinic teams to facilitate shared learning and knowledge-building
- Every other month visit (virtual or on-site) with a quality improvement coach to help your practice implement small cycles of change to integrate developmental screening into your office workflow.
- A toolbox of resources to support your office’s integration of developmental screening (coding/billing fact sheet, diagnostic & early intervention resource sheet)
- One copy of the ASQ Toolkit
- A web-portal where clinics can upload and view their performance on project measures.

During the action phase, clinics will conduct the following on a monthly basis:

- Hold at least one meeting of your developmental screening QI team to plan and test small scale changes to conduct developmental screening at the 9, 18, and 30 month well child care visits.
- Submit data supporting screening and referral project measures.

⁶ More information about the Model for Improvement developed by Associates in Process Improvement is available at <http://www.ihp.org/resources/Pages/HowtoImprove/default.aspx>.

- Complete a brief description of current change efforts and a few other data required for Maintenance of Certification purposes. (see below)

A graphic illustrating all learning collaborative activities is provided in Appendix B. Above the timeline are activities supporting changes in practice/systems processes to implement developmental screening with a standardized tool. Below the timeline are activities to support evaluation of the learning collaborative. As best feasible, NH PIP staff will try to accommodate practice preferences for scheduling of action phase activities. Once developed, practice sites will receive a schedule of all action phase activities. Based on practice preferences, project staff will inform practices of the results of the learning collaborative.

NH PIP staff will be applying for Maintenance of Certification credits from the American Board of Pediatrics for this project (previous pilot work was approved for 25 MOC Part 4 credits) We will also be applying to offer continuing medical education units as well for the clinician webinar and the two in-person seminars. Minimum requirements for MOC will be determined and provided to all clinics as soon as approved. In the monthly progress report team leaders will record attendance at monthly team meeting for MOC attestation as well as tracking of required “balancing” metrics.

Section 5: Key Stakeholders and Roles

Practice Team and Roles

Each practice will set up a team to spearhead their change effort to implement evidence-based standards for developmental screening. The team should include:

Team Member	Major roles and responsibilities
Team Project Leader*	<ul style="list-style-type: none"> • Serve as Clinic contact to the NH PIP/NHCHI ACP Staff • Coordinate team effort to institute change processes • Ensure evaluation data/reports are submitted
Primary Care Provider Lead (MD/DO/NP)	<ul style="list-style-type: none"> • Encourage & facilitate PCP involvement in the project • Provide PCP perspective/ insight on deployment of developmental screening
Information Technology (IT) Lead	<ul style="list-style-type: none"> • Assist with changes in IT infrastructure required to support clinic implementation of dev. Screening • Teach clinical team how to enter developmental screening data into EHR system • Work with NH PIP staff to facilitate EHR extractions for evaluation purposes • Communicate regularly with clinical team about data
Clinical support staff (RN, LPN, MA)	<ul style="list-style-type: none"> • Facilitate clinician support staff perspective and involvement in implementation of developmental screening
Office Administrator/Manager	<ul style="list-style-type: none"> • Facilitate front-office level perspective and involvement in implementation of developmental screening

Team Member	Major roles and responsibilities

*Can be any clinic staff person, however we recommend that Clinic Team Leader be different than the Clinician Team Lead.

Practices are welcome to include external partners on their team as well such as parent(s) and/or representation from your local Early Intervention Program. Of note, if your practice has a quality improvement manager/director or an existing pediatric quality improvement committee, it is highly suggested to involve them on your team.

Developmental Screening Project Staff and Roles

Practices will be supported by the following NH PIP/NHCHI staff: 1) Samantha House, DO, MPH, Medical Director, NH PIP; 2) Jo Porter, MPH, Research Director, NHPIP; 3) Holly Tutko, MS, Project Director, NHPIP; and 4) Molly O’Neil, BS, Research Associate, NHPIP. The team will be responsible for planning and conducting pre-work and action phase activities. In addition, Sue Butts-Dion, a QI coach will support practices in implementation of Plan-Do-Study-Act cycles. Dr. Nina Sand-Loud, a developmental behavioral pediatrician at Children’s Hospital at Dartmouth, will serve as the clinical expert for the project.

Section 6 Practice and Project Staff Commitments

During the pre-work phase (February-March 2016), practices will:

- Complete a Business Associates Agreement and a Non-Disclosure Agreement
- Identify developmental screening QI team members
- Set a monthly developmental screening QI team meeting time
- Collect baseline evaluation data (short chart review to assess baseline screening rates)
- Participate in one to two preparation conference calls and one site visit.
- Inform and encourage as many clinicians as possible participate in webinar on how to use Ages and Stages Questionnaire (ASQ))
- With assistance from project staff, complete an initial assessment of current office systems of care relative to developmental screening
- With assistance from project staff, develop EHR-based reporting for monitoring performance on project metrics

During the action phase (April-December 2016), practices will:

- Hold monthly meetings of your developmental screening QI team to plan and test small scale changes to integrate developmental screening.
- Send clinic developmental screening QI team to two in-person, half-day learning seminars.
- Actively engage in conference calls, QI coaching visits, and webinar with project staff.
- Share clinic experience integrating developmental screening into their office workflow and performance on project measures with other practices involved in the project.
- Collect and submit monthly EHR data supporting screening and referral measures.
- Submit short monthly reports of practice progress

- Complete a post-action phase developmental screening system of care survey.

Participating clinics can expect the following of Project staff:

- Coordinating project activities (learning seminars, conference calls, coaching visits) to support clinics in integrating developmental screening
- Keeping practices informed of project activities and answering any questions
- Coaching practices on implementing small cycles of change to implement developmental screening
- Developing and disseminating tools to assist practices in implementing developmental screening
- Developing and supporting practices in using an on-line data portal to upload monthly electronic health record (EHR) feeds and real-time monthly clinic-level reports on project performance measures.
- Submitting applications for MOC and CME purposes as well as completing required documentation for attestation purposes.
- Collecting and reporting back data evaluating program implementation

Section 7 Application

Thank you for taking the time to review the project description and activities! If you have any additional questions, please contact Molly O'Neil at molly.oneil@unh.edu or 603-513-5132.

If you are ready to apply, please complete the application at the link below. Of note, completion of the application signifies your commitment to participate in the pre-work and action phase of this developmental screening learning collaborative.

Application link: https://unh.az1.qualtrics.com/SE/?SID=SV_9G0mJA0m6BqIf8p

Before beginning the application we suggest that you gather the following information, which is requested as part of your application.

1. The number of clinicians of each type (pediatricians, pediatric NPs, family practice physicians, family practice NPs, and family practice PAs) that you have at your clinic
2. The number of support staff (nursing, case managers, early childhood specialists) that you have at your clinic
3. IT staff member's contact information

Appendix A

Developmental Screening in NH

In New Hampshire, available data suggests that use of a standardized screening tool in the primary care setting to identify developmental delay are sub-optimal. Data from 2011-2012 indicate that roughly 31% of parents reported completing a standardized developmental, behavioral, or social delay screening tool for their child during a health care visit in the past year⁷. In a small 2012 survey of NH Pediatric Society and NH Academy of Family Physicians membership (N=96), 80% of respondents reported that developmental screening using a validated tool is currently a routine part of practice⁸. When asked which tool they use, 80% of providers identified the M-CHAT. While use of the M-CHAT is very encouraging, this tool is not administered until 18 months and is focused on identification of one specific syndrome.

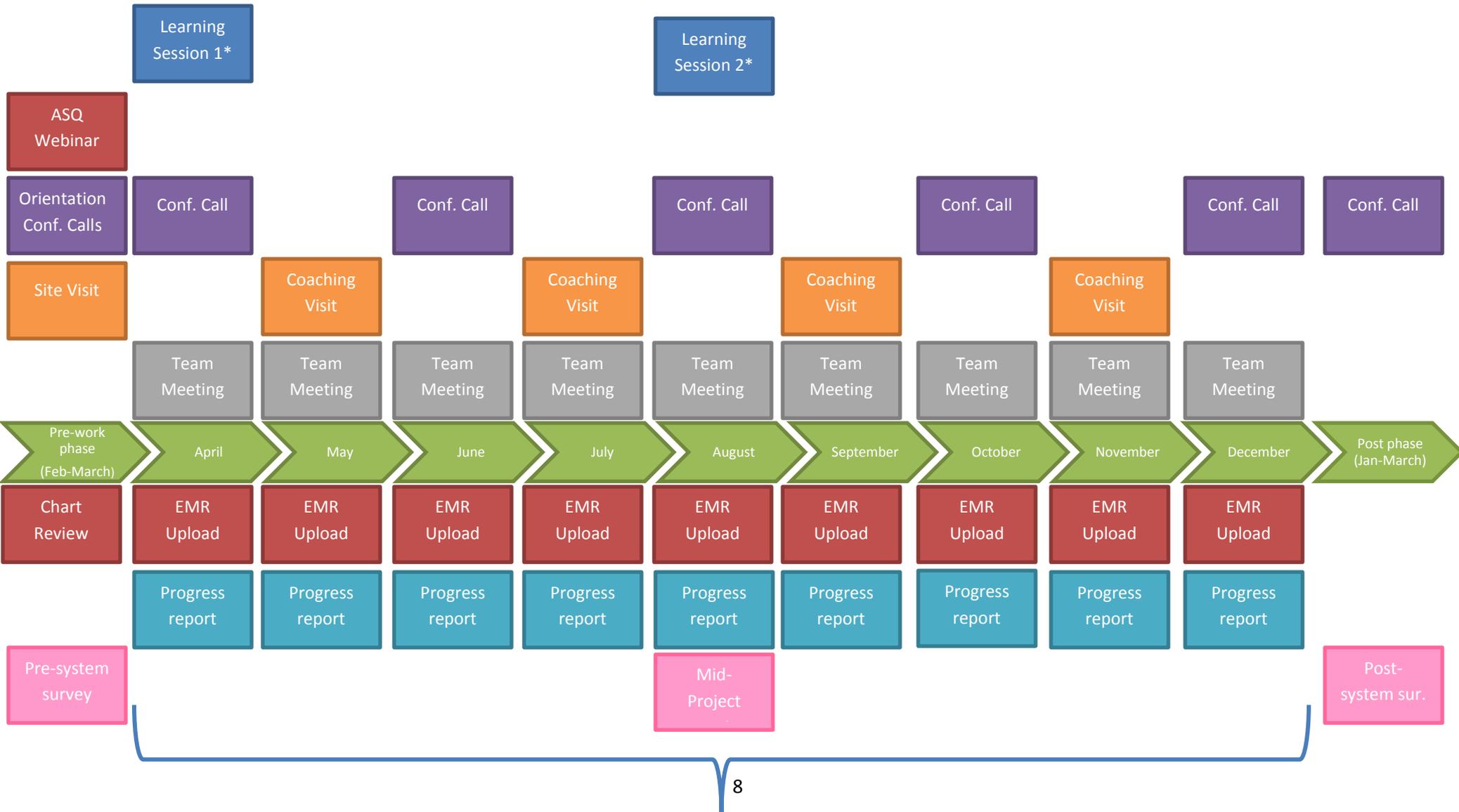
A range of efforts have or are occurring in NH to promote developmental screening. The NHPIP successfully completed a pilot developmental screening learning collaborative in July of 2015 with four NH practices. Current developmental screening promotion efforts include the Watch Me Grow Program, the Coos County Family Support Project (part of Watch Me Grow), Project LAUNCH, Learn the Signs (state effort to promote CDC “Learn the Signs, Act Now campaign), and Baby Steps (Easter Seals). Some past examples include, the Adapt Project in the early 1990’s, the NH Association of Infant Mental Health Report in 2009, and developmental screening forums hosted by the NH Department of Health and Human Services in 2009 and 2012. Background investigation yielded a very limited number of primary care practices in NH implementing developmental screening during routine well-child care visits.

⁷ Child Trends Data Bank. Screening and Risk for Developmental Delay: Indicators on Children and Youth. July 2013. Downloaded July 17 at <http://www.childhealthdata.org/browse/survey/results?q=2498&r=31>.

⁸ Lipfert J. Early Childhood Developmental Screening Practices in New Hampshire: A Small Sampling. 2012.

**Appendix B
Action Phase Overview**

NH PIP Developmental Screening Learning Collaborative Design –Clinic Cohort 2



*Learning Sessions are half-day and in person

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Action Phase