

Leadership Education in Neurodevelopmental and related Disabilities (LEND) Program

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Project Abstract

Acting Early: Eliminating the Wait and See Approach

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Early identification of a child's developmental concern is key to implementing appropriate interventions to optimize functioning. However, the literature identifies concerning results regarding the current state of the identification process for children with developmental delay concerns, which directly impacts their ability to receive timely intervention services. Research has shown that there is a significant delay between a parent's initial concern about their child's development, the initial assessment, and treatment, which can be delayed up to a year or more (Sices, 2007). According to the American Academy of Pediatrics (2006), developmental surveillance is recommended at every well-child preventive care visit. Nevertheless, less than half of surveyed physicians self report always/almost always using at least one screening tool (Radecki, Sand-Loud, O'Connor, Sharp, & Olsen, 2011). These routine developmental screenings are important because they increase identification of developmental delays, referral rates, and provider confidence in administering screening measures (Daniels, Halladay, Shih, Elder, & Dawson, 2014; Schonwald, Huntington, Chan, Risko, & Bridgemohan, 2009). It has also been found that children receiving developmental monitoring and developmental screening together together were more likely to receive Early Intervention (EI) services compared to children receiving either alone (Barger, Rice, Wolf, & Roach, 2018).

Purpose: This project focuses on combining the efforts of the Centers for Disease Control and Prevention's (**CDC**) *Learn the Signs. Act Early.* campaign with the Regional Autism Advisory Council (**RAAC**) of Southwest Ohio's efforts to improve screening and identification for children with developmental concerns. The goal is to create a seamless transition between developmental screening and EI and DDBP referral.

Methods: Our team met with our policy and community partners to learn more about EI in Ohio as well as to determine the best way to engage physicians. We created an algorithm for providers to utilize during their appointments with patients to assist with referrals to EI. We conducted Lunch and Learns with providers, which consisted of providers completing a survey on knowledge and utilization of standardized screening materials, providing education on DDBP access improvement, arena evaluations, *Learn the Signs. Act Early.* materials, changes in Ohio EI referral process, and the importance of early referral for diagnostic evaluation and therapies. We engaged physicians in a discussion about perceived barriers for both providers and families regarding access to EI and provided them with the *Learn the Signs. Act Early.* materials and the algorithm.

Results/Discussion: Common concerns found: families not wanting providers in their homes, transportation barriers, online referrals are cumbersome, and physicians are hesitant to refer children who are borderline. Physicians felt that CCHMC had addressed the waitlist barrier and

were interested in the free CDC materials. 72.3% of providers have a process in place after a developmental concern is noted, including a completion of various follow-up methods. The majority of providers (75%), noted that they would like better materials to help parents track development.

Next Steps: Creation of an online module for distance e-learning, expanding Lunch and Learns to other Southwest Ohio counties including Hamilton, Butler, and Warren, and completing the IRB.