Acting Early: Eliminating the Wait and See Approach

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The objectives to reach our goal include:

❖ Improving awareness of available resources, including Learn the Signs. Act Early, to healthcare providers (HCPs)
❖ Facilitate communication between provider and families on developmental surveillance and screening
❖ Educate providers on appropriate referral processes to EI and DDBP
❖ Identify potential barriers physicians face when referring children to these services

Background

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 delays, which directly impacts their ability to receive timely intervention services.

❖ Research shows a significant delay between parent’s initial concern about child’s development, initial assessment, and treatment, which can be delayed up to a year or more (Sices, 2007).
❖ Developmental surveillance is recommended at every well-child preventive care visit and screening at 9, 18, 24/30 months of age (American Academy of Pediatrics, 2006). However 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).
❖ Routine developmental screening increases identification of developmental delays, referral rates, and provider confidence in administering screening measures (Daniels, Hattel, Shih, Elder, & Dawson, 2014; Schonwald, Huntington, Chan, Risko, & Bridgemohan, 2009).
❖ Children receiving developmental monitoring and developmental screening together were more likely to receive Early Intervention services compared to children receiving either alone (Barger, Rice, Wolf, & Roach, 2018).
❖ Academic detailing was identified as an effective intervention for increasing use of screening measures within medical settings (Hongfeld, Chandok, & Spiegelman, 2011).

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 counties included in RAAC are Butler, Clermont, Hamilton, and Warren. The goal is to create a seamless transition between developmental screening and Early Intervention (EI) and Division of Developmental and Behavioral Pediatrics (DDBP) referral.

Methods

❖ Met with Policy/Community Partners
❖ Created an algorithm for providers to utilize during the referral process
❖ Organized Lunch and Learns with healthcare providers
  ➢ Providers completed a survey on knowledge and utilization of available surveillance and validated screening materials
  ➢ Education on:
    ➢ DDBP access improvement
    ➢ Arena evaluations
    ➢ Learn the Signs. Act Early.
    ➢ Changes in Ohio Early Intervention referral process
    ➢ Importance of early referral for diagnostic evaluation and therapies
  ➢ Distributed free educational materials including Learn the Signs. Act Early, materials.
  ➢ Conversation about perceived barriers for both providers and families regarding access to Early Intervention
  ➢ Discussed ways to scale up the education on this topic using technology to reach a wider audience
  ➢ Shared algorithm at National Act Early Ambassadors Meeting

Summary and Outcomes

Early Intervention vs. Home Visiting

❖ Ohio Department of Developmental Disabilities (DODD)
❖ Part C of IDEA
❖ Serves children with developmental disabilities
❖ Ohio Criteria: 1.5 standard deviation delay in one area of development on the Bayley or Battell

❖ Ohio Department of Health (ODH)
❖ Serves first time parents of children that are six months of age or younger that are at-risk
❖ Income based
❖ A parent education program

Next Steps

❖ Create an online module for distance e-learning
❖ Expand Lunch and Learns to other Southwest Ohio counties including Hamilton, Butler, and Warren
❖ Complete IRB

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References


