

# Acting Early: Eliminating the Wait and See Approach

Carolina Cuba-Bustinza, MD, Kaitlyn Eichinger, PsyM, Sarah Kasper, BA, Kayla Whitaker, BS, Pam Williams-Arya, MD, Anne Tapia, MSW, LSW, and Stephanie Weber, PsyD

## 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.**

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

## 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

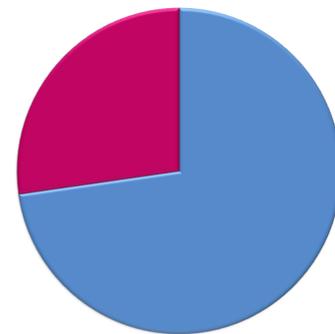
## Background

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

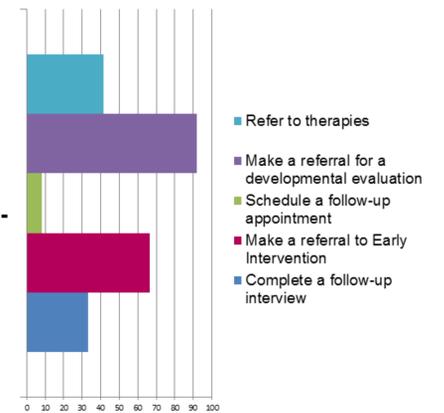
- ❖ Research shows a significant delay between parent's initial concern about child's development, initial assessment, and treatment, which can be delayed up to a year or more (Sices, 2007).
- ❖ Developmental surveillance is recommended at every well-child preventive care visit and screening at 9, 18, 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, Halladay, Shih, Elder, & Dawson, 2014; Schonwald, Huntington, Chan, Risko, & Bridgemohan, 2009).
- ❖ Children receiving developmental monitoring and developmental screening together 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 (Honigfeld, Chandhok, & Speigelman, 2011).

## Summary and Outcomes

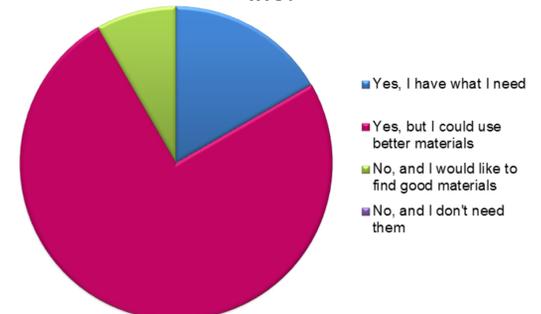
Do you have a standard process in place for next steps when a concern is noted?



What follow-up methods do you use for a failed M-CHAT?



Do you have easy to read materials to help parents track development from birth to five?



Common Themes from Discussion:

- ❖ Physicians felt that CCHMC had addressed the waitlist concerns
- ❖ Barriers for families who do not want providers in their home
- ❖ Website for referrals is cumbersome and takes too long to complete
- ❖ Hesitant to refer children in the "gray area"
- ❖ Transportation concerns
- ❖ Interested in CDC's free materials

## Early Intervention vs. Home Visiting

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>❖ Ohio Department of Developmental Disabilities (DODD)</li> <li>❖ Part C of IDEA</li> <li>❖ Serves children with developmental disabilities</li> <li>❖ Ohio Criteria: 1.5 standard deviation delay in one area of development on the Bayley or Battell</li> </ul> | <ul style="list-style-type: none"> <li>❖ Ohio Department of Health (ODH)</li> <li>❖ Serves first time parents of children that are six months of age or younger that are at-risk</li> <li>❖ Income based</li> <li>❖ A parent education program</li> </ul> |
|--|---|

## 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

## Acknowledgement

This project is funded by the Maternal and Child Health Bureau Grant T73MC00032  
Special thanks to our policy partners:  
❖ Kimberleigh Szaz (Board of Developmental Disabilities for Clermont County)  
❖ Julie Brem (Board of Developmental Disabilities for Hamilton County)  
❖ Becky Taylor (Early Intervention Consultant)

## References

- Barger, B., Rice, C., Wolf, R., & Roach, A. (2018). Better together: Developmental screening and monitoring best identify children who need early intervention. *Disability And Health Journal*, doi:10.1016/j.dhjo.2018.01.002
- Bright Futures Steering Committee, & Medical Home Initiatives for Children With Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118(1), 405-420.
- Daniels, A., Halladay, A., Shih, A., Elder, L., & Dawson, G. (2014). Approaches to enhancing the early detection of autism spectrum disorders: A systematic review. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53(2), 141-152.
- Honigfeld, L., Chandhok, L., & Speigelman, K. (2011). Engaging pediatricians in developmental screening: The effectiveness of academic detailing. *Journal of Autism and Developmental Disorders*, 42, 1175-1182.
- Radecki, L., Sand-Loud, N., O'Connor, K. G., Sharp, S., & Olson, L. M. (2011). Trends in the use of standardized tools for developmental screening in early childhood: 2002-2009. *Pediatrics*, 128(1), 14-19.
- Schonwald, A., Huntington, N., Chan, E., Risko, W., & Bridgemohan, C. (2009). Routine developmental screening implemented in urban primary care settings: More evidence of feasibility and effectiveness. *Pediatrics*, 123(2), 660-668.
- Sices, L. (2007). Developmental screening in primary care: The effectiveness of current practice and recommendations for improvement. *The Commonwealth Fund*.