Perspectives on Developmental Screening in Primary Care Pediatrics in Pennsylvania:

A Toolkit for ACTION

Pennsylvania Chapter

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

Meet Jamal and his pediatrician Dr. Lopez

Jamal is an 18 month old boy who arrives for a well-child visit with his mother. His mother completes the developmental screening forms in the waiting room prior to the visit, and Dr. Lopez glances over the results before entering the room.

Dr. Lopez goes through the agenda for the visit. She reviews healthy nutrition habits after Jamal's mother shares her concern about his juice intake, and discusses the immunizations that Jamal is due for.

Dr. Lopez engages in developmental surveillance by asking about Jamal's language and motor skills, and she observes the interactions between Jamal and his mother. His mother has no concerns about his development but mentions he might be shy. Dr. Lopez notices that when she presents a book to Jamal it is hard to engage with him and he appears to be focused on pressing a pop-up toy on the table. He doesn't show what he is doing to his mother or respond to his name when his mother calls out for his attention.

Dr. Lopez pulls out the results from the developmental screening forms that Jamal's mother completed and shares that he has an elevated score on his autism spectrum disorder screener, and he is showing signs of delayed expressive language. Dr. Lopez goes through the clarifying follow-up questions on the autism spectrum disorder screener and proceeds to explain more information about this potential diagnosis and answer the parent's questions. She emphasizes that children who screen positive for developmental delays often benefit from earlier detection and interventions.

Jamal is referred for an Early Intervention evaluation and a full developmental evaluation with a developmental and behavioral pediatrician. Dr. Lopez places the referrals and flags them in a tracking system for a coordinator to follow-up on. A form explaining the screener results is shared with Jamal's mother to bring to his evaluations.

I was so glad that we completed developmental screening for Jamal. The tool was effective in demonstrating concerning symptoms at-risk for autism spectrum disorder and it helped me refer him for further evaluation and services. Though we've always emphasized developmental surveillance, our practice started a comprehensive developmental screening project several months ago, and I am happy to have a consistent way to screen my patients.

About 4 months later, Dr. Lopez sees Jamal for a follow-up visit. The Early Intervention evaluation was completed, and Jamal qualified for specialized instruction, speech therapy, and behavioral therapy. Therapies started a few weeks ago and he has already made progress.

Meet Becky and her pediatrician Dr. Singh

Becky is an 18 month old girl in the office for a well-child visit with her mother, father, and two older brothers.

Dr. Singh goes through anticipatory guidance related to safety and nutrition, and answers questions about immunizations. Becky's father also has questions about her sleep because of multiple nighttime awakenings. When asked about other concerns, Becky's parents say they don't have any other concerns, but they do mention that she is advanced because she insists on arranging her toys by color.

Dr. Singh engages in developmental surveillance by discussing her developmental milestones and observing her interactions with family members. He hands Becky a book which she flips over in her hands several times. He notices that Becky has no words during the visit and she doesn't try to show her parents the book. Dr. Singh discusses these observations with the parents and highlights developmental milestones that would be expected for her age. He mentions a referral to Early Intervention might be a good idea because of her language, but Becky's father says that compared to her brothers, Becky is fine.

Parents didn't seem worried about her development, but I wish I had a way to gather more information because she seemed a bit tricky to me. I kept asking myself if she might be really delayed, or whether I should just watch and see if it gets better over time. When I probed the parents about my observations, Becky's mother said, "Becky is just a typical girl and moves along at her own pace. I was like that as a kid too." I know some practices use developmental screening tools at certain ages to make sure they detect children with potential developmental delays. My practice doesn't have that in place yet, but it would be great to have an objective tool with results that I can review with parents.

Dr. Singh asks the family to return for a follow-up visit in two months, but it is not scheduled. When Becky returns for a well-child visit 6 months later, there are more apparent delays in language and social areas, and Dr. Singh refers her to Early Intervention at that time.

What is developmental surveillance?

WHAT? Developmental surveillance is the tracking of a child's development by primary care professionals.

HOW? It is a flexible, continuous process that includes eliciting and attending to parental concerns, obtaining a relevant developmental history, making accurate and informed observations of the child, identifying the presence of risk and protective factors, and documenting the process and findings. Developmental checklists can be used as part of this process.

WHEN? Developmental surveillance should be incorporated into every well-child visit.

WHAT NEXT? Any concerns raised during developmental surveillance should be promptly addressed through additional developmental screening, or referral for additional evaluation. .

What is developmental screening?

WHAT? Developmental screening is a formal assessment of a child's development using a standardized tool. Screening tools are brief, taking less than 30 minutes to complete (and often much less). Screening is a quick snapshot of a child's development to determine whether further evaluation is needed to identify difficulties that would benefit from intervention or special education. Screening tools are not meant to capture the full range of developmental, skill, or capacity among children, but rather they are designed to detect potential developmental issues by focusing on the lower end of the performance range.

HOW? It is completed through a research-based screening tool that assesses domains including language, motor, cognitive, social, and emotional development.

WHEN? The American Academy of Pediatrics recommends developmental screening at the 9, 18, and 30 month well-child visits. If the 30 month well-child visit is not likely to occur, for example due to insurance limitations, it can be completed at 24 month visit instead.

WHY? Implementing developmental screening is important because relying on a clinician's judgement alone can miss subtle delays (up to 50% of the children who have developmental concerns can be missed with surveillance alone). Routine standardized developmental screening can also help address disparities in receiving Early Intervention services that are currently seen in race/ethnicity and income level. Unaddressed developmental concerns can have long-term effects on a child's health and well-being, including behavior problems and poor academic achievement. Early identification of concerns, including through developmental screening, allow for earlier referral and intervention which can minimize or even ameliorate delays.

What's the latest word on developmental screening?

In January 2020, the AAP published a new clinical report to promote optimal child development that updates the 2006 recommendations.

The report encourages a unified system of screening and calls for pediatricians to work closely with families and incorporate early childhood educators and childcare providers to share information about the child.

The longstanding practice of developmental surveillance at every well-child visit is continued, expanded for ages 4 and 5. Developmental screening at targeted ages enhances the precision of developmental surveillance and ensures that children at-risk of developmental delays receive early detection, early diagnosis, and early intervention for the best outcomes.

Check out the new clinical algorithm that guides the practitioner through the developmental screening process.

Updated screening tools and billing/coding guidance is included.

When a child is noted to have developmental delays, a thorough history (including updates to social, family, and medical history) and physical examination are recommended. Creatine kinase and thyroid function testing are recommended for normal or low tone when detected, and high tone may indicate neuroimaging consideration. Genetic testing and referral to subspecialty to care is recommended for autism spectrum disorder, global developmental delay, or intellectual disability.

What is autism spectrum disorder?

Autism spectrum disorder (ASD) is a common neurodevelopmental disorder affecting 1 in 59 children in the United States. Core deficits occur in two areas – (1) social communication/interaction and (2) repetitive or restricted behaviors. Children with ASD have service needs in behavior, education, health, leisure, family support, and other areas and can have significant improvement in symptoms with supports and services in place. Check out the AAP's comprehensive toolkit about ASD.

Why is screening for ASD important?

Standardized screening for ASD at 18 and 24 months, paired with ongoing developmental surveillance, is recommended in primary care. ASD is common and can be diagnosed as young as 18 months, and there are evidence-based interventions that improve outcomes.

Screeners are designed to help caregivers identify and report the early symptoms (or red flags) of the core deficits so that those who are at high-risk for ASD can receive a timely diagnosis and treatment.

Developmental surveillance alone is not sufficient to identify children who need further evaluation for ASD because office visits can be too short for symptoms to be observed, and caregivers do not often offer information about social and behavioral concerns unless directly asked.

The general developmental screens tools recommended at ages 9, 18, and 30 months identify language, cognitive, and motor delays but are not as sensitive to the social signs of ASD. For this reason, ASD-specific screening tools are needed to detect children who are at-risk for a diagnosis of ASD based on differences in social communication/interaction, play, and repetitive behaviors.

What's the latest word on ASD screening?

In January 2020, the AAP published a new clinical report that details recommendations for ASD identification, evaluation, and management.

It reiterates the guidelines that all children should be screened for ASD through a combination of developmental surveillance at all visits and standardized autism-specific screening tests at 18 and 24 months. The report calls for valid screening tools integrated in the electronic medical record with "appropriate compensation for the staff and professional time necessary to complete the administration, scoring, and counseling related to screening."

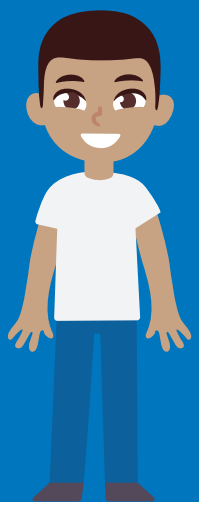
Though other tools are promising, the Modified Checklist for Autism in Toddlers (MCHAT) is the most studied and widely used screening tool for ASD and can be used in primary care from 16-30 months of age. The MCHAT-R/F is revised and includes scripted follow-up interview questions that are required for children with scores between 3 and 7. For children who continue to have an elevated score after follow-up questions, there is a 47% risk of having ASD diagnosed and a 95% chance being identified with another developmental delay that would benefit from intervention. Children who are screened with the MCHAT-R/F are identified with ASD at younger ages.

Once a child is determined at risk for ASD through developmental screening and/or surveillance, timely referrals for a diagnostic evaluation and Early Intervention are indicated. The primary care provider should discuss with the family the importance of the further evaluations and assist them in navigating the process and connecting with community resources. A diagnostic evaluation includes formal assessment of language, cognitive, and adaptive abilities and sensory status and is obtained through careful review of a child's behavioral history and direct observation of the symptoms.

Reminder about MCHAT scoring:

- 0-2 indicates a negative screen.
- 3-7 place the child in moderate risk and requires follow-up questions. With follow-up questions, if score continues to be 3-7, needs referrals for evaluation and intervention.
- 8+ indicates high-risk for ASD, needs referrals for evaluation and intervention.

The report details barriers to identifying risk for ASD for some populations - including those with milder symptoms and average or above average intelligence, girls, and those with coexisting conditions like attention-deficit hyperactivity disorder. Currently, African American and Hispanic children with ASD are diagnosed later. Screening tools also need to be developed for individuals whose primary language is not English and need to be sensitive to cultural barriers limiting the detection of symptoms of ASD.



So, what is the problem?

Fact: 1 in 4 children aged 0 to 5 are at-risk for a developmental delay.

Detecting possible delays in development during a child's early years is of ***paramount importance*** in order to intervene as early as possible. Universal developmental screens in primary care at 9, 18, and 30 month visits are well-supported by evidence and recommended by the American Academy of Pediatrics. Children who screen positive should be referred for Early Intervention and subspecialty care. Well-designed early childhood interventions have proven benefits, and can generate a return to society, including in academic achievement, behavior, and labor market success, up to $17 for each dollar spent on the program.

Despite the benefits of developmental screening, ***many children are not being screened*** and referred for Early Intervention/subspecialty care. There is significant variation in screening practices across different states.

A recent study of the American Academy of Pediatrics Periodic Survey showed that, in 2016, 63% of pediatricians reported using developmental screening tools, which is a rise from 21% in 2002. On average 59% of pediatricians reported referring their at-risk patients to Early Intervention, up from 41% in 2002. While these are encouraging trends, there is still a long way to go to ensure prompt detection, diagnosis, and treatment for all children at-risk for developmental delays!

Primary care providers are in a unique position as trusted ambassadors for patient families – pediatricians can regularly evaluate a child's health and well-being and provide anticipatory guidance about development. Developmental screening is a tested strategy to help pediatricians achieve their primary goal of the best health and developmental outcomes for their patients.

Check-in with Dr. Lopez

Detection

Routine standardized developmental screening provides the opportunity to detect subtle delays in development that can be missed with developmental surveillance alone.

Several studies, including this one, show that developmental screening increases identification of developmental and behavioral concerns in primary care pediatrics. This detailed report describes the importance of strengthening developmental screening in order to increase the detection of developmental delays.

Conversation

When the results are negative, developmental screening offers the opportunity for a strengths-based discussion with parents about a child's achievement of developmental milestones.

Reassurance can be coupled with the identification of specific, simple, age-focused developmental goals for the parents to monitor for, and schedule a follow-up visit if those goals are not met.

The discussion of normal screening results also allows the pediatrician to talk about ways to continue to promote attainment of appropriate developmental and behavioral skills.

Referral

When children are identified as at-risk through developmental screening, there is an increase in the referrals for developmental evaluation, services and therapies, and early childhood education.

In this study, compared to surveillance alone, children who participate in a screening program were more likely to be referred to Early Intervention and be eligible for services. This study emphasizes the importance of surveillance in tandem with screening, which resulted in the highest rates of receiving Early Intervention services, compared to either alone.

Timely enrollment in services, achieved from early referral, has significant impact on developmental outcomes.

I'm nervous about how to overcome some issues to use standardized developmental screening for my patients.

Check-in with Dr. Singh

I'm not sure what developmental screening tool to use.

There are several popular validated tools which have varied length and cost. This Birth to 5 compendium of screening tools provides detailed information about each screening tool, including validity, reliability, sensitivity, specificity, availability, age range, language, scoring, and training needed. Of note, the Denver Developmental Screening Test II has limited specificity and high false positives, so it is not a recommended screening tool. Check out the helpful AAP Screening Tool Finder here!

I am afraid it will take too much time or detract from other things I need to do during well-child visit.

Though this is a common concern, a study showed that there was no change in visit length after a developmental screener was included. With screening, more parents reported their provider talked about their concerns and that their questions were answered. One recommendation is to use the developmental screener results as a jumping point for conversation about developmental milestones and anticipatory guidance in general. This study highlighted that success with implementing developmental screening for several practices across the nation was achieved through dividing responsibilities among staff and active monitoring of progress. A well-thought out workflow plan can overcome time constraints through planning ahead about distribution, scoring, and discussion of the tool. Posters in the office about developmental screening can help parent awareness about this expected part of the visit

When should I do it?

A validated developmental screening tool should be completed at 9 months, 18 months, and 30 months well-child visits, or whenever there is a concern based on developmental surveillance. Developmental surveillance is recommended at all well-child visits. Bright Futures Guidelines are available here.

The issue of navigating coding and billing is confusing.

Fortunately, resources for coding and billing are available here and here. This study acknowledges that reimbursement is a provider concern regarding developmental screening. Continued advocacy around this issue is needed.

I feel like there are such limited places to refer a positive screen to, so why screen?

Unfortunately, scarcity of some subspecialty resources, such as developmental and behavioral pediatrics, is a valid concern in many areas of the country. However, universal developmental screening plays a key role in prioritizing young children with potential delays to receive further evaluation and treatment, as soon as possible, so it continues to be a crucial component of pediatric care. The earlier a child with identified concerns is referred for a developmental evaluation, the earlier a diagnosis is available (and they can be placed on a waitlist). Often, interdisciplinary collaboration is available for a developmental evaluation, which may include professionals like speech-language pathologists, physical or occupational therapists, or psychologists. Furthermore, starting crucial services, like Early Intervention or therapies, can be started immediately while awaiting diagnostic evaluation.

What do I do after I get a negative (not concerning) developmental screening result?

Check out the latest recommendations in this algorithm. When results are negative, the rest of the health-maintenance visit can be completed. If there are unaddressed concerns that remain, a return visit should be scheduled as soon as possible.

What do I do with a positive screening result on ASD-specific screening tool (like MCHAT)?

If a child is determined at-risk for ASD, timely referrals for a diagnostic evaluation and Early Intervention are indicated. The primary care provider should discuss with the family the importance of the further evaluations and assist them in navigating the process and connecting with community resources.

I am worried about how to communicate the screening findings with parents, especially in regards to language and culture.

Check out the Screening Time training course with life-like simulations to discuss developmental screening with families, as well as this Birth to 5 Toolkit and Bright Futures Tool and Resource Kit that has helpful hints about how to engage with families prior to screening, and how to discuss both positive and negative screening results. The Common Factors approach is also effective. Some screening tools are available in other languages. When available, the use of a parent advocate or parent-parent group can be helpful to address language and cultural issues around screening. If the family is bilingual, advise the parents to continue to speak with their child in the language they are most comfortable. Remember that a language delay should never be attributed to bilingualism and should prompt additional evaluation.

What do I do after I get a positive (concerning) developmental screening result?

Check out the latest recommendations in this algorithm. When results are positive, a focused history and physical examination is indicated. Audiology and vision evaluations should be performed, as well as review of growth and update of risk factors in environmental, social, medical, and family history. The child should be referred for a developmental evaluation, such as a developmental and behavioral pediatrician, pediatric neurologist, or neurodevelopmental pediatrician. A developmental evaluation can also include other professionals like speech-language pathology, physical or occupational therapists, social workers, or psychologists working in an interdisciplinary team and collaborating with the referring provider. Referrals to Early Intervention or early childhood education programs are also needed, and do not require a diagnosis of a specific developmental disorder.

So how do I find out about where to refer and follow-up on those referrals?

Across the Commonwealth Early Intervention is a valuable resource for services while simultaneously referring for developmental evaluation (or waiting lists, in some cases). This is a great resource to work through the referral networks and resources that exist in order to build a plan for your practice. Tracking referrals for their completion is also crucial, as highlighted by this study that used collaboration with early intervention agency to share data. This webinar highlights some successful strategies practices have implemented to follow up referrals for at-risk children.

How do I communicate with other professionals taking care of this child?

A team-based approach is important with two-way communication with Early Intervention and childcare providers (this is true for both positive and negative screening results). Check out the Physician Referral and Feedback Form included in this AAP Report that can be adapted for the needs of your practice.

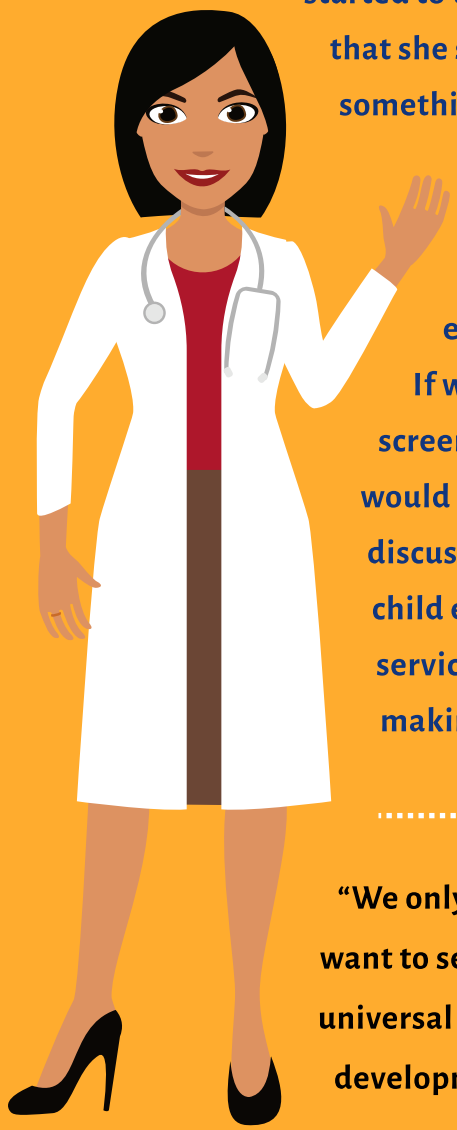
I'm ready but I don't know where to get started to implement the process. How can I make sure I have staff buy-in?

This comprehensive worksheet through the AAP walks through building or improving a developmental screening process in your practice, and has tools and tips to incorporate all staff into the process. It is recommended to work directly with your electronic medical record (EMR) to develop a process to record results and track referrals.

STORIES FROM THE FRONT LINE

"In residency, I had computer-based developmental screening that automatically populated into flowsheets with the electronic medical record and notes for review. I found this system to be effective. Now in practice I don't know how to get started doing something similar.

"Once I had a family complete the MCHAT-R that had very alarming results. After discussing the results with the mother, she started to tear up, telling me that she suspected something was wrong but other family members kept insisting everything was fine. If we didn't do screener, I don't think we would have had that discussion otherwise. The child ended up getting services soon and is making progress."



"We only use MCHAT but I want to see us starting to do universal screening for all developmental domains."

"While I feel that screening typically confirms my suspicions through surveillance, I like that it is formalized and universal so that it is harder to let kids fall through the cracks."

"Developmental screening, in the case that results are negative, helps me provide reassurance and open a conversation with parents so I can demonstrate how they are their child's first teacher."

"Our practice talks to families about development from day 1 and have excellent relationships with Early Intervention and community therapists. Screening helps us be consistent...and it supplements my developmental surveillance."

"I've been trying to figure out how to implement SWYC screens. Right now, our practice uses a loose checklist, but I think standardized developmental screening would be really helpful."

"I have seen that parents tend to be less resistant to Early Intervention services when an objective developmental screening tool is used."

"A screening tool helps me be efficient during a visit while still getting critical information. I'm always doing surveillance, but screening helps me be objectively SURE, because a 15-minute visit is pretty short to feel confident I'm not missing anything."

This toolkit was created to help with some of the challenges reflected below.

"I think pointing out the screening results helps everyone understand how significant the delay is and how we can't waste time – need to get help."

"Parents appear to appreciate validated screening questions and enjoy telling positive stories about their children – it brings out talking points about the kids that may not have been discussed otherwise."

"During my visit the child is often mute or crying, so I rely on those regular developmental screens to detect especially language delays. Several times I used the screener result to convince parents that what we were seeing was beyond the range of typical, and they proceeded to involve Early Intervention."

"A while ago I saw a 9 month old with motor issues that didn't come up as a concern for parent. I'm so glad we used the screener. After we talked about results, parents understood his delay. He ended up getting services quickly and a full developmental evaluation several months later. Parents were grateful."

"I worry that some questions in the screening tools are worded in a confusing way or have a high level of reading comprehension. And I wish more languages were available."

"Beyond screening, I need help with tracking follow-up and making sure services start. I don't know what happens after I refer a positive screen. There needs to be an automatic process in which my referral in EMR notifies the county-based service and then feeds back to me about the status."

"Cost of screening tools is a huge barrier for my practice."

"I need to get staff buy-in at my practice to make sure the whole process runs smoothly."

"When we tried to do screening awhile back, we used a time-consuming paper tool, and gave up. Sometimes the wrong form would be given or not at all. I also never knew how to deal with coding and billing."

"Referral for a developmental evaluation after screening takes a really long time. We desperately need more subspecialists in rural areas."

RESOURCES

American Academy of Pediatrics Screening Time

Access comprehensive video-based training modules about the screening process
Training (AAP membership required, CME/MOC Part 2 eligible)

Having trouble deciding which screening tool to use? Check this out!
Screening Tools (filterable widget for various screening tools including what topics are covered, number of questions, time to complete, and cost)

Want to practice discussing developmental screening conversations with families?
Simulations (interactive simulation to practice effective family-centered conversations that address screening results and plan for referral and follow-up)

Also check out this Conversation Tip Sheet

American Academy of Pediatrics STAR Center

Developmental Screening General

Referral and Follow-Up

Office Workflow

Billing and Coding Resources and Coding Fact Sheet

Staff Wellness and Self-Care

Technical Support

Pennsylvania Partnerships for Children

Website that promotes well-being of children and youth, including the awareness and use of developmental screening in the commonwealth.

Don't Just Wait and See: Improving Developmental Screening and Follow-Up

This AAP Change Kit uses quality improvement model to walk through the implementation of developmental screening in primary care. Several practical resources are included a referral tracker and improvement process checklist. There is an accompanying recorded webinar here.

Addressing Mental Health Concerns in Primary Care: A Clinicians Toolkit

AAP Toolkit including quick-reference care management advice, step-by-step care plans, time-saving documentation and referral tools, coding aids, billing and payment tips, parent handouts, and community resource guides.

Center for Disease Control and Prevention (CDC)

Learn the Signs. Act Early. Offers resources for health care providers, as well as free materials to encourage parents to monitor their child's developmental milestones and act early on concerns. Also available in Spanish.

Posters for your office about the CDC Milestone Tracker App are available to print, and the CDC also provides customized resources with your practice logo and contact information through this website.

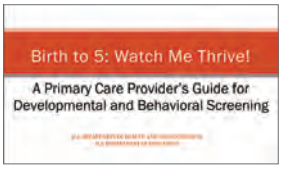
Free Autism Case Training is offered through the CDC to help providers gain knowledge and skills to improve early identification of children with autism spectrum disorder.

Birth to 5: Watch me Thrive! - A Primary Care Provider's Guide for Developmental and Behavioral Screening

An implementation-focused guide on engaging families in the screening process, making referrals, and selecting a screening tool.

A printable passport of developmental screening results for parents to keep is here.

Birth to 5 also has a very detailed compendium of screening tools.



RESOURCES

RESOURCES

Well Child Lens

Website providing educational videos for pediatric health care providers and parents with topics including milestones, screening, diagnosis, and treatment; companion web page allows parents to track their child's development and complete the iMCHAT screening tool.

Healthy Child Development State Resource Center

Website showing state Medicaid reimbursement for developmental screening. Medicaid-recommended developmental screening tools in each state and other state resources.

Take a Deeper Dive!

This AAP Clinical Report reviews the important role that pediatricians have to promote a child's optimal development and provides a detailed algorithm for developmental surveillance and screening.

Lipkin PH, Macias MM, AAP Council on Children with Disabilities, Section on Developmental and Behavioral Pediatrics. Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. Pediatrics. 2020;145(1):e20193449. www.pediatrics.aappublications.org/content/145/1/e20193449

The report's supplemental materials include detailed information about screening tools and billing/coding.

The latest information about autism spectrum disorder, including the screening process by a child's age.

Hyman SL, Levy Se, Myers SM, AAP Council on Children with Disabilities, Section on Developmental and Behavioral Pediatrics. Identification, Evaluation and Management of Children With Autism Spectrum Disorder. Pediatrics. 2020; 145(1):e20193447. www.pediatrics.aappublications.org/content/145/1/e20193447.long

More information about collaboration between pediatricians and Early Intervention.

Adams RC, Tapia C, AAP Council on Children with Disabilities. Early Intervention, IDEA Part C Services, and the Medical Home: Collaboration for Best Practice and Best Outcomes. Pediatrics. 2013;132(4):e1073-e1088. www.pediatrics.aappublications.org/content/132/4/e1073

Read the section on developmentally high-risk groups in the medical home and Early Intervention.

American Academy of Pediatrics Bright Futures

The Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th edition, has evidence-informed content for health care professionals for pediatric health promotion, health supervision, and anticipatory guidance for well-child visits, including child development.

Guidelines

Promoting Healthy Development

EQIPP Bright Futures – Infancy and Early Childhood
Check out this course for training on primary care preventative visits, including developmental screening.

American Academy of Pediatrics Parenting Website HealthyChildren.Org

Resource directed at parents and caregivers that reviews healthy child development and what to expect at well-child visits for developmental surveillance and screening. Also available in Spanish.

Some resources for when a child's developmental screen is positive:

ABA in PA Initiative: Non-profit advocacy organization dedicated to ensuring children with autism spectrum disorder have access to applied behavioral analysis – ABA.

Check out the ABA Provider Directory under Resources

PA Promise for Children: Campaign to help families regarding their child's early learning and quality child care. Includes information about **Pennsylvania's CONNECT helpline** for Early Intervention services. Several languages available.

A Family's Introduction to **Early Intervention in Pennsylvania**. Also available in Spanish.

Easterseals is one non-profit organization that provides services to children with developmental disorders.

RESOURCES

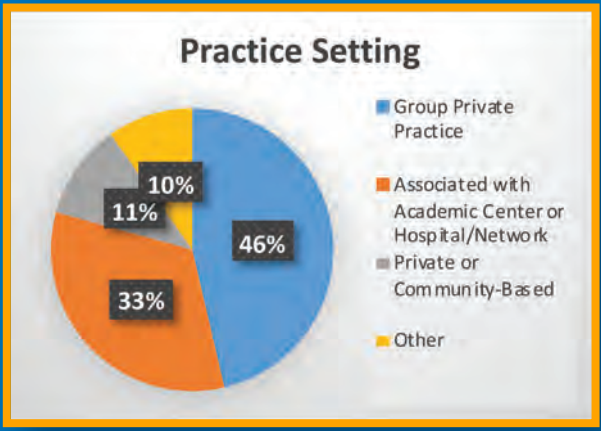
About This Toolkit

In collaboration with the PA State Chapter of AAP and the Section on Developmental-Behavioral Pediatrics, this project aimed to understand the perspectives and needs of pediatricians across the state of Pennsylvania.

Input from pediatricians, through the survey, was directly used to create this toolkit for action.

Who were the respondents to the survey?

A total of 82 primary care pediatricians in Pennsylvania, from nearly three dozen counties, completed the survey.



Years in Practice – 65.9% more than 10 years in practice; 34.1% 10 years or fewer in practice

Location – 15.9% rural; 82.9% urban/suburban

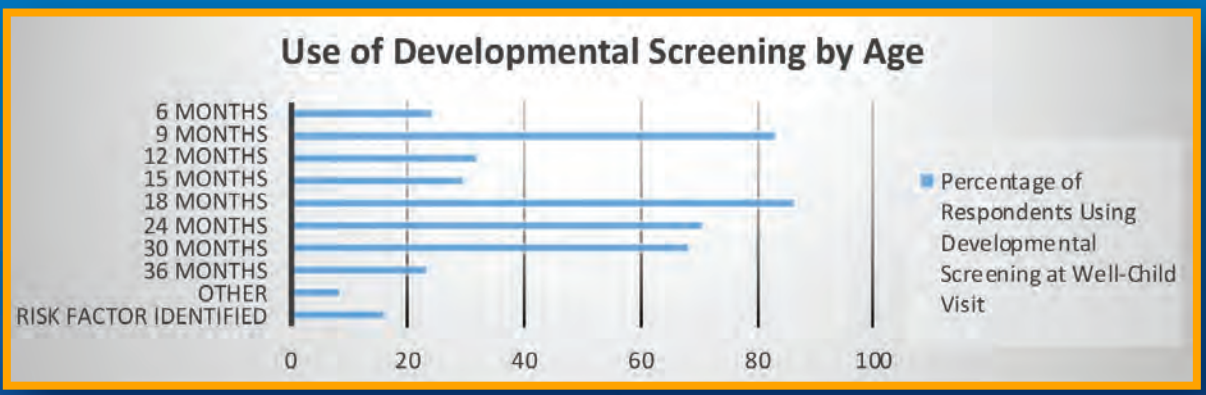
Practice Population – 49.6% of respondents report their practice population has Medicaid as primary insurance

How are respondents monitoring development at well-child visits?

96.3% of respondents answered yes to using developmental surveillance at all well-child visits in their practice.

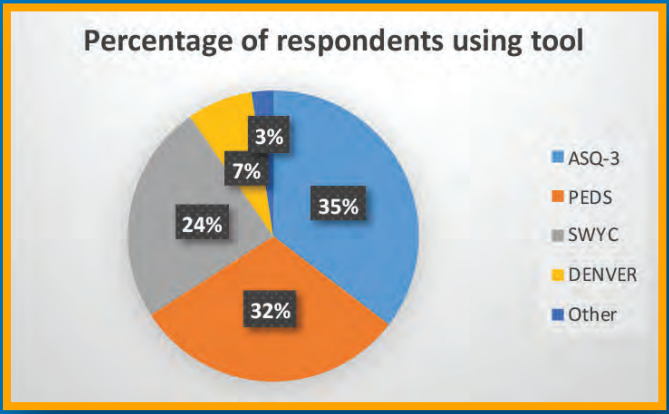
91.5% of respondents answered yes to using a universal developmental screening process in their practice.

When are respondents using a developmental screening form?



About This Toolkit

What tools did respondents use?



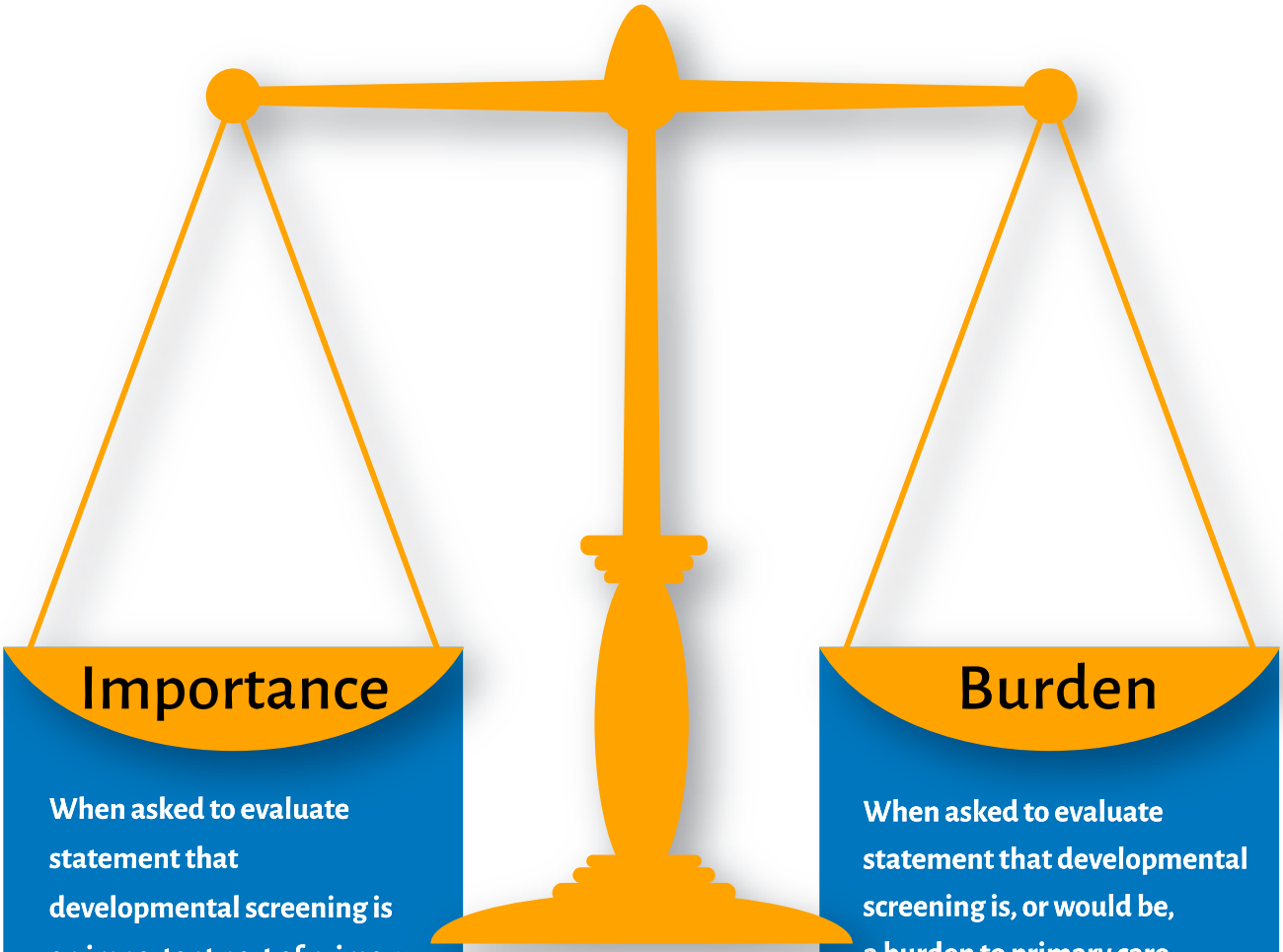
What was the reported process for developmental screening?

The developmental screening form is given to parent by front desk/administrative staff (34.7%), medical assistant/nurse (61.1%), or provider (4.2%). There was variation in when the screen is given, most often prior to the visit in a patient portal or in the waiting room; alternatively, some respondents reported parent completion after vital signs or in the exam room while waiting for provider. The developmental screening form is scored by electronic health record (30.1%), medical assistant/nurse (12.3%), or provider (57.6%). 100% of respondents report that the provider discusses the results with parents. If indicated, the referral process to Early Intervention, developmental and behavioral pediatrician, or therapy (including speech therapy, occupational therapy, behavioral therapy, or physical therapy) varied widely across respondents. Respondents reported using electronic health record referrals or faxed referrals or parental self-referral with a phone number provides. Some respondents have a referrals coordinator/social worker, but the majority of respondents (67%) do not have a formal tracking system for referrals.

ASD screening

While 96.4% of respondents report using MCHAT or MCHAT-R/F to screen for autism spectrum disorder, the follow-up interview questions, when indicated, were used on average 52.6% of the time.

Developmental Screening: Importance vs Burden



Importance

When asked to evaluate statement that developmental screening is an important part of primary care pediatrics practice, 98.8% of respondents agreed or strongly agreed.

The most highly rated benefits of developmental screening, according to respondents, were improved detection of developmental delays, jumping point for a conversation with parents about developmental milestones, earlier diagnosis of developmental disabilities, and earlier referral to services/Early Intervention.

Burden

When asked to evaluate statement that developmental screening is, or would be, a burden to primary care pediatrics practice, 10% of respondents agreed.

The most highly rated barriers to developmental screening, according to respondents, were time constraints, limited payment through insurance, staff issues, language-speaking/ cultural/literacy concerns for patient population, and poor integration into electronic health record. Also highly-rated was limited resources to refer for a positive screen, forgetting to give form to parent, and coding/billing issues.

Knowledge as a Bridge to Practice

Knowledge about the AAP guidelines is an important step towards best practices to promote optimal developmental outcomes for young children.

12.2% of respondents accurately identified guidelines for developmental screening.

23.2% of respondents accurately identified guidelines for autism spectrum disorder screening.

No association was found between knowledge about guidelines and years in practice (greater than or less than 10 years), whether practicing in a rural or urban county, full-time or part-time status, or percentage of patient population with primary Medicaid insurance.

A small minority of respondents were aware of the major developmental screening resources highlighted in this toolkit that are available through the AAP and other organizations.

Let's spread the word about existing resources!

Share this toolkit with others!

NEXT STEPS

Additional supports for developmental screening requested by respondents included:

- Consistent ways for primary care practices to collaborate with early childhood educators and Early Intervention, such as electronic tools and two-way communication systems about concerns and screening results.
- Affordable integration of popular screening tools into electronic health record for ease of administration, scoring, and tracking over time.
- Updated screening tools that incorporate more modern references and clearer wording for families to understand.
- Advocacy with insurance companies and policymakers to increase reimbursement for developmental evaluations and management.
- Unification of all screenings (ranging from early hearing screening to behavioral and mental health screening) would streamline the process of screening with benefits for children, their families, and health care professionals.

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