

Tools in Common Use

Ages and Stages Questionnaires (ASQ) — Brooks Publishing: 19 age-specific parent completed surveys; for 4 months—5 years; 10—30 minutes to administer; provider scoring is straightforward and provides results in various realms. \$199 unlimited repeat use.

Parents' Evaluation of Developmental Status (PEDS) — pedstest.com: 10 questions targeting parental concerns, the same questions used for all age groups birth—9 years; 5—10 minutes to administer; Second Stage Screen indicated for some children. \$60 initial, then \$0.30/survey.

Child Developmental Inventories (CDI) — childdevrev.com: parent administered question set for all ages 15 months-6 years; 30 minutes to administer and 10 for provider to score. \$72 initial then \$1/screen.

Denver II Test — denverii.com: uses parent and provider observation; 20 minutes to complete all items; low false positive rates but tests of validity have considerable range due to variable scoring methods. \$114 initial; refills vary.

Adapted from: Developmental Screening Toolkit for Primary Care Providers, Alison Schonwald, MD, FAAP, Children's Hospital Boston



References:

1. J. Wirt et al, *The Condition of Education 2003*
2. E. Schor et al, *Medicaid: Health Promotion and Disease Prevention for School Readiness*, Health Affairs Volume 26 Number 2
3. Rhode Island KIDS COUNT 2005
4. E. Schor, *Rethinking Well-Child Care*, Pediatrics 2004
5. M Earls and S Hays, *Setting the Stage for Success: Implementation of Developmental and Behavioral Screening and Surveillance in Primary Care Practice — The North Carolina ABCD Project*, Pediatrics 2006
6. Presentations, ABCD Screening Academy July 2007, National Academy for State Health Policy

Resources:

<http://www.medicalhomeinfo.org/screening/cdc-rev1.html>

<http://www.developmentalscreening.org>

<http://abcdresources.org/>

http://www.dmas.virginia.gov/downloads/pdfs/ch-EPSDT_SCREENING_PROC_CODES.pdf

<http://www.infantva.org/>

Virginia's ABCD Project

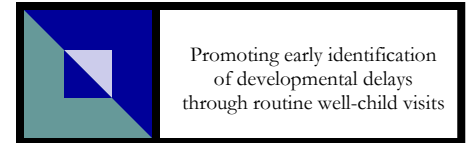
Core Partners:

Virginia Departments of Health; Medical Assistance Services; Mental Health, Mental Retardation, and Substance Abuse Services
Virginia Chapter, American Academy of Pediatrics



Division of Child and Adolescent Health

Funded by Maternal and Child Health Bureau
Health Resources and Services Administration
U. S. Department of Health and Human Services



Assuring Better Child Health and Development (ABCD) in Virginia



Monitor every child at every visit for risks of developmental delay. Routinely screen every child at 9, 12, 24, and 48 months using a standardized tool

Virginia's ABCD Project

Making the Case for Screening in Primary Care Settings



At least half of the eventual educational achievement gaps among children exist at kindergarten entry, and these gaps widen as children move through school.

Developmental delays/disabilities affect at least 10% of

children, yet less than 3% of children participate in Early Intervention programs (Part C - Individuals with Disabilities Education Act), meaning that only about 1 child in 5 under age 3 who may be eligible has been identified and is receiving services.

Parents report a significant time lag (often more than a year) between the time they first raise a developmental concern, and the referral to evaluation. Many children are not identified until school entry.

There is national consensus on children's school readiness in five domains of development:

- Physical well being and motor development
- Social and emotional development
- Approaches to learning
- Language development
- Cognition and general knowledge

The American Academy of Pediatrics (AAP) policy statements and clinical guidelines support developmental services (surveillance and screening, parent education and counseling, referral to needed services, and care coordination) as core preventive child health services.

Primary care medical providers:

- ◇ Have ongoing contact with young children and families, with opportunities to identify delays during 16 well-child visits between birth and 5 years of age
- ◇ Receive training in child development, and
- ◇ ***Are trusted by families as a source of expertise and guidance***

Yet, fewer than half of pediatricians use a standardized screening tool, and among those who do, few use screening systematically with all patients.

AAP policy recommends surveillance (assessing for risk) at all well-child visits, and screening using a standardized tool routinely at 9, 12, and 24(30) months. Additionally, Virginia now requires screening as part of the school entry physical exam (approximately 48 months).

The North Carolina ABCD program increased standardized screening in the population served from 15% to 70%, resulting in increased referrals to Early Intervention from less than 3% to 7% .

Billing for developmental screening

Virginia's Medicaid Program reimburses separately for developmental screening under the EPSDT program. Providers should use CPT code 96110 (screening test using a standardized tool).

Selecting a screening tool

Routine use of standardized screening tools has been shown to reduce total visit time, increase time spent on the most pertinent issues, and increase identification of risk factors.

Screening tools that use parent information perform as well or better than tools that rely on provider testing, and take less provider time.

Each individual practice should determine which tool best suits its need, based on available time, the community served, tool validity, and cost. Ask yourself and your staff the following questions:

- Will your patients want in depth questions?
- Will they want to report on specific tasks a child does or does not do?
- What is the literacy level of your typical patient?
- Do you prefer an age-specific tool or the same tool for all ages?
- Do you prefer a parent report or do you want to observe the child's skills?
- Which tool fits your office operations?
- Which tool offers the best value (accuracy in relation to cost)?

If possible, consider piloting the tool that best matches your practice operation and patient needs.

