

# Measurement of Developmental Screening, Referral and Follow-Up:

## Key Learnings and Future Opportunities



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# Objectives

- Provide context and background about the development of the existing CHIPRA core measure on Developmental Screening
- Provide overview of feedback from users about strengths and potential weakness of the current measure that could be explored
- Provide context about current work/preliminary learnings about measure related to referral and follow-up for children at risk for developmental, social or behavioral delays
- Provide suggestions for a meaningful process for stakeholder engagement leverage existing efforts and gain momentum

# Existing CHIPRA Core Measure on Developmental Screening: Some Context and Background

- SNAC Selection of the Developmental Screening Measure
  - Cited the work of the Assuring Better Child Health and Development (ABCD) Efforts
    - Facilitated by National Academy of State Health Policy (NASHP)
      - ABCD I (Start in in 2000-2003 ) - Four states (NC, UT, VT, WA)
      - ABCD II (2003 -2007). Five states (CA, IL, IA, MN, UT).
      - **ABCD Screening Academy** (2007-2009) Technical assistance to 21 states/territories (AL, AK, AR, CA, CO, CT, DE, DC, KS, MD, MI, MN, MT, NJ, NM, OH, OK, OR, PR, VA, WI).
      - ABCD III (2010-2012)- Five states (MN, OR, IL, AL, OK)
  - Within context of ABCD II and ABCD Screening, had the “common measure”
    - Topical focus was on screening
    - That said, wide variation in data sources used (claims, medical chart, parent report) and on unit of analysis
  - Explained the data source was “claims”.

## Existing CHIPRA Core Measure on Developmental Screening: Development of the Core Measure Specifications

- Following Core Measure selection, specifications needed
- NASHP asked for assistance based on past relationship
  - Consulted on all of the ABCD (I, II, Screening Academy)
  - Led the measurement consultation for the ABCD states
    - State and practice-level application
  - Within CAHMI, work around parent-reported measures of screening, follow-up
- CWF Presidential Grant to develop specifications (Grant to OHSU/CAHMI, Reuland the PI)
  - Develop specifications building of the ABCD work
  - Engagement of the state Medicaid/CHIP Audiences
    - Engaged the fuller ABCD community with partnership from NASHP, raised issues and tried to obtain general consensus
      - Review and comments from 42 individuals
  - Submission to NQF

## Existing CHIPRA Core Measure on Developmental Screening: State Level Measure Synergy with Practice-Level Measure

### ➤ NQF Submission Process

- Identified various measures of “Developmental Screening” being submitted
  - Same Name/Concept BUT Different based on different units of analysis, data source, and age-focus (See Attachment)
  - Concerned about measurement confusion and measurement burden (aka therefore lack of feasibility or useability)
- NCQA Physician-Level Measure of Developmental Screening
  - Considering same data source (Claims and medical chart review)
  - Wanted to create a measure that could be collected and actionable at both levels
  - Chose to work together to create a measure in synergy

# Existing CHIPRA Core Measure on Developmental Screening:

## Given This Background/Context:

Issues with the Existing Core Measure that Should be Re-Examined & PUBLICLY Vetted with  
Various State Medicaid/CHIP Agencies

1. Age Stratifications
  - Current ages are: by 1, by 2, by 3
  - Middle group essential for synergy to NCQA, medical chart reviews
2. Continuous Enrollment
  - By “3” group, problematic when different cont. enrollment requirements used (many states validly exploring)
3. Administrative or Medical Chart vs. Hybrid
  - Findings about the validity of the 96110 overall
  - Findings about validity specific to global, developmental screening
  - Limitation in use of medical chart only measures NOT tied to NCQA
4. Claims Listed
  - Currently only anchored to 96110 (not 96111) for a number of reasons
5. Population-based vs. Visit-based
  - Currently a population-based measure for a number of reasons
  - Some of the reasons children are not screened is that they have not been in

# Existing CHIPRA Core Measure on Developmental Screening: Suggestions for Leveraging and Learning from States/Medicaid

1. Build off existing ABCD community
2. Engage other states to join this community in public, engaged discussions
  - Facilitate thoughtful, public conversations about this issues
    - Ensure facilitation of states with different program structures AND who are using the data for different reasons
  - Discuss and vet the pros/cons of the approaches amongst these user
  - Discuss the considerations based on the different USES for the data
    - ✓ Data for tracking and comparing at a state-level
    - ✓ Data for contract management and reporting
    - ✓ Data for incentive pools
    - ✓ Data to guide improvement at the system level
    - ✓ Data to guide improvement at the practice-level
    - ✓ Data that is sensitive to improvement

# Going Beyond Development Screening to Referral and Follow-Up

## Some Background and Context

- Again, a number of people have been focusing on this issue and the learnings could be leveraged
  - ABCD states in general
  - ABCD III states specifically
    - Important to understand the different learnings of pilots at practice/community level vs. pilots using Medicaid/CHIP data
- Know that the “follow-up” is not “one” thing
  - Follow-up FOR who and BY who
    - One part of the equation: Follow-up led by PCP – 4 Key Elements
      1. Referral
        - » Ensure it is for those that should have been referred
        - » Referral to whom?
      2. Referral tracking
        - » Ensuring child gets to referrals
      3. Once referral complete, information is shared about services
      4. Care coordination of those services
        - » No “gold standard”, need to pick flags anchored to standards of care



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