



Pathways for Referral & Follow-Up to Developmental Screening in Marion and Polk County

**Kick Off Meeting of the Stakeholder Group to Inform the
Community-Based Quality Improvement (QI) Project**
Marion and Polk Early Learning Hub Conference Room -
2965 Ryan Dr SE, Salem OR
September 15th, 2016, 11-1 PM

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Agenda

1. **Setting the Stage** – Background and Context about the Community-Based QI Project and **Key Project Activities**
2. **Welcome** from **Willamette Education Service District**
3. **Where are you now**, so we can **prioritize this project** to focus on where you are going in Marion and Polk
 - Summary of stakeholder interviews (Project Activity #1) and data collected to date (Project Activity #2)
4. **Where we propose we go - OPIP's proposal for priority pathways** to focus on in this community-based QI project
5. **Next Steps** and **Stakeholder Engagement** Needed

This Meeting Will Be a Success If:

At the end of the meeting, attendees will:

- 1) Understand the **project** goals, activities and timeline.
- 2) Receive a **summary of the stakeholder interviews** about existing systems and processes related to developmental screening and pathways related to referral and follow-up.
- 3) Receive a summary of **data related to screening, referral and follow-up and implications**
- 4) Informed by the interviews and data, **understand OPIP's proposal for priority areas of focus** for this community-based QI project.
- 5) **Provide input** about these priority areas and **engagement** on the next steps.

30,000 Foot View of This Project



Funding to Willamette Education Service District (WESD)

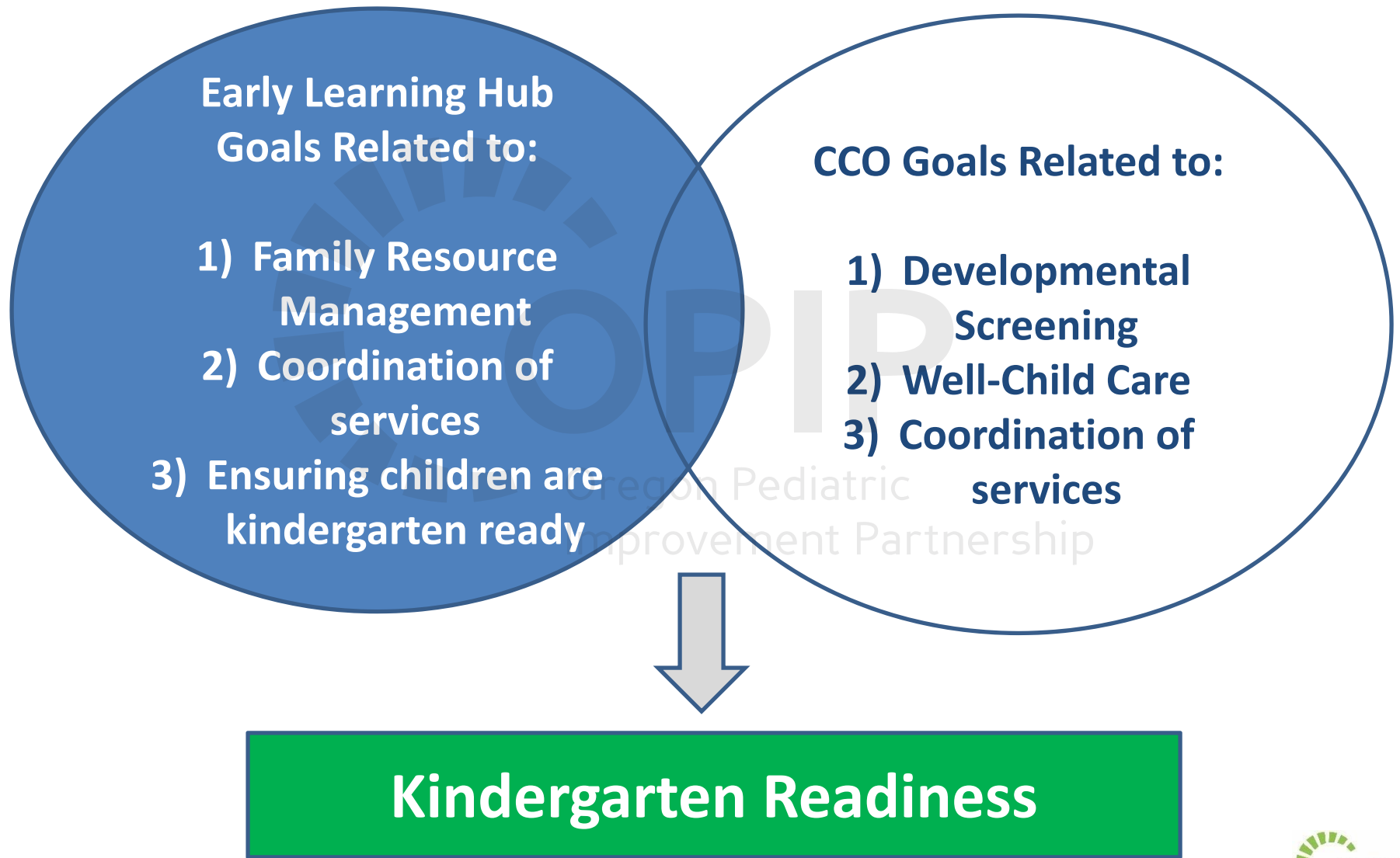
- Willamette Education Service District (WESD) received funds to improve **referral to EI and follow-up processes** focused on young children. Includes a specific focus on **EI Ineligible** children. (*Ends June '17*)
 - Effort focused across the counties WESD serves: Marion, Polk & Yamhill
- WESD is using a portion of those funds to contract with OPIP to lead a community-based improvement effort in Marion, Polk and Yamhill:
 - Builds off work OPIP has been doing statewide and with practices and the system focused on developmental screening
 - Implementation of developmental and autism screening and follow-up within primary care
 - EMR forms related to developmental screening
 - Builds off work OPIP leading that is already underway in Yamhill (funded by OHA) and supported through Dec 16
 - Supports implementation in Yamhill, summary of evaluation data
 - Summarize findings across Marion, Polk and Yamhill Counties

Welcome from WESD

- With that Context,
 - Welcome from Willamette Education Service District (ESD)



The Need for the Project: Addressing Shared Goals focus on Young Children



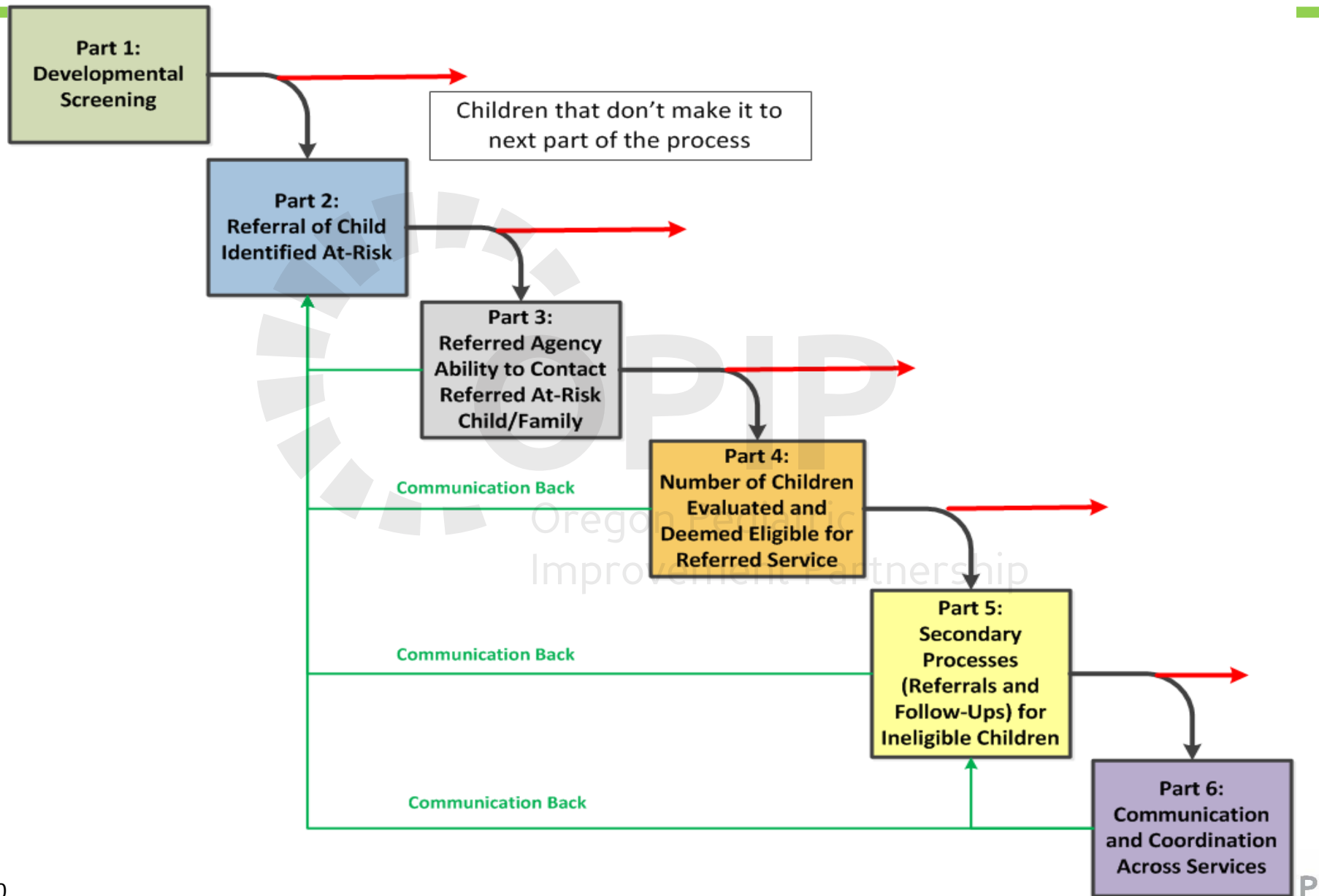
Overview of Goals and Scope of Project

- Time Period for OPIP's Subcontract: **May 2016-June 2017**
- **"At Risk" Population**
 - Project is focused on **children 0-3 years old** identified at risk using standardized developmental screening tools (e.g. **Ages and Stages Questionnaire, Parents Evaluation of Developmental Status**)
 - Anchored to those tools and who "failed" and should be referred = At-risk
 - **ASQ: 1 in the black or 2 in the grey, PEDS: High and Moderate Risk**
- Project will pilot enhanced **referral and follow-up** process
 - Important activity is **collection, reporting and use of data** to inform WHAT the effort should focus on
 - Need to first pilot and identify what does and doesn't work, before spreading across the community
 - Key Pilot Sites:
 - 1) Primary Care** Sites- Woodburn Pediatrics, Childhood Health Associates of Salem,
 - 2) Early Intervention** - WESD,
 - 3) Community-Based Provider (CBP)** who can serve "at-risk" children with focus on those that are within Early Learning Hub

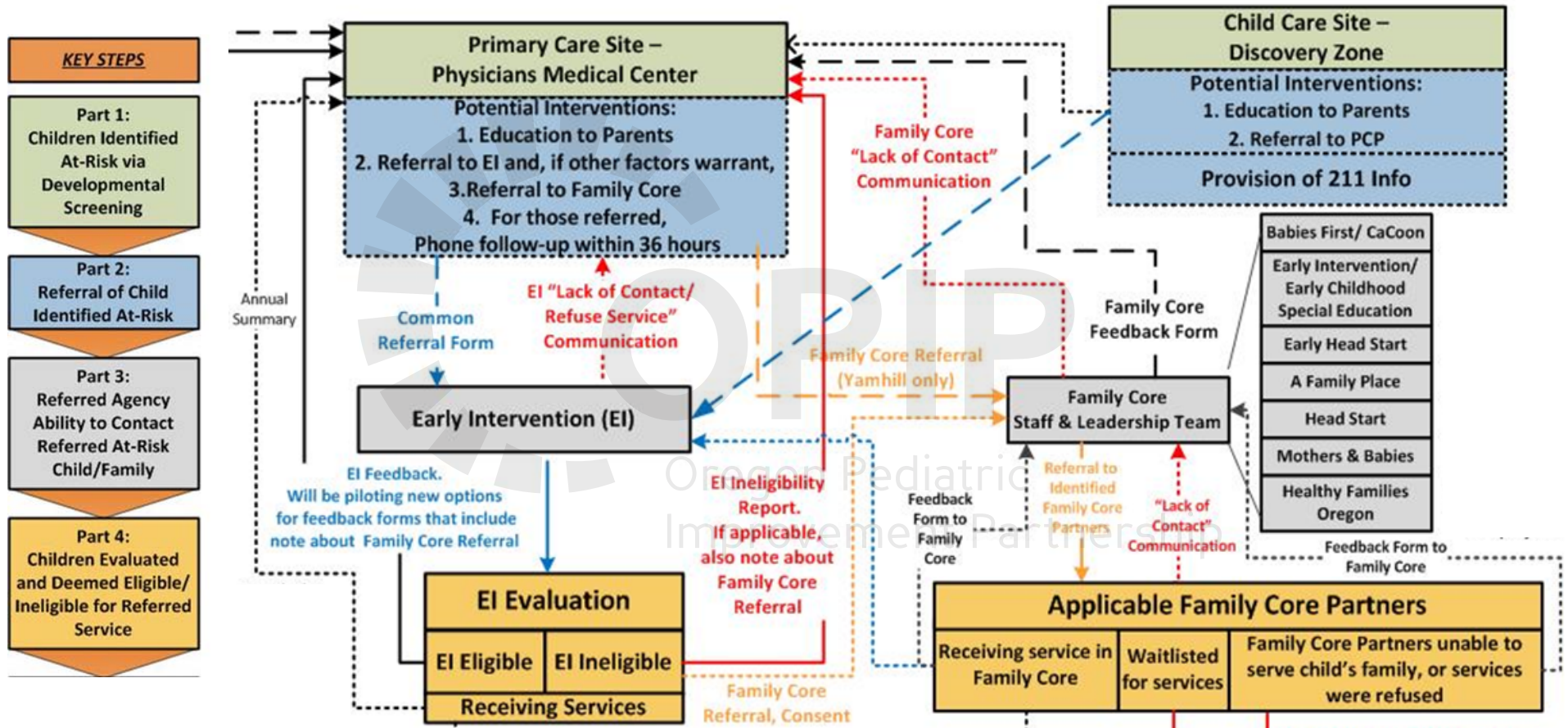
Four Key Activities in the Project

- **Activity 1:** **Engage stakeholders** from Yamhill, Marion, and Polk Counties who are conducting developmental screening and/or who provide follow-up services to children identified at-risk.
- **Activity 2:** **Data:** Identify and periodically track the number of children: i) at-risk using developmental screening tools; ii) of those children, how many are referred; iii) how many are evaluated by EI; iv) of those evaluated children, how many are found ineligible for EI services; and v) how many ineligible children are referred for other services to address the risk identified. **Sources: WESD, PCP Pilot Sites, CCO level data.**
- **Activity 3:** **Expand** PCP, EI and Community-Based Provider **processes** in **referring children** identified at-risk to follow-up (Pathway from screening, to referral, to follow-up)
- **Activity 4:** **Summarize** Key Learnings

Key Building Blocks of the Pathways for Developmental Screening, Referral and Follow-Up



Current Developmental Screening, Referral and Follow-up Pathway for Community-Based QI Project in Yamhill





Activities Completed To Date That Inform Today's Meeting

- **Activity 1: Engage Stakeholders** from Yamhill, Marion, and Polk Counties who are conducting developmental screening and/or who provide follow-up services to children identified at-risk.
 - Conducted 37 interviews to date in Marion and Polk County
 - Recruited parent advisors for the project
 - Stakeholder meeting today (Two more over the course of the project)
- **Activity 2: Collect & Use Data Sources: CCO (WVCH), WESD, PCP Pilot Sites**
 - **WVCH Developmental Screening Data:** Screening rates overall, examination by race and ethnicity, Screening rates by practice (blinded data)
 - **Pilot Site Primary Care Practice Data (Woodburn, CHAoS):** Proportion of children screened who are identified at-risk, At risk children who are referred and feedback loops
 - **Willamette Education Service District (WESD) Data:** Referrals to EI, Referrals to EI able to be contacted, how many are evaluated by EI; of those evaluated children, how many are found ineligible for EI services and, how many ineligible children are referred for other services to address the risk identified; All data examined by by age, race, referral source, Medicaid eligible
- **Activity 3: Expand PCP, EI and Community-Based Provider Processes in Referring Children** identified at-risk to follow-up
 - Confirmed PCP pilot sites
 - Development of improvement tools related to PCP referrals, draft parent education materials for review by parent advisors

Activity #1: Stakeholder Interviews – Marion and Polk

9/13/16 Draft

*Note: blue indicates yet to occur

<p>a. Primary Care Providers</p> <p>Childhood Health Associates of Salem</p> <p>Woodburn Pediatric Clinic</p> <p>Salem Pediatric Clinic</p> <p>Willamette Family Medical Center</p> <p>Lancaster Family Health Center (reached out)</p>	<p>b. Health System Reps.</p> <p>WVP & WVCH Stuart Bradley Dean Andretta Anna Stern</p> <p>Mid-Valley BCN Margaret Terry</p> <p>Salem Health Rehabilitation Center Steve Paysinger</p>	<p>c. Early Learning Hub</p> <p>Marion & Polk Early Learning Hub - Lisa Harnisch and Staff</p> <p>Marion and Polk Early Learning Hub Board of Directors 27 Members</p> <p>Marion and Polk Early Learning Hub Regional Implementation Team Over 30 Members</p> <p>External (ELD) Hub Facilitator Tab Dansby</p>	<p>d. WESD/EI</p> <p>WESD Linda Felber</p> <p>Marion EI Tonya Coker</p> <p>Yamhill/Polk EI Cynthia Barthuly</p> <p>WESD- EI Intake Sandra Gibson</p>
<p>e. Community Based Providers Who Conduct Dev. Screening and/or Provider Follow-Up</p>			
<p>CaCoon, BabiesFirst, Healthy Families Judy Cleave (Marion) Jean DeJarnatt (Marion) Jacqui Beal (Polk) Wendy Zieker (Polk)</p>	<p>Community Action Head Start of Marion and Polk Eva Pignotti and Staff</p>	<p>Marion County Children's Behavioral Health Gwen Kraft</p>	<p>ASQ Oregon Kimberly Murphy, Liz Twombly</p>
<p>Polk County Early Learning and Family Engagement, OPEC- Polk Heather Smith</p>	<p>Oregon Child Development Coalition Berni Kirkpatrick</p>	<p>Valley Mental Health Kim Buller</p>	<p>211 Statewide Emily Berndt</p>
<p>Creating Opportunities Cheryl Cisneros</p>	<p>NW Human Services Marybeth Beal</p>	<p>Childcare Resources and Referral Network Shannon Vandehey and Jenna Sanders</p>	<p>OPEC-Marion County Margie Lowe</p>
	<p>OR Family Support Network Sandy Bumpus</p>	<p>Woodburn School Dist. TBD</p>	<p>Family Building Blocks Heather Peasley Sara Matthews</p>

the perfect
PLACE to *begin* is
EXACTLY
WHERE YOU ARE
right now.

- Dieter F. Uchtdorf -

aYEARofFHE.blogspot.com



OPIP's Summary of Where You are Now, As it Specifically Relates to Where We Might Focus this Pathways Projects

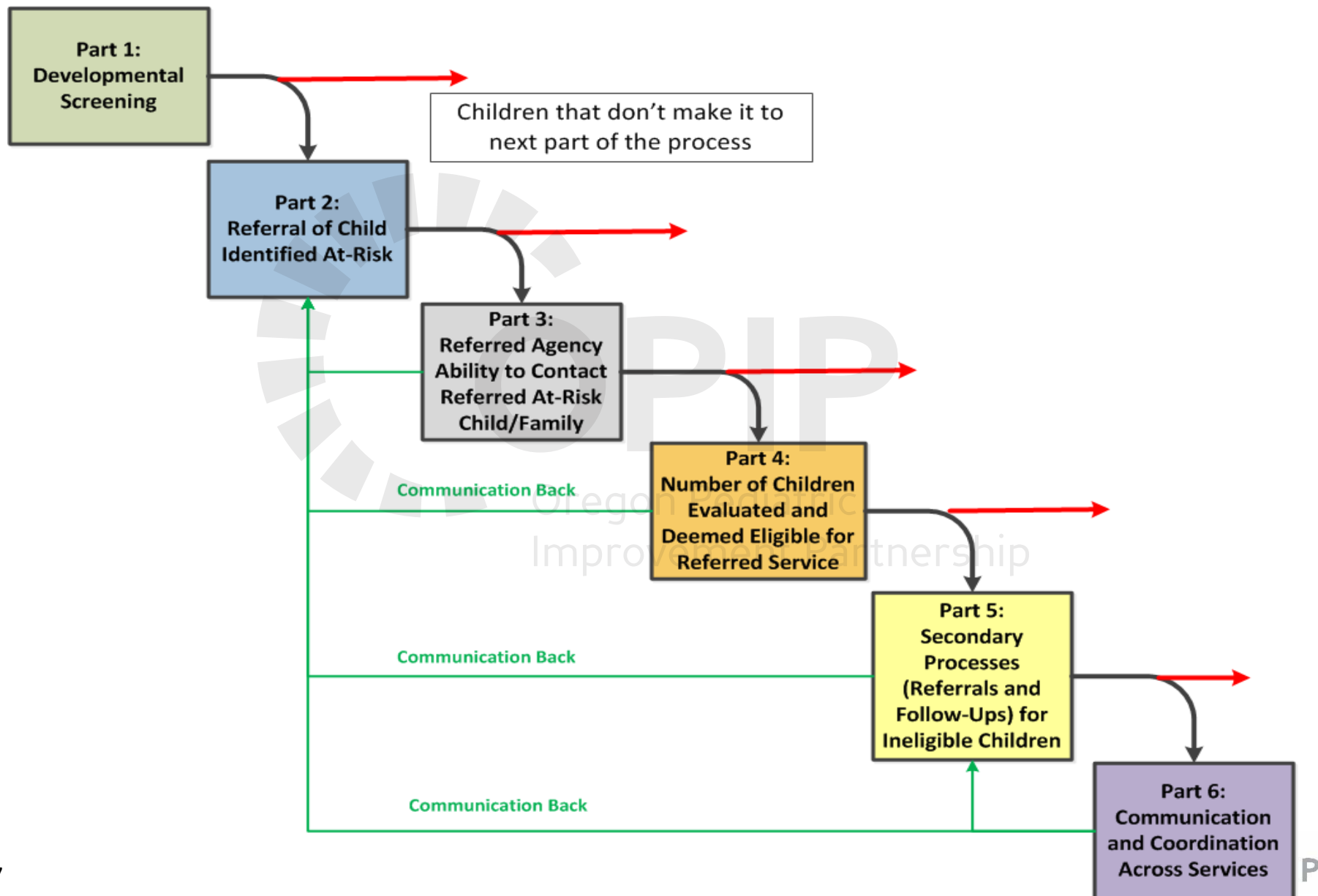
Part A: Stakeholder Interviews (Activity #1)

- Sharing **learnings most relevant** for our proposal on priority pathways for this project
 - Anchors our focus to existing processes relative to scope of work and pilot partners
- **Value of each perspective**
 - Community-level commitment to do the best for kids in the area and to support collaboration & communication
 - OPIP intentionally conducted individual interviews to share at this group-level meeting to understand each person's experience, perspective and perception
 - There may be areas where experience and perception may not be the same across partners – that said, perception drives behavior and is integral for this project focused on IMPLEMENTATION
 - Strict use of **Parking Lot List** as we review the findings

Part B: Collect and Use Data (Activity #2)

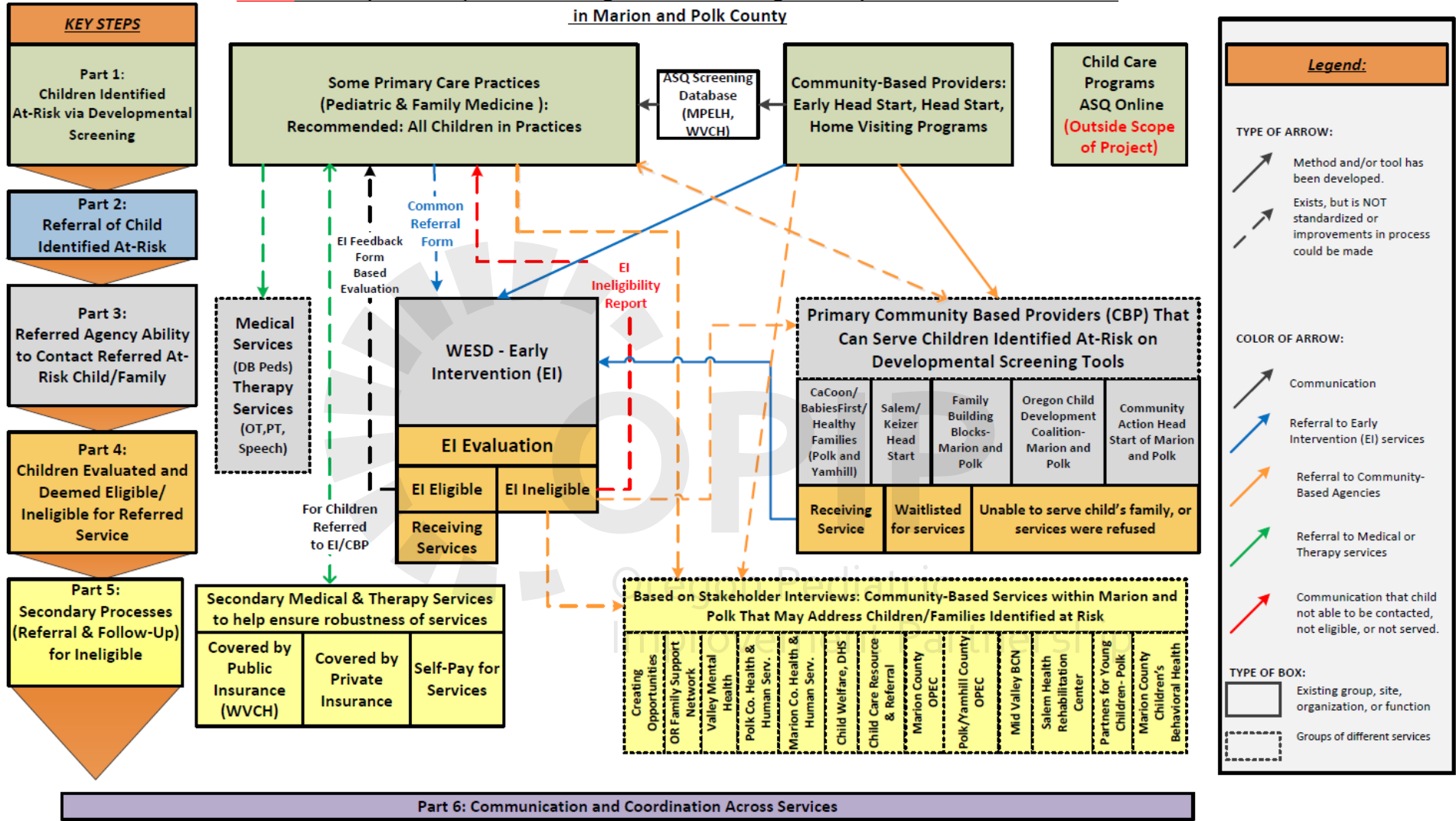
- **Value of Data given differences perspective**
 - Collected data from CCO, PCP Pilot Sites, and WESD to understand what the data tells us and to help track efforts
 - Today: High-level sharing of CCO and PCP data related to stakeholder interview findings
 - DEEP dive on EI data given important focus

Key Building Blocks of the Pathways for Referral and Follow-Up to Developmental Screening



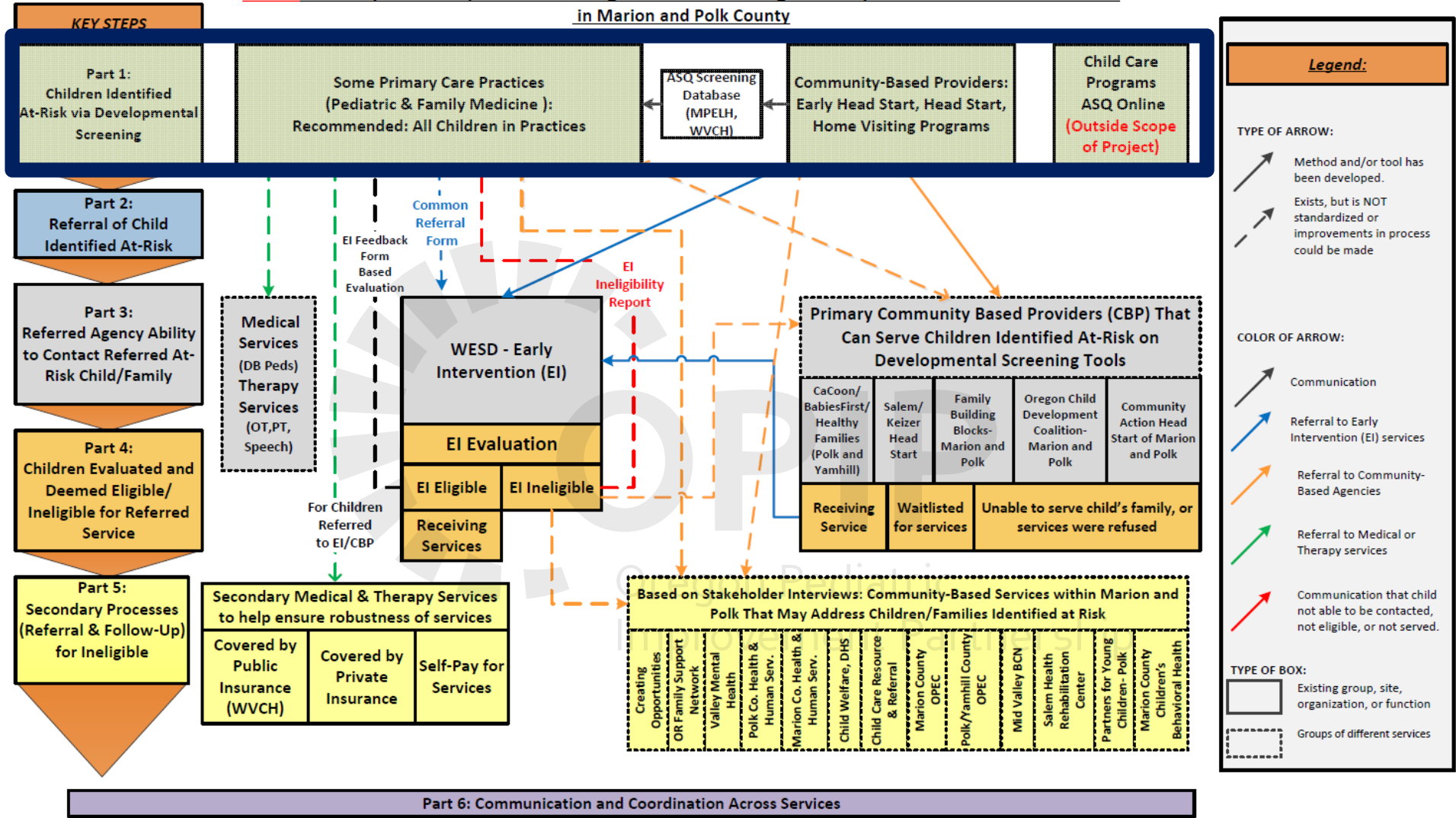
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DRAFT: Pathway for Developmental Screening & Referral and Triage Pathways for Children Identified At-Risk in Marion and Polk County



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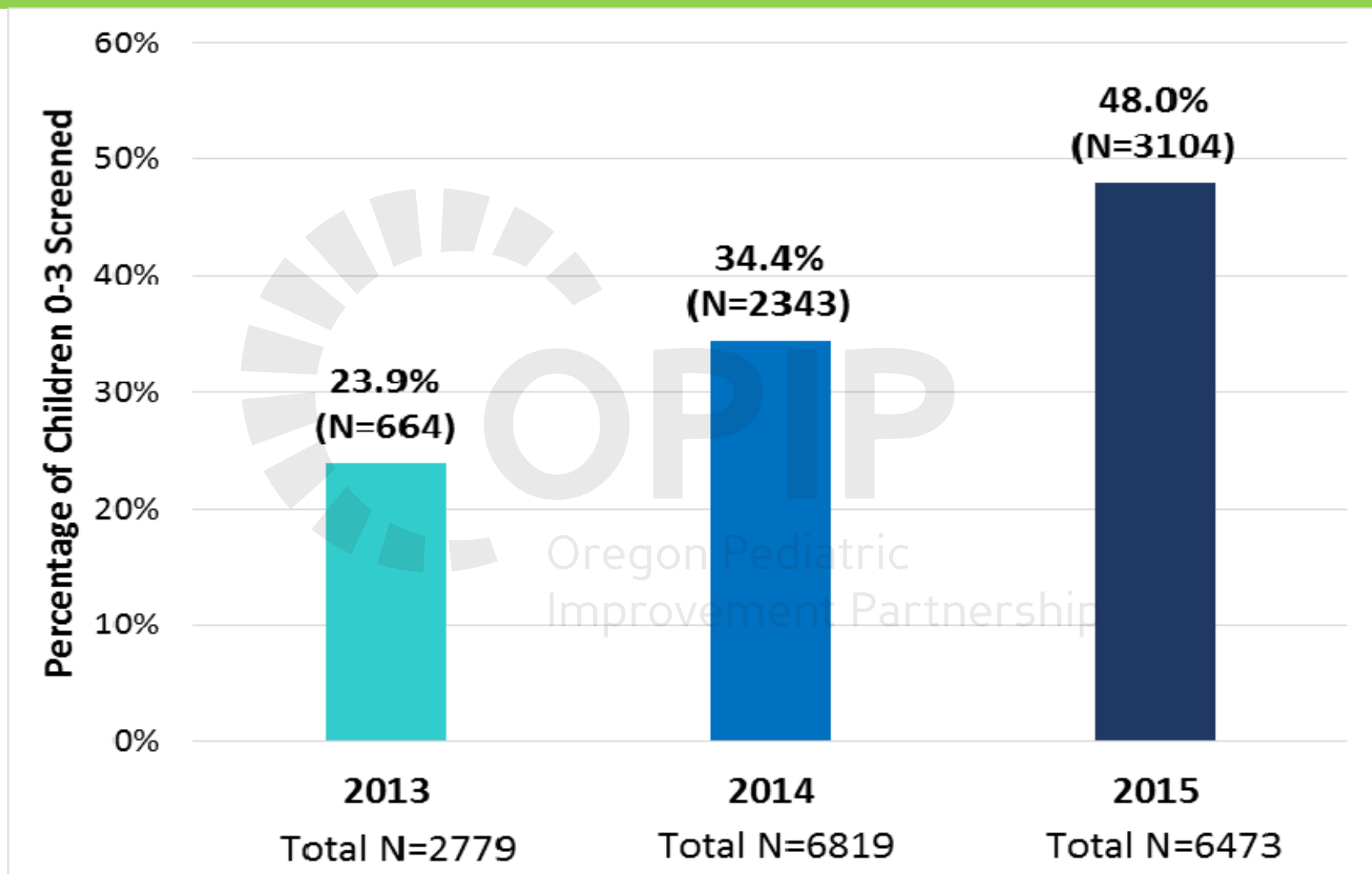


Stakeholder Interviews Findings:

Part 1: Developmental Screening – Current Systems and Processes

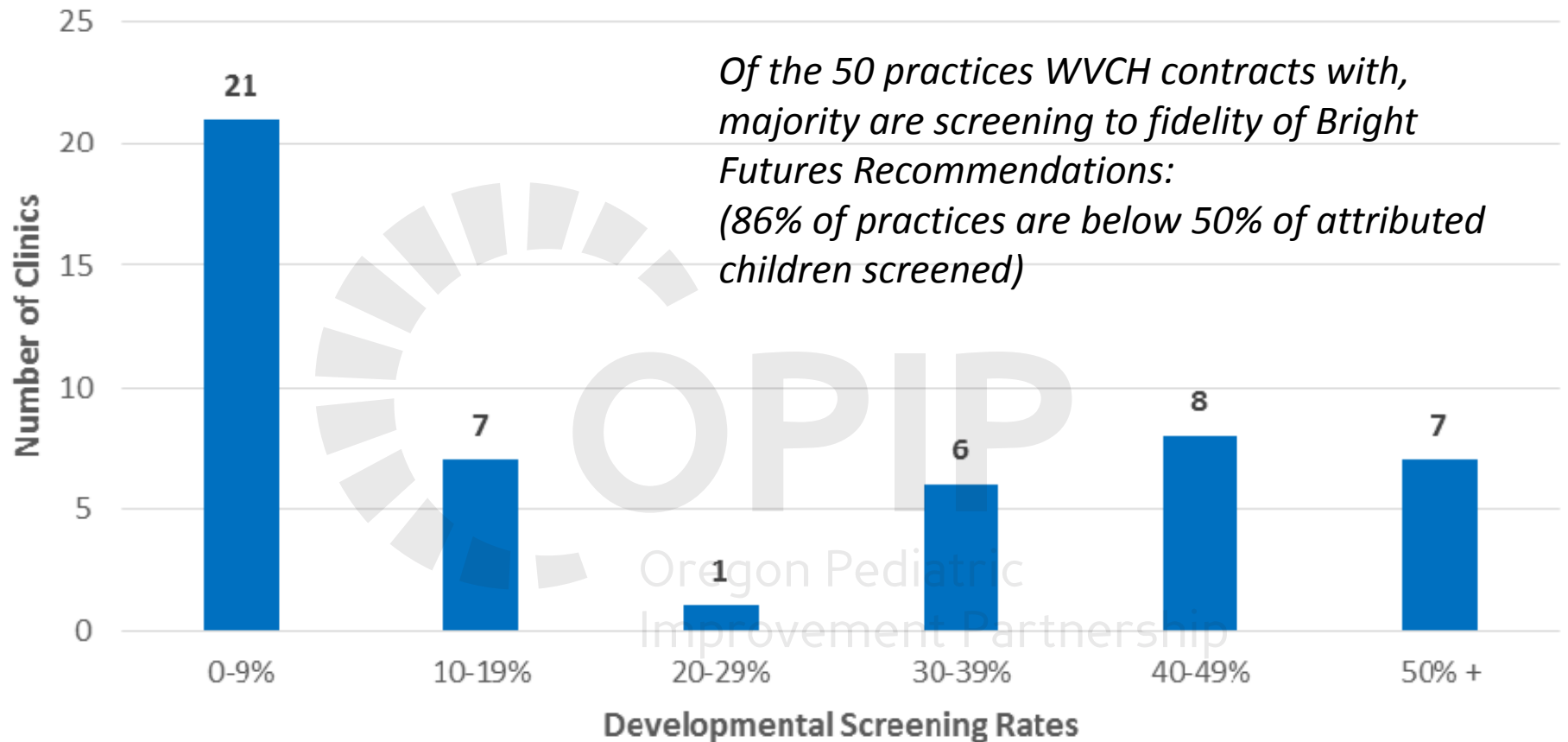
- **Group 1: Primary Care:** Within primary care, while Coordinated Care Organization (CCO) incentive metric has created an enhanced focus on developmental screening, there are still a significant number of practices who are NOT doing developmental screening
 - 2015 rate was 48%, **so still less than half of children**
 - Metric based on 96110 claims, Currently includes 96110's submitted for MCHAT
 - This community has many smaller practices, and **therefore future and intentional outreach** will be needed to ensure most children are screened (outside scope)
 - Some practices are screening, but NOT doing the **screening to fidelity** in terms of the **periodicity** and **across all providers** in the practices
- **Group 2: Community-Based Providers:** Screening occurring within a number of community-based providers (e.g. *home visiting, early head start, head start*)
 - Screening occurring in these settings
 - That said, the numbers of children able to be served by these programs does not represent the magnitude and number of kids served by PCPs
 - Programs likely screening and assessing most vulnerable and high-risk populations
 - Sharing of screening happening in the community with WVCH for publicly insured and sharing with primary care clinic
- **Group 3: Childcare:** Screenings happening in some child care settings. **ASQ Online:** (1393 in 7 years, since 2009). Given scope/timeline, these will be out of scope for this project.

Developmental Screening Rates in the First Three Years of Life for Publicly Insured Children in Willamette Valley Community Health (WVCH): As Tracked by 96110 Claims Submitted



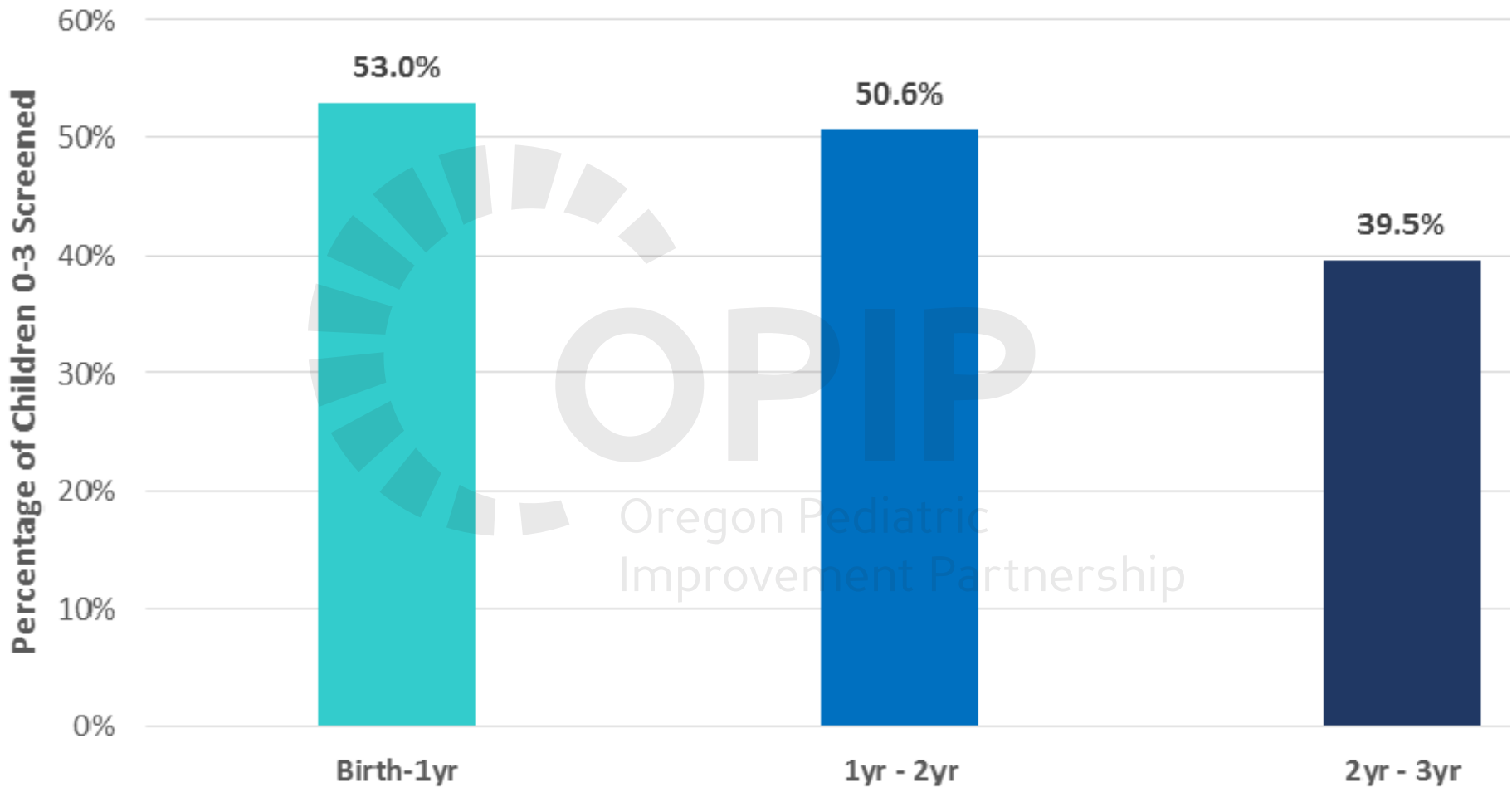
Source: WVCH Developmental Screening Rates, Based on 96110 Claims Submitted for Children Continuously Enrolled for 12 Months

Variation in Developmental Screening Rates for Practices To Whom WVCH Children Are Attributed



Source: Based on 96110 Claims Submitted for Children Continuously Enrolled for 12 Months and Who WVCH Attributed to the Practice

WVCH Developmental Screening Rates: By Age of Child



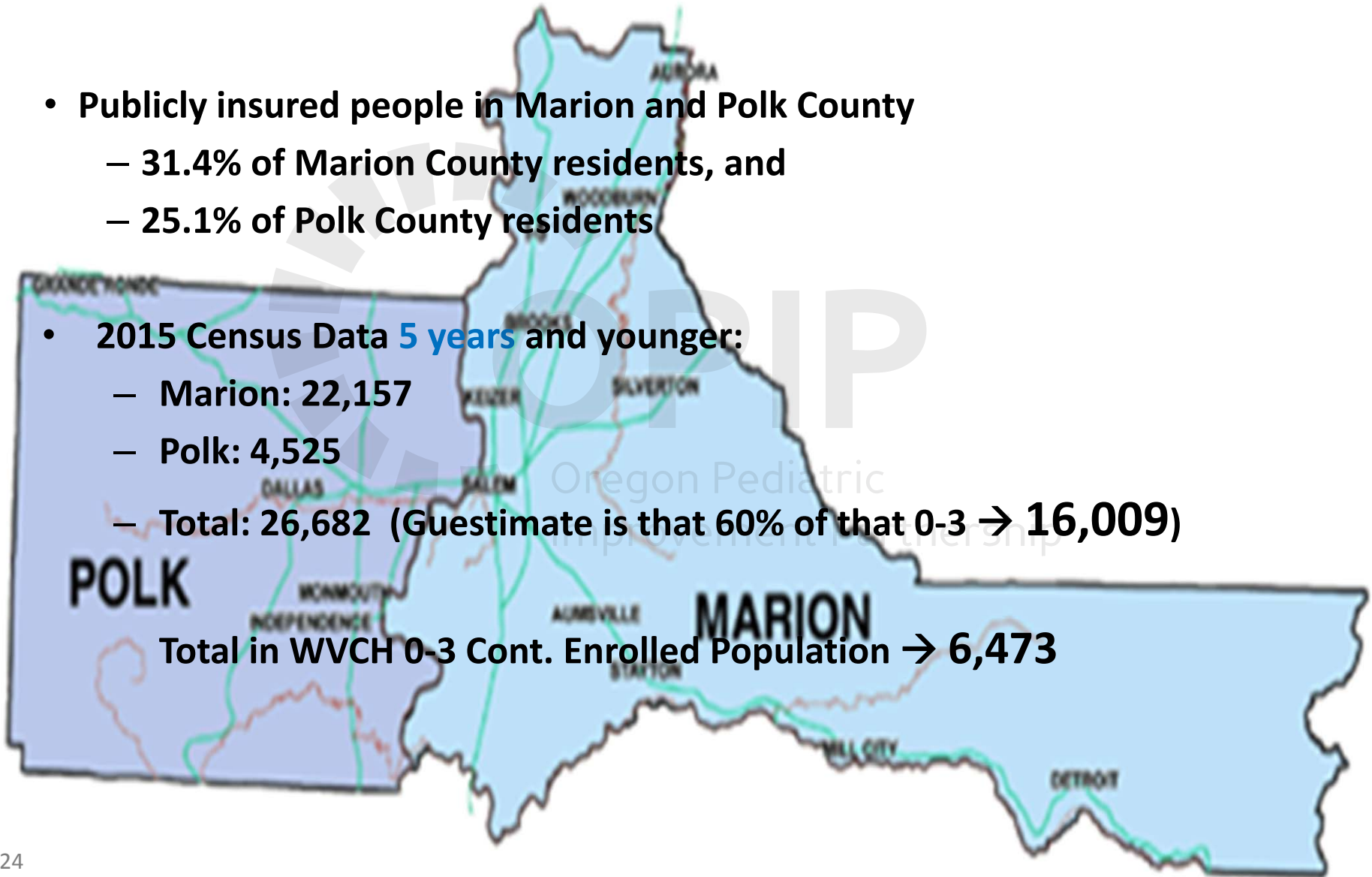
Source: WVCH Developmental Screening Rates, Based on 96110 Claims Submitted for Children Continuously Enrolled for 12 Months

WVCH Data Only Describes Care for PUBLICLY Insured Children, Therefore These Rates Don't Include PRIVATELY Insured And Are Only for A Subset

- Publicly insured people in Marion and Polk County
 - 31.4% of Marion County residents, and
 - 25.1% of Polk County residents

- 2015 Census Data 5 years and younger:
 - Marion: 22,157
 - Polk: 4,525
 - Total: 26,682 (Guestimate is that 60% of that 0-3 → 16,009)

Total in WVCH 0-3 Cont. Enrolled Population → 6,473

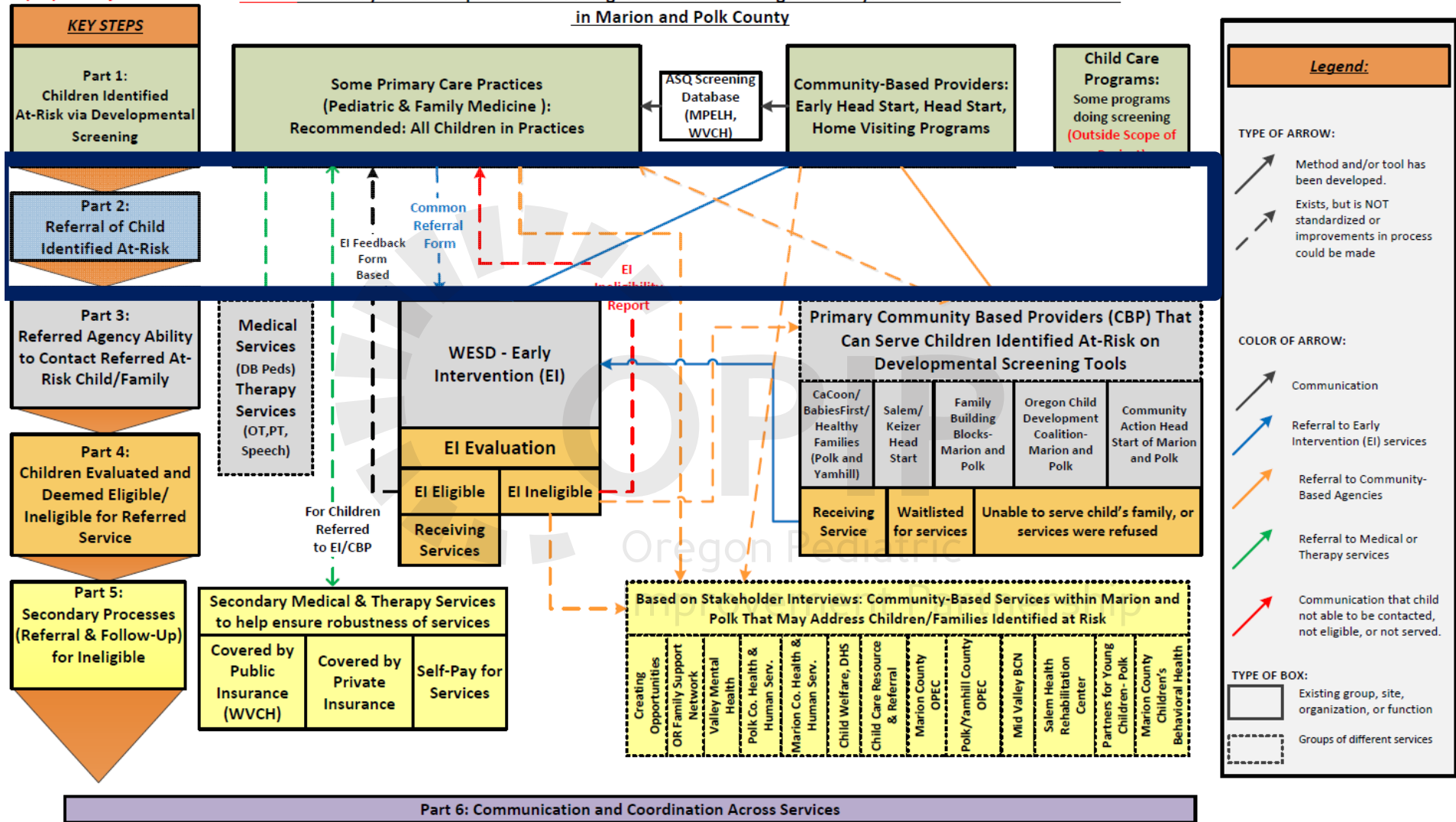


Stakeholder Interviews Findings Re: Part 1: Developmental Screening – OPIP's Perceptions About Implications for this Project

- While developmental screening rates have increased, **a majority of young children are still not being screened**
 - Referrals rates and needs for services are based on current screening rates; they are **BELOW** what they will be if the standard of care is provided
 - If increases in screening rates occur, **need for services will (hopefully) also increase**
 - Children 2-3 are least likely to be screened, even though tools more sensitive at this age
- Majority of practices serving publicly insured children are NOT conducting developmental screening in a way that is aligned with Bright Futures Recommendations
 - Given this project is focused on pathways following developmental screening, important to **start first with those that are doing developmental screening** in a standardized way with fidelity to the bright futures recommendations
 - As systems engage providers who are NOT doing developmental screening, the **tools and strategies in this project may be useful to include in training and facilitation efforts**
 - This project may address some of the reasons practices are NOT screening
 - **Data** from this project can inform **outreach and technical assistance** efforts

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Stakeholder Interviews Findings:

Part 2: Referral of Children Identified At-Risk Based on Screening Tool

Group 1: Primary Care Sites – Remember: This is of those doing dev. screening

- **Not all children** identified at-risk are **referred** (*Past literature -60% of at-risk NOT referred*)
- **Lack of standardized processes implemented** (work flows & tracking) in practices
 - Need for clear decision tree diagram based on screening tool used (ASQ most common)
 - Concerns about kids who fail, not at-risk (e.g. cultural, lack of exposure)
 - Lack of understanding about the parts of the EI Referral Form and why
- Lack of **education materials** to parents of children identified at-risk
- Perception that the **entities they refer to are already at a capacity** and have a **long wait list**, so PCPs triage and prioritize who gets referred.
 - *Examples of at-risk children not referred: Child who flag based on borderline score status only, fail only one domain, Fail on social-emotional only*
- **Barriers to referral to developmental pediatricians** located in Portland (eager for Salem resources)
 - Wait lists for those referred to developmental pediatrician
- **Perceptions about EI** and evaluation processes impact **whether and who they refer**
 - Difference between who should refer vs. EI eligibility
 - Perception that referred children are rarely eligible for services, so don't refer
 - Perception that EI is not able to provide robust enough services, refer to private
- Lack of **awareness of community-based providers** to address the specific risks identified
- 27 Lack of **AVAILABLE resources** to address some of the risks identified

An Applied Example from One of Our Primary Care Pilot Sites

Number of ALL Children in Clinic (Publicly and Private Insured) WHO RECEIVED A DEVELOPMENTAL SCREEN IN ONE YEAR:

N=2125



Of these children, if past data used, number who were **identified at-risk and SHOULD HAVE BEEN TO REFERRED TO EI:**

N=425



NUMBER REFERRED TO EI:

N= 150

65% NOT REFERRED

Data Source: Data provided by Childhood Health Associates of Salem, August 2016

Stakeholder Interviews Findings:

Part 2: Developmental Screening – Current Systems and Processes

Group #2: Home-visiting programs, Early Head Start, Head Start, Public Health

- **More consistently refer**
 - Seem to have better knowledge of community resources
 - Leverage strategies to enhance timing of evaluation, parents calling EI directly; Multiple referrals over time
 - See children more often, first hand experience in more normal environment
- **That said, not all children** identified at-risk are **referred**
 - Use different thresholds based on their own experience with at-risk children who are not eligible
 - Communicate more directly with EI about kids they are concerns with
 - Concerns about cultural validity of tools
- Perception that the **entities they refer to are already at a capacity** and have a **long wait lists**, so triage and prioritize who gets referred.
- **Perceptions about Early Intervention** and evaluation processes impact whether and who they refer (similar to PCP feedback)
- Lack of **AVAILABLE resources** to address risk identified

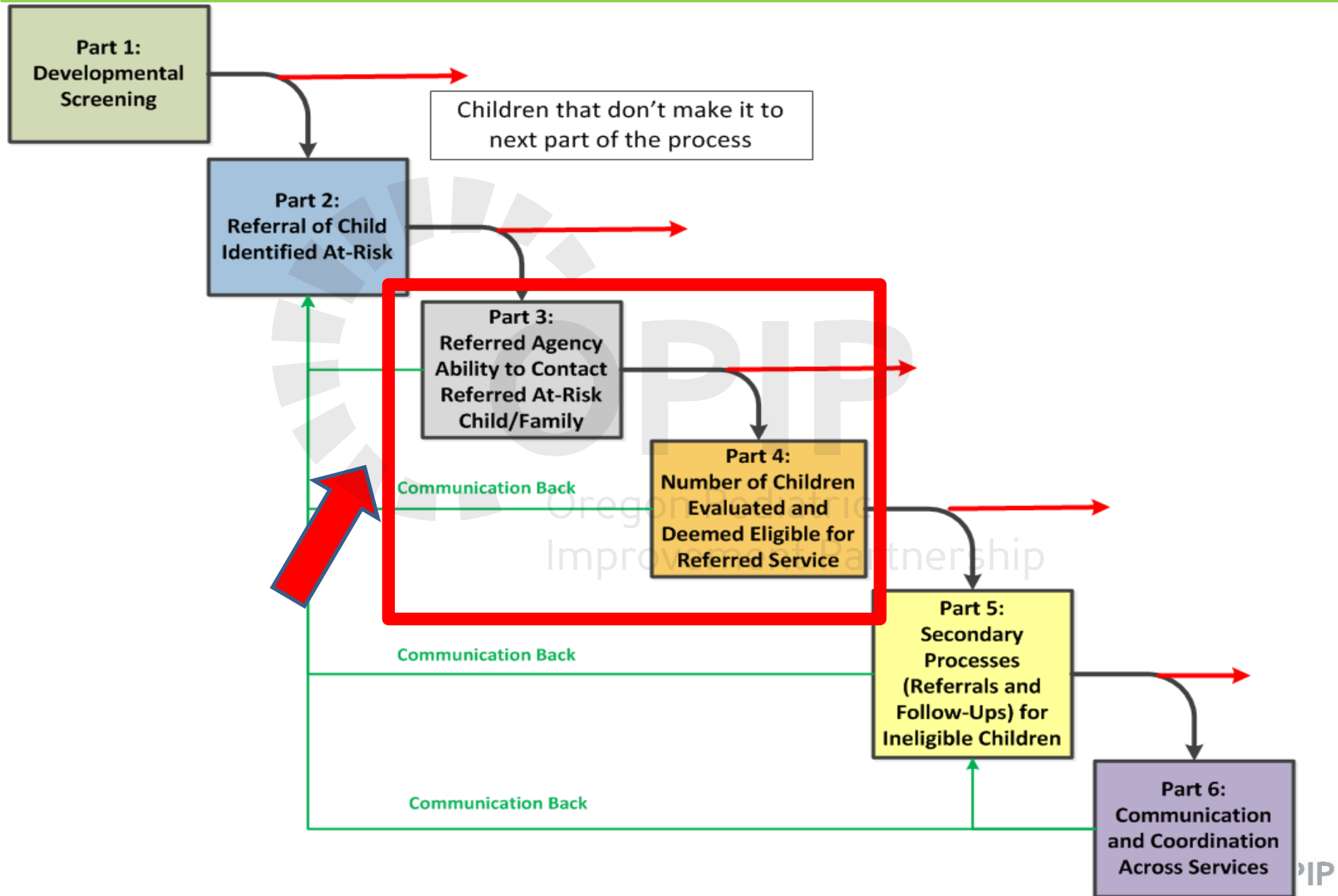
Stakeholder Interviews Findings:

Part 2: Referral– Current Systems and Processes

OPIP's Perceptions About Implications for this Project

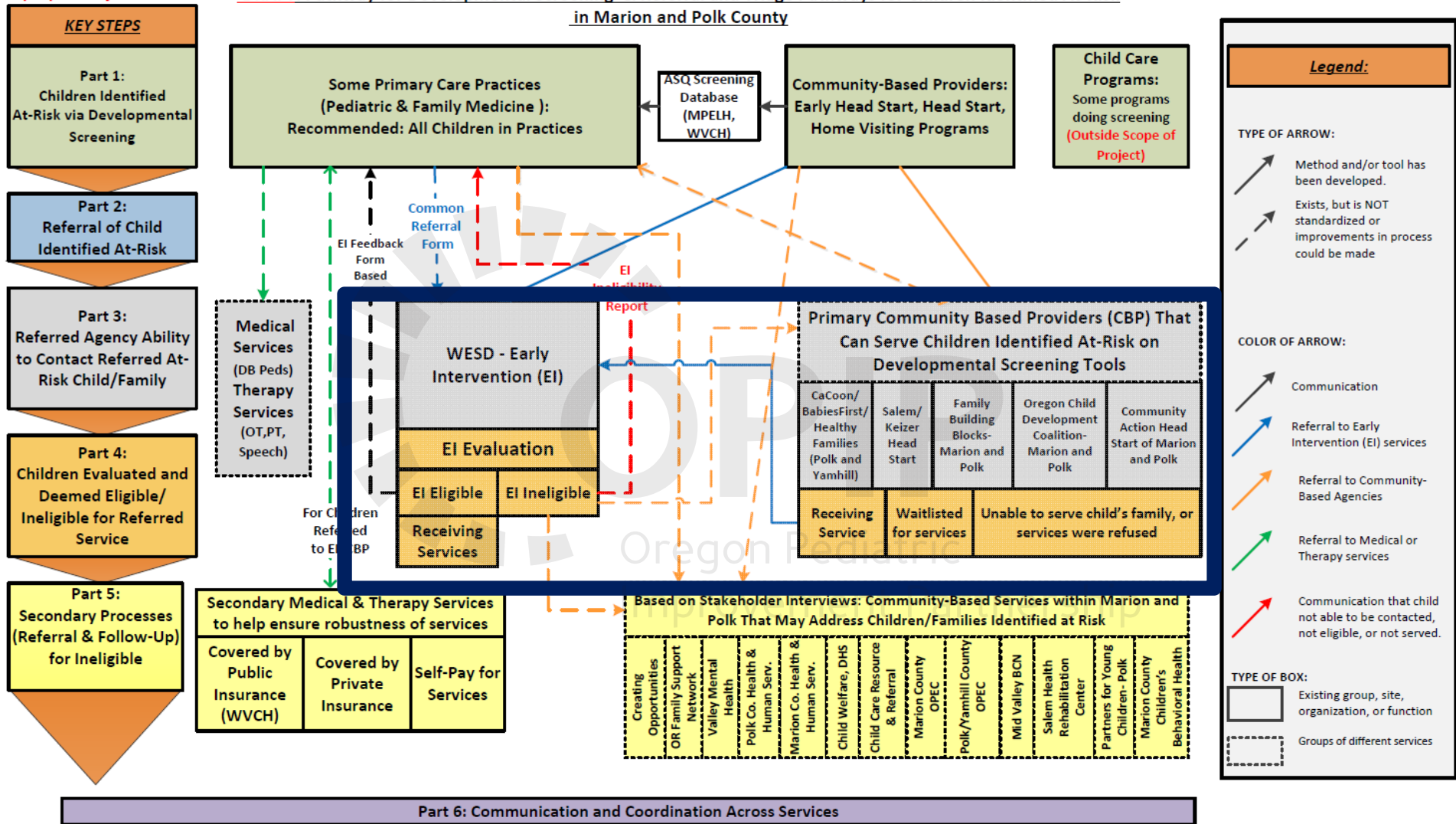
- Even among those doing developmental screening, **referrals of children identified at-risk are BELOW what it should be**
 - In terms of the impact of the project, this is the first part of the pathway AND it is where the most children are being lost
 - Should be a **primary focus of the project**
- Persons doing developmental screening noted it would be valuable to have:
 - **Clear pathways and referrals based on risks identified via the ASQ** that includes Medical/Therapy Services that are covered, EI and Community-Based Providers
 - Better understanding of the different resources available
 - **Parent education materials** to provide at the time of referral
 - Standardized methods and processes to **support families** in the referral process
 - **Communication** about whether children get into referral, critical to understanding other referrals (more on this later)
- **Important note to consider now:** Increases in referral rates will result in an **increased need for the resources** to which children are referred – think about capacity now
 - Past literature has shown that 19-22% of children will be identified at-risk
 - Remember: In ONE site alone, **425** kids identified at risk

Developmental Screening Referral and Follow-up Pathway in Marion and Polk: What Processes Exist Now and Priority Opportunities for this Improvement Project



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Stakeholder Interviews Findings:

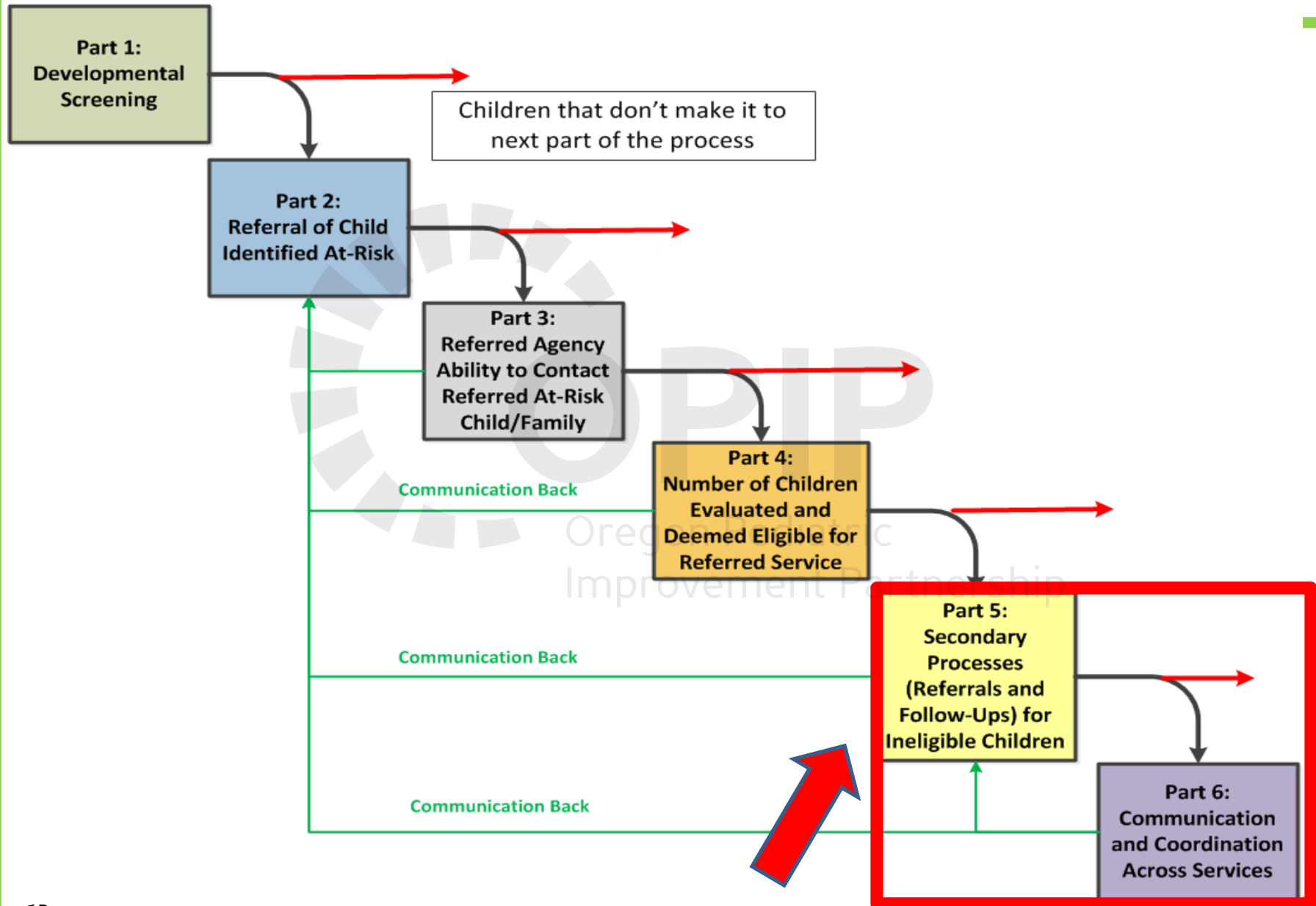
Part 3: Ability of Referred Agency to Contact Child & Part 4: Eligibility for Referred Children

- Created a specific section in the Pathway map given this is a key area where the data will show children drop off
- **Early Intervention**
 - Ability to Contact:
 - Ability to contact referred children is real barrier (data on this later)
 - Stakeholders noted patients difficulty accessing services during traditional work times and in central locations
 - Barriers to conducting assessment out of the home
 - Barriers to family's being able to get in within 45 days
 - EI data show a number of families decline, have to put off evaluation
 - Eligibility, Services Provided
 - Perceptions about the lack of robustness of services given funding available
 - Given the level of services (1 day a month), lack of parental engagement given the effort and time needed on their part to get to the referral
- **Home Visiting Programs:**
 - Parent hesitation to have someone come to their home
 - Wait lists for programs are quite significant in some areas
 - Many programs only available to children experiencing poverty and many children identified at risk on developmental screening are privately insured

Findings Related to Part 3 & 4: Referred Agency Ability to Contact Implications for Pathways Related to Referral and Follow-Up

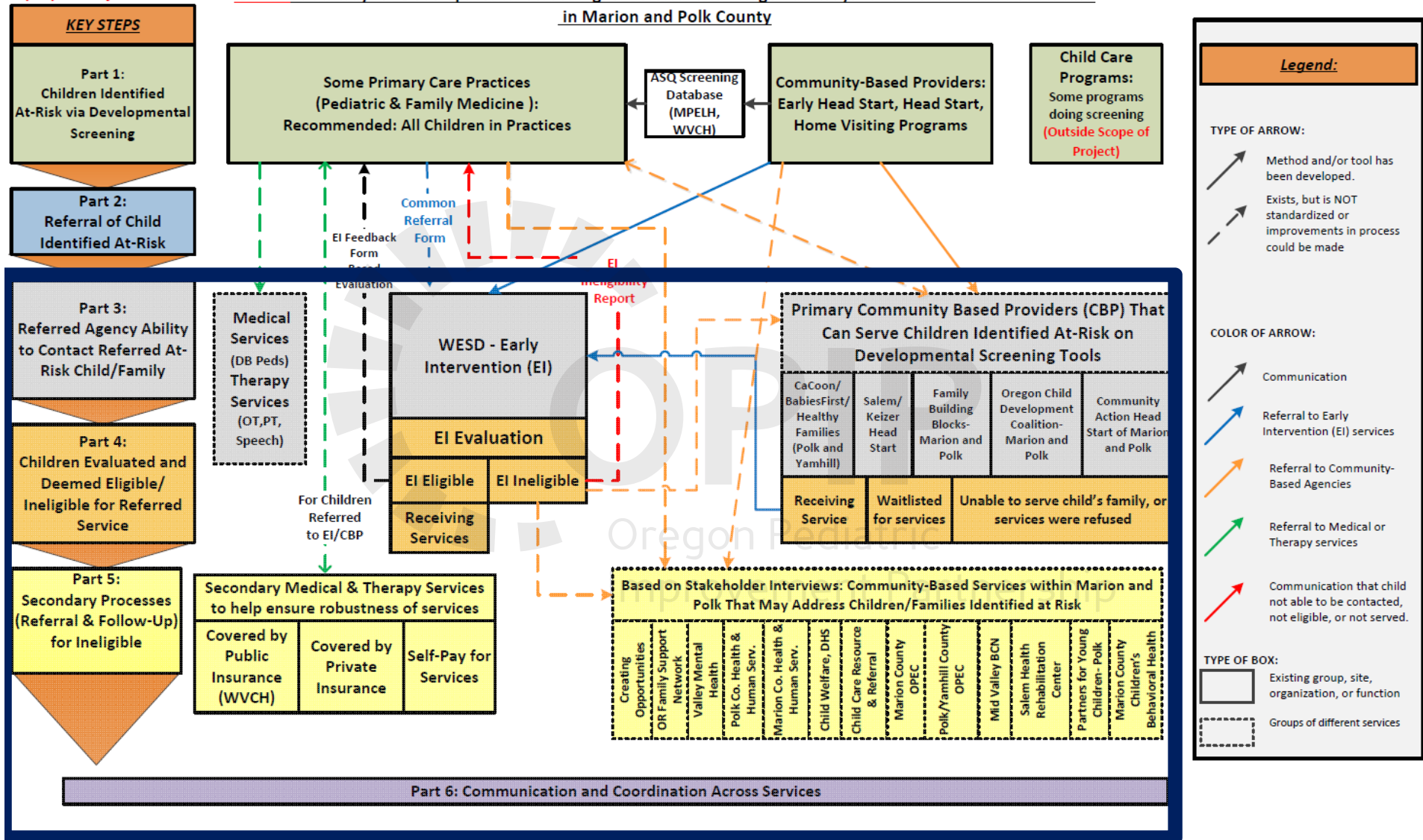
- Important component of the developmental screening and referral and triage map is **processes and methods for coordination when the family can't be contacted or denies evaluation**
 - **Communication** about lack of contact or family refusal
 - **Partnership-centered methods** for primary referral agency reaching out
 - Models to leverage the primary care provider relationship
 - Potential to **leverage other parents** in the community or utilize community health worker model
- **Value of tracking and evaluation data** to inform how many children are lost and community resource capacity included in this contract
 - **PCP tracking of referral and follow-up to referral**
 - **Early Intervention (WESD):** Tracking of who referred, proportion able to be contacted, of those contacted.

Developmental Screening Referral and Follow-up Pathway in Marion and Polk: What Processes Exist Now and Priority Opportunities for this Improvement Project



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Stakeholder Interviews Findings:

Part 5: Secondary Referral and Follow-Up & Part 6: Care Coordination Learning and Implications for Pathways Related to Referral and Follow-Up

Overall:

- No clear standardized processes and models used – depends on risk and knowledge of systems
- Stakeholders noted **value of enhanced communication and feedback loops** between each other
- Stakeholders noted value of **community asset mapping specific to ASQ domain & child's age**
 - Resources noted consistently as needed: Addressing social emotional and family functioning, ways to educate and engage parents to go to parenting class resources available, robust speech therapy, communication
- **PCP - Secondary Referral and Follow-Up**
 - Need **better and more specific information about EI services child is receiving** in order to identify supplemental services that they could refer to
 - Need **better knowledge and awareness of secondary follow-up services** available for the child and WHAT can be covered
 - Many of the services available are for children experiencing poverty, which is only a part of the population the practice serves
 - Need resources that address **family functioning and attachment** that are not dependent on diagnoses
 - **Timely and meaningful communication noted as primary need and hope for this project by PCP given the see their role as being the medical home**

Stakeholder Interviews Findings:

Part 5: Secondary Referral and Follow-Up & Part 6: Care Coordination

Implications for Pathways Related to Referral and Follow-Up

- **Early Intervention**

- Need more **specific information about resources available** for the risk identified, but not able to be served by EI
- Pilots around streamlined processes to home visiting have been helpful, expand on general approach which included a **form, consent, and knowledge about the resources**
- Need **educational information for parents** to explain the processes

- **Community-Based Providers:**

- Value of **specific trainings for their staff** about what they could do to enhance development within their own settings
- Value of data about the **NEED for their programs** to help them advocate for funds, what can be expected if screening and referral improve
- Value of more specific **information about resources** available, based on risk identified
- Need resources that address **family functioning and attachment** that are not dependent on diagnoses

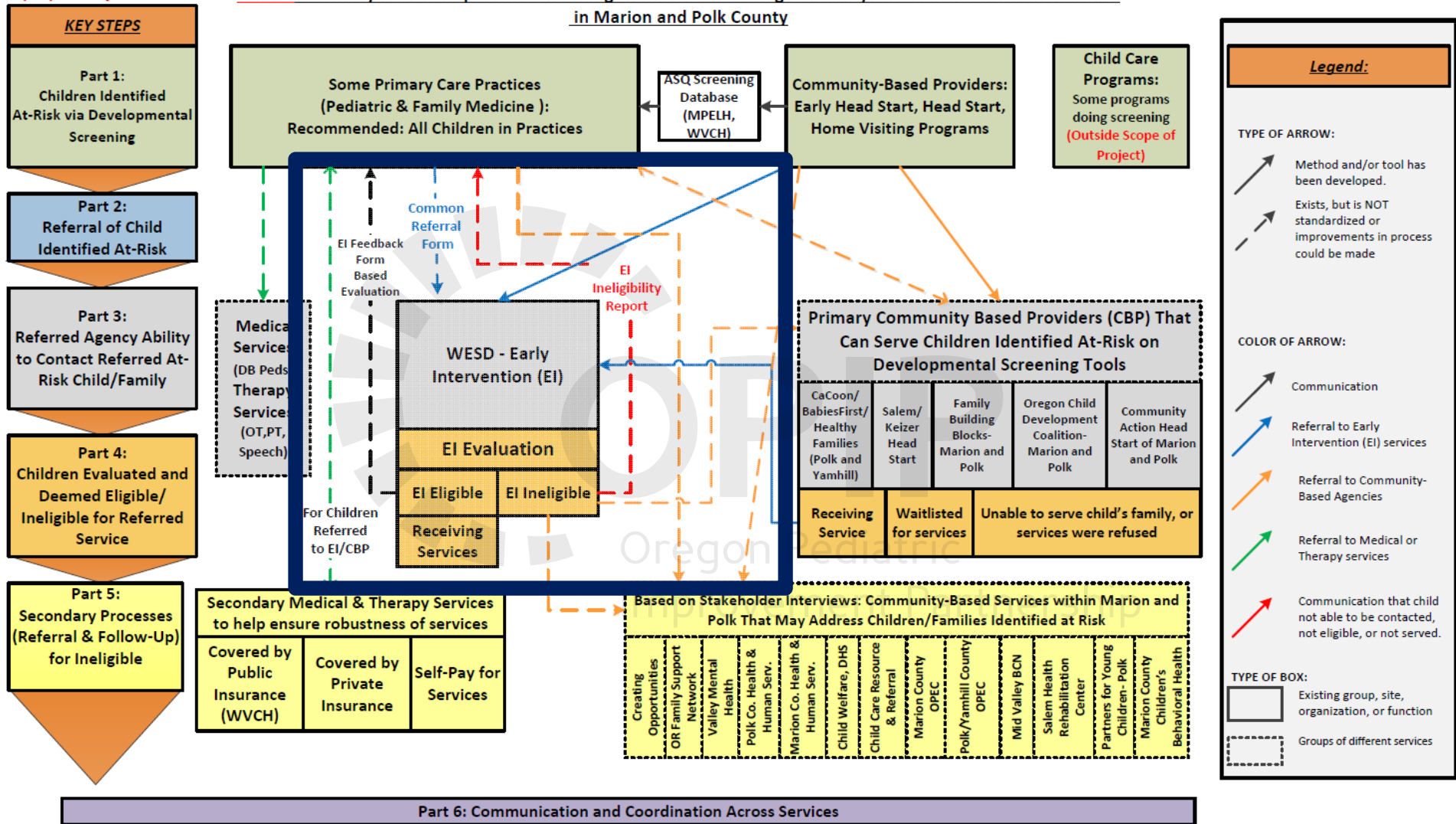
Using Data to Inform Our Discussions and Proposed Priority Areas to Focus Our Community-Based QI Project:

Robust Data from **Willamette Education Service District (WESD)** for Marion and Polk



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Value of Data from WESD on Early Intervention to Inform This Pilot

#1: Indication of Follow-Up to Developmental Screening

- Bright Futures (BF) recommends that all young children identified **at-risk for developmental, behavioral and social delays** on a developmental screening tool (*aka the focus of this project*) **should be referred to Early Intervention** at a minimum
 - EI referrals & children served by EI is an indication of **referral and follow-up**
 - If **increases** in developmental screening **and follow-up are occurring**, then an indication of this would be:
 - ✓ **Increase in referrals** and/or
 - ✓ Increase in **referred children found eligible** (indication of better of referrals)
 - A number of children have multiple referrals to EI
 - ✓ Reduction in # of multiple referrals for one child could indicate better referral process
 - Acknowledgement of **issues with the BF Recommendation**, given realities of administration in primary care practice AND Oregon's EI **eligibility criterion**
 - Value of descriptive data about **kids that fail the ASQ that are then found ineligible for EI**
 - ✓ **Data used** to inform refinement and improvements in recommended referral processes

Value of Data from WESD on Early Intervention to Inform This Pilot

#2: Data to Inform Processes for At-Risk Children, But EI Ineligible

- A proportion of **at-risk children** referred to EI, will be found ineligible
 - The goal for this project is to ensure that at-risk children receive follow-up
 - Therefore, a focus of this project is secondary referrals of EI ineligible children
 - Value of descriptive information about these ineligible in order to inform secondary and follow-up services

Oregon Pediatric
Improvement Partnership

Data from WESD on Early Intervention to Be Shared Today: Some Context

- Data shown is for **children 0-3yrs** given focus of the project
- Given time limitations for today, spotlighting data findings to **inform our discussion** about the **proposed priority areas of focus** for this project, which ends June 2017
 - OPIP has used extensive and detailed information provided by WESD to inform our proposal for specific priority components
 - WESD data will be shared at each Stakeholder Meeting relative to focus of the meeting
- Within project team, data **examined by following characteristics:**
 - Age (0-1, 1-2, 2-3), Referral Source, Race, Medicaid Insured
- Data shown is **preliminary** and meant to be used to inform this project
 - Working with Oregon Department of Education (ODE) EI/ECSE staff to validate data

Data from WESD on Early Intervention Referral and Evaluation Outcomes to Be Shared Today

#1: Indication of Follow-Up to Developmental Screening

- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted AND Evaluated
- Outcome of referrals (Eligible, Ineligible)

#2: Data to Inform Processes for At-Risk, But EI Ineligible Children

- Evaluation Outcome Results by Referral and Child Characteristics

At next meeting, we will share data about children who fail an ASQ that are found EI Ineligible. Requires chart review and is time intensive and we wanted discussions from today to inform process.

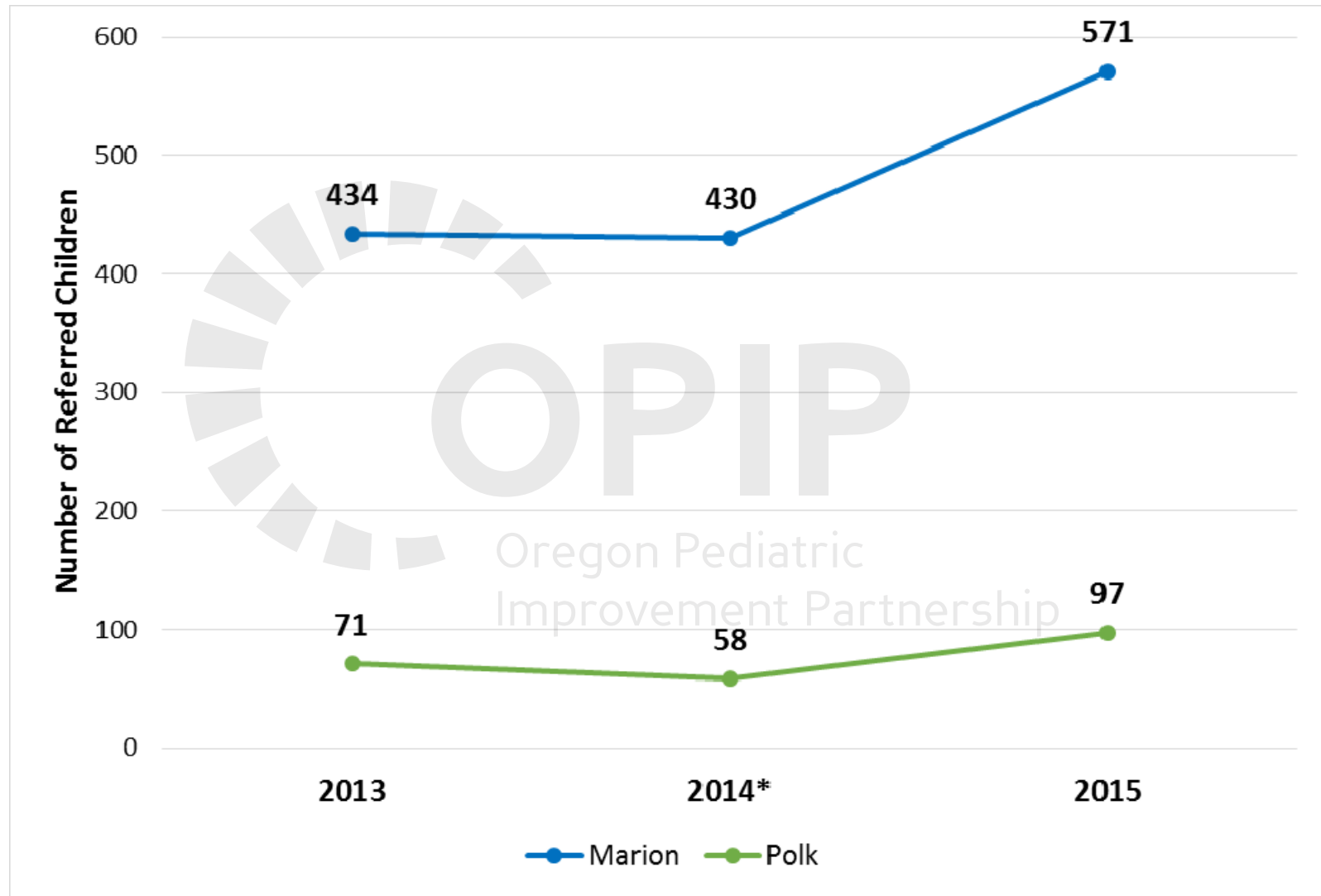
Child Find Rates for Marion County

Year	Child Identification – Birth to One		Child Identification – Birth through Two	
	State Target	County Percent	State Target	County Percent
2011-12	.63%	.61%	2.1%	1.55%
2012-13	.64%	.67%	2.2%	1.8%
2013-14	.64%	.48%	2.2%	1.62%
2014-15	.74%	.52%	2.2%	1.77%

Child Find Rates for Polk County

Year	Child Identification – Birth to One		Child Identification – Birth through Two	
	State Target	County Percent	State Target	County Percent
2011-12	.63%	.51%	2.1%	1.08%
2012-13	.64%	.40%	2.2%	.83%
2013-14	.64%	.30%	2.2%	1.65%
2014-15	.76%	.20%	2.2%	1.47%

Number of CHILDREN referred to WESD for Marion & Polk County



Something to Ponder.....

In 2015:

Based on WVCH Data ONLY:

- Only includes those that are publicly insured **and** continuously enrolled for 12 months (6,473)

Remember: **This is a subset of all children** in the 2 counties that should be screened (Less than half)

If **N=3104** screened according to 96110 claims, approximately

N=621 children should have been identified at risk and according to Bright Futures Recommendations referred

Based on WESD Data:

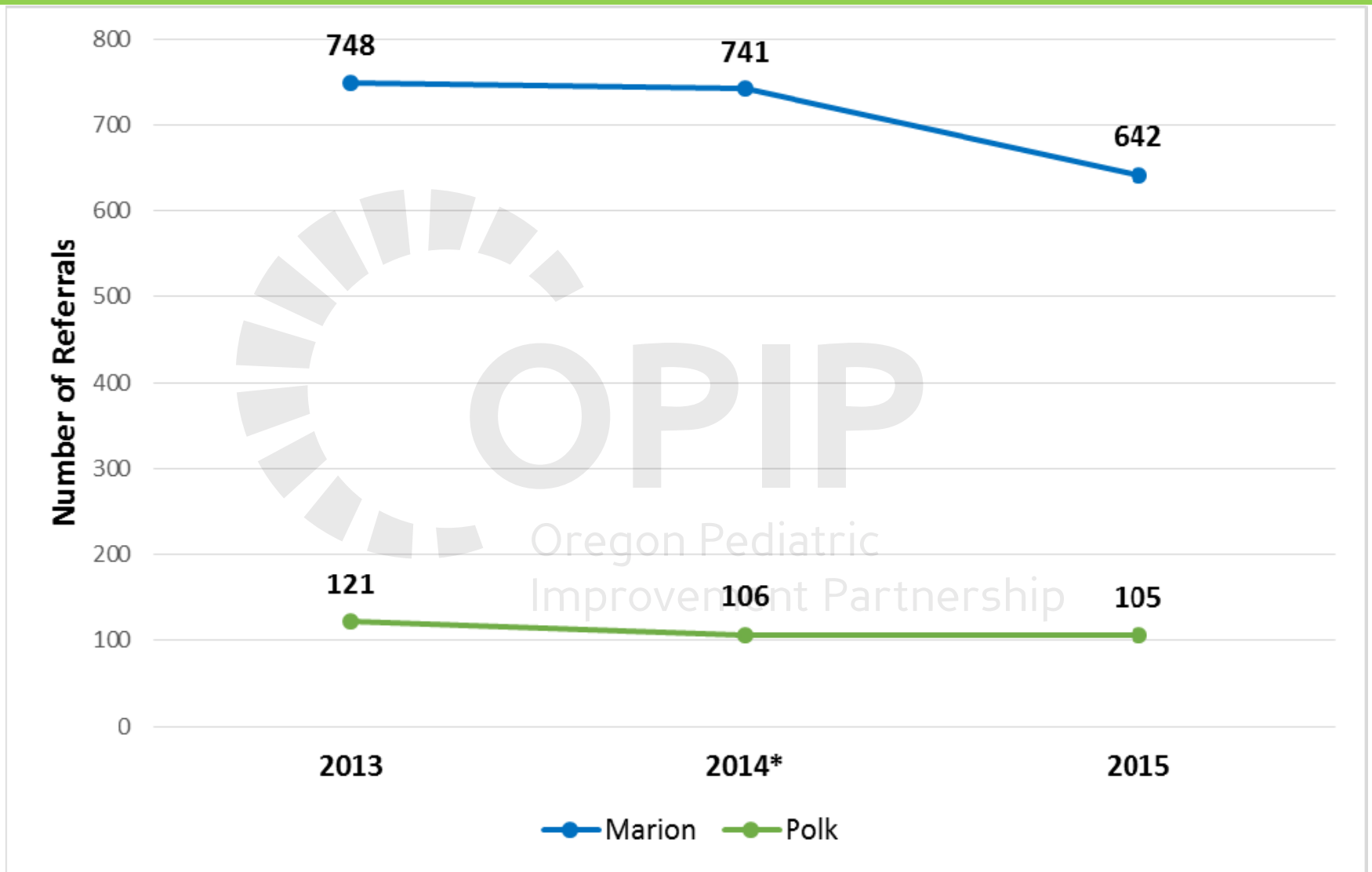
N=571 children were referred, across all of Marion and Polk, for all sources of referrals (parents, home visiting, etc.)

N=445 referrals (60%) were from referrals from physicians in Marion & Polk - again, across ALL children

Examination of referrals by referring source

- If increases in developmental screening occurring in primary care are resulting in effective referrals to EI, then the number of referrals from should increase
- If increases in developmental screening are occurring in the community, then there should be increases by that referral source
- Disclaimer on reviewing and stratifying referral data:
 - A portion of children have multiple referrals. This data is by referrals.
 - Caution in stratifying by “referral source” for evaluation given ways referrals happen and children are labelled by how the referral is presented, not necessarily how the parent got there.

Number of Referrals to WESD for Marion & Polk County

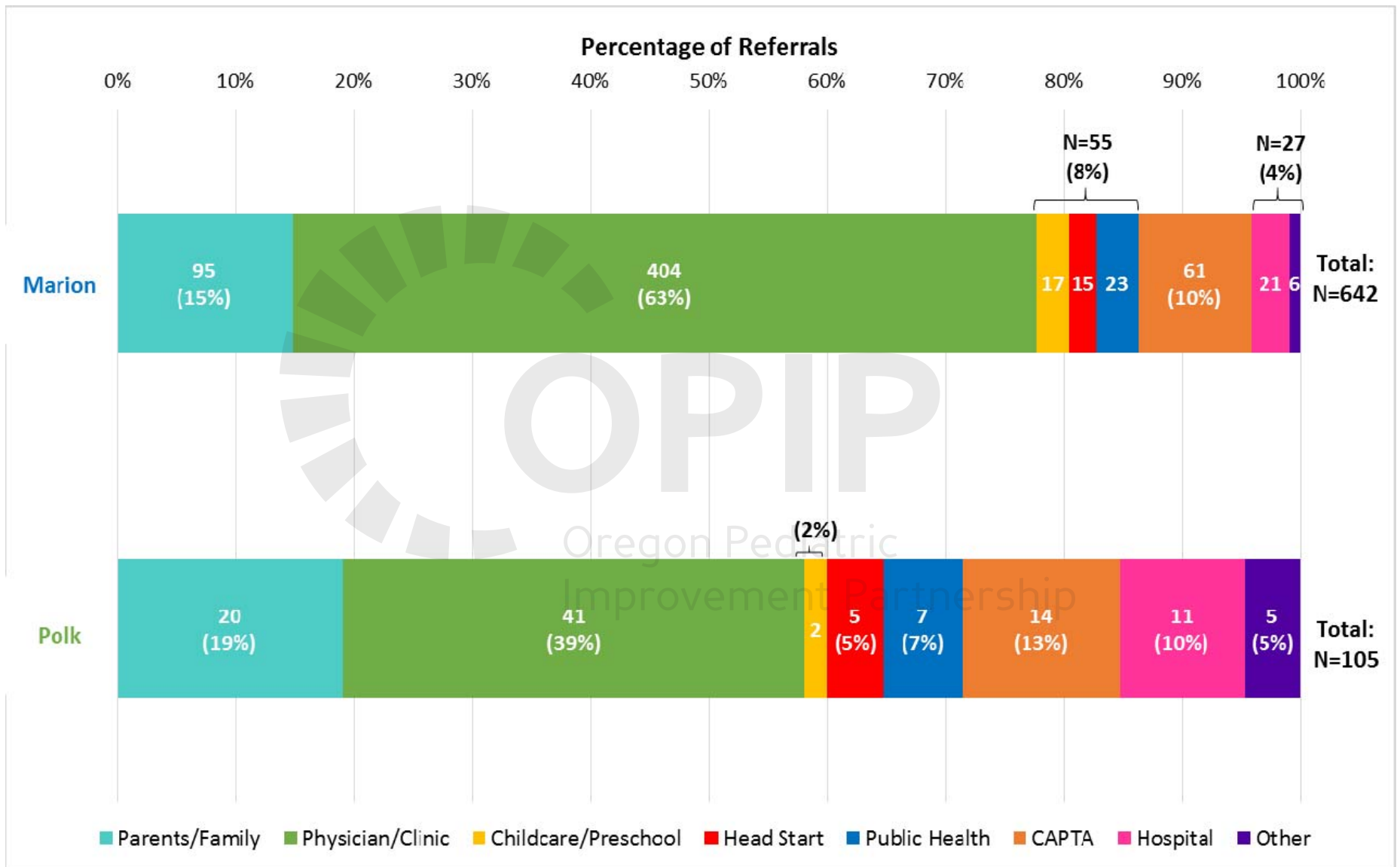


*In 2014, it was identified that for 3 months there was systematic difference in the way data was entered for referrals in that one child may have been entered in multiple times (one child could have appeared as more than one referral). This issue was addressed, however, referral numbers in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

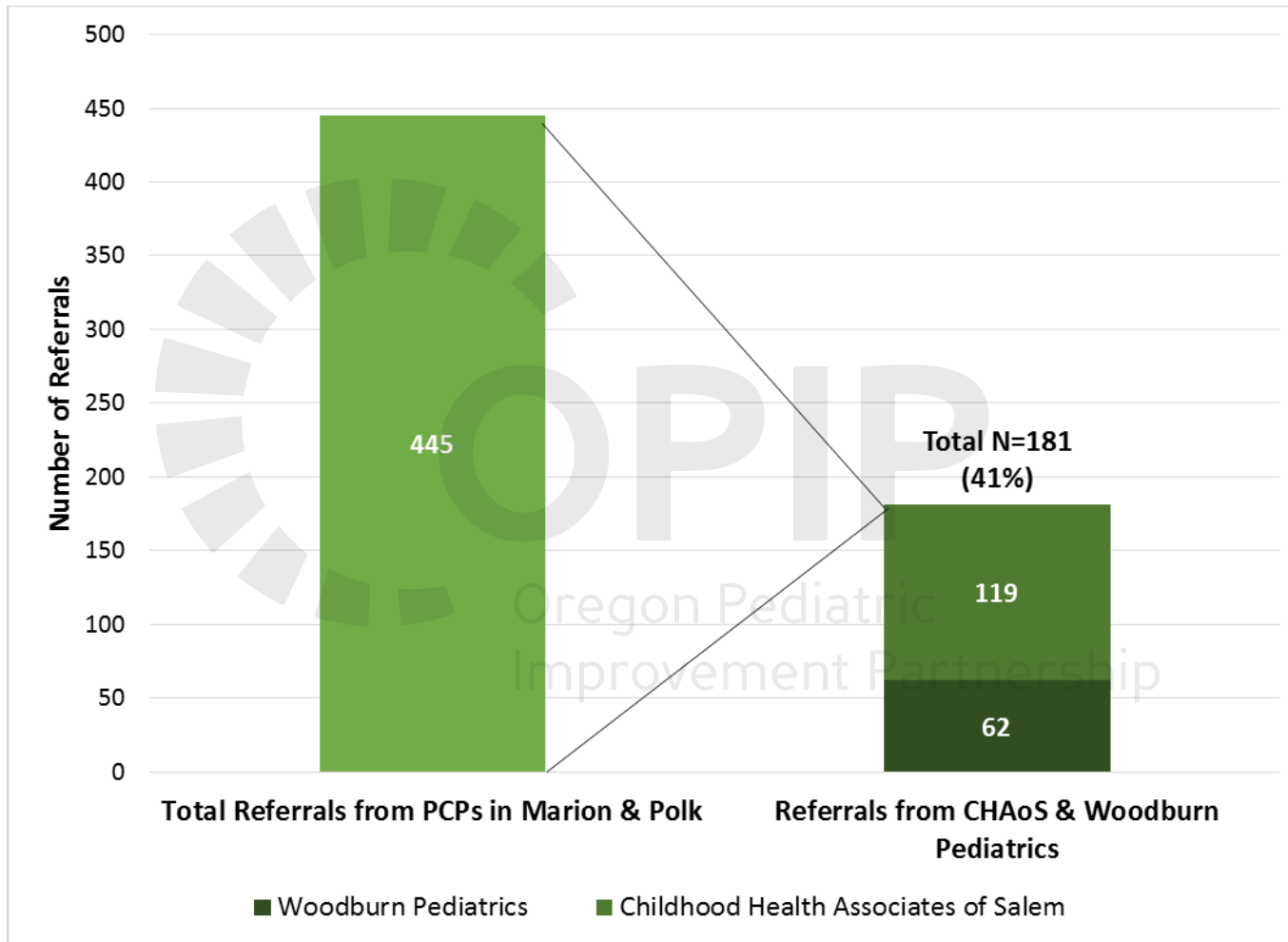


Do not cite or reproduce without proper citation.

In 2015: Referrals to Marion & Polk Counties by Referring Entity



2015 Total WESD Labeled Physician Referrals – Number of Referrals from Two Participating Pilots Sites



Examined Referrals by Age of Child, Referral Source, Medicaid Insured

- Examined referrals by:
 - Age of Child: Birth to 1, 1-2, 2-3
 - Referral Source
 - Race-ethnicity
 - Medicaid Insured
- Due to time constraints today, we don't have time to review all findings but they have been used to inform our recommendations
- Will be examining children with multiple referrals by the above characteristics and first referral source to assess for trends

Data from WESD on Early Intervention Referral and Evaluation Outcomes to Be Shared Today

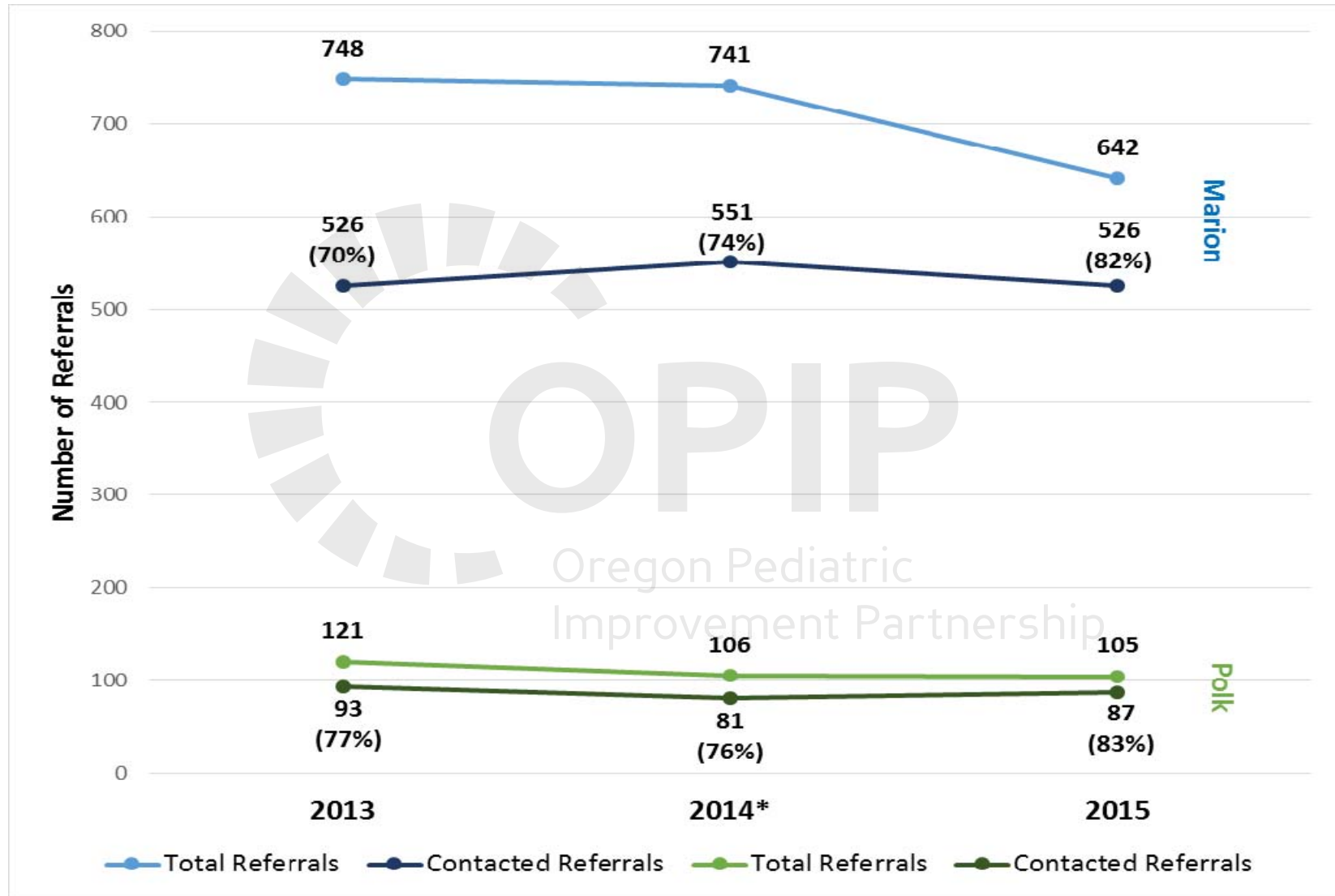
#1: Indication of Follow-Up to Developmental Screening

- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted and Evaluated
- Of referrals able to be contacted and evaluated, outcome of referrals (Eligible, Ineligible)

#2: Data to Inform Processes for EI Ineligible At-Risk Children

** Again, remember that a portion of children have multiple referrals*

Referrals to WESD for Marion & Polk County Overall and That Could Contacted



*In 2014, it was identified that for 3 months there was systematic difference in the way data was entered for referrals in that one child may have been entered in multiple times (one child could have appeared as more than one referral). This issue was addressed. However, referral rates in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.



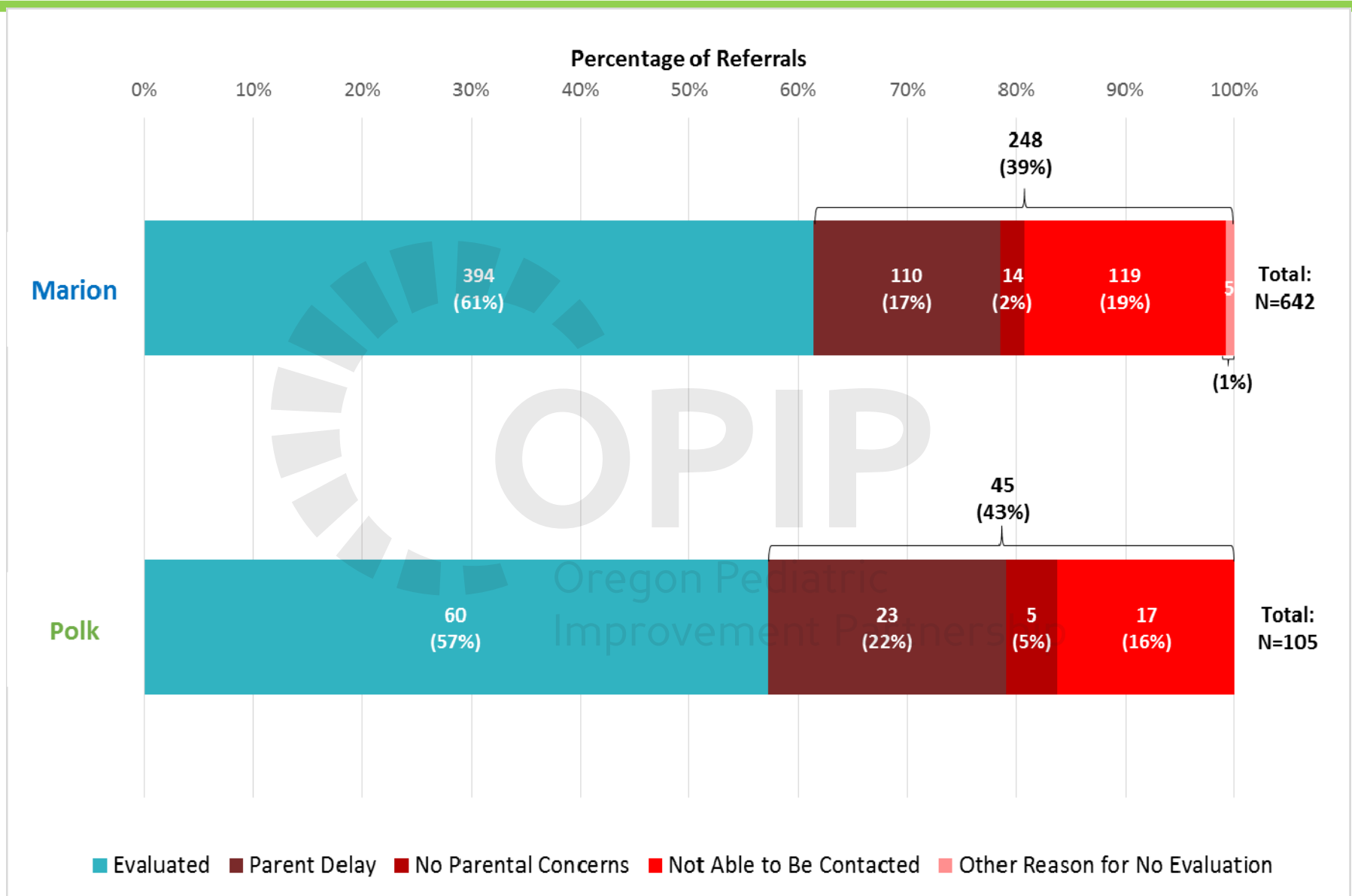
Data from WESD on Early Intervention Referral and Evaluation Outcomes to Be Shared Today

#1: Indication of Follow-Up to Developmental Screening

- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted and Evaluated
- Of referrals able to be contacted and evaluated
- Outcome of children able to be evaluated (Eligible, Ineligible)

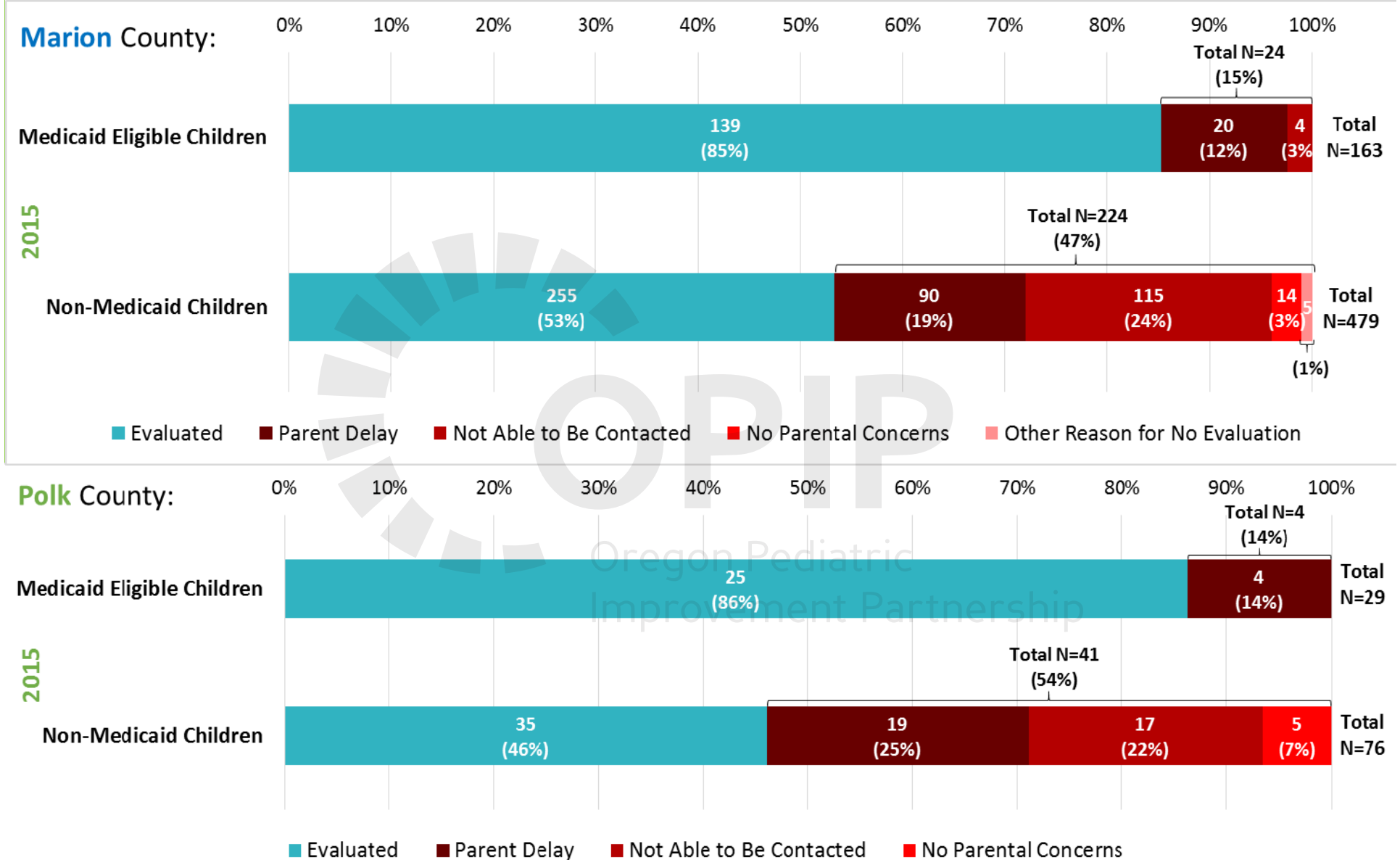
** Again, remember that a portion of children have multiple referrals*

2015 Referral Outcomes in Marion & Polk Counties



*In 2014, it was identified that for 3 months there was systematic difference in the way data was entered for referrals in that one child may have been entered in multiple times (one child could have appeared as more than one referral). This issue was addressed, however, referral numbers in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

2015 Referral Outcomes for Medicaid vs. Non-Medicaid Children



58 *In 2014, it was identified that for 3 months there was systematic difference in the way data was entered for referrals in that one child may have been entered in multiple times (one child could have appeared as more than one referral). This issue was addressed, however, referral numbers in 2014 are a bit inflated during this time period and may not be comparable to 2013 and 2015 referral data.

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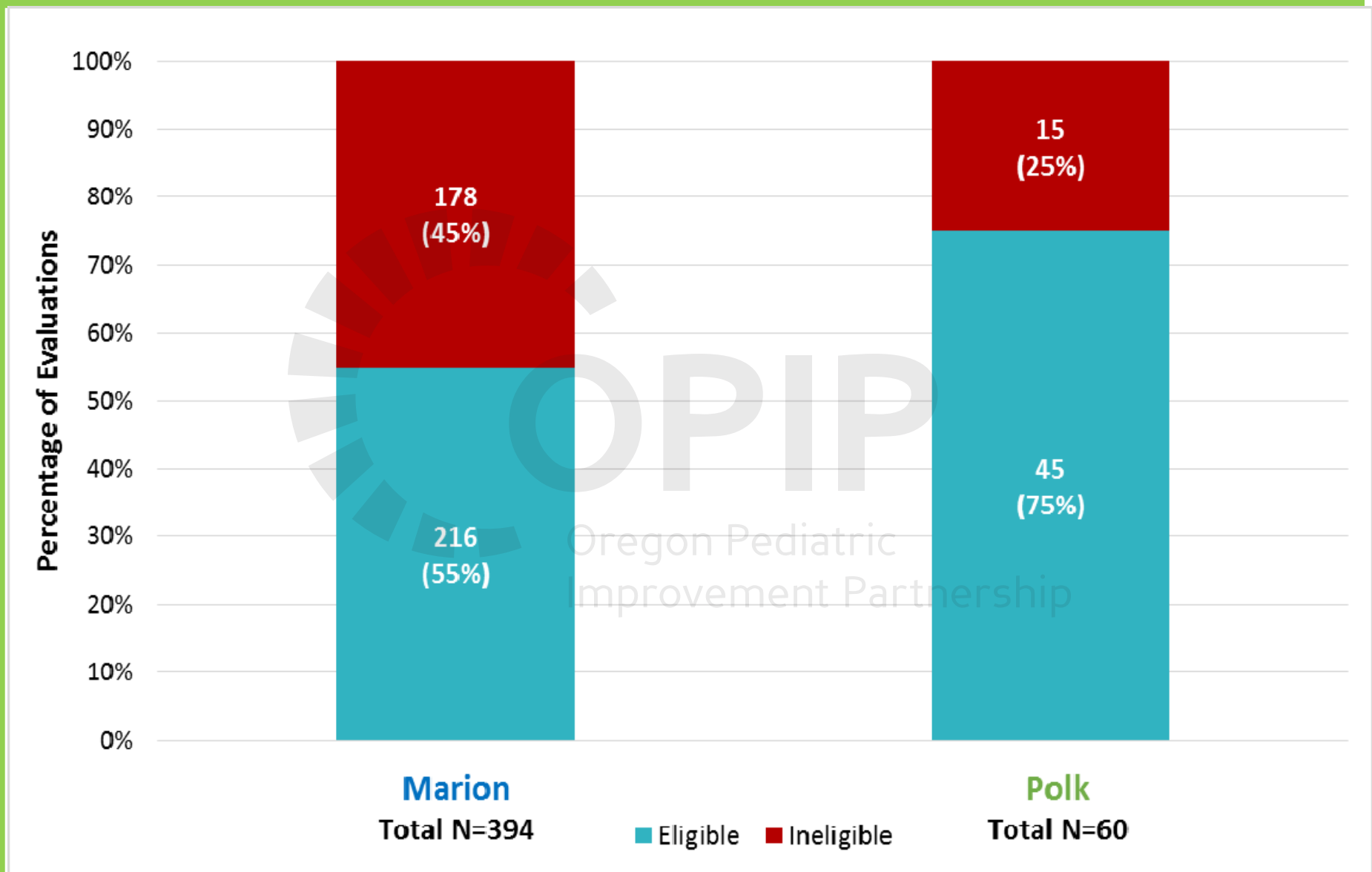
Data from WESD on Early Intervention Referral and Evaluation Outcomes to Be Shared Today

#1: Indication of Follow-Up to Developmental Screening

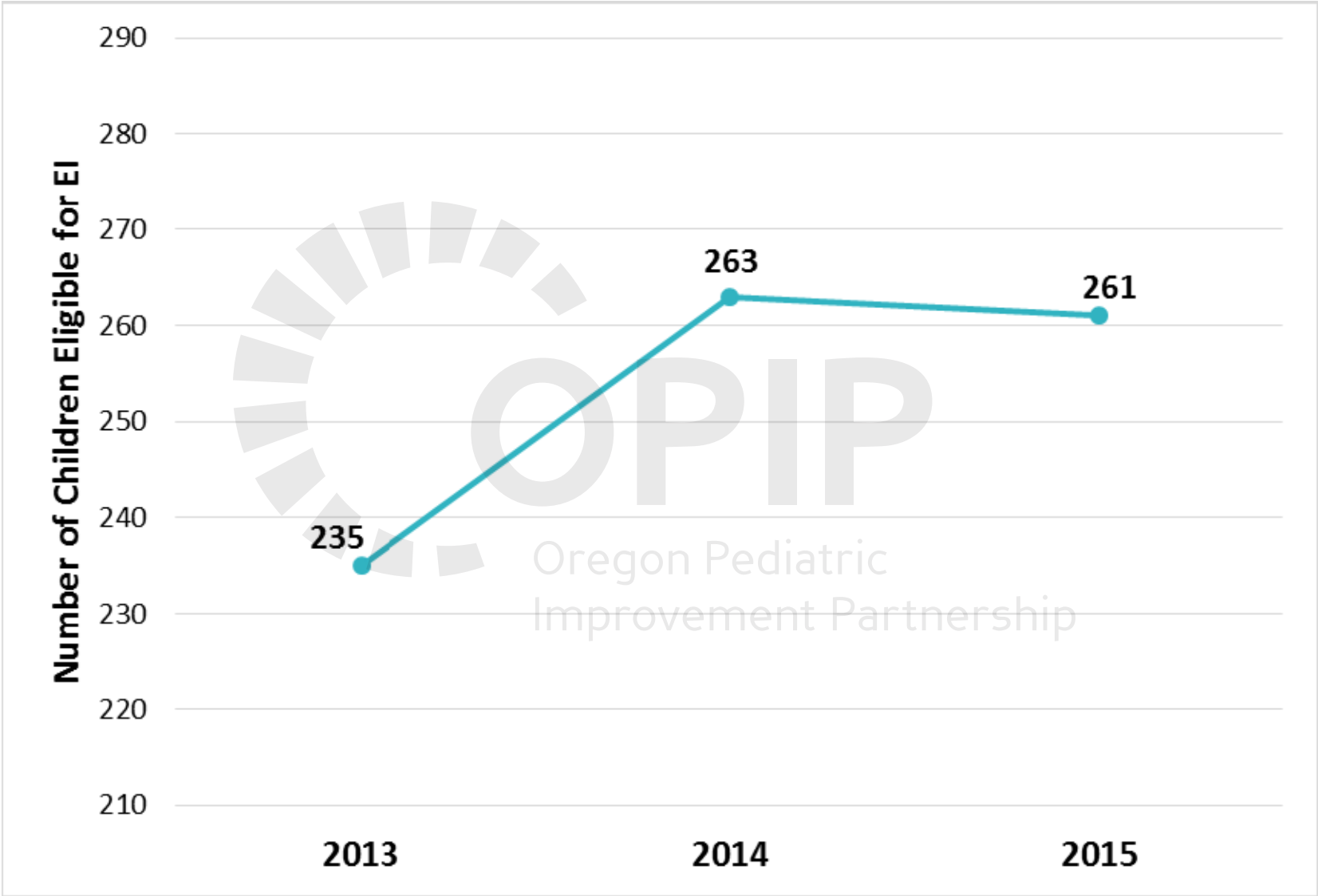
- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted and Evaluated
- Of referrals able to be contacted and evaluated
- Outcome of children able to be evaluated (Eligible, Ineligible)

Oregon Pediatric
Improvement Partnership

Of Children Able to be Evaluated: 2015 Outcomes of Evaluation in Marion & Polk

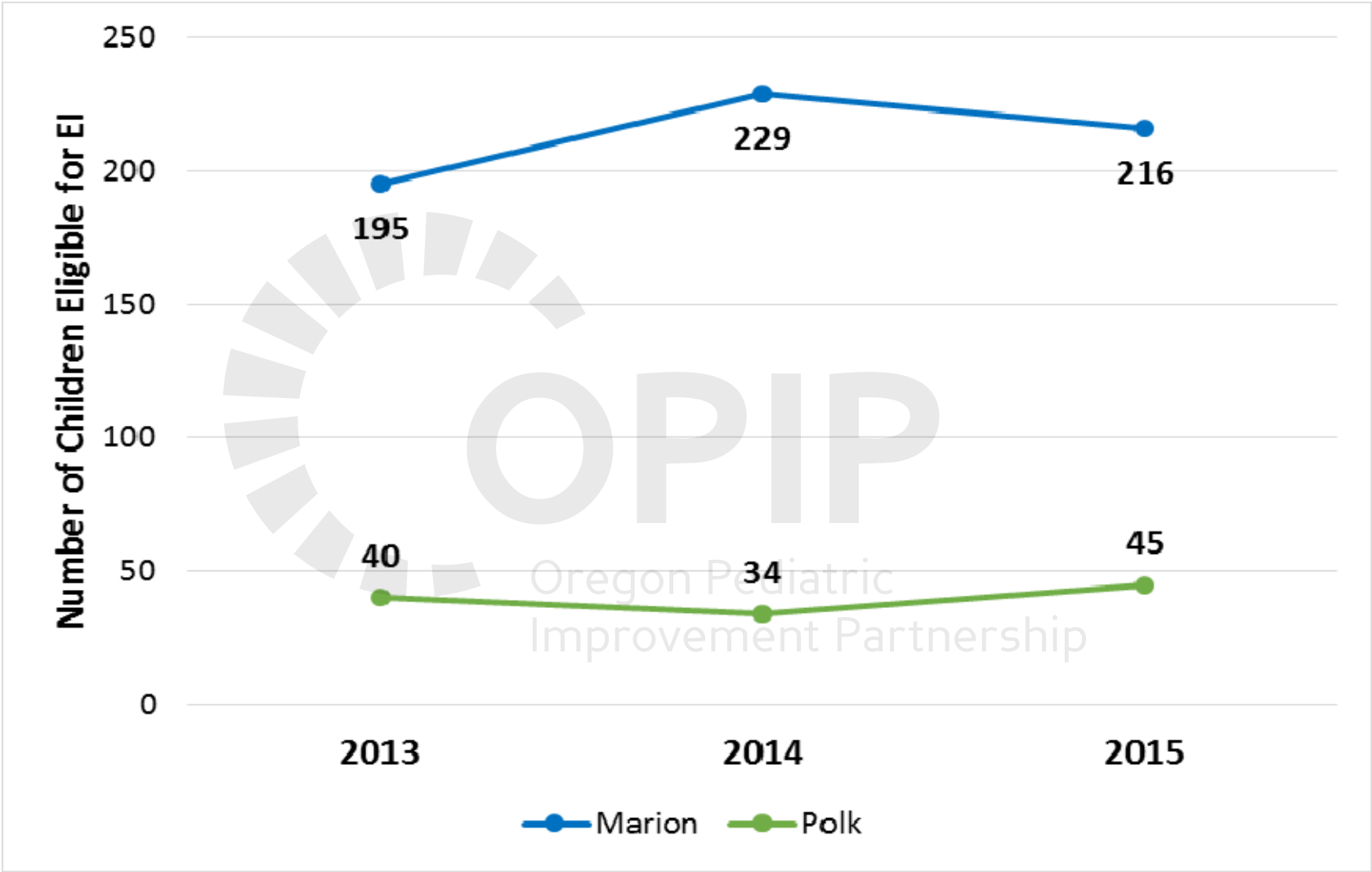


Number of Children Found Eligible in Marion & Polk



Percent Improvement from 2013 vs. 2015: **10% (N=26)**

Number of Children Found Eligible in Marion & Polk



Percent Improvement from 2013 vs. 2015:

Marion: 10% (N=21)

Polk: 11% (N=5)

Do not cite or reproduce without proper citation.



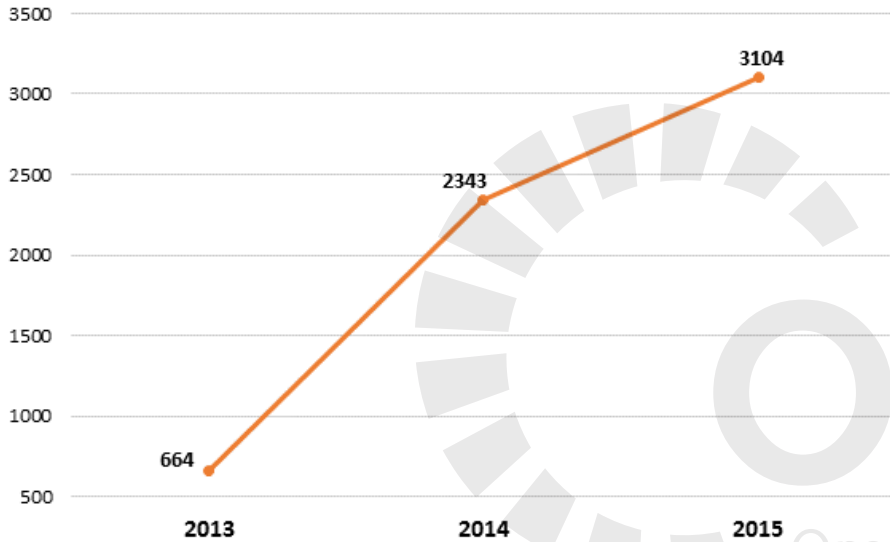
Question:

If the point of developmental screening is to identify children to receive follow-up services to address the delays identified, do increases in screening result in increases in children receiving EI services to address the risks identified?

If follow-up to developmental screening is occurring, the slope of the lines should be similar?

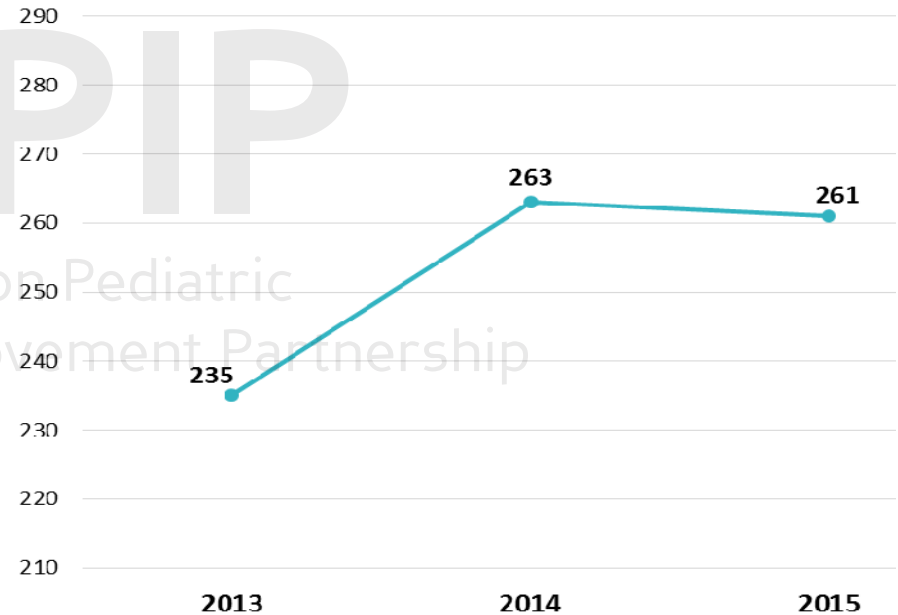


Number of Children 0-3yrs Screened (According to 96110) in WVCH



**2013 vs. 2015:
Total Improvement: 79% (N=2440 Children)**

Number of Children Found Eligible To Receive EI Services in Marion & Polk



**2013 vs. 2015:
Total Improvement: 10% (N=26 Children)
Marion: 10% (N=21) Polk: 11% (N=5)**

Data from WESD on Early Intervention Referral and Evaluation Outcomes to Be Shared Today

#1: Indication of Follow-Up to Developmental Screening

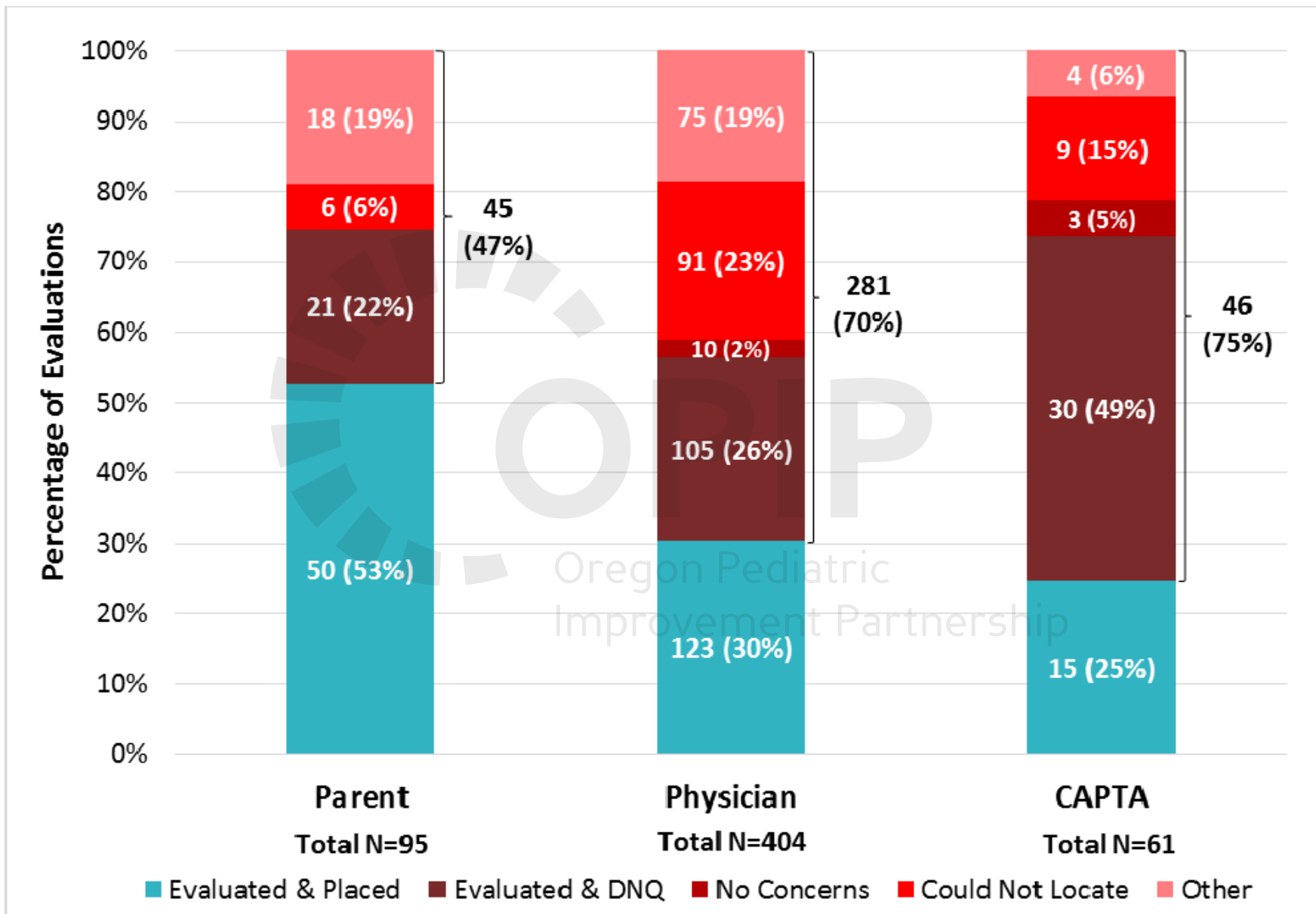
- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted AND Evaluated
- Of referrals able to be contacted and evaluated
- Outcome of referrals (Eligible, Ineligible)

#2: Data to Inform Processes for At-Risk, But EI Ineligible Children

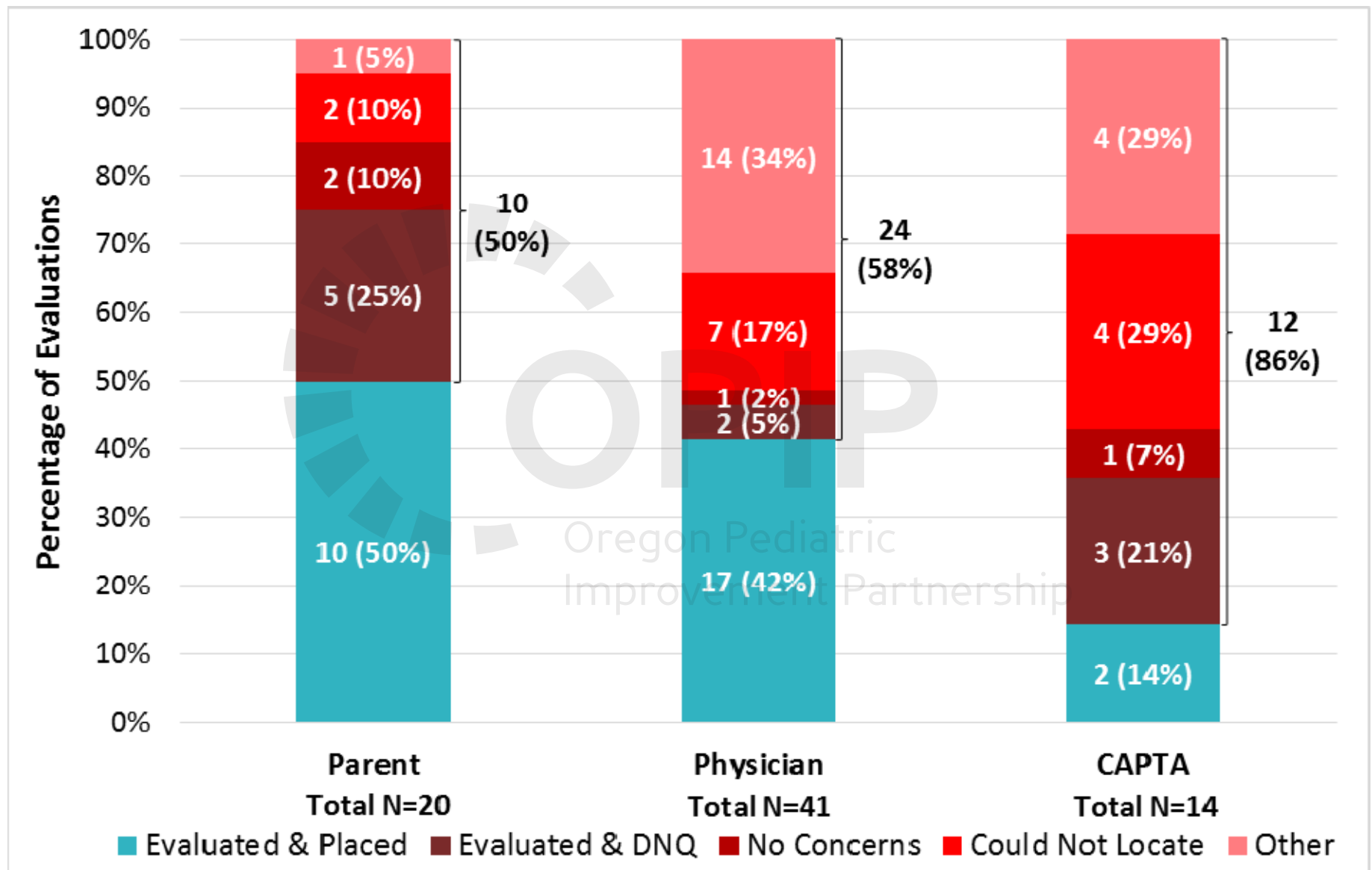
- Evaluation Outcome Results by Referral and Child Characteristics

At next meeting, we will share data about children who fail an ASQ that are found EI Ineligible. Requires chart review and is time intensive and we wanted discussions from today to inform pr

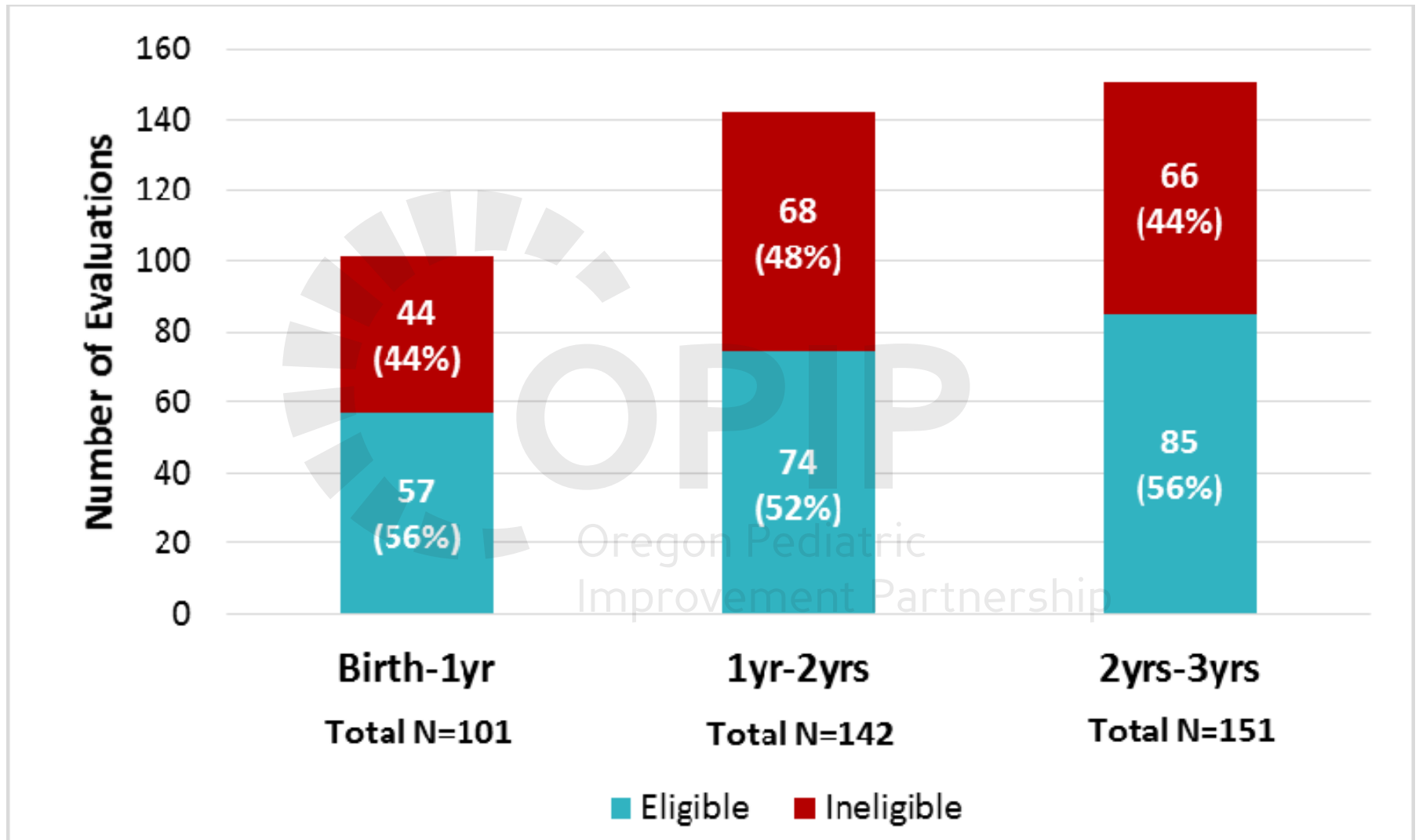
2015 Outcomes of Evaluation for Marion By: Top Referral Sources



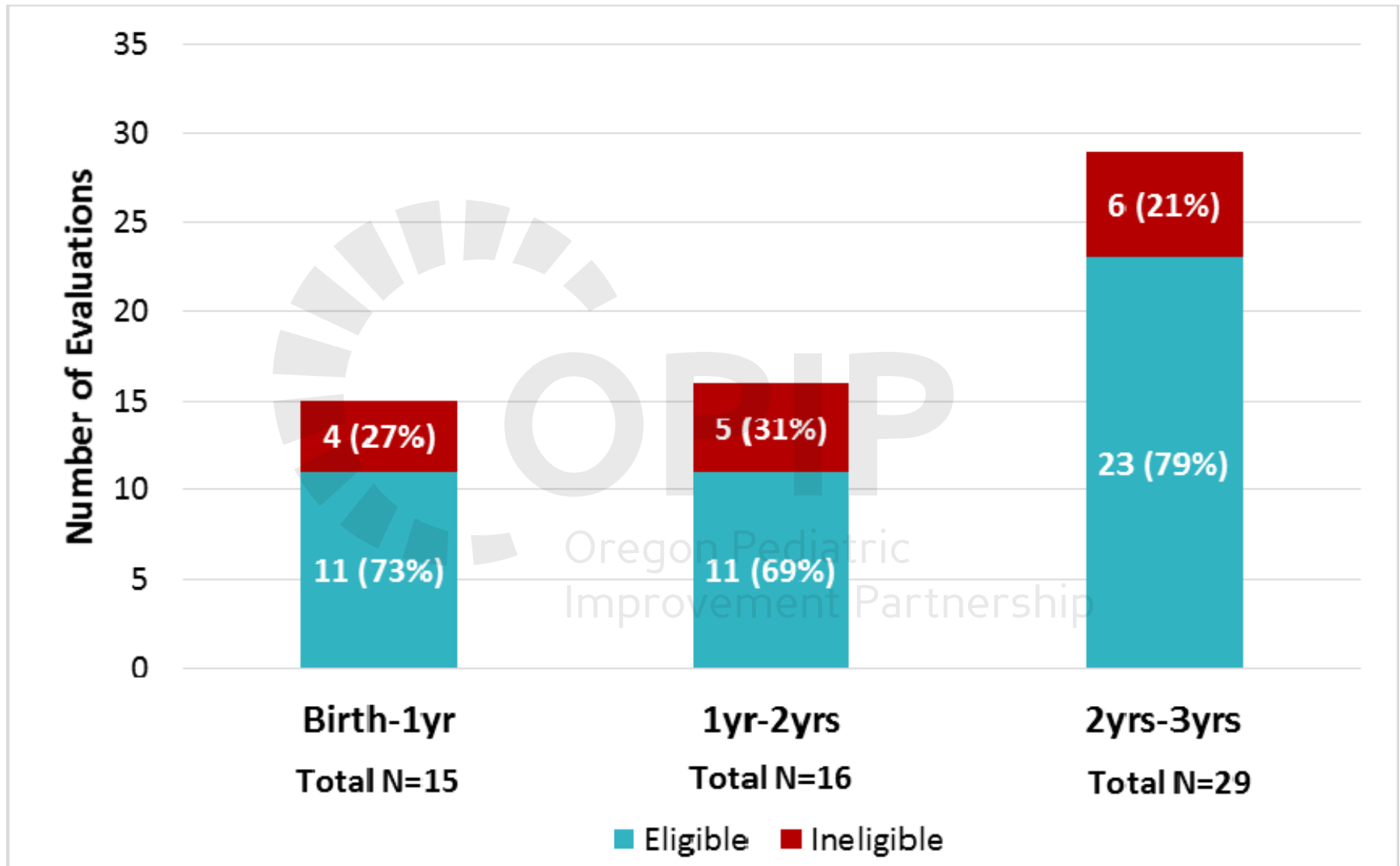
2015 Outcomes of Evaluation for Polk By: Top Referral Sources



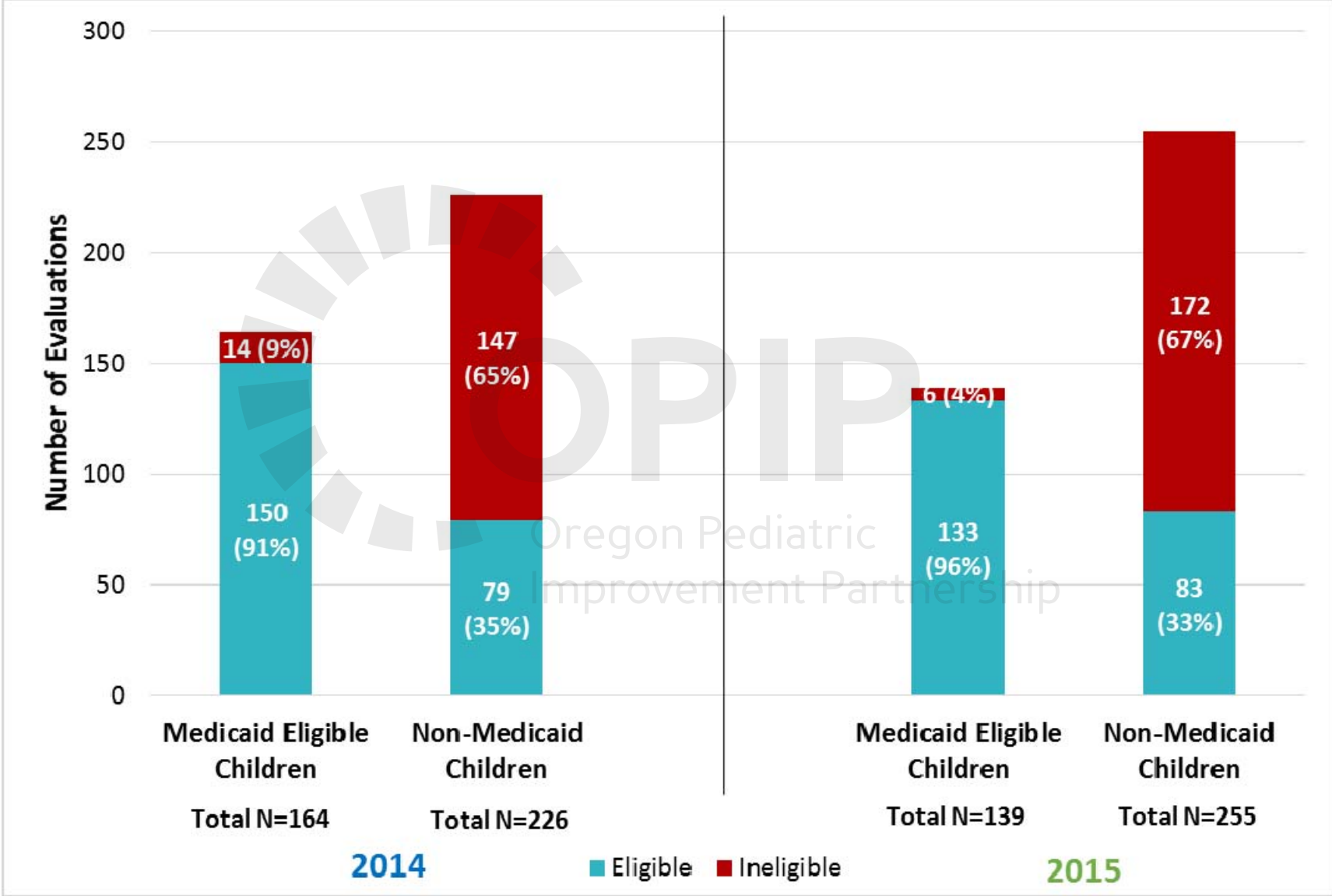
2015 Outcomes of Evaluation for Marion: By Age



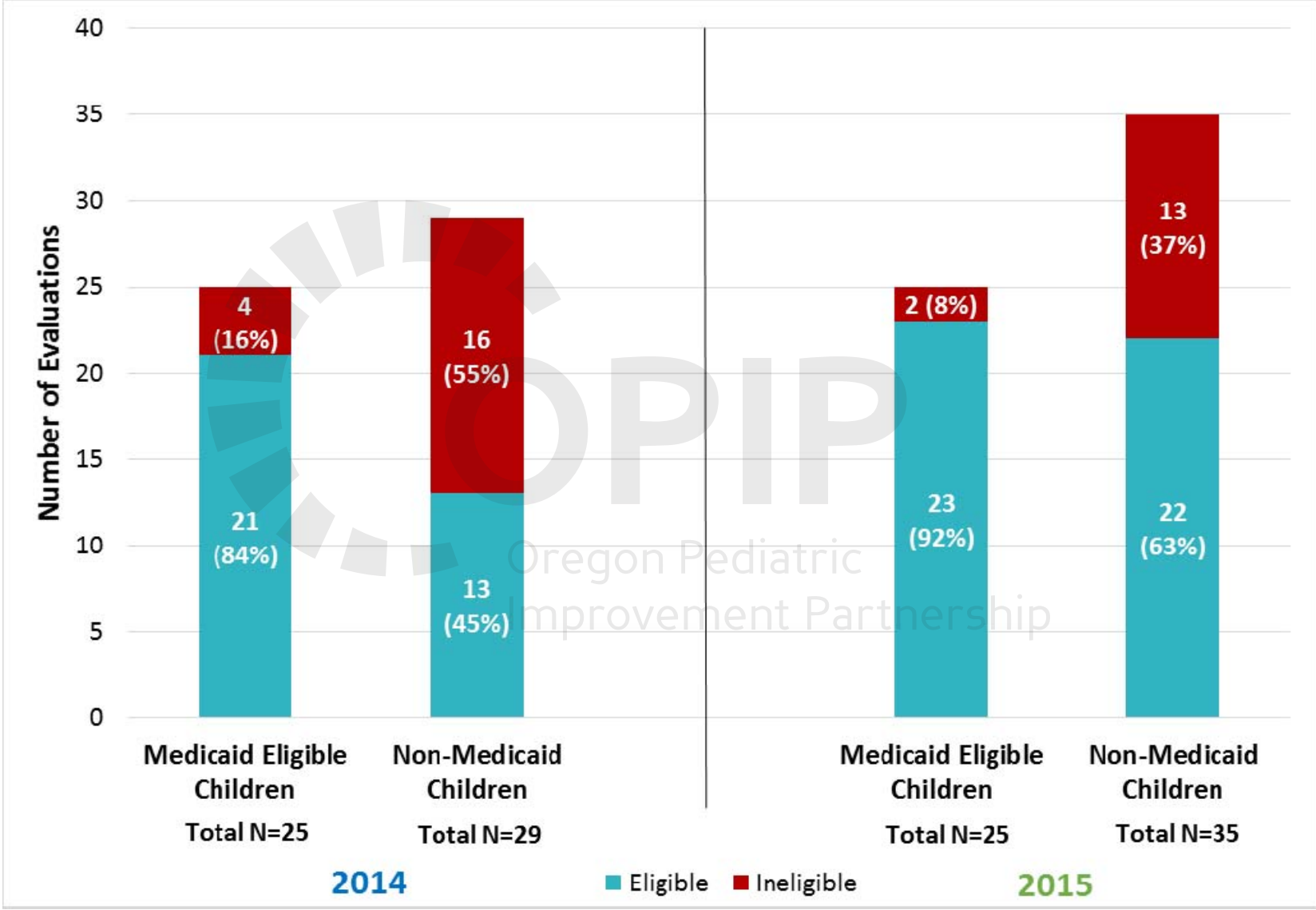
2015 Outcomes of Evaluation for Polk: By Age



Evaluation Outcomes for Medicaid vs. Non-Medicaid Children: Marion County



Evaluation Outcomes for Medicaid vs. Non-Medicaid Children: Polk County





OPIP's Punchline Based on the WESD Data for This Project

#1: Indication of Follow-Up to Developmental Screening

- While developmental screening in primary care has increased, **follow-up has not proportionally increased at the same rate**
 - ✓ Within PCPs: **Feasible, family-centered referral** and follow-up methods needed; Implementation support needed
- A number of children who are referred to EI are not able to be evaluated for a variety of reasons (*in 2015 - 1 in 4*)
 - ✓ Enhanced **referral processes and parent education materials** are needed to address parental concerns and reasons parents may delay or deny scheduling evaluation
 - ✓ Enhanced **communication is needed when there is inability to contact** the family to schedule an evaluation so that follow-up steps can be made to support the family
 - ✓ Examination of **other root causes and potential solutions** in system and processes use to outreach and schedule appointments may be valuable

Punchline of the WESD Data for This Project

#2: Data to Inform Processes for At-Risk, But EI Ineligible Children

- Of the children evaluated, a **significant number are found ineligible**
 - ✓ There is a need for **processes related to secondary referral** for these ineligible children
 - ✓ It is important to consider the variations observed in the large number of **non-Medicaid insured children found ineligible** and resources they would be able to be referred to
 - A number of the resources represented here today are eligible for children experiencing poverty

Improvement Partnership

Key Activities in the Project

- **Activity 1:** Engage stakeholders from Yamhill, Marion, and Polk Counties who are conducting developmental screening and/or who provide follow-up services to children identified at-risk.
- **Activity 2:** Identify and periodically track the number of children: i) at-risk using developmental screening tools, ii) of those children, how many are referred, iii) how many are evaluated by EI; iv) of those evaluated children, how many are found ineligible for EI services and v) how many ineligible children are referred for other services to address the risk identified.
- **Activity 3:** Expand PCP, Community-Based and EI processes in referring children identified at-risk to follow-up
- **Activity 4:** Summarize Key Learnings

Looking Forward: OPIP's Proposal for **Priority Pathways** to Referral and Follow-Up to Developmental Screening to Focus on in this Improvement Project



Based on Stakeholder Interviews and Data Collected: OPIP's Proposal for Priority Pathways to Focus

Primary Care Pilot Sites (N=2)

Part 2: Referral of At-Risk Kids

- Improve referral processes
- Parent education materials and supports for children found at-risk
- Develop referral and follow-up pathway diagram anchored to :
1) ASQ scores, B) Resources within Marion and Polk

Part 5: Secondary Referral

- Based on enhanced information received from EI (primary place at-risk kids referred), develop referral and follow-up pathway of other services child may be benefit from for ineligible children and eligible children for whom services may not be robust

Part 6: Comm. and Care Coordination Included Above

Early Intervention - WESD

Part 2: Referral

- By eligibility, examine presenting ASQ scores by age and referral source and identify any trends

Part 3: Ability to Contact

- Enhanced communication to referring provider when not able to contact the child OR the family declines services

Part 4: Eligibility

- Enhanced feedback forms and processes around eligibility and service being provided.

Part 5: Secondary Processes

- Enhanced processes around directing EI ineligible children to other community-based providers

Part 6: Comm. and Care Coordination Included Above

Community –Based Providers

Part 2: Referral & Part 5 – Secondary Referral Processes

- Asset mapping of CBP resources that address specific risks
- Engage WVCH to identify specific medical and therapy services covered that address risks developed
- Provide data to WVCH and Public Health on children at-risk

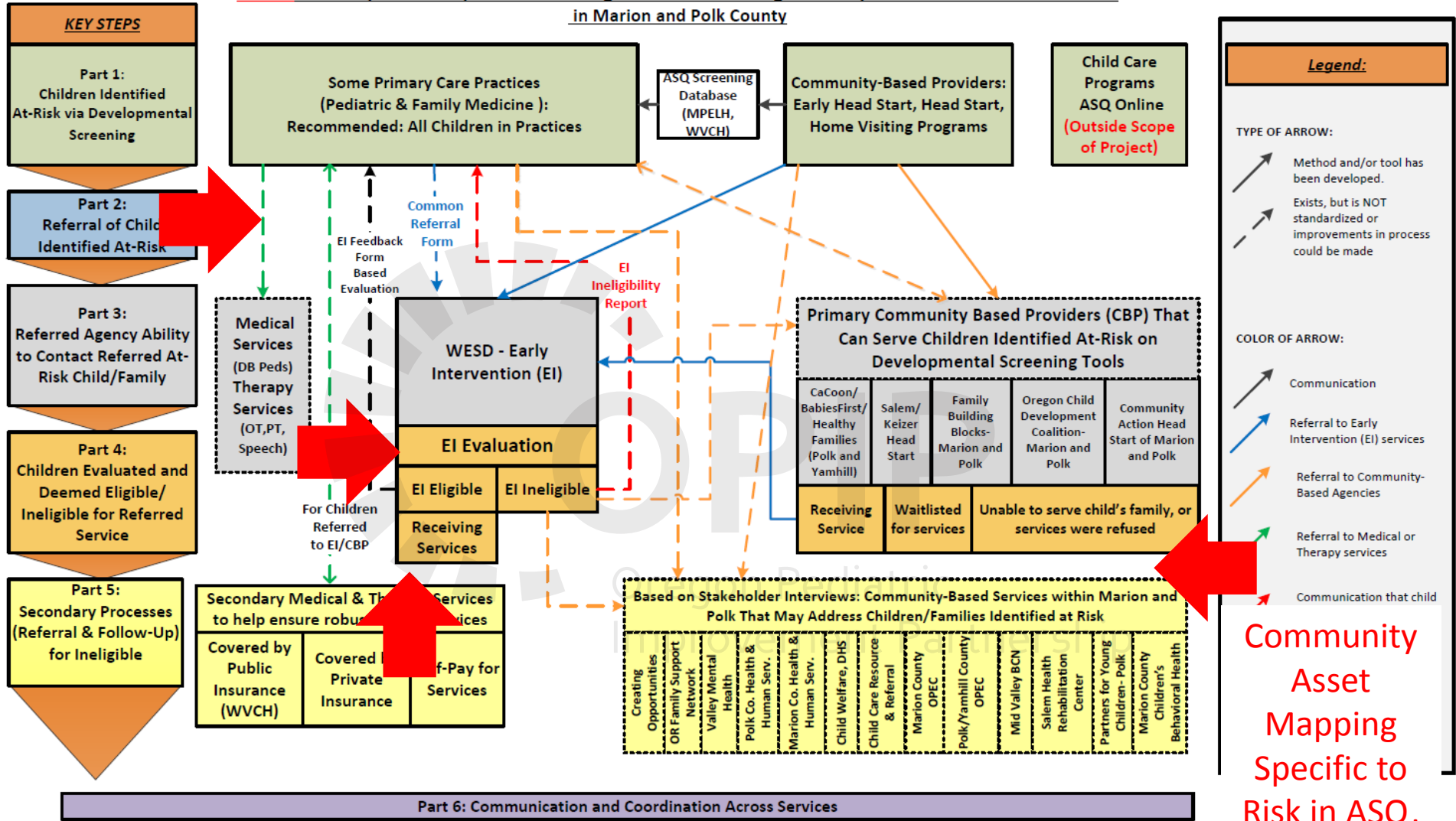
Part 6: Comm. and Care Coordination Included Above

OPIP's Proposal for **Priority Pathways to Focus**



9/12/16 Draft

DRAFT: Pathway for Developmental Screening & Referral and Triage Pathways for Children Identified At-Risk in Marion and Polk County



- Overall – Develop and implement processes from PCP and EI that make dotted line- solid.
- Create new connector lines that represent communication

1: Proposed Focus of Community-Based Improvement Effort within **Two Pilot Primary Care Practices**

- **Improve referral processes**
 - Training on WHY referral needed
 - Referral to EI, methods for referral
 - Work flow about HOW they would use information received back
- **Parent education materials and supports for children found at-risk**
 - Follow-up with 36 hours and phone script (Parent advisor review)
 - Educational materials (Parent advisor review)
 - Examination of practice-level data related to screening, referral, and communication from referred entities
- **Develop referral and follow-up pathway diagram anchored to: 1) ASQ scores, 2) Resources within Marion and Polk**
 - Examination and use of WESD data on eligibility data compared to practice-level data on ASQ scores
 - Examination of practice-level data related to screening, referral patterns based on risk identified

#2: Proposed Focus of Community-Based Improvement Effort within Early Intervention

- Examination of characteristics by ASQ Failed and EI Ineligible to inform better referrals to EI
- Enhanced communication methods to tell primary referral agency “not able to communicate” BEFORE closing out the child’s case
- Pilot of one-page communication forms about: a) Evaluation and b) 6 months later – Services Receiving
- Follow-up Steps of EI Ineligible
 - Training of EI evaluators on resources identified via community-asset mapping
 - Meet and Greet with EI Evaluators: Stakeholders present about service and eligibility to enhance understanding

#3: Proposed Focus of Community-Based Improvement Effort within **Community-Based & Health Systems**

- Asset mapping of resources in the community that address specific risks identified in developmental screening tools
 - Provide one page summary:
 - ✓ Services provided
 - ✓ Eligibility
 - ✓ Whether there are wait lists
 - Review and feedback to OPIP's outline of secondary referral and follow-up to ensure accuracy
 - Potential meet and greet with PCPs on your agencies
 - Participate in “meet and greet” with EI evaluators annually
- OPIP to engage WVCH to identify specific medical and therapy services covered that address risks developed
- OPIP to provide data to WVCH and Public Health on children at-risk

Stakeholders Input on Proposed Priority Pathways to Focus on in this Improvement Efforts



- INPUT FROM YOU:
 - Introduce **yourself** and the organization you are from
 - Input on **priority pathways proposed** – support, questions, refinements needed that are within the scope of the project
 - What you can do to help make the project successful

Next Steps

- Follow-up to questions or needs for additional information raised today
- Focus on the **priority pathways** discussed today, incorporating refinements noted in our discuss
 - WESD Data: Further examination of WESD data to inform project. Examination of ASQ rates for EI Ineligible
 - Primary Care Pilot site improvement efforts
 - EI improvement efforts
 - Asset mapping with community-based providers
- Will schedule the next stakeholder meeting
 - **INPUT NEEDED: Is tagging on to an existing MPELH meeting significantly helpful?**

Questions? Want to Provide Input?

You Are Key to the Sustainable Success of This Work

- Door is always open!
- WESD Project Lead Contact
 - Tonya Coker:
Tonya.Coker@wesd.org
- OPIP Project Lead
 - Colleen Reuland:
reulandc@ohsu.edu
 - 503-494-0456

