Deliverable 5.4 – Part 1

Summary of the Pilot to a Priority Early Learning Pathway in Tillamook County: Pathway from **Tillamook County Community Health Center** and **Adventist Women's and Family** to **Adventist Rehabilitation Center** for **medical therapy services such occupational therapy, physical therapy and speech therapy.**

Why was this pathway chosen in Tillamook County?

- Baseline data showed that very young children were referred for private medical and therapy services.
- Stakeholder interviews indicated that there was lack of clarity about whether there were any services available for children 0-3, whether the services were covered, and there was a lack of trust and collaboration between Tillamook County Community Health Center (TCCHC) and Adventist Women's and Family and Adventist Rehabilitation Center.
- These private therapies are integral to follow-up to developmental screening given the following: 1) A number of children with delays identified on the ASQ that would benefit from these services will not be eligible for Early Intervention (EI) and therefore will not receive them through that program, 2) Statewide studies show that only 30% of children who are eligible and receive EI services are receiving the level and amount of services needed. Therefore, these private medical and therapy services are valuable to consider for children who ARE receiving EI to supplement and enhance the services provided.

Components of the Improvement Work Led by OPIP that is focused on this Pathway:

- ***Summary and training of coverage of these services for children with developmental delays***.
    - In October 2018, the OHA prioritized list for public insurance coverage was updated by the Health Evidence Review Committee (HERC) to include several diagnosis codes that were moved above the line (ATL) that could be paired with OT/PT/Speech Therapy Evaluations and services for coverage.
    - OPIP created a summary of the coverage of the services and codes that primary care providers should indicate when referring for services that Adventist could use in billing for services provided.
    - OPIP trained the Adventist Women's and Family to Adventist Rehabilitation Center on these codes.
    - OPIP included a summary of these codes in the Medical Decision Tree and included an overview in the training for TCCHC. Secondly, as part of the follow-up site visits with TCCHC, OPIP reviewed the coverage algorithms.

- ***Engagement of Adventist Rehabilitation Center to obtain clarity about the services available for children 0-3.***
    - Community-level providers were unclear whether there were staff within Adventist Rehabilitation Center who served children 0-3. OPIP conducted detailed interviews and produced a summary of the providers who served children 0-3 and identified gaps in services. For example, there are no staff who provide these services, including speech therapy, in Spanish.
- ***Development of Referral Form and Closed Loop Communication between TCCHC & Adventist Rehabilitation Center.***
    - Once there was clarity that services could be covered and that there were providers who could serve a group of children, the next step was to develop a referral process that would ensure collaboration and communication between TCCHC and Adventist Rehabilitation Center.
    - OPIP developed a ***referral form*** to improve the communication and coordination between TCCHC and Adventist Rehabilitation Center. The form was built to enhance the information that Adventist Rehabilitation was receiving upon referral to include critical information such as preferred language of the family, reason for referral and pre-populated diagnosis codes to ensure coverage. With this information Adventist Rehabilitation Center was able to ensure the best evaluation team was present to support the family. Additionally, the form was built in a way that Adventist Rehabilitation could communicate back to referring providers if they were not able to serve the family and where in the process that family stopped engaging in services. This communication helps primary care providers ensure at-risk children are not lost to follow-up.

Lessons Learned:

- The facilitated conversations between the front-line staff at TCCHC and Adventist Rehabilitation were reported by both parties to improve their shared understanding about each other and supportive of increasing trust and collaboration.
- Both parties reported that the training and new awareness of coverage was invaluable.
- While these services are now covered, there is still a lack of robust personnel available to meet the need that is likely in the community. There is likely a need for services for non-English speaking patients.
- Follow-up data collection showed that there have not yet been significant improvements in the numbers of children referred from TCCHC to Adventist Rehabilitation Center based on the delays identified on the ASQ. That said, other practice-level data from TCCHC reveals that more children overall have been referred to Adventist Rehabilitation Center using the referral form.