Promoting the Use of Developmental Screening within the Medical Home

Mala Mathur, M.D.

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Objectives of Field Work

- To explore the integration of public health concepts into clinical practice
- To better understand the barriers and challenges with respect to the implementation of the medical home approach to health care delivery

National Medical Home Autism Initiative (NMHAI)

- Applies medical home concept to child with autism
- Autism is disorder that involves a high degree of coordinated and continuous care
- Evidence base indicates that early intervention can significantly improve outcomes
Example of Medical Home Approach: 2 year old Hispanic child with Autism

Health Care Provider, Child and Family

- Occupation al Therapist
- Speech Therapist
- Specialist physicians

State Financial Resources
- Family support groups
- Child care provider
- School counselors and teachers
- Early intervention community services

Medical Home

“It’s no longer a decision to become a medical home. You are a medical home, and it’s a question of how good of a medical home do you want to become?”

-Dr. Carl Cooley
Evidence Base => Policy Development

- **Evidence base:**
  - Effectiveness of early childhood developmental opportunities as the foundation for success. (Anderson, 2003)
  - Research supports the benefits of improved functional outcomes with early identification of children with developmental delays. (Sices, 2004)
  - Benefits to child, family and society: $30,000-$100,000 per child (Glascoe, 2000)

- **AAP recommendations:**
  - *Surveillance* at every well child visit
  - *Screening* using a validated screening tool at 9 months, 18 months and 24 or 30 months of age.

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Closing the Gap Between Policy and Current Practice

**Current Practice:**
- The majority of developmental screening takes place in the health care providers office (Sand, 2005).
- 7 out of 10 pediatricians surveyed use surveillance alone (Glascoe, 2000)
- Detection rate for developmental delays (Glascoe, 2000):
  - Surveillance (Observation/checklist): 30%
  - Screening (Validated screening tool): 70-80%

**Intervention**
Medical Home approach facilitates the promotion of developmental screening
Approach To Field Work

Planning

• Literature Review
• Additional Coursework
• Interviewing the experts

Implementation

Education
• One on one education of providers
• Created newsletter for NMHAI Partners
• Contributed to issue brief

Tool Development
• Assistance with development of quality improvement tool
• Developed Demographic evaluation tool
• Developed survey for health care providers in Wisconsin

Collaboration
• Site Visits
• Contributed to professional initiatives

Challenges Identified

• Many health care providers who support developmental screening are sole “champions” within their practices.
  • Importance of providing “champions” with the evidence base to gain support of colleagues

• Many health care providers lack the incentive (time, money) to coordinate across specialists and implement screening tools
  • Need for more private sector reimbursement for use of screening tools
  • Stronger public health partnerships with clinical practices

• General lack of understanding of community resources among health care providers
  • There is a need to create an evolving landscape of community resources
  • Greater need for coordination between public health and clinical practices
Reflections

- Relationship building serves as the foundation for successful partnerships
- Technical assistance doesn’t have to be complex
- The importance of interdisciplinary collaboration for systemic change to occur at the population health level.

Conclusion

Field experience has allowed me to better understand the issues of translating best practices from research to reality
References