

Screening Tools and Referral Training (START)

Practice Improvement Project

PROJECT SUMMARY

The Screening Tools and Referral Training (START) program provides pediatric healthcare providers with tools and strategies to screen for developmental and behavioral health concerns. It also encompasses strategies to provide for more efficient workflow (including information on coding), more effective care, and improved family and physician relationships.

DEVELOPMENTAL/BEHAVIORAL HEALTH IMPACT

According to the Centers for Disease Control, many children with developmental delays or behavior concerns are not identified as early as possible. As a result, these children must wait to get the help they need to do well in social and educational settings (for example, in school, at home, and in the community). In the United States, about 1 in 6 children aged 3 to 17 years have one or more developmental or behavioral disabilities, such as autism, a learning disorder, or attention-deficit/hyperactivity disorder. In addition, many children have delays in language or other areas that can affect how well they do in school. However, many children with developmental disabilities are not identified until they are in school, by which time significant delays might have occurred and opportunities for treatment might have been missed.

<https://www.cdc.gov/ncbddd/childdevelopment/screening.html>

PROJECT BACKGROUND

START is an educational program developed by TNAAP to help pediatric care providers - including pediatricians, family physicians, physician assistants, nurse practitioners, nurses, and others - learn skills and strategies to implement routine developmental screening using standardized screening tools as part of their health care procedures. The program is in collaboration with Tennessee's Early Intervention System (TEIS). In an updated 2020 policy statement, the AAP continues to recommend routine surveillance/monitoring and standardized developmental and behavioral screening.

PROJECT AIM

Increase screening for the identified developmental and behavioral health concern (developmental, ADD/ADHD, Autism, Depression or Substance Abuse) by 10% over a least a 6-12 month period using a validated tool.

QI PROJECT STRUCTURE

This project is presented by the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) and the Pediatric Healthcare Improvement Initiative for Tennessee (PHiIT). This

program is a state-wide pediatric practice improvement partnership funded by the state of Tennessee and administered by the Tennessee chapter of the American Academy of Pediatrics (TNAAP).

START examines standardized developmental and behavioral screening tools that can easily be incorporated into the child health visit. Participants get hands-on experience scoring and interpreting developmental and behavioral tools, as well as a tool for detecting autism spectrum and one for detecting post-partum depression in new moms. Part II also covers coding for payment when standardized screening tools are used. Screening tools reviewed and scored in the training through case studies:

- Revised Modified Checklist of Autism in Toddlers (M-CHAT-R/F)
- Pediatric Symptom Checklist 17 (PSC-17)
- Patient Health Questionnaire 9 (PHQ-9)
- Edinburgh Postnatal Depression Scale (EPDS)
- CRAFFT 2.1
- NICHQ ADHD Toolkit
- Ages & Stages Questionnaire-3rd Edition (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS)

All providers complete the following educational components:

- Quality Improvement Training
- Screening Tools and Referral Training (**START**)

The Practice QI team will then determine the screening tool to be implemented for their quality improvement efforts. The QI Team and the other members of the practice will begin working on implementing at least one (1) of the recommended screening tools. When a practice joins the project, the Practice QI Team will use PDSA Cycles to determine the screening tool and data collections method will be used.

The Plan, Do, Study, Act (PDSA) model is coached as the practice works on monthly/quarterly PDSA cycles. These cycles are submitted regularly to the PHiIT program to document the innovative work each practice is completing.

The project will run for 6-12 months. Part IV MOC will be awarded to providers completing project requirements.



DATA COLLECTION

Age Groups

- Age 2-3 months Post-natal Depression Screening
- Age 9-11months Developmental, behavioral and social delays screening
- Age 18-23 months Developmental, behavioral and social delays screening and Autism
- Age 24-35 months Developmental, behavioral and social delays screening and Autism
- Age 11-21 years Depression and Substance Use Screening

What PHiIT Provides Your Practice Through the START Quality Improvement Project

- START Training In-office or Virtual

Personalized PHiIT Team Meetings to Practice

- Quality Improvement training with all staff
- Review quality improvement capability and support practice QI Team construction/augmentation
- Train QI Team data collection, project requirements, and data collection
- Walk QI Team through initial PDSA Cycle on QI team infrastructure
- Assist QI Team in practice work flow process mapping
- Provide MOC Part IV credit, CME credit, and support for peer to peer learning

Readily Available PHiIT Project Support Services

- Periodic check-ins with practices by phone/virtual
- Monthly support calls with PHiIT leaders and other practice leaders
- Consultation as needed

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