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Increasing Developmental Screening in LA County Using a Practice Coaching Model

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JENNIFER AIELLO
Ok, here it is. So I just discovered this morning that I'm not able to see my notes, so I may miss a bunch of really important points, but I'm hoping to touch on everything. So this is "Increasing developmental screening in L A county using a practice coaching model." Practice coaching is how we refer to it. It's obviously synonymous with practice facilitation. And I am Jen Aiello, and I am a program manager and one of the practice coaches for this project. And then I just wanna give a shout out to my colleague, the other practice coach Annette who couldn't be here today. So first we'll start with the background and the significance: the who and the why. So in 2021, LA Care Health Plan received a three year grant from public agency First 5 LA as part of the Help Me Grow LA. And the main focus of this grant was to increase, well, they call it EII but it's early identity and intervention in pediatric practices for those children that may be showing some side...early maybe disability, early developmental issues. We wanna reach them as soon as possible because the earlier you intervene and the better the long term outcomes are going to be. So to give you a little brief background on Help Me Grow, they work with local community programs and they try to find developmental support and get services for families more quickly in LA county. And then in terms of LA Care Health Plan, which is where I work, it is the nation's largest publicly operated health plan. We have more than 2.9 million members and we obviously serve the most vulnerable populations in LA county. And beyond that, our plan has the most children aged 0 to 5, which is why Help Me Grow and First 5 chose to partner with us because we could make the most impact in LA county. So this is the why. So here are some statistics of EII within California at the moment. And it's, it's pretty dismal. So as you can see, 15% of all children have a delay, but only 3% receive intervention by the age of three. Only one in five children receive timely behavioral developmental screening. About 28.5% of children, ages zero through five in California, receive screenings and that ranks us at 23rd percent for all screenings throughout the country. And in terms of screenings, I just want to give a little background. So the American Academy of Pediatrics recommends that all children get screened with a developmental screener at the ages of 9, 18 and 30 months. So it's, it's before the first birthday, before the second birthday and before the third birthday. Also they do recommend that children get screened between the ages of zero and five. But oftentimes what happens is after the age of three, those screenings tend to fall on the school system. So most of the early intervention is done within those 0 to 3 ages. So here are goals and setting. We were to recruit 10 practices by July 1st 2023. And as with a lot of the talks that we've had both yesterday and today we began this project when COVID

hit. So we had to, you know, act accordingly and adjust as needed. So we were to enroll two practices in cohort one, five practices in cohort two and three practices in cohort three. The first practice, the first two practices, cohort one will be running or were running from July 1st 2021 through September 2024. The second cohort is July 2022 through July 2024 and three practices in cohort three would be July 2023 through September 24. What I can tell you is again, having to make adjustments as practice facilitators, we were unable to recruit the full complement of 10 practices. And so we did cap the recruitment at six practices. So we're working with six practices right now. But I do have to say within or across those six practices, it does represent over more than 10,000 children, age 0 to 5. So it's still making an impact despite not filling our full complement. And then recruitment for these programs was based on ethnic diversity. And it gave priority to clinics with high populations of Asian American and Black African American patients. So that was, you know, we pulled out our list of all these practices that could fit into these boxes and we went through and tried to look at the ones with the most patients and, and focus on those when we did our recruitment. The grant has two main focus areas. So the first is a large provider and community education campaign. And then the second is utilizing practice coaches to increase developmental screening rates by 15% while ensuring there is a system of place for appropriate referrals to available resources. So that's the 15% in the early intervention and then early identification and then the place for the early intervention would be the appropriate referrals to available resources. Some of the methods we used. So in terms of our education and training program, we created provider and member education in eight languages. LA county is very diverse. So it was necessary for us to, to create the, the tools in, in a large amount of languages. There were three specific pieces that were for providers and then there were eight pro--I'm sorry, seven pieces of education that were given to the members, the patients. So the ones for the provider sort of explained to them why this was important, why we needed to do this. And then the member education was all about developmental screening, the milestones. We took a lot of information from the CDC. The CDC has a tracking app or has an app for developmental milestones. So we tried to, to use that as well. These education pieces aside from going into the practices, LA Care along with Blue Shield Promise have and operate 11 community resource centers throughout LA county. And the community resource centers are not just for LA Care members, but for all community members and within these resource centers, they have exercise classes, cooking classes, parental classes, just a whole host of activities that community members can join. Also within these CRCs, they have a huge wall of knowledge and the wall of knowledge is where they have all the information education related to, you know, numerous topics. So we put the education, the member education, on these walls of knowledge. And in the meantime, developed a curriculum for the CRC staff so that we could talk to them about what these educational brochures mean. How to talk to parents if they did have any questions about developmental screening. If a parent came in and said, hey, you know, my physician made me do this for my child. What does this mean? So that is, is how we spread some of the education. And now those education pieces are also available on our website in our health education guide. We also host work. This is work in progress. The research is still in progress. So we also have to host three me--three CME events related to childhood development. The first one that we had again due to COVID

was held virtually. So we had to make changes on the fly for that one, the CME event that we had in March of this year, there were 151 attendees and it had all the discussions were related to childhood development. So the ACEs, there was a lot of talk about ACEs, why it's important to screen with developmental screeners. There was a really great talk about how providers can address these things with the patients. A lot of times they, they don't have that experience, afraid of how to address the fact that a child may have a disability with the parent. So those are some of the things that we had at our CME events and then we have a third one. coming up next year in 2024. We also host bimonthly childhood development classes. These are also hosted at the community resource centers. They're a mix of virtual and in person and, and or Spanish. And the this bottom picture is the flyer that goes out to all our providers, the the community just so that they know the, the classes that are available and, and if they would like to take them. In the last--for year two of the project, we've had over 250 parents participate in the childhood development classes. So that is a huge success as far as we're concerned. And then we also publish quarterly articles in the LA Care member and provider newsletters. And on top of that, we have a really large social media campaign that we started in relation to childhood development. And now more of the practice coaching. So each practice was assigned their own practice coach, some of the things that we did within the offices. So what I found most surprising is that of the six practices that we have enrolled, there was only one that had dabbled a little bit in developmental screening for children. Most EHRs ome with sort of the box set of questions that are asked at the beginning of well child exams. And a lot of times the offices thought that because they were going through that checklist, that was the screening when that is not, in fact the case. There are validated screeners that they have to use. There's ASQ, SWIC, peds, and the thing is they, they had no idea about the screeners and no idea how to use them or administer or what to do after the fact. So a large portion of our beginning time with these practices, which I don't think we expected, was talking about the screener helping them decide what screener they should use. Quite honestly, they've all chosen the ASQ (the ages and stages questionnaire) which is a great tool, validated, works well, but there are some issues that go along with that as well. And so we had to teach them how to administer and score the screeners and then we had to teach them how to make the referral if it was appropriate based on the scores of the ASQ. Beyond that, we introduced best best practices and created new workflows to include the screening. Because these offices weren't doing screenings at all, we had to find a way to fit it into their workflow so that they could complete them and you know, changes hired in practice and adding an additional piece of paper for someone to complete or an additional piece of paper for the front desk to hand out is a hard change. And so that took a lot of creativity and finding the easiest ways to fit that into the workflow. We also taught practices how to optimize their EHR. So the, the big thing is that pediatric metrics have become more popular, at least in California within the last two years, you know, the pay for performance type of metrics. Because it is so new, the EHRs don't have anything within their systems where they can do the screening in the EHR, the EHR will do the scoring and then come up with the-- what needs to happen afterwards. So what we're trying to do right now is teach the EHRs how they could potentially embed these screeners, how they can be used. And some of the things that are that we found that have been good thus far is one of the practices has built

in a template and it just got approval to go live and it will, it will send out the screener before every 18 no 9, 18 and 30 month well child visit and it'll send it out via patient portal and text so that the the patient could potentially complete it before the visit, which is great because then it hooks up to their EHR. Other practices at this point are still doing them via paper and they're given in the waiting room when all of the other paperwork is being done. And then they are being scanned into the systems and, and that means that there's no discrete variables, there's no way to pull reports on this stuff and see how things are going or where they stand in terms of quality. We provide monthly data analysis and then we, we work to create the information sharing. So here is some of the results so far. We asked for baseline data, a two year baseline data period. So for cohort one which had some experience with the developmental screeners, their baseline started at this 14%. Cohort two because they had no experience started at 0%. Now because we want a 15% increase, that would mean that we would want the, the goal for cohort one to be 29%. As you can see, they are doing really well. They've increased the screenings by 33% and they're on the track to go even further. With cohort two, we had a little more difficulty again because they had not yet introduced the screeners. So introducing and, and working on the screeners took some time and then for them to finally submit monthly data, it came a little bit beyond the time that they started the project and that was just how it worked. Right now, we are only at 1%. But individually, the practices within cohort two are running fairly well. So we have one practice that started in January submitting data and, and doing the screenings and they're now at 6 or 7% improvement. So they are slowly but surely going up. And then this is the program overall, the little green line. Again doing great. And then cohort two started. So that's gonna show a big dip over on that side. And the referrals. I really want to talk about this because we have within LA county or within California: regional centers. I don't know if this is something that is nationwide but it's, it's California. We have regional centers. There are 21 of them throughout the state and seven are in LA county. Regional centers are often where children are referred when there is a disability or when they get low screening scores on the ASQ. The problem is there is no formal communication between these regional centers and the practices. So if someone has insurance, private insurance and everything goes well, there are all the proper channels in place to make these referrals to speech therapy, PT, things like that. But if it's, they're the payer of last resort, so you know, LA Care Health plan is a Medicaid program. So that's where our patients go. And the referral historically has referred of a doctor giving the patient the phone number to the regional center, handing it to them and saying, hey, call. You know, and then there's a big black hole. Nothing happens. You have no idea what's going on. So this, this the the intervention part has been the most difficult part of this project. So we found small tests of change that have shown some improvements. All the regional centers, they are--they, like I said, there are seven, but they are all seven separate nonprofits that are contracted with DDS. So they all run differently. I mean, they have to follow, you know, the basics of, of 0 to 3, then ages four and five, but they run completely differently, which is, is a huge feat to overcome as well. So what we've started doing is having meetings, one on one, meetings with our practices and the regional centers they most often refer to and some of the regional centers have, have thought this was great. And for instance, we have one site now we meet bimonthly with the regional center. And the person at the practice has one point of

contact at the regional center that she emails back and forth to say, hey, I sent these people, did you get the referral? Are they getting services and who are their care managers? Ok. And conclusions. It's been working. And we have a lot of, a lot of work to do in terms of the referral part. And we hope to continue working on those regional centers and most importantly, putting these screeners in their EHR.

SPEAKER

SPEAKER 1
Thank you very much.

TIFF WEEKLEY
Thank you, Jennifer.

JENNIFER AIELLO
Thank you.