

2014 Central
Washington
Universal
Developmental
Screening
Workgroup
Evaluation



January 2014

ASQ YAKIMA

Current Partners

The Yakima Universal Developmental Screening (DS) project was funded and supported by local, state and national partnerships. The partners include: Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health), Children’s Village, Help Me Grow National Replication Project (Washington State), American Academy of Pediatrics Community Access to Child Health (CATCH) grant, M.J. Murdock Charitable Trust grant, Yakima Valley Community Foundation grant, Family Policy Council, the Centers for Disease Control (CDC) “Learn the Signs Act Early” Program, Catholic Family Association, Yakima Valley Farmworkers Clinic and Central Washington Infant and Toddler.

Evaluation Methods

The 2012-2013 evaluation was created and reported to review progression of the Central Washington Universal Developmental Screening Pilot Project. The current report is based from the 2012-2013 data collected during implementation. The data collected includes; Pre/Post survey with clinical staff, monitoring of ASQ online and tracking of patient data by clinical partners. Baseline data was collected in 2011-2012 as a comparable to monitor progress and is reported in the “Universal Developmental Screening Final Report Yakima County Pilot 2012”.

Background

In 2010 the Yakima Universal Developmental Screening Work Group was initiated by several partners located at Children’s Village and was supported by funding from the University of Washington Leadership Education in Neurodevelopmental Disabilities (LEND) program and the Washington State Department of Health. A work group was formed to specifically understand barriers to developmental screening, assist in its implementation, and move policy forward. A variety of professionals who serve children understood the importance of universal developmental screening (UDS) and began to push the agenda forward. Further funding from the CATCH grant supported a needs assessment which also revealed barriers, beliefs, attitudes and knowledge from local medical providers. This information was used to strategically move forward into implementation. The funding from CATCH also granted money to hold meetings where Diane Liebe, MD, who is a developmental and behavioral pediatrician, began to educate health care providers and discuss UDS in Yakima. As a trusted and respected pediatrician in the community, she was able to reach an audience that at times can be difficult. Her common language, support and knowledge inspired some medical practices to move toward implementation of UDS.

Since the inception of the workgroup and initiation of the Universal Developmental Screening Pilot Project, a significant amount of progress and partnerships have been made. The intervention is growing at a steady pace, attitudes and beliefs are shifting in favor of UDS using the evidence based

tool “Ages and Stages Questionnaire 3 (ASQ-3)” and “Ages and Stages Questionnaire Social Emotional (ASQ-SE)”. All partners, data, and results are based off the use of the ASQ-3 and ASQ-SE.

ASQ Online Results

ASQ Online is a resource used by parents who have access to the internet and want to screen their children using the Ages and Stages Questionnaire; ASQ-3 and ASQ-SE. All ages of the questionnaire are available which includes ages 1 month to 5 years. Overall the use of ASQ online is growing each year. After outreach and education to medical providers in 2012, there was a notable increase in use. Promotional post cards were passed out at community health events, given to providers, and to childcare centers, which directs the parent to the Children’s Village online screening link. Screening is expected to increase in 2014 due to the addition of childcare centers advocating to parents to screen children. ASQ online results are as follows:

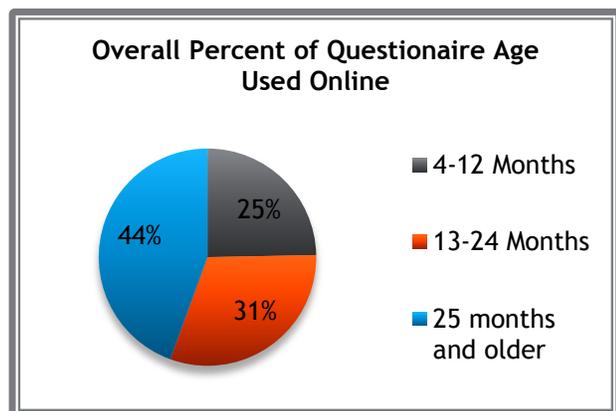
ASQ Online Screening 2011-2013		
	%	N
2011	7%	5
2012	36%	25
2013	57%	40

*Total Screening N=70

Baseline and 2013 Referral Status		
	Overall % (N)	Eligible for EI % (N)
Baseline*	50% (14)	58 % (7)
2013	41% (30)	27% (21)

*Baseline 2011-2012

Overall online screening has increased since 2011 from 5 screens to 40 screens. Overall since 2011 there has been 70 completed online screenings. In 2012 the baseline for referrals from ASQ online screenings was 50%, and 58% of children screened were eligible for early intervention (EI). In 2013 41% of the screenings were referred for follow up care, and 27% were eligible for EI.



Overall, 56% of online screening is for children ages 3 and younger. It is recommended to screen at 9,18,24 or 30 months in order to have a successful early intervention.

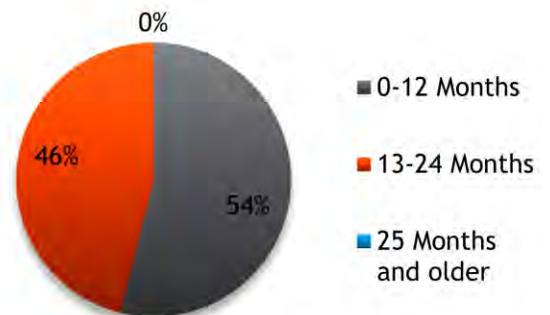
Medical Practice Results

In 2011-2012, there were a total of 3 practices, which were implementing UDS. Since the 2012 evaluation, 16 additional clinics have been recruited as partners for developmental screening implementation, and 135 staff was trained. Currently 1 clinic has not moved forward, 5 are in the planning stages, 5 are in partial implementation stages and 7 are fully implementing. Not all clinics are following the recommended screening intervals of 9, 18, 24 or 30 months, however all clinics are screening under 30 months. The data reported is from two clinics tracking for evaluation. The baseline for screenings reported in 2012 was a total of 61 screens, which is currently at 922. In 2013 the US Census estimated 21,772 children under 5 years old. UDS project has reached approximately 4% of these children. Of clinics who reported data the referral rate at baseline was 5% and has increased to 7%. It is estimated that approximately 65 children were referred for additional care from the UDS initiative in 2013. The data represented is from clinics that tracked and reported data. A total of 397 cases analyzed.

	Overall (N) screens	% Referred
Baseline*	61	5%
2013	399	7%

	%	N
4-12 months	54	214
3-24 months	46	183
25 months and older	0	0

Percent of Age Group Screenings



Medical Practice Survey Results

A survey was administered to determine the beliefs, barriers, perceptions and readiness of staff in order to create a successful implementation plan. The most common theme for barriers prior to implementation was time concerns and referral complications. After implementation the most common themes for barriers identified was language, adequate staff and time. The pre data includes 32 cases and the post data included 18 cases.

(+) there was a positive change

(-) there was a negative change

Self Confidence and Efficacy	Pre (32)	Post (18)	+ or - Change
Comfortable using the tool	26%	61%	+
Not comfortable at all using tool	45%	11%	+
Confident when to refer	26%	61%	+
Not confident at all when to refer	6%	17%	--
Confident where to refer	52%	50%	=
Not confident where to refer	13%	28%	--

Perceptions and Beliefs	Pre (32)	Post (18)	- or + Change
Yes it will help the organization	71%	81%	+
No it will not help the organization	3%	13%	--
Unsure it will help	26%	6%	?
Yes it is a burden	19%	6%	+
No it is not a burden	19%	38%	+
Sometime it is a burden	19%	44%	--

Conclusions

1. Increase marketing of use of ASQ online due to the age group which UDS has reached through the medical practices and childcare centers. According to the data 44% of the screens are in the age group of 25 months and older. Where medical practices 100% were 24 months and younger.
2. Streamline data tracking system to assist in evaluation, which will help in the understanding of referral frequencies and type of services referred to. In addition streamline data tracking can reveal ethnic groups and other sub populations which disparities may exist.
3. When training emphasize about why and how it will help the organization and why it is so important. Share screening results from evaluation.
4. Use current data to advocate to policy makers for streamlining processes and reimbursement from all private and public insurance.

5. Continue to provide checkups and communication with practices for technical needs, especially in the areas of language barriers and identifying best practices for clinic flow among practices to share, including staff resources to implement. Over half of the staff implementing believe that it is a burden or sometimes it is a burden.
6. Strengthen the system to screen children over 3 years old until referral rates decline dramatically.
7. Medical Practices are successfully screening children at an early age before the age of 24 months, which follows the UDS protocol.
8. Evaluate the capacity to serve the children who are identified if UDS continues to grow at 7% for the entire county. If capacity is not available you can lose buy-in with medical practices.
9. Look at leveraging patient navigation positions with a UDS coordination position to continue to staff implementation or hire a part time FTE employee.