

Screening Tools and Referral Training (START)

An Innovation Station Cutting-Edge Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Tennessee	Title V/MCH Block Grant Measures Addressed
Category:	Cutting-Edge	NPM #06. Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool.
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Practice Description

The Screening Tools and Referral Training (START) Program by the TN Chapter of the American Academy of Pediatrics (TNAAP) was created to provide free training to primary pediatric health care practices to increase early identification and referral of children with developmental delays or behavioral problems by routine comprehensive developmental and behavioral screening. START training began in Tennessee in 2004, with steady increases in medical, early childhood, and related audiences to a total of greater than 7000 professionals trained through 2019.

Purpose

The CDC estimates for children aged 3–17 years that 1 in 6 (17.8%) has a developmental disability.¹ According to the American Academy of Pediatrics' (AAP) recently published Clinical Report on Developmental Surveillance and Screening², early identification and intervention for a variety of developmental disorders is critical to the well-being of children since otherwise adverse long-term developmental and achievement outcomes may occur. The authors, representing the Academy's Council on Children with Disabilities and the Section on Developmental and Behavioral Pediatrics, further advocate for primary pediatric professionals to ensure that this integral function occurs in the medical home. The current Clinical Report is an update from the 2006 and 2007 reports on developmental and autism screening, respectively. The AAP's Clinical Report in 2013 (reaffirmed in 2017) emphasizes the benefit of early developmental interventions for children with developmental delays and special health care needs by reviewing data on improvements in economic, health, and family outcomes associated

with early intervention.³ The 2020 AAP Clinical Report on Autism details effective evidence-based interventions, again with emphasis on the benefits of early intervention for young children in order to achieve optimal outcomes.⁴

¹ Zablotsky B, Black LI, Maenner MJ, Schieve LA, Danielson ML, Bitsko RH, Blumberg SJ, Kogan MD, Boyle CA. Prevalence and Trends of Developmental Disabilities among Children in the US: 2009–2017. *Pediatrics*. 2019; 144(4):e20190811

² Lipkin PH, Macias MM, COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening. *Pediatrics* 2020;145(1):e20193449).

³ Richard C. Adams, Carl Tapia and THE COUNCIL ON CHILDREN WITH DISABILITIES. Early Intervention, IDEA Part C Services, and the Medical Home: Collaboration for Best Practice and Best Outcomes. *Pediatrics* 2013;132:e1073. Reaffirmed in 2017.

⁴ Hyman SL, Levy SE, Myers SM, AAP COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. Identification, Evaluation, and Management of Children with Autism Spectrum Disorder. *Pediatrics*. 2020;145(1):e20193447.

Practice Foundation

N/A

Core Components

The START program directly educates medical providers and staff about developmental surveillance, validated developmental and behavioral screening tools, their related office workflow, referral procedures, resources for families, and coding for payment that can be easily incorporated into a practice routine.

Experts, including the AAP, recommend developmental screening within a medical home setting, thus primary care clinicians are the primary audience for START training. Training sessions are designed to provide participants with specific knowledge, skills, and resources to immediately implement surveillance screening procedures into their medical practice. Professionals in early childhood education, evidence-based home visiting, and other settings are also trained with content modifications as needed. Physicians in Pediatrics or Developmental Pediatrics lead the trainings and are available as experts for participant questions and group discussion.

Practice Activities

Core Component	Activities	Operational Details
Training	Training on specific developmental and behavioral screening tools	Components of the START program include: - Discussion of the need Developmental & Behavioral Screening (including an evidence-base for benefits of screening and risks of missing delays in and,

		<p>therefore, the opportunity to provide interventions).</p> <ul style="list-style-type: none"> - Case study examples of validated screening tools to provide instruction on measures and hands-on practice with reinforcement of skills. - Coding, documentation, and billing considerations for medical providers are reviewed to facilitate appropriate payment for services. - Details on local and statewide referral process for IDEA PART C/Early Developmental Intervention services provided (usually by a local representative for that agency). - Resources (such as the CDC's <i>Learn the Signs. Act Early.</i> materials) provided and encouraged for developmental surveillance, family education, partnerships with families and other professionals for family-centered care. - Instruction and feedback given to "Map the Workflow" as a team to ensure that new procedures are effective, efficient, and sustainable.
Training for an expanded audience of professionals	Training on specific developmental and behavioral screening tools (adapted to agency needs as indicated)	<p><u>The target audience for START has evolved since inception in 2004 to now include:</u></p> <ul style="list-style-type: none"> - Pediatrics and Family Medicine clinics (clinicians and staff members) - Pediatrics and Family Medicine residency programs - Medical schools - Physician Assistant programs - Advanced Practice Nursing programs - TN Department of Health staff (nurses, home visitors and care coordinators) - Tennessee Early Intervention System staff members and administrators - Child Care Resource and Referral Center staff, and - Early childhood educators and administrators.

Evidence of Effectiveness (e.g. Evaluation Data)

N/A

Replication

N/A

Section II: Practice Implementation

Internal Capacity

The START program was created and is run through the TN Chapter of the American Academy of Pediatrics (TNAAP) which represents professional members and the interests of children, families, and all clinicians who support them across the state. A TNAAP staff member serves as program coordinator to promote, schedule, and support trainings and TNAAP leaders provide additional support through ongoing collaborations with partner organizations. The Medical Director and Training Director, both physicians, serve a small proportion of time to create and maintain training content and hold “train-the-trainer” sessions for field trainers. Training content is reviewed annually for minor revisions and when needed for more significant changes. Physician field training time is “as needed” for scheduled sessions. Most sessions last 3-4 hours. Physicians trainers (typically 7-9 rotating), many of whom are associated with the major medical schools in the state, are located throughout the state in an effort to minimize travel time and to increase presence near local providers for support if needed.

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Collaboration/Partners

As a collaboration between the Tennessee Chapter of the American Academy of Pediatrics’ medical professionals and the state Tennessee Early Intervention System (TEIS, an IDEA Part C program and primary funder), with partnership and participation from multiple stakeholders, this training program in developmental and behavioral surveillance and screening is able to reach a high number of health and early childhood professionals and health professions students each year. Increasing the workforce and appropriate knowledge by this model allows for cumulative growth in capacity to help ensure that children in Tennessee can get the services and supports they need.

TEIS agency representatives attend trainings to provide community-specific additional resources for participants. By training clinicians directly, TEIS representatives are able to make additional connections to support community work. Increased developmental screening and referrals to early intervention support “Child Find” activities. By collaborating with state agencies TEIS and TN Department of Health MCH Title V, as well as community stakeholders (professional medical practices/clinics, professional training programs/schools, Child Care Resource and Referral staff, and early childhood educators and administrators) and ensuring that training content meets the needs of each audience, we are able to use the bidirectional flow of ideas to continually improve. Feedback is sought after each training and changes are incorporated as needed. Content is adapted for specific audiences and specific goals occasionally when requested. Free resources from the CDC’s *Learn the Signs. Act Early.* program are promoted as family-friendly adjuncts to developmental monitoring.

Practice Cost

Budget			
Activity/Item	Brief Description	Quantity	Total
Printing	Printing costs for training materials; hands-on cases, multiple resources	26-32 sessions per year	\$11,000
Travel	Travel costs for staff and physician trainers to statewide locations	26-32 sessions per year	\$23,000
Professional time	Professional time of presenters (per session)	26-32 sessions per year	\$25,000
Developmental Screening kits	Medical practices are provided free starter kits for one recommended screening tool (other screening recommendations include free screening and surveillance tools)	20 kits per year	\$7,000
Total Amount:			\$66,000
<p>NOTES: Program manager and physician director time may vary according to agency needs. Additional <i>free</i> family-centered monitoring resources from the CDC's "Learn the Signs. Act Early." program are provided and recommended to participants at no cost to the program (Act Early Ambassadors in most states can help obtain such materials).</p>			

Practice Timeline

Practice Timeline				
Phase	Description of Activity	Date/Timeframe	# of hours needed to complete/oversee activity	Person(s) Responsible
Planning/ Pre-implementation	Training content	2004		Physician Director(s) and Program Manager
	Contacts for Collaboration	2004		Physician Director(s) and Program Manager
Implementation	Training content review and revision as needed	Ongoing, at least annual, though major revisions		Physician Director(s) and

		needed less frequently		Program Manager
	Statewide training sessions	26-32 per year	3-4 hours per session with travel typically by at least one person from training team	Physician Field Trainers and Program Manager
Sustainability	Collaborations and ongoing needs assessments for funding agency as well as statewide stakeholders	Ongoing		Physician Field Trainers, Program Manager, TNAAP Chapter leadership

Resources Provided

START training adheres to AAP guidelines as outlined in:

- Lipkin PH, Macias MM, COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening. *Pediatrics* 2020;145(1):e20193449).
- Hyman SL, Levy SE, Myers SM, AAP COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. Identification, Evaluation, and Management of Children with Autism Spectrum Disorder. *Pediatrics*. 2020;145(1):e20193447.

Additional information on recommended components of developmental surveillance and screening are available at:

CDC's "Learn the Signs. Act Early" <https://www.cdc.gov/ncbddd/actearly/index.html>

Birth to 5 Watch Me Thrive <https://www2.ed.gov/about/inits/list/watch-me-thrive/index.html>

AAP Screening and Technical Assistance Resource Center (STAR Center)

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Getting-Started.aspx>

Lessons Learned

Assets

- Continuing collaboration across state agencies.
- Direct hands-on training to clinical and early childhood professionals.

Challenges

- Sustaining appropriate developmental surveillance and screening in busy clinical practices.

Overcoming Challenges

- Training is designed to be hands-on for immediate increase in skills. Refresher training is offered if needed and staff are available for questions if needed. Tracking of referrals to early intervention helps to identify gaps in identification.

Next Steps

The START program is integrated into existing statewide systems and is expected to continue to serve medical and early childhood providers. Ongoing needs assessments are planned to help identify where additional attention may be needed.

Practice Contact Information
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