

Developmental Screening Alignment: National Performance Measure 6 Data and Strategies

July 25, 2018
3:30-4:30PM ET



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AMCHP

Agenda

- Introduction & Background
- Developmental Screening (NPM-6):
New Data and Practice Resources
- State Example: Oregon
- Resources
- Discussion, Questions, & Wrap-Up

WHO'S HERE???



Introduction & Background



Paige Bussanich, M.S.
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Senior Program Manager
*Children and Youth with
Special Health Care Needs*

SPHARC 

State Public Health Autism Resource Center

is a comprehensive web-based resource center for state programs, including Title V.



OUR AIM



is to help increase state capacity to implement systems of care for children and youth with ASD/DD.

HRSA

Health Resources & Services Administration

How does SPHARC provide support to states in addressing NPM 6?



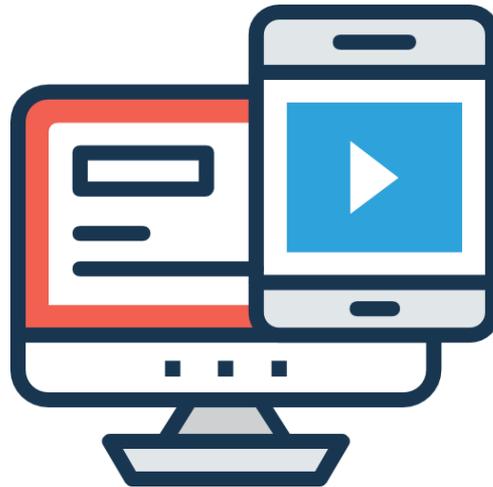
1. Training

Training



Resources

eLearning



Publications

AMCHP's eLearning Module

- **Identify** the purpose of developmental screening
- **Understand** the impact screening has on families and children
- **Recognize** the roadblocks and challenges of the screening process
- **Ascertain** the role of Title V in developmental screening and communicate its value
- **Identify** additional resources to assist in communicating value



<http://bit.ly/2tgAz3A>

How does SPHARC provide support to states in addressing NPM 6?

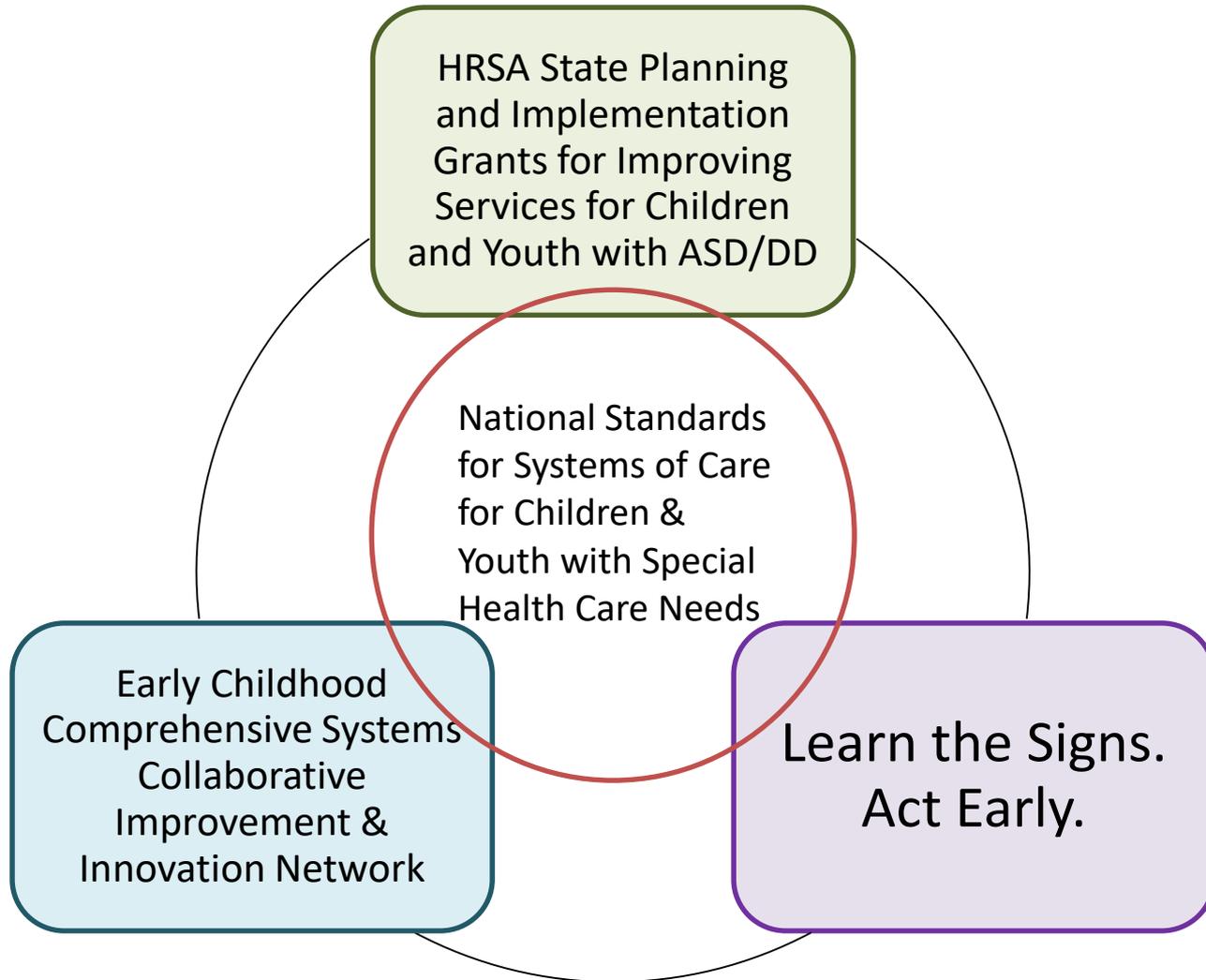


1. Training

2. Systems Coordination



Systems Coordination



How does SPHARC provide support to states in addressing NPM 6?



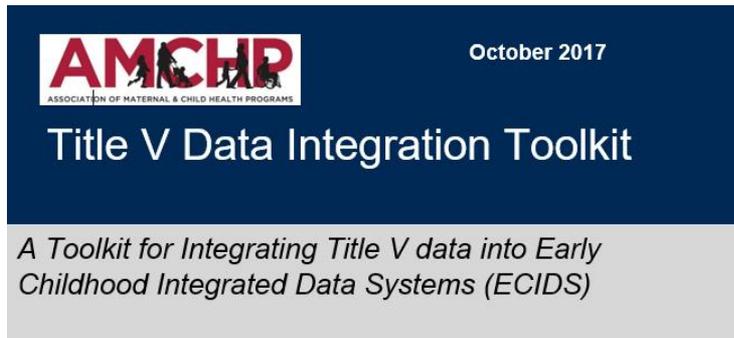
1. Training

2. Systems Coordination



3. Data Integration

Data Integration



- Tip sheets
- Use cases
 - Autism
 - Community-based services
 - Developmental Screening
- State examples
 - Kentucky
 - North Carolina
 - Rhode Island



Speaker Introduction



Ashley Hirai, PhD

**Senior Scientist, Office of Epidemiology and Research
Maternal and Child Health Bureau (MCHB)**

Health Resources and Services Administration (HRSA)

Developmental Screening (NPM-6): New Data and Practice Resources

July 25th, 2018

Ashley Hirai, PhD

Senior Scientist, Office of Epidemiology and Research

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)



Overview

1. Measure alignment
2. New data and findings from the 2016 NSCH
3. New resources for effective/promising strategies



How is developmental screening (NPM-6) assessed?

National Survey of Children's Health

DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about specific concerns or observations you may have about this child's development, communication, or social behaviors?
Sometimes a child's doctor or other health care provider will ask a parent to do this at home or during a child's visit.

Yes No

→ **If yes, and this child is 9-23 Months:**

Did the questionnaire ask about your concerns or observations about: *Mark ALL that apply.*

How this child talks or makes speech sounds?

How this child interacts with you and others?

→ **If yes, and this child is 2-5 Years:**

Did the questionnaire ask about your concerns or observations about: *Mark ALL that apply.*

Words and phrases this child uses and understands?

How this child behaves and gets along with you and others?

Parent-completed questionnaire from a doctor or other health care provider

Two age-specific content components regarding

- language development
- social behavior

Measure Alignment for Developmental Screening

NPM-6

- **Denominator Change**

- Previously children 10 months through 5 years with a health care visit in the past year
- Now all children 9 through 35 months for alignment with
 - AAP Bright Futures – screening at 9, 18, 24 or 30 months
 - Healthy People 2020 – Maternal, Infant, Child Health Objective 29.1 Screening for Autism and Other Delays through 35 months
 - Medicaid/CHIP Core Quality Set – developmental screening in first three years of life
- **Alignment for consistency with guidelines and other measures; should be no change in practice**

Developmental Screening and Surveillance in Early Childhood: Results from the 2016 NSCH

Hirai AH, Kogan MD, Kandasamy V, Reuland C, Bethell C. *Prevalence and Variation of Developmental Screening and Surveillance in Early Childhood*. JAMA Pediatrics. Published online July 09, 2018.

<https://jamanetwork.com/journals/jamapediatrics/article-abstract/2686728>



Background and Importance

- **Approximately 12%-15% of children experience developmental delays or disabilities**
 - Isolated delays in reaching developmental milestones
 - Functional impairments in vision or hearing
 - Diagnosable learning, emotional, and behavioral disorders
- **Early identification and intervention are critical to promote healthy development and school readiness**
- **AAP has recommended universal screening since 2001 with specific algorithm in 2006 for screening at 9, 18, 24 or 30 months**
- **Many initiatives and campaigns**
 - Commonwealth Fund's Assuring Better Child Development
 - CDC "Learn the Signs, Act Early"; ACF "Birth to Five, Watch Me Thrive"
 - Medicaid/CHIP Core Quality Measure with Demonstration Grants
 - Title V MCH Block Grant Performance Measure



Objectives

- **Previous NSCH analyses indicated that**
 - Fewer than 1 in 5 children screened in 2007 (19.5%)
 - Increased to 1 in 3 by 2011/12 (30.8%)
- **Study Question:** Using the newly redesigned NSCH, what are the latest national estimates of developmental screening and surveillance, and individual and state variation, that may identify opportunities for improvement?

Methods

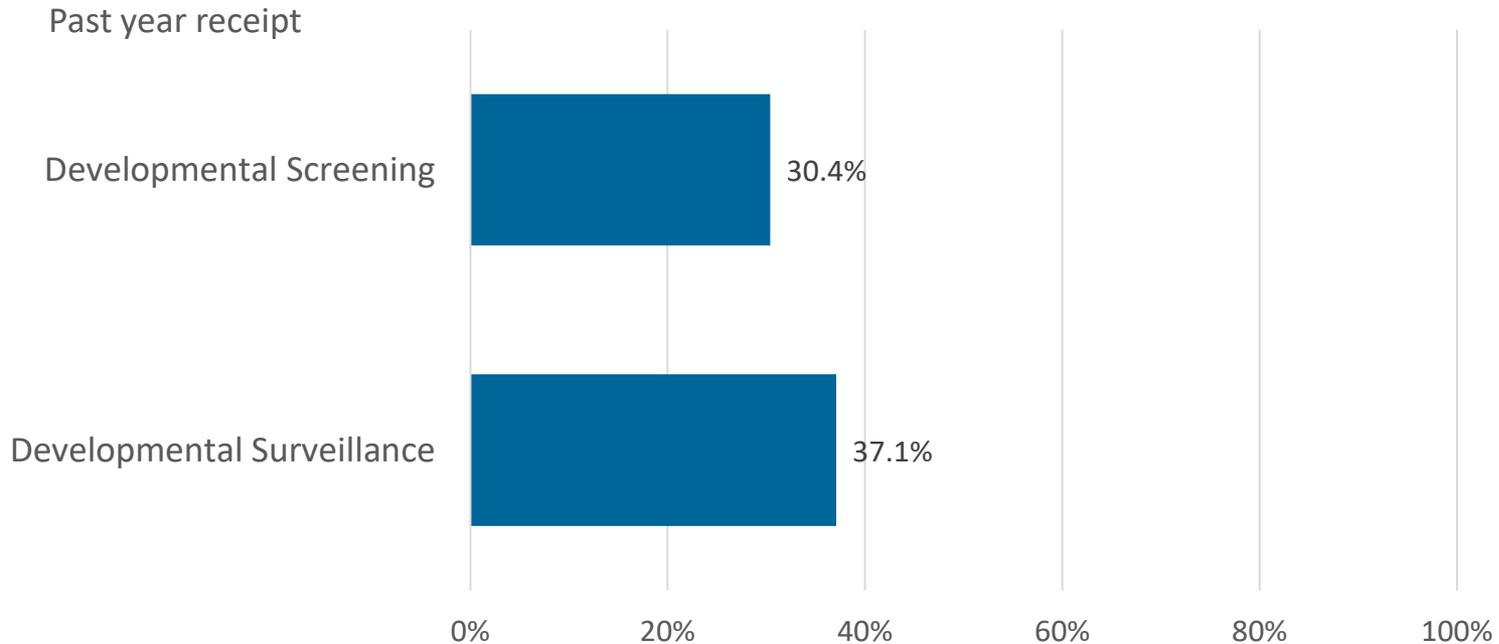
- **Data Source: 2016 National Survey of Children's Health**
 - Nationally and state representative parent-completed survey
 - Address-based mailed survey with web response option
- **Study Population: Children 9-35 months**
- **Outcomes:**
 - **Developmental Screening:** parent-completed standardized screening
 - **Developmental Surveillance:** elicitation of developmental concerns
- **Covariates:**
 - Child: age, sex, race/ethnicity
 - Family: household education/income, primary language, family structure
 - Health Care: insurance, preventive visit, medical home, CSHCN
- **Statistical Analysis:**
 - Unadjusted and adjusted associations with covariates
 - State-level estimates before and after adjustment



Overall Results

As reported by their parent/guardian(s) in 2016,

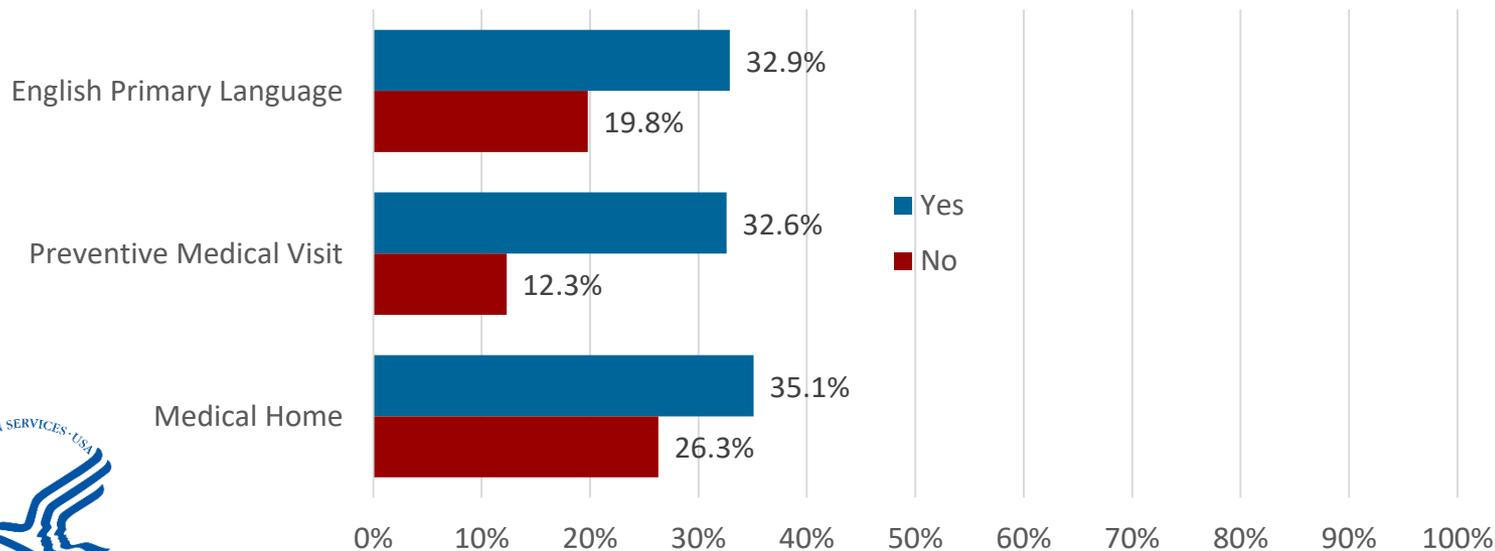
- 30.4% of children had received developmental screening
- 37.1% of children had received developmental surveillance



Variation by Child, Family, and Health Care Factors

- Developmental screening ranged from 9.2% among children without a preventive medical visit to 39.1% among CSHCN
- After adjustment, factors that remained significantly related to screening included primary language, family structure, highest household education, medical home, preventive visit, child health status, and CSHCN status

Adjusted Rates of Developmental Screening



Conclusions and Implications

- **Addressing language barriers and promoting the medical home model and adherence to well child visit schedule may improve screening rates**
- **Despite low overall rates, state variation underscores the promise and potential for quality improvement efforts**
- **State differences were not explained by child, family, and health care characteristics, suggesting a role for unmeasured policies and practices**
 - Top performers (OR, CO, MN, NC, AK, MT, MA, MD) located in all regions show that improvement is possible across the country
- **Systems-level quality improvement efforts, building upon the medical home, will be necessary to achieve universal screening**

Resources for Effective/Promising Practices

Strengthening the Evidence for MCH Programs

<https://www.mchevidence.org/tools/npm/6-developmental-screening.php>

TECHNICAL ASSISTANCE EVIDENCE TOOLS TEAM OF EXPERTS LEARNING RESOURCES MCH DIGITAL LIBRARY

Evidence Tools

NPM Topic Areas

1. Well-Woman Visit
2. Low-Risk Cesarean Deliveries
3. Perinatal Regionalization
4. Breastfeeding
5. Safe Sleep
6. **Developmental Screening**
7. Child Safety/Injury
8. Physical Activity
9. Bullying
10. Adolescent Well-Visit
11. Medical Home
12. Transition
13. Oral Health
14. Smoking
15. Adequate Insurance Coverage

Search for Evidence Sources in the MCH Digital Library

1. Find Established Evidence
2. Find Emerging Evidence
3. Find State ESMS



EVIDENCE TOOLS

NPM 6

Developmental Screening

The Title V Maternal and Child Health Services Block Grant to States Program guidance defines the significance of this goal as follows:

Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends screening tests begin at the nine month visit.



NPM 6 Tools

> Introductory Resources

- > [Evidence Brief](#) (National Center for Education in MCH (NCEMCH) at Georgetown University).
- > [Environmental Scan](#) (Women's and Children's Health Policy Center (WCHPC) at Johns Hopkins University). This environmental scan identifies compilations of strategies to advance NPM 6. [Read more about environmental scans.](#)

> Evidence Analysis Report

- > [Evidence Review: Brief](#). A three-page summary of report methodologies, results, key findings, and implications.
- > [Evidence Review: Full Report](#). A critical analysis and synthesis of the effectiveness of strategies that might be applied to address NPM 6 to serve as the foundation for accountability across all states and territories. The evidence review uses a structured approach to evaluate the available empirical evidence and to draw conclusions for MCH programs based on the best available evidence. [Read about the evidence analysis report methodology](#) | You can also access the full set of [Evidence Analysis Reports](#).

Developmental Screening Evidence Brief

Target Audience	Intervention	Example(s)	Evidence Rating
Parents	Home Visiting	Routine developmental screening and parent education by home visitors	—
Health Care Providers	Health Care Provider Training Only	Learning module implemented in pediatric practices	—
Health Care Practices	Quality Improvement in Health Care Settings	Statewide learning collaborative for pediatric practices	Moderate Evidence
Systems	Systems-level Approaches with Quality Improvement	Statewide learning collaborative for primary care practices with enhanced reimbursement for developmental screening and collaboration with local agencies	Moderate Evidence

— indicates insufficient number of studies to assign evidence rating or outcome

Garcia S, Brown E, Strobino D, Minkovitz C. National Performance Measure 6 Developmental Screening Evidence Review. Strengthen the Evidence Base for Maternal and Child Health Programs. Women’s and Children’s Health Policy Center, Johns Hopkins University, Baltimore, MD. 2018



Contact Information

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State Example



Speaker Introduction



Colleen Reuland, MS

Director, Oregon Pediatric Improvement Partnership
Department of Pediatrics at Doernbecher Children's
Hospital, OHSU



From the Front-Line: Sharing from Oregon About Efforts to Improve Developmental Screening

Event: Developmental Screening Alignment: National Performance Measure 6 Data and Strategies

When: Wednesday 25 July 2018, 03:30 PM - 04:30 PM

Colleen Reuland, MS
Director, Oregon Pediatric Improvement Partnership
Department of Pediatrics at Doernbecher Children's Hospital, OHSU



Agenda

- Background and context on work within and across states focused on developmental screening
- Overview of multi-pronged approach used in Oregon
- Questions and discussion with attendees

Reuland & OPIP Experience with Developmental Screening

- Measurement and evaluation of community-based developmental screenings
- Learning collaboratives and quality improvement with primary care practices and health systems to implement developmental screening.
- Community and population-based efforts engaging multiple sectors on developmental screening AND follow-up
- Measurement development and implementation
 - Developed measures used by the Assuring Better Child Development states and practices to measure developmental screening and follow-up (Based on claims data, medical chart reviews)
 - Part of Child and Adolescent Health Measurement Initiative (CAHMI) team that developed the items within the National Survey of Children's Health
 - Measure Steward for Developmental Screening CHIPRA Core Measure (based on claims OR claims & medical chart review)

Oregon's Multi-Pronged Approach to Improve Developmental Screening

1. Use of Data
2. Practice-Level Quality Improvement
3. Improve and Clarify policies (including payment)
4. Leverage Medicaid Managed Requirements Related to Performance Improvement Projects
5. Patient Centered Medical Home
6. Metrics Tied to Incentive Dollars
7. Synergy with efforts focused within Early Learning System



#1: Use of Data to Highlight Current Levels of Screening, Need for Improvement

- National Survey of Children's Health
- Pregnancy Risk Assessment Monitoring System (PRAMS)- II Data
- Oregon part of numerous ABCD efforts, therefore collected and reported on data based on claims data and medical chart review data
- CHIPRA Core Measure: State reported the Developmental Screening Measure for Publicly Insured Children, Led Multiple Improvement Efforts through this 5-Year Effort
 - <http://www.oregon-pip.org/projects/tchic.html>
- Child and Family Well-Being (CFWB) Measures Workgroup
 - From 2014-2015, the CFWB Measures Workgroup focused on identifying opportunities for coordination and integration between health and early learning system transformation efforts.
 - <http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Child-Family-Well-Being-Measures.aspx>

#2: Practice-Level Quality Improvement

- Participation in the Assuring Better Child Development (ABCD) Screening Academy.
 - Implemented screening across 10 practices within Kaiser Permanente Northwest
- American Academy of Pediatrics Catch Grant to David Willis, President of Oregon Pediatric Society at the time
- Oregon Pediatric Society START Training on Developmental Screening (<https://oregonpediatricsociety.org/start/>)
- Children's Health Alliance Quality Improvement Project on Developmental Screening
- Oregon Pediatric Improvement Partnership led multiple medical home learning collaboratives, including implementation of developmental screening and follow-up
- Project Launch projects in two communities (Multnomah and Deschutes counties)

#3: Improve and clarify policies (including payment)

- Medicaid clarified expectations of screening aligned with Bright Futures recommendations
- Clarified use of 96110 claim and related policies
- Address barriers with 96110 claims reimbursements

Example: Number of claims that be submitted in one day,
Modifiers that should be used (-25 or -33)

- Ensured 96110 was above the “ line” for coverage on the Oregon Health Plan prioritized list

#4: Medicaid Performance Improvement Project

- Performance Improvement Projects (PIP) a requirement of Medicaid Managed Care quality requirements.
- Medicaid created an optional PIP focused on screening, referral, and care coordination
- Opportunity to contract with an EQRO-Like Entity to Facilitate a Learning Collaborative of the managed care organizations
 - Contracted with Oregon Pediatric Improvement Partnership (EQRO-like entity)
 - Builds off “trusted” broker between state and front-line
 - PIP Overview: <http://oregon-pip.org/projects/abcd.html>
- Engaged eight managed care organizations that cover 1 in three children in the state
- Community café’s of parents of children who had delays and received Early Intervention
- PIP included measures of developmental screening and follow-up for children who had eligible visits
 - Measure developed by OPIP
 - http://oregon-pip.org/resources/OPIP_ABCD%20III_MedChartReview.pdf
 - Claims measure run by Medicaid
 - Medical chart reviews conducted by Managed Care Organizations
- Effort also engaged partners in Early Intervention at the state and community-level.

#5: Oregon's Patient Centered Primary Care (PCPCH) Home Standards

- State-specific definition and accreditation
 - <https://www.oregon.gov/oha/hpa/csi-pcpch/pages/index.aspx>
 - General definition, not specific to certain populations
 - Scoring used to identify practices within “Tiers”, with Tier 5 being the highest
 - 11 “must-pass” criteria that every clinic must meet in order to be recognized
 - **Developmental screening is included in a global “Must Pass Measure”**
 - Measure: 3.C.0 - PCPCH has a screening strategy for mental health, substance use, and developmental conditions and documents on-site and local referral resources
 - Other criteria worth varying amounts of points. Harder concepts = Higher # of points
 - Total points determines clinic’s overall tier on the PCPCH recognition.
- Incentives related to PCPCH
 - CCOs get incentive monies based on number of members who go to a PCPCH
 - High variability within CCO on use of PCPCH tiers for alternative payment reform to clinics
 - Some incentive to privately insured OHA members who go to a PCPCH, reduction in co-pays

#6: Incentive Metrics Tied to Developmental Screening within Oregon's Coordinated Care Organization Model

- Coordinated Care Organizations (CCOs)
 - Network of all types of health care providers (physical health care, addictions, mental health care, dental care) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid).
 - In 2016, 16 CCOs operating in communities around Oregon
 - 93% of children in Oregon Health Plan are enrolled in a CCO
- Key Levers within Coordinated Care Model
 - Global budget
 - Performance Improvement Projects
 - **Performance Metrics – Incentive Metrics**

#6: Incentive Metrics Tied to Developmental Screening within Oregon's Coordinated Care Organization Model

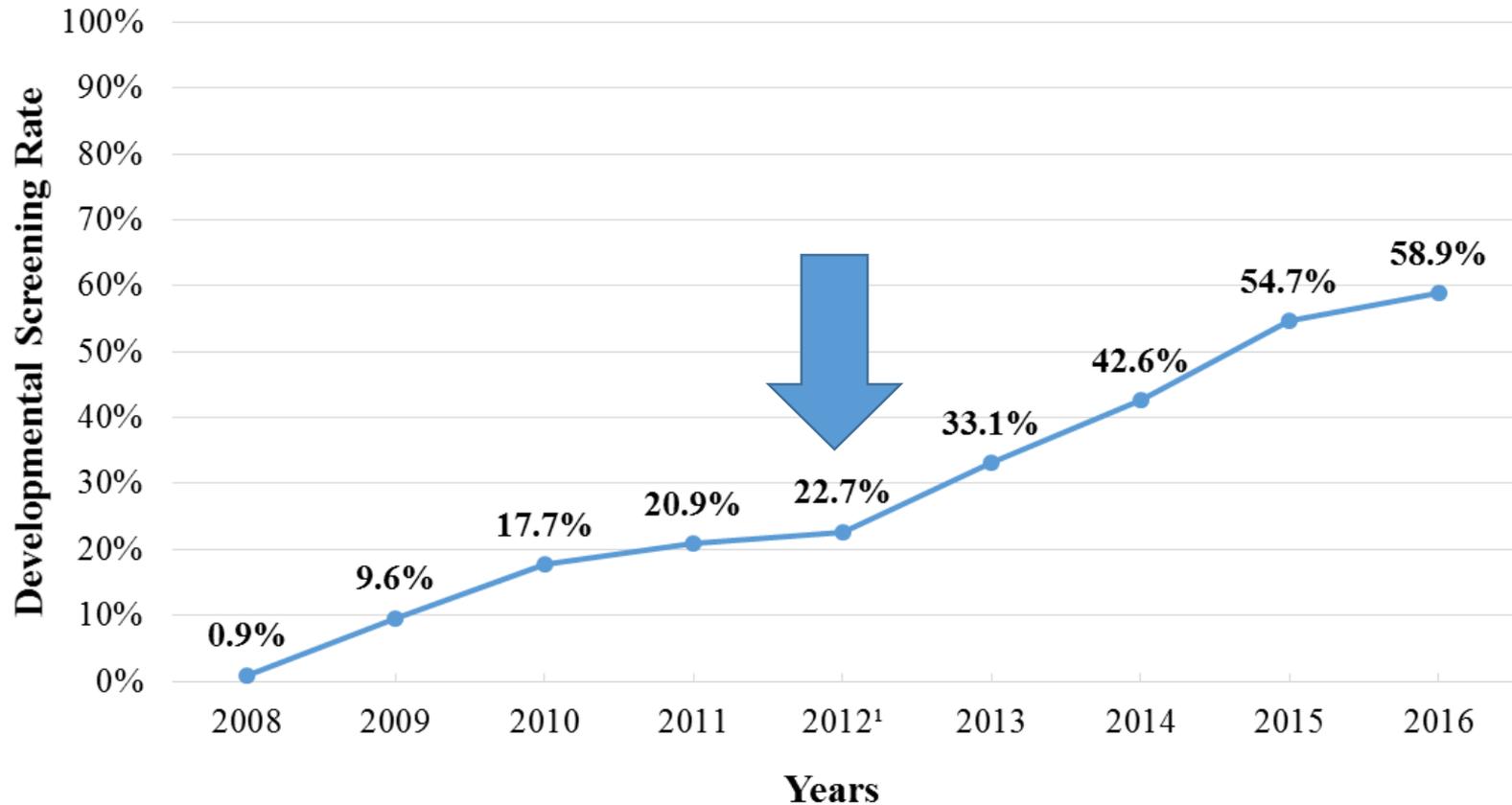
2017 CCO INCENTIVE METRICS

1. Adolescent well-care visits
2. Ambulatory care: Emergency department utilization
3. CAHPS Composite: Access to care
4. CAHPS Composite: Satisfaction with care
5. Childhood immunization status
6. Colorectal cancer screening
7. Controlling high blood pressure
8. Dental sealants on permanent molars for children
9. Depression screening and follow-up plan
- 10. Developmental screening in the first 36 months of life**
11. Diabetes: HbA1c Poor Control
12. Effective contraceptive use among women at risk of unintended pregnancy
13. EHR Adoption
14. Follow-up after hospitalization for mental illness
15. Mental, physical and dental health assessments within 60 days for children in DHS Custody
- 16. Patient Centered Primary Care Home (PCPHC) Enrollment**
17. Prenatal and postpartum care: Timeliness of prenatal care



#6: Incentive Metrics Tied to Developmental Screening within Oregon's Coordinated Care Organization Model

Oregon's Developmental Screening Rate from 2008-2016



¹Due to transitions within the CCOs, this provisional 2012 developmental screening rate was calculated using continuous enrollment in OHP, not continuous enrollment in an MCO/CCO like the rates for 2011, 2013-2016.

#6: Synergy with efforts within the Early Learning System Efforts

- Early Learning Division and Creating of Early Learning Hubs
- Joint Subcommittee Early Learning Council and Oregon Health Policy Board

#6: Synergy with efforts within the Early Learning System Efforts

- In 2011, legislature established the Oregon Education Investment Board (OEIB) and Early Learning Council (ELC).
- Established 16 Early Learning Hubs to bring together Human Services, Health, Early Learning, K-12 Education and Business Sectors.
- First Hub started in 2014.
- Collective Impact philosophy.

1

Children arrive more ready for kindergarten

2

Families are stable and attached

3

Services are coordinated and aligned

#6: Synergy with efforts within the Early Learning System Efforts

Focus on Developmental Screening within Early Learning Hubs:

- Early Learning Hub Metrics
 - 1st wave Included CCO Developmental Screening Incentive Metric
- High quality child care – part of highest level designation

Links to Resources Highlighted

<http://www.oregon-pip.org/focus/DevScreening.html>

<http://www.oregon-pip.org/focus/FollowUpDS.html>

www.ABCD Resource Center: <http://www.nashp.org/abcd-state>

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/developmentalscreeningwebinar.pdf>

Contact information:

Colleen Reuland, MS reulandc@ohsu.edu

Questions and Discussion with Attendees

EVALUATION LINK

- <https://www.surveymonkey.com/r/5222MBB>

Evaluation



National Performance Measure 6

Resources from *Strengthen the Evidence
for MCH Programs*



EVIDENCE ANALYSIS REVIEW (COMPLETED BY JHU)

Findings of the Evidence Analysis Review

- Quality improvement in health care settings appears to be effective.
- Systems-level approaches with quality improvement interventions appears to be effective.
- Health care provider training and home visiting programs may be effective; however, further evidence is needed to fully assess their impact.

Examples – moderate evidence of effectiveness

- Quality Improvement in Health Care Settings (Health Care Practices): Statewide learning collaborative for pediatric practices
- Systems-level Approaches with Quality Improvement: Statewide learning collaborative for primary care practices with enhanced reimbursement for developmental screening and collaboration with local agencies

EVIDENCE ANALYSIS REVIEW

Implications

- Ongoing evaluations of multiple national initiatives, such as the Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN) and Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) may yield additional strategies to increase the percentage of children receiving developmental screening.
- Sustained investment in evaluations of systems-level approaches is essential for expanding the base of strategies to improve developmental screening.

NEW EVIDENCE TOOLS

- New website:
www.mchevidence.org
- Evidence Tools:
 - Evidence Brief
 - Environmental Scan
 - Evidence Review
 - Sample Implementation Strategies
 - Additional Learning

MCH Library MCH Navigator NCEMCH Georgetown University

MCH EVIDENCE

Strengthening the evidence for maternal and child health programs
About Connect Search Q

TECHNICAL ASSISTANCE EVIDENCE TOOLS TEAM OF EXPERTS LEARNING RESOURCES MCH DIGITAL LIBRARY

Evidence Tools

NPM Topic Areas

1. Well-Woman Visit
2. Low-Risk Cesarean Deliveries
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13. Oral Health
14. Smoking
15. Adequate Insurance Coverage

Search for Evidence Sources in the MCH Digital Library

1. Find Established Evidence
2. Find Emerging Evidence
3. Find State ESMs

EVIDENCE TOOLS
NPM 6

Developmental Screening

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- > **Evidence Analysis Report**
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- > **Implementation Strategies**
 - > [Sample Strategies and Evidence-based/informed Strategy Measures \(ESMs\)](#) (WCHPC). A list of sample strategies and ESMs for each of the 15 NPMs. Sources are provided at the end of the document.

NEW EVIDENCE TOOLS

- New MCH Library site
www.mchlibrary.org
- Finding Aids:
 - Established evidence
 - Emerging evidence
 - State ESMS



FIND ESTABLISHED EVIDENCE

Search the peer-reviewed research articles that were reviewed in developing the evidence reports. Links are provided to electronic access. Not all articles are available freely online.

Note: this is a prototype search. Peer-reviewed articles haven't been collected on all NPM topic areas. As data is collected, you will be able to access summaries of methods and findings. [If you have comments/ideas about this search, please contact us to discuss.](#)

1. Choose the NPM you are interested in.
2. On the following page, choose the primary intervention component you are interested. Not all NPMs utilize all interventions.

Step 1. Choose NPM:
Select NPM

[PROCEED TO STEP 2](#) [RESET](#)



FIND EMERGING EVIDENCE

New studies are continually being published. Use these links to generate automated searches of the most current research literature using the same search parameters that the project uses to identify articles for evidence reports. (See notes at bottom of page for details on the searches themselves).

Search Strings

1. **Well-Woman Visit:** [PubMed Search](#) | [Cochrane Library Search](#)
- Cervical Cancer Screening:** [PubMed Search](#) | [Cochrane Library Search](#)
- HPV Vaccination:** [PubMed Search](#) | [Cochrane Library Search](#)
2. **Low-Risk Cesarean Deliveries:** [PubMed Search](#) | [Cochrane Library Search](#)
3. **Perinatal Regionalization (Risk-Appropriate Perinatal Care):** [PubMed Search](#) | [Cochrane Library Search](#) (very low birth weight infants born in NICU)
4. **Breastfeeding:** [PubMed Search](#) | [Cochrane Library Search](#)
5. **Safe Sleep:** [PubMed Search](#) | [Cochrane Library Search](#)
6. **Developmental Screening:** [PubMed Search](#) | [Cochrane Library Search](#)
7. **Child Safety/Injury:** [PubMed Search](#) | [Cochrane Library Search](#)
8. **Physical Activity:** [PubMed Search](#) | [Cochrane Library Search](#)
9. **Bullying:** [PubMed Search](#) | [Cochrane Library Search](#)
10. **Adolescent Well-Visit:** Coming Soon
11. **Medical Home:** [PubMed Search](#) | [Cochrane Library Search](#)
12. **Transition:** Coming Soon
13. **Oral Health During Pregnancy:** [PubMed Search](#) | [Cochrane Library Search](#)
- Oral Health in Childhood:** [PubMed Search](#) | [Cochrane Library Search](#)
14. **Smoking During Pregnancy:** [PubMed Search](#) | [Cochrane Library Search](#)
- Household Smoke:** [PubMed Search](#) | [Cochrane Library Search](#)
15. **Adequate Insurance Coverage:** Coming Soon



FIND STATE ESMS

Find Evidence-based/Informed Strategy Measures (ESMs) that are currently in use by been completed. You can search by key word (e.g., WIC, hospital), NPM, or state/juris.

Note: this is a prototype search page. As data is collected, you will be able to link to on strengths and limitations of measures, evaluation strategies, and agency contacts [comments/ideas about this search, please contact us to discuss.](#)

🔍 Keyword

NPM:
All NPMs

State/Jurisdiction:
All States and Jurisdictions

Status:
All

[SEARCH](#) [RESET](#)



TA AVAILABLE

Implications

- Staff from Georgetown University and the National MCH Workforce Development Center
- Individualized, needs-based, and solution-oriented
- Factsheet:
<https://www.mchevidence.org/documents/MCH-Evidence-TA-Factsheet.pdf>
- Contact us:
mchevidence@ncemch.org

Addressing **WHAT WORKS** in Translating Evidence



Strengthen the Evidence for MCH Programs

provides TA to Title V leaders to help them sharpen their skills to identify, develop, and improve Evidence-based/informed Strategies Measures (ESMs) to advance NPM areas among their populations and to address questions of how to choose, implement, and evaluate programs based on evidence more broadly.

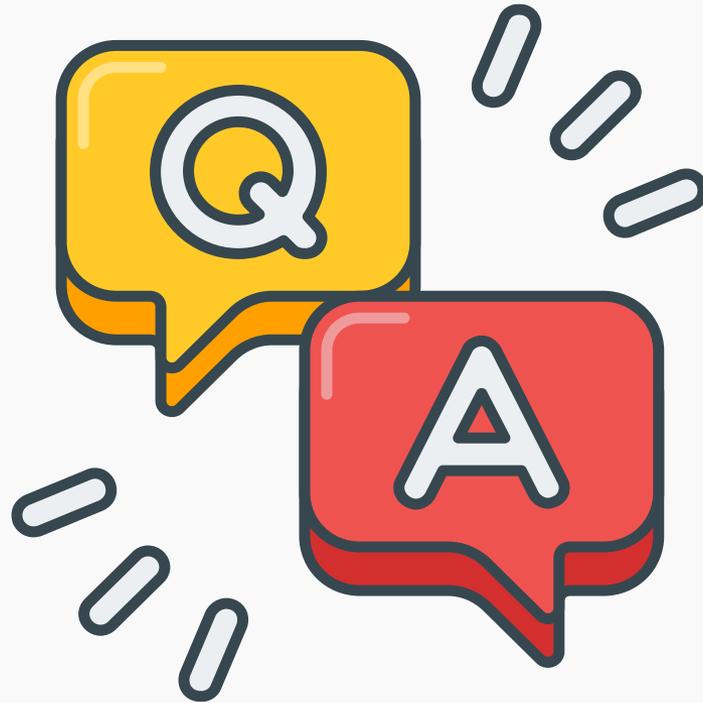
Specifically, the center:

- **Reviews current, state-initiated ESMs annually** to provide feedback on how the measures align with NPMs and state strategies and how they are supported by the published evidence and practices in the field.
- **Identifies emerging evidence and engages in TA to develop and implement new ESMs** through ongoing “check-ups” with states and longer-term TA related to implementation and measurement.
- **Provides guidance** on the systems to sustain these strategies, the measures necessary to track and report progress, and ways to more fully integrate ESMs with your needs assessment and state action plan.

Examples of TA that the center provides:

- A state requests guidance and feedback from the center on how to develop meaningful measures for its full list of ESMs before submitting the annual block grant application.
- A state wants to develop a safe sleep campaign (NPM 5), but isn't sure whether to base it in the hospital or during prenatal visits and wants to know what the evidence says is the most effective intervention.
- A group of states who have chosen NPM 9 (Bullying) want to compare pilot programs to find the most effective behavior change programs.

WHAT QUESTIONS, INSIGHTS, OR COMMENTS DO YOU HAVE?



Thank You!



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