

# Oregon's ABCD Screening Academy: Making Policy & Hoping to Change Lives

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## Recent publications:

1. "Impact of Implementing Developmental Screening at 12 and 24 Months in a Pediatric Practice", *Pediatrics*, August, 2007
2. "The Thorny Nature of Predictive Validity Studies on Screening Tests for Developmental-Behavioral Problems", *Pediatrics*, 2008 currently in press

## ABCD Project History

- National **A**ssuring **B**etter **C**hild Health and **D**evelopment Initiative began in 2000
- North Carolina ,1 of 4 states to receive a Commonwealth grant
- Pediatrics article, July, 2006: Marian Earls, MD & Sherry Shackelford Hay, BSW, MPA
  - ASQ or PEDS universal screening at: 6, 12, 18, 24, 36, 48 & 60 months
- 14 "networks", 1006 practices, 92 counties involved
- All of North Carolina's pilot sites selected the ASQ

## ABCD Project History

- Pediatrics article 7/2006, Earls & Shackelford, 5 yr study period
- Results: “significant increase in screening rates to >70% of the designated well-child visits”
- Big increases in % screened especially over the first 3 yrs of screening implementation
- Prompted changes in North Carolina’s Medicaid policy
- EPSDT “complete visit” requires standardized developmental screening at 6, 12, 18 and 24 months + 3, 4 and 5 years
- 96110 reimbursement used with Medicaid

## AAP Policy Recommendations

- Pediatrics, July 2006: “Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening” \*
- Recommendations for Tools, Office Flow, Billing, and Referrals

\* <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405>

## Oregon ABCD Screening Initiative

- One of 18 states awarded technical assistance “grant” from the National Academy for State Health Policy
  - Follow AAP Policy Statement
  - Learn and apply experiences of ABCD pilot states
- Goal: Increase identification, treatment, and follow up for young children with developmental delays

## Oregon’s ABCD Core Team

Molly Emmons, MPA, Program and Policy Analyst, Office of Family Health, Oregon Public Health Division

Katherine J. Bradley, PhD, RN, Administrator, Office of Family Health, Oregon Public Health Division, Department of Human Services

Charles Gallia, PhD, Manager, Research and Analysis, Medical Assistance Programs, Oregon Department of Human Services

Marilyn Hartzell, MEd, Program Manager, Oregon Center for Children & Youth with Special Health Needs, OHSU

Kevin Marks, MD, Oregon Pediatric Society representative, PeaceHealth Medical Group Pediatrics

## ABCD Steering Committee

- **Stakeholders and Partners:**
  - Public Health Division, Oregon's Department of Human Services
  - Health Services Commission, Oregon Health Plan
  - Division of Medical Assistance Programs (Medicaid agency), Oregon DHS
  - Oregon Pediatric Society, Oregon Association of Family Physicians
  - Child Development and Rehabilitation Center, OHSU
  - Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)
  - Early Intervention Services, Oregon Dept. of Education
  - Oregon Rural Practice-Based Research Network
  - Northwest Early Childhood Institute
- **Steering Committee** will make recommendations for policy makers and practitioners that support improved screening and early intervention

## ABCD Initiative Scope

- Facilitate change
- Convene new and/or stronger partnerships
  - Medicaid and OPS
  - Physicians and developmental-behavioral community agencies + subspecialists
  - Developmental-behavioral agencies & parents
- Provide information and professional resources for others to create change in their communities

## ABCD Screening Initiative

### Oregon Goals:

1. *Increase surveillance and standardized screening in the medical home*
2. *Clarify coverage and reimbursement for developmental standardized screening*
3. *Increase linkages with medical home and referral services*

## ABCD Project Recommendations

### *Goal #1: Increase surveillance and standardized screening in the medical home*

- Recommendations for screening tools
  - General development
  - Social-emotional
  - Psychosocial & Maternal Mood Disorder
- Recommendations for integrating screening protocol in practice
  - Demonstration/ Pilot Sites for Oregon
  - Quality Improvement Initiatives

## ABCD Project Recommendations

### *Goal #2: Clarify coverage and reimbursement for developmental standardized screening*

- Recommendations for billing codes for preventive screening
  - CPT 96110
  - Oregon Health Plan guidelines
- Recommendations for measures for use in tracking screening and quality improvement

## ABCD Project Recommendations

### *Goal #3: Increase linkages with medical home and referral services*

- Recommendations for improved communications
  - Medical home and early intervention
  - Medical home and other services
- Recommendations for improved referral mechanisms in communities
- Recommendations for improving parent knowledge and involvement in screening

## Accomplishments to Date

- Clarifying coverage and reimbursement in Oregon Health Plan
  - In January, the Health Services Commission approved an adjustment in the Oregon Health Plan
  - Effective April 1, 2008, OHP providers may bill to CPT code 96110 for each screening for hearing, developmental, behavioral and/or psychosocial screens in any preventive care visit
  - Guidelines for screening and tools in Oregon Health Plan preventive intervention tables

## Reimbursement for Screening

### For Oregon Health Plan covered patients:

- 96110 can be paired with V20.2, the code for well-child visits
- Implementing a standardized, reliable, validated screening tool – more than 1 tool per visit allowed
- Reimbursement for Medicaid/Oregon Health Plan is currently \$9.67/screen
- Covers office costs not physician services

## Recommended Screening Tool Criteria

### ➤ Screening tools should be effective:

- *Accurately identify* children with and without developmental and/or behavioral delays and children who are "at risk"
- *Target the population* most likely to experience the long-term benefits from early intervention
- *Standardized* on a large, nationally representative population reflect the socio-demographics of our nation
- *Sensitivity and specificity* at a minimum "moderate" (>70%) and preferably moderate - high (>80%).
- *Rigorously peer-reviewed* in respected professional journals/ publications
- *Include teaching tools for parents*, such as developmental activity sheets or behavior-related handouts that can serve as a form of early intervention.

## Recommended Screening Tool Criteria

### ➤ Screening tools should be feasible:

- *Demonstrate feasible* and successful for implementing standardized screening in primary care
- *Completed in 15 minutes or less*, ideally prior to the visit
- *Parent completed* or administered by a MA, RN or LPN
- *Available at 6th grade reading levels* at the minimum
- *Available in English and Spanish* at the minimum
- *Straight-forward scoring* and referral criteria
- *Results in definable risk groups* with specified follow-up steps
- *Reasonably low cost* for purchase so all types of practices can participate

## Oregon's ABCD Recommended Screening Tools

- **General Developmental Tools**
  - *Ages and Stages Questionnaire (ASQ)*
  - *Parents Evaluation of Developmental Status (PEDS)+/-PEDS: Developmental Milestones (DM)*
- **General Social-Emotional Tools**
  - *Ages and Stages Questionnaire plus Social-Emotional (ASQ-SE)*
- **Autism or Pervasive Developmental Disorder-Specific Tools**
  - *Modified Checklist for Autism in Toddlers (M-CHAT)*

## Oregon's ABCD Recommended Screening Tools

- **Psychosocial Screening Tools (in progress)**
  - *Pediatric Intake Form/ Family Psychosocial Screen*
  - *WE CARE survey*
  - Many other screens available
- **Post Partum Mood Disorder Tools (in progress)**
  - *Edinburgh Postnatal Depression Scale*
  - *Patient Health Questionnaire-2*
  - Many other screens available

## Oregon ABCD Accomplishments

- Health Services Commission accepts ABCD recommendations:
- **OHP Guidelines:** "... developmental, behavioral and/or psychosocial ) screening tools include but are not limited to: a) ASQ, b) PEDS +/- PEDS:DM, c) ASQ:SE, d) M-CHAT"
- 96110 description and OHP guidelines are designed for parent-report tools
  - Direct, observable tools (done by the physician) like the Denver II don't fit the 96110 description
  - Denver II checklists are neither validated nor reliable

## What can the ABCD Project Do?

- **Catalyst for action**
  - OHP Policy
  - Practice standards
  - Referral linkages (coming soon!)
- **Partnerships with authority to implement change**
  - Pediatric Society
  - Child Development and Rehabilitation Center
  - State Medicaid Agency
  - State Public Health
- **Resource for others to implement change**
  - Research sources to support evidence-base for action
  - Shared expertise (pediatric providers, clinical improvement)
  - Public policy makers

**However, the ABCD Project is poorly funded so there are limitations with our ability to bring about wide-scale practice change or track implementation progress.**

## **Future Directions**

- Let's engage both the public & our politicians
- Let's dramatically improve Part C (Early Intervention) and B (Special Education) agency Funding and Workforce !
- All primary care pediatric providers need to “buy into” developmental-behavioral surveillance & screening while using “quality” tools

## Future Directions

### Private payer coverage for screening:

- ✓ Better understand which payers do and do not reimburse for 96110
- ✓ Exert “grassroots” ABCD Academy + OPS statewide pressure
- ✓ Exert national (AAP) pressure on private payers
- ✓ Exert political pressure
- ✓ Exert parental pressure

## 96110 as an Evaluation Measure?

- Understand that private payer non-reimbursement (“underinsured”) or “uninsured” issues have the very real potential to:
  1. Frustrate or anger parents about their \$10 - \$34 clinic bill for filling out a questionnaire
  1. Discourage physicians from utilizing standardized screening tools because of #1

## 96110 as an Evaluation Measure?

- Feasible to track implementation progress by tracking the use of 96110
- However, this approach only works if all private payers (along with Medicaid) reimburse
- Otherwise, physicians are forced to have parents sign a waiver prior to the targeted screening visit (for a standardized screen)
- Physicians are afraid that parents will get an approximately \$10 - \$34 bill for completing a developmental screening tool

### Case Example: 18 or 24 mo WCC **Private Payer Insurance Plan**

Gas to get to clinic = \$3.50/ gallon

Co-pay = usually \$20

Fluoride Varnish = \$24 (covered by the dental but not medical insurance)

ASQ (96110) = \$34 (charge at PeaceHealth)

M-CHAT (96110) = \$34

Total cost to parent > \$112 (with insurance!!)

**Case Example: 18 or 24 mo WCC  
Self-pay Patient**

Gas to get to clinic = \$3.50/ gallon

Established patient, 1-4 yr old WCC = \$190

Fluoride Varnish = \$24 (covered by the  
Dental but not medical insurance)

ASQ (96110) = \$34 (charge at PeaceHealth)

M-CHAT (96110) = \$34

Total cost to the parent > \$282

**Conclusions:**

- 1. Our multi-payer system makes it very difficult for parents to obtain adequate insurance coverage for preventive services.**
- 2. Getting private payers all “on board” with preventative services like 96110 is an absolute must.**

## Translating OHP Policy to Private Payers

Until all private payers are willing to reimburse for 96110...

Wide-scale developmental-behavioral screening is unlikely to become a reality

## Let's Get Radical !

Conclusion from the Governor's Early Childhood Summit:

*We need a comprehensive approach to radical change with infrastructure strategies & development*

My thought:

- ✓ Let's establish the first-ever Social-Emotional EI network here in Oregon, county by county.
- ✓ Pair Social-Emotional (Mental Health) EI agencies with Part C developmental agencies throughout the state.

## Let's Get Radical !

### ➤ Social-Emotional Surveillance and Screening

#### 1. Medical Setting: Universal ASQ:SE screening at 2 optimally effective & feasible intervals in time

- Overlap SE screening with the AAP's universal development screening schedule

Option #1: 12 and 36 months (most effective option?)

Option #2: 18 months and 4-5 years (parent have more behavior concerns at 18 compared to 12 months)

#### 2. Preschool setting: Universal ASQ & ASQ:SE screening (e.g. Head Start)

## Let's Get Radical !

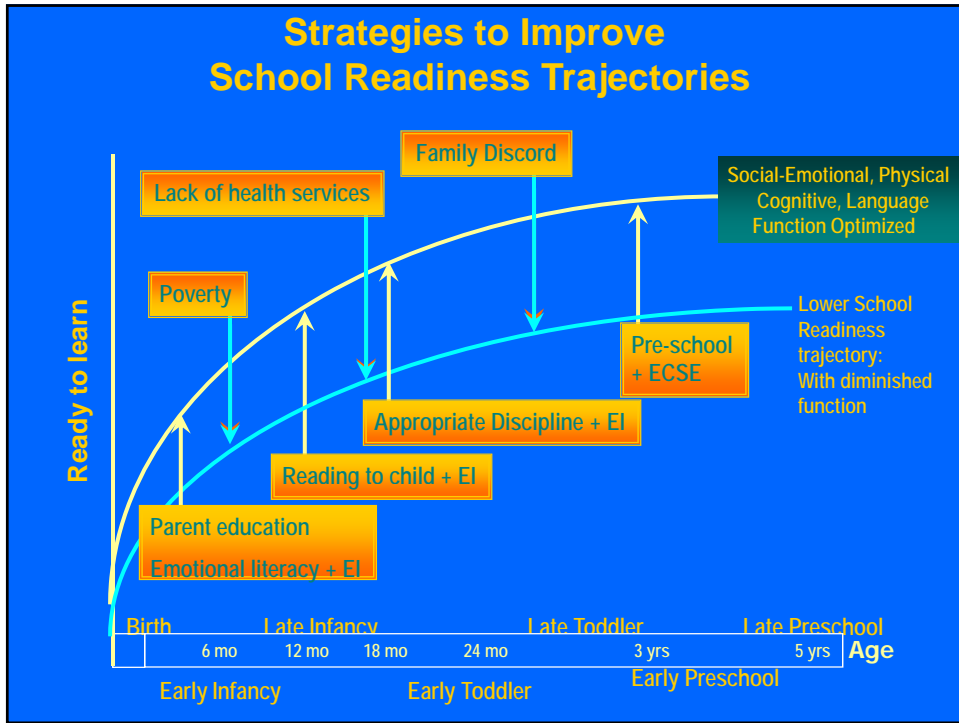
### ➤ Social-Emotional Surveillance and Screening

- New AAP Mental Health Task Force psychosocial and early childhood behavioral surveillance and screening recommendations are "in progress"

**Who here is willing to radically improve  
the developmental-behavioral  
trajectories of all children?**

**Radical change with a more effective,  
approach to preventing both  
developmental and behavioral  
problems.**

## Strategies to Improve School Readiness Trajectories



**When this happens....**

## Kevin's Recommendations

- **Pediatric Intake Form** (Bright Futures) at 2 weeks
  - Better if this psychosocial screen was scored electronically
- **EPDS universally at 2 months**
  - if score is  $\geq 10$ , repeat at 4 mo
- **ASQ universally at 9, 18 & 24 months**
  - PRN if the parent ever has developmental and/or behavioral concerns. As a general rule, use ASQ prior to the ASQ:SE
  - If pediatrician concerns, then automatically refer!
- **ASQ: ASQ:SE universally at 12 and 36 months**
  - 12 (range 9-14) & 36 (range 33-41) months + PRN if behavioral or high psychosocial concerns & the ASQ was "above cut-off" + PRN if ASQ  $>2$  SD below the mean in 1 or more domains
- **M-CHAT PRN 16 – 48 mo**
  - PRN autism or social communication concerns, 16-48 months

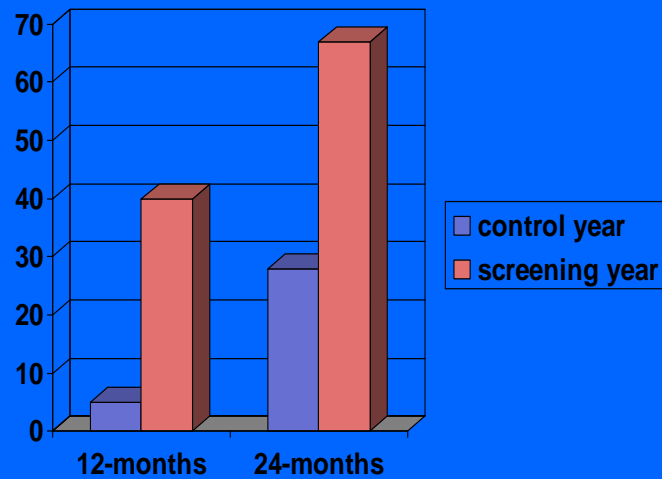
**And we interconnect all of  
Oregon's Medical, Head Start  
and Early Intervention  
Communities with Systematic  
Online Screening ...**

**(e.g. CHADIS)**

Then, this will look like a drop  
in the bucket...

## ASQ Control and Screening Years Referral Rates Increased 224%

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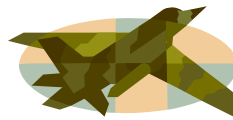
**Then...**

**We enlist an army of Early  
Intervention specialists for  
developmental and  
behavioral problems in  
children 0- 5 years of age!**

**It will be the dawn of....**

## America's New Charge!

### Operation: "Early Intervention"



Want more information?

Oregon's ABCD Screening Initiative

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