



Measure 1148: Developmental Screening in the First Three Years of Life

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PowerPoint Presentation by Colleen Reuland. Presented at the Child Health Services Research Group at the Academy Health Annual Conference – June 2014.

Section A:

Developmental Screening in the First Three Years of Life: Summary of State Reporting

DEV: DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE

Measure Steward: Oregon Health and Science University (OHSU)

Measure Description

The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.

Adaptation for the Child Core Set

- Not applicable

Overview of State Reporting

- The number of states reporting the Developmental Screening in the First Three Years of Life measure increased from 7 states for FFY 2011 to 12 states for FFY 2012 and 19 states for FFY 2013.¹ Twenty-one states reported the measure at least once during the three years.
- Of the 19 states reporting the measure for FFY 2013, 15 reported the measure for both their Medicaid and CHIP populations, 2 reported the measure for their Medicaid population only, and 2 reported the measure for their CHIP population only.
 - In FFY 2013, 19 states reported the measure using the Child Core Set specifications, which were based on OHSU 2013 specifications. Five states used the Child Core Set specifications for all three years (FFY 2011–2013). The measure was originally specified for reporting at the provider level.

State Performance

Among the 5 states reporting the measure using the Child Core Set specifications for all three years, the median rate of children screened in the first year of life decreased by 10.5 points, while the median rate of children screened in the second and third years of life increased by 0.2 and 8.1 percentage points, respectively (Table 1).

¹ The term “states” includes the 50 states and the District of Columbia.

Table 1. Trends in the Developmental Screening in the First Three Years of Life measure, FFY 2011–2013 (n=5)

Percentage of children screened for risk of delays	FFY 2011	FFY 2012	FFY 2013
12 months			
Mean rate	37.9	41.3	39
Median rate	31.9	33.0	21.4
25 th and 75 th percentiles	14.0, 64.7	17.8, 68.8	17.0, 69.9
24 months			
Mean rate	37	42.6	42.5
Median rate	36.0	40.0	36.2
25 th and 75 th percentiles	12.4, 62.1	21.1, 65.4	23.3, 64.8
36 months			
Mean rate	26.5	29.9	33.8
Median rate	26.3	28.0	34.4
25 th and 75 th percentiles	4.4, 48.6	11.0, 49.8	16.3, 51.1

Source: Mathematica analysis of FFY 2011, 2012, and 2013 Child CARTS reports as of April 11, 2014.

Note: Excludes 46 states that did not report the measure using Child Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations, the mean and median rates were calculated using the rate for the larger measure-eligible population. Data for this measure were publicly reported in a previous Secretary's Report.

State Challenges to Reporting the Measure

- Among the states not reporting the measure for FFY 2013, the most common reason for not reporting was “data not available” (Table 2). Fifteen states specified another reason for not reporting the measure, which included lack of state resources, the measure is not currently a state priority, and data were not collected.

Table 2. Reasons for not reporting the Developmental Screening in the First Three Years of Life measure, FFY 2011–2013

Reason for not reporting the measure	FFY 2011	FFY 2012	FFY 2013
Number of states not reporting the measure	44	39	32
Data not available	28	19	16
Population not covered	0	1	1
Sample size too small (less than 30)	1	1	0
Other	20	19	15
Not specified	2	1	2

Source: Mathematica analysis of FFY 2011, 2012, and 2013 Child CARTS reports as of April 11, 2014.

Note: States that submitted separate data for their Medicaid and CHIP populations were counted as reporting the measure if either report included data for that measure. States were asked to specify one or more reasons for not reporting using three specific categories listed above as well as an open-ended category for other reasons.

- Reporting challenges are also reflected in the technical assistance (TA) requests submitted to the TA mailbox. Between May 2011 and May 2014, 19 TA requests were submitted by 10 states. The TA topics included questions about calculation of the numerator and denominator as well as use of an alternate methodology and measure sampling requirements. The resource manual was updated to include measure-specific clarifications based on states' TA requests.

Additional Support Provided to States on the Measure

- In June 2013, CMS's TA Team conducted a webinar on collecting and using the DEV measure in collaboration with the measure steward.

Section B:

Developmental Screening in the First Three Years of Life: State-Level Reporting

Table DEV. Developmental Screening in the First Three Years of Life: Percentage of Children Screened for Risk of Developmental, Behavioral, and Social Delays Using a Standardized Screening Tool Preceding Their First, Second, or Third Birthday, as Submitted by States for the FFY 2013 Child Core Set Report (n = 20)

State	Population	Methodology	Denominator: 12 months	Denominator: 24 Months	Denominator: 36 Months	Rate: 12 months	Rate: 24 Months	Rate: 36 Months
U.S. Total	.	.				30.4 (Mean) 20.1 (Median)	34.4 (Mean) 27.7 (Median)	26.6 (Mean) 20.6 (Median)
Alabama	CHIP only	Administrative	739	1,115	1,484	18.7	20.6	11.7
Alaska	Medicaid & CHIP	Administrative	5,679	3,916	3,924	11.4	9.5	5.7
Connecticut	Medicaid & CHIP	Administrative	18,100	15,103	16,268	16.7	29.4	20.3
Delaware	Medicaid & CHIP	Administrative	2,934	3,143	2,904	35.1	45.9	31.7
Florida	Medicaid & CHIP	Administrative	9,191	32,662	39,607	8.5	11.3	8.1
Georgia	Medicaid & CHIP	Administrative	81,305	48,816	55,581	22.0	23.7	19.1
Illinois	Medicaid & CHIP	Administrative	87,849	90,292	94,030	63.5	53.5	38.5
Indiana	Medicaid & CHIP	Administrative	45,431	35,979	35,780	7.8	9.8	7.2
Iowa	Medicaid only	Hybrid	137	137	137	96.4	75.9	65.7
Maine	Medicaid & CHIP	Administrative	6,425	6,230	6,306	12.5	17.1	11.9
Massachusetts	Medicaid & CHIP	Administrative	21,651	20,575	20,396	51.4	65.8	55.0
North Carolina	Medicaid only	Administrative	68,957	62,304	63,112	72.8	76.8	61.4
Oklahoma	Medicaid & CHIP	Administrative	25,878	22,414	22,895	11.7	17.4	13.4
Oregon	Medicaid & CHIP	Administrative	22,936	19,046	19,492	21.4	26.0	20.9
Pennsylvania	Medicaid & CHIP	Administrative	32,702	35,072	32,888	33.5	44.8	38.1
South Carolina	Medicaid & CHIP	Administrative	18,416	21,575	24,140	7.8	6.9	1.5
Tennessee	CHIP only	Administrative	992	1,816	2,263	15.3	36.2	34.4
Texas	CHIP only	Administrative	80	4,500	8,649	27.5	43.5	30.5
Texas	Medicaid only	Administrative	95,307	72,182	79,091	38.7	51.2	38.7
Virginia	Medicaid & CHIP	Administrative	38,958	33,893	34,492	14.0	24.9	18.9
West Virginia	CHIP only	Administrative	59	230	233	37.3	40.9	32.2
West Virginia	Medicaid only	Hybrid	9,593	8,570	8,911	49.7	40.4	29.3

Source: Mathematica analysis of FFY 2013 Child CARTS reports as of June 18, 2014.

Notes: This table includes data for 20 states. The term “states” includes the 50 states and the District of Columbia. When a state reported separate rates for its Medicaid and CHIP populations, the mean and median rates were calculated using the rate for the larger measure-eligible population.

Table DEV (*continued*)

Receipt of a screening using a standardized tool is assessed using either the CPT code 96110 (Developmental screening, with interpretation or report) or medical record documentation of a standardized tool cited by Bright Futures (and the American Academy of Pediatrics statement on developmental screening) that meet established criteria for developmental domains, established reliability, established findings regarding the validity, and established sensitivity/specificity. Standardized tools specifically focused on one domain of development [e.g. child's socio-emotional development (ASQ-SE) or autism (M-CHAT)] are not included in the list above as this measure is anchored to recommendations related to global developmental screening using tools that identify risk for developmental, behavioral and social delays.

Denominators are assumed to be the measure-eligible population for states using the administrative method; states using the hybrid method often reported the sample size for the medical chart review rather than the measure-eligible population. Some states reported exclusions from the denominator, as noted in the state-specific comments below.

Unless otherwise specified, states reporting this measure used Child Core Set specifications, based on Oregon Health and Science University (OHSU) 2013 specifications.

Unless otherwise specified, states reported this measure using data for CY 2012. MA reported data for CY 2010, ME reported data for FFY 2013, and OK and PA reported data for January 2009 through December 2012.

CHIP = Children's Health Insurance Program; CY = Calendar Year; EPSDT = Early and Periodic Screening, Diagnostic, and Treatment; EQRO = External Quality Review Organization; FFS = Fee for Service; FFY = Federal Fiscal Year; HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; LOINC = Logical Observation Identifiers Names and Codes; MCO = Managed Care Organization; NR = Not reported; OBGYN = Obstetrical/Gynecological Provider; PCCM = Primary Care Case Management; PCP = Primary Care Practitioner/Provider.

State-Specific Comments:

- AL: State did not conduct the recommended validity assessment of the claims data.
- AK: Rate is provisional. AK Medicaid providers use 96110 to bill for different types of developmental screening that might include the ASQ-SE and the M-CHAT.
- IL: State has a policy defining tools to use with the 96110 CPT code but is not certain whether the code was used with general or domain-specific screening tools.
- IA: Rate includes paid claims only.
- MA: Rate is provisional. Denominator includes members enrolled in the PCC plan, all contracted managed care organizations, and members who are eligible for, but not yet enrolled in, one of the managed care options. For MassHealth, 96110 can be billed for administration of the M-CHAT. Therefore, the state's rate includes children who received an M-CHAT.
- NC: Rate is provisional. Rate includes paid claims only.
- OK: Denominator does not include Soon-to-be-Sooner mothers and children covered under the Insure Oklahoma program. The state used continuous enrollment criteria of any number of allowable gaps up to 45 days rather than just one gap of up to 45 days.
- OR: Rate is provisional.
- VA: Rate includes children with a paid claim for CPT 26910 and may include screening with standardized tools focused on one domain of development, such as CAT/CLAMS, LDS, CLAMS, and M-CHAT.



Section C:

Oregon's Health System Transformation: 2013 Performance Report

Oregon's Health System Transformation

 2013 Performance Report

EXECUTIVE SUMMARY

Incentives for better services

The report lays out how Oregon's coordinated care organizations (CCO) performed on quality measures in 2013. This is the fourth such report since coordinated care organizations were launched in 2012 and the first to show a full year of data. This report also shows the quality measures broken out by race and ethnicity.

In addition, based on a full year's performance measurement, the coordinated care model is entering a new phase - for the first time part of the reimbursement for the services CCOs performed for Oregon Health Plan members will be based on how well they performed on 17 of these key health care measurements.

Under the coordinated care model, the Oregon Health Authority held back 2 percent of the monthly payments to the CCOs which were put into a common "quality pool." To earn their full payment, CCOs had to meet improvement targets on at least 12 of the 17 measures and have at least 60 percent of their members enrolled in a patient-centered primary care home. All CCOs showed improvements in some number of the measures and 11 out of 15 CCOs met 100 percent of their improvement targets.

In addition, coordinated care organizations are continuing to hold down costs. Oregon is staying within the budget that meets its commitment to the Centers for Medicare and Medicaid Services to reduce the growth in spending by 2 percentage points per member, per year.

Overall, the coordinated care model showed large improvements in the following areas for the state's Oregon Health Plan members:

- ✓ **Decreased emergency department visits.** Emergency department visits by people served by CCOs have decreased 17% since 2011 baseline data. The corresponding cost of providing services in emergency departments decreased by 19% over the same time period.

EXECUTIVE SUMMARY

- ✓ **Decreased hospitalization for chronic conditions.** Hospital admissions for congestive heart failure have been reduced by 27%, chronic obstructive pulmonary disease by 32%, and adult asthma by 18%.
- ✓ **Developmental screening during the first 36 months of life.** The percentage of children who were screened for the risk of developmental, behavioral, and social delays increased from a 2011 baseline of 21% to 33% in 2013, an increase of 58%.
- ✓ **Increased primary care.** Outpatient primary care visits for CCO members' increased by 11% and spending for primary care and preventive services are up over 20%. Enrollment in patient-centered primary care homes has also increased by 52% since 2012, the baseline year for that program.

The report also shows areas where there has been progress but more gains need to be made, such as screening for risky drug or alcohol behavior and whether people have adequate access to health care providers. While there were gains in both areas, officials say that the state will put greater focus on them in the year to come. Access to care is particularly important with more than 340,000 new Oregon Health Plan members joining the system since January of 2014.

Oregon is at the beginning of its efforts to transform the health delivery system. By measuring our performance, sharing it publically and learning from our successes and challenges, we can see clearly where we started, where we are, and where we need to go next.

2013 CCO INCENTIVE MEASURES

The 17 CCO incentive measures were chosen in an open and public process by the Metrics & Scoring Committee and approved by the Centers for Medicare and Medicaid Services (CMS). Challenge pool measures are marked with an asterisk below.

- Access to care (CAHPS)
- Adolescent well child visits
- Alcohol or other substance misuse (SBIRT)*
- Ambulatory care: emergency department utilization
- Colorectal cancer screening
- Controlling hypertension (clinical measure)
- Depression screening and follow up plan* (clinical measure)
- Developmental screening
- Diabetes: HbA1c poor control* (clinical measure)
- Early elective delivery
- Electronic health record (EHR) adoption
- Follow up after hospitalization for mental illness
- Follow up care for children prescribed ADHD medication
- Mental and physical health assessments for children in DHS custody
- Patient centered primary care home (PCPCH) enrollment*
- Prenatal and postpartum care: timeliness of prenatal care
- Satisfaction with care (CAHPS)

Additional information about the Metrics & Scoring Committee available online at <http://www.oregon.gov/oha/Pages/metrix.aspx>

HOW TO READ THESE GRAPHS

The subtitle indicates which measure set(s) the measure is part of

Measure title

Measure description:

Brief description of the measure.

Purpose:

Brief summary of the importance of the measure.

2013 data (n=XX,XXX)

Summary of 2013 data compared to 2011 baseline and the benchmark;

Overall comments on statewide and CCO performance.

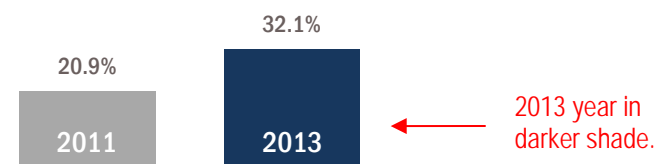
Data source, benchmark source, and additional information.

Statewide

Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Statewide benchmark bar in red.

2011 baseline year in light shade.



Benchmark 50%

2013 year in darker shade.

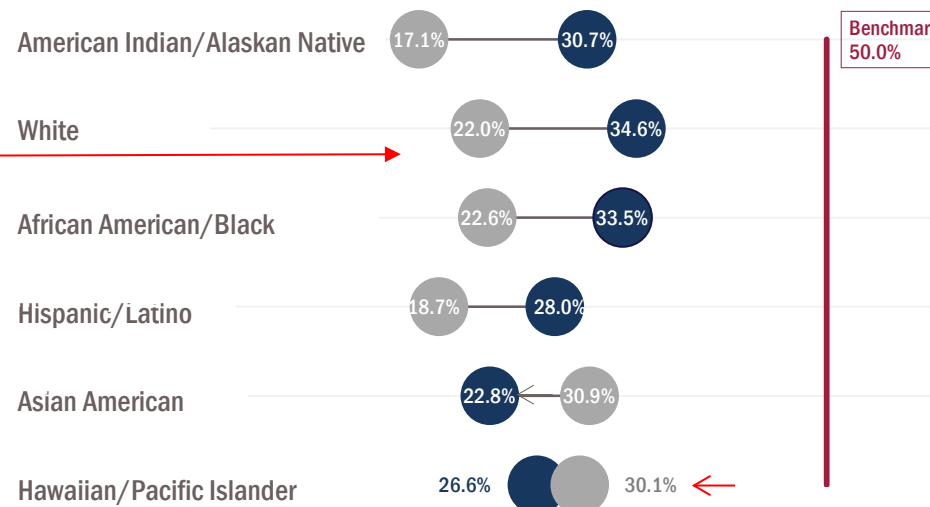
Percent of respondents with missing race/ethnicity data; additional information.

Race and ethnicity data between 2011 & 2013

Data missing for xx% of respondents

2011 baseline year in light shade.

Categories are sorted by amount of change between 2011 - 2013. That is, the racial or ethnic groups with the most improvement in 2013 are listed first.



Benchmark 50.0%

Arrows highlight negative change (away from the benchmark).

DEVELOPMENTAL SCREENINGS IN THE FIRST 36 MONTHS OF LIFE

CCO Incentive and State Performance Measure

Developmental screening in the first 36 months of life

Measure description: Percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday.

Purpose: Early childhood screening helps find delays in development as early as possible, which leads to better health outcomes and reduced costs. Early developmental screening provides an opportunity to refer children to the appropriate specialty care before problems worsen. Often, developmental delays are not found until kindergarten or later – well beyond the time when treatments are most helpful.

2013 data (n=20,043)

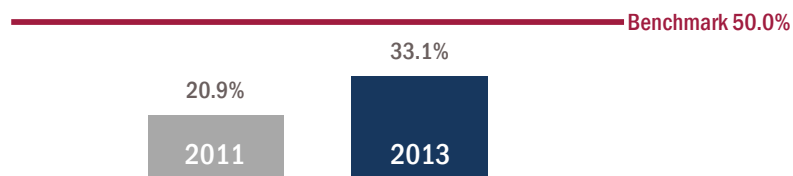
The percentage of children who were screened for the risk of developmental, behavioral, and social delays increased from a 2011 baseline of 20.9% to 33.1% in 2013, an increase of 58%.

In 2013, all CCOs exceeded their improvement target and four surpassed the benchmark of 50%. There have been marked gains in this measure across Oregon.

Statewide

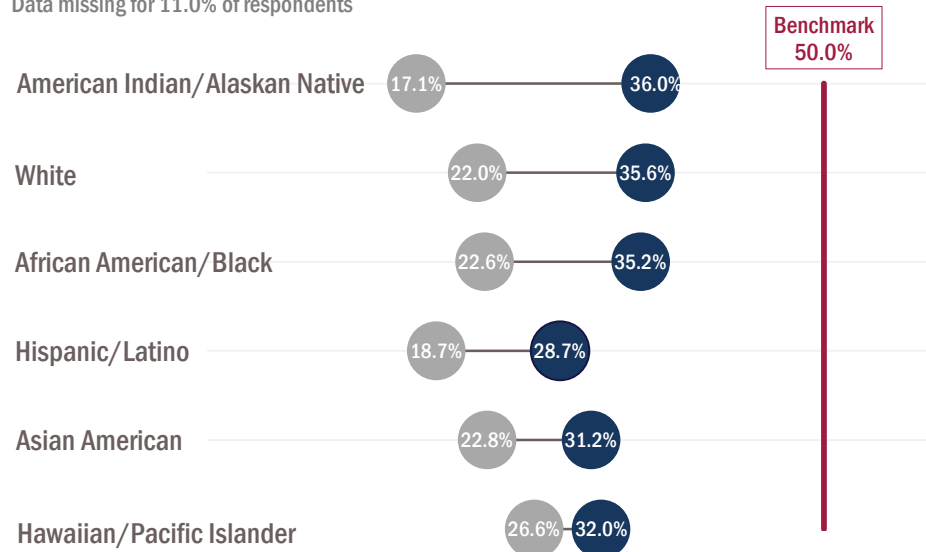
Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus



Race and ethnicity data between 2011 & 2013

Data missing for 11.0% of respondents

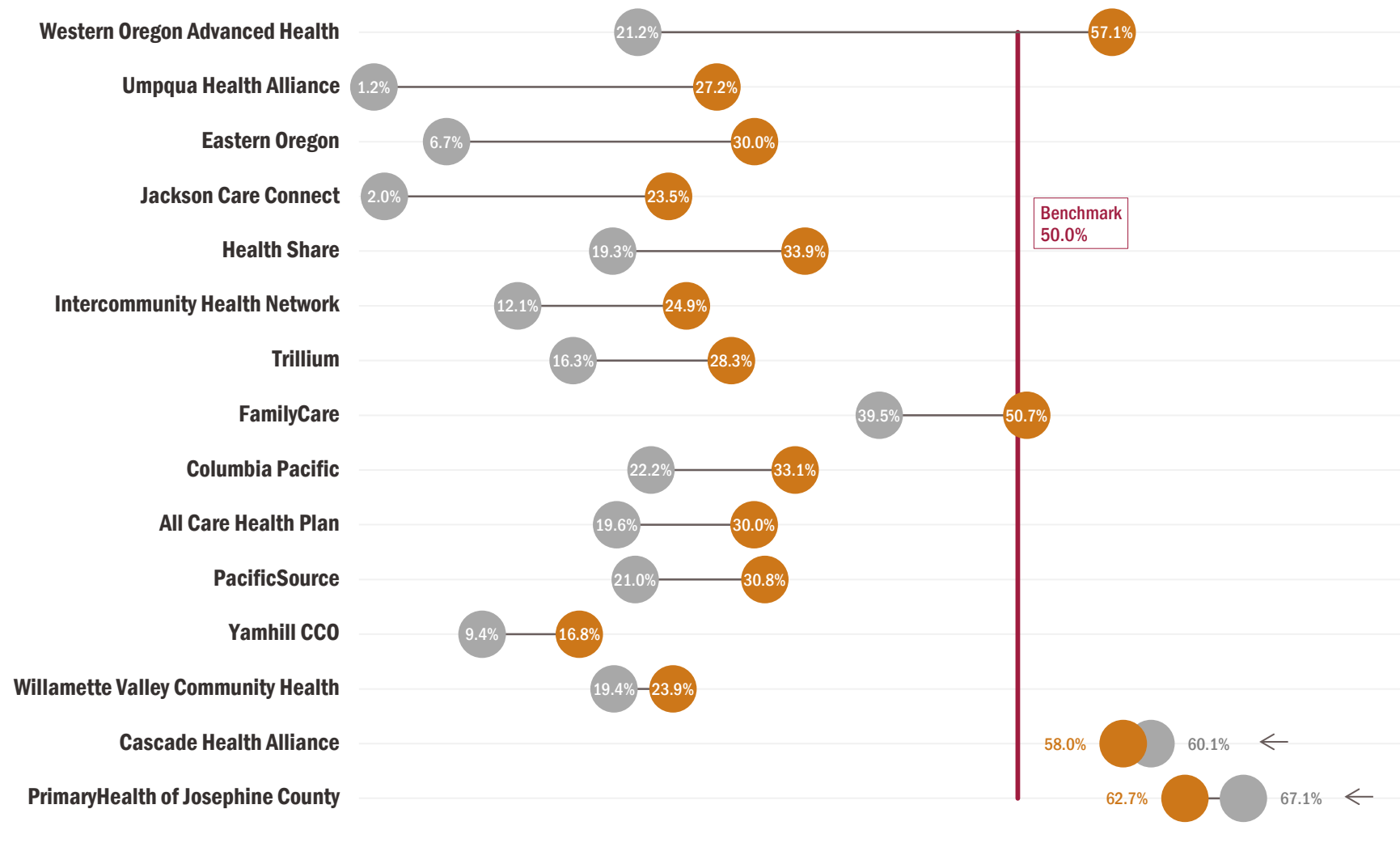


DEVELOPMENTAL SCREENINGS IN THE FIRST 36 MONTHS OF LIFE

CCO Incentive and State Performance Measure

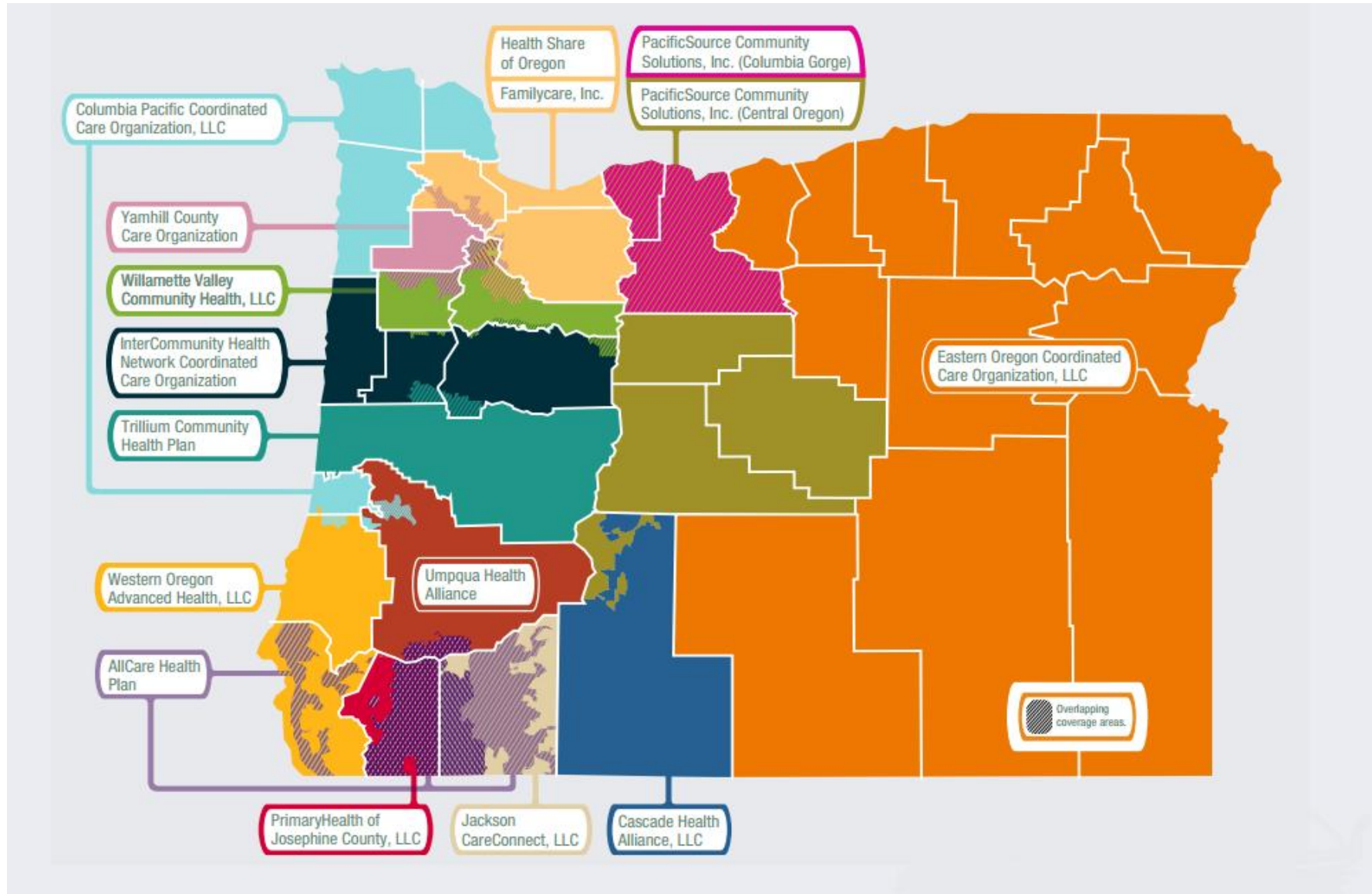
Percentage of children up to three-years-old screened for developmental delays in 2011 & 2013

Bolded names met benchmark or improvement target



APPENDIX

Coordinated Care Organization Service Areas



APPENDIX

OHA Contacts and Online Information

For questions about performance metrics, contact:

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For questions about financial metrics, contact:

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Finance Director
Oregon Health Authority
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For more information about technical specifications for measures, visit:

<http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>

For more information about coordinated care organizations, visit:

<http://www.health.oregon.gov>



This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Oregon Health Authority Director's Office at 503-947-2340 or email at OHA.DirectorsOffice@state.or.us.

Section D:

Overview of Measures Focused on Screening Submitted to or Approved by the National Quality Forum (NQF)

OVERVIEW OF MEASURES FOCUED ON SCREENING SUBMITTED TO OR APPROVED BY THE NATIONAL QUALITY FORUM (NQF)

	National Survey of Children's Health	Claims/Medical Chart (State-level)	Claims/Medical Chart (Physician-Level)	Promoting Healthy Development Survey
Measure Title:	Developmental screening using a parent completed screening tool (Parent report, Children 0-5)	Developmental Screening in the First Three Years of Life	Developmental Screening by Age 2	Children screened with a standardized, parent-completed developmental and behavioral screening tool
NQF Status:	Under Review – Submitted September, 2010	Under Review – Submitted September, 2010	Under Review – Submitted September, 2010	Endorsed – NQF # 0011
Steward:	MCHB/CAHMI	CAHMI & NCQA	NCQA	CAHMI
Data Source:	Parent Report- National Survey of Children's Health (NSCH)	Claims/Medical Chart	Medical Chart	Parent Report - Promoting Healthy Development Survey (PHDS)
Unit(s) of analysis:	Population (national, State)	State	Clinician-level	Endorsed at the state, plan, system, office and provider-level.
Age of Child	Children between the ages of 10 months and 5 years (71 months) at the time of the survey.	This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by <u>12 months of age</u> , by <u>24 months of age</u> and by <u>36 months of age</u> .	Children screened between 12 and <u>24 months of age</u> . <i>(Note: This physician level measure is in harmony with the state-level measure co-submitted by CAHMI & NCQA).</i>	Sampling is for children between the ages of <u>3</u> and <u>47.9 months</u> at the time of the survey. The age of child is collected in the survey and therefore the measure can be calculated for various age-groups.
Unique Criteria for Inclusion in the Denominator:	Children who, in the last 12 mo., saw a provider for prev. medical care/dental care; received any treatment/counseling from a mental health professional; and/or saw a specialist.	Children who are enrolled continuously for 12 months	Children who had documentation of a face-to-face visit between the clinician and the child that predates the child's birthday by at least 12 months.	Children who had a least one well-child visit in the last 12 months. For the mail and telephone-administered applications, a 12 month continuous enrollment requirement is also applied.

Section E:

OPIP Presentation:

**Assessment of the Provision of Developmental Screening and Referral
for Children Identified At-Risk for Developmental or Behavioral Delays
in Eight Managed Care Organizations (MCOs)**

Assessment of the Provision of **Developmental Screening and **Referral** for Children Identified At-Risk for Developmental or Behavioral Delays in Eight Managed Care Organizations (MCOs)**

Colleen Reuland, MS

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Goals for Presentation

- Provide background and context on the Assuring Better Child Health and Development (ABCD) III Project in Oregon
- Describe the medical chart reviews conducted across eight managed care organizations (MCO)
- Provide a highlight of the findings
- Describe the policy- and practice-level implications

ABCD III

Performance Improvement Project (PIP) Goals

GOAL #1:

Early identification of children at-risk for developmental, behavioral or social delays.

GOAL #2:

Children identified at-risk for developmental, behavioral delays and/or with developmental disabilities **referred** to Early Intervention

GOAL #3:

Children at-risk or with disabilities **receive** Early Intervention Services or other community-based services.

GOAL #4:

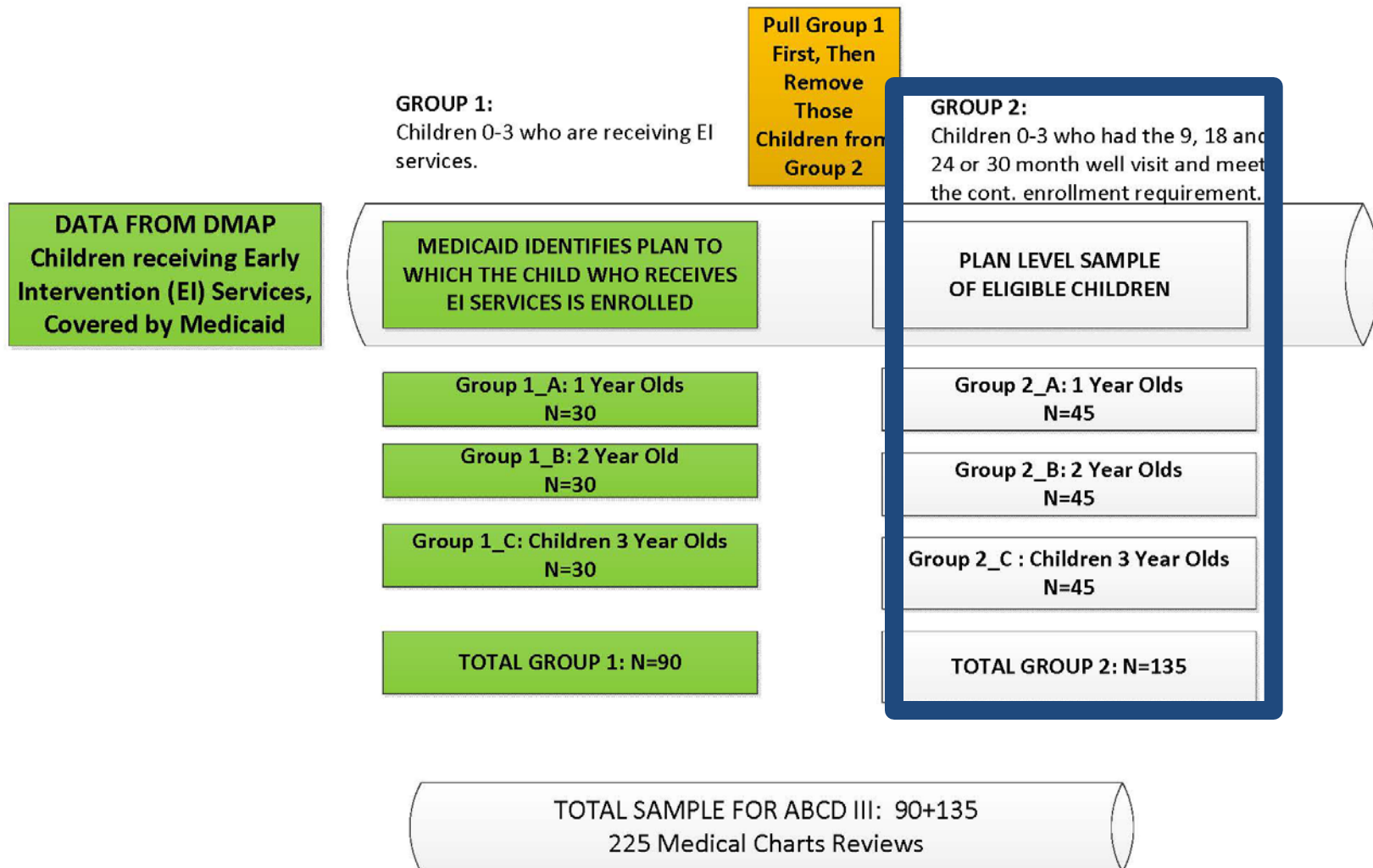
Care Coordination between the primary care provider/primary care sector and community based-services

Medical Chart Review Design

- **Eight MCOs** participating in a State of Oregon, Medicaid Program ABCD III PIP as part of External Quality Review contract.
- Conducted **medical chart reviews** from January-May 2012 using a standardized National Quality Measures Clearinghouse endorsed measure.
- Standardized MCO-level, **age-stratified** samples were drawn of children who:
 - Turned one, two, or three years old in the measurement year;
 - Had been continuously enrolled for 12 months in Medicaid MCO;
 - and had a visit at which developmental screening is recommended (9, 18, and 24-30 month well visit).
- Charts were reviewed for documentation of standardized developmental screening for global- developmental screening (mapping to CHIPRA Core Measure Developmental Screening Measure); the results; and follow-up services.
- Claims data was received for these children as well. For this analysis, chart-level data was NOT used for children who did not have a well-visit claim.

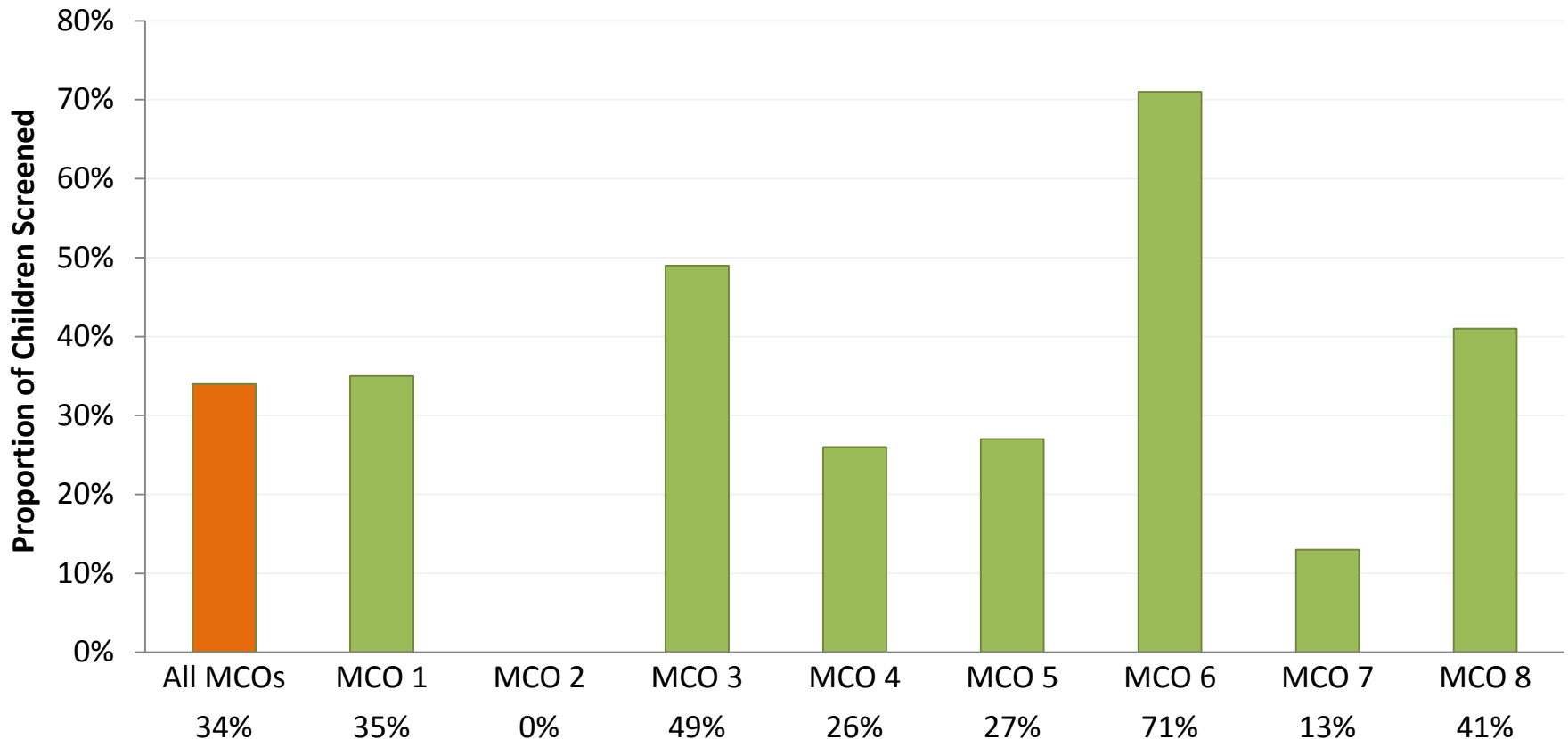
Plan Level Sample Pulls

PLAN-LEVEL SAMPLING FOR THE ABCD III BASELINE DATA COLLECTION:



Proportion of Children Who Received Standardized Developmental Screening

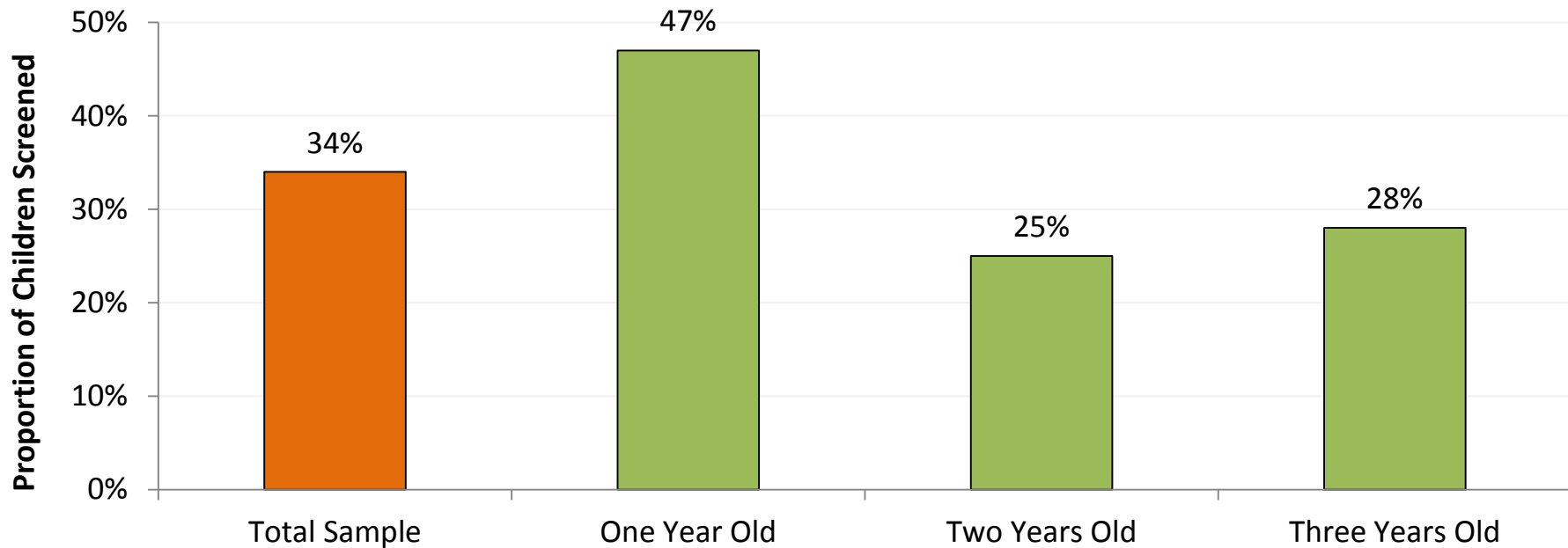
Proportion of Children who Received Standardized Developmental Screening, by MCO



Statistical significance of difference between MCOs of proportion of children receiving a standardized screening:
 $p = 0.053$

Younger Children More Likely to Receive Developmental Screening

Proportion of Children who Received Standardized Developmental Screening, by Age



Difference between age groups is statistically significant ($p=0.000$; one-way ANOVA)

■ Total Sample ■ One Year Old ■ Two Years Old ■ Three Years Old

Proportion of Children Screened Using Other Tools Addressing Development

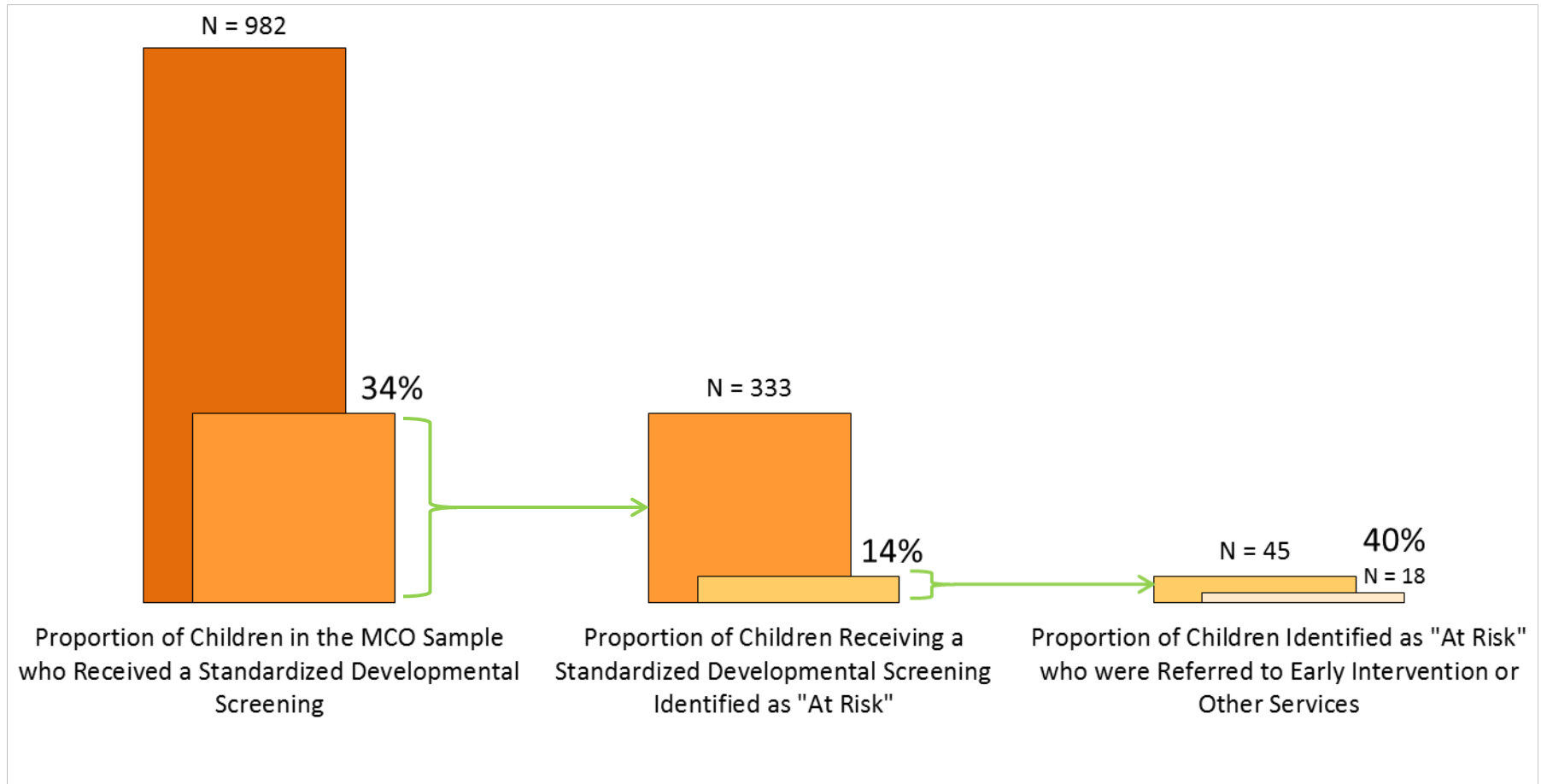
	Standardized <u>Developmental</u> Screening				Autism Screening		Other Screening		Total Screened Using a Tool For Which 96110 Can be Billed	
	Proportion who Received Standardized <u>Developmental</u> Screening	Standardized Developmental Screening Tool Used		Proportion who Received Screening <u>M-CHAT</u> ONLY	ASQ-SE					
		ASQ or ASQ-3	PEDS <i>or</i> PEDS-DM							
Total N= 982	34% N=333 D=982	99% N=329 D=333	1% N=4 D=333	8% N=78 D=982	0.2% N=2 D=982	42% N=413 D=982				

* 17 children had BOTH an ASQ screen and an M-CHAT screen

Proportion of Children Screened Identified at Risk

For Children who Received a Standardized Developmental Screening Tool that was Documented in the Medical Chart: Findings of the <u>Screening Tool</u>						
	Screens with an <u>"At- Risk"</u> Result		Screens with a <u>"Not At- Risk"</u> Result		Screening Results are <u>Not Documented</u> in Chart	
MCO Total N= 333	14%	N = 45 D = 333	81%	N = 270 D = 333	5%	N = 18 D = 333
MCO Specific Samples:						
MCO 1 N= 47	11%	N = 5 D = 47	85%	N = 40 D = 47	4%	N = 2 D = 47
MCO 2 N= 0	--	--	--	--	--	--
MCO 3 N= 62	8%	N = 5 D = 62	92%	N = 57 D = 62	0%	N = 0 D = 0
MCO 4 N= 35	17%	N = 6 D = 35	77%	N = 27 D = 35	6%	N = 2 D = 35
MCO 5 N= 26	31%	N = 8 D = 26	69%	N = 18 D = 26	0%	N = 0 D = 26
MCO 6 N= 98	14%	N = 14 D = 98	85%	N = 83 D = 98	1%	N = 1 D = 98
MCO 7 N= 17	12%	N = 2 D = 17	41%	N = 7 D = 17	47%	N = 8 D = 17
MCO 8 N= 48	10%	N = 5 D = 48	79%	N = 38 D = 48	10%	N = 5 D = 48

Rates of Referral to Early Intervention and Other Follow-Up Services



Rates of Referral to Early Intervention and Other Follow-Up Services

	Referrals for Developmental, Behavioral Services				Referrals for Children Screened and Whose Screening Results Indicated Risk for Delays				
	Early Intervention: Proportion whose Chart Indicated a Referral		Referrals to Other Providers to Address Delays		Number of Children Screened and Identified At Risk for Delays	Proportion whose chart Indicated a Referral to <u>Early Intervention</u>	Proportion whose chart Indicated a Referral to <u>Other Provider to</u> <u>Address Risk for Delay</u>		
MCO Total N=982	6%	N=55 D=982	7%	N=72 D=982	N=45	29%	N=13 D=45	11%	N=5 D=45
MCO Specific Samples:									
MCO 1 N=134	7%	N=9 D=134	7%	N=9 D=134	N=5	60%	N=3 D=5	40%	N=2 D=5
MCO 2 N=98	12%	N=12 D=98	14%	N=14 D=98	N=0	0%	N=0 D=0	0%	N=0 D=0
MCO 3 N= 127	2%	N=3 D=127	1%	N=1 D=127	N=5	40%	N=2 D=5	20%	N=1 D=5
MCO 4 N= 135	2%	N=3 D=135	0%	N=0 D=135	N=6	17%	N=1 D=6	0%	N=0 D=6
MCO 5 N= 96	10%	N=10 D=96	3%	N=3 D=96	N=8	63%	N=5 D=8	13%	N=1 D=8
MCO 6 N= 139	4%	N=6 D=139	10%	N=14 D=139	N=14	0%	N=0 D=14	7%	N=1 D=14
MCO 7 N= 135	3%	N=4 D=135	19%	N=26 D=135	N=2	50%	N=1 D=2	0%	N=0 D=2
MCO 8 N= 118	7%	N=8 D=118	4%	N=5 D=118	N=5	20%	N=1 D=5	0%	N=0 D=5

Implications for Policy

- This study was conducted in Oregon where multiple efforts have been in place focused on developmental screening in primary care practices.
- Despite this, rates are only 34% for children who HAD a visit which developmental screening recommended.
 - Ongoing **policy-level effort** to create more “carrots” and potential “sticks”
 - Incentive metrics at health system
 - Included in the state-specific Patient Centered Primary Care Home, Related payment reform tied to this
 - **Practice-level efforts** to improve the rates of children screened using standardized tools.
 - State wide rates: The issue is NOT just one of a practice not billing for it.
 - That said, there are some practices screening who are not billing. OPIP has created a guide to billing.
 - Some practices who HAD been doing global developmental screening, “retrenched” and were ONLY doing autism (MCHAT) screening at the 18 month and 24/30 month.
 - At this point, if practices are not screening, it is not about lack of knowledge about the screening and therefore education and engagement materials need take this into consideration

Implications for Policy

- Complimentary efforts needed to ensure that children who are screened and identified at risk are referred to early intervention services.
 - The point of screening isn't the screen
 - The point of screening is follow-up for children identified at risk.
 - Majority of children identified at risk were not referred
 - Another study found that of those referred, only 50% actually made the referral