

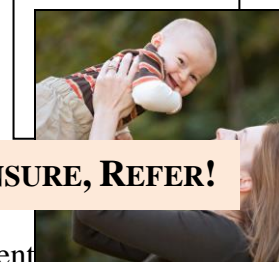
Washington State Medical Home Partnerships Project

Child Health Notes - April 2014

Promoting early identification and partnerships between families, primary health care providers & the community.

Contributors: Washington State Department of Health and UW Center on Human Development & Disability
Written by: Anne Leavitt MD and updated by Katherine TeKolste MD, Developmental Pediatricians

DEVELOPMENTAL SURVEILLANCE AND SCREENING IN PRIMARY CARE



IF UNSURE, REFER!

Developmental surveillance...

- is a longitudinal, cumulative process recommended as part of every well-child visit to identify children at risk for developmental delays
- notes risk factors, including medical history and home risk factors, as well as protective factors
- provides the context for interpretation of screening results
- triggers screening any time a parental or clinician concern is identified

Developmental screening...

- uses standardized tools to identify areas in which a child's development differs from same-age norms
- identifies children in need of further developmental and medical evaluation

Providing early identification and intervention for children with developmental delays and disabilities is a mandate for health professionals under IDEA. American Academy of Pediatrics guidelines recommend routine screening at **9, 18, and 24/30 months** or whenever concerns are identified.¹

Why is screening important?

- **Current detection rates of developmental disorders** are lower than the actual prevalence. Recent statistics indicate that as many as 1 in 4 children, ages 0-5, are at moderate or high risk for developmental, behavioral, or social delay (National Survey of Children's Health, 2011-12).
- Without the use of standardized tools, **only 30% of children with developmental disabilities are identified before school entrance**. When standardized tools are used, 70-80% of children with developmental disabilities are identified.^{2,3,4,5} Studies have shown that incorporating a screening tool before a well-child care visit **does not increase the length of the visit**.^{6,7}
- Parents want to know about child development and behavior.⁸ Incorporating regular screening for all children in your practice provides opportunities to inform parents about developmental expectations and support healthy development. And it facilitates discussions with parents when concerns arise.
- **Early intervention is effective** and is available for a wide range of developmental disorders. Children who participate in early intervention programs prior to kindergarten are more likely to achieve goals of independence, functional productivity, community integration, and improved school performance. Families are more likely to cope effectively.
- Children who demonstrate concern on screening are an 'at-risk' group.⁹ If children do not qualify for early intervention/special education or therapy assistance, other resources are available to assist the family.

What screening tools are available?

- **Parent-report questionnaires** can be given before a visit, so that administration time does not add to visit length. They can be mailed, made available electronically or given in the waiting room. Results are discussed at the visit.
- A good screening tool should have good sensitivity (few false negatives) and good specificity (few false positives.) **Values for both sensitivity and specificity should be at least 70 – 80 %**. There are several parent-report tools available that are easy to incorporate into practice and that meet these criteria, including the ASQ-3, PEDS and CDIs. For additional AAP screening tool recommendations, see the [policy statement](#) on surveillance and screening.

- **Ages and Stages Questionnaire (ASQ-3)** <http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/>
 AGES: 1 month through 5 ½ years (1-66 months)
 ITEMS: 30 items in 5 domains for each questionnaire - SCORING: 2-3 minutes
 TIME TO COMPLETE: 10-15 minutes, Can also be administered as interview in person or on phone
- **PEDS (Parent Evaluation of Developmental Status)** <http://www.pedstest.com>
 AGES: Birth to 8 years
 ITEMS: 10 item questionnaire - SCORING: 2-5 minutes
 TIME: 2 minutes or more, Can also be administered as interview in person or on phone
- **Child Development Inventory (CDI)** - www.childdevev.com
 Infant Development Inventory – 0-18 months
 Child Development Review – Parent Questionnaire – 18-60 months
 ITEMS: 6 open-ended questions; 25-item problems checklist, developmental milestones in five areas
 TIME: 5-20 minutes for parent to complete - SCORING: 5 minutes

What can you do for a child with a concerning screening result?

- Refer to Early Intervention Family Resources Coordinator or School District Special Education/Child Find
- Coordinate medical and developmental evaluations
- Consider other resources to assist the child and family, such as early childhood programs and parent support groups
- Connect the family to the multilingual Family Health Hotline (1-800-322-2588) or www.parenthelp123.org at [Within Reach](#)

Find out more about free Great MINDS (Medical Homes Include Developmental Screening) Training from the WA Chapter of the American Academy of Pediatrics: <http://wcaap.org/physician-resources/> or email Samantha Wolfe, MPH, Project Coordinator at: swolfe@wcaap.org

References: ¹ AAP Policy statement. *Pediatrics* (2006); 118: 405-420; reaffirmed February 2011; ²Palfrey JS et al. *J Pediatr.* (1987); 111:651-659; ³ Jee SH et al. *Pediatrics* (2010); 125:282; ⁴ Marks K et al. *Pediatrics* (2009); 123:1516-1523; ⁵ Hix-Small et al *Pediatrics* (2007); 120:381-389; ⁶ Schonwald et al. *Clinical Pediatr* (2009); 48:648-655; ⁷ Sices et al. *Pe(diatrics)*(2009); 122: 1095; ⁸ Halfon N et al. *Pediatrics* (2004); 113,1926; ⁹ Glascoe F. *Arch Pediatr Adolesc Med.* (2001); 155:54-59. **For autism screening guidelines, see:** Johnson et al. *Pediatrics* 2007; 120 (5): 1183-1215.

SPECIAL NEEDS INFORMATION AND RESOURCES

Regional	WithinReach Family Health Hotline	1-800-322-2588, 1-800-833-6388 TTD www.withinreachwa.org
	Early Support for Infant and Toddlers (ESIT)	http://del.wa.gov/development/esit/Default.aspx
	Parent to Parent Support Programs of Washington	(800) 821-5927 www.arcwa.org/getsupport/parent_to_parent_p2p_programs
National/ Internet:	Washington State Medical Home website:	www.medicalhome.org/health/dev_mon.cfm
	American Academy of Pediatrics	www.aap.org
	• AAP Surveillance and Screening	
	AAP Developmental and Behavioral Pediatrics	www.dbpeds.org
	<i>Birth to 5: Watch Me Thrive!</i> (screening toolkits) CDC – Screening for Autism	www.acf.hhs.gov/programs/eccd/watch-me-thrive www.cdc.gov/ncbddd/autism/hcp-creening.html