



When the bridge is out.... creating effective linkages for developmental referrals

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Research shows that:

- 70% of children with developmental delays or behavioral issues are not diagnosed until after entry into kindergarten
- AAP (2006) recommends developmental screening using a standardized tool during WCC at 9, 18 and 30 months – referral to EI program for failed screening
- Only 30-40% of pediatric offices use standardized tools

(<http://www.envisionnm.org/dsi.html>)

New Mexico has improved!

- 4th in the nation in percent of children receiving standardized screenings

(2007 National Survey of Children's Health, Data collected April 2007 to July 2008)

- Data no longer available for NM related to provider referral and age of referral – previously trended to late referral (> 1 yr for most conditions)

DSI Initiative, including training and education about provider payments from Medicaid

<http://www.nashp.org/sites/default/files/Joel%20Bradley%20EPSDT%202009%20Final%20Show.pdf>

- Johns Hopkins Children's Center 2010 Study
 - Analyzed screening and referrals over 9 months among 17 pediatric practices – staff and physicians trained on AAP guidelines
- Screening rates improved from 68% to 85%
- 14% abnormal results on screening
- Referrals remained low – 61% with suspected delays sent for further testing or therapy, and decreased over second half of study
- Very low rates of follow-up with family

- Most common deterrent to universal screening is fear of patient flow slowdown
- Most common deterrent to referral is lack of designated person to make the referral and do follow-up – giving the number of the EI agency to the family doesn't get them there

What you can do in your practice

- Parent-administered questionnaire in waiting room (ASQ and ASQ –SE)
- Medicaid billable (96110)
- Develop a referral tracking log and designated person to follow up with families
- Clear language about developmental issue noted, provide info about importance to child's school success
- Refer any child that parent feels needs evaluation – high correlation with problems

Level 1 linkages – Within Practice

Level 2 linkages – Service Provider Partnerships

Co-location of services

Co-management

Coordination/networking

Level 3 – System-wide changes

New programs, training, increased capacity

- Fine and Mayer (2006) Beyond Referral: Pediatric Care Linkages to Improve Developmental Health. Commonwealth Fund
- Johns Hopkins Children's Center (Jan. 2010) Children with suspected developmental problems may not get needed referrals, study shows. (<http://www.hopkinschildrens.org>)