



## Best Beginnings an ACHIA Early Screening and Referral Collaborative Overview

### Collaborative Purpose

Alabama Child Health Improvement Alliance (ACHIA) Collaboratives have a dual purpose: to improve a specific content area – in this case early screening outcomes – as well as to foster a culture of quality improvement (QI) to ensure that gains are sustained long after the collaborative concludes. ACHIA collaboratives emphasize the “Local” nature of improvement by connecting with local content experts, local community resources – and perhaps most importantly – by providing a platform for Alabama practices to learn from parents and patients as well as from one another.

### The Best Beginnings Challenge

Research shows that clinical judgment detects fewer than 30% of children who have mental retardation, learning disabilities, and other developmental disabilities, and clinical judgment identifies fewer than 50% of children who have serious emotional and behavioral disturbance. Currently, the pediatrician is faced with the challenges of early detection and diagnosis of Developmental Delays and Autism Spectrum Disorder (ASD) in order to implement a timely treatment plan. Early detection of developmental and behavioral problems improves long-term mental and physical health as well as developmental outcomes for children. Primary care providers see almost all children in the community in the first few years of life and thus are well positioned to assess and monitor children’s development and emotional well-being.

### Starting with the End in Mind

**Global Aim:** *We will build a sustainable patient-centered quality improvement infrastructure for best beginnings within our practice where children at risk for developmental, autism and/or social/emotional concerns, as well as mothers with post-partum depression, are identified through recommended screening and are appropriately referred for services.*

Over the 9 months, participants will increase knowledge of best practices for early screening for developmental, autism, behavioral, and maternal depression at well visit by reviewing online educational modules and engaging with faculty experts on monthly webinars. Practices will conduct assessments of current practices through surveys and will implement

change ideas by applying QI tools such as plan-do-study-act cycles under the guidance of the ACHIA QI coach.

Practices will select ONE of the Early Screens: development, autism, social-emotional , or postpartum depression; and then focus on:

- reliable screening
- documenting screen interpretation and plan
- for patients at risk, making and tracking referrals.

**Specific Interventions:** Between January and September 2020 we will increase the rate at which recommended Well Visit screening and referrals for conditions impacting children ages 1 month to 3 years are reliably screened and, if at risk, are referred for services:

- 90% of Well Visits ages 1 month -3 years appropriately complete selected early screening\*
- 90% of children or mothers identified as at risk have a follow up plan documented
- The percentage of children or mothers at risk who complete follow up plan

Screens (select one)

- Development: 9, 18, and 30 (or 24) months
- Autism: 18 and 24 months
- Post-Partum Depression: 1, 2, 4 and 6 months
- Social Emotional: Practice Identified Age

\*Appropriately complete:

- Screen scored accurately in appropriate language
- Development and Social Emotional: Correct age screen deployed
- Autism and Maternal Depression: Follow up questions administered when indicated