



Early Screening 2017 CQI Collaborative Data Overview

Each practice collects and analyzes three types of data to guide the improvement process:

- Chart data
- Totals data
- Qualitative (Survey) data

The Data Manager should read these instructions and access the database at least one week prior to the February 2, 2017 data webinar. It may take a week or more to obtain the practice database URL and for the data manager to obtain a user name and password.

GENERAL DATA INFORMATION

Chart Data

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Chart Data allow the practice to monitor if an intervention is an improvement.

Chart Data collected include:

- Early Screening and Referrals
 - Development: ASQ-3 at 9, 18, 24 months
 - Autism: MCHAT-R/F at 18 and 24 months
 - Referrals for positive screens
- Behavioral Screening and Referrals:
 - Social-Emotional: ASQ-SE at 36 months
 - Referrals or follow up for positive screens

Totals Data

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Totals data allow a practice to assess the reach of the improvement.

Totals Data collected include:

1. Total number of 9 + 18 + 24 month WCC to practice
2. Total number of 36 month WCC to practice
3. Total number of Referrals to:
 - Early Intervention
 - Help Me Grow Alabama

Enter via the Survey Monkey Monthly Report by the 1st Tuesday of each month.

Qualitative or Survey Data

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Qualitative Data allow the practice to understand the story behind the numbers.

Qualitative Data include:

- Practice Assessment Survey
- Monthly webinar survey
- Practice Post-Implementation Survey
- American Board of Pediatrics Survey for providers seeking MOC

Several collaborative members will participate in a telephone survey.

Qualitative data routes and due dates vary and will be provided to the practice contact by Linda Champion.

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CHART DATA

Overview Chart Abstraction Instructions

Data are collected using two abstraction and entry tools:

Early Screening and Referral developmental and autism data: ASQ-3 and MCHAT-R/F

Behavioral Screening and Referral social emotional data: ASQ-SE

Baseline data

Time frame: Sept 1- Dec 31, 2016.

of baseline charts: 15 or as many as are available

Due Date: February 28

Enter into QIDA

Intervention

Time frame: Monthly March – August 2017. 1st to 25th day.

of intervention charts: 10 or as many as are available.

Due date: last day of the month for each of the six intervention months

Enter into QIDA

Early Screening and Referral Data: ASQ-3 and MCHAT-R/F

Early Screening Chart Tracking Tool (See Addendum for printable copy)

The Early Screening Tracking Tool is an optional tool to support practice chart data collection as well as data entry into QIDA.

1. *Patient:* Identify patients on tracking tool to avoid duplicated abstractions. No personal information is shared with ACHIA or entered into QIDA.

2. *WCC Visit Age:* circle the age WCC visit being abstracted.

ASQ-3: for 9, 18, and 24 month WCC.

3. *Complete?* A complete screen is scored and the provider assessment is documented in the visit. See FAQs for more information about what constitutes a complete screen.

Circle "Yes" if the screen was complete and continue.

Circle "No" if the screen is absent or incomplete. If 9 months, stop. If 18 or 24 months, continue with MCHAT-R/F questions.

4. *Positive?* A positive screen has a circle from the black section darkened. A screen is also positive even if it does not have a darkened circle in the black section, yet the provider assessed the patient as at risk of developmental delay warranting a referral.

Circle "Yes" if the screen is positive and continue.

Circle "No" if the screen is not positive. If 9 months stop. If 18 or 24 months, continue with MCHAT-R/F questions.

5. *Referred?* Referrals include Help Me Grow, Early Intervention, a Behavior and Developmental Specialist, Audiology, Speech, or other behavioral specialist. If the plan is only to follow up with the primary care provider, enter "No."

Circle "Yes" if the patient was referred. If 9 months, stop. If 18 or 24 months continue.

Circle "No" if the patient was not referred. If either 18 or 24 months, continue.

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MCHAT-R/F: for 18 and 24 month WCC

6. *Complete?* A complete screen is scored, follow up questions asked if indicated and the provider assessment is documented in the visit. See FAQs for more information about what constitutes a complete screen.

Circle "Yes" if the screen was complete and continue.

Circle "No" if the screen is absent or incomplete and stop.

7. *Positive?* A positive screen has a final score of 2 or more. A screen is also positive if the score is below 2 years yet the provider assessed the patient as at risk of autism warranting a referral.

Circle "Yes" if the screen was positive and continue.

Circle "No" if the screen is negative and stop.

8. *Referred?* Referrals include Help Me Grow, Early Intervention, a Behavior and Developmental Specialist, Audiology, Speech, or other behavioral specialist. A positive screen that has as the plan to only follow up with the primary care provider is entered as a "No."

Circle "Yes" if the patient was referred.

Circle "No" if the patient was not referred.

Number of Early Screening Charts to Abstract

A minimum of 15 baseline and 10 intervention data points are needed to assess the intervention's impact. Abstract consecutive 9 + 18 + 24 month WCC for the practice until there are a minimum there are 15 baseline and 10 intervention 18+24 month charts reviewed.

The ASQ-3 (developmental screen) is administered at the 9, 18, 24 month WCC while the MCHAT-R/F (autism screen) is only administered at the 18 and 24 month WCC; therefore, a practice will abstract more than 15 baseline and intervention 10 WCC to collect sufficient autism (18+24 month) data points.

Example

By the 15th of the month, Health Child Pediatrics practice tracked consecutive 9 + 18 + 24 month WCC visits and has the following number of charts to review.

9 months: 2

18 months: 5

24 months: 3

Total: 10

Healthy Child Pediatrics has ten charts to abstract for the ASQ-3; however, there are only eight autism charts because the two 9 month old patients are not eligible for the MCHAT-R/F autism screen.

Continue to track and enter until there are 10 charts for the MCHAT-R/F as well.

Example.... Continued

Healthy Child Pediatrics continued to track consecutive 9 + 18 + 24 month WCC until the 20th of the month and now has the following number of charts to review.

9 months: 4

18 months: 6

24 months: 4

Total: 14

Healthy Child Pediatrics now has 14 charts to abstract for the ASQ-3 and 10 charts to abstract for the MCHAT-R/F screen.

Although it is not yet the 25th, Healthy Child Pediatrics will stop chart data collection.

If there are insufficient charts available in the proscribed timeframe, abstract all available.

Behavioral Screening and Referral Data: ASQ-SE

Chart Tracking Tool (See Addendum for printable copy)

The Behavioral Screening Tracking Tool is an optional tool to support practice chart data collection as well as data entry into QIDA. Practices not implementing the ASQ-SE need not track and report these data.

Behavioral Screening and Referral Chart Abstraction Tool: ASQ-SE															MONTH		
Enter into QIDA															Baseline		
1	PATIENT NAME															March	
	ASQ-SE Complete?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	April	
2		No	No	No	No	No	No	No	No	No	No	No	No	No	No	May	
		if yes, continue. if no, stop														June	
3	Positive?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	July	
		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	August
4		if yes, continue. if no, stop														Intervention	
	Referred?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Time frame: 1-25 th	
	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	# Abstract consecutive 36 month WCC charts until there are a minimum of ten charts	
																Enter by 30 th of each month	

1. *Patient:* Identify patients on your tracking tool to avoid duplicated abstractions. No Personal Health Information is entered into QIDA.

2. *Completed?* A completed tool is scored and the provider assessment is documented in the medical record. See FAQs for more information about what constitutes a complete screen.
 Circle "Yes" if the screen is complete and continue.
 Circle "No" if the screen is incomplete and stop.

3. *Positive?* A positive screen is any screen with a score above the cut off of 59. A screen is also positive if the score is 59 or below but the provider assessed the patient as at risk for social-emotional issues and made a referral.
 Circle "Yes" if the screen is positive and continue.
 Circle "No" if the screen was negative and stop.

4. *Follow Up?* Follow Up may include referrals to Help Me Grow, Early Intervention, a Behavior and Developmental Specialist, or other behavioral specialist. Unlike developmental and autism screening, follow up only with the primary care provider to address a social emotion concern is also counted as "Yes."
 Circle "Yes" if the patient was referred to a specialists or for follow up of the social emotional concern and stop.
 Circle "No" if the patient was not referred and stop.

Number of Behavioral Charts to Abstract

Abstract 15 baseline charts and 10 intervention charts for consecutive 36 month WCC to the practice. If the baseline or intervention timeframe ends before a sufficient number of WCC visits present, abstract as many as are available.

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CHART DATA ENTRY INTO QIDA

The American Academy of Pediatrics' Quality Improvement Data Aggregator (QIDA) website serves as the ACHIA Early Screening database for baseline and intervention abstracted chart data.

QIDA Link:

Your practice will receive a unique URL to your QIDA Practice Team Site. Bookmark the website to your favorites for easy reference.

QIDA username and password:

The user name and password is the same as the AAP username and password. If the data person is not an AAP member, the AAP will provide a username and password.

QIDA Manual

Refer to the QIDA manual located on the ACHIA website and in QIDA for information including how to enter data as well as how to annotate and download run charts.

Chart Abstraction FAQs

BASELINE DATA

For purposes of baseline data, what screens are considered standardized?

If your practice is using another standardized screen as indicated in this article

<http://pediatrics.aappublications.org/content/118-/1/405.full.pdf+html> count these children as having had a screen. The tools listed below can also be found in the article.

General Developmental Screening Tools:

- Battelle Developmental Inventory Screening Tool, 2nd ed (BDI-ST)
- Bayley Infant Neuro-developmental Screen (BINS)
- Brigance Screens-II
- Child Development Inventory (CDI)
- Child Development Review-Parent Questionnaire (CDR-PQ)
- Denver-II Develop- mental Screening Test
- Infant Development Inventory
- Parents' Evaluation of Developmental Status (PEDS)
- Any version of the Ages and Stages Questionnaire (ASQ)

Autism Screening Tools:

- Any version of the Modified Checklist for Autism in Toddlers (MCHAT)

What baseline data are needed if a practice does not currently use a developmental or autism universal screen-- either no screens are used or are only used when a concern is present?

Collect and enter data as instructed in "Early Screening and Referral Data."

For baseline data, our practice screened with one of the developmental screening tools listed above that is *not* the ASQ-3. When I try to enter my baseline data in QIDA, my only developmental screen option is "ASQ-3". How do I enter baseline data?

Enter any developmental screen listed in the "General Developmental Screening Tools" above as "ASQ-3."

What is the deadline for entering baseline data?

Enter data into the QIDA Database by February 28, 2017

What is the timeframe for baseline data?

Baseline data are collected retrospectively. Use the timeframe of September 1 to December 31, 2016.

INTERVENTION DATA

Which screens are required in the collaborative and which are optional?

For Tuscaloosa practices: use ASQ-3, MCHAT-R/F and ASQ-SE.

For practices outside of Tuscaloosa: use ASQ-3 and MCHAT-R/F. ASQ-SE is optional.

Why the difference?

The Tuscaloosa area has resources from a federal grant to support behavioral concerns for children under 3 years of age that are not widely available elsewhere. If your practice has access to similar resources, we *strongly* recommend incorporating the ASQ-SE.

Our practice plans to implement Early Screening (ASQ-3 and MCHAT-R/F) but not the ASQ-SE.

Do we need to abstract baseline or monthly data for the ASQ-SE? No.

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Although our practice plans to integrate the ASQ-3 and MCHAT-R/F, we are starting with the ASQ-3 at 9 months. Do we still need to collect monthly data for the ASQ-3 at 18 and 24 months and the MCHAT-R/F at 18 and 24 months? Yes.

For the purposes of this collaborative, what counts as a "9" or an "18" or "24" month visit to use for data abstraction? For example, what if an 8 month old comes in for a 9 mo. WCC? Or a patient missed the 9 month visit and is now in clinic for that "9" month visit at 11 months?

For this collaborative, abstract data for any visit from one month before the targeted age to two months after the targeted age.

Specifically:

- 9 mo.: 8-11 months
- 18 mo.: 17-20 months
- 24 mo.: 23-26 months

What if a patient completely missed the 9 month visit and is now in clinic for a 12 month visit and we complete a catch up screen? Do I abstract that data?

Do not enter the data if the patient completely missed the targeted WCC and is now in clinic for the next age WCC; however, *do* screen the patient with the appropriate age form – just don't include the screen in your data set.

Select the correct age and language for the screen

If you are providing a 9mo WCC page, but the patient is 8 months of age, choose the 8 month ASQ-3. For more information see "Selecting the Correct Screen" in the ACHIA Teamspace "Getting Started" or "Practice Tools and Resources"

What is a complete screen?

All must be present.

Correct screen for chronological age, level of prematurity and language.

For the MCHAT-R/F if the original score was 3-7, follow up questions documented.

Screen scored.

Provider assessment of screen documented in medical record

Why track "Consecutive Patients" rather than patient seen by individual providers? Tracking data by practice allows for sufficient data to assess whether interventions result in systematic improvement while minimizing the data collection burden for many practices. M

- For Developmental and Autism screening: track the 9 and 18 and 24 month WCC that arrive at the practice or all providers.
- For Social-Emotional screening: track the 36 month WCC that arrive at the practices for all the provider.

Our practice has multiple sites. It isn't possible to capture consecutive visit information.

Consider tracking the data as separate sites.

Multi-site practices may choose to submit data from each site for a variety of reasons such as:

1. the complexity of collecting consecutive visits across practice sites,
2. the need for sufficient data from each site to assess the impact of interventions
3. the need for different interventions because of practice variations at different sites.

Multi-site practices may also choose to submit data as one entity. Choose the option that works best for your practice.

A multi-site practice may choose to submit data as two sites while still sharing core team members such as the data entry team member.

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My practice obtained all needed charts in the middle of the month. What is the earliest I may enter data? You may enter data at any point in the month up to the last day of the month.

When is the last day to enter data?

The last day to enter data into QIDA is the last day of the month. Data collection ends on the 25th to allow for a few days to enter these data. We strongly recommend data be entered as soon as possible after the 25th. A firm data close date is important to allow the QI coach to review the data and for the QIDA team to aggregate the data.

What if I do not enter the data by the last day of the month?

Data must be entered monthly for the providers to receive MOC. Contact Linda Champion to see if it is possible to enter the data after the last day of the month.

Why annotate a chart?

Run charts tell the improvement story in a quick one view. Annotation shows what you did to lead to improvement OR – equally important – that an intervention did not lead to an improvement. From a QI viewpoint, finding out what does and doesn't work is essential to improvement.

What sort of information should I use to annotate the charts?

Annotations should be brief and reflect your PDSA cycles such as "started 9 month ASQ-3" or "added Spanish version of ASQ-3" or "started using electronic screens."

Add your annotation by the end of each data cycle and print the run chart. Use the run chart to review the QI results with your practice team and to display for patients.

When are run charts available to share with the practice and post for our clinic be printed?

Practice Run charts are available immediately upon entering data. For instructions on how to annotate and print charts please refer to the QIDA User Manual on the TeamSpace and on the QIDA site.

Data Person Back Up

ACHIA recommends having one person track and enter data; however, this person needs back up in case of data need to be entered when the data person is out of the office.

Our practice plans to track data to continue to refine our early screening. May we continue to track the data in QIDA?

QI should be continuous. Practices need more than 6 months to sustain accurate delivery, completion and follow up of early screening for all targeted patients. We recommend participating in ACHIA's Family Centered Care Collaborative in 2018. During this 2018 collaborative, practices continue to track early screening data while conducting QI to better incorporate the parent and patient voice into the practice. In addition to improving care, this collaborative will provide MOC, CME and align well with the updated expectations for NCQA PCME (re)certification.

Trouble shooting


If there are any questions regarding the QIDA site or what to abstract, contact Linda Champion at lchampion@alaap.org

TOTALS DATA

Totals Data Tally Tool (See Addendum for printable copy) The Totals Data Tally is an optional tool to support practice chart data collection as well as data entry into the monthly practice report. Many practices will obtain some of these data from their EHR or referral staff rather than use this Tally Tracker.

Totals Data Tally

Enter via Monthly Practice Report (Survey Monkey)

1	# of visits						Baseline Timeframe: September 2016 H: All available Enter by Feb 15
	Early Screening	9 month	18 month	24 month	9 + 18 + 24 =		
2		Behavioral	36 month				Intervention Timeframe: each of the 6 intervention months H: All available Enter by the 1 st Tuesday of each month via Survey Monkey Monthly Report
	Total # of Referrals						
3		Help Me Grow Alabama					
		Early Intervention					

1. Early Screening Totals:

Use tick marks to track the # of 9 month WCC, # of the 18 month WCC, and # of 24 month WCC. Add the # of 9 + 18 + 24 month WCC together. The total # is the number to submit.

2. Behavioral Screening Totals:

Use tick marks to track the # of 36 month WCC. Submit this total number.

3. Help Me Grow Referrals:

Use tick marks to track the total number of referrals made to Help Me Grow. Include all practice referrals even if not related to a positive screen.

4. Early Intervention.

Use tick marks track the total number of referrals made to Early Intervention. Include all practice referrals even if not related to a positive screen.

Baseline Total Tally data:

For the month of September 2016, collect the total number of patients presenting to the practice for:

Early Screening Visits: 9 month + 18 month + 24 month WCC visits

Behavioral Visits: 36 month WCC visit*

For the month of September 2016, collect the number of referrals made to:

- Help Me Grow Alabama
- Early Intervention

Note: the total tally data is for one month only. This time frame is different from the Chart Data baseline timeframe.

Intervention Data

For each intervention month (6 months, March –August) collect the number of patients presenting to the practice for the entire month:

- 9 month + 18 month + 24 month
- 36 month visit*

Note: unlike the chart data, these data are for all visits for the entire month.

Submit

Submit via Monthly Report available online at Survey Monkey on the 1st Tuesday of each month. For Baseline data, submit Sept 2016 by the 1st Tuesday in March. Linda Champion will provide you with a link each month.

QUALITATIVE DATA

Qualitative Data reveal the story behind the numbers.

Qualitative data in this collaborative include:

- Practice Assessment Survey
- Monthly webinar survey
- Practice Post-Implementation Survey
- American Board of Pediatrics Survey for providers seeking MOC
- Some collaborative members will participate in a telephone survey.

Data Submission Routes and Due dates

Qualitative Data: Route and due dates vary and will be provided to the practice contact by Linda Champion. Examples are:

- Practice Assessment Survey (Survey Monkey link emailed to practice point person and completed by physician lead prior the startup of the collaborative)
- Monthly webinar evaluation (pop up window in ReadyTalk at the close of each monthly webinar February – September 2017)
- Practice Post-Implementation Survey (Survey Monkey link emailed to practice point person and completed by physician lead at close of the collaborative in September/October 2017)
- American Board of Pediatrics Survey (MOC Attestation) for providers seeking MOC (emailed to practice point person at end of collaborative, completed by individual providers and emailed by practice point person back to Linda Champion in September/October 2017)
- Some collaborative members will participate in a telephone survey (at the close of the project in September/October 2017)