

Early Screening CQI Collaborative 2017

Which Screens to Use in the Collaborative

Baseline Screens

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

Intervention Screens

For the purposes of intervention data, which screens are used in the collaborative?

ASQ-3 at 9-, 18- and 24-month WCC

MCHAT-R/F at 18- and 24-month WCC

ASQ-SE at 36-month WCC (required in Tuscaloosa; optional elsewhere)

FAQs

What counts as a "9" or an "18" or "24" month visit for the ASQ and MCHAT? For example, what if an 8 month old comes in for a 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, you may include data any visit from one month before the targeted age to two months after the age where a the components of the targeted aged WCC were completed.

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 track that data?

Do not enter the data if the patient completely missed the targeted wcc and is now in clinic for the

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next age wcc; however, do screen the patient with the appropriate age form – just don't include the screen in your data set.

Use correct ASQ-3 for age of visit. If patient is...

8 months: use 8 month form (7 mo. - 8 mo. 30 days)

9 months: use 9 month form (9 mo. – 9 mo. 30 days) OR 10 month form (9mo. - 10 mo. 30 days)

10 months: use 10 month form (9 mo. - 10 mo. 30 days)

11 months: use 12 month form (11 mo. – 12 mo. 30 days)

17 or 18 months: use 18 month form (17 mo. -18 mo. 30 days)

19 or 20 months: use 20 month form (19 mo. - 20 mo. 30 days)

23, 24, or up to 25 mo. 15 days: use 24 month form (23 mo. – 25 mo. 15 days)

25 months 16 days or 26 months: use 26 month form (25 mo. 16 day - 28 mo. 15 days)

Which screens are required and which are optional?

For Tuscaloosa practices: use all 3 screens 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 do these areas have different requirements?

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

Our practice plans to integrate the ASQ-3 and MCHAT-R/F; however, we are starting with the ASQ-3 at 9 months. Do I still need to collect the information about the ASQ-3 at 18 and 24 months and the MCHAT-R/F at 18 and 24 months?

Yes.

What do you mean by “consecutive” visits?

Track information by when patients arrive for the targeted age visit to any provider in the practice.

Our practice has multiple sites. I don't think it is possible to capture consecutive visit information. Consider tracking the data as separate sites.

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 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 that data be entered as soon as possible after the 25th.

A firm close date is important to allow the QI coach to review the data and for the QIDA team to aggregate the data.