

## Tips for setting up a developmental screening program in your pediatric practice

Most residents come out of medical school now with the expectation that developmental screening will be a routine part of any pediatric practice they join. They are surprised to discover that what was a “given” in their residency clinics does not necessarily translate into practice.

In fact, fewer than half of established practices have a structured developmental screening program in place. This is even though research shows that even experienced practitioners miss children later found to have a disability or delay in more than 70% of cases (Radecki, Sand-Loud, O’Connor, Sharp, & Olson, 2011). That is a sobering figure when you consider that 15% of children and adolescents are estimated to have some form of developmental disability (and 21% some form of social-emotional difficulty) (Boyle, Boulet, Schieve, Cohen, Blumberg, Yeargin-Allsopp, Kogan, 2011).



ASQ screening qualifies for 96110 billing to Medicaid and many private insurance companies.



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For practitioners who do recognize the importance of early identification and intervention, here are some key pointers from an experienced pediatrician on how to implement a successful developmental screening program in your busy practice.

Dr. Kevin Marks, co-author of [Developmental Screening in Your Community](http://bit.ly/DevScrnCmnty) (<http://bit.ly/DevScrnCmnty>), is a keen advocate of developmental-behavioral screening and of ASQ.

In his tipsheet on [Practical Tips for Implementing the ASQ-3™ in a Pediatric Office Setting](http://bit.ly/ASQPedsTips) (<http://bit.ly/ASQPedsTips>), Dr. Marks outlines the team-based approach that has worked well at PeaceHealth Medical Group in Oregon. (He updates his tips to include online completion in this fun presentation on [Why Become a Screening & Surveillance Champion or Superhero?](http://bit.ly/ASQMedHome)—available at <http://bit.ly/ASQMedHome>).

Here are the staff roles and office-flow procedures Dr. Marks recommends for establishing an effective screening program using ASQ:

**1. Screening Champion** – This is generally the office leader, but can be anyone in the practice who recognizes the importance of early detection and advocates for the adoption of developmental screening.

**2. Patient Scheduler** – The scheduler instructs the caregiver to come in 15 minutes early for a well-child visit so he or she can complete the ASQ-3 in a quiet corner of the reception area (the questionnaire can also be mailed home in advance or completed online).

**12 key components of a periodic screening program:**

1. Eliciting and addressing parent/caregiver concerns
2. Gathering and maintaining a developmental-behavioral history
3. Identifying biological and environmental developmental-behavioral risk and protective factors
4. Making accurate and informed observations about the child and parent-child interactions
5. Promoting healthy development and behavior
6. Making a referral decision using unstructured and structured surveillance
7. Referring to IDEA agencies and other community programs
8. Documenting the process and outcomes and sharing key findings with referral sources
9. Providing referral care coordination and/or follow-up
10. Following up with supplemental screening and/or medical tests
11. Reviewing referral feedback reports and recommendations while tracking IDEA eligibility status
12. Monitoring progress and the need for additional services after initiating chronic-condition management for children with special needs

From the “Medical Home Settings” chapter of Developmental Screening in Your Community

**3. Receptionist** – For AAP-recommended universal screening visits (9-, 18-, and 24- or 30-month visits), the receptionist gives the caregiver the correct age-interval ASQ-3 as soon as he or she enters the waiting room. (If the caregiver has completed the questionnaire online, the receptionist ensures receipt of the online results.)

**4. Nurse** – The nurse double-checks to make sure the caregiver received the correct age-interval ASQ-3. The nurse checks for any difficulty with completion and then scores the ASQ-3 before the clinician walks into the exam room; with repetition, ASQ-3 scoring takes less than a minute.

**5. Clinician** – The pediatrician elicits parental concerns and adds ASQ-3 results to the parent’s concern list, taking advantage of “teachable moments” to incorporate developmental promotion into the process (he or she can provide [ASQ-3 activity sheets \(http://bit.ly/ASQActvty\)](http://bit.ly/ASQActvty) to encourage development). As appropriate, the clinician has the patient referred to a local EI or ECSE agency or early childhood community resource, and scheduled for the next well visit or for a secondary screening like [ASQ:SE \(http://bit.ly/ProdASQSE2\)](http://bit.ly/ProdASQSE2) or M-CHAT.

**6. Resource Staff** – After the clinician has discussed next steps with the caregiver, clinic resource staff generates the necessary referrals and acts upon other clinician recommendations.

Use this flowchart for a [visual reminder of the critical steps \(http://bit.ly/FlwchrtDBSS\)](http://bit.ly/FlwchrtDBSS) involved in the process of maintaining a high-quality developmental screening and surveillance program.

To slash paperwork time, streamline data management, eliminate the costs of photocopying and mailing questionnaires, and ensure accuracy with automated scoring and questionnaire selection, practices can implement [ASQ-3 and ASQ:SE screening online \(http://bit.ly/ASQ3Online\)](http://bit.ly/ASQ3Online).

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**Can I integrate my ASQ results with my EHR?**

ASQ Online (<http://bit.ly/ProdASQOnline>) will soon have API functionality, which will allow you to link with your electronic health record. In the meantime, try these [options for integrating ASQ results \(http://bit.ly/ASQEHR\)](http://bit.ly/ASQEHR).

Developing a screening program in your busy practice may seem daunting at first, but if you follow the steps outlined by Dr. Marks, you'll be amazed by how efficiently you're able to identify patients at risk of developmental delay and get them on the road to getting the help they need. Take the first step toward transforming your practice now.

**Screening success  
with parent-completed  
questionnaires**

View this resource at:  
<http://bit.ly/EC0711>

**Working with families  
in your screening  
program**

View this resource at:  
<http://bit.ly/ASQ0513>

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