Pediatric Toolkit

Tips and tools to help you implement ASQ® developmental and social-emotional screening in your pediatric practice

ASQ BROOKES

"Why should I use ASQ® in my pediatric practice?"

Screening is recommended by the AAP.

Given the critical role pediatricians can play in the early identification of children at risk, the American Academy of Pediatrics recommends in its policy statement on screening[1] that pediatricians and primary care providers:

- conduct developmental surveillance of all infants and young children during preventive care visits and screen using evidence-based tools at 9, 18, and 24 or 30 months, or whenever a concern is expressed
- present the results of the screening to the family using a culturally sensitive, family-centered approach
- maintain links with community-based resources, such as early intervention, school, and other programs, and coordinate care with them
- increase parents' awareness of developmental delays and disabilities and resources for intervention

ASQ makes it simple to incorporate screening.

Screening doesn't have to be overly time consuming. Simple strategies can be incorporated into office visits to help identify children at risk—much like routinely checking a child's height and weight. Pediatricians are the professionals most likely to see a child on a regular basis. You have the opportunity to play a crucial role in identifying children with developmental delays at a young age. You can even integrate ASQ results with your electronic health record (EHR) using ASQ® Online.

Using ASQ helps you catch more delays.

Some pediatricians use clinical judgment alone to identify potential developmental problems. But studies have shown that while clinical judgment is undoubtably valuable, when used alone, it detects fewer than 30% of children who have developmental disabilities.[2, 3]

When pediatricians complement their clinical judgment with the use of a standardized screening tool, they identify 70% to 80% of children with developmental disabilities.[4] The percentage rises when screening is conducted at periodic intervals (rather than at a single point in time or only as problems are suspected).

Concerned about overidentifying children with delays? Though screening does result in occasional referrals of children later found not to qualitfy for services, most overreferrals are shown to be for children with below average development who would benefit from extra attention.[5]

ASQ is parent-completed.

Studies show that parents' observations of their children are excellent predictors of developmental delays. Since ASQ is a parent-completed tool, it makes the most of families' in-depth knowledge and helps them become active partners in the screening process.

Of the screening tools available, parent-report tools such as Ages & Stages Questionnaires® (ASQ®) are the most time- and cost-efficient—time and cost being the two biggest barriers pediatricians face when implementing screening.

ASQ is family friendly, with fun learning activities.

The ASQ system includes fun, simple, and inexpensive learning activities that you can share with parents. The activities cover the same developmental and social-emotional areas screened with ASQ®-3 and ASQ®:SE-2 and help children progress in areas of concern.

ASQ is culturally sensitive and appropriate.

Not only are ASQ-3 and ASQ:SE-2 the most reliable, valid developmental and social-emotional screener availables, they've also been thoroughly reviewed for cultural sensitivity. Illustrations, wording, and examples in the questionnaires have been refined according to user feedback, so parents of diverse backgrounds can give the most accurate responses.

ASQ-3 is available commercially in English, Spanish, Arabic, Chinese, French, and Vietnamese.
ASQ:SE-2 is available commercially in English, Spanish, and French.
Several additional translations are available to license. For more information, visit agesandstages.com/languages.

ASQ improves partnerships with families.

ASQ makes it easy to share children's strengths with families, which helps you improve your rapport with parents. With ASQ, parents also have an easy way to learn about developmental milestones and actively encourage their child's progress.

[1] American Academy of Pediatrics (2001, July). Developmental Surveillance and Screening of Infants and Young Children, Pediatrics, 108(1), 192–196.
[2] Hix-Small, H., Marks, Kevin, Nickel, R. (2007, August). Impact of Implementing Developmental Screening at 12 Months and 24 Months in a Pediatric Practice, Pediatrics,120(2), 381–389.
[3] Glascoe, F. P. (2000). Early detection of developmental and behavioral problems. Pediatrics in Review, 21(8), 272–280.
[4] Squires, J. Nickel, R. E., Eisert, D. (1996). Early detection of developmental problems: strategies for monitoring young children in the practice setting. Journal of Developmental & Behavioral Pediatrics, 17, 420–427.
[5] Glascoe, F. P. (2001, January). Are overreferrals on developmental screening tests really a problem? Archives of Pediatric & Adolescent Medicine, 155(1), 54–59.

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.

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

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).

Kevin Marks, M.D., FAAP, pediatrician
Denmark/U.S.A.

For practitioners interested in developmental screening, 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/DevScrnCmmty), 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), 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?—available at http://bit.ly/EIAssemble).

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).

Read on

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 reviews and interprets ASQ-3 results and elicits any parental concerns. He or she can take advantage of "teachable moments" to incorporate developmental promotion into the process (he or she can provide ASQ-3 activity sheets (http://bit.ly/EngASQ3Activities) 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-2 (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 the flowchart on the next page for a visual reminder of the critical steps 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-2 screening online (http://bit.ly/ASQ3Online).

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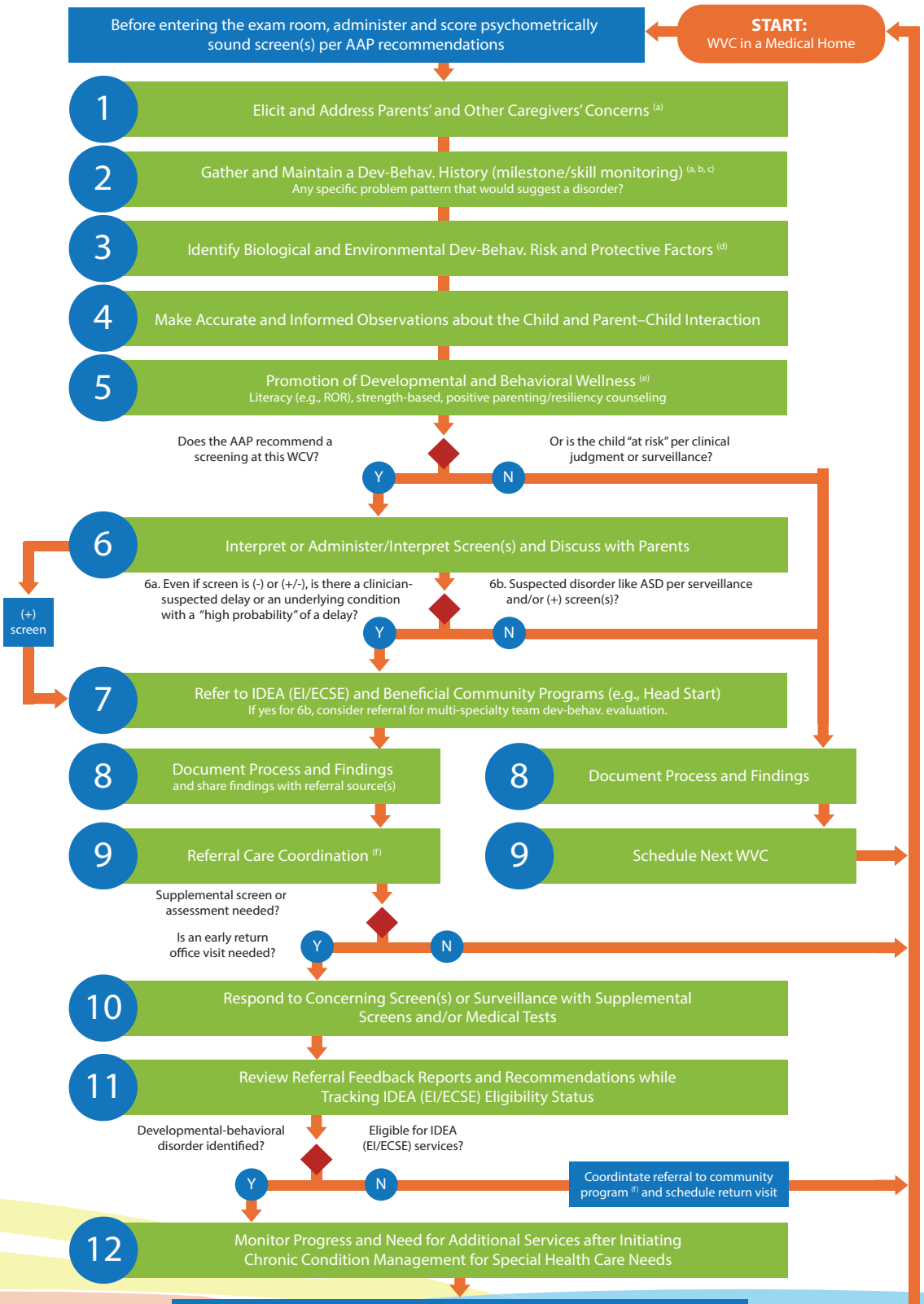
Developing a screening program in your busy practice may seem daunting at first, but if you follow the steps outlined by Dr. Marks, you'll be amazed by how efficiently you're able to identify patients at risk of developmental delay and get them on the road to getting the help they need. Take the first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

This article is reprinted from our FREE ASQ newsletter.
Sign up at http://bit.ly/ASQNews

Flowchart for Developmental-Behavioral Surveillance & Screening (0 to 6 years) in Medical Home Settings



See legend on p. 7

AAP Screening Recommendations

[a] General (broad-band) developmental screen routinely at 9, 18, and 24 or 30 months, at 4 years to measure "kindergarten readiness," plus as needed if at risk for a developmental delay

[b] Social-emotional screen routinely at 5 years, plus as needed if at risk for social-emotional problems

[c] Autism-specific screen routinely at 18 and 24 months, plus as needed if at risk for ASD

[d] Consider family psychological screen (e.g., 0 to 1 month or at the initial visit), plus routinely employ a maternal mood disorder screen in the first year (e.g., 2, 4, and/or 6 months)

Other Key Recommendations

[e] Evidence-based interventions are recommended for component 5, which is flexible and can occur before and after component 6.

[f] A system-wide program with centralized care coordination or a practice-based integrative model of care (e.g., colocation with developmental or mental health specialists) is recommended.

Legend

AAP = American Academy of Pediatrics

ASD = Autism Spectrum Disorder

ECSE = Early childhood special education

EI = Early intervention

IDEA = Individuals with Disabilities Education Act

SE = Social-emotional

ROR = Reach Out & Read

WCV = Well-child visit

Box = Process or action step

Diamond = Decision

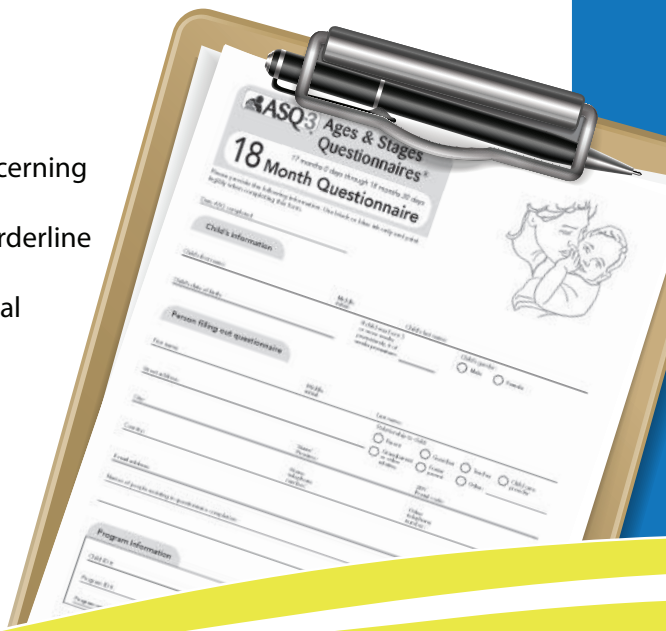
Y = Yes

N = No

(+) = Concerning

(+/-) = Borderline

(-) = Typical



Pages 6 and 7 excerpted from Marks, K.P., and Macias M.M. [2011]
Enhancing the algorithm for developmental-behavioral surveillance and screening in children 0 to 5 years.
Clinical Pediatrics [50]9, 853-868, adapted by permission.

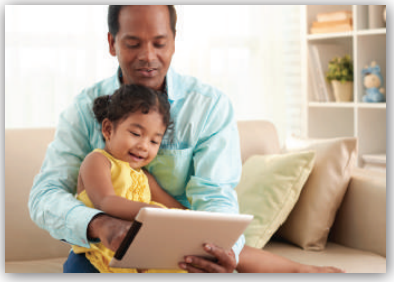
12 Key Components of a Periodic Screening Program

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

Adapted from *Developmental Screening in Your Community: An Integrated Approach for Connecting Children with Services* by Diane Bricker, Ph.D., Marisa Macy, Ph.D., Jane Squires, Ph.D., & Kevin Marks, M.D. ©2013 Brookes Publishing. All rights reserved.

Online Screening with ASQ

ASQ® Pro & ASQ® Enterprise
Online Data Management



ASQ® Family Access
Online Questionnaire Completion

ASQ Online is your key to an efficient, user-friendly screening program that ensures accurate results every time. Add ASQ Online and you'll have

- **Online questionnaire completion**—so it's easy for parents to fill out questionnaires quickly and accurately on a computer, tablet, or smartphone.
- **Automated scoring**—eliminates scoring errors and reduces over- and under-referral
- **Efficient reporting**—individual child reports and overall program reports help you analyze and monitor progress
- **Easy data management**—the Application Programming Interface (API) connects ASQ Online with your electronic health record (EHR) so data flows easily between them
- **Better communication with parents**—email them questionnaire reminders, activities, and customizable letters

See how ASQ Online works!

Video clips at www.agesandstages.com/videos

Fast Facts about ASQ Online

What is ASQ Pro?

A user-friendly, cost-effective system that allows single-site practices manage their ASQ data online and generate fast and accurate scoring and reports.

What is ASQ Enterprise?

A data management system like ASQ Pro, except for multisite practices. With ASQ Enterprise, you can also track trends across sites.

What is ASQ Family Access?

The ability to allow parents to complete questionnaires online through customizable web pages.

ASQ®

Online Data Management

ASQ Pro (for singe-site practices)
$149.95 annual subscription* | Stock#: 70380

ASQ Enterprise (for multisite practices)
$499.95 annual subscription* | Stock#: 70397

**Visit www.agesandstages.com for updated information on costs per screen.*

Online Questionnaire Completion

ASQ Family Access
$349.95 annual subscription | Stock#: 70403
(available with purchase of ASQ Pro or ASQ Enterprise only)

How to Integrate ASQ into Electronic Health Records

Connect data automatically

Practices using ASQ Online can connect screening data with another database using API, or automated programming interface. API allows a bridge to be built between ASQ Online and another system, which enables data to seamlessly flow between the two systems. Programs can choose the data that transfers—child information, caregiver information, and/or screening results.

Transfer data by importing and exporting

ASQ Online offers import/export functionality so programs can export screening results from ASQ Online and import the data into their database by matching up ID fields. Practices can also export child and caregiver information from their EHR and import the information into ASQ Online to eliminate manual data entry.

Intergrate ASQ into your EHR

Another option for health care providers is to license the rights to integrate ASQ-3 and/or ASQ:SE-2 content into your EHR system. Factors such as the practice size and planned functionality are used to establish terms for the license agreement. Once the agreement is made, your practice's IT professionals may build the ASQ content into your EHR.

Record results with data entry

Practices using paper ASQ questionnaires can use manual data entry to record screening results in their EHR. Overall scores, overall results, or individual item responses can be entered depending on the practice's preference.

Scan completed questionnaires

For electronic storage of screening results, practices can scan completed questionnaires and upload the files to their EHR. The entire questionnaire, or just the Information Summary sheet, can be scanned.

CHADIS

Subscribe to CHADIS®

The Child Health and Development Interactive System (CHADIS) is a comprehensive web-based screening, diagnosis, and management system. CHADIS offers web-based ASQ-3 and ASQ:SE-2 questionnaire completion, automatic scoring, and time-based graphical displays. CHADIS is integrated with Office Practicum and Allscripts TouchWorks, an interface with Centricity has been established, and intraoperability with EPIC is available on a site-by-site basis.

Subscribe to Patient Tools® (PTI)

PTI is an enterprise solution for electronic patient interviews for all age groups and specialties. PTI offers tablet and web-based ASQ-3 and ASQ:SE-2 questionnaire completion, scoring, and in-depth reporting in real-time. ASQ questionnaires in Hmong and Somali are available in PTI. PTI's Data Exchange can be configured to interface to any EHR using HL7, ODBC, or file-based transfers of reports and discrete data fields.

Additional Screening Resources

AAP's Screening in Practices Initiative

This initiative was developed by the AAP to help improve the health, wellness, and development of children through practice and system-based interventions for early childhood screening, referral, and follow-up.

▶ View this resource at: http://bit.ly/AAPScreening

Implementing the ASQ-3 and ASQ:SE in a Primary Healthcare Clinic

Watch this informative video and learn how the ASQ-3 and ASQ:SE can be implemented and administered in a busy pediatric office setting.

▶ View this resource at: http://bit.ly/ASQPeds

When should you NOT ask parents to complete an ASQ questionnaire?

The main point of screening is to catch children who may be at risk for disabilities, to ensure they get further assessment, and to make sure as many children as possible get needed early intervention services. If children are already diagnosed with a disability, screening is redundant. Read this article to learn more.

▶ View this resource at: http://bit.ly/NoASQNews

ASQ Success Story: Canadian Pediatric Group

Discover how the Section of Community Paediatrics, a group of 12 private practices in Calgary, implements ASQ Online.

▶ View this resource at: http://bit.ly/ASQPedsSuccess

ASQ Sample Questionnaires

View sample completed ASQ-3 and ASQ:SE-2 questionnaires. Samples are available for English, Spanish, Arabic, Chinese, French, and Vietnamese translations.

▶ View this resource at: http://bit.ly/ASQSamples

ASQ Parent Resources

Developing resources for communicating with parents is essential to the smooth and efficient operation of a screening and monitoring program. Use these sample letters, forms, and surveys (available in English and Spanish) to assist your practice's implementation of ASQ-3 and ASQ:SE-2.

▶ View this resource at: http://bit.ly/ASQParentResources

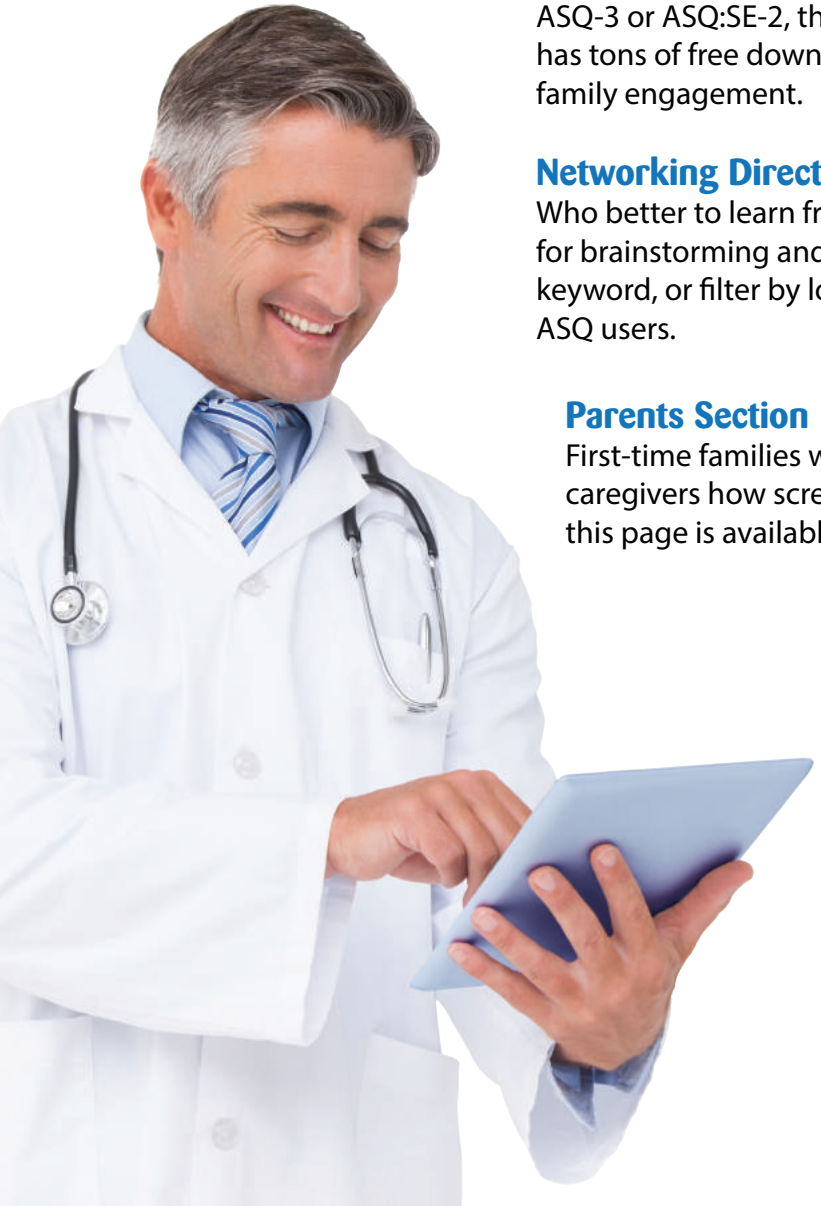
Find more pediatric resources at
http://bit.ly/ASQPediatrics

Online ASQ® Resources

Create a FREE account at agesandstages.com/register

Screening Navigator

This handy tool walks you through the four phases of the developmental screening process—*Before You Begin, Preparing Your Screening Program, Screening,* and *Supporting Success*—and reviews the key steps of each. Skip to the phase you need guidance on, or explore the entire Navigator. With each step you'll get links to free tools and resources.



ASQ Resource Library

If you can imagine a tip sheet, infographic, parent handout, or article about ASQ-3 or ASQ:SE-2, this library probably has it. Our searchable collection has tons of free downloads to help you implement ASQ and practice better family engagement.

Networking Directory

Who better to learn from than others who do what you do? Tap your peers for brainstorming and problem-solving sessions. Search the Directory by keyword, or filter by location or organization type to connect with other ASQ users.

Parents Section

First-time families will love this Q&A-style resource, which tells parents and caregivers how screening works and what they can expect. Information on this page is available in English and Spanish.

Join today at www.agesandstages.com/register