American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Iowa Chapter

The Heartland Pediatrician

The recently released Summer edition of the *Heartland Pediatrician* omitted a section of the 1st Five story. We apologize for the error. Here is the story in full.

First Five

The Effective Use of Developmental Screening in Pediatric Practice

by Meredith Fishbane-Gordon, MD

It's impressive how pediatric providers perform many different services in a short amount of time in the primary care office setting. Most providers easily roll through the majority of the items on the Bright Futures/American Academy of Pediatrics' Periodicity Schedule for Preventive Pediatric Health Care[1] as part of a health supervision visit. However, many primary care providers in Iowa have not implemented the use of standardized developmental screenings tools.

The majority of young children who have developmental delays are not identified before entry into kindergarten.[2] Because early intervention can make a huge impact on a child's developmental trajectory, it is crucial that Iowa providers find a way to make standardized developmental assessment a priority for their practice.

Pediatric providers often rely on history, observation and intuition to determine a child's developmental status. However a study published in Pediatrics in February 2015 found that autism specialists misdiagnosed 39% of children with autism based on extended observation alone.[3] The study validates the current policy recommendations: it is only through parent-completed screening tools that providers can glean the most reliable time-efficient assessment of a child's typical behavior patterns and developmental trajectory.

Basic surveillance questions, which are often included as part of a template well child care visit, are not typically standardized; if a patient doesn't perform one of the developmental tasks in the surveillance block, there is no guidance to assist the provider if the child needs referral for further evaluation. It can be daunting to know when to refer for further evaluation. It is often easier to make a note of the current status, encourage work at home and reassess at the next well child visit.

Like a lead screen, developmental screening using a standardized tool should occur at specific intervals as well as any time there is a concern. General developmental screening is recommended to occur at the 9

month, 18 month and 24 and/or 30 month well child care visits. Additionally, a specific screening tool for autism (i.e. MCHAT-R/F) is recommended to be performed at the 18 month and 24 month well child visits.[4] The screening tools are reimbursed at varying but often substantial rates. Bright Futures and the American Academy of Pediatrics delineate the coding information in their guide "Coding for Pediatric Preventive Care, 2017"[5], which is accessible online.

The Iowa Department of Public Health (IDPH) encourages and supports the Bright Futures and American Academy of Pediatrics' recommendation for routine developmental surveillance and screening through the 1st Five Healthy Mental Development Initiative.[6] The 1st Five Program, currently available in 88 of Iowa's 99 counties, supports primary care practitioners in their use of developmental surveillance and screening tools. Children with needs that are identified by their primary care provider (PCP) can be referred to the program's local site coordinator. Local site coordinators connect with the child's family to complete a full assessment and ensure not only referral to early intervention (Early ACCESS) services, if indicated, but also other local community support programs. 1st Five can also assist families with young children (0-5 years) with a wide range of services including housing assistance, transportation needs, food resources and parental depression referrals.[7]

It important to note that change is hard. In fact, the rate-limiting step with initiation of developmental screening in a primary care office setting is typically figuring out how to incorporate the screening tool with minimal impact to workflow. This is where establishing a partnership with 1st Five Healthy Mental Development Initiative can be exceptionally fruitful. Most of 1st Five Site Coordinators have been specifically trained to teach providers and their staff on how to complete and score the Ages & Stages Questionnaires, which is a recommended general developmental screening tool that is valid from 1 month until 66 months of age. Many provider offices around the state have already incorporated developmental screening into their workflow in various ways. Some offices send the questionnaires out ahead of time electronically or via conventional mail for parents to complete and return at the time of the visit; most offices have the parent complete the form while in the waiting room using paper copies or tablets. The screens can all be scored quickly to have the results readily available by the time the provider is ready to see the child.

Additionally, 1st Five partners with provider consultants at the University of Iowa's Division of Child and Community Health who are well-versed in implementing developmental screening into busy office schedules. These peer consultants can help create strategies with provider groups across the state of Iowa for implementation of developmental screening tools based on an individual practice's needs.

In conclusion, developmental screening is a best practice recommendation that can easily be incorporated into a busy pediatric office. The 1st Five Healthy Mental Development Initiative is a state resource available to Iowa primary care providers who would like support with implementation of screening tools as well as with patient referral needs. For more information, including a list of site coordinators and a map of the counties where 1st Five is available, please refer to the 1st Five website.

---

1. Bright Futures/American Academy of Pediatrics "Recommendations for Preventive Pediatric Health Care"
2. Rice CE, Van Naarden Braun K, et al "Screening for Developmental Delays Among Young Children—National Survey of Children's Health, United States, 2007" Supplements September 12, 2014, 63 (02);27-35.
3. Gabrielsen TP, Farley M, et al "Identifying Autism in a Brief Observation" *Pediatrics* vol 135 no 2, February 2015
4. "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening"
5. Bright Futures/American Academy of Pediatrics "Coding for Pediatric Preventive Care, 2017"

6. http://idph.iowa.gov/1stfive
7. For a more thorough list, please refer to the “Reasons to Refer to 1st Five” Video under 1st Five Provider Video Series.

American Academy of Pediatrics Iowa Chapter
www.iowapeds.org
515 E Locust, Des Moines, Iowa 50309
(515) 421-4778