

Iowa Chapter

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



President's Message



Happy New Year and new decade!

I hope the New Year finds you well and ready for new challenges and successes (and a little reprieve from RSV and Influenza season).

We had wonderful attendance at our informal gathering at NCE in New Orleans and our Fall Social in Iowa City. It is always great to see new and familiar faces and learn about all the amazing things Iowa AAP members are doing across our state. Our Annual Meeting and Spring Social will be in Des Moines on April 15, 2020. Hope you can join us.

The 2020 Legislative session has begun and our Legislative, Mental Health and Immunization Committees are prepared to be proactive in advocating for legislation to protect the health and safety of children in Iowa. We will be closely monitoring activity at the State and Federal level and drawing on expertise to address and introduce issues that affect our children and caring for them. We anticipate continued work to assure appropriate funding and implementation of the Children's Mental Health plan, preventing expanded immunization exemptions, and protecting our youth from tobacco and e-cig/JUULing products to name a few. Please join us for our Iowa AAP Legislative Breakfast/ Day- On-The Hill on February 26, 2020.

IA AAP Annual Breakfast

Wednesday, February 26

7:30 - 9:00 am | Capitol Rotunda

Why I Believe in the Importance of Developmental Screening

by Meredith Fishbane-Gordon, MD

Developmental screening has been a recommended best practice since the American Academy of Pediatrics published its policy statement on the topic in 2006.¹ The January 2020 issue of Pediatrics also includes updated clinical guidance stressing the importance of identifying developmental issues through screening.² Yet despite this strong endorsement, a recent survey of lowans shows that only 34% of parents report that their primary care provider performed a developmental screening on their 9-35 month child in the past year. While similar to the overall national trend, it falls significantly short of our goals of universal screening for all children and below states like Minnesota, who is currently at 59% and rising.³

Iowa's 1st Five Healthy Mental Development Initiative is trying to tackle this shortfall by serving not only as a referral resource for positive screens but also by training providers and their staff on how to use recommended screening tools. In addition to a team of 18 Site Coordinators positioned around the state at local Maternal Child Health agencies, 1st Five has two peer consultants; these peer consultants are practicing primary care providers who actively follow recommended developmental screening in their practices. These peer consultants can meet with providers interested in implementing developmental screening into their practice to augment their well-child care. For the past 4.5 years, I have been one of these peer consultants and have enjoyed working with many colleagues to achieve this goal with minimal disruption to their workflow.

After residency, I began my primary care practice in Massachusetts; soon after I finished acclimating to a busy urban practice, a new state law went into effect mandating that a developmental screening be conducted at every well-child visit in order for that visit to be reimbursed by Medicaid. Since my practice served a large Medicaid population, we had to quickly adapt to ensure compliance. Despite our initial trepidation, the integration of developmental screening into our workflow was relatively straightforward and easy to accomplish. Patients and their parents quickly became used to the paper forms they had to fill out in the waiting rooms prior to their visits.

While I was initially skeptical how, if at all, my practice would benefit from this change, I soon understood the utility and importance of these screening tools. It was helpful to have additional, targeted information gleaned from those who knew the children best, in a format that was easy to quickly digest and interpret. Before our practice underwent this transformation, I had believed developmental surveillance was sufficient to identify kids at risk of or with mild delays. However, I really began to appreciate the deeper dive into development that specific screening allowed me to take with each patient periodically. It allowed me to identify patients at risk much sooner than I had previously been doing. In turn, I was able to connect families to resources and developmental support much sooner. I am convinced that these earlier connections make a significant difference in the lives of my patients and their families.

We were also concerned that the additional time needed to complete the forms would cause a significant backlog in our clinic day. Occasionally the forms, or more typically the concerns raised because of their results, caused my schedule to fall a little further behind. In reality, it was not a significant burden and the minimal impact was

worth it. In fact, it never occurred nearly as often as the usual causes for delays in my office such as the “oh, by the ways” mentioned at a visit's conclusion.

Now that I practice in Iowa and have decreased my developmental screening to the recommended intervals or when concerns arise, instead of every visit, I continue to identify kids with delays or risk of delays earlier than I would using my judgment alone. It's easy to get distracted from our task of assessing developmental milestones during a well visit; parental questions, illness concerns and a number of other “must do” tasks compete for our attention during a time-limited visit. Additionally, since there is a wide variation of “normal” development, it's often hard to measure the degree of concern without an objective tool. Using a screening tool like the Ages and Stages Questionnaire 3 (ASQ-3) can help me objectively compare a patient's skills against those of others at the same age to help me make an informed decision: normal development, observe closely and suggest home interventions to the family or to refer the child to Early ACCESS.

While I constantly worry about questionnaire fatigue for my parents in the waiting or exam room, I rarely have had a parent make a comment about the effort. In contrast, I think parents typically appreciate the extra effort and attention being paid to their child. They are following their child's development closely and usually worry periodically about their child's progress. The reassurance of a normal screen is a welcome discussion piece; a flagged screen typically comes as no surprise to an observant parent and confirms their instinct for additional evaluation.

Integration of the developmental screening process into an office takes teamwork. From the front desk and nursing staff to providers and billers, almost everyone in the office will play a role in making this best practice become a reality. A shared vision among office staff will help motivate a successful transition, so it is important for everyone to understand the importance of this process. Luckily, following the recommended best practices does not mean incorporating developmental screening into every well-child visit. While it is important to perform developmental surveillance at every visit, developmental screening using a validated tool is best practice at only specific visits, and additional visits at the discretion of the provider. The recommended best practice promoted by Bright Futures and the American Academy of Pediatrics is to incorporate developmental screening specifically at the 9-, 18-, and 30-month well-child visit. Additionally, it is recommended to do a general developmental screen any time there is a concern raised by the parents or by surveillance questions. We should also be conducting autism-specific screening like the M-CHAT-R/F at both the 18- and 24-month visits.

As an added bonus, by following these best practices, your office can receive financial compensation from Medicaid and many other health plans. With a 25 modifier, you can add on the developmental screening code (ex: 96110) to your well-child visit E & M code (ex: 93382).

In conclusion, developmental screening is a recommended best practice because it allows primary care providers the ability to identify possible developmental delays earlier than if using judgement alone. If your practice hasn't seen the benefits of this transition, please reach out to your local 1st Five Site Coordinator who can assist you and your staff on this path to enhanced patient care. Your local 1st Five Site Coordinator can be found by scrolling down on the <http://www.idph.iowa.gov/1stfive> page and clicking on 1st Five Site Coordinators Map and Contact Information .

1. <https://pediatrics.aappublications.org/content/pediatrics/118/1/405.full.pdf>

2. <https://pediatrics.aappublications.org/content/pediatrics/early/2019/12/12/peds.2019-3449.full.pdf>

3. <https://www.childhealthdata.org/browse/survey>

IA AAP Annual
Meeting & Social
April 15 | 6:00 pm | IMS
515 E Locust St. Ste. 400
Des Moines, IA 50309

Identify Chapter Climate Advocates

Chapter leaders can help identify a climate advocate(s) to guide state-level climate issues being addressed by the Council on Environmental Health (COEH). Please email interested advocates' contact information to [Lori Byron, MD, FAAP](#) from the COEH Executive Committee. The council will also reach out to climate passionate pediatricians, suggesting that they self-identify to their chapter ED to be considered for the position. Find more information on climate change by viewing the October Chapter Chat recording and additional resources shared on the [Chapter Chat Archive](#) page.

Consult with a child and
adolescent psychiatrist 24/7
800-322-8442

The Iowa Pediatric Mental Health
Collaborative provides mental health
resources for health care providers.



Are you a primary care provider looking for information about a pediatric psychiatric diagnosis or treatment? Consult with a University of Iowa Child and Adolescent Psychiatrist to address your mental health questions at 1800-322-8442. This free service is available 24 hours a day/ 7 days a week.

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