



Project: Assuring Better Child Health and Development (ABCD)

Summary

The North Carolina Partnership for Children (NCPC), in partnership with the Community Care Network of NC (CCNC) expanded a statewide model and a proven, universal approach for screening young children in primary health care settings in order to increase developmental and autism screening and referral rates for all young children within their medical home.

The goal of the RTT-ELC ABCD project was to increase the percentage of children screened during regular pediatric visits (targeting practices serving Medicaid-eligible children), to raise the percentage of children appropriately referred for follow-up/treatment, and the percentage of children who received follow-up early intervention services.

Successes

NCPC built upon the existing local Smart Start-funded ABCD programs and linked services with North Carolina's medical home and care management system, the Community Care Network of NC (CCNC). CCNC is a quality assurance network of physicians utilizing Medicaid to provide incentives to improve medical care based on the American Academy of Pediatrics Bright Futures National Standards. NC has 14 Community Care Regions and NCPC has expanded Smart Start's ABCD coordinator model to all 14 CCNC regions.

The ABCD model is designed to increase health and developmental screening and referral rates for all young children within the medical home by integrating routine developmental screening into well-child visits using either the Ages and Stages Questionnaire (ASQ) or the Parents Evaluation of Developmental Skills (PEDS). Medical professionals are also taught to use the Modified Checklist for Autism in Toddlers (MCHAT).

The Smart Start ABCD model employs ABCD coordinators to provide training, technical assistance, and coaching to medical practices to assist them in integrating developmental screening, referral, and follow-up into their practices or other community services. ABCD Coordinators served 246 practices and 1,345 providers. Based on best estimates provided by the medical practices, these practices serve roughly 85,000 children birth-5 enrolled in Medicaid. ABCD Coordinators conducted 5,749 technical assistance sessions and provided 587 onsite training sessions with 6,476 visits to practices.

Final results of the ABCD project yielded increased rates of developmental screening and referrals across the state. Developmental screening rates improved from 85.2% at baseline to 93.9% of children due for screening, receiving a screening during their well-child visit. Autism screening rates increased from 78.7% to 86.7%. Referral rates of children scoring in the "at-risk" category increased from 68.4% at baseline to 76.1%. Eighty-five percent of medical practices that were interviewed indicated that they are more likely to refer now than take a "wait and see" approach because of working with an ABCD Coordinator.

Challenges

The coordination of ABCD projects in multiple stages of grant funding due to phased implementation across the 14 regions presented some challenges in consistency of service delivery. There were also challenges collecting Medicaid billing data for follow-up and comparison. Another challenge *and* opportunity that surfaced is the coordination of developmental screening and referral in a broader sense. The statewide ABCD Advisory Group continues work to improve this.

Lessons

One of the themes that emerged from the ABCD evaluation is the need for a more robust, coordinated system to track referrals and ensure families are linked to services when needed. Discussion among key stakeholders and state leadership is focusing next on strategies that create stronger alignment among procedures and ways the state can more effectively coordinate those services to ensure all families receive the supports they need to best promote a child's health and development.

We also learned that ABCD:

- Increases medical providers' screening rates for developmental delays and autism.
- Increases medical providers' referral rates for developmental delays and autism, although referral rates for autism are much lower than referral rates for developmental delays.
- Increases the "appropriateness" of medical providers' referrals.
- Physicians tend to refer Medicaid children more frequently than children with private insurance although insurance type has no bearing on screening rates.
- Practices need ongoing systematic support to maintain high screening and referral rates. ABCD training and technical assistance services are continually needed by practices.

Closing Thoughts

State partners will continue to meet informally and formally through the ABCD Advisory Group meetings to identify policy recommendations, potential system barriers and strategies to maintain the infrastructure strengthened through the RTT-ELC grant. Stakeholders from the ABCD Advisory Group partners are currently investigating other national, comprehensive models such as Help Me Grow to explore the opportunities such frameworks offer as a means to strengthen the infrastructure and better coordinate existing systems.

A free [ABCD Instructional Video Series](http://www.ncsmartstart.org) was professionally produced to sustain the work in myriad ways. It consists of an introduction and five video modules designed to help incoming Assuring Better Child Health and Development (ABCD) Coordinators in North Carolina understand the processes and best practices for implementing this developmental screening model in their communities. The series will also be useful to child development and health care professionals who are interested in improving early screening and intervention services in their own states. For more information about ABCD, go to <http://www.ncsmartstart.org>.