# Developmental Screening in the First Three Years of Life: Understanding How to Collect and Use the Child Core Set Measure

Karen LLanos, Center for Medicaid and CHIP Services
Colleen Reuland, Oregon Pediatric Improvement Partnership/OHSU
Charles Gallia, Oregon Health Authority
Panel of State Discussants
Michaela Vine, Mathematica Policy Research

# Agenda

- Welcome and Introductions
- Background and Context on the Developmental Screening Measure in the Child Core Set
- Oregon's Multi-Pronged Approach to Measure and Improve Developmental Screening
- Overview of State Strategies
- Panel of State Discussants
- Resources for States
- Questions and Answers

# Developmental Screening in the First Three Years of Life: Background and Context

Colleen Reuland, MS
Executive Director, Oregon Pediatric Improvement Partnership
(Formerly with the Child and Adolescent Health Measurement Initiative)
Oregon Health & Science University

# Background and Context on the Developmental Screening Measure

- Provide context and background about the Child Core Set measure on  Developmental Screening in the First Three Years of Life
  - Overview of the efforts in the Assuring Better Child Development program that informed the development of the measure
  - Overview of key design parameters used in developing the measure and issues considered

# Child Core Measure on Developmental Screening: Some Context and Background

- CMS-AHRQ multi-stakeholder process for selecting the Developmental Screening Measure
  - Cited the work of the Assuring Better Child Health and Development (ABCD) efforts; facilitated by National Academy for State Health Policy (NASHP)
    1. ABCD I (Start in  in 2000-2003 ) - Four states (NC, UT, VT, WA)
    2. ABCD II (2003 -2007) - Five states (CA, IL, IA, MN, UT)
    3. ABCD Screening Academy (2007-2009) - Technical assistance to 21 states/territories (AL, AK, AR, CA, CO, CT, DE, DC, KS, MD, MI, MN, MT, NJ, NM, OH, OK, OR, PR, VA, WI)
    4. ABCD III (2010-2012) - Five states (MN, OR, IL, AL, OK)
  - Within context of ABCD II and ABCD Screening Academy, use of a “common measure” focused on screening
    - Measure anchored to proportion of children screened
    - Wide variation in data sources (primarily claims and medical chart) and unit of analysis

# Child Core Measure on Developmental Screening: Design Parameters Used

- Measure primarily developed for State Medicaid/CHIP unit of analysis
  - Anchored to primary data sources ABCD states had used to measure developmental screening
    - Claims data

    OR
    - Medical chart review
  - Anchored to developmental screening recommended in Bright Futures that reliably and validly identify children at-risk for developmental, behavioral and social delays (focal point of ABCD efforts)
    - Importance of the three age-specific indicators
    - Anchored to global screening for developmental, behavioral ,and social delays
    - Not assessing domain-specific screening (e.g., autism, social-emotional)

# Child Core Measure on Developmental Screening: State-Level Measure Synergy with Practice-Level Measure

- Measure submitted to the National Quality Forum
  - Developed measure to be in synergy with NCQA Physician-Level Measure of Developmental Screening (Screening by Two)
    - Intentionally thought about value of synergy and feasibility for states
    - Since NQF submission, NCQA has developed e-specifications for a developmental screening measure that maps to the Core Measure
  - Numerous measures of “Developmental Screening” are endorsed by the National Quality Forum
    - Similar name/concept but different based on different units of analysis, data source, and age-focus
    - Each measure has value for different applications
    - Core measure focus specifically for Medicaid/CHIP agencies, but designed to complement these other measures

# Child Core Measure on Developmental Screening: Technical Specification

## Denominator: "Who should have been screened?"

| ELIGIBLE POPULATION | |
|---|---|
| Age | Children who turn 1, 2, or 3 years of age between January 1 and December 31 of the measurement year. |
| Continuous Enrollment | Children who are enrolled continuously for 12 months prior to the child's 1st, 2nd, or 3rd birthday. |
| Allowable Gap | No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (i.e., a beneficiary whose coverage lapses for 2 months or 60 days is not considered continuously enrolled). |

# Child Core Measure on Developmental Screening: Technical Specification

## Numerator: "Who was screened?"

Two Options:

Option #1: Claims Data

OR

Option #2: Medical Chart Review Data

# Child Core Measure on Developmental Screening: Technical Specification

Numerator: “Who was screened?” Option #1: Claims Data

Claims data: CPT code 96110 (Developmental testing, with interpretation and report)

Important Note about Appropriate Use of Claims Data: This measure is anchored to standardized tools that meet four criteria specified below in the paragraph beginning with “Tools must meet the following criteria.” States who have policies clarifying that standardized tools meeting this criterion must be used to bill for 96110 should be able to report using claims data.

Claims NOT Included in This Measure: It is important to note that modified 96110 claims [e.g. modifiers added to claim indicating standardized screening for a specific domain of development (e.g. social emotional screening via the ASQ-SE, autism screening] should not be included as this measure is anchored to recommendations focused on global development screening using tools that focus on identifying risk for developmental, behavioral and social delays.

# Child Core Measure on Developmental Screening: Technical Specification

Numerator: “Who was screened?” Option #2: Medical Chart Review Data

Documentation in the medical record must include all of the following:

- A note indicating the date on which the test was performed, and
- The standardized tool used (see below), and
- Evidence of a screening result or screening score

Tools must meet the following criteria:

1. Developmental domains: The following domains must be included in the standardized developmental screening tool: motor, language, cognitive, and social-emotional.
2. Established Reliability: Reliability scores of approximately 0.70 or above.
3. Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s).
4. Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above.

Current recommended tools that meet these criteria:

# Hearing From the Front Line……

How does a state collect, report and use information gathered to improve developmental screening?

# Oregon's Multi-Pronged Approach to Measure and Improve Developmental Screening

Charles Gallia, PhD
Senior Health Policy Advisor
Oregon Health Authority

# Strategies Used in Oregon

1. Tracking population-based measures
    - National Survey of Children's Health
    - PRAMS-II Data
2. Tracking and reporting the measure to CMS
3. State-level indicator of quality and improvement benchmark
4. Incentive metric for Coordinated Care Organizations (CCOs)
5. Performance Improvement Project
6. Explicit focus in Oregon's Patient Centered Primary Care Homes Program
7. Focused on creating synergy with efforts focused on developmental screening the Early Learning Council and early learning systems transformation work

# Power of Complementary Data to Inform Multi-Pronged Approach

- ABCD Screening Academy effort highlighted the benefits and drawbacks of various data sources and issues to consider

  http://www.nashp.org/sites/default/files/abcd/abcd.cprmeasures.presentation.final2.pdf

- Considered the value of each data source and feasibility for collecting and analyzing the data from each source

# Tracking of Population-Based Measure

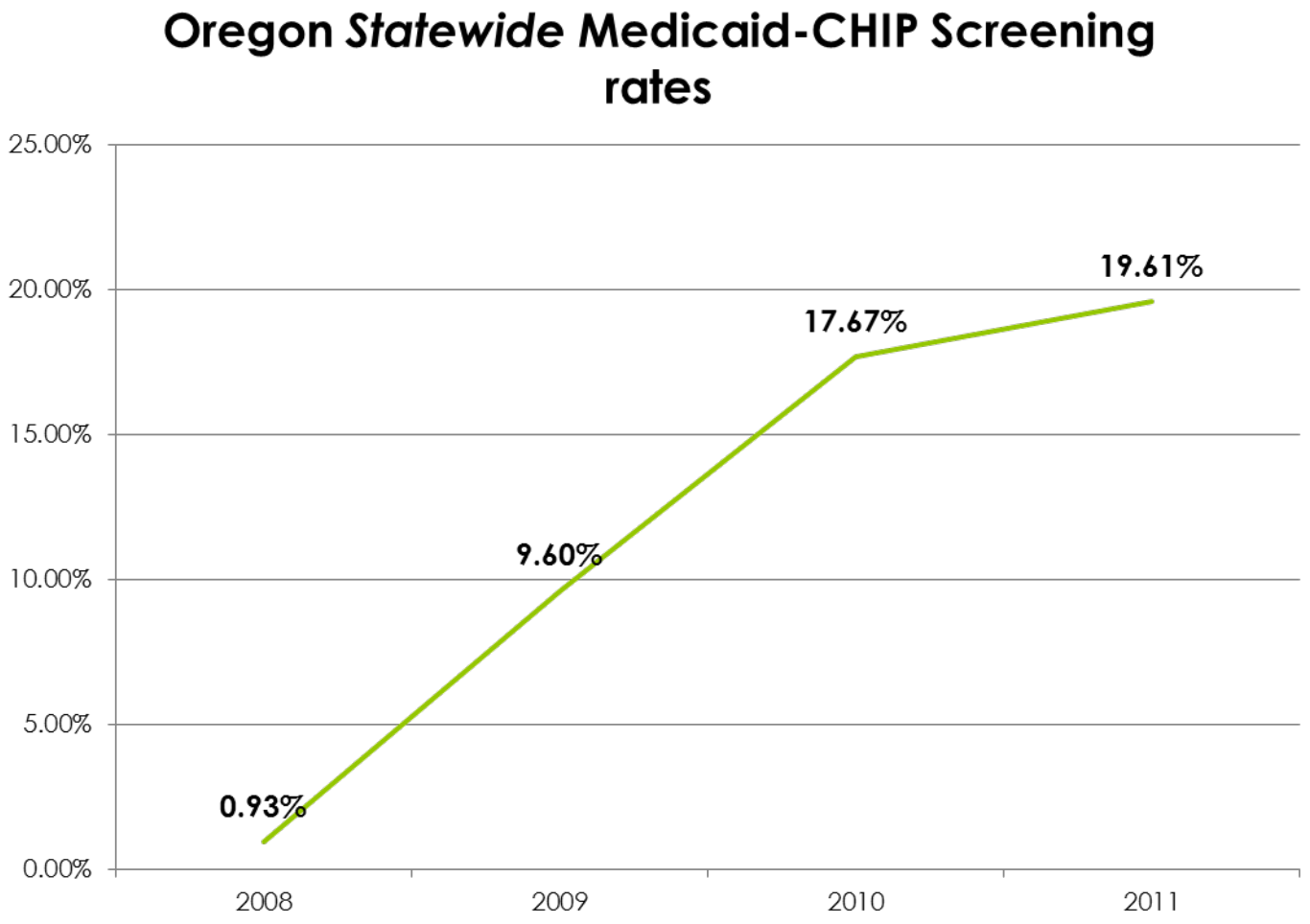
Indicator 4.16: During the past 12 months, was [child's name] screened for being at risk for developmental, behavioral and social delays using a parent-reported standardized screening tool during a health care visit?

| [blank] | [blank] | No, did not complete SDBS | Yes, completed SDBS | Total % |
|---|---|---|---|---|
| Oregon | % | **65.6** | **34.4** | **100.0** |
| - | C.I. | (59.7 – 71.6) | (28.4 – 40.3) | - |
| - | n | 296 | 151 | - |
| - | Pop. Est. | 143,723 | 75,228 | - |
| Nationwide | % | **69.2** | **30.8** | **100.0** |
| - | C.I. | (67.9 – 70.5) | (29.5 – 32.1) | - |
| - | n | 17,086 | 7,192 | - |
| - | Pop. Est. | 13,243,726 | 5,896,657 | - |

C.I. = 95% Confidence Interval. Percentages are weighted to population characteristics.
n = Cell size. Use caution in interpreting Cell sized less than 50.

National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [05/28/13] from http://www.childhealthdata.org.

# Tracking and Reporting to CMS




Medicaid/CHIP
Health Care Quality Measures

# State-level Indicator of Quality and Improvement Benchmark

1. Child Core measure on Developmental Screening is a component of the quality metrics (with improvement targets) that are part of our CMS Demonstration Waiver
2. Collect and assess complementary versions of the measure via CHIPRA Quality Demo grant to guide and inform improvement and outreach efforts. For example:
   - Various continuous enrollment requirements (6 months, 3 months, no continuous enrollment)
   - For children who have received well-child care
   - By race/ethnicity

# CCO Incentive Metrics:

1. Alcohol and drug misuse: screening, brief intervention and referral for treatment (SBIRT)
2. Follow-up after hospitalization for mental illness (NQF 0576)
3. Screening for clinical depression and follow-up plan (NQF 0418)
4. Follow-up care for children prescribed ADHD meds (NQF 0108)
5. Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)
6. PC-01: Elective delivery (NQF 0469)
7. Ambulatory Care: Outpatient and ED utilization (HEDIS)
8. Colorectal cancer screening (HEDIS)
9. Patient-Centered Primary Care Home (PCPCH) Enrollment
10. Developmental screening in the first 36 months of life (NQF 1448)
11. Adolescent well-care visits (HEDIS)
12. Controlling high blood pressure (NQF 0018)
13. Diabetes: HbA1c Poor Control (NQF 0059)
14. Access to Care: Getting Care Quickly (CAHPS survey composites for adult and child)
15. Satisfaction with Care: Health Plan Information and Customer Service (CAHPS survey composites for adult and child)
16. EHR adoption (Meaningful Use 3 question composite)
17. Mental and physical health assessment within 60 days for children in DHS custody

# CCO Final Incentive Measure Benchmarks
# February 1, 2013

| | | | |
|---|---|---|---|
| Developmental screening in the first 36 months of life (NQF 1448)<br><br>Based on claims of 96110 | 20.9% | 50.0% Determined by Metrics & Scoring Committee, based on results from 2007 National Survey of Children's Health. | Developmental screening in the first 36 months of life (NQF 1448) |

# Performance Improvement Project (PIP)

- PIP focused on screening, referral, and care coordination
- Contracted with an EQRO-like entity to facilitate a learning collaborative of the managed care organizations
  - Contracted with Oregon Pediatric Improvement Partnership (EQRO-like entity)
  - Builds off "trusted" broker between state and front-line
  - PIP Overview: http://oregon-pip.org/projects/abcd.html
- PIP included measures of developmental screening and follow-up for children who had eligible visits
  - Measure developed by OPIP
    http://oregon-pip.org/resources/OPIP_ABCD%20III_MedChartReview.pdf
  - Claims measure run by DMAP
  - Medical chart reviews conducted by MCOs
- Of the 8 that participated in the PIP (OPIP facilitation ended 10/12), a majority have chosen to continue a focus on this topic area within their External Quality Review efforts

# Explicit Focus in Oregon's Patient Centered Primary Care Homes Program

- Developmental screening a component of a must-pass standard starting October 1, 2013
- Standards focused on collecting and reporting measures, Child Core developmental screening measure is one of the core measures practices can report

| Oregon Patient Centered Primary Care Home Standards | Must Pass | Tier 1<br>5 points each | Tier 2<br>10 points each | Tier 3<br>15 points each |
|---|---|---|---|---|
| **3.C) Mental Health, Substance Abuse, & Developmental Services[9]** | **3.C.0** PCPCH documents its screening strategy for mental health, substance use, and developmental conditions and documents on-site and local referral resources. (C) | N/A | **3.C.2** PCPCH documents a cooperative referral process with specialty mental health, substance abuse, or and developmental providers including a mechanism for co-management as needed. (C) | **3.C.3** PCPCH documents co-location of behavioral health services by providers/behaviorists specially trained in assessing and addressing psychological aspects of health conditions. (C) |

# Synergy with Efforts within the Early Learning Council and Early Learning Systems Transformation Work

- Oregon Health Authority hired a Child Health Director
- Joint Subcommittee Early Learning Council and Oregon Health Policy Board
- Partnership with Early Intervention to track outcomes of screening in the Early Intervention data systems
  - Referrals to Early Intervention from Primary Care Providers
  - Communication from Early Intervention back to PCPs to enhance coordination
- Efforts informing developments in health information focused on creating a centralized place where information can be obtained about the various services a child is receiving

# Contact Information

- Charles Gallia, PhD
  charles.a.gallia@state.or.us

# Questions?

To submit questions, type your questions in the text entry box and click the send button.
Please direct your questions to all panelists.

# Overview of State Strategies

Colleen Reuland, MS
Oregon Pediatric Improvement Partnership/OHSU

# Approaches States Are Using to Collect, Report, and Use Data to Improve Developmental Screening*

1. Track and report a measure of developmental screening
2. Improve and clarify policies (including payment)
3. Include in contracts and contract requirements of entities that provide care to children enrolled in Medicaid/CHIP
4. External Quality Review
5. Practice-Based Quality Improvement
6. Partnership with non-health system-based efforts
   - Early Intervention and ECCS Efforts
   - Public Health

*The resources highlight specific strategies in these areas.

# Panel of State Discussants

# State Strategies: Maine

- Improve and clarify policies (including payment)
- Include in contracts and contract requirements of entities that provide care to children enrolled in Medicaid/CHIP
- Practice-Based Quality Improvement
- Coming soon: Track and Report

- Contact: Kyra Chamberlain
- Email: kchamberlain@usm.maine.edu

# State Strategies: Arizona

- Improve and clarify policies (including payment)
- External Quality Review
- Practice-Based Quality Improvement
- Coming soon
  - Track and Report
  - Partnership with non-health system based efforts

- Contact: Kim Elliott
- Email: kim.elliott@azahcccs.gov

# State Strategies: Connecticut

- Track and Report
- Include in contracts and contract requirements of entities that provide care to children enrolled in Medicaid/CHIP
- External Quality Review
- Practice-Based Quality Improvement


- Contact: Lisa Honigfeld
- Email: Honigfeld@uchc.edu

# State Strategies: South Carolina

- Track and Report
- Practice-Based Quality Improvement
- External Quality Review

- Contact: Lynn Martin
- Email: MartinLy@scdhhs.gov

# State Strategies: Alaska

- Track and Report
- Improve and clarify policies
- Practice-Based Quality Improvement
- Partnership with non-health system based efforts

- Contact: Barbara Hale
- Email: barbara.hale@alaska.gov

# National Academy for State Health Policy

- Contact: Carrie Hanlon
- Email: chanlon@nashp.org

# Resources for States

- ABCD Resource Center: http://www.nashp.org/abcd-state
- ABCD ListServ
  - Offered to people representing state initiatives focused in the area of developmental screening for children enrolled in Medicaid and CHIP
  - Engaged group of individuals focused on this topic area and trying to improve
    - Great resource for folks to pose questions and get feedback and input
  - Contact Larry Hinkle to join (lhinkle@nashp.org)

# Contact Information


- Colleen Reuland, MS
  reulandc@ohsu.edu

# CMS's Technical Assistance and Analytic Support (TA/AS) Program

# Technical Assistance Resources

- TA resources are posted on Medicaid.gov at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html
  - Resource Manual and Technical Specifications
  - Issue Briefs and Fact Sheets
  - Webinar Slides, FAQs, and Audio Presentations
  - QI 101 Workshop Series
- Contact the TA mailbox if you have questions about the child core measure on developmental screening
  - CHIPRAQualityTA@cms.hhs.gov

# Questions?

To submit questions, type your questions in the text entry box and click the send button.

Please direct your questions to all panelists.

# Thank you for participating in today's webinar!

Please complete the evaluation as you exit the webinar.

# Appendix

# 2013 Core Set of Children's Health Care Quality Measures

| **Prevention and Health Promotion** |
|---|
| Timeliness of Prenatal Care |
| Frequency of Ongoing Prenatal Care |
| Behavioral Health Risk Assessment (for Pregnant Women) – ***NEW IN 2013*** |
| Percentage of Live Births Weighing less than 2,500 Grams |
| Cesarean Rate for Nulliparous Singleton Vertex |
| Childhood Immunization Status |
| Adolescent Immunization Status |
| Human Papillomavirus (HPV) Vaccine for Female Adolescents – ***NEW IN 2013*** |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment |
| Developmental Screening in the First Three Years of Life |
| Chlamydia Screening in Women |
| Well-Child Visits in First 15 Months of Life |
| Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life |
| Adolescent Well-Care Visit |
| Percentage of Eligibles Who Received Preventive Dental Services |
| **Availability** |
| Child and Adolescent Access to Primary Care Practitioners |
| **Management of Acute Conditions** |
| Appropriate Testing for Children with Pharyngitis |
| Percentage of Eligibles who Received Dental Treatment Services |
| Ambulatory Care: Emergency Department Visits |
| Pediatric Central-line Associated Bloodstream Infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit |
| **Management of Chronic Conditions** |
| Annual Percentage of Asthma Patients with One or More Asthma-related Emergency Room Visits |
| Medication Management for People with Asthma – ***NEW IN 2013*** |
| Follow-Up Care for Children Prescribed Attention Deficit-Hyperactivity Disorder (ADHD) Medication |
| Annual Pediatric Hemoglobin A1C Testing |
| Follow-up After Hospitalization for Mental Illness |
| **Family Experiences of Care** |
| Consumer Assessment of Healthcare Providers and Systems 5.0H (child version including children with chronic conditions supplemental items) |

# Examples of Strategies States Can Use

1. Improve and clarify policies (including payment)
2. Include in contracts and contract requirements of entities that provide care to children enrolled in Medicaid/CHIP
3. External Quality Review
4. Practice-Based Quality Improvement

Developed by Colleen Reuland, MS (reulandc@ohsu.edu)

# State Policies Related to Developmental Screening: A Foundational Component

- Number of the ABCD states focused policies that made explicit:
  - Expectations related to screening
    - Including types of tools and periodicity
  - Claims and billing processes related to screening

- Different models used in states with different systems. For example:
  - Use of modifiers on 96110 claim to indicate type of screen
  - Requiring a 96110 claim to be submitted with a well-visit code in order for the claim to be paid
  - Clarifications about the number of 96110 claims that can be submitted
    - For example, practices meeting intent of Bright Futures would submit TWO 96110 claims at the 18 month visit, one for global developmental screening, and one for autism
- NASHP's ABCD Resource center is a great resource
  - http://www.nashp.org/improving-policy

# Medicaid/CHIP Contracts: Explicit Focus on Screening

- Contracts
  - Explicit expectation of screening and periodicity screening and tools that these criteria
  - Inclusion of a measure of developmental screening in the required performance measures
    - Includes metrics required through Primary Care Home incentive payments models
  - Inclusion of a measure of developmental screening as a required or optional performance improvement project topic
  - Inclusion in pay-for-performance or incentive based metrics
- Patient-Centered Primary Care Homes
  - Developmental screening an explicit component of NCQA Patient Centered Medical Home standards
  - Some states have state-specific definitions and standards
    - Inclusion of a specific focus on developmental screening in their state-specific definition

# External Quality Review (EQR): Leverage Arm for a Focus on Developmental Screening

- External Quality Review must include validation of required performance measures and improvement projects
  - Potential opportunity to support validation metrics to be collected via medical chart reviews for claims-based performance measures
- Focus studies
  - Can support practice-based facilitation and improvement efforts
  - This topic area a valuable one in applying a project focused on “physical” and “mental” health and requiring a community-based approach
  - Value of facilitated learning collaboratives

# Practice-Based Quality Improvement

- A number of CHIPRA Quality Demonstration grantees working with practices to collect and report the developmental screening measure from their medical chart data
  - Of the core measures, this measure often identified by front-line health care providers of more relevance and value to inform and guide practice-based improvement efforts
  - States recognize limitation of claims data in this area
- Coaching practices on using the 96110 code
  - See example of an approach used by OPIP:

    http://oregon-pip.org/resources/track_qi.html

# Practice-Based Quality Improvement

- Academic detailing models about screening
  - Includes representatives from community-based providers to help create a personal connection
- Learning collaboratives  and/or practice facilitation focused on developmental screening
  - EQRO or EQRO-like entity can help to support/facilitate
  - Value of facilitated, peer-to-peer learning
- Learning collaboratives and/or practice facilitation focused on medical home
  - Developmental screening, referral, follow-up, and care coordination is an integral component of medical home for children and youth
  - Measurement of developmental screening complements efforts within a medical home to measure and improve care