Developmental Screening in Early Childhood
A Healthcare-Fueled Project to Improve Kindergarten Readiness

December 2016
Early Childhood (Ages 0-5)

• 85% of brain development occurs between the ages of 0 and 3 \(^{(2)}\)

• All babies are born with billions of neurons, which connect at a rate of 700 neural connections per second in the first 5 years \(^{(3)}\)

• These connections build the **brain architecture** needed for every child’s success

• Early childhood experiences shape the developing brain. In the absence of positive experiences, the brain’s architecture will not form as expected, resulting in potential developmental delays.\(^{(4)}\)
• It is easier, less costly, and more impactful to intervene early in the development of a child’s brain than it is to do so later. (5)
Developmental Delays & Effective Interventions

• Recent studies suggest that 1 in 4 children aged 0-5 are at-risk for a developmental delay (5)
• Medicaid-enrolled children have a two-fold higher prevalence of developmental delay compared to privately-insured children (6)
• When identified in a timely manner, referral to Early Intervention services improve outcomes for children with delays (7)
• Services such as occupational therapy, physical therapy, speech therapy, etc. are provided in-home and at no-cost to families.
How Can Healthcare Help?
Healthcare Sector

Ages 0-1
7 Healthcare touches/yr (well-child visits)

Ages 1-2
4 Healthcare touches/yr

Ages 2-3
2 Healthcare touches/yr

Ages 3-4
1 Healthcare touch/yr

Ages 4-5
1 Healthcare touch/yr

Education Sector

- Child care in formal educational settings is voluntary; shortages in care supply exist
- Early pre-K opportunities limited; voluntary
- Pre-K opportunities growing; voluntary
Improving Identification of At-Risk Children

• American Academy of Pediatrics (AAP) 2006 guidelines were issued to improve the early identification of developmental delays, including developmental screening at the 9-, 18-, and 30-month visits

• However, gaps in assessment remain
  • Only 23% of pediatricians in a national survey reported using a standardized screening tool (8)
  • In a New York State study, only 16% of children who had a documented developmental screen were screened using a CHIPRA approved, comprehensive, standardized screening tool. (9)

• Racial disparities have been identified in receipt of EI services, even in absence of qualifying condition (10)
All Albany Kids Ready!
All Kids Ready—Albany County Pilot

- Parents & Families
- Managed Care Plans
- Pediatricians
- New York State Medicaid Program
- City School District of Albany
- Albany County Early Intervention Services
- Early Childhood community
Parent brings child to well-child visit

Parent completes ASQ questionnaire during pediatric visit at 9-, 18-, 30-month interval

Pediatrician reviews score with parent & issues referral if child screens with potential delays

Pediatrician shares screen results with Managed Care Plan

Pediatrician refers to Albany County Single Point of Entry (SPOE) receives referral if child is 0-3; City School District Committee on Pre-K Special Education if child is 3-5

Albany County Early Intervention service coordinator is assigned to family; arranges for EI eligibility evaluation

Albany County Early Intervention creates feedback loop with pediatricians within 45 days to deliver status update

Pediatrician conducts follow-up with family of referred child if referral hasn’t been executed by family

Managed Care Plan follows up with family and acts as care coordinator

Pediatrician encourages well-child visits to parents to ensure 9-, 18, and 30-month screens are completed
Leveraging Medicaid via Cradle to Career Infrastructure

STATE MEDICAID PROGRAM

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MANAGED CARE PLANS

CLINICS

HOSPITALS

PATIENTS & FAMILIES

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References:
(2, 3, 4) Center on the Developing Child, Harvard University
(6) Boyle, Pediatrics 2011
(7) American Association of Pediatrics, 2006
(9) IPRO, NY Developmental Screening in Early Childhood; Quality Measure Pilot October 2014, pg. 31