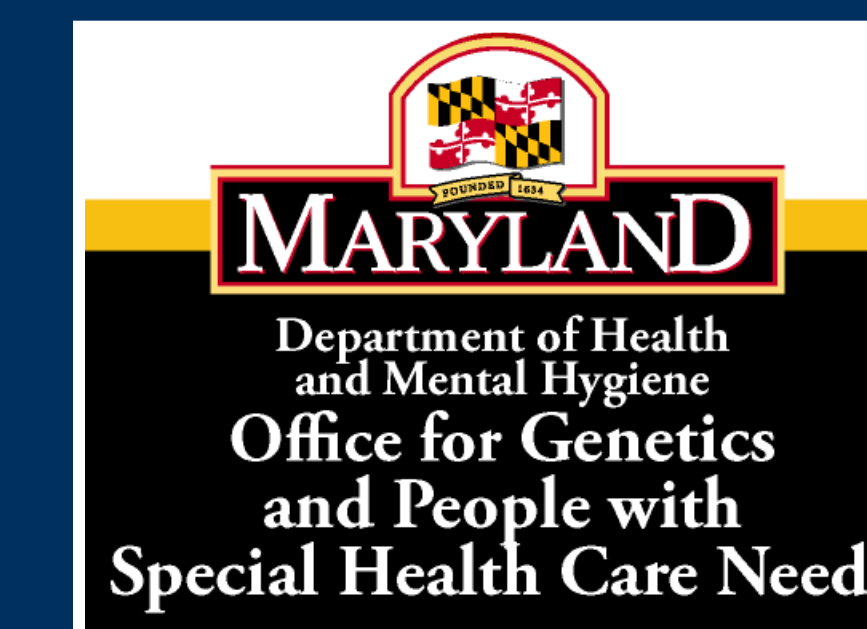




SCREENING AND BEYOND QUALITY IMPROVEMENT LEARNING COLLABORATIVE IN MARYLAND

A joint project of The Parents' Place of Maryland and
Office for Genetics and People with Special Health Care Needs, Maryland Department of Health and Mental Hygiene



LEARNING COLLABORATIVE GOAL

Reduce barriers to screening, referral and diagnostic services and increase access to medical homes that coordinate care with pediatric subspecialties.

Our Project Partners



Measures

Timely identification: % of CYSHCN-ASD/DD who are identified by 24 months of age.

Sample submeasures:

- % of annual well child visits at 9, 18 and 24 months where an approved screening tool is administered.
- % of annual well child visits at 18 months where an approved autism screening tool is administered.

Timely intervention: % of CYSHCN-ASD/DD who are enrolled in intervention services by 48 months of age.

Sample submeasures:

- % of children referred to services prior to 48 months of age who have documentation of entry into services.
- Increase % of parents of children < 48 months of age referred for diagnostic evaluation and/or early intervention who have been contacted by a Parent Partner by 25% above baseline.

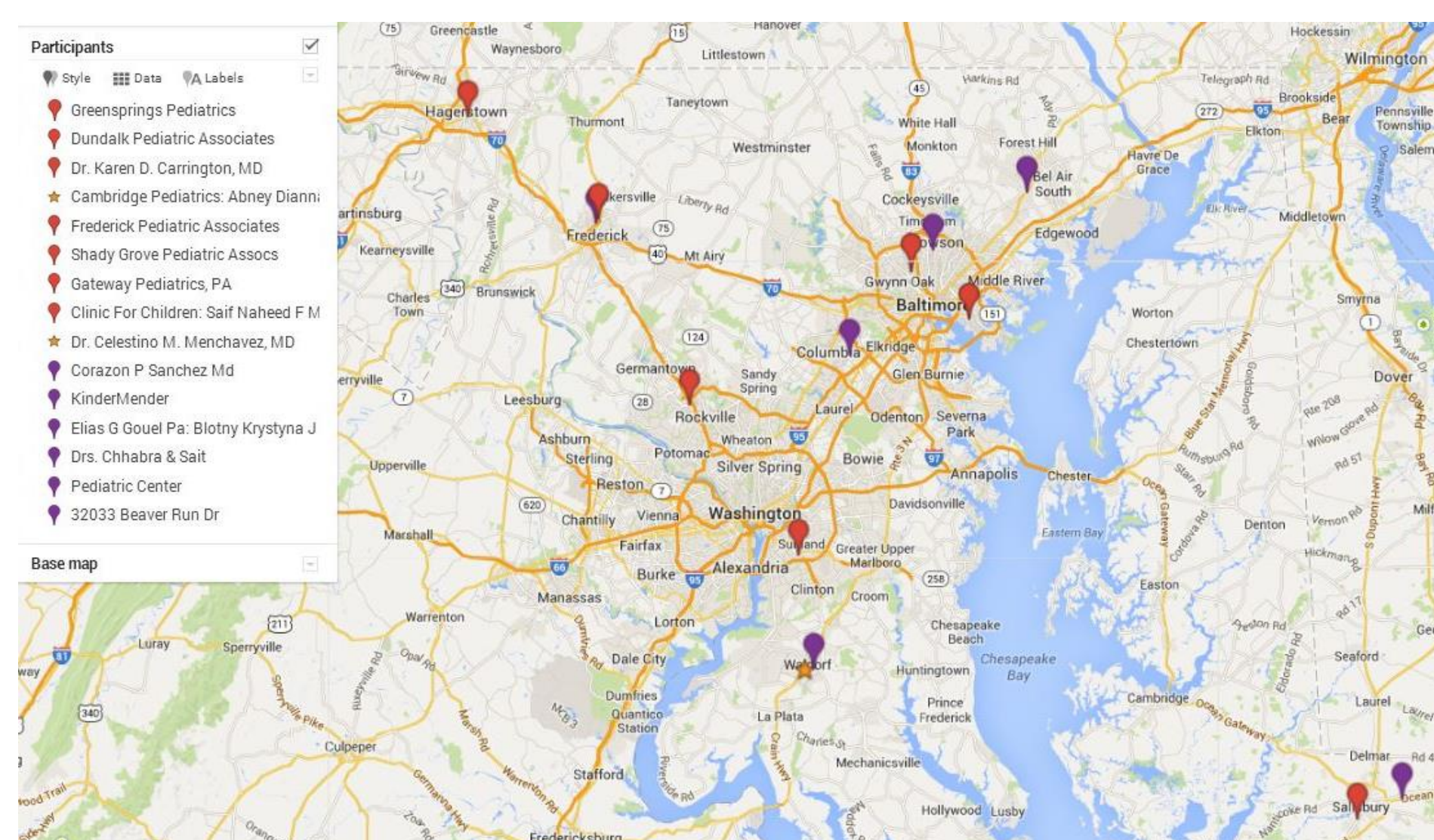
Timely referral: % of CYSHCN-ASD/DD who receive their first developmental evaluation by 36 months of age.

Sample submeasures:

- Increase % of children < 36 months of age who fail screening that have a referral to early intervention and/or diagnostic evaluation documented by 10% above baseline.
- Increase % of parents of children < 36 months of age referred for diagnostic evaluation and/or early intervention who have been contacted by a Parent Partner by 25% above baseline.

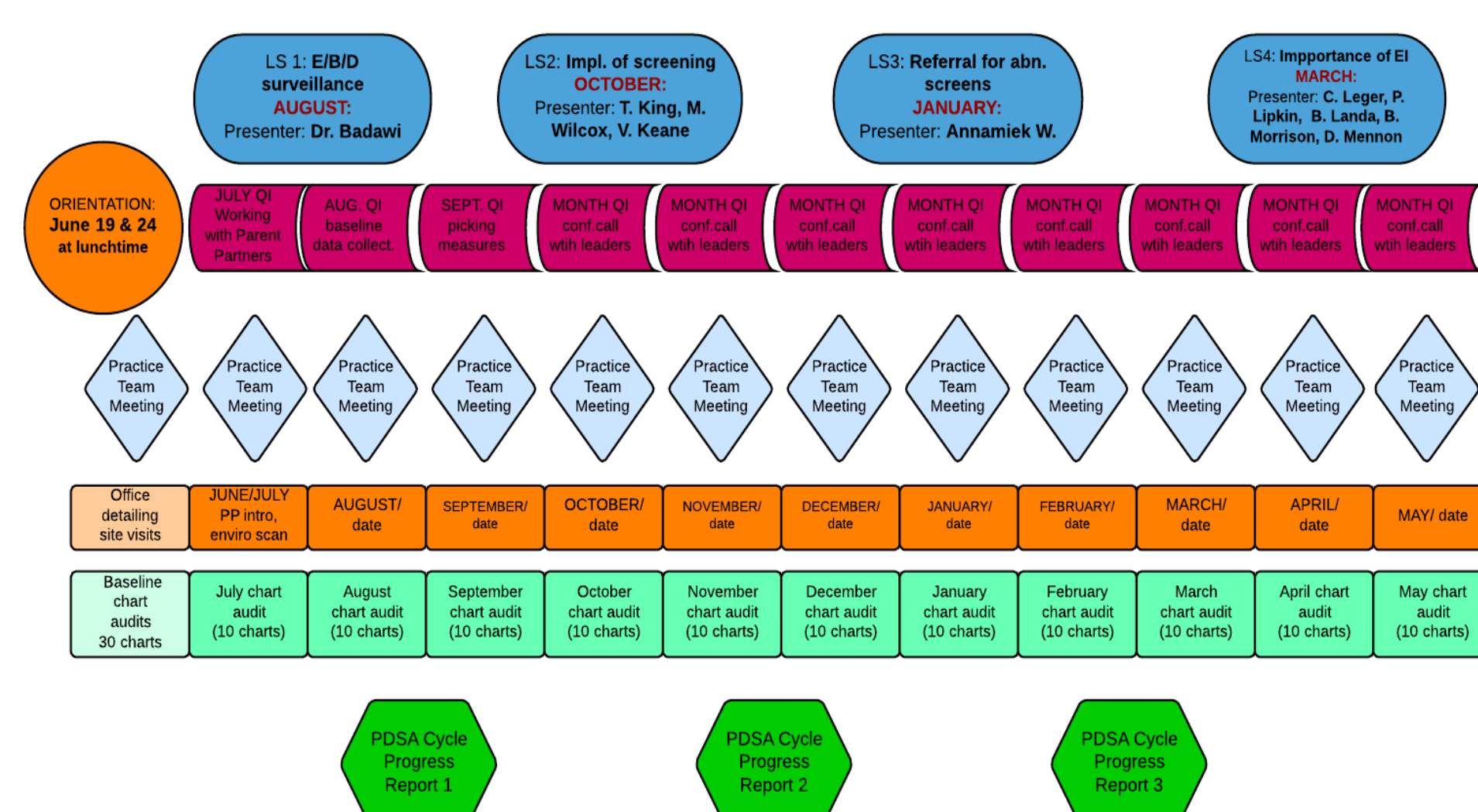
MODEL

Participants



Recruited 10 pediatric practices statewide to participate in a year long QI Learning Collaborative to improve screening rates and follow up in primary care for CYSHCN with ASD.

QI Learning Collaborative Structure



- 4 didactic sessions
- Monthly QI calls and webinars
- Monthly chart audits
- Monthly practice team meetings
- Site visits
- PDSA cycles and reports
- Incentives: \$2500 scholarship, 25 MOC credits, 15 CME credits
- On-site Parent Partner

PARENT PARTNERS

Parent Partner Role

Recruit and train medical home Parent Partners with a focus on medical home, care coordination, family-centered care, and family-professional partnerships.



PARENT PARTNERS:

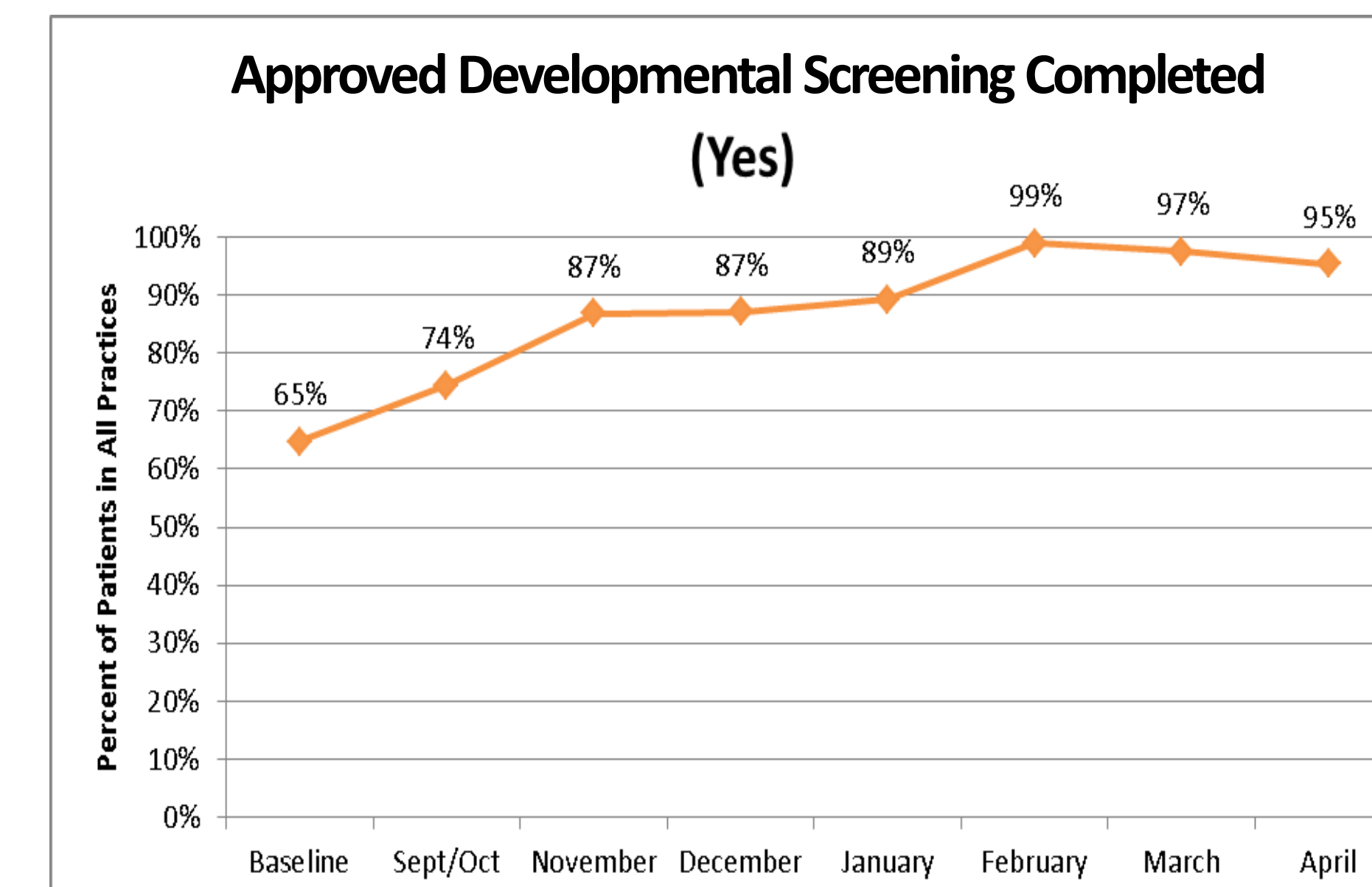
- Serve on site at pediatric practices
- Provide one-on-one support, information, and resources for families
- Help families navigate community based resources and school issues
- Identify community and state resources for each practice
- Participate in practice QI team meetings, monthly QI calls, and didactic sessions
- Conduct follow up on referrals to early intervention and diagnostic services
- Administer the Medical Home Index

Parent Partner Contacts with Families

26% INCREASE IN REFERRALS
292 FAMILIES SERVED
544 INDIVIDUAL CONTACTS

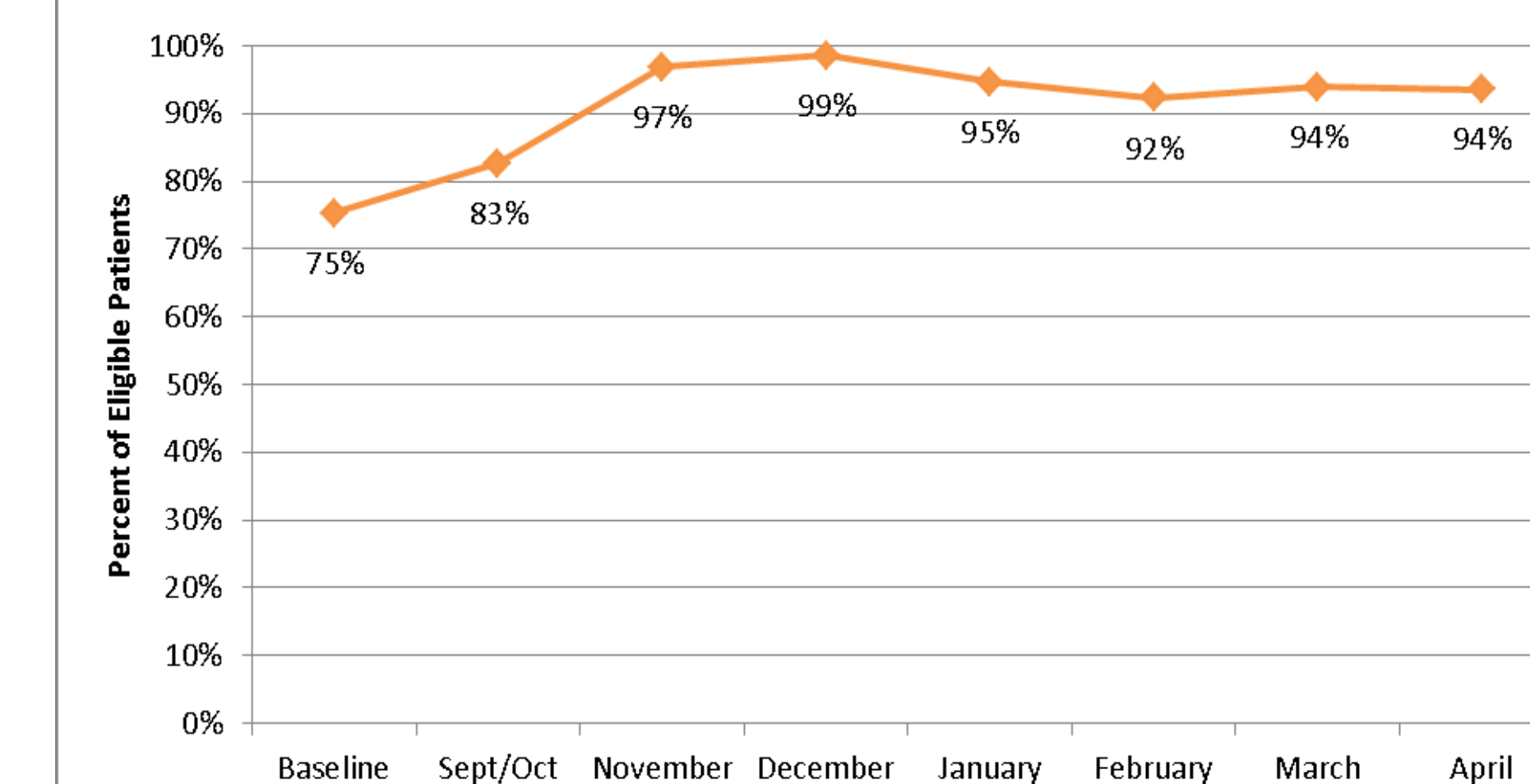
RESULTS

Developmental and ASD Screening



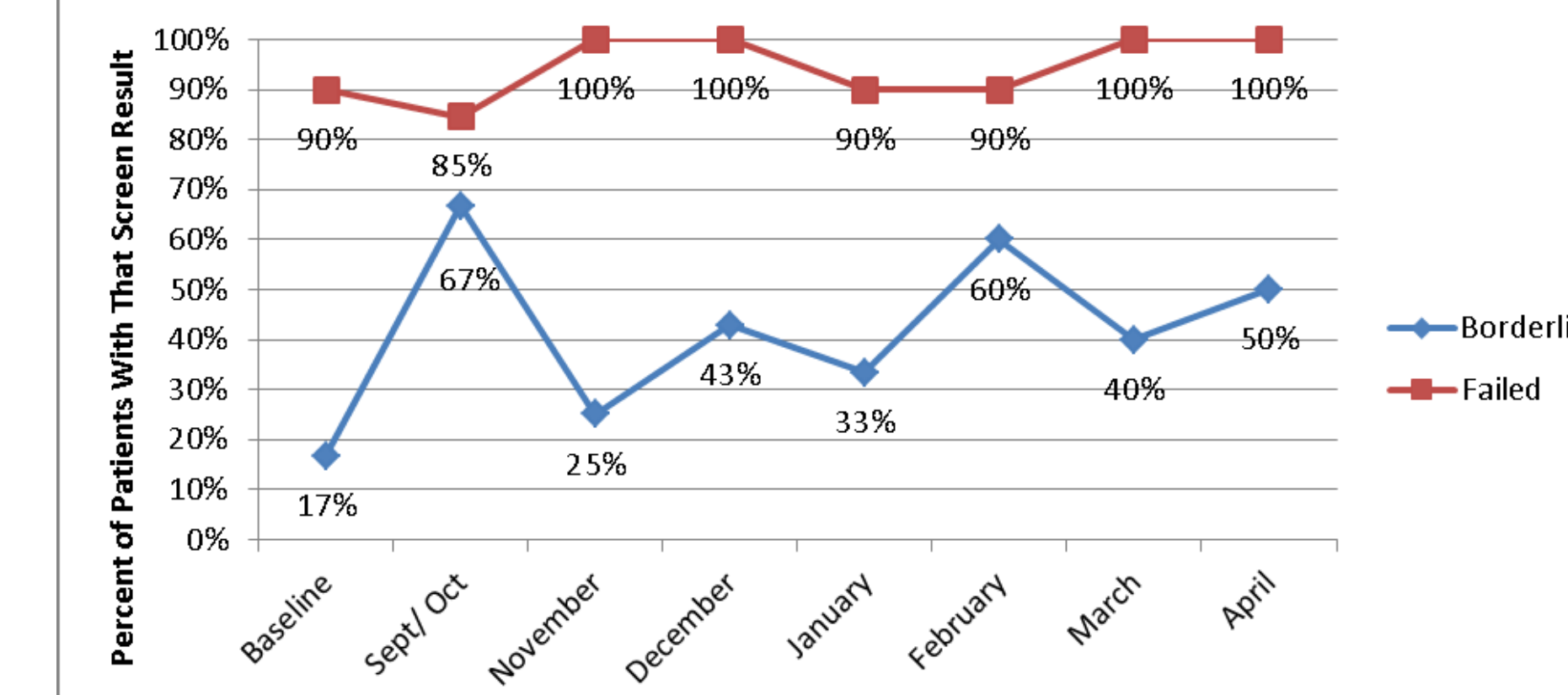
Developmental screening using approved tools increased by **30%** over baseline.

Autism Screening Complete (Yes) Excluding Patients Where Screen is N/A



ASD screening using approved tool increased by **20%** over baseline.

Percent of Patients Given a Referral by Developmental Screen Result



Referrals to diagnostic services and early intervention increased by **10%** for failed screens over baseline and by **33%** for borderline screens over baseline.