Wilder Research

ABCD III: Lessons learned through Year 2

Implementation efforts and plans for sustainability among four pilot sites

The Assuring Better Child Health and Development (ABCD) III initiative is supported through a three-year grant from the Board of The Commonwealth Fund to the Minnesota Department of Human Services (DHS). The purpose of the initiative is to develop and test sustainable models for improving care coordination, referrals, and screenings between pediatric primary care, other medical providers, and child and family service providers offering developmental and mental health services to children age birth through 5 years. The project supports four pilot sites (in Anoka, Olmsted, Ramsey, and St. Louis Counties).

A mixed-method evaluation approach, involving 25 semi-structured key informant interviews with local- and state-level stakeholders and a review of screening and referral data tracked by clinic and local early intervention staff, was implemented to: (1) summarize the impact of changes to the state's early intervention system on project activities; (2) describe the implementation efforts of the four pilot sites, including their accomplishments and challenges; (3) report the impact of these efforts, including changes in the number of youth screened and referred to early intervention services, and the timeliness of communication back to the clinic; (4) identify steps the pilot sites are taking to sustain and spread their efforts; and (5) provide recommendations to local partners for enhancing their efforts and to DHS for supporting improved linkages between primary care and early intervention services across the state.

Overview: Minnesota's early intervention system

Under Minnesota Statute, Interagency Early Intervention Committees (IEICs) are responsible for creating a local infrastructure to support the complex needs of these children and their families, by ensuring processes are in place to identify, screen, assess, and refer these children to appropriate services. This network of IEICs and the services provided by the school districts - collectively called Help Me Grow - is Minnesota's early intervention system for Infant and Toddler Intervention Services (IDEA Part C services for children age 0-2) and Preschool Special Education (IDEA Part B services for children age 3-5).

Children are eligible for Part B/C services if they have certain diagnosed physical or mental conditions or disorders, demonstrate developmental delays, or have a higher probability of developing delays due to various health and mental health conditions. Once referred to Help Me Grow, a family will be contacted by a trained early childhood specialist who will arrange for a developmental screening or schedule a comprehensive evaluation to determine eligibility for services. A treatment plan, describing the services needed to address the child's developmental needs, is developed in coordination with the child's family.

In 2011, the Minnesota Department of Education (MDE) restructured the early intervention system to refocus the IEICs' roles and responsibilities to those mandated in statute and to create a more consistent early intervention system. The restructuring, which reduced the total number of IEICs from 96 to 11, had a significant and immediate impact on the activities of the pilot sites located in the Twin Cities metro region, but had a negligible impact on the efforts of pilot sites in greater Minnesota.

Key findings: Description of pilot site activities and their impacts

Baseline summary

When the ABCD III initiative began in late 2009, the pilot sites were at very different places in terms of planning and implementing ways to enhance their referral and coordination practices. There were initial differences between sites in their screening protocols, time available by care coordinators to facilitate referrals, and existing communication and coordination with early identification staff. However, none of the sites had processes established to refer families to Help Me Grow or to communicate information from early intervention staff back to the clinic following a referral.

Recent activities

During the past two years, the pilot sites have worked to establish referral and communication processes that can be operationalized into daily practice and sustained over time. Overall, although all pilot sites have the necessary forms in place to share information at the time of referral and following an assessment, it has proven difficult for all partners to fully integrate these changes into their work flow. A database is used by each clinic to track the number of referrals made to Help Me Grow and other services, confirm Part B/C eligibility, and monitor the timeliness of communication. The following key findings are based on data submitted by each clinic through June 2011:

- While referrals to early intervention services were often triggered by elevated developmental screening results, simultaneous referrals to both medical providers and early intervention services occurred infrequently.
- Clinic partners had received information back from early intervention staff for about half of the children they had referred, suggesting communication processes were in place but could be improved.
- Clinic staff received confirmation from early intervention staff that one-third of the children referred to early intervention services through Help Me Grow were determined eligible for Part B/C services, though this percentage is likely to increase as follow-up communication is received for all children referred.

Descriptions of the efforts made by each of the four pilot sites to establish more consistent communication protocols between the pediatric clinic and local school district staff are included in the full report. Across the four pilot sites, there were a number of common implementation challenges and accomplishments:

- **Across all pilot sites, those who have participated in project meetings noted relationships between partners had improved.** This has led to greater understanding of the services available through different child-serving systems and more frequent communication following referrals.
- **Although the specific steps taken by each pilot site to screen and refer children to early intervention services vary, all sites have developed referral forms that are being used regularly.** The forms used by the pilot sites are based on a shared referral and communication form developed by DHS.
- **While appropriate informed consent procedures have been incorporated into the referral and communication processes, it has not always been feasible to consolidate forms used to communicate information across systems.** The pilot sites have developed processes to receive assessment results from local school district staff when direct referrals are made, but would also like to also have similar processes in place that support communication when referrals are made through the online Help Me Grow system. Ideally, pilot sites were interested in receiving referral confirmation through the online system, contact information for the local school district staff who will be following up with the family when referrals are made through the online system, and a summary of the child's assessment results from local school district staff.
- **Overall, the pilot sites without a centralized point of communication to coordinate feedback to the clinic have been less successful ensuring information is consistently sent back to the referral source from early intervention services and school districts following a referral.** Two main barriers were identified as reasons these changes in practice have been difficult to operationalize: (1) challenges developing a single informed consent form and process that works across systems, and (2) limited time among care coordinators to monitor referral status and follow-up with local early intervention and school district staff.

- **Proactive coordination and communication strategies are needed to develop and sustain effective communication loops.** The consistency of feedback from local school district staff varies considerably across pilot sites; clinics and local school districts with staff time allocated for proactive coordination and referral monitoring roles seemed to have more effective communication feedback processes in place.

Sustainability and spread

All pilot sites have already begun to take steps to expand their efforts to include multiple providers at the partner clinic, and some pilot sites have begun to consider ways to expand these efforts to other departments, clinics, or school districts. Representatives from all pilot sites felt that, as a result of shared paperwork and stronger cross-disciplinary relationships, elements of their improved screening, referral, and communication processes could be sustained over time. However, all sites were still working to fully integrate the processes into practice. Two common challenges identified by the pilot sites were: (1) limited clinic care coordination hours, making it difficult to follow up on referrals made to early intervention staff; and (2) ensuring all school district partners were aware of, and invested in implementing, the new communication protocols.

While the pilot sites have considered expansion and sustainability primarily at a local level, the lessons learned from their work to date can also inform the efforts of state agencies to encourage and support changes in state policy and practice that lead to improved communication and care coordination. DHS staff are encouraged to consider the following key findings when considering strategies to promote statewide spread:

- Spread can, and will likely need to, be supported at both a local level and state level
- Consistent paperwork for multi-disciplinary referral and communication activities is likely needed to help embed these changes in practice in an efficient manner
- Additional discussion is needed to determine ways the state Help Me Grow referral system can assist referring providers to connect to the appropriate school district while still protecting student privacy.
- Pilot partners felt face-to-face meetings were essential to building interdisciplinary relationships

Recommendations

Based on the information gathered through this series of key informant interviews, Wilder Research developed the following recommendations for the pilot sites and DHS to consider as they continue their ongoing work with each partner throughout the initiative.

Suggested enhancements for pilot partners

- **Work collaboratively to identify reasons for delays in follow up information being sent to the clinic.** It may be helpful for the teams to focus future quality improvement cycles (the PDSA – Plan, Do, Study, Act – cycles) on reviewing the status of referrals with missing follow up information to determine why communication has not been received and develop strategies to address these barriers.
- **Identify and establish relationships with early childhood staff from local school districts not currently involved in the initiative.** ABCD III clinic partners may need to take additional steps to gather contact information for the specific person(s) from each district who receive referrals through the online Help Me Grow system, such as requesting lists of school district representatives from the Department of Education or working to develop contact lists through the regional IEICs as they are established.
- **Consider ways to integrate ABCD III initiative activities into the job descriptions of involved staff and allocate time and resources to support care coordination and communication activities.** Partners may need to do more work within their clinic, school district, or agency to create buy-in for the initiative at multiple administrative levels and advocate for changes in the allocation of resources to sustain these efforts over time.

Suggested enhancements for state-level stakeholders

- **Consider policies or guidelines to encourage and incentivize care coordination efforts among clinic and school district staff.** Clear definitions of care coordination tasks may improve the consistency of

roles and responsibilities, as would some type of reimbursement for these services.

- **Implement enhancements to the online Help Me Grow system that help facilitate communication between clinic providers and school district staff.** The pilot site teams have suggested a number of enhancements to the Help Me Grow referral system that would help them better monitor the status of referrals made to early intervention services, including: (1) an option to attach documents to allow for sharing of screening results, referral forms, and other medical information; and (2) a system confirmation email that assures the provider the referral has been received and includes the contact information for the school district staff members who they can contact for additional information.
- **Establish a standard informed consent process that can be used to ensure clinic providers gather basic information from school district staff following a referral.** Rather than continuing to pursue standard release of information and communication forms that allow both the clinic and school district to share information, an alternative approach could involve developing a common release of information form to be used by clinics that asks parents for their permission to a far more limited set of information from the school district. Though not a fully streamlined process, this approach would help medical providers request standard types of information in a consistent manner while still allowing school districts to gather their own informed consent form, as needed.

Suggestions for Year 3 evaluation activities

- **Offer individual technical assistance to each pilot site team to review clinic screening and referral data.** Some pilot sites may be interested in additional time with Wilder Research staff to review the results from their clinic's Access database, identify situations where patient information was not communicated in a timely manner, and consider strategies to improve their team's processes.
- **Integrate questions into the final provider champion interviews to assess how follow-up information is being used by pediatricians and providers.** At this stage in the evaluation, it was too early to have a good sense of which providers follow up with patients using the information they receive. However, this information will be helpful to capture in the final evaluation report so that school district and early intervention staff better understand how their work to communicate information improves patient care.

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For more information

This summary presents highlights of the *ABCD III: Lessons learned through Year 2 Report.* For more information about this report, contact Melanie Ferris at Wilder Research, 651-280-2660.

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