Tips for Coordinated Care Organizations (CCOs)

Partnering with Early Intervention

Developed by the Oregon Pediatric Improvement Partnership (OPIP) with support from the Oregon Health Authority Transformation Center

Webinar (January 30, 2019) available here:
https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Dev-Screen-Tech-Assist.aspx

Purpose and tips included: This tip sheet is intended for coordinated care organizations (CCOs) who want to better partner with the local contractors who provide the Early Intervention (EI) services through the Oregon Department of Education (ODE). Local EI contractors have been an essential partner in a variety of projects focused on follow-up to developmental screening. OPIP has been fortunate enough to work with contractors in various regions of the state. This tip sheet provides a high-level summary of key areas where partnership and collaboration has been an essential component of these population- and community-based efforts.

How do you identify the contractor for EI services in the regions you cover?

As of December 2018, there are nine service areas for EI. ODE contracts out EI services through local contractors. You can find a list of the entities and contacts that ODE contracts with to provide EI services here: https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Documents/eiecsecontractorcontactsmap.pdf

OPIP has worked with the leadership staff responsible for overseeing EI/ECSE services. Additionally, through the quality improvement efforts led with front-line staff, OPIP staff have worked with persons responsible for:

1. "Intake" – Staff who process referrals received.
2. "Evaluation team" – Staff who evaluate referred children and who conduct assessments to determine if the child is eligible for EI services.
3. Staff who run reports from ecWeb (the centralized data platform supported by ODE that all local contractors use to enter information about each referral received). The titles of these positions vary across EI contractors.

Opportunities for CCO Partnership with Local EI Contractors: Specific Priority Activities

Five different regional improvement efforts OPIP has worked on have included a partnership with local EI contractors. The following pages contain a high-level summary of four key activities that were conducted in partnership with local EI contractors that may be valuable for CCOs to consider in their efforts to improve follow-up to developmental screening. These include:

1) **Sharing EI data to guide and inform community-level conversation about improvement priority areas**
2) **Training primary care providers on best-match referrals to Early Intervention**
3) **Enhancing closed loop communication and care coordination**
4) **Referral pathways from EI for children not eligible for EI**

1) Sharing EI data to guide and inform community-level conversation about improvement priority areas

Local EI contractors keep track of referrals of children to EI for an evaluation and the outcomes of these referrals in a database called ecWeb. OPIP has worked with local EI contractors to obtain reports and information from ecWeb about these referrals and has then strategically presented the information at community-level meetings to guide and inform the conversations about improvement opportunities identified. Information that was requested of the local EI contractors includes:

- Number of referrals received in a school year/fiscal year (*overall, by age, by county, and by source of the referrals)*
    - Of those referrals, the number that were able to be contacted and evaluated (*overall, by age, by county, and by source of the referrals*)
        - Of the referrals able to be contacted and evaluated, the number that were eligible for EI services (*overall, by age, by county, and by source of the referrals*)

Pages 5-55 provide an example of a data presentation created for a community-level project based on the ecWeb data. This presentation also included improvement opportunities identified in the data presented.

A valuable set of data that CCOs can present to complement the EI data is Medicaid claims data, for the same time period, on the number of young children (0-3) who were enrolled, who accessed well-child care, and who received a developmental screen according to a 96110 claim. This allows for understanding and comparison of whether increases in developmental screening rates have been at the same level as increases in children who were referred to and children receiving EI services. An example of the presentation of CCO data can also be found in Appendix A.

2) Training primary care providers on best-match referrals to Early Intervention

Many local EI contractors meet with their community-level partners who refer to them for EI evaluation.

It may be valuable for CCOs to share with the local EI contractors the webinar and guides developed by OPIP to support referral and follow-up. These tools and online webinars can be resources that local EI contractors provide to their local community-level partners to inform best match referrals to EI and that provide detailed information about recent updates to the EI Universal Referral Form.

Resources that can be shared include:

- Webinar on Referring to Early Intervention in Oregon
- Tip sheet for Primary Care Providers on Referring to EI in Oregon
- Updated Early Intervention and Early Childhood Special Education Referral Form
- Compendium of Shared Decision Making Tools for Primary Care
- General Medical Decision Tree

3) Enhancing closed loop communication and care coordination

In OPIP's community-based efforts to improve follow-up to developmental screening, local EI contractors have been a key partner in quality improvement efforts. EI staff have focused on the following:

1) Enhanced communication back to referring primary care providers for children referred and not evaluated.
   - These efforts have involved working with the intake staff to standardize and implement timely processes to use the Universal Referral Form to communicate back to primary care providers when they have not been able to schedule an evaluation for a referred child.
   - OPIP also worked with the primary care practices to standardize workflows for how they use this communication provided by EI and develop outreach strategies the practices can use to support the family in working with EI to schedule an evaluation.
2) Communication back to the referring primary care providers on the results of the evaluation.
   - This work has involved working with the evaluation team on standardized communication of the evaluation results using the Universal Referral Form (when not eligible) and Service Summary (when eligible).
   - OPIP worked with primary care practices on standardized workflows for how they use evaluation results provided by EI to inform secondary follow-up steps.

In OPIP's community-based improvement efforts in various regions in the state, a consistent barrier to children accessing EI evaluations or services has been related to transportation. CCOs can help to address this barrier by providing transportation to families through non-emergent medical transportation (NEMT) services.

4) Referral pathways from EI for children not eligible for EI

Another area that has been a focus within EI partners in OPIP's quality improvement efforts has been identifying education and referral pathways for children evaluated and found ineligible for EI.

Strategies used in past projects include:

1. **Provide targeted developmental promotion activities for the areas of delay identified in screening:** Two resources are available for parents of children not eligible for EI; these have been provided to parents through various regional projects and provide education and information on specific activities the parent can do with the child to focus on the developmental areas for which the child has delays.
   - **ASQ Learning Activities** for the domains of development where the child may have delays: https://products.brookespublishing.com/ASQ-3-Learning-Activities-P624.aspx
   - **Reach out and Read**[1]: CCOs can work with their primary care practices to enhance overall developmental promotion activities in their practices for all children and to leverage these strategies for children identified with delays. One evidence-based program primary care

[1] http://www.reachoutandread.org/our-impact/reach-out-and-read-the-evidence/

practices can implement and that CCOs can support is Reach Out and Read. Studies have consistently shown that exposure to Reach Out and Read improves a child's communication and language development. Participation in the Reach Out and Read program allows practices to give age appropriate books to families at well-visits so everyone has the opportunity to read aloud to their children.

2. **Support parenting classes within your CCO service area**
   The Oregon Parenting Education Collaborative (OPEC) supports the delivery of high quality, proven parenting education programs that support parents in their critical role as their child's first and most important teacher. Classes provided include "Make Parenting a Pleasure" and "Collaborative Problem Solving," which include curriculum and supports that directly map to risks that could be identified on an ASQ.

3. **Consider coverage for medical and therapy services for children who are moderately delayed**
   Given Oregon's EI eligibility criteria are relatively strict, there is a group of children for whom delays are identified on the ASQ who will not be eligible for EI, and who could benefit from CCO-covered services provided within a medical setting. Recent updates to the Health Evidence Review Commission's Prioritized List in August 2018 include additional diagnosis codes, including developmental delay, that ensure coverage of occupational, physical, and speech therapy services for these children with delays identified on the ASQ.

4. **Support social emotional needs**
   EI partners in OPIP's improvement efforts have consistently noted the need for and value of services that specifically target delays in a child's social-emotional development. EI partners implemented pilots in which EI refers children to community-level resources that assess and address a child's social-emotional development. These include secondary assessments using the ASQ specific to social emotional development (ASQ-SE) and referral pathways to infant and early childhood mental health services.

   A CCO can play a critical and important role in this effort by identifying specific services and supports in the community that can serve children 0-3 with social emotional delays. This can include potential behavioral health services within primary care or specialty infant and early childhood mental health services Examples include Child Parent Psychotherapy or Parent Child Interaction Therapy.

Appendix A:

Examples of How CCO and EI Data Were Presented to Inform Community-Level Conversations

OPIP
Oregon Pediatric Improvement Partnership

Pathways from Developmental Screening to Services:

Spotlight of Effort led by Northwest Early Learning Hub - in collaboration with the Oregon Pediatric Improvement Partnership - in Columbia, Clatsop and Tillamook Counties

NW EARLY LEARNING ESTD 2015 HUB

OPIP Oregon Pediatric Improvement Partnership

Selected Slides from Phase 1:

Findings from <u>Phase 1</u>:

Baseline Data Collection to Understand Existing Pathways and Where Children Fall Out, Opportunities for Improvement Pilots

- Stakeholder Engagement and Interviews (Qualitative data)
- Coordinated Care Organization (Quantitative Data)
- Pilot Primary Care Practice (Quantitative Data)
- Early Intervention Data (Quantitative Data)

3.

Opportunity to Focus on Follow-Up to Developmental Screening for YOUNG CHILDREN that is the Best Match for the Child & Family

- Increased focus on developmental screening across the state for children under three
  - Within primary care
  - Within home visiting
  - Within child care
- Goals of screening
  - Identify children **at-risk** for developmental, social, and/or behavioral delays
  - For those children identified, **provide 1) developmental promotion, 2) refer to services** that can further evaluate and address delays
    - Many of these services live outside of traditional health care
- Potential Future Metrics
  - On deck incentive metrics: Follow-up to developmental screening, Kindergarten readiness
  - Early Learning Hub, Early Learning Division measurement dashboard

Children Identified "At-Risk" on Developmental Screening Tools

*This report is focused on **children identified "at-risk"** who should receive follow-up services. These are children who are identified "at-risk" for developmental, behavioral or social delays on standardized developmental screening tools. In the communities of focus for this work, a majority of providers are using the Ages and Stages Questionnaire (ASQ)[3]. Therefore the children of focus are those identified "at-risk" for delays based on the ASQ domain level findings.*

From Developmental Screening To Services: Opportunity to Connect the Fantastic Individual Silos

Funding to Northwest Early Learning Hub (NWELH)

- Funded by Columbia Pacific Coordinated Care Organization (CPCCO)
- Two-year project: August 2017-July 2019
- Aim: To improve the **receipt of services** for young children who are identified at-risk for developmental and behavioral delays
- The project support:
  - **Phase 1**: **Across-sector stakeholder engagement** and **baseline data collection** about current processes and where children are lost to follow-up;
  - **Phase 2: Implement Pilots to improve** the number of children who receive follow-up and coordination of care

    Key partners in implementing these pilots within each of those silos:

    1. Primary Care Practices (3 Sites, One in Each Community)
    2. Early Intervention (NWESD – 3 Local Service Area Centers)
    3. Early Learning (Entities Proposed within Each Community)
- NWELH included OPIP has a key partner in this project
  - Support the stakeholder engagement, evaluation data collection and summary
  - Support the improvement pilots within primary care clinics

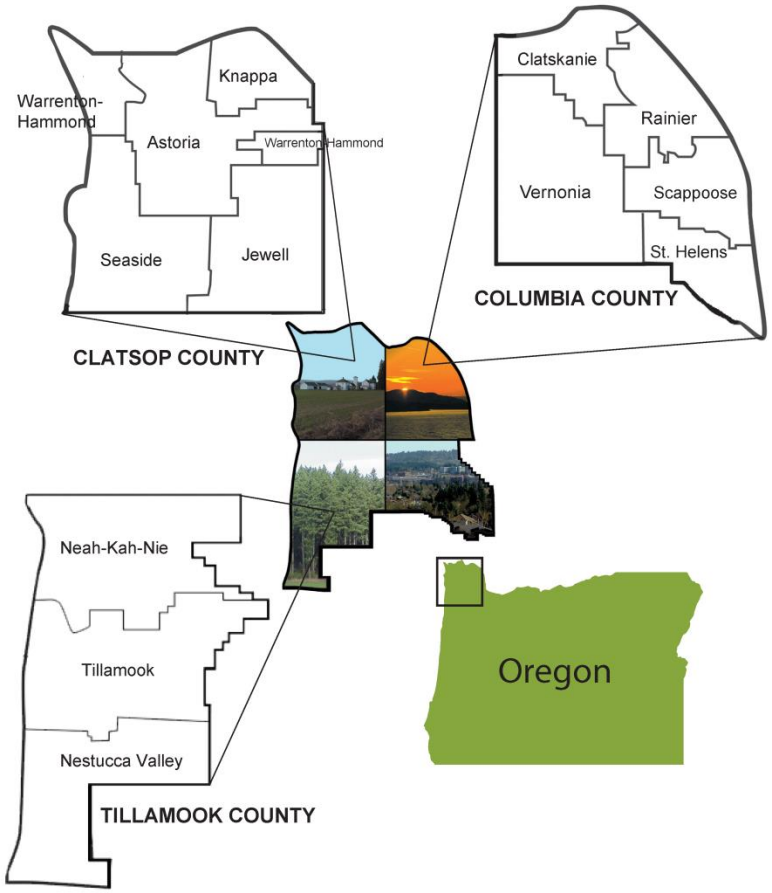
Using Data to Inform Our Discussions and Proposed Priority Areas of Focus for Our Community-Based QI Project

Examining Quantitative Data to Understand The Pathway of Screening to Services for Young

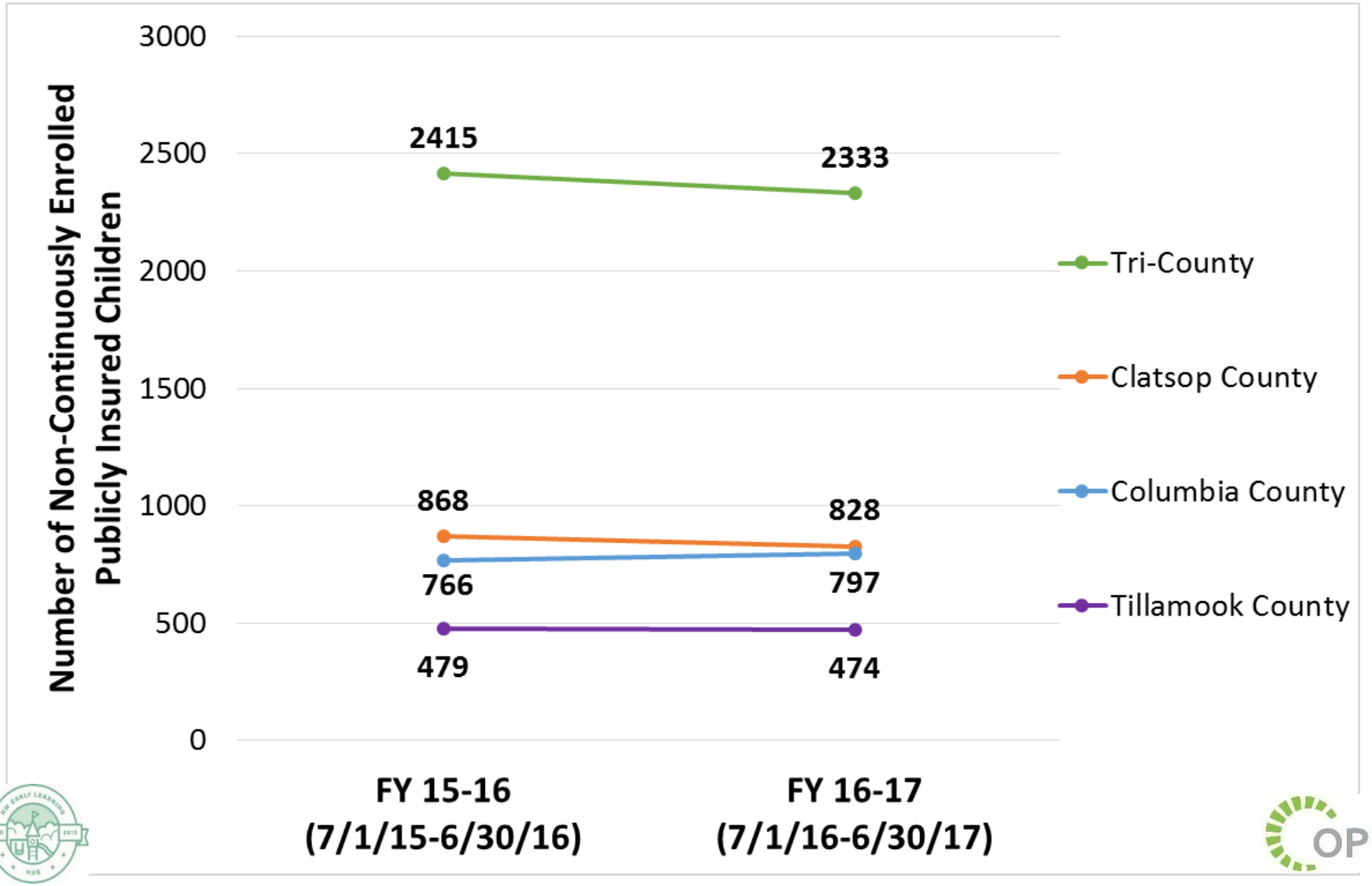
- **Population of Focus for the Project:** Children 0-3 identified on developmental screening tools as at-risk for developmental, behavioral or social delays
- **Available Data That will be Examined**
  1. Census Data – How many children 0-3
  2. Columbia Pacific Coordinated Care Organization (CPCCO) for Publicly Insured (Funder)
     - Children covered, continuously enrolled
     - Children who have a visit
     - Children who receive a developmental screening, according to claims submitted
  3. Primary Care Practice Data: Examples from OHSU Scappoose (a Pilot Site)
     - Children practice identifies as their patient
     - Children who received a developmental screening
     - Children identified at-risk on developmental screen
     - Children identified at-risk who received follow-up
  4. Early Intervention: According to Bright Futures data, a referral for all children identified at-risk (a Pilot Site)
     - Referrals
     - Referred children able to be evaluated
     - Of those evaluated, eligibility
  5. Early learning providers (Tracking data will be collected for any specific pilot sites to evaluate pilot)

Children 0-3 in Tri-County Region

	Total Children 0-3	Children Covered by CPCCO	Of those: Children Continuously Enrolled for 12 months
Clatsop	1,250	828 (66%)	452
Columbia	1,635	797 (49%)	419
Tillamook	655	474 (72%)	280
Total: Tri-County	3,540	2,333 (60%)	1,227

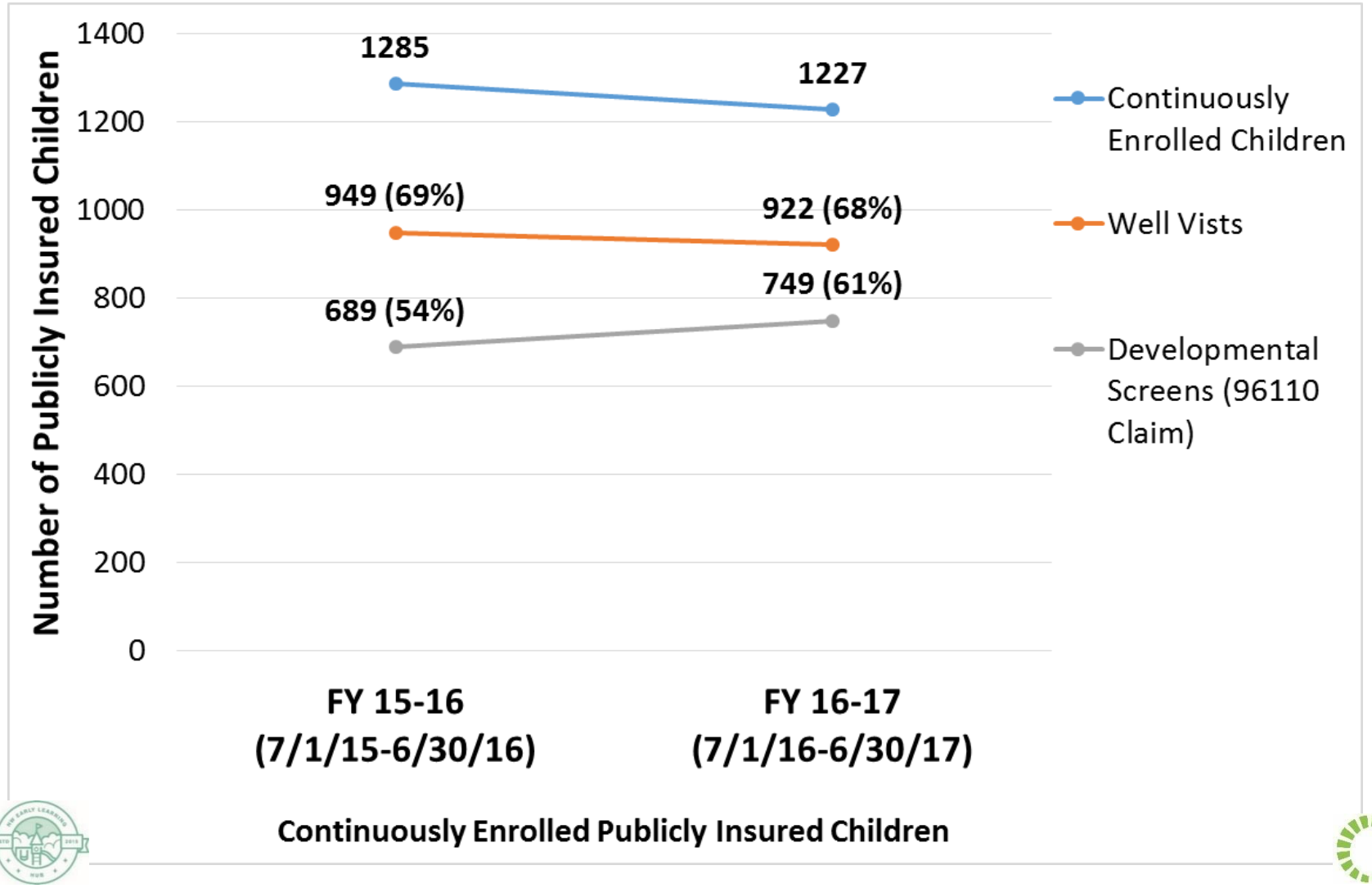


Number of Children 0-3 Publicly Insured in CPCCO (No Continuous Enrollment Requirement)



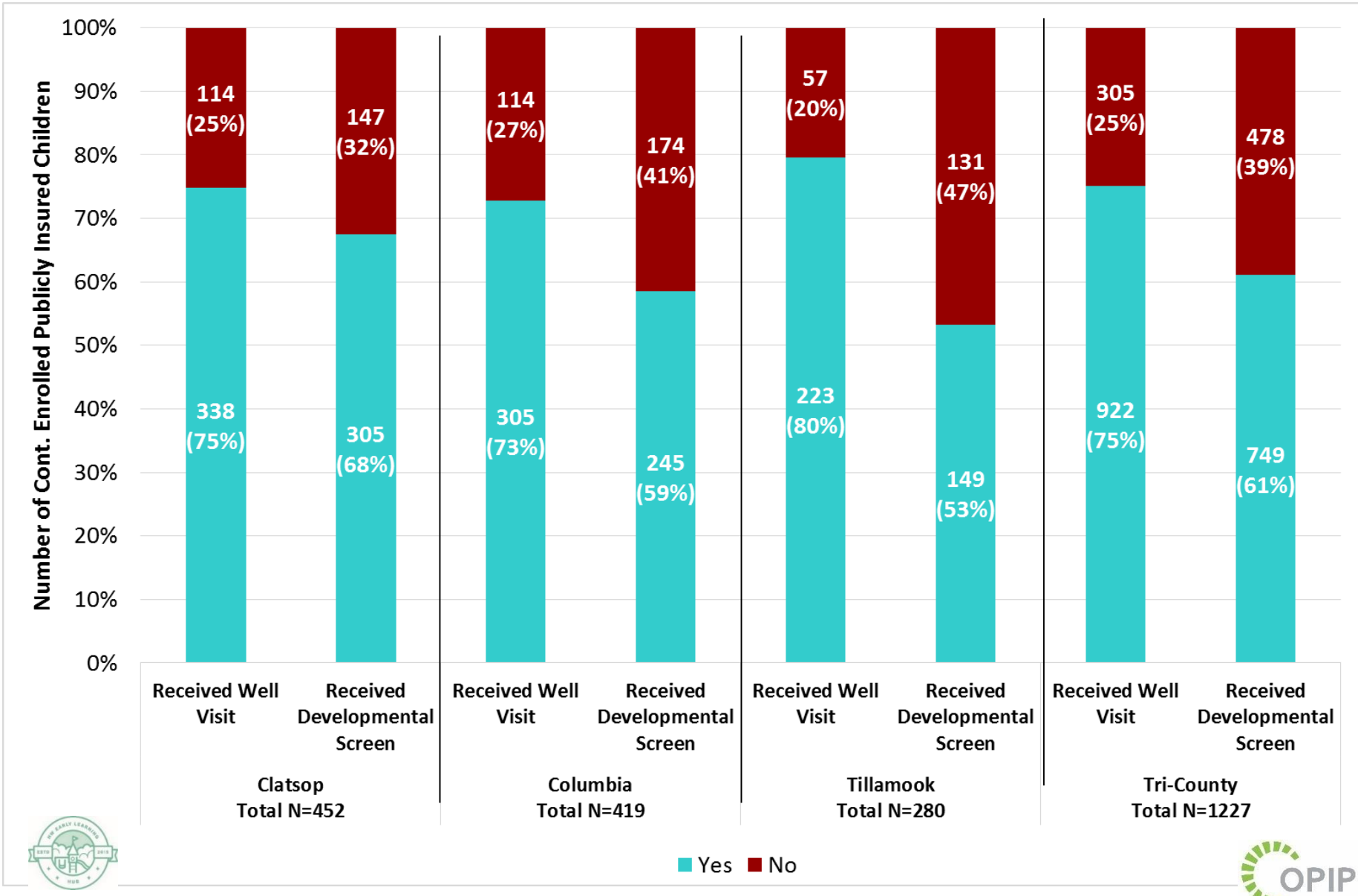
Data Source: Provided by CPCCO, October 2017

Publicly Insured Children Under Three Years Old: Number Continuously Enrolled – Of those: Proportion Who Received a Well Visit, Developmental Screen (96110 Claim)



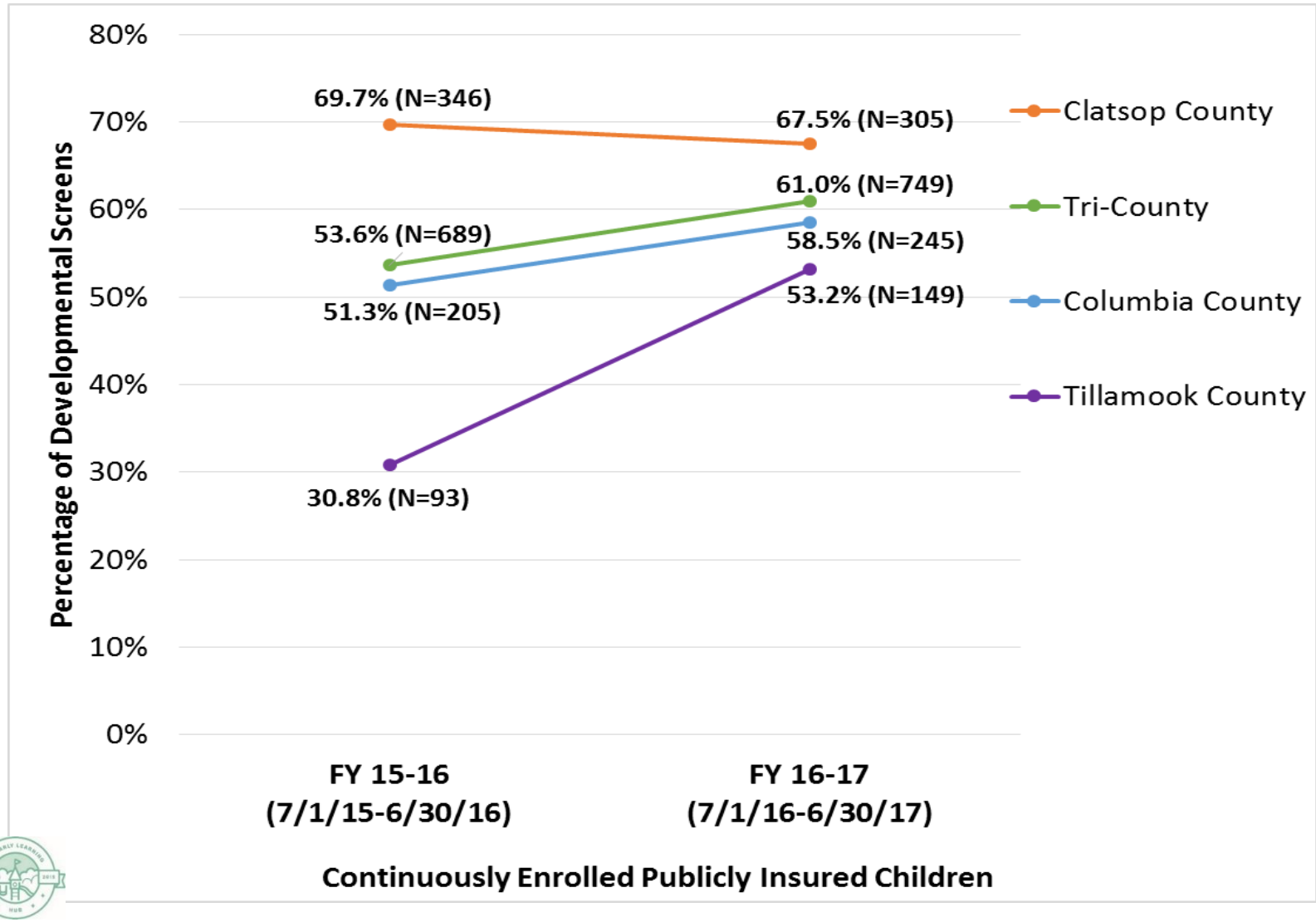
Data Source: Provided by CPCCO, October 2017

Proportion of Continuously Enrolled, Publicly Insured Children Who had a Well-Visit and Developmental Screen in the Last Year



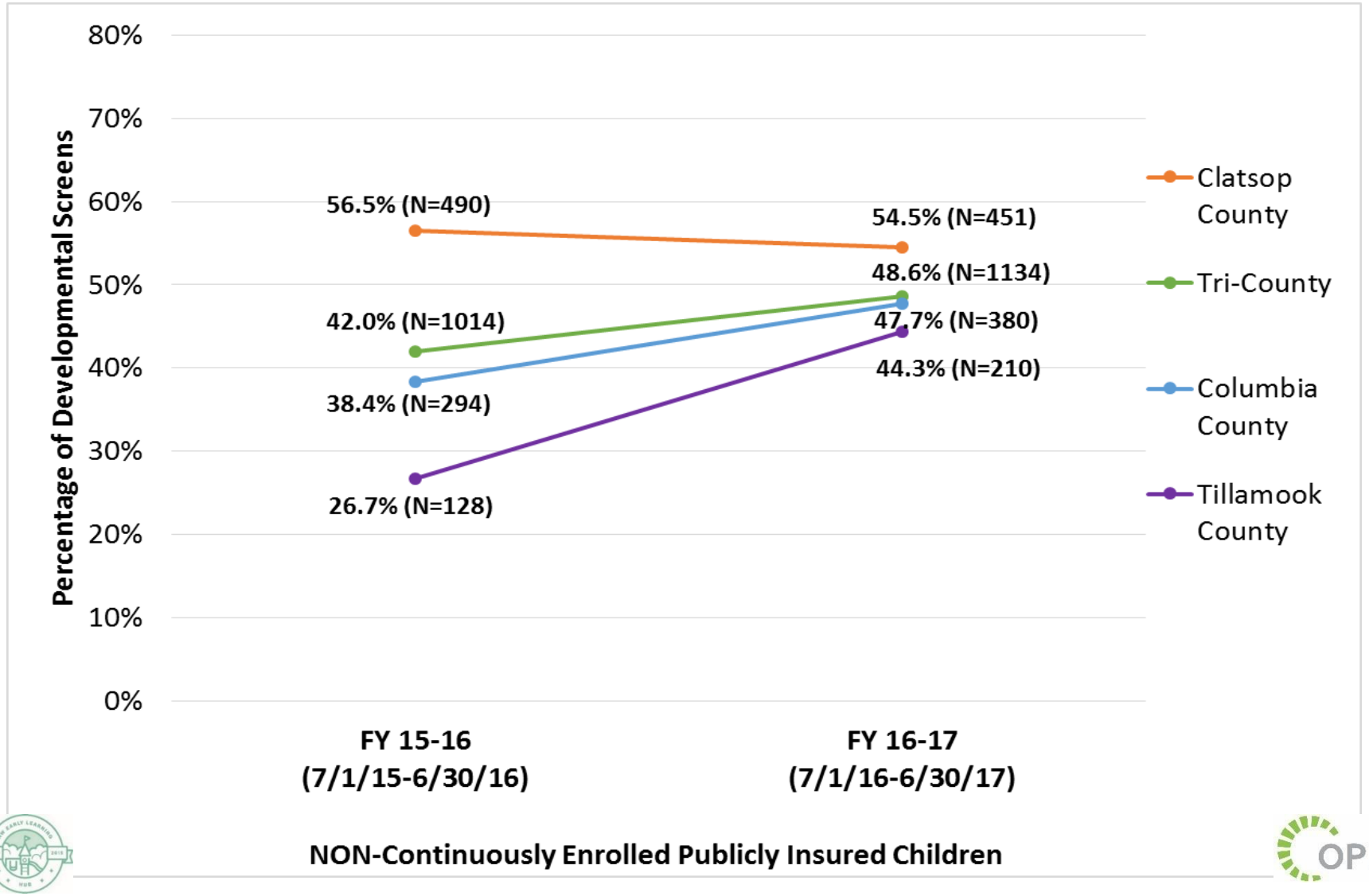
Data Source: Provided by CPCCO, October 2017 – FY16-17 ONLY

Developmental Screening Rate for the Tri-County CPCCO Regions (Clatsop, Columbia, Tillamook)



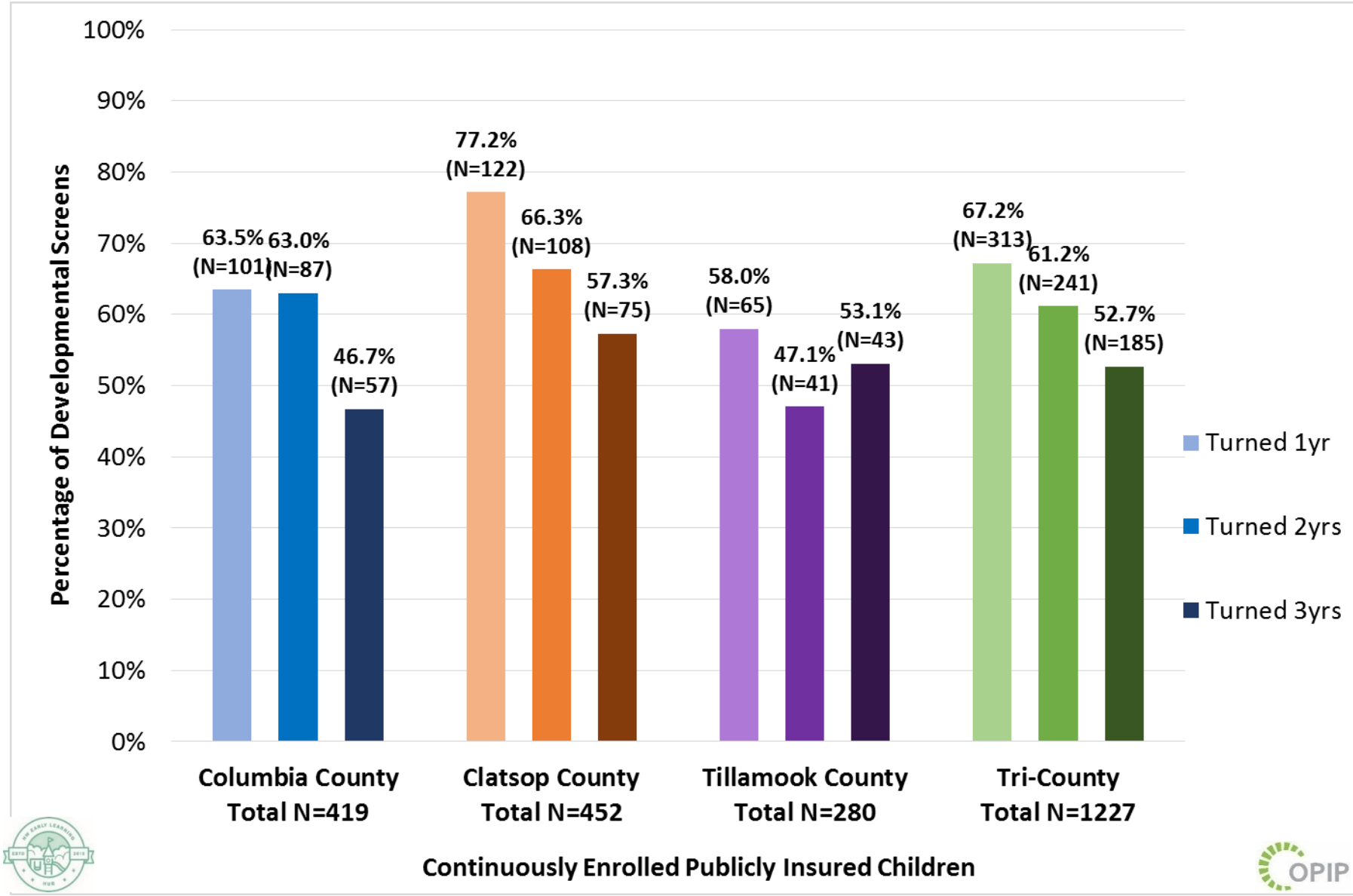
Data Source: Provided by CPCCO, October 2017

Developmental Screening Rate for the Tri-County CPCCO Region for NON-Continuously Enrolled Children



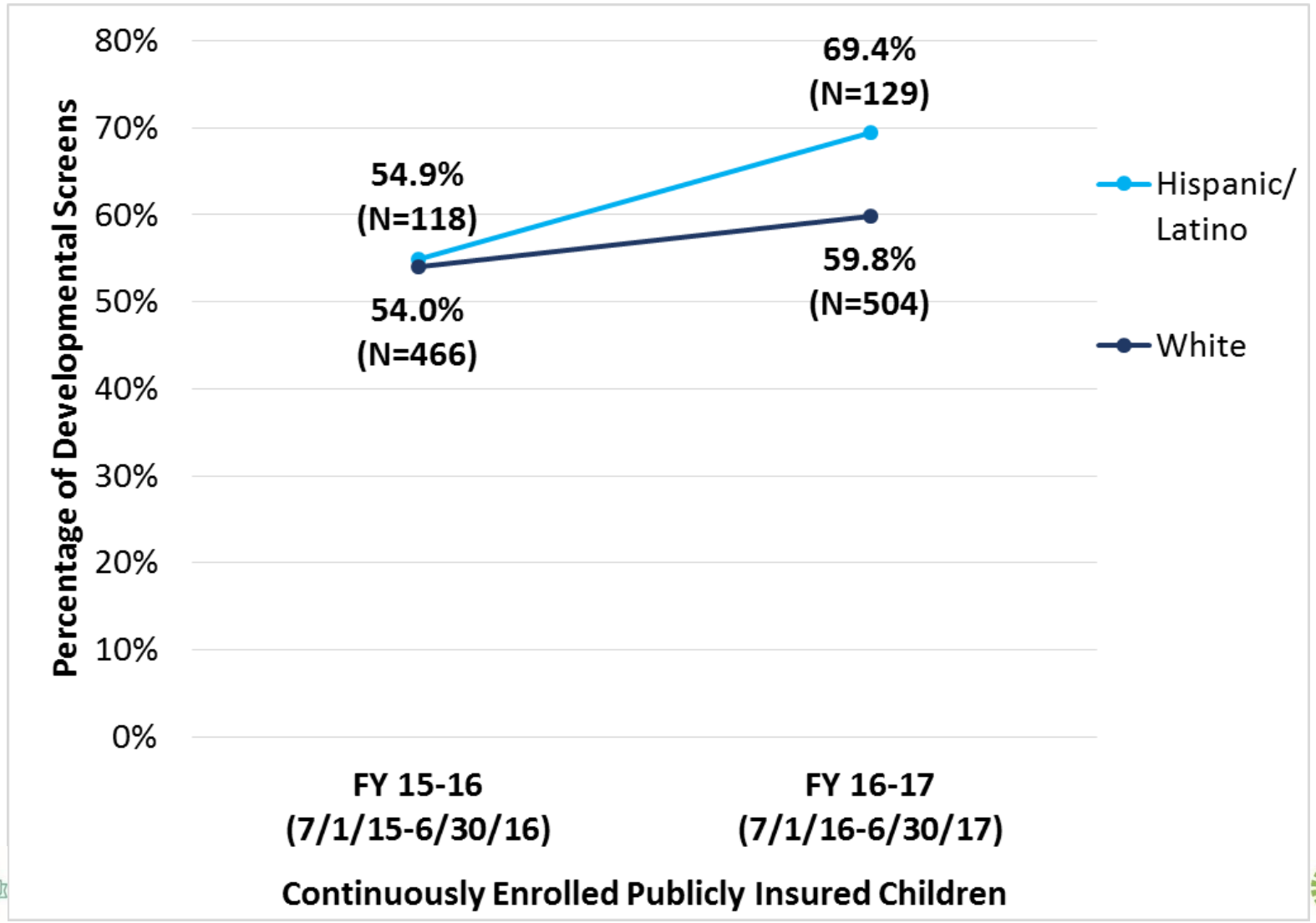
Data Source: Provided by CPCCO, October 2017. Developmental Screens according to 96110 Claims.

Developmental Screening Rates by Age of Child



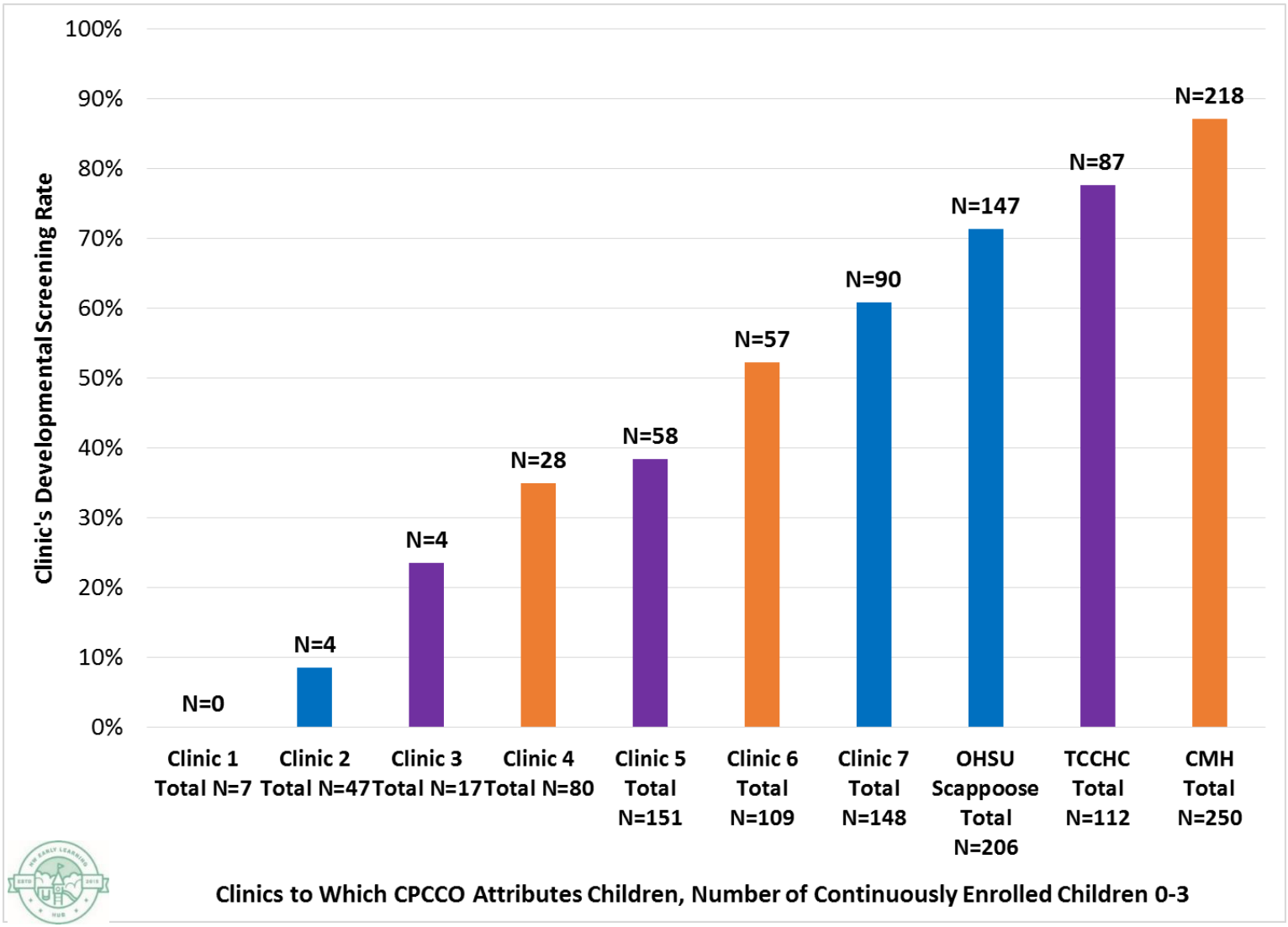
Data Source: Provided by CPCCO, October 2017 – FY 16-17 ONLY

Developmental Screening Rates by Race/Ethnicity – CONTINUOUSLY ENROLLED CHILDREN



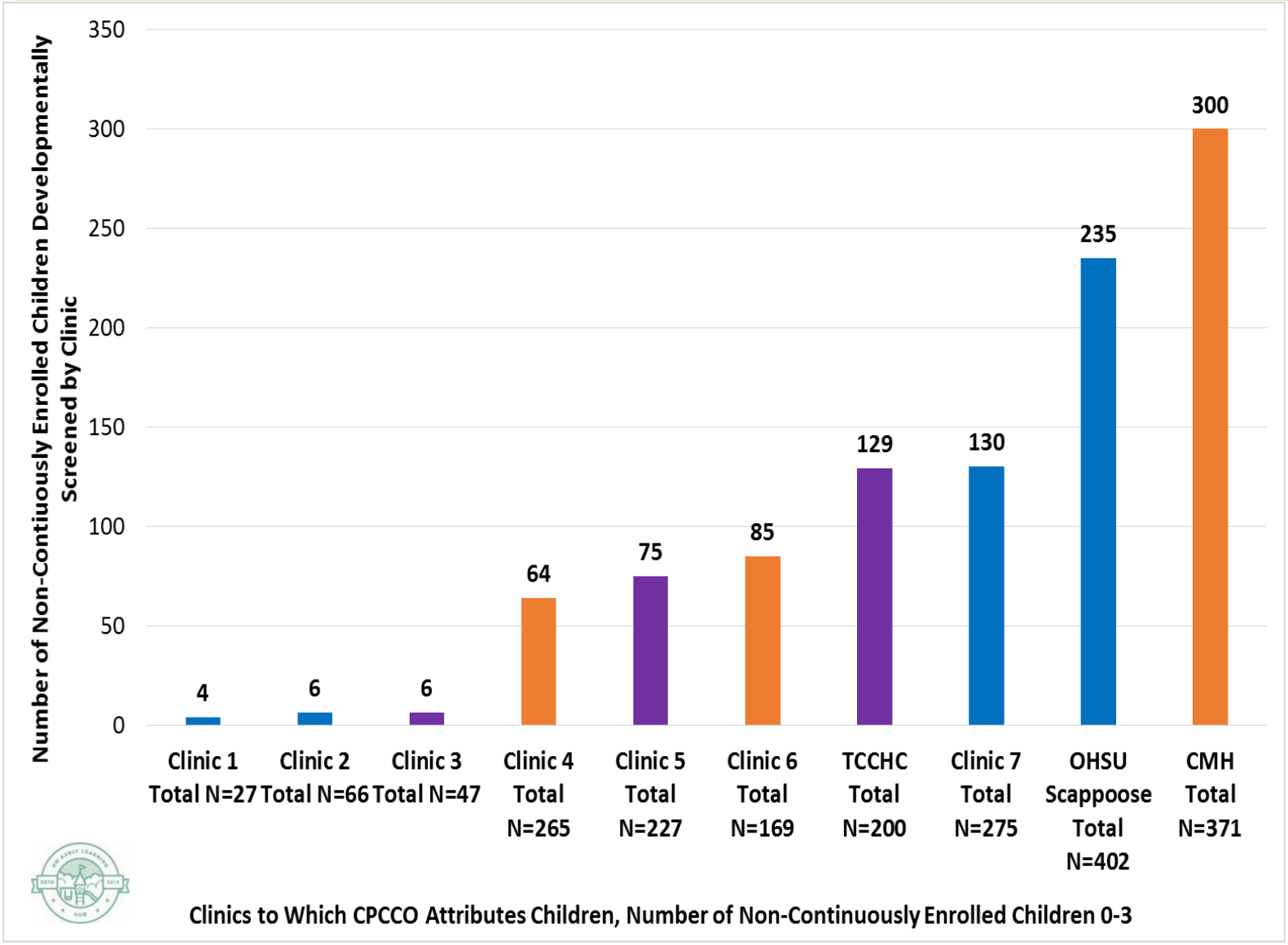
Data Source: Provided by CPCCO, October 2017

Developmental Screening Rates in CPCCO Clinics in Columbia, Clatsop & Tillamook Counties



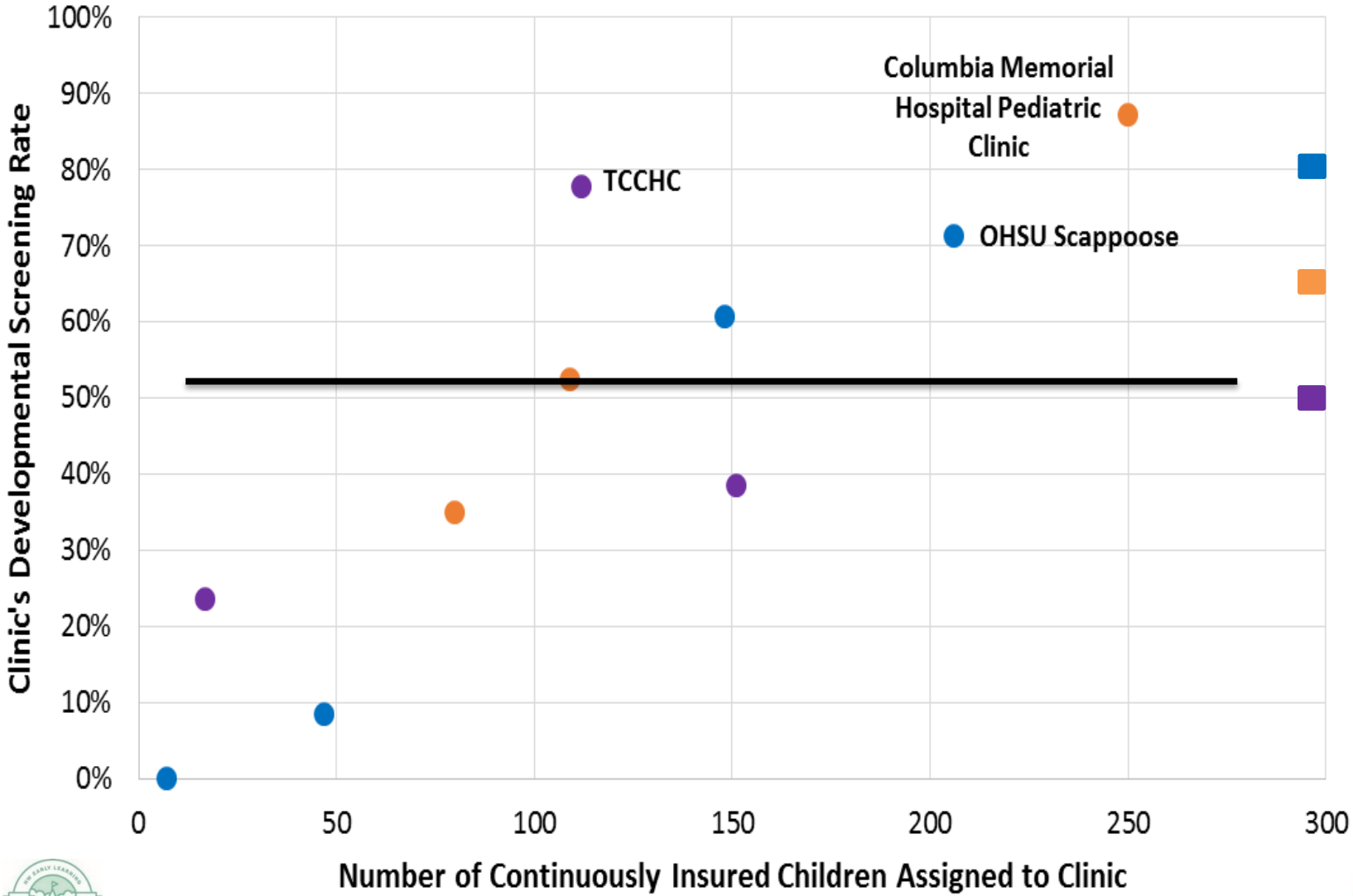
Data Source: Provided by CPCCO, October 2017 – FY 16-17 ONLY

Annual Number of Developmental Screening Rates in CPCCO Clinics in Columbia, Clatsop & Tillamook Counties



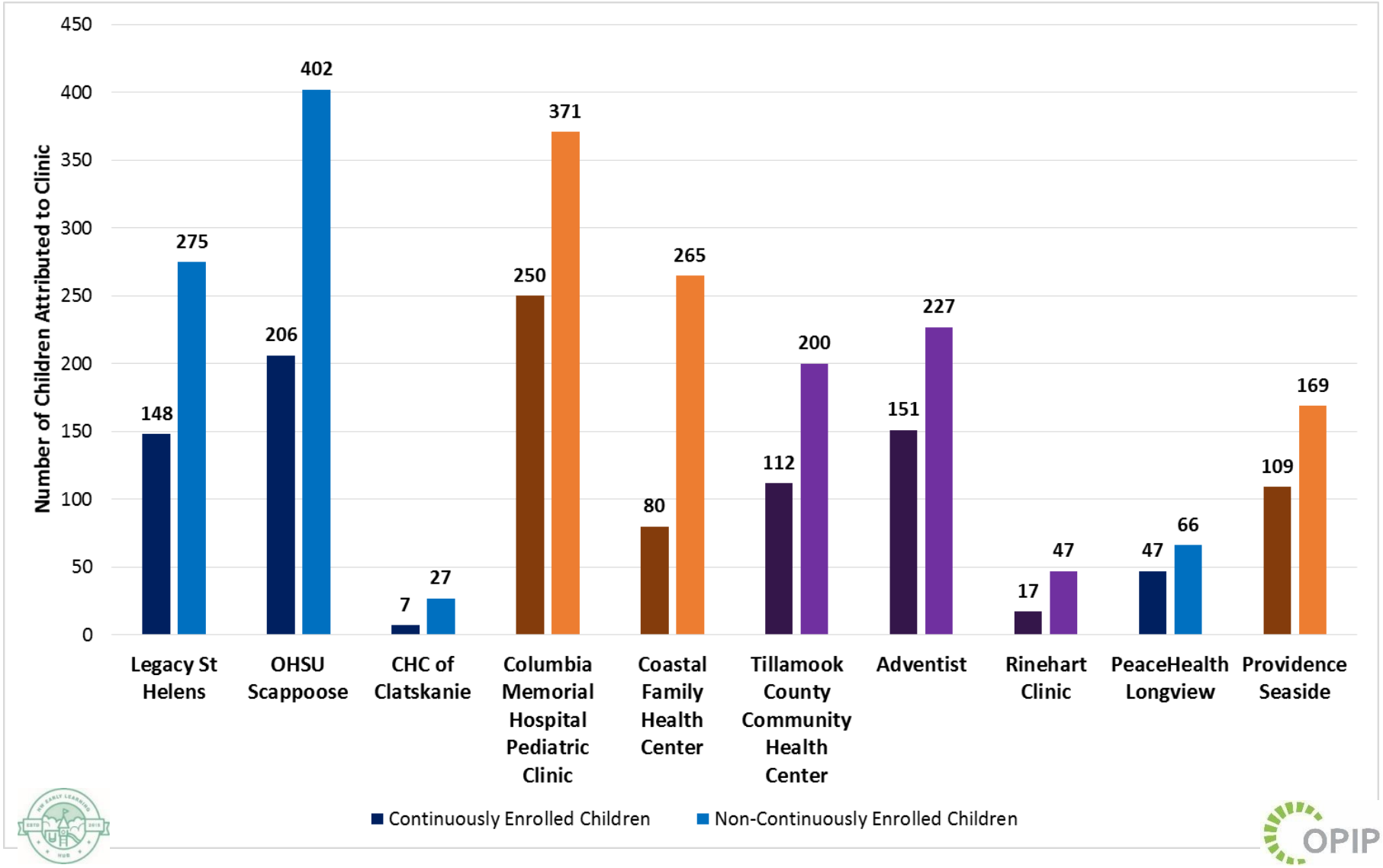
Data Source: Provided by CPCCO, October 2017 – FY 16-17 ONLY

Number of Continuously Insured Children Assigned to Clinic vs. Clinic's Developmental Screening Rate



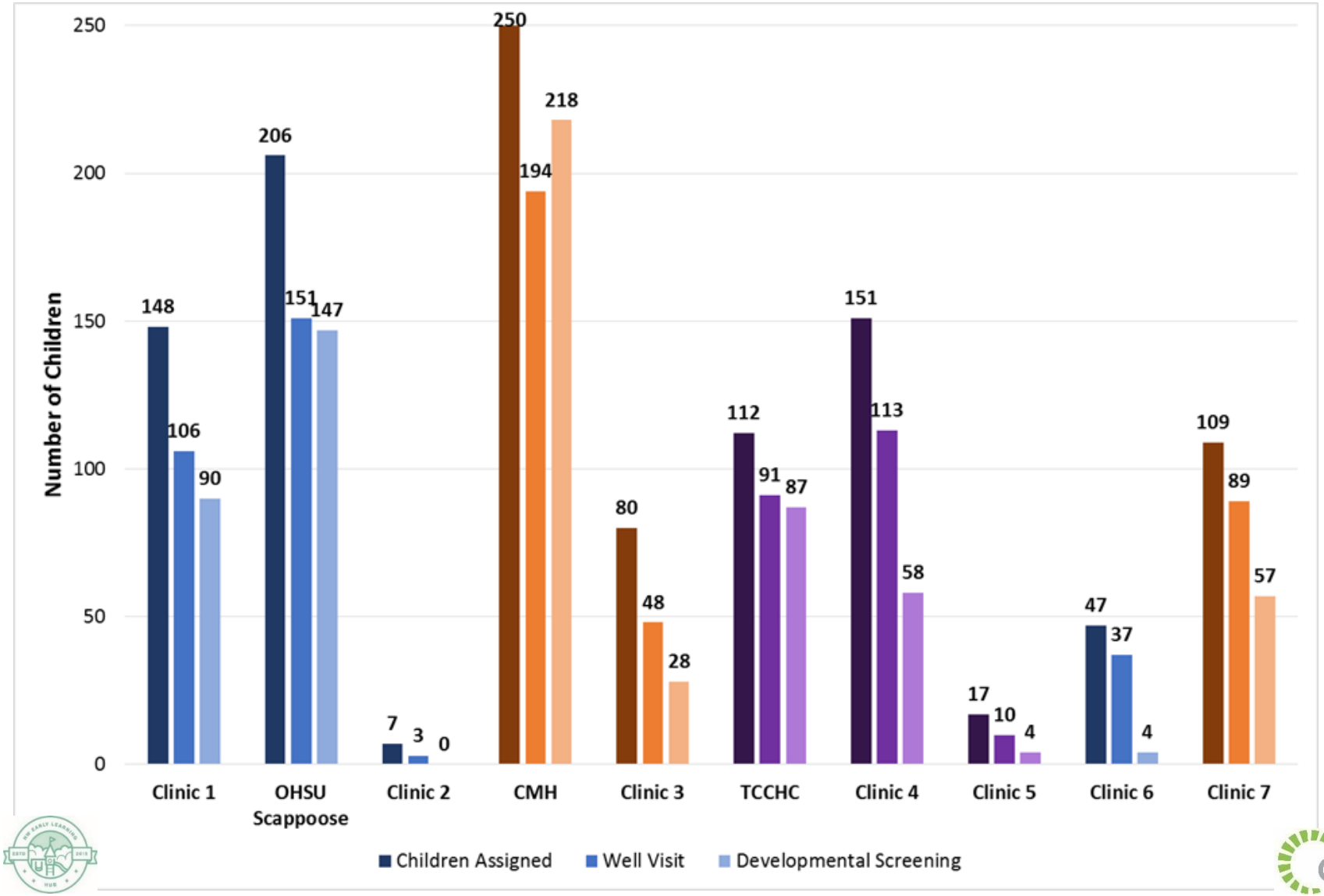
Data Source: Provided by CPCCO, October 2017 – FY 16-17 ONLY

Number of Continuously Enrolled vs. Non-Continuously Enrolled Children Attributed to Each Clinic



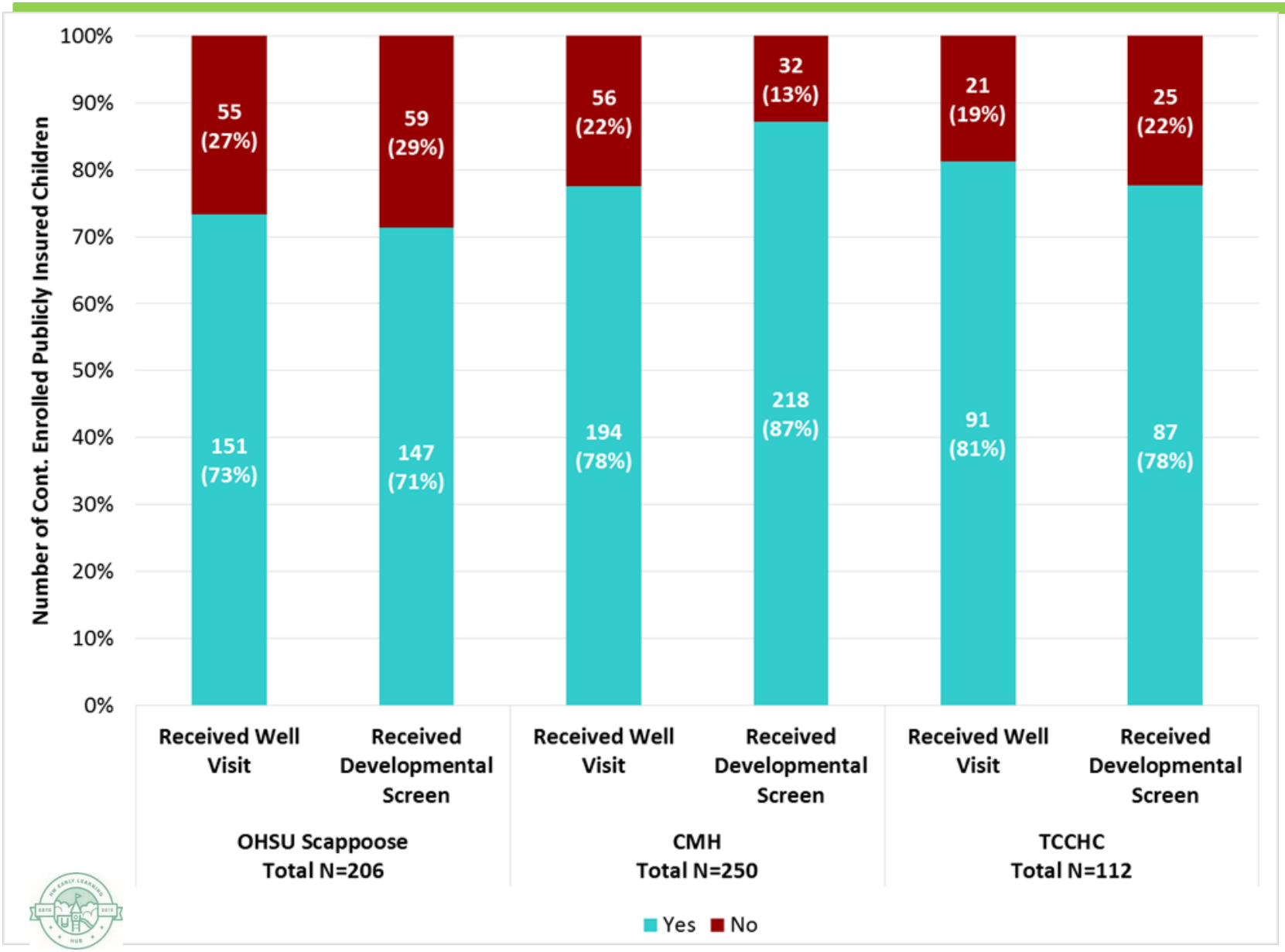
Data Source: Provided by CPCCO, October 2017- FY 16-17 ONLY

Number of Continuously Enrolled Children Attributed to Each Clinic and Well-Visit and Developmental Screens



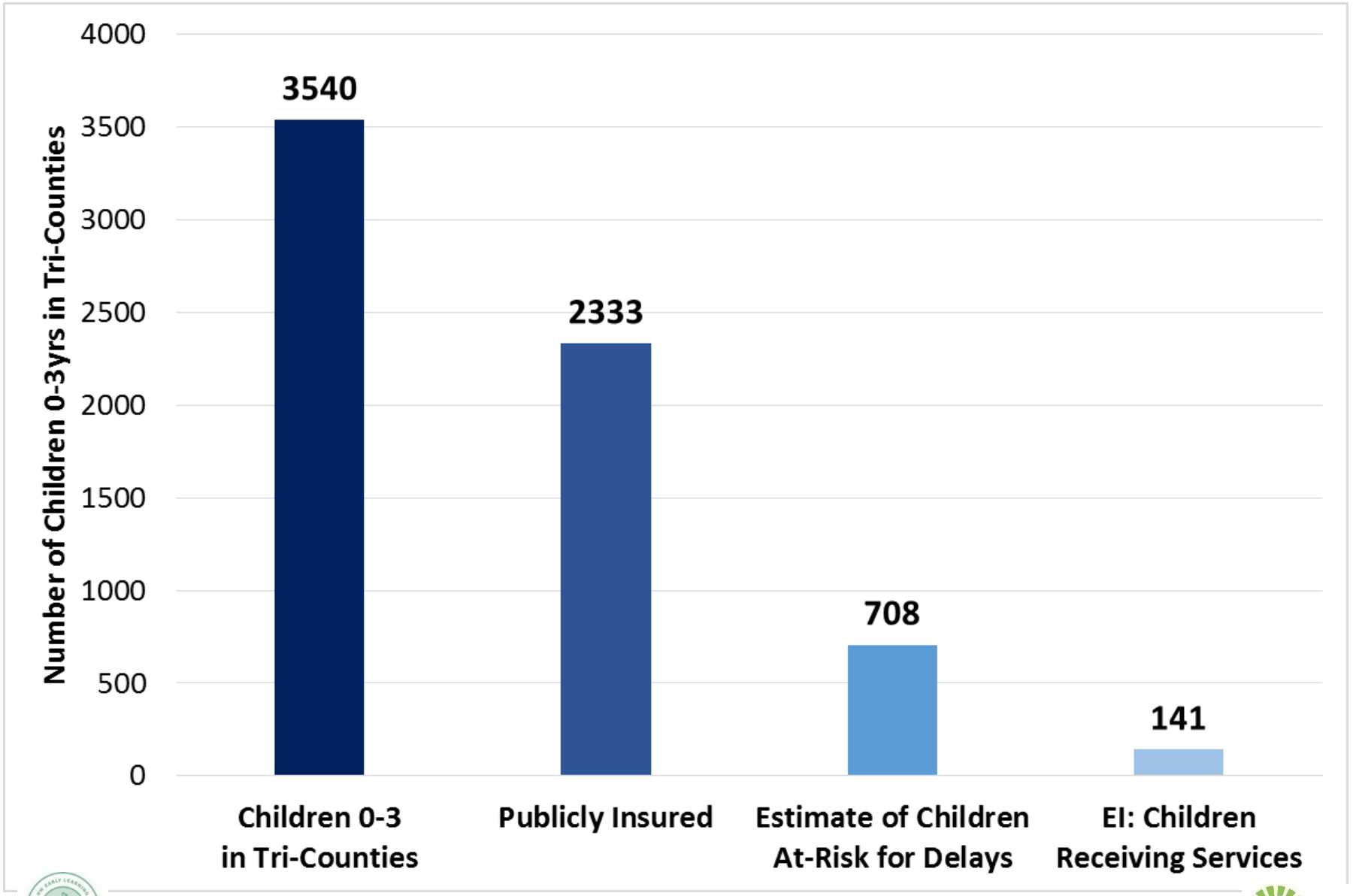
Data Source: Provided by CPCCO, October 2017- FY 16-17 ONLY

Pilot Site Well-Visit and Developmental Screening Rates

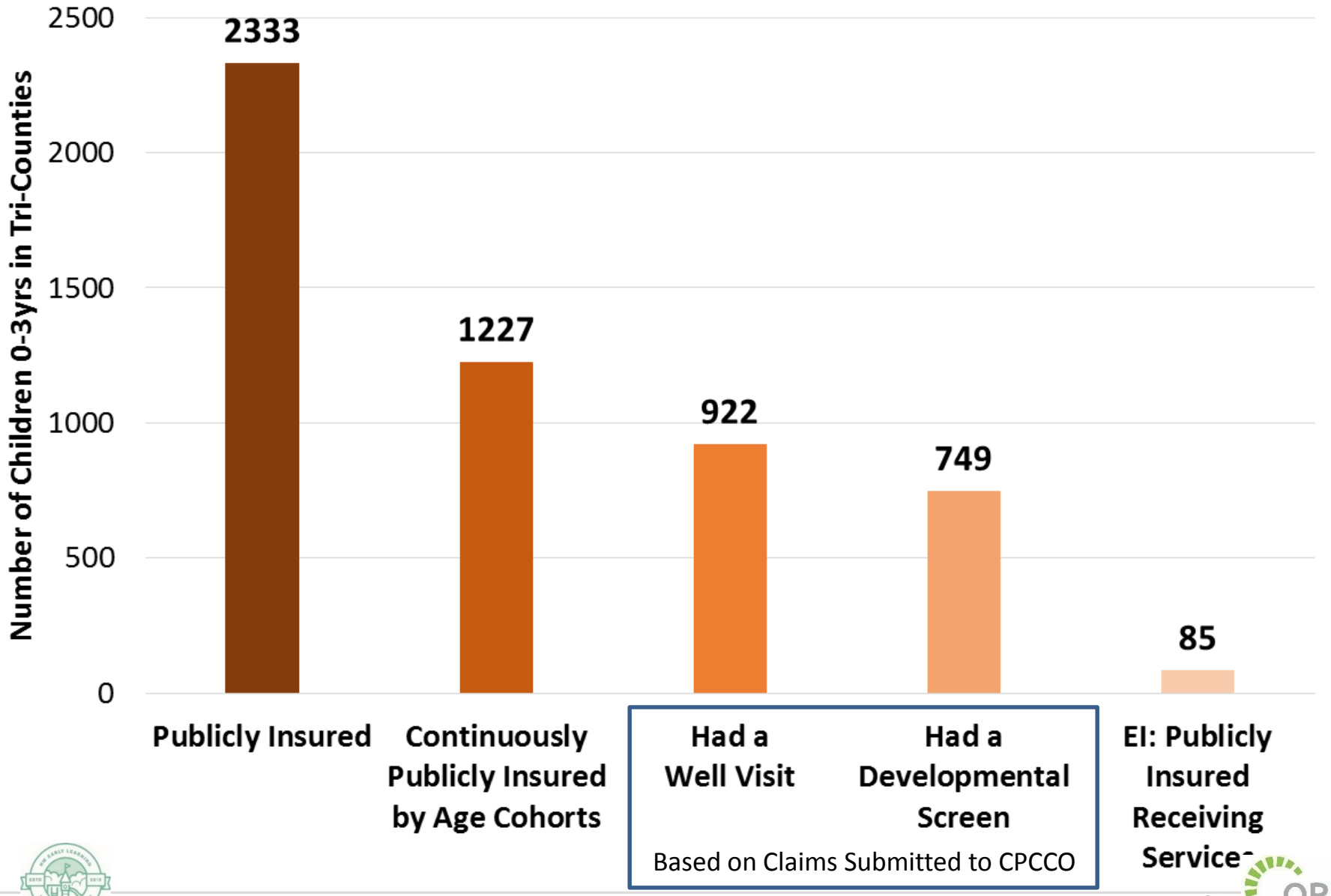


Data Source: Provided by CPCCO, October 2017- FY 16-17 ONLY. Continuously Enrolled Children Only

The Story of Young Children in the Tri-Counties



The Story of PUBLICLY INSURED Young Children in the Tri-Counties



Using Data to Inform Our Discussions and Proposed Priority Areas to Focus Our Community-Based QI Project:

Data from

Northwest Regional Education Service District (NWRESD) for the Tri-Counties (Clatsop, Columbia, Tillamook)

Value of Data from NWRESD on Early Intervention to Inform This Pilot

#1: Indication of Follow-Up to Developmental Screening

- Bright Futures (BF) recommends that all young children identified **at-risk for developmental, behavioral and social delays** on a developmental screening tool (*aka the focus of this project)* **should be referred to Early Intervention** at a minimum
  - EI referrals & children served by EI is an indication of **referral and follow-up**
    - If **increases** in developmental screening **and follow-up are occurring**, then an indication of this would be:
      - ✓ **Increase in referrals** and/or
      - ✓ Increase in **referred children found eligible** (indication of better of referrals)
  - Acknowledgement of **issues with the BF Recommendation**, given realities of administration in primary care practice AND Oregon's EI **eligibility criterion**
    - Value of descriptive data about **kids that fail the ASQ that are then found ineligible for EI**

#2: Data to Inform Processes for At-Risk Children, But EI Ineligible

- A proportion of **at-risk children** referred to EI, will be found ineligible
  - The goal for this project is to ensure that at-risk children receive follow-up
  - Therefore, a focus of this project is <u>secondary referrals of EI ineligible children</u>
    - Value of descriptive information about these ineligible in order to inform secondary and follow-up services

Data from NWRESD on Early Intervention Referral and Evaluation Outcomes to Be Shared Today

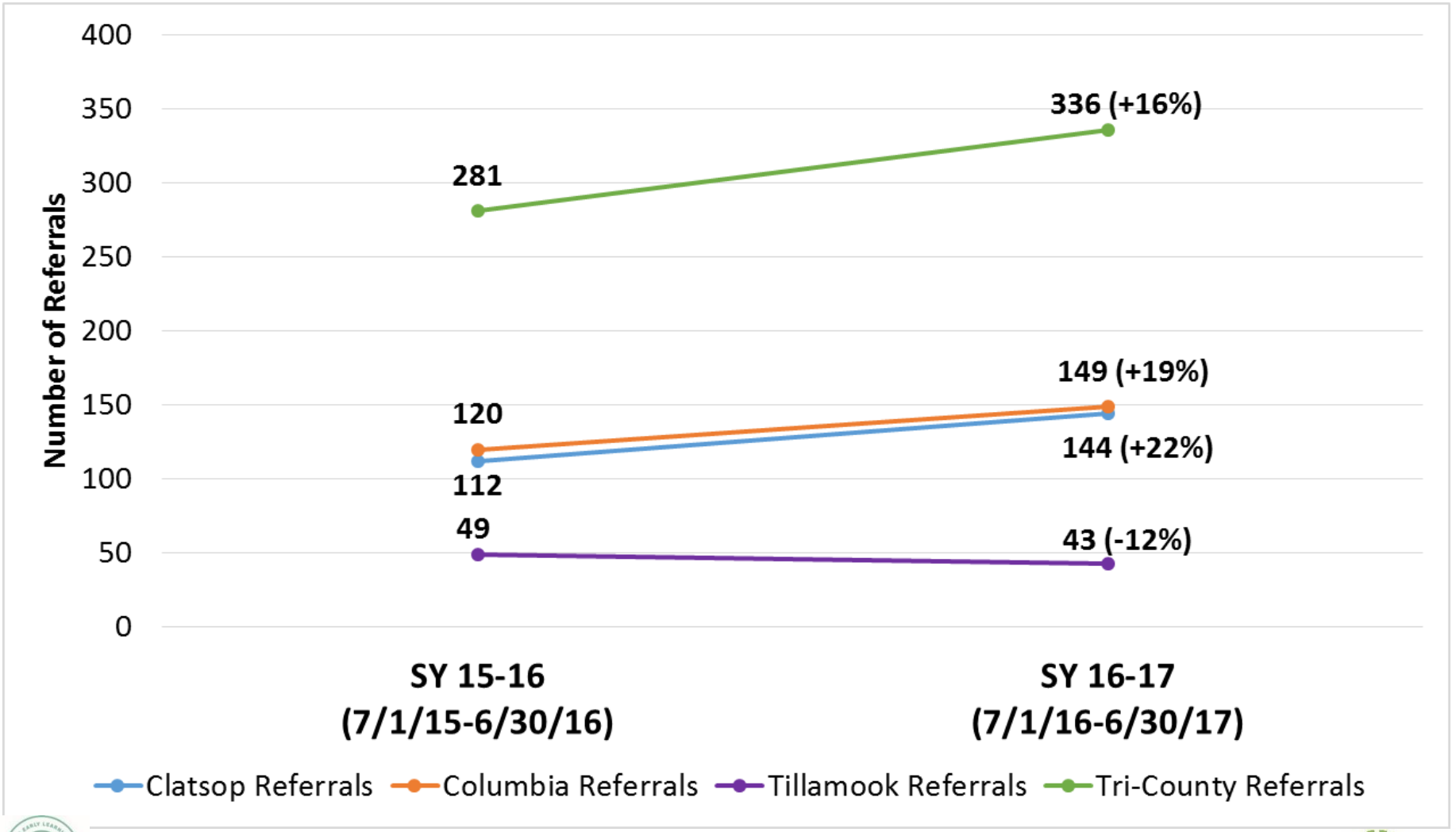
#1: Indication of Follow-Up to Developmental Screening

- Numbers of Referrals
- Number of Referrals Able to be Contacted AND Evaluated
- Outcome of referrals (Eligible, Ineligible)

#2: Data to Inform Processes for At-Risk, But EI Ineligible Children

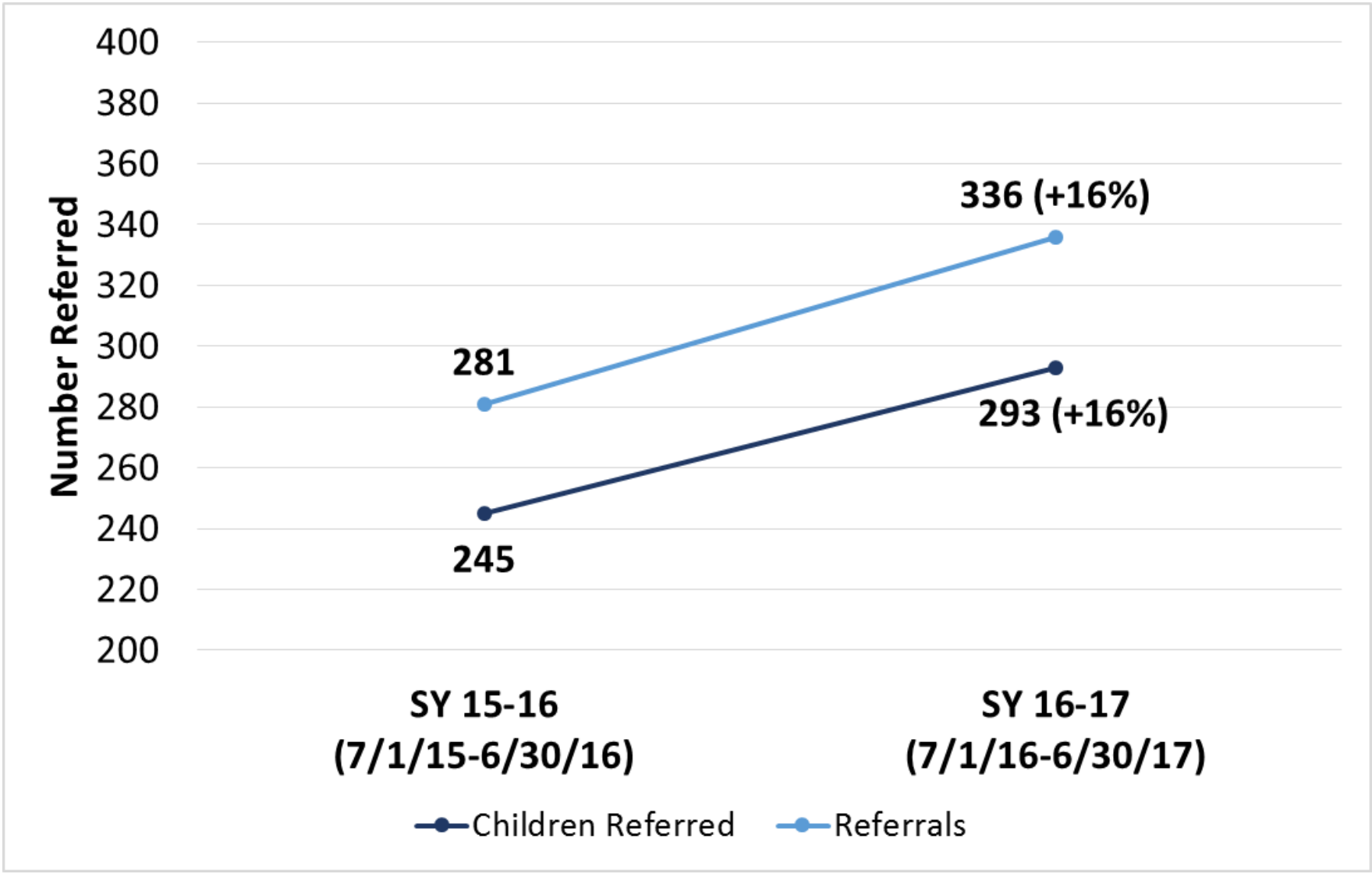
- Evaluation Outcome Results by Referral and Child Characteristics

Number of Early Intervention Referrals in Columbia & NWRESD Tri-County Region (Tillamook, Clatsop and Columbia)



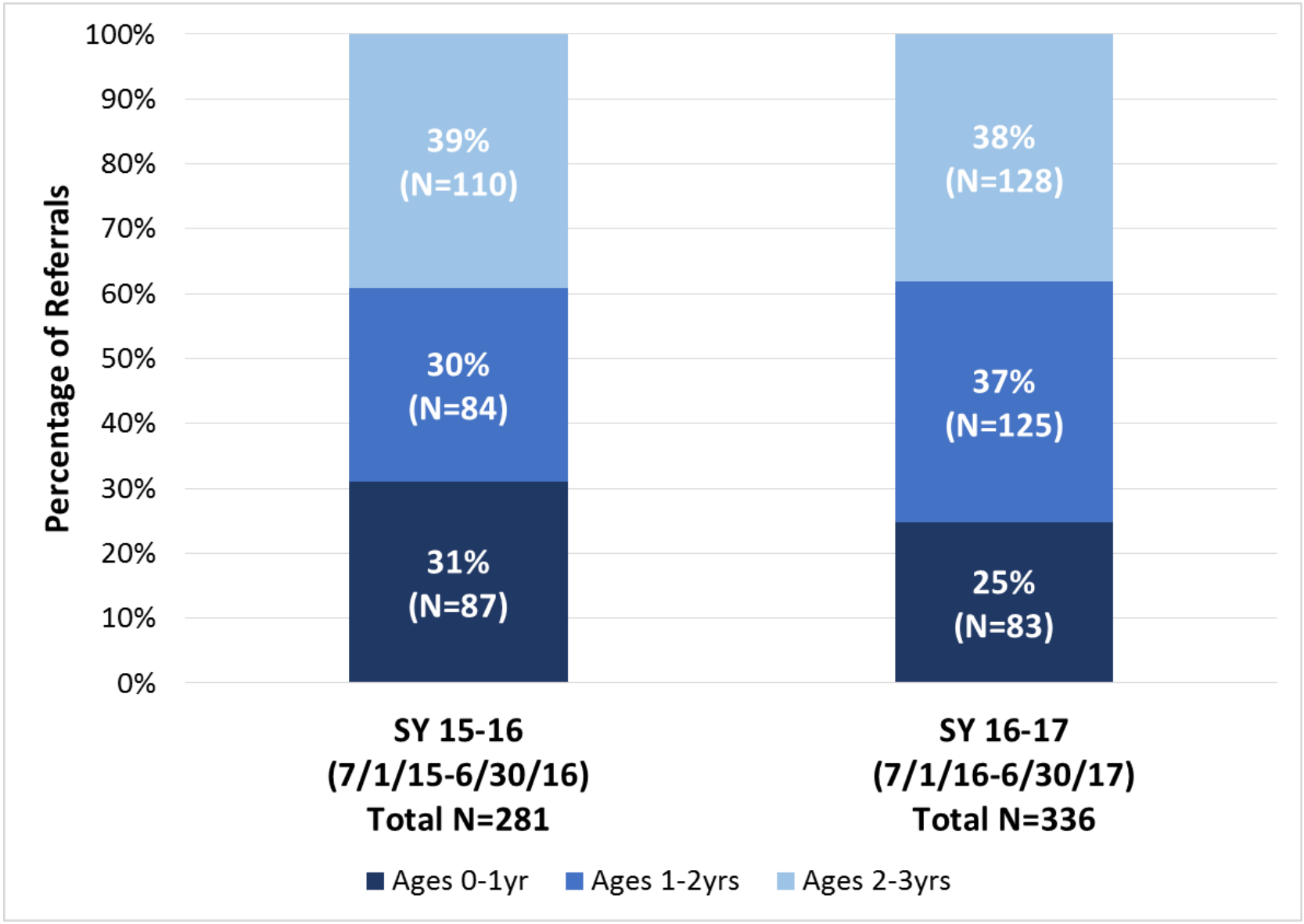
Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017

Number of Early Intervention Referrals vs Number of CHILDREN Referred in Tri-Counties



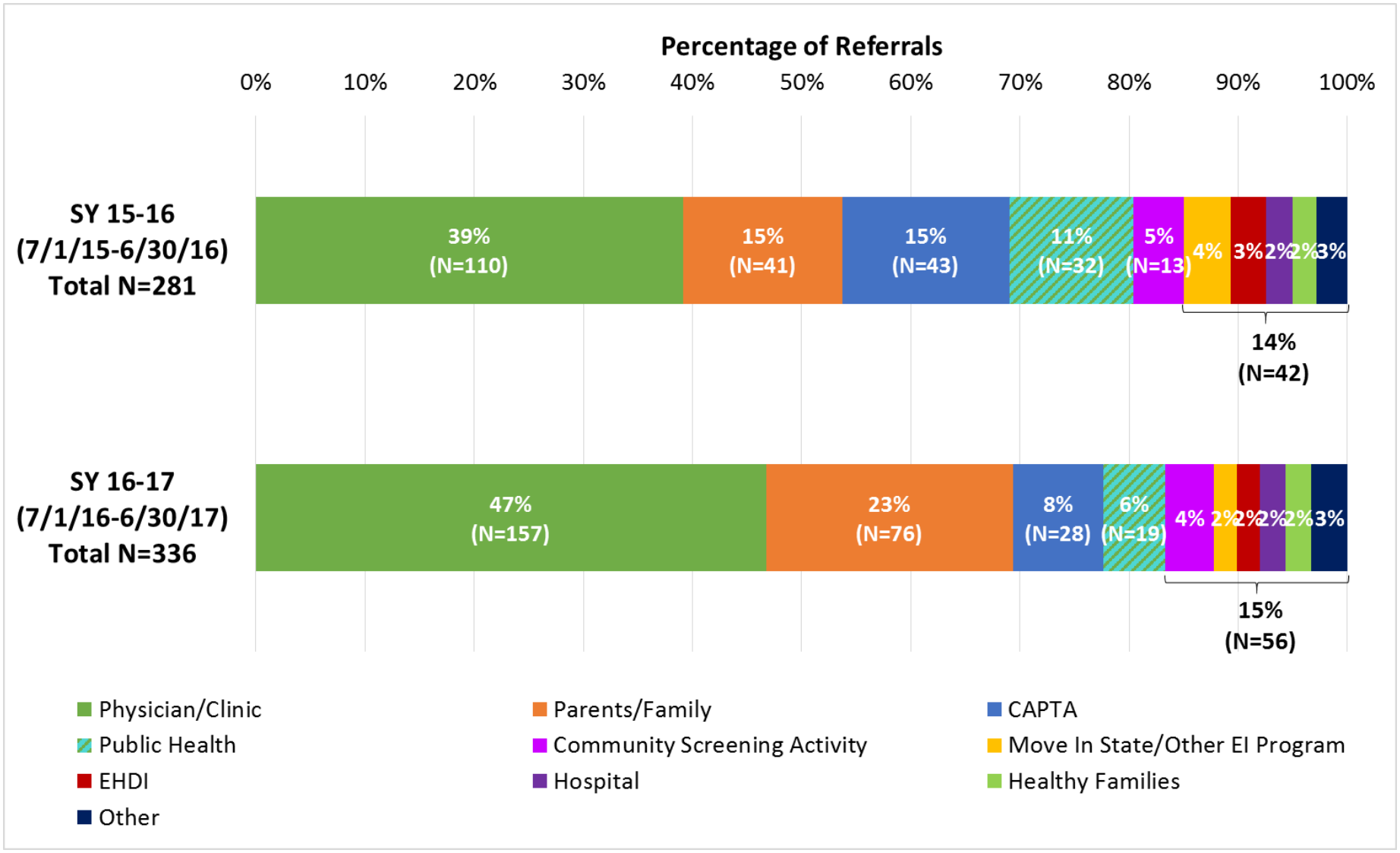
Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017

Early Intervention (EI) Referrals by Age of Child



Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017

EI Referrals by Referral Source As Documented in EC Web



Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017

Data from NWRESD on Early Intervention Referral and Evaluation Outcomes to Be Shared Today

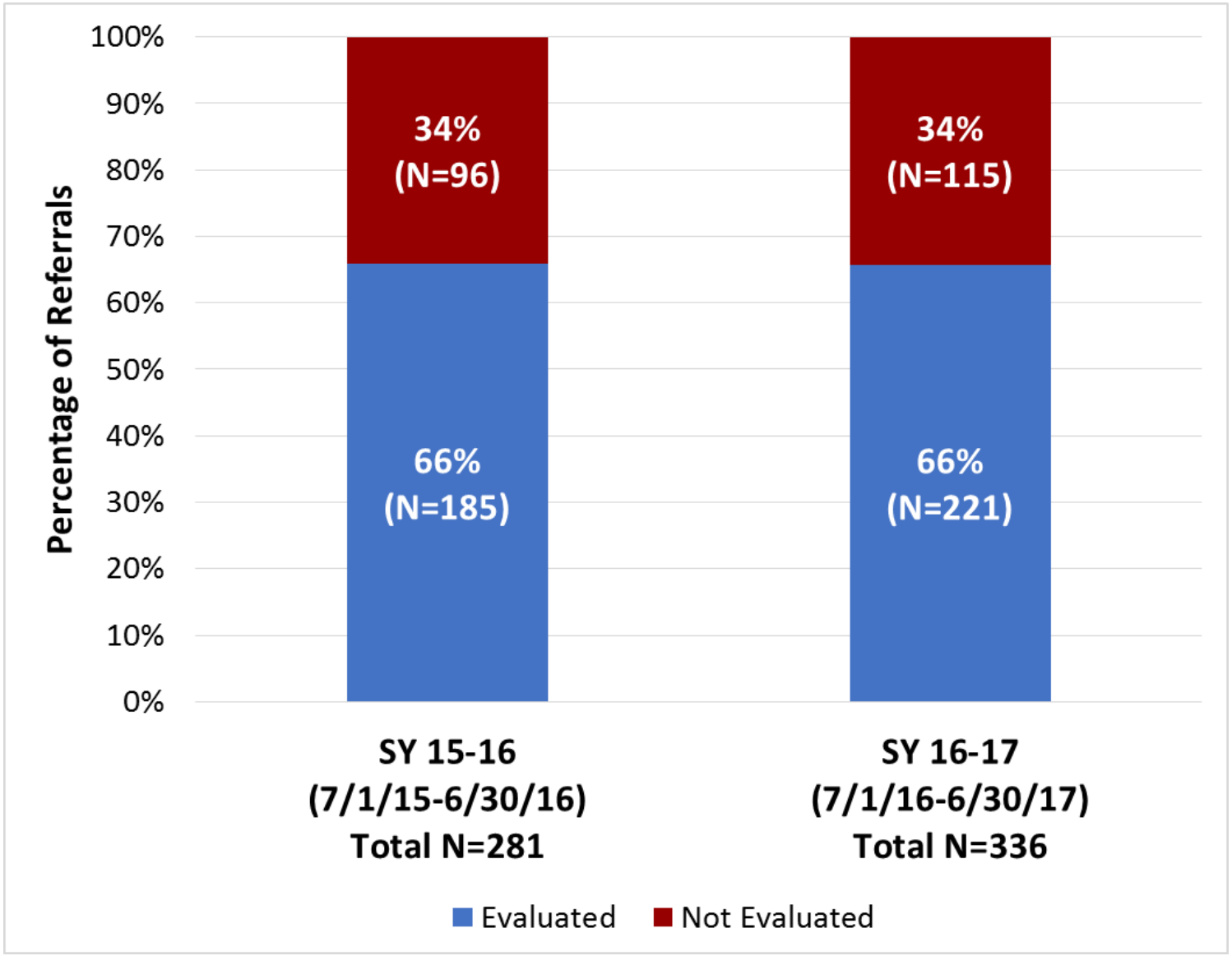
#1: Indication of Follow-Up to Developmental Screening

- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted AND Evaluated
- Outcome of referrals (Eligible, Ineligible)

#2: Data to Inform Processes for At-Risk, But EI Ineligible Children

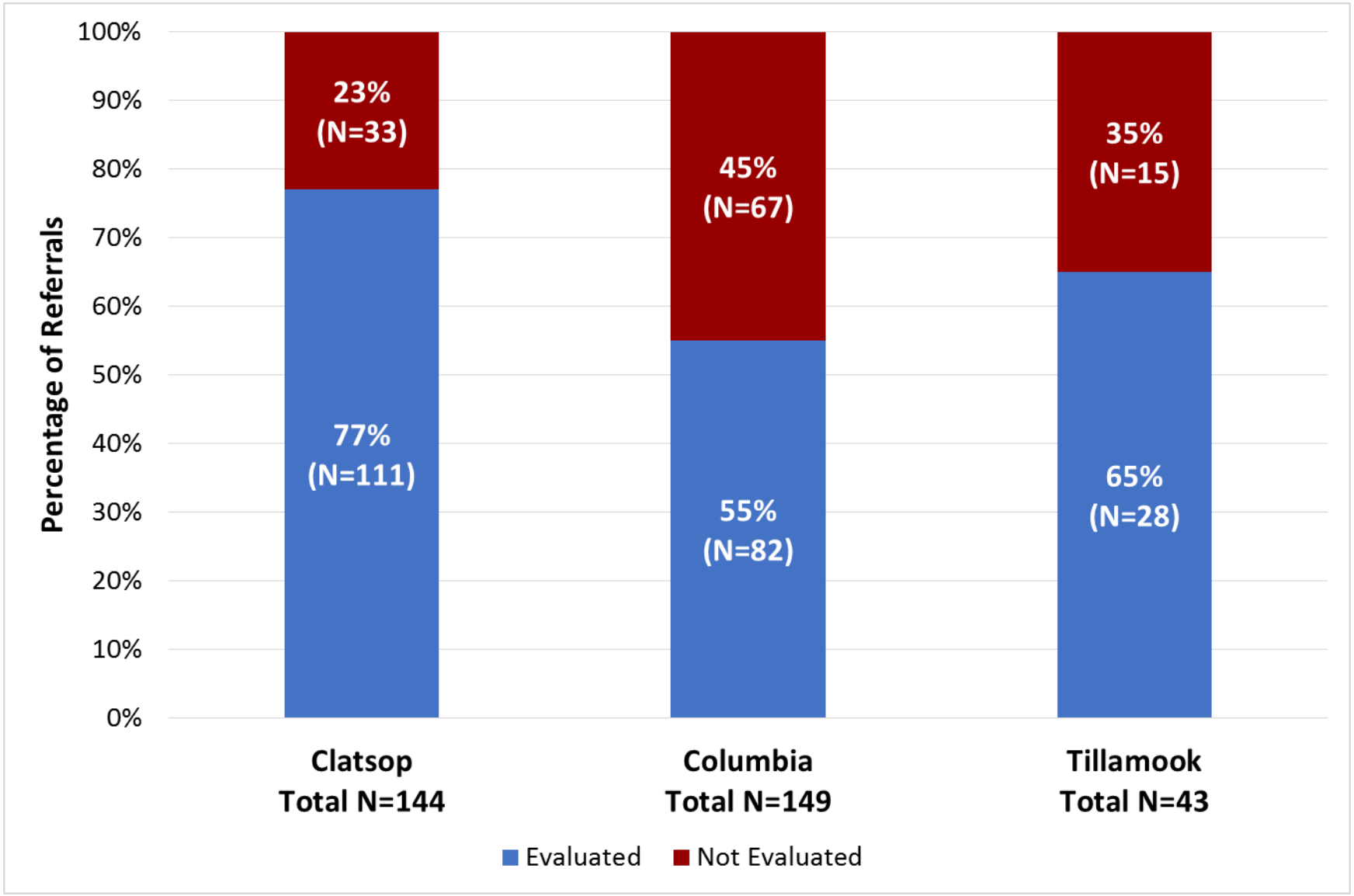
- Evaluation Outcome Results by Referral and Child Characteristics

Percentage of Tri-County EI Referrals Able to Be Evaluated by EI



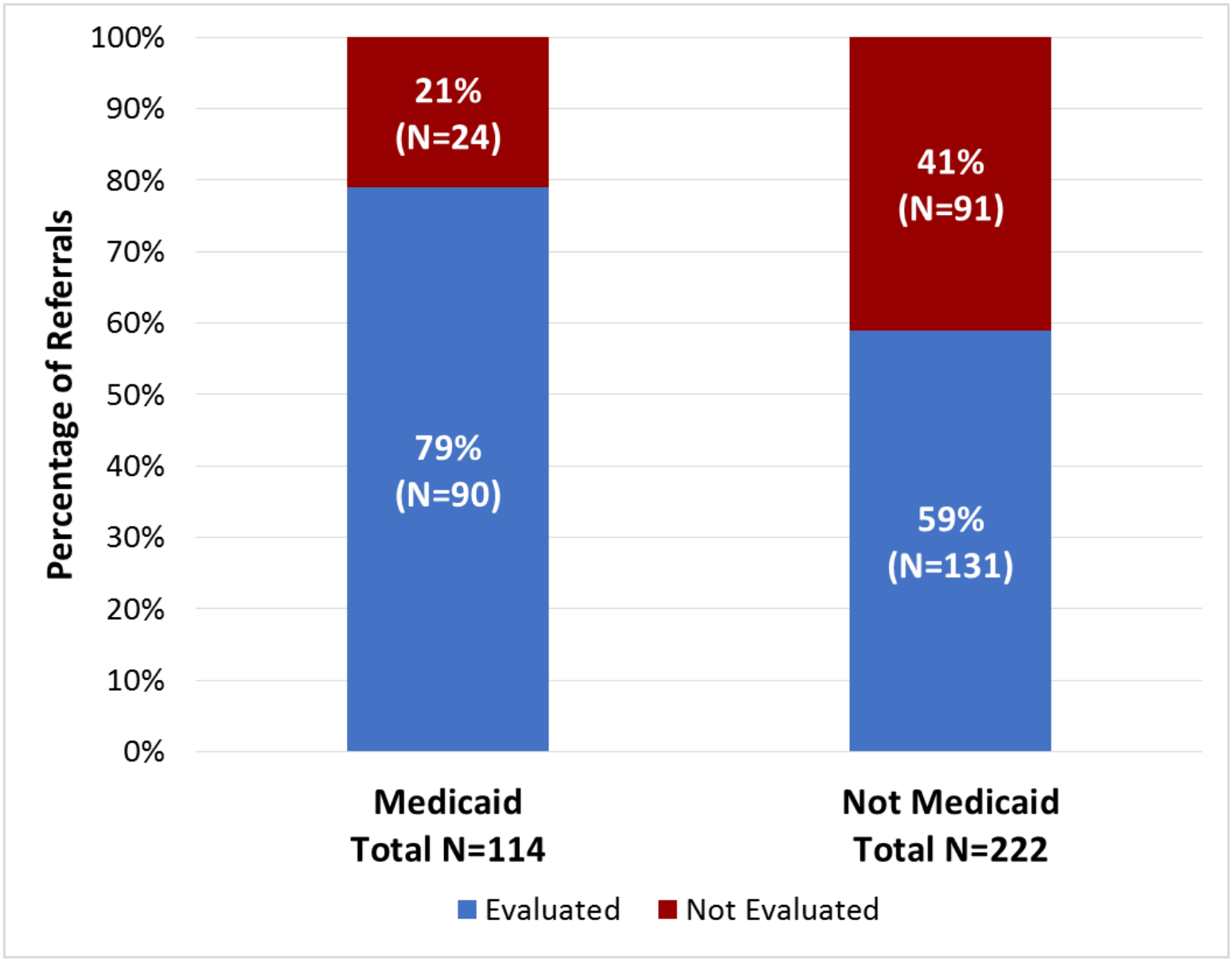
Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017

Percentage of Tri-County EI Referrals Able to Be Evaluated by EI in SY 16-17: By County



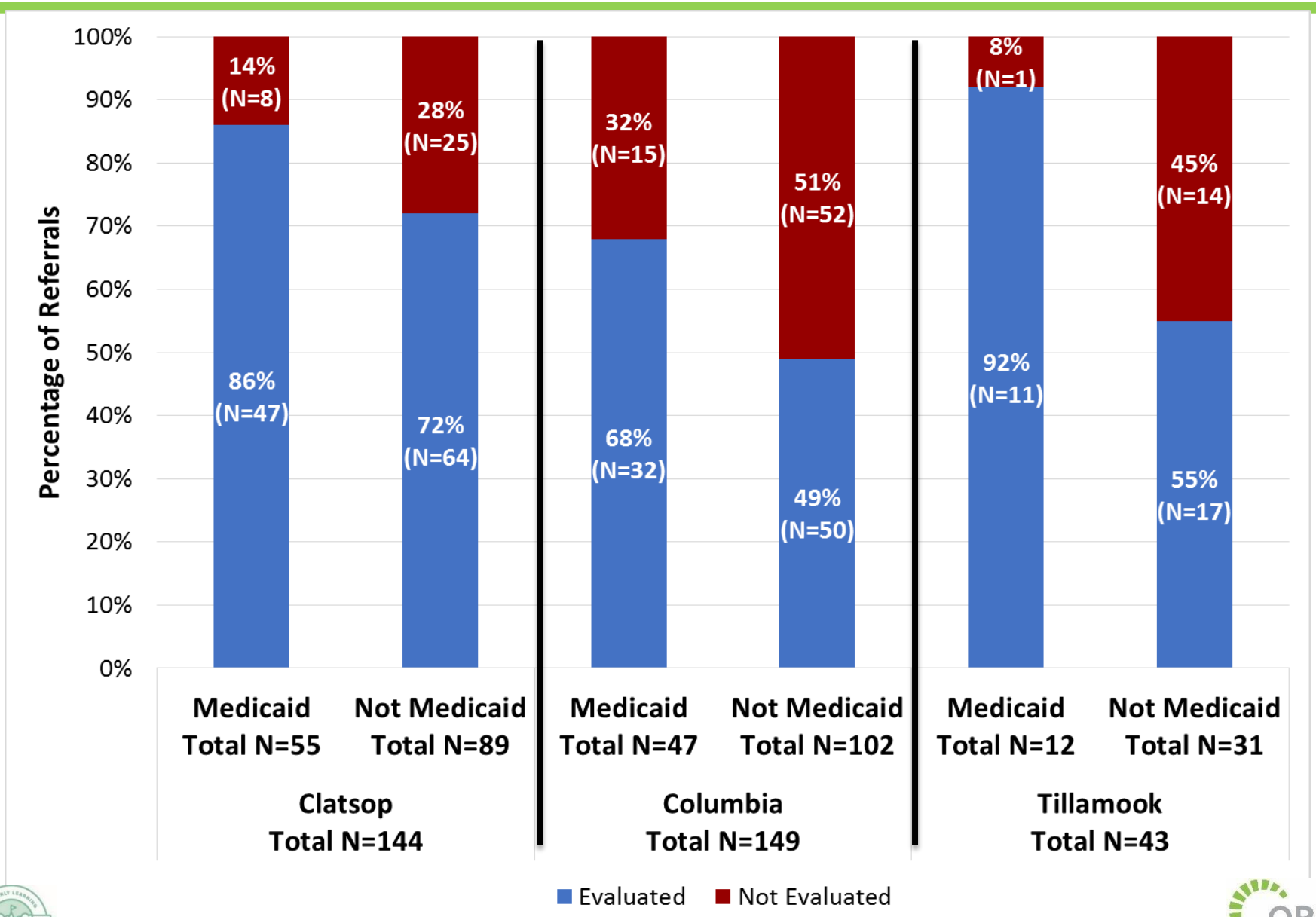
Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017

Tri-County EI Evaluations BY Medicaid Insurance



Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017 Data is from SY 16

EI Evaluations BY Medicaid Insurance in SY 16-17: By County



Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017 Data is from SY 16

Data from NWRESD on Early Intervention Referral and Evaluation Outcomes to Be Shared Today

#1: Indication of Follow-Up to Developmental Screening

- Child find rates
- Numbers of Referrals
- Number of Referrals Able to be Contacted AND Evaluated
- Outcome of referrals (Eligible, Ineligible)

#2: Data to Inform Processes for At-Risk, But EI Ineligible Children

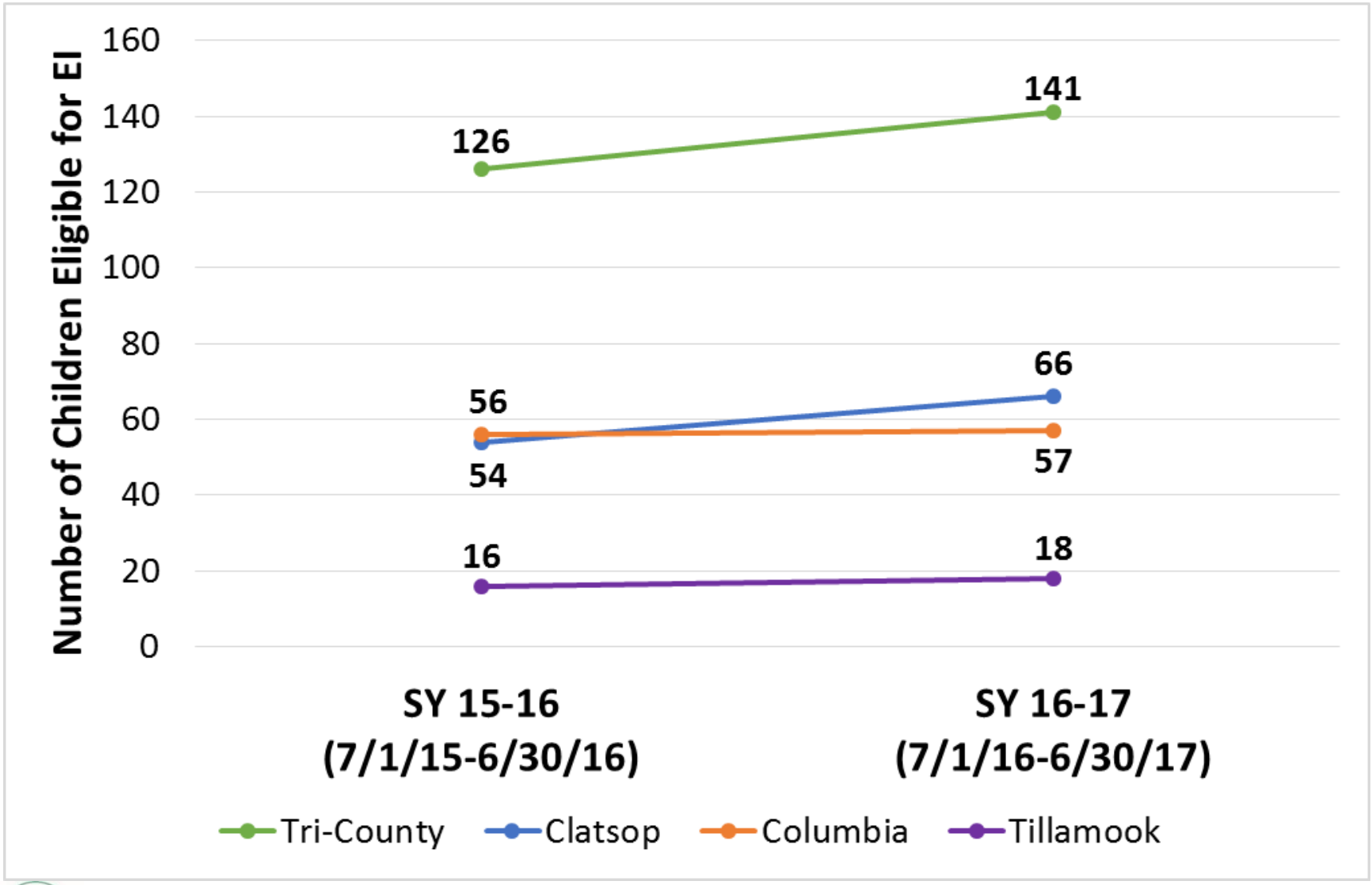
- Evaluation Outcome Results and Characteristics of Ineligible

Examined by Age of Child, Referral Source, Medicaid Insured

- Examined referrals by:
  - Age of Child: Birth to 1, 1-2, 2-3
  - Referral Source
  - Race-ethnicity
  - Medicaid Insured

- Due to time constraints today, we don't have time to review all findings but they have been used to inform our recommendations

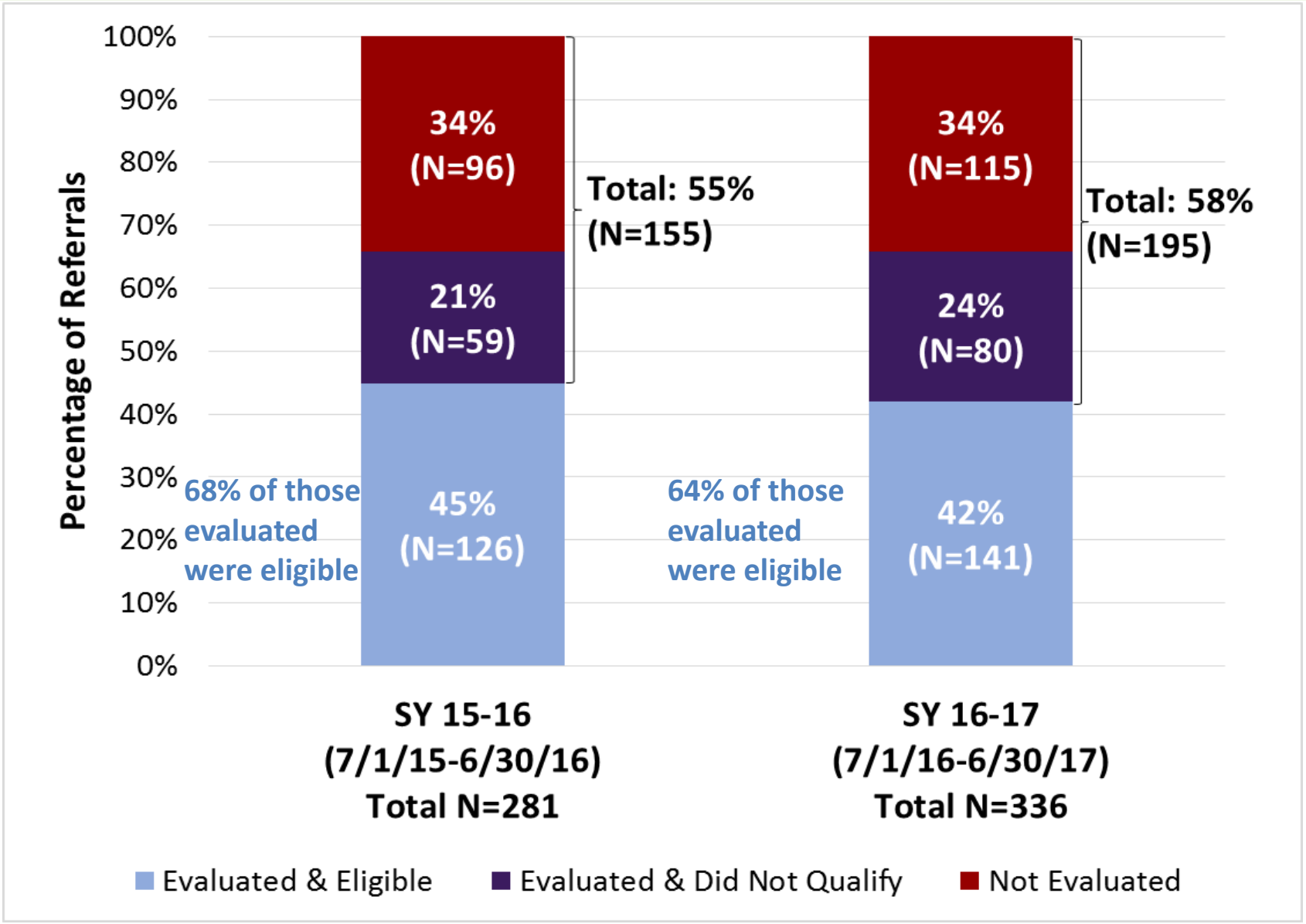
Number of Children Found Eligible in the Tri-Counties



Percent Increase in Tri-Counties from 2016 vs. 2017: 11% (N=15)

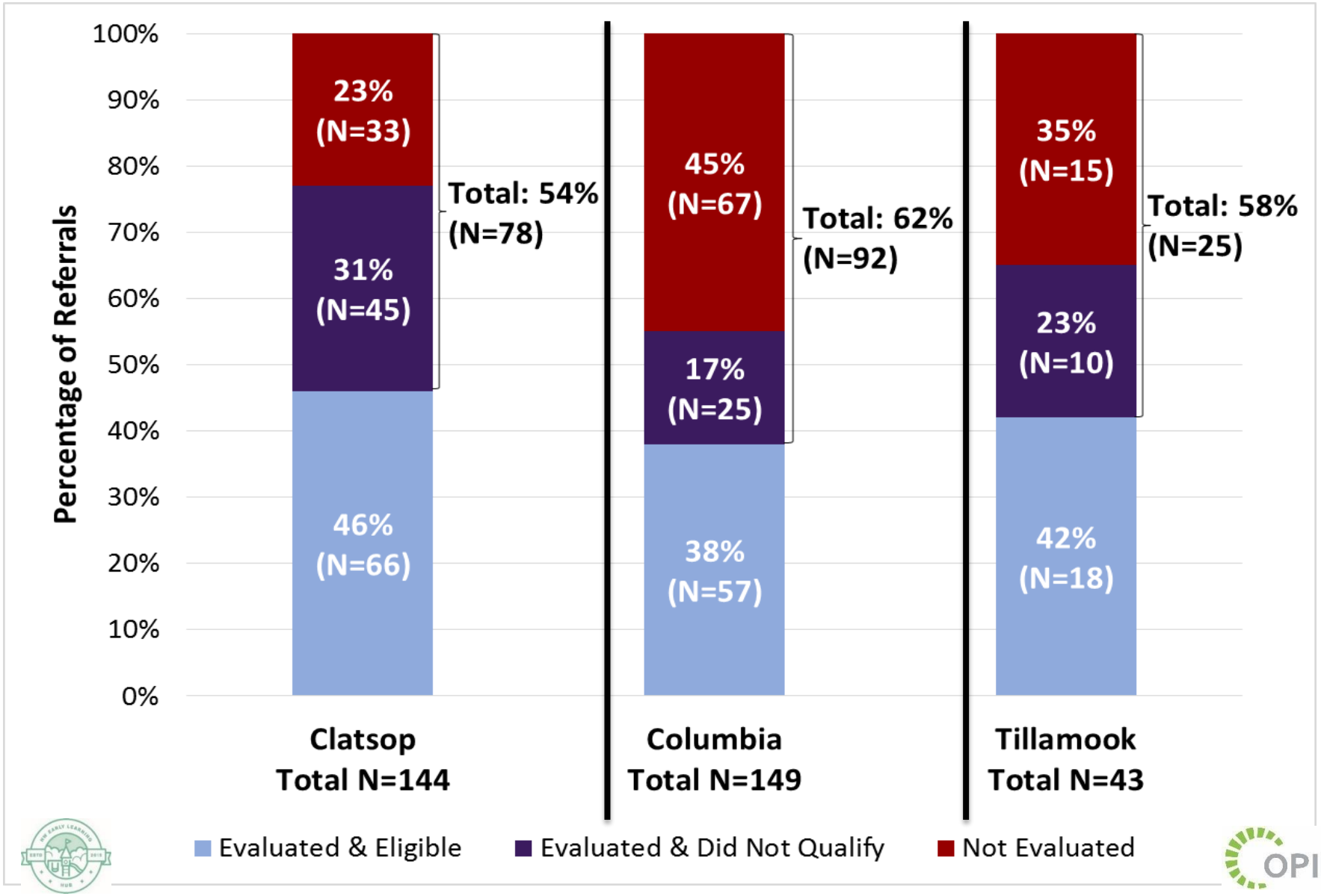
Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017

Percentage of EI Referrals Able to Be Evaluated & Eligible for EI



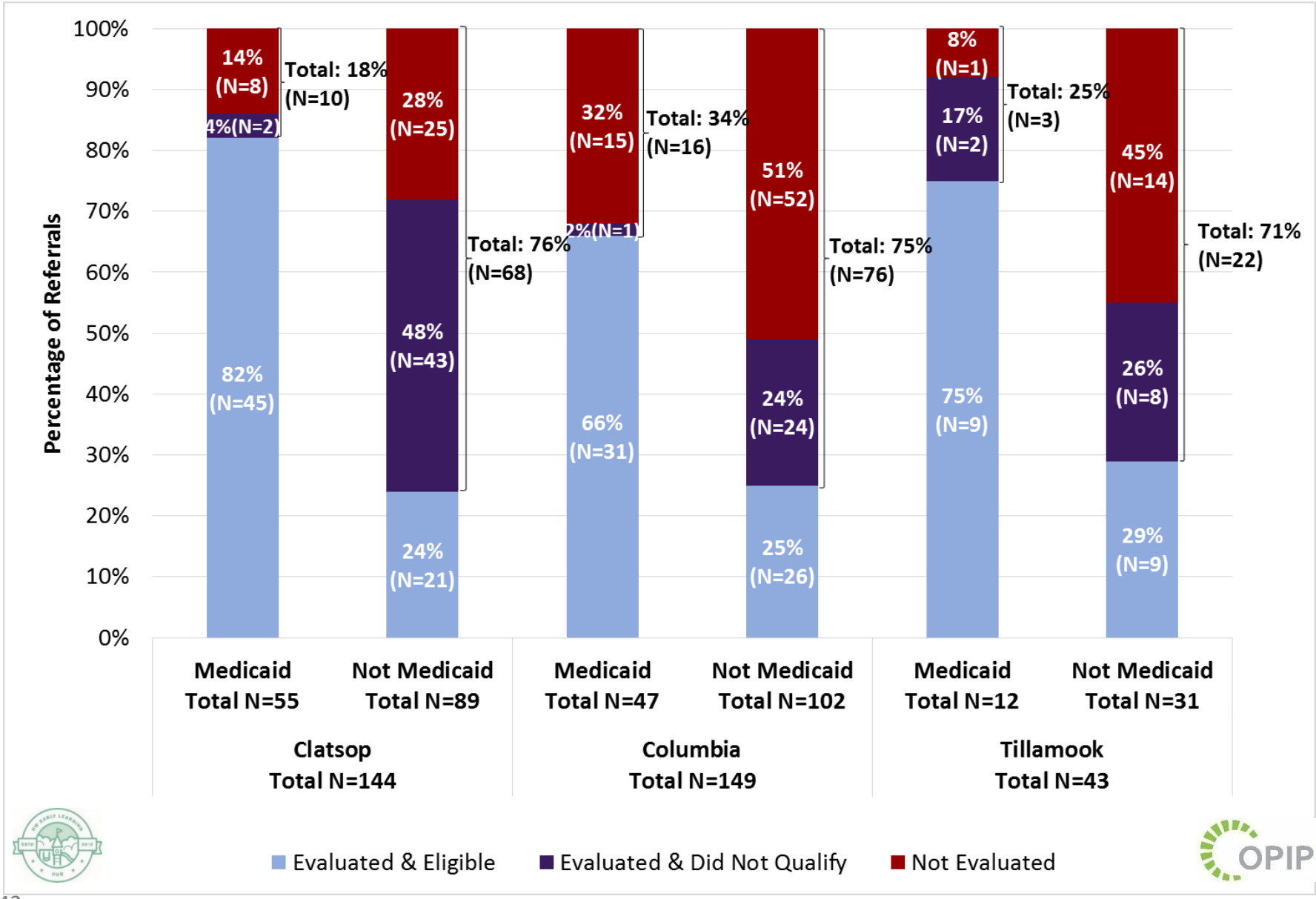
Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017

Percentage of EI Referrals
Able to Be Evaluated & Eligible for EI in SY 16-17: By County



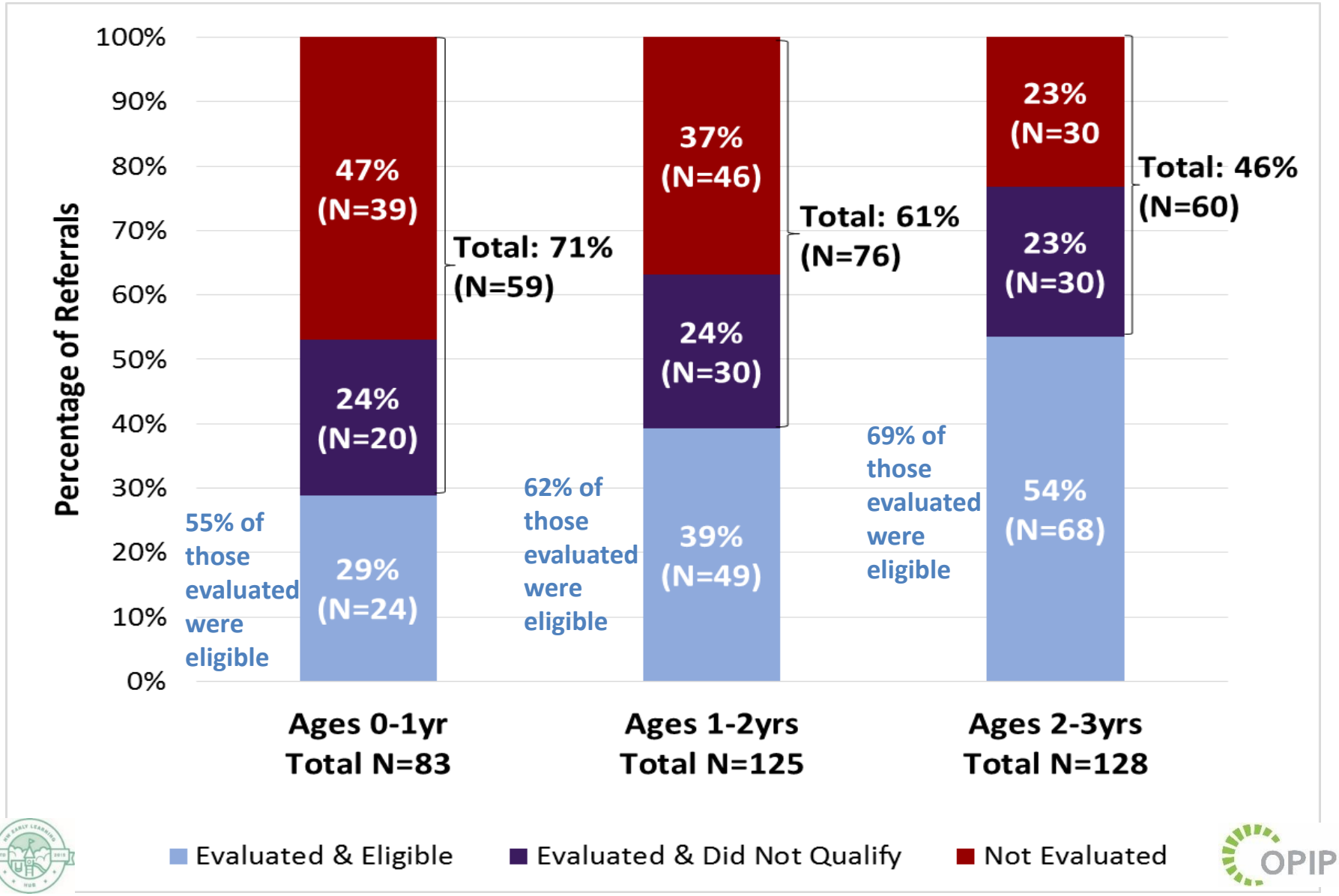
Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017

EI Referral Outcomes by Medicaid Eligibility in SY 16-17: By County



Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017 Data is from SY 16

EI Referral Outcomes by Age of Child



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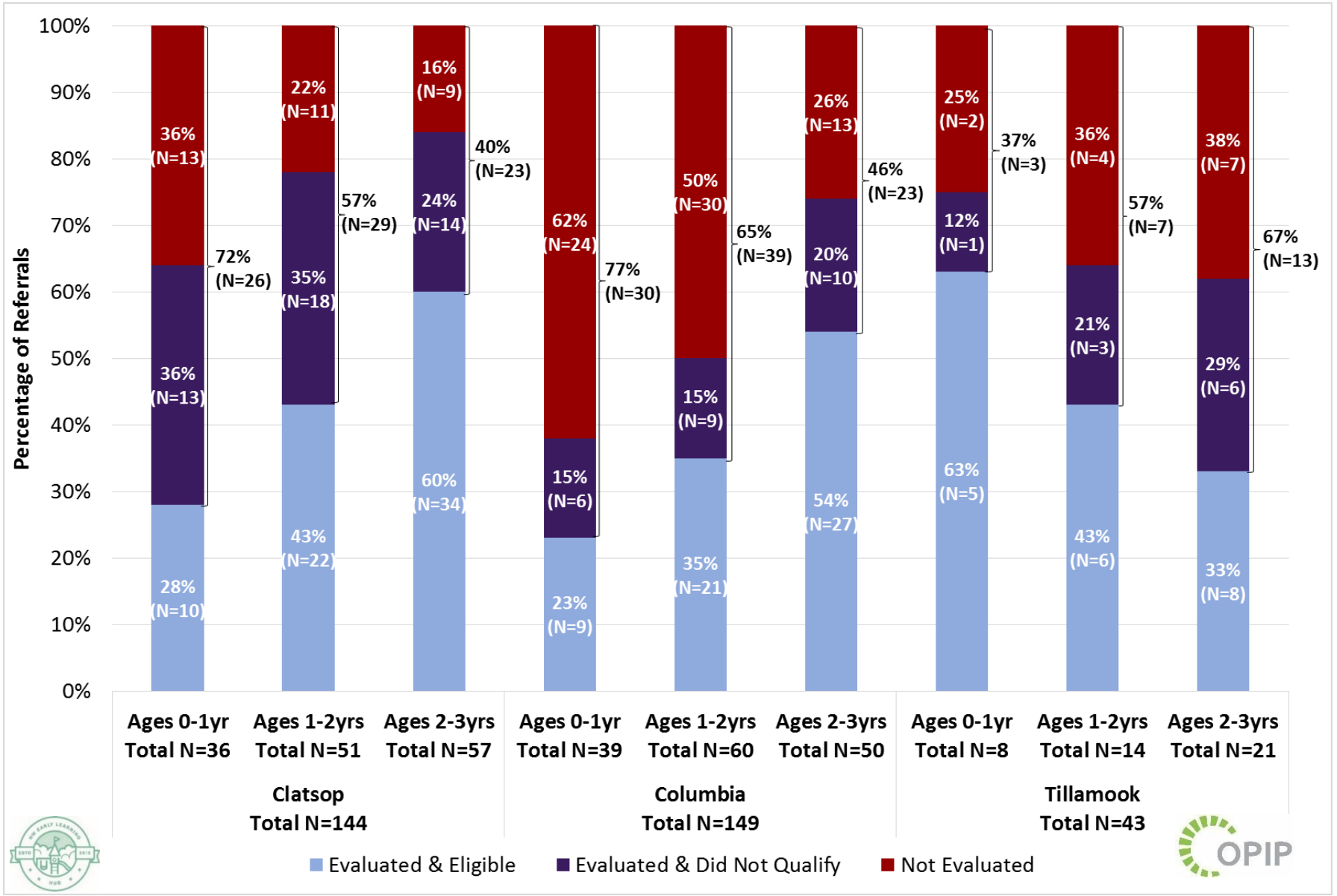
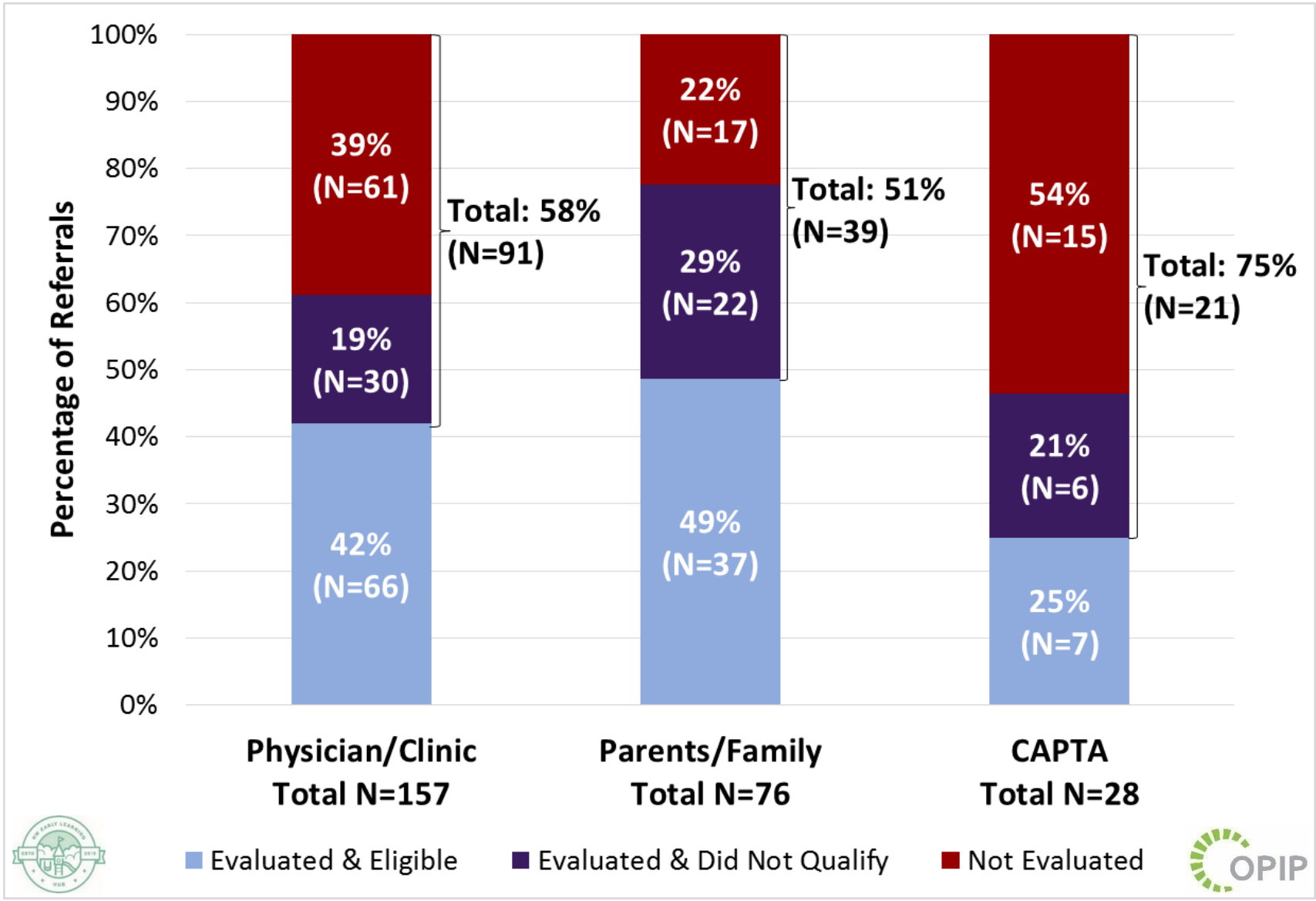
EI Referral Outcomes by Age of Child in SY 16-17: By County



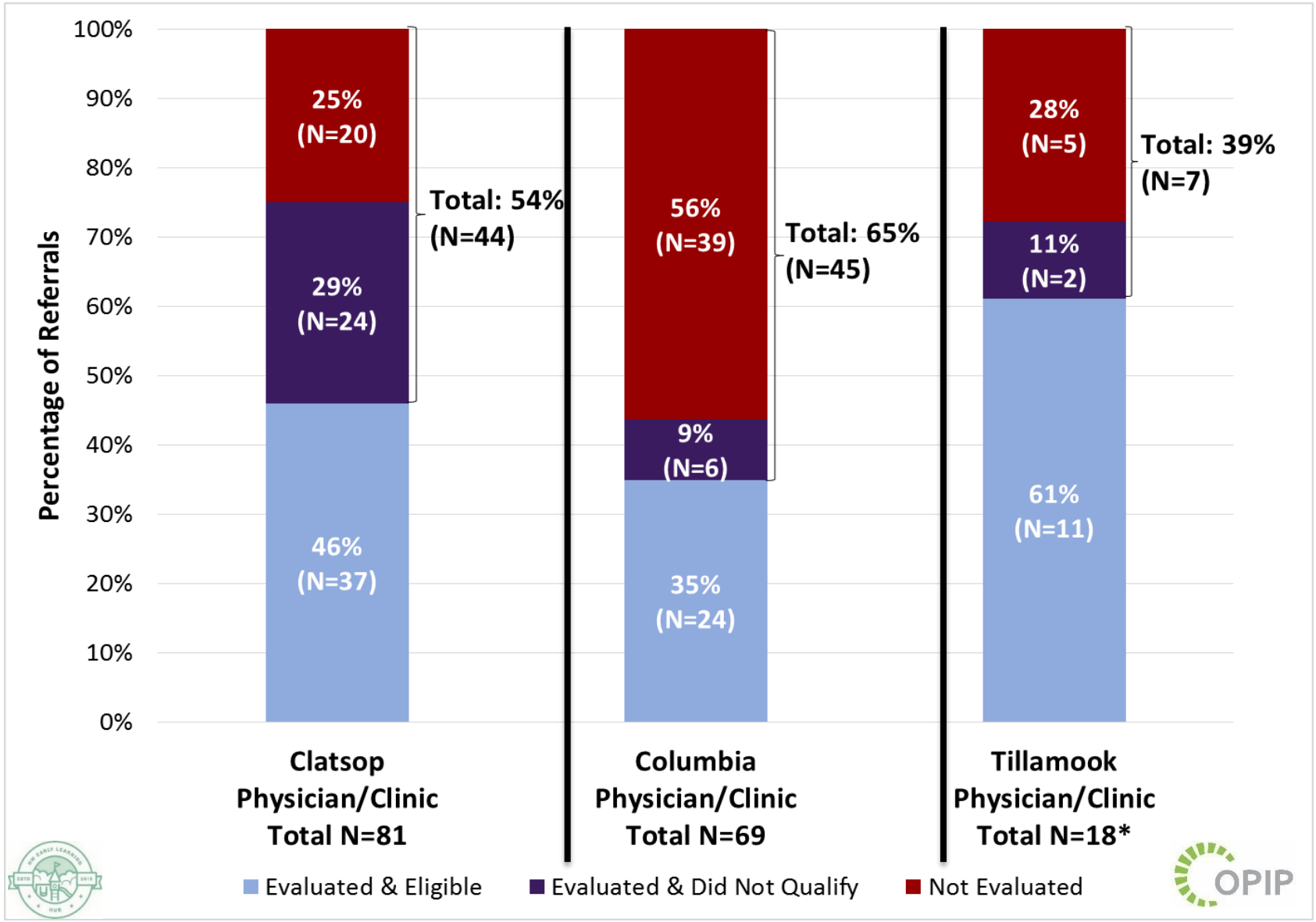
Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017 Data is from SY 16

SY 16-17 Outcomes of Evaluation for Tri-Counties By Top Referral Sources



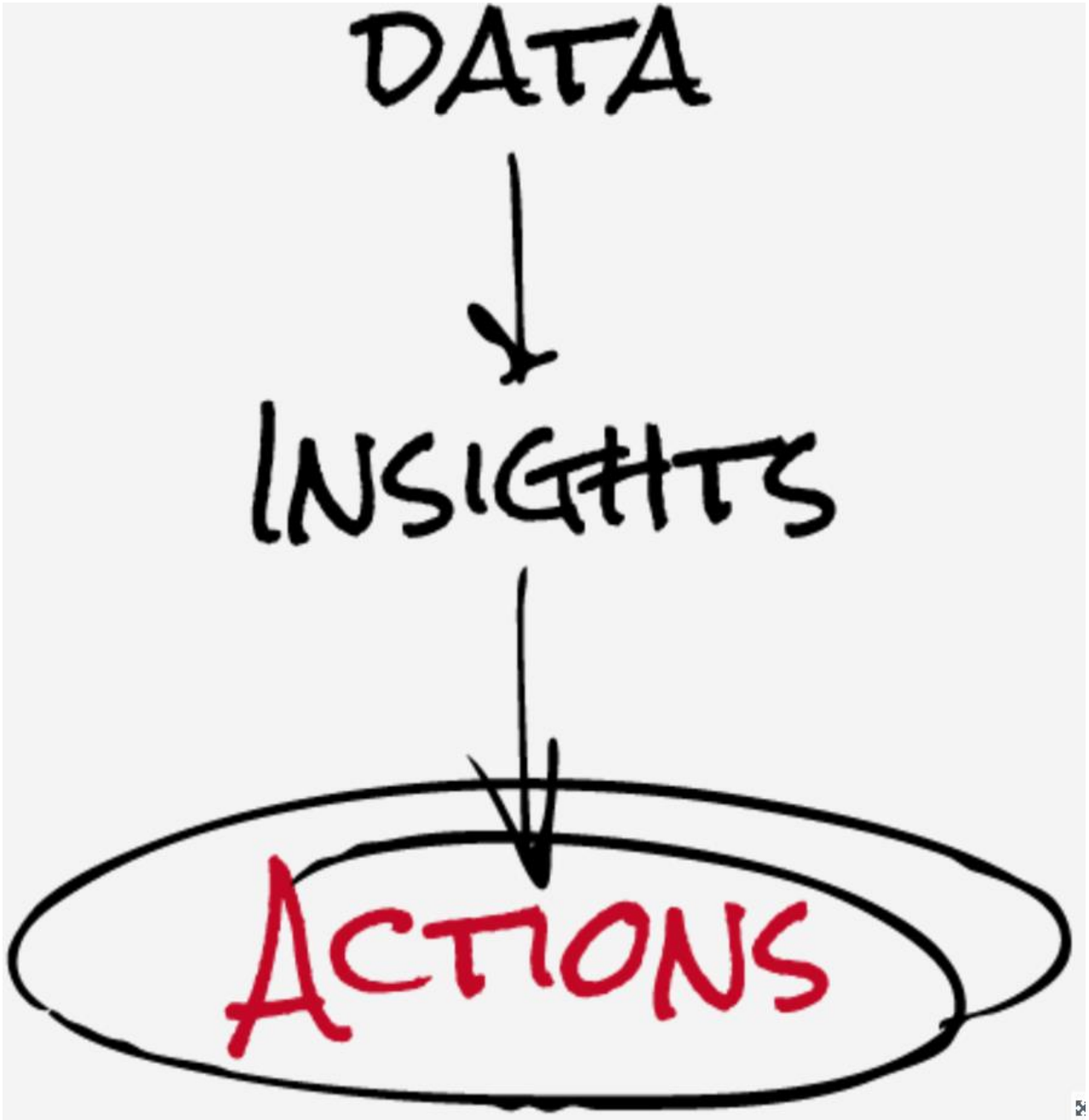
Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017 Data is from SY 16

SY 16-17 Outcomes of Evaluation for Tri-Counties
By Physician/Clinic Referrals – By County



Data Source: Provided by NWRESD from Data Available in ECWeb, October 2017 Data is from SY 16

Part 2: Based on these Learnings, What do We Focus On



Phase 2: Improvement Pilots

- Baseline information and community-level input and priorities would guide areas of focus in each of the three counties.
- In proposal, sites that **pilot the improved processes (as defined in the project)**:
  1. **Primary care practice in each county** serving a large number of publicly insured children that, based on claims data, was conducting developmental screening: **OHSU Scappoose**, **CMH Astoria, Tillamook CHC**
  2. **Early Intervention** – Northwest Regional Education Service District local Service Centers
  3. Priority **Early Learning Provider** identified as a priority pathway in the community for this specific population (0-3 identified at-risk on screening tool)
- Sites will receive **improvement and transformation tools**, monthly **implementation support**, and refinements to the improvement tools will be made based on lessons learned and barriers identified

  OPIP → Primary Care & Referrals from Primary Care

  NWELH → EI and Early Learning
- At the end toolkits will be developed to spread to other stakeholders *(e.g. other primary care practices in the region, early learning providers)*

Phase 2: Improvement Pilot Focus Areas

- Meetings held in Clatsop and Columbia Counties; Tillamook happens on 2/7 to review and confirm priorities
- Need for county-level variation
  - Primary care level of follow-up and knowledge of engagement with early learning providers varied
  - Resource availability different in each of the counties
  - Partners interested and invested in piloting new methods vary
- Areas Similar Across the Counties
  1. **Primary Care**: Enhance follow-up given majority of at-risk children do NOT receive follow-up
     - Decision tree for who, how and when to refer, including "dot connection" to early learning
     - Developmental promotion supports provided to the family that day
     - Parent education and shared decision making supports
     - Track the referrals made for at-risk youth
     - Care coordination and supports
     - Secondary referrals and supports depending on eligibility
  2. **Early Intervention**
     - Inform decision tree on best referrals to EI given EI eligibility standards
     - Children Referred, **Not Evaluated**: Communication and coordination to enhance rate
     - Children Evaluated, **Not Eligible**: Communication, Where applicable secondary referral to mental health
     - Children Evaluated, Eligible: Communication about services provided to inform secondary referral steps

Questions? Want to Provide Input? You Are Key to the Success of This Work

- Door is always open!
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