

## Environmental Survey Response

1. **Name of project:** Enhancing Developmentally Oriented Primary Care (EDOPC)

2. **Key project personnel, roles and contact information**

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3. **Is there information on a website? URL?** [www.edopc.net](http://www.edopc.net)

4. **What is the target population?**

Pediatric primary care providers (pediatricians, family physicians) serving children 0-3 and their practice/clinic staff, statewide

5. **Short description/overview of project**

EDOPC is a partnership of the Advocate Health Care Healthy Steps Program and the Illinois Chapter of the American Academy of Pediatrics (ICAAP) to improve the delivery and financing of preventive health and developmental services for children birth to three. EDOPC develops a range of strategies that primary care settings can implement to effectively provide comprehensive developmentally oriented health care, including live training, accessible training materials, technical assistance, state policy change, and community collaborations. Through EDOPC, primary care providers receive training and technical assistance on screening and referral for developmental and social emotional delay, autism, maternal depression, domestic violence, and exposure to trauma; community services such as Early Intervention (EI) are connected to primary care to improve access and care coordination; and barriers and successful models are identified and used to influence state EI and Medicaid policy.

6. **Describe the elements of practice transformation within your project. Are you using the medical home model? Are you using a standard definition or evaluation tool for medical home model?**

EDOPC, via training and a “best practices” toolkit, makes recommendations to practices and helps them transform in the following areas: general office systems (ie, identifying a champion, holding regular meetings, using data), screening practices (ie, developing and applying a practice-wide policy), staff roles and education, interaction with patients/parents (ie, timely and sensitive communication, attending to parent concerns), referral (ie, use of quality forms, tracking and follow-up), and coding/billing. EDOPC does not explicitly use a medical home model or evaluation tool but teaches primary care offices about medical home concepts and focuses on care coordination.

7. **Describe the elements of community linkages within your project.**

Practices engaged in EDOPC are required to identify at least three community resources for referral of young children with or at risk of developmental delay. One resource is the local EI office (Child and Family Connections) and EDOPC facilitates a personal introduction between practices and CFC staff, assists in structuring efficient communication strategies, and provides tools such as referral forms.

8. **Describe key collaborative relationships**

Key collaborators include:

- the Illinois Department of Healthcare and Family Services and its programs such as Illinois Health Connect, which provide funding, outreach to primary care providers, and supportive policy changes (ie, reimbursement and incentive payments);
- The Illinois Department of Human Services and its Bureau of Early Intervention, which have included improving connections with primary care an internal priority and implemented common processes and staff training to that end;
- Child advocacy groups such as Voices for Illinois Children and The Ounce of Prevention Fund, which support policy goals and help facilitate connections to community agencies;
- Local hospitals, clinics and academic centers which have been engaged in EDOPC’s regional “hub” development strategy to identify local leaders in early childhood development to ensure adoption of EDOPC recommendations in those communities.

**9. Length of time in existence**

EDOPC was established in 2005.

**10. Describe the funding of the project**

EDOPC currently receives funding from four local private foundations, one national foundation, and the Illinois Department of Healthcare and Family Services.

**11. Describe how you intend or are currently evaluating the project. What outcomes are you tracking?**

EDOPC tracks knowledge gain and intent to change in both primary care and EI offices; screening implementation in practices by chart review in a few sites; increases in screening rates statewide by claims data; and increases in referral to EI subsequent to a screening using Medicaid and EI data.

**12. What are the results of the project to date?**

Training increased the percentage of clinicians who intended to implement screening to over 85%. There was significant increase in overall knowledge about child development and availability of referral resources from pre to post education testing. In chart audits at twenty two, 70% of sites showed increase in screening percentage from baseline to reaching EDOPC target screening rates of 85% of visits. The percent of Medicaid well child visits that include a developmental screen has risen from 15.1% in 2002 to 32.0% in 2009, and the percent of Medicaid providers who conduct at least one developmental screen in a year has increased dramatically from 12.7% in 2002 to 45.8% in 2009. It is estimated that the percentage of all Medicaid children from 0-36 months of age that received at least one screening per year has doubled, from 21.4% in 2002 to 42.0% in 2008.

**13. Briefly list key challenges and successes?**

Key challenges include lack of reimbursement for specific screenings and for care coordination, motivation of some providers to change, and lack of community referral resources particularly for maternal depression and families at risk. Key successes have included development of quality training tools and their acceptance by providers, engagement of EI at both the community and state level, and development of incentive payments to encourage screening via Medicaid and Illinois Health Connect.

**14. What support or resources do you need in order to expand or replicate your project?**

Additional staff time and experts are needed for ongoing training, re-training and technical assistance, particularly in central and southern Illinois. Community-based programs such as EI and family support programs are generally under-resourced and need additional time to participate and improve their systems. Lack of specific services, such as mental health, is a barrier.