



# Pediatric Training: Family-Engaged Developmental Monitoring

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Department of Health

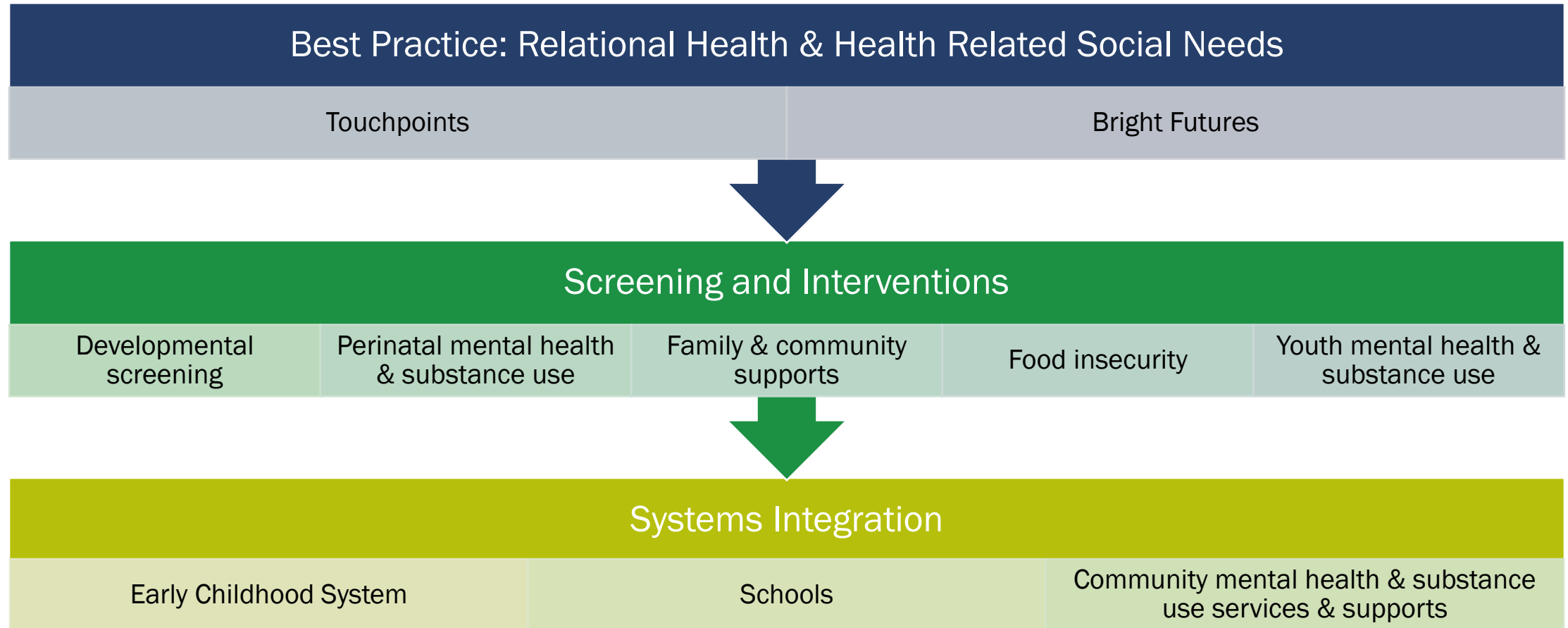
**Breana Holmes**, Pediatrician  
Vermont Child Health Improvement Program/AAP

**Juli Krulewitz**, Evaluator, early childhood team, Vermont  
Child Health Improvement Program

**Becky Senesac**, EHR Services Manager, Primary Care  
Health Partners

November 7, 2024

# Learning opportunities and quality improvement focused on pediatric best practice, office systems design, and connection to Vermont's services and supports



Session	Timeline
Promoting Lifelong Health for Infants, Children, Youth and Families	<i>Archived on the Blueprint site</i>
Touchpoints Training (in full)	January and February 2025
Medical Home and Early Childhood System Partnerships	<i>Archived on the Blueprint site</i>
<b>Developmental screening and referral</b>	<b>Today!</b>
Perinatal substance use	December 5, 2024
Perinatal mental health	January 23, 2025
Mental health-medical home partnerships	February 2025
School-medical home partnerships	March 2025
Youth mental health	March 2025
Youth substance use	April 2025
Team-based care	May 2025
Food insecurity	June 2025
Family and community supports	June 2025
Interpersonal violence	July 2025
Early childhood partnership meetings	Ongoing

# Objectives

- 1) Review and understand Vermont's system of developmental monitoring/surveillance, screening and referral, including your current experience and questions
- 2) Learn the *Development is a Journey Approach* as it relates to early relational health
- 3) Learn the use of tools, coding, and how the ASQ Online screening option can support practice workflows
- 4) Hear community-based stories about ASQ Online use in primary care

# Vermont's System of Developmental Monitoring, Screening, and Referral

Janet Kilburn

Vermont Department of Health

**Objective 1:** Review and understand Vermont's system of developmental monitoring/surveillance, screening and referral, including your current experience and questions

# Why Monitor Development?

Developmental disabilities are common and often not identified before school age<sup>1</sup>

Up to **1 in 4** ( $\leq 5$  years of age) is at moderate to high risk for developmental, behavioral, or social-emotional delays<sup>2</sup>

**1 in 6** (3–17 years of age) has a developmental disability<sup>3</sup>

**1 in 36** (8-year-olds) is estimated to have autism spectrum disorder<sup>1</sup>

1. Maenner, MJ, et al. CDC, MMWR Surveillance Summary 03/2023
2. National Survey of Children's Health, 2011-12
3. Zablotsky, B, et al, Pediatrics 2019



Centers for Disease  
Control and Prevention

[www.cdc.gov/actearly](http://www.cdc.gov/actearly)  
1-800-CDC-INFO

# Developmental Surveillance vs. Screening

## Surveillance

- Ongoing/longitudinal at each well-child visit
- No scores/risk categories
- Can support screening
- Six components
  - Elicit concerns
  - Obtain developmental history
  - Assess strengths, risks
  - Observe the child
  - Document findings
  - Obtain and share results

## Screening

- Recommended at:
  - 9, 18, 30 months for general development
  - 18 and 24 months for autism
  - Also perform if there are concerns at other times or missed visits
- *Validated* screening tools
- Provides scores/risk categories
- Not diagnostic, but helps determine if evaluation needed
- May be used to qualify for some state early intervention programs

# *Pediatrics* January 2020



Detailed information on American Academy of Pediatrics (AAP) recommendations can be found in the Clinical Report

*“Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening”  
(Lipkin and Macias)*

<https://doi.org/10.1542/peds.2019-3449>



# Earlier Intervention is Better

Evidence shows that the earlier a child is identified to have a developmental disability or delay, the sooner interventions and family supports can start

- It is **never** “too late” to start services and supports

Intervention can improve skills, abilities, future school performance, long-term self-care

Other benefits of early identification & intervention

- Families understand their child’s strengths, and areas in which they may need support

# Evolution of Early Identification: Centering Families as Key Partners




- Historically, the focus of early identification has been on detecting the presence of a developmental delay or disability
  - Attends to only a subset of children
  - Misses those vulnerable to adverse outcomes
- Process should be universal for **all** children
  - Needs to include the elicitation of parent opinion and concerns
- Centering the family voice and experience
  - Evolution away from focusing on the identification of disorders
- Switching to a focus on family well-being, inclusive of family priorities and needs such as concrete and social supports, can lead to positive outcomes for **all** young children

# No Wrong Door: Refer to Help Me Grow for CIS services

One referral to Help Me Grow connects families to many services like:

## Reason for Referral

- 
- Perinatal mental health treatment and supports
  - Children's Integrated Services for early intervention, home visiting, mental health services and specialized child care
  - Treatment and supports for substance use disorder during pregnancy
  - Developmental Screening (ASQ3/ASQ:SE-2)
  - Childcare, preschool, Head Start, playgroups, parenting classes and more
  - WIC and resources for basic needs
  - Other

- Help Me Grow (HMG) will refer to CIS-EI for you and provides ongoing follow up and care coordination.
- HMG follows up with the family and the referring provider to close the loop.
- Serve all callers (no eligibility criteria or insurance requirements)

<https://www.helpmegrowvt.org/form/referral-form>



## Breakout Rooms (12 minutes)

Thinking about developmental monitoring, surveillance, screening and referral in your communities:

- 1) **What's working well?**
- 2) **Where are you experience challenges?**
- 3) **What do you have more questions about?**



# Development is a Journey

Breena Holmes, MD

Vermont Child Health Improvement Program

**Objective 2:** Learn the *Development is a Journey Approach* as it relates to early relational health

# Development is a Journey

Conversation Roadmap for **Pediatric Primary Care Providers**

Child name:  
Date of birth:  
Well-child visit:

## Celebrate progress!

Ask about a new skill

## Now, does anyone have any concerns?

Check if anyone or the developmental screening tool has raised a concern

Caregiver/Family  Provider  Developmental Screening Tool

## Do we agree?

Check Yes if ALL or NONE of the previous boxes are checked

Yes  No

## What is the child's behavior telling us?

Let's look at your responses on the screening tool

## Let's Discuss

Deepen your understanding of the caregiver's emotion and perspective



Honor Differences



Find Shared Goals



Listen to Learn



Commit to Partnership

## What are your hopes for your child?

Ask for a wish for the child's progress in the next 2-3 months

## Let's make more progress

Identify next steps

### Areas of Development



Movement



Cognition



Language



Social/Emotional



Brazelton  
Touchpoints  
Center

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# Potential Next Steps

<input type="checkbox"/> <i>Schedule another appointment to discuss</i>
<input type="checkbox"/> <i>Observe the child, then reconvene (at next scheduled visit)</i>
<input type="checkbox"/> <i>Environmental enrichment (specific activities to try at home)</i>
<input type="checkbox"/> <i>Referral for services (e.g., EI) or formal evaluation</i>
<input type="checkbox"/> <i>Get another opinion from another expert</i>
<input type="checkbox"/> <i>Plan conversations with family members, other caregivers</i>
<input type="text" value="Other"/>

# Resources

<i>Family Partner 000 - 000 - 0000 familypartner@partner.com</i>

# A Family-Engaged Developmental Monitoring (FEDM) Self-Assessment for Programs and Providers

**A FAMILY-ENGAGED DEVELOPMENTAL MONITORING SELF-ASSESSMENT FOR EARLY CHILDHOOD PROGRAMS AND PROVIDERS**

Each of the FEDM attributes below have critical questions to consider. Review each question and mark (✓) for those that are currently being achieved within your early childhood program or medical practice.

✓	PRACTICE
<b>Families are regarded as the expert on their child's development</b>	
<input type="checkbox"/>	Do you celebrate milestones with families as they share their child's strengths?
<input type="checkbox"/>	Do you directly and routinely elicit parent priorities, concerns, and questions?
<input type="checkbox"/>	Do you allow information provided by the family to shape your view of the child?
<input type="checkbox"/>	If a family's views of the child's development does not align with your own, do you ask clarifying questions to better understand factors that may contribute to the difference?
<input type="checkbox"/>	Does a family's priority for concerns or support shape your considerations for future support?
<b>Information is compiled to inform a holistic approach to the child's development</b> Depending upon your professional or programmatic scope, do you gather information about the child's:	
<input type="checkbox"/>	Family-level support network, such as family or community members who interact positively with the child, who support the family in times of need?
<input type="checkbox"/>	Community-level support network, such as faith-based organizations?
<input type="checkbox"/>	Involvement in other programs or services, such as: early care and education programs, parent education or support groups, food banks?
<input type="checkbox"/>	Family-level risk factors, such as a child's underlying health conditions, family-level trauma, parental mental health, or substance use?
<input type="checkbox"/>	Community-level risk factors, such as neighborhood violence, discrimination in service access or delivery, poverty?
<input type="checkbox"/>	Positive parenting practices, such as reading together, serve-and-return interactions, creating rich opportunities for play?
<input type="checkbox"/>	Basic needs, such as food insecurity, access to medical care, unemployment, and housing?
<b>Development is discussed over time</b>	
<input type="checkbox"/>	Do you routinely elicit information on progress and concerns?
<input type="checkbox"/>	Do you ask families how they have seen their child progress over time?
<input type="checkbox"/>	Do you ask families how long a concern has been present or if it has changed over time?
<input type="checkbox"/>	Do you ask families how they see a given risk factor or asset has shaped the child's growth?
<input type="checkbox"/>	Do you directly and routinely revisit the progress, social and environmental conditions, and concerns at a future visit?
<input type="checkbox"/>	Do you, with family consent, elicit and share information with other providers for a more holistic approach to serving the family?
<input type="checkbox"/>	Do you follow-up with families regarding their priorities, concerns, and questions?

Notes:

FEDM is an intentional partnership of families and providers combining their knowledge to support a child's development and positive outcomes:

- Centers families as key partners
- Advances equity by shifting the power dynamic back into the hands of families



Families are the experts



Holistic picture of child's development



Development is discussed longitudinally



# Families are Regarded as the Expert on their Child's Development

- Do you celebrate milestones with families as they share their child's strengths?
- Do you directly and routinely elicit parent priorities, concerns, and questions?
- Do you allow information provided by the family to shape your view of the child?
- If a family's views of the child's development does not align with your own, do you ask clarifying questions to better understand factors that may contribute to the difference?
- Does a family's priority for concerns or support shape your considerations for future support?

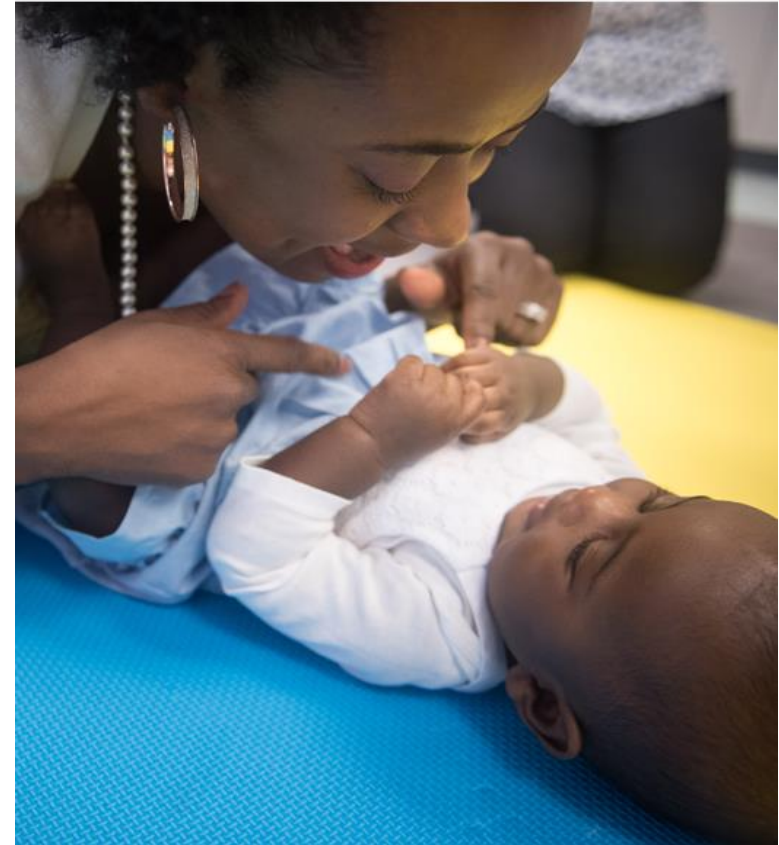
# Information Informs a Holistic Approach to the Child's Development

**Depending upon your professional or programmatic scope, do you gather information about the child's:**

- Family-level support network, such as family or community members who interact positively with the child, who support the family in times of need?
- Community-level support network, such as faith-based organizations?
- Involvement in other programs or services, such as: early care and education programs, parent education or support groups, food banks?
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- Community -level risk factors, such as neighborhood violence, discrimination in service access or delivery, poverty?
- Positive parenting practices, such as reading together, serve-and-return interactions, creating rich opportunities for play?
- Basic needs, such as food insecurity, access to medical care, unemployment, and housing?

# Development is Discussed over Time

- Do you routinely elicit information on progress and concerns?
- Do you ask families how they have seen their child progress over time?
- Do you ask families how long a concern has been present of if it has changed over time?



# Developmental Screening Supports for Practices

Juli Krulewitz

Vermont Child Health Improvement Program

**Objective 3:** Learn the use of tools, coding, and how the ASQ Online screening option can support practice workflows

# Developmental Screening

- Expected to screen at 9, 18, and 30 months using an age-appropriate validated screening tool
- In addition, screening conducted when concern raised by caregiver or suspected through surveillance by primary care or other provider
- Providers reimbursed for screening/reviewing screening results; coded to 96110

## **Ages & Stages Questionnaire® (ASQ)–3**

- 2-months to 5-years
- Domains: communication, gross motor, fine motor, problem-solving, and personal adaptive skills

## **Survey of Well-being of Young Children™ (SWYC)** contains developmental milestones

- 1-month to 5-years and 5-months
- Domains: cognitive, language, and motor skills

## **Parent's Evaluation of Developmental Status® (PEDS) -R**

- 0-months to 8-years
- Screens for parents' concerns about development, behavior, and mental health



Early Childhood  
Developmental  
Health Systems

EVIDENCE TO  
IMPACT CENTER

## Early Childhood Social-Emotional Development Billing and Coding

Routine well-child visits are critical to early child healthy development. In these visits, pediatric providers should spend time assessing family strengths and supports that impact the child's social-emotional development. When screening for social-emotional concerns, it is important providers use billing and diagnosis codes to ensure proper documentation of concerns and alignment of next steps.

This resource provides guidance on how to conduct social-emotional development screening in an early childhood well-child visit. It provides information on when and how to screen for perinatal depression, development, autism, and social-emotional and social driver concerns. The document also details the billing and diagnosis codes recommended for use by pediatric providers, followed by case vignettes to provide examples of social-emotional development coding in practice. This document is designed for all pediatric providers, including pediatricians, integrated mental health professionals, and other specialists who work with children ages 0-5.

### Well-Child Visit

Well-child visits are classified as preventative medical services and should be coded through one of the following codes, based on age and whether it is a first-time visit:

- 99381–99383 new patient
- 99391–99393 established patient

Refer to the [Coding for Pediatric Preventive Care Resource](#) for a comprehensive list of codes.

### Screening

#### Early Childhood Well-Child Care Screening

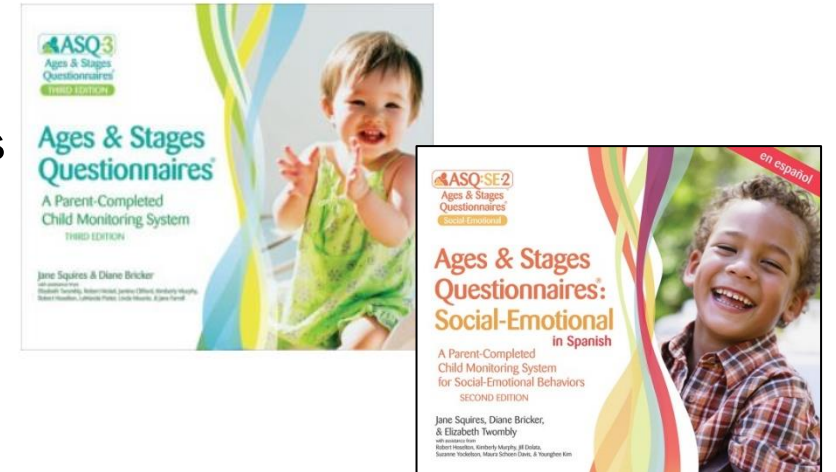
Well-child care clinical guidance recommends perinatal depression screening of the caregiver, developmental screening, autism screening, social drivers of health (SDOH), and social-emotional development screening at specific well-visits. Screen using data collection forms and validated screening tools (electronic or paper and pencil) to systematically assess the functioning of the patient and family and to identify both their strengths and concerns. The provider can expedite this by using pre-visit data collection and review. Elicit SDOH using validated questions around well-being: household, family-social (includes community/environmental, structural racism), parent personal, and parent-child relationship.

# AAP/ Early Childhood Social-Emotional Development Billing & Coding

[https://downloads.aap.org/AAP/PDF/Early%20Childhood%20Social-Emotional%20Development%20Billing%20and%20Coding\\_final.pdf](https://downloads.aap.org/AAP/PDF/Early%20Childhood%20Social-Emotional%20Development%20Billing%20and%20Coding_final.pdf)

# Help Me Grow Vermont's Online ASQ

- 1) Includes ASQ-3 and ASQ-SE2
- 2) Organization get a **site-specific link** and portal that their families use to complete the online ASQ
- 3) Users from the organization see all screens completed by families that use their site-specific link
- 4) Users can download an individual's full ASQ screen or a screen summary to upload into the EHR
- 5) ASQ screening results are imported daily (M-F) into Vermont's Universal Developmental Screening Registry
- 6) Use of HMGVT online ASQ is **free**
- 7) Providers can request ASQ online access at [info@helpmegrowvt.com](mailto:info@helpmegrowvt.com).



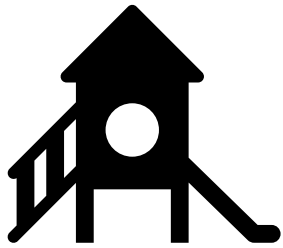
# Family Experience with the Online ASQ

1. Families can fill out ASQ questionnaires online, anywhere and from any device
2. Screening provides age-appropriate activities for families and children to engage in
3. Completion and accuracy increased





# Who's Using Help Me Grow Vermont's Online ASQ



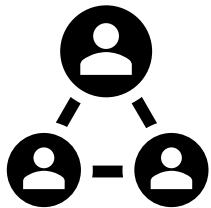
Early education programs



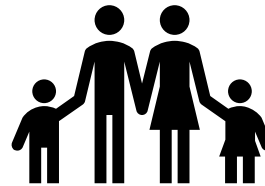
Medical practices



Home visiting programs



CIS programs



Parent Child Centers



Parents

# A Practice's Experience with the Online ASQ

Becky Senesac  
Primary Care Health Partners

**Objective 4:** Hear community-based stories about ASQ  
Online use in primary care

# Primary Care Health Partners use of the online ASQ

ASQ through Help Me Grow Vermont implemented by :

- Timber Lane Pediatric (3 locations)
- Brattleboro Primary Care Pediatrics
- Monarch Maples Pediatrics (2 locations)
- Cold Hollow Family Practice

## Workflows

- Send out the ASQ portal link (both the URL link AND QR code)
  - via patient portal
  - on-line remote patient check-in (text msg)
- Have the QR code available in the exam rooms and at the front desk when patients check in
- Front desk monitors required documents and if patient has not completed the ASQ will direct them to the QR code to complete the ASQ before being roomed

# Primary Care Health Partners & ASQ Online Experiences

Influence on screening #s when the Help Me Grow VT portal is used– not as easy to identified as I'd hoped!!! 😞

Data from 1/1/22-9/30/24

Practice	Unique Patients	Screens	Percent Screened
Timber Lane Pediatrics	1530	4821	>3 per child
Brattleboro Primary Care	574	276	48%
Monarch Maples Pediatrics	1334	403	30%

## Feedback

- Providers like having the PDF in the patient note
- Parents like that there is not another password and username they need to remember
- Staff like it because they are not having to create yet another document with the score

# Vermont's Innovations and Additional Resources

Reach out to Janet Kilburn for more information

[Janet.Kilburn@vermont.gov](mailto:Janet.Kilburn@vermont.gov)

# Aligning Screening Across Communities: Universal Developmental Screening Registry (UDSR)

1. Completed data bridge between the ASQ Online system and Vermont's UDSR
  - Over 25,000 ASQ-3 and ASQ:SE-2 screening results have been imported
  - Data import in real time (daily M-F)
2. Now practices can use screening results in the UDSR for well child visits:
  - View screens conducted by community partners and **bill Medicaid or private insurance**
  - View a child's screening history across settings and over time
  - Reduce screening duplication
  - Use reporting features for CQI



# CDC's Milestone Materials

## Health Communication Tools for Developmental Surveillance



### Your child at 15 months

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by 15 months. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

**What most children do by this age:**

**Social/Emotional Milestones**

- Copies other children while playing, like taking toys out of a container when another child does
- Shows you an object she likes
- Claps when excited
- Hugs stuffed doll or other toy
- Shows you affection (hugs, cuddles, or kisses you)

**Language/Communication Milestones**

- Tries to say one or two words besides "mama" or "dada," like "ba" for ball or "da" for dog
- Looks at a familiar object when you name it
- Follows directions given with both a gesture and words. For example, he gives you a toy when you hold out your hand and say, "Give me the toy."
- Points to ask for something or to get help

**Cognitive Milestones (learning, thinking, problem-solving)**

- Tries to use things the right way, like a phone, cup, or book
- Stacks at least two small objects, like blocks

**Movement/Physical Development Milestones**

- Takes a few steps on his own
- Uses fingers to feed herself some food

**Other important things to share with the doctor...**

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

**You know your child best.** Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call your state or territory's early intervention program to find out if your child can get services to help. Learn more and find the number at [cdc.gov/FindEI](http://cdc.gov/FindEI).

For more on how to help your child, visit [cdc.gov/Concerned](http://cdc.gov/Concerned).

Don't wait. Acting early can make a real difference!

### Milestone Moments

**Milestones Matter!**

Look inside for milestones to watch for in your child and tips for how you can help your child learn and grow from birth to age 5.

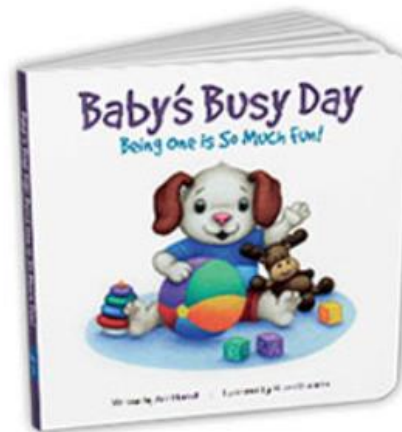
[www.cdc.gov/ActEarly/Materials](http://www.cdc.gov/ActEarly/Materials)

# Engage Families with Free Customized Materials

Help families understand early child development and celebrate milestones! Contact your local Family and Child Health coordinator  
OR  
email us at [info@helpmegrowvt.org](mailto:info@helpmegrowvt.org) to request materials for families.



Centers for Disease  
Control and Prevention  
[www.cdc.gov/actearly](http://www.cdc.gov/actearly)  
1-800-CDC-INFO





# Questions?



# Evaluation: Please take 2 to 3 to complete before we wrap-up!

## Reminder of today's objectives:

- 1) Review and understand Vermont's system of developmental monitoring/surveillance, screening and referral, including your current experience and questions
- 2) Learn the *Development is a Journey Approach* as it relates to early relational health
- 3) Learn the use of tools, coding, and how the ASQ Online screening option can support practice workflows
- 4) Hear community-based stories about ASQ Online use in primary care

## Next sessions:

Thursday, December 5, 2024: **Perinatal Substance Use**

Thursday, January 23, 2025: **Perinatal Mental Health**

## Evaluation Link:

<http://survey.alchemer.com/s3/8011730/blueprint-learning-session-survey>





**Thank you!**

**Let's stay in touch.**

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**Web:** [healthvermont.gov](http://healthvermont.gov)

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