Questions and Answers from the Promoting Optimal Health Webinar

May 5, 2016

1. Can you talk further about how to address barriers to adoption and implementation, such as reimbursement and resistance? E.g. In CA pediatrician practices are impacted and docs are refusing to have their staff do basic developmental screening even through it is reimbursed. - *Shar Busch*

There may be many barriers to the adoption and implementation of developmental screening into pediatric practice. Commonly identified barriers include: process within the practice; lack of time in the well child visit; lack of knowledge of community resources and poor payment for screening and follow-up. From an office approach, consideration of office workflow for the incorporation of a developmental screening is critical. Several quality improvement efforts have demonstrated increased use of a developmental screening tool when workflow is considered. Additionally, with any screening program, it is important for pediatric practices to be familiar with local resources for referral if potential problems are found and tracking and follow up of these referrals is critical. Team-based care within a setting addresses many of these issues.

There are state variations in payment for developmental screening. Some insurance plans bundle payment for developmental screening with preventive services visits, while others do not and will pay separately for developmental screening. There is also state variation in number of screens that can be paid for by EPSDT or Medicaid. It is good practice management to identify which of your payers will pay separately for developmental screening so as to bill appropriately for them. For those that do not, continue to bill for developmental screening so as to develop a case for advocacy for payment and strengthen the case in your negotiations with the payer.

2. Where can the report be found?

The full report "Promoting Optimal Child Development" can be found here: http://www.nichq.org/how-we-improve/resources/promoting_optimal_child_health

3. Where can we see video of Atul Gawande?

The recording for the dissemination webinar "Promoting Optimal Child Development' and Atul Gawande's video portion of the recording can be find at this link**:** http://nichq.org/news-and-events/events-archive

4. Did you look at the Strengthening Protective Factors framework as a way to get pediatricians to talk to parents? Do you have any interventions that use this with pediatricians? - *Abby Alter*

In the environmental scan, the Dulce project has the Strengthening Families intervention model as a key component of the program. The Strengthen Families program, specifically, was not reviewed. Bright Futures, the American Academy of Pediatrics (AAP) guidelines for health supervision, specifically incorporates a strength-based approach in the delivery of care. These guidelines are currently under revision, but it is anticipated that the concept of a strength-based approach will be enhanced and elaborated further.

5. What about the impact of maternal depression on the child/parent relationship? Will it be intentionally addressed?

Maternal depression is certainly one of the defining factors in the development of a child's socioemotional health and wellbeing, and is measured in many existing socioemotional primary care-focused interventions. As we seek to determine the best tools and processes for measuring and supporting early childhood socioemotional development, assessment of the caregiver's mental health status should be included.

6. Can you share a link to the meta-analysis mentioned by the AAP?

Shah R, Kennedy S, Clark MD, Bauer SC, Schwartz A. Primary care–based interventions to promote positive parenting behaviors: a meta-analysis. *Pediatrics.* 2016;137(5):e20153393. http://pediatrics.aappublications.org/content/137/5/e20153393

7. How do individual programs measure their work to support resource needs?

Individual programs rated their barriers to spread and adoption, which are referenced in the report, but generally we did not identify any built-in specific program evaluation metrics relating to resource and feasibility. Also, recommendation four does touch on this need for further investigation to determine impact/scalability.

8. How can we mine the field to really identify and work with multiple exemplary efforts and practitioner champions to build momentum and a critical mass for policy change and investment? We also have identified exemplary practices in the field that include Help Me Grow, Centering Parenting, Project DULCE, SEEK, MyChild, Medical Legal Partnerships, and indigenous efforts like Cincinnati Children's Hospital, and San Diego AAP, among others, that are not only doing innovations based upon these principles but demonstrating very promising results. We would be interested in collaborating with you in these areas. - *Charles Bruner*

9. Assuming in the future that a brief, valid, reliable and appealing tool were available for pediatricians to use, what is the state of the pediatric field in terms of valuing the importance of social emotional wellness, and the intersection with physical wellness and family well-being?

Children deserve optimal health and the highest quality health care. This includes addressing physical, mental, and social health and well-being. The AAP believes that supporting the social-emotional wellbeing of the child and family is critical to fostering lifelong health, and that pediatricians are uniquely situated to monitor and support social-emotional development. Early Brain and Child Development, which incorporates the promotion of social-emotional wellbeing, was a strategic priority of the AAP beginning in 2010 and is now integrated into the Academy's ongoing work. The Academy continues to employ a variety of approaches to promote social emotional health, including developing policy statements (e.g., toxic stress, screening for postpartum depression, literacy promotion) and engaging in advocacy; incorporating screening and surveillance for social-emotional health into the Bright Futures guidelines, which sets standards for pediatric preventive care; enrolling pediatricians in quality improvement initiatives related to social-emotional development; and developing practice resources through initiatives such as the Resilience Project, which works to support pediatricians in caring for children exposed to violence.

10. What is the best way for home visiting programs to work with those in the pediatric primary care setting?

Home visiting programs should talk with community pediatric health providers about the curriculum they are using and its messaging around health and safety issues, as well as cultural considerations of the curriculum for the community being served. There are some publications that also address this question. Most recently, New Developments in Maternal, Infant and Early Childhood Home Visiting, a supplement to Pediatrics, was published in November 2013 and includes a series of articles related to home visiting. The article, Merging Systems: Integrating Home Visitation and the Family-Centered Medical Home, specifically discusses the integration of home visiting with the medical home. In addition the AAP policy statement, The Role of Preschool Home-Visiting Programs in Improving Children's Developmental and Health Outcomes, encourages pediatricians to be aware of and participate in home-visiting services as a complementary service that enhances children's health and developmental trajectories through essential education and supportive services to at-risk children and families.

What about day care providers and early childhood learning centers which are lacking in number and also in quality of providers?

It is recommended that child care providers and pediatric primary care providers collaborate on sharing developmental, behavioral, or sensory screening concerns. Additionally, child care providers are encouraged to ask pediatric primary care providers to help with parent education on health and safety issues.

The AAP advocates for federal and state legislation and policy guidance that supports high quality early education including policies from the Department of Education and the Department of Health and Human Services. Caring for Our Children, 3rd Edition (CFOC, 3rd Edition), is a comprehensive set of 686 national standards that represent the best evidence, expertise, and experience in the country on quality health and safety practices and policies that should be followed in today's early care and education settings. These standards were developed with support from the Maternal and Child Health Bureau at the U.S. Health Resources and Services Administration and in collaboration with the AAP, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education.

The AAP also supports quality indicators, including but not limited to: the importance of teacher/care giver to child ratios, ongoing professional development, and infusion of states' Quality Improvement Rating Systems with vetted health and safety measures.

What is the AAP's recommendation on improvements in quantity and quality of day cares and child care facilities access USA (public and private groups)?

The AAP policy statement, Quality Early Education and Child Care From Birth to Kindergarten, provides recommendations for pediatricians to improve the health and safety (and quality) of early care and education settings at the practice, community, national and state levels. This statement also provides available references for high-quality early education and child care indicators. In addition, the AAP book titled The Pediatrician's Role in Promoting Health and Safety in Child Care offers a detailed blueprint for pediatricians to take steps to improve the quality of care available to patients and includes specific strategies, activities, and resources that can be used in everyday practice.

In addition, an important issue to consider is that higher quality programs require education of the staff. Often, when early education and child care providers get degrees, they often leave to go to public schools which pay more. Child care is very expensive for families who aren't subsidized and funding for ALL high-quality child care should be supported by state or federal funds so that good quality teachers and other staff are able to stay and make a living and that quality child care isn't only available for the wealthiest families.

11. What measure of the parent-child bond has been validated prospectively for long-term outcomes, and for which outcomes? There was discussion about how existing programs are NOT using such measures--but please supply examples of the measures you have in mind, and the meaningful long-term outcomes for which they have been validated.

Standardized measures of parent-child bond currently exist or are currently undergoing validation testing, some of which have been highlighted in the report. Further investigation is needed to understand how interventions are currently addressing and measuring the caregiver-child bond and the stepladder of its socioemotional function, and how those processes can be improved and/or standardized. Our report recommends identifying common elements within existing measurements of caregiver-child bond, as well as developing, testing, and implementing a standardized measurement tool for assessing both improvement in socioemotional development outcomes within the context of the caregiver-child bond, and the caregiver-child bond itself.

12. Was there discussion about enhancing pediatric providers/trainees/residents own SEL knowledge/skills? Was there any discussion about including obstetricians?

These discussions did occur during the expert meeting. For this work to move forward in a meaningful way it will be important to examine the feasibility of implementation in a broad number of settings in order to help optimize outcomes for the caregiver-child bond.