Early Childhood Developmental Health Systems | EVIDENCE TO IMPACT CENTER

Screening and Referral Checklist and Strategies Part 1: *Processes for Pediatric Practices*

To align with best practices outlined in the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and Bright Futures guidelines, pediatric practices should standardize internal processes for successful screening and follow-up. The strategies within this document were identified by Transforming Pediatrics for Early Childhood (TPEC) Resource Hubs, state- and community-level teams working to increase early childhood developmental services in pediatric settings.

State-level teams can use the following checklist to identify gaps and provide support to pediatric practices. Teams should uplift the lessons and barriers pediatric practices experience to advance systems-level improvements with state-level partners, such as policy and payment reform, stronger cross-agency collaboration, and workforce development opportunities.

Checklist of Opportunities to Strengthen Screening and Referral Process

Opportunity	Description	Strategies to Support Pediatric Practices
☐ Are practices screening according to well-child care clinical guidelines?	Most states pay practices for service delivery based on the Bright Futures guidelines for implementation of their EPSDT Medicaid benefit. Guidelines include routine screening for developmental milestones, social-emotional development, autism, perinatal depression, and social concerns.	Focus on the process for one or two screens at a time with the goal of implementing all screens in the future. The Getting Started Guide: Implementing a Screening Process is a worksheet to help pediatric practice teams plan and strengthen their screening workflows.

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☐ Are providers discussing screening and results with family and eliciting family strengths?	It is unethical to screen families without having a conversation with them about the purpose of screening and screening results, regardless of the result.	Provide training and technical assistance to practice teams to build their skills when working with families using a strength-based approach. • The Common Factors Approach can help providers partner with families. • Reflective Practice and Facilitating Attuned Interactions (FAN) create dedicated spaces for team members to reflect on their interactions with families and can strengthen their ability to connect with them.
☐ Is screening happening reliably across practices?	If screening rates are less than 80%, prioritize strengthening associated workflows. The screening rate can be pulled in multiple ways: • **Utilizing billing data:** Number of children with 96110 (developmental and autism screening), 96127 (social-emotional development screening), 96161 (perinatal depression screening), and 96160 (health-related social needs). **Utilizing electronic health record data:** Numerator is the number of well-child visits in the age group that had an associated screen; denominator is the total number of well-child visits in the age group.	Host a community of practice among practices to support a continuous quality improvement approach focused on screening. Monitor changes using practice-level data and share it back to practices to spark motivation and peer learning. Some potential areas to test are: • Increase provider confidence when discussing results with families and mapping out next steps. A referral procedure guide, like this example developed for practices employing the Ages and Stages Questionnaire (ASQ), can be helpful. • Strengthen team capacity to complete elements of the screening and care coordination process. • Update workflows to encourage families to fill out screens prior to their visit, with providers reviewing the screens afterwards with them.

Opportunity	Description	Strategies to Support Pediatric Practices
☐ Are practices documenting screening?	Practices may be screening reliably, but not documenting it. Practice teams should make sure associated billing codes are used when screening occurs to be paid for the service and to document/track patient outcomes.	If practices are not coding or billing screens, work with them individually to identify barriers. Some potential areas to test are: • Reduce uncertainty by training staff on appropriate diagnosis codes to use. This billing guide provides common social-emotional CPT codes. • Create visual reminders. Print screeners on colorful paper so they are easily recognizable by staff and serve as visual reminders for staff to input results into data systems.

☐ Are practices partnering with families when making referrals?	Providers should ask the family how they would like to work together to address any concerns brought up during the visit.	Provide training and technical assistance to practice teams to build their skills when working with families. Some potential areas to test are:
		• Ensuring referrals meet family needs (e.g., fit their demographics, schedule, transportation, finances).
		• Ensuring families and team members are aligned on next steps.
		  ○ Teach-Back and Ask Me Three are tools to check that a family understands the decided-upon plan.
		  ○ The Family Friendly Referral Guide can be filled out with families to guide them as they navigate referrals.
		If not already developed, work with practices to develop protocols if a family declines care.

Opportunity	Description	Strategies to Support Pediatric Practices
☐ Are practices tracking referral outcomes?	Practices should have standardized workflows for tracking referrals and follow-up with families.	Host a community of practice among practices to support a continuous quality improvement approach focused on referrals. Monitor changes using feedback from families and share them back to practices for peer learning. • A referral tracking sheet can be a helpful tool for practices. • Support for establishing bi-directional communication with referral partners can be found in the Screening and Referral Checklist and Strategies Part 2: Strengthening Relationships with Referral Partners.
☐ Are practices using patient panels to identify children at risk?	A patient panel is a tool that marks children who have been identified to have a risk, such as a developmental delay. Patient panels can support practices in pre-visit planning and patient follow-up.	Work with practices individually to identify their risk criteria and establish methods for flagging children in referral tracking sheets, electronic health records, billing systems, separate tabs, Z Codes, or ICD-10 codes. The flags can alert staff to schedule extra time in appointments, check on referrals, ensure families attend visits, and confirm the right team members are present to support them.

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