Developmental Review, Continuing Education and Early and Periodic Screening, Diagnosis and Treatment

THE HEALTH CARE FINANCING ADMINISTRATION

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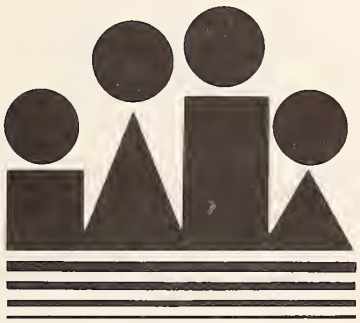
Developmental Review, Continuing Education and Early and Periodic Screening, Diagnosis and Treatment



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1979

TABLE OF CONTENTS

RESOLUTION*

Whereas the provision of developmental assessments and continuing care by health care providers under the Early and Periodic Screening, Diagnosis and Treatment expresses a national initiative, and

Whereas significant advances relating to the management of handicapping conditions, and the importance of early detection and early intervention, have occurred within the last decade, after many of the primary health care professionals now in practice completed their training, and

Whereas the literature which describes these advances is extensive but has neither appeared with frequency in the journals which reach the broadest segment of primary care professionals nor been systematically gathered and reviewed, and

Whereas more than 12 million children are eligible for services under the Early and Periodic Screening, Diagnosis and Treatment Program.

Therefore, be it resolved that all primary health care professionals should have access to, and should be encouraged to take part in, continuing education which can be expected to facilitate their providing appropriate developmental assessments, intervention, case management, and the coordination of services with educational/intervention programs which serve young children in the Early and Periodic Screening, Diagnosis and Treatment Program.

*Developed at the 1979 Conference on Continuing Education Issues in the Developmental Review Component of the EPSDT Program, which was organized by the American Association of Psychiatric Services for Children under HEW Contract HCFA 500-77-0032.

INTRODUCTION

In 1967, Title XIX of the Social Security Act was amended to require states operating Medicaid Programs to provide health care services for all Medicaid eligible children under age 21. States were required to provide screening for physical and mental defects, diagnostic services for those children identified in the screening process, treatment as defined in the state's Medicaid plan, and outreach to eligible families to assist them in obtaining the services provided by the program. States also were given the responsibility to ensure that there are a sufficient number of participating providers to provide services for all eligible children. This amendment which signaled the beginning of the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program stands as an important milestone in our society's commitment to the health and well-being of all children.

The screening for "mental defect" component of the program, however, has been controversial. Because of difficulties in implementing the developmental screening component of EPSDT, the Health Care Financing Administration (HCFA) sought assistance from the American Association of Psychiatric Services for Children (AAPSC) in developing strategies to improve the delivery of these services. Since 1977, working conferences have been carried out in order to address the developmental review process, the use of instrumentation in developmental assessment, minority issues, the involvement of parents, and various aspects of training with respect to EPSDT. In addition, a field study of a set of developmental assessment procedures for use with infants and pre-school children was carried out.

This is the report of a Conference which was organized to develop strategies and to carry out the recommendations of previous working conferences on the need for continuing education of primary care professionals in the area of child development and developmental issues, to better implement developmental review in EPSDT. In the selection of conference participants, representatives from the primary health care professions and related disciplines of education, physical therapy, psychiatry, psychology, and speech pathology were included to provide an interdisciplinary perspective. Because a number of provider organizations and state EPSDT systems have been concerned with similar and related issues, representation from them specifically was sought for this working conference.

The goal of this conference was to recommend a coherent strategy for continuing education for EPSDT providers that could be implemented readily through existing and/or additional education resources. Although the Conference was designed to address the continuing education of providers of developmental review services under the EPSDT Program, the recommendations have relevance to the continuing education of providers of primary care services for children from all socio-economic groups.

BACKGROUND ISSUES

The initial AAPSC EPSDT Conference in 1977 recommended a major revision in the original concept underlying the mandate to screen for "mental defect". Conference participants took a strong philosophic stand on developmental issues by proposing a "developmental review" process, a competency based model, in contrast to screening for defects, a deficit based model. The report of the 1977 Conference urged that the EPSDT Program through its developmental review services develop a system for the support of the development of children.[1]

Consistent with this goal, many health care professionals assume such tasks as anticipatory guidance and health education. The recently released American Medical Association monograph, "The Physician and the Mental Health of the Child"[2] identifies a range of possible physician involvement in the area of developmental assessment. At one end of the spectrum is a "minimal or basic approach", which consists of the medical history, regularly scheduled examinations of the well child, and brief developmental screening tests administered by the physician or another member of the office staff. The objective of this approach is to detect and make prompt referral of identified or suspected problems. At the other end of the range is an "extended approach" in which the professional is actively engaged in both assessment and intervention.

AAPSC contract activities have led to the development of a set of developmental assessment procedures which are more nearly the "intermediate approach". This includes, in addition to the history and physical examination of the child, a determination of the developmental milestones which the child has reached, a structured interview to elicit parent questions and concerns, and the provision of anticipatory guidance for the child who is functioning within the expected range. It is expected that identified or suspected developmental problems will be referred for additional services in the majority of instances.

Developmental review has the function of assessing and supporting the ways in which development is occurring, and it is predicated upon parent involvement as well as assessments of the child by nurses or physicians. The parent is considered to be both a source of information about the child's functioning in his or her usual environment and a resource for the support of the child's development. In infants and preschool children, for whom the health care system and family systems are the principal resources for monitoring development, the parent-child dyad is inseparable. It follows that parent involvement must be the cornerstone of the developmental review process. This process should begin prenatally with health education by primary health care providers and extended throughout childhood.

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1. Huntington, Dorothy — *Developmental Review in the EPSDT Program* — U.S. Department of Health, Education and Welfare. Health Care Financing Administration. The Medicaid Bureau. HCFA 77-24537, 1977.

2. Grossman, Herbert J., Simmons, James E., Dyer, Allen, R., and Work, Henry H., (Eds). *The Physician and the Mental Health of the Child.* The American Medical Association. P.O. Box 821, Monroe, Wisconsin 53566. 1979.

Recognition of the importance of the training of health care providers in developmental issues is reflected in the emergence within the past decade of the specialty of developmental pediatrics and that of the pediatric nurse practitioner. During this same period, major advances in the management of handicapping conditions have occurred. Changing social policy toward handicapping conditions has led, for example, to a requirement under PL 94-142 that all school-aged handicapped children are to be provided a free, appropriate public education in the least restrictive environment commensurate with their educational needs. However, the training of many primary care providers now in practice preceded these developments. Also, many were trained principally in emergency and episodic care.[3] Training issues therefore are a significant concern in efforts to facilitate the delivery of developmental review under the EPSDT system.

The EPSDT Program offers the opportunity for a healthy start for the children who are eligible for its services. Enhancing the development of our nation's children and preventing developmental problems, as well as early identification and intervention in handicapping conditions, should be major goals of the EPSDT Program. Training of EPSDT providers must make it possible for these goals to be achieved.

3. Kempe, C. Henry, *The Future of Pediatric Education: A Report by the Task Force on Pediatric Education,* American Academy of Pediatrics, Evanston, Illinois 60204. 1978.

DEVELOPING A CONTINUING EDUCATION STRATEGY FOR HEALTH CARE PROVIDERS

TRAINING CONSIDERATIONS

There was agreement among conference participants that *the developmental review component of EPSDT for infants and preschool children should be accomplished through already existing health care systems.* The need for periodic health assessments in infancy and in the preschool years leads to the conclusion that the health care system provider is the appropriate formal resource for monitoring development in this age group. Present health systems include as primary care providers, family practitioners, nurses, pediatricians, pediatric nurse practitioners, and physicians' assistants. Continuing education efforts should be focused on these professionals.

The responsibility for developmental review extends beyond the health care system, however. *EPSDT providers should be able to develop working relationships with educational and other human resource programs for the benefit of their patients, and, in turn, the converse should be possible.* Training related to facilitating these linkages should be an objective, as a part of continuing education training of primary health care providers.

Because of the complexity of development, *continuing education must be interdisciplinary in its conception and implementation.* To understand the needs of any child requires a breadth of developmental knowledge and an understanding of the potential contribution of the various health and health related professions to enhancing the child's developmental potential. Continuing education must extend beyond the developmental review process to an appreciation of approaches to intervention.

A particular emphasis in the training of EPSDT providers should be the recognition of the role of parents as the primary care givers. Parent involvement is crucial to the developmental review process as well as to any subsequent intervention, when this is required. Training should develop professional skills which would facilitate increasing parents' knowledge of normal development, health, and intervention alternatives. Sensitivity to cultural differences and

tolerance for both cultural and biological diversity should be important training goals for professionals, to facilitate their work with parents.

Although continuing education for EPSDT providers involved with developmental review is necessary and valuable, *the barriers to accomplishing this training must be considered in the developing of recommendations and strategies.* Providers' interest in receiving training, incentives for training, and the cost of training represent serious considerations for program development.

SITES FOR CONTINUING EDUCATION

Training could be accomplished through professional organization contracts with existing universities, federally-funded projects such as University Affiliated Facilities for the Developmentally Disabled, Handicapped Children's Early Education Programs, Regional Access Projects, and health professional schools. The American Academy of Pediatrics, the American Academy of Family Practitioners, the Society for Ambulatory Pediatrics, the American Nurses Association, and the American Medical Association should be encouraged to develop these programs as part of their continuing education activities. Continuing education credits should be offered for participation in the training.

TRAINING FORMATS

Continuing education for health care providers of developmental review in EPSDT initially should focus on physicians and nurses in separate, but similarly designed programs. Although it would be desirable to provide training over a period of weeks, the majority of the professionals whom this program is designed to reach could not be expected to commit large blocks of time to training because of existing professional responsibilities.

It would be useful to offer alternative methods of dissemination for the basic content. Brief (2-2½ days duration) seminars could be organized and presented to professionals in different parts of the country. Training modules could be developed for use in ongoing in-service training activities at state or local levels. Didactic materials, handouts, pamphlets, audio-visual training materials could be developed and distributed to program developers at cost. Printed materials should be provided in a three ring loose-leaf notebook form for updating purposes.

The funding, through a contract or grant, of a resource facility at the national level would greatly enhance the training possibilities for programs in the present and for continuing dissemination of new information in the future. A mechanism should be developed to permit access of past trainees to the resources of the center and to information regularly disseminated by the center. The center also would serve as a resource to program planners.

RANGE OF TRAINING

A professional's competency needs would be contingent on the tasks which the professional would be expected to carry out. At a provider site which is located near comprehensive assessment and intervention resources for developmentally delayed infants and preschool children, in an area with little cultural diversity, a professional's needs for skills and knowledge would differ from those of another professional in an area with a culturally heterogeneous population and no geographically proximate resources for assessment or intervention. The professional who is working in a low resource area would require additional training related to functioning in some capacity in the intervention process. This could consist of adding specialists to his/her staff to provide some services on-site, or acting as a coordinator of the child's intervention program. Professionals who work with members of minority subgroups should have training which develops in them a sensitivity to and tolerance for cultural diversity.

Within a provider site, a single professional or team of two or more professionals may be responsible for the developmental review. Again, competency needs would be related to the specific tasks of the professional — parent interview, assessment of the child's functioning, interpretation of findings, discussion with the parent of the child's functioning, parent concerns or questions, or the provision of anticipatory guidance and health education.

The organization of training should be task oriented and should permit trainees to develop individual educational plans which meet their own work-related requirements. A basic curriculum could be supplemented by enrichment in special areas; such as, interdisciplinary role functioning, interagency linkages, minority cultures, assessment instruments, etc.

CONTENT OF TRAINING

TRAINING AREAS

The 1978 AAPSC EPSDT working conferences on training issues recommended that five major content areas be covered in the training of health care professionals for developmental review.[4] These are:

- basic child development
- developmental assessment
- interviewing and listening skills
- treatment and intervention perspective
- interdisciplinary role functioning and linkage across systems.

Participants at the 1979 Conference on Continuing Education agreed that these were the major content areas to be covered and affirmed the need for interdisciplinary collaboration on the development of curricula.

TRAINING GOALS

The goal of continuing education training should be development by participating professionals of a set of competencies essential to the provision of developmental review services.

TRAINING METHODS

It was not the purpose of the conference to develop curricula or to precisely define educational objectives. However, participants were in agrement about the need to include evaluation as a component of the design of educational programs.

TRAINING OUTCOMES

Training should assist each professional to enhance/develop the capability

- to be skilled in understanding and communicating with families from diverse social, cultural and economic backgrounds, for the purposes of obtaining information and providing information and assistance;
- to observe and elicit child behaviors as is necessary to determine the child's current developmental status (this includes

4. Horowitz, Frances Degen, Ph.D., *Working Conference on Training Issues in the Developmental Review Component of the EPSDT Program.* American Association of Psychiatric Services for Children. 1978.

developmental milestones, temperament, behavior);

- to utilize selected strategies in determining the significance of developmental findings (developmental tests, developmental maps, clinical judgment, etc.);
- to understand current knowledge of the factors which may influence the development of children who fall within the normal range, those who do not, and those at risk of having development problems;
- to provide anticipatory guidance and health education;
- to understand treatment and intervention perspectives which reflect recent advances in the management of handicapping conditions;
- to communicate and collaborate with other professionals who may be providing services for the child and the family (for example, audiologists, educators, nutritionists, occupational therapists, physical therapists, psychiatrists, psychologists, social workers, and speech therapists, as well as professionals from other medical and nursing specialties).

BARRIERS

In the development of curricula, consideration also must be given to a number of barriers which may operate to hinder the delivery of developmental review services. Among these are the following:

1. the effect of prior training on fostering in professionals the concept that there is a clear demarcation between normality and abnormality in the area of development;
2. professional roles which do not promote sharing responsibility with parents, considering parents the principal educators of their child or, in the case of children who require special services, including parents in the intervention team;
3. the problems of communication which occur between disciplines.

RECOMMENDATIONS AND ACTION STEPS

1. Continuing education programs should be developed and implemented for primary health care providers in developmental review for the Early and Periodic Screening, Diagnosis and Treatment program.

2. Centers for participation in such training programs should be developed through professional organizations, federally-funded projects such as University Affiliated Facilities for the Developmentally Disabled, Handicapped Children's Early Education Programs, Regional Access Projects, and health professional schools.

3. A fund should be made available through contract or grant mechanisms to establish a Technical Assistance and Information Center for Child Development Services to support this training effort, as well as to assist in providing better linkages of programs for young children.

4. The resolutions put forward by this group should be forwarded to appropriate professional associations in order to facilitate their endorsement of the principle of continuing education for EPSDT providers in developmental review.

5. The proceedings of this conference should be widely disseminated.

6. The strategies developed during this working conference should be further expanded and implemented. Continued input from this working committee would be desirable for continuity.*

7. An Advisory Board on training issues for EPSDT should be established in the Health Care Financing Administration of HEW.*

8. A campaign for public awareness of EPSDT developmental review and referral services should be initiated in all states.

9. Adequate and timely reimbursement should be provided for developmental review, anticipatory guidance, health education, and related intervention, to ensure the provision of services of high quality.

*All participants at this conference indicated a willingness to serve if requested to do so.

1979
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APPENDIX

FINAL REPORT

Working Conference on Training Issues in the Developmental Review Component of the EPSDT

Prepared by: Frances Degen Horowitz, Ph.D.

August, 1978

Summary Abstract of Recommendations

The developmental review component of EPSDT and CHAP will require a major commitment to training if the program is to be implemented fully to serve the children of this nation. This report contains the major recommendations that resulted from a working conference on training and developmental review. The recommendations may be summarized as follows:

1) Content of training programs should include
   - basic child development
   - developmental assessment
   - interviewing and listening skills
   - treatment and intervention perspectives
   - interdisciplinary role functioning and linkage across the systems.
2) Training should be directed at existing professional groups via
   - continuing education programs
   - introduction of content area units into ongoing professional training programs
   - fellowship and masters degree programs offering a developmental specialty and/or a degree as a Developmental Specialist.
3) Training programs for a new professional group of Developmental Specialists at several levels should be established to serve EPSDT and CHAP and other related programs.
4) The special interdisciplinary and extensive nature of EPSDT requires special attention to the problem of linkage across the systems.
5) A National Training Advisory Panel should be established to provide ongoing review and advice concerning all aspects of training related to developmental review.

6) A series of demonstration training projects should be established in each of the training categories proposed and mechanisms for adequate evaluation of these efforts should be developed.

7) Concurrently, a national training needs assessment should be carried out. Plans for and eventual implementation of a nationwide plan for developmental review training should be undertaken.

8) An immediate interim implementation of pilot training programs in the form of continuing education units, short courses and/or summer seminars should be undertaken along with the appointment of a mini advisory panel.

ACKNOWLEDGEMENT

In acknowledgement of the contributions of the working conferences which preceded this 1979 Conference on Continuing Education, the names of the participants of conferences held in 1977 and 1978 have been included as an appendix to this report.

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1978

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MEETING ON THE REPORT "DEVELOPMENTAL REVIEW IN THE EPSDT PROGRAM" WITH MINORITY REPRESENTATIVES

1978

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1977

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