

## **From the Working World of the Pediatrician, a Brief Overview of a New Trend in Screening for Developmental Status in Children**

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Pediatricians in Michigan have taken on a new challenge: changing their practices to improve early identification of developmental issues in their patients. To understand the significance of this, we need to review a little background.

Until very recently, most pediatricians were trained to identify developmental delays using a screening tool called the *Denver Developmental Screening Test*. This screener takes about 20 minutes to administer and requires the child to cooperate, making it therefore not very practical in a busy office setting. Most of us did a “mini-Denver,” choosing a few items from each of the four domains (gross motor skills, fine motor skills, language, and personal-social) to be tested. Little did we know that by not administering the test properly, we were missing 70% of children with developmental issues. Yes, you read that correctly: **70%!**  Thus, a parent may have had a developmental concern in their child for a long time before the pediatrician would recognize it and finally refer the child for additional assessment and services. In the meantime, the child’s brain would have gone through major developmental phases in which the intervention might have been more effective.

In January 2007, the Michigan Chapter of the American Academy of Pediatrics embarked on a new venture to change this scenario. Eleven pediatric practices from across the state were recruited, all willing to make changes and to learn from each other how to best make the changes stick. Fortuitously, the Michigan Departments of Community Health, Education and Human Services all agreed to support and contribute to these efforts. Michigan Medicaid has been a leader, making policy changes that included enhanced reimbursements to encourage

screening. We learned about parent reporting tools that can be handed out in the waiting room and that are just as good, if not better, at identifying children with possible developmental concerns than the Denver. We experimented with how to change work flow patterns in our offices in order to make sure that eligible children were routinely screened. We are working with Early On staff in our respective counties, as well as on a state level, to assure that children who are identified as having concerns receive appropriate interventions. This is a real challenge in this economic climate where money is tight and there is no room for program expansion. Most importantly, we are learning that working in our respective arenas does not serve the child adequately, that we need to cross lines and work collaboratively between the medical office setting, the child's home, and the child's school.

There is much work still to be done. Many more pediatric practices are interested in coming on board. Our goal is that in the next three years it will be the norm, not the exception, for parents' input about their child's developmental status to be formally sought during well-child visits in the first three years of life. This will be done using a validated screening tool, one that has a high likelihood of identifying which children are truly developing along a normal trajectory and which ones are falling off the curve. So if you have a young child and are handed a questionnaire at his or her next well-child visit, know that you are part of a new trend. No, we won't necessarily know if your child is likely to have a learning disability when he or she is two years old. But, we may be better able to point you in the right direction concerning interventions that you can do at home or in another setting to maximize your child's cognitive and emotional development in the future.