

American Academy of Pediatrics Clinical Report

Early Intervention, IDEA Part C Services, and the Medical Home: Collaboration for Best Practice and Best Outcomes

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WHO and WHAT

INFANTS AND CHILDREN 0-3

- Children with special health care needs
- Developmental Delays
- Complex Chronic Conditions
- Individualized
- Relationship-based
- Learning

FAMILY-CENTERED

- Economic outcomes
- Health outcomes
- Collaborative partnerships
- Accessible
- Natural environment
- Learning
- Monitoring of services & outcomes achieved

In decades past, debate centered on the question: “does early childhood intervention work?”

Time and extensive research clearly reveal an **affirmative answer.**[1](#)

Discussion for new millennium

What roles and actions are best assumed by collaborative Professionals in providing a system of early intervention (EI) shared by pediatricians in the medical home and EI programs?

Second conceptual question

What models of intervention are optimal when considering infants/toddlers, families, agencies, pediatricians, and best use of resources for optimal outcomes?

Additional Question

What systematic barriers to optimal intervention are present and what supports are available to overcome them?

Necessity for Close Collaboration

- 1. Review the common core components of IDEA Part C and the medical home;**
- 2. Review evidence of the value of medical home and EI programs for infants/toddlers with special needs;**
- 3. Provide pediatricians with information on evidence-based best-practice models for effective EI;**
- 4. Highlight systematic barriers to identification/integration of infants in EI services; and**
- 5. Offer resources for medical home personnel and families to support this collaboration.**

Field of early intervention

importance of child experience

- 1975—PL 94-142—All Handicapped Children Act (children ages 5-21)
- **1986**—support to children birth to 3 and their families—now
- Part C of IDEA (2004 reauthorized) Outcomes, Child Find, Natural Environments
- 2010 CAPTA
 - Enhance development of infants and toddlers
 - Reduce downstream gov't costs of sp. Ed./ or institutionalization
 - Support ability of families to interact with and meet needs of the infant/toddler.

CORE CONCEPTS

- Nurturing relationships are the fundamental elements for optimal early development; and
- IDEA Part C is dedicated to helping families better understand their infants and to coordinating the various regional systems and services available to the family and child.

THE MEDICAL HOME

By definition, a “medical home” for children is a process of care. The American Academy of Pediatrics (AAP) has described the medical home as the provision of primary care to children that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

INTERSECTION OF MEDICAL HOME AND EARLY INTERVENTION

- a key component of the **medical home** process is that of identifying infants and toddlers with developmental disorders.[21-25](#) A natural next step is timely and appropriate referral to EI services for coordinated, culturally effective, and family-centered developmental intervention.
- The Healthy People 2020 goals and those of the Patient Protection and **Affordable Care Act** cite the promotion of the patient-centered medical home.

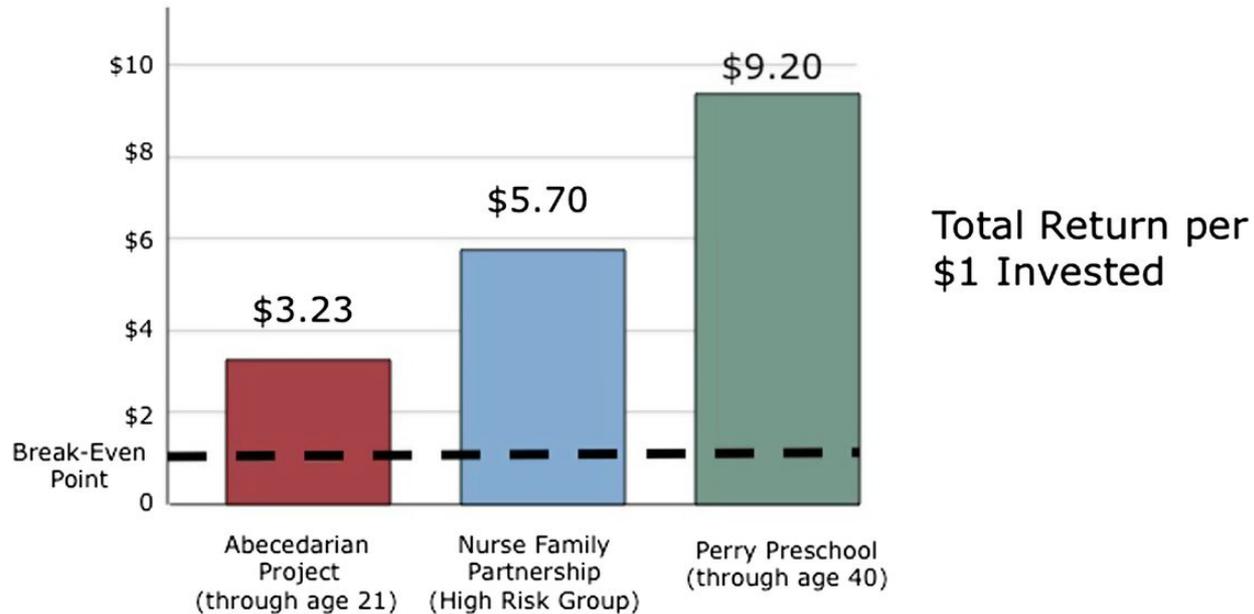
Benefits of early intervention

- (1) benefits to the child and the family
- (2) economic advantages derived from EI programs (\$8 return for \$1 invested)
- EI from one of solely a social-service/educational policy to one of critical economic-development and conservative fiscal responsibility

Cost/benefit analysis of benefits to society of early childhood programs.

NATIONAL FORUM ON EARLY CHILDHOOD POLICY AND PROGRAMS

Cost/Benefit Analyses Show Positive Returns Early Childhood Programs Demonstrating Range of Benefits to Society



Sources: Karoly et al. (2005)⁴⁹ Heckman et al. (2009)¹¹⁷

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Statewide Part C Program

- Comprehensive, family-centered, multidisciplinary, interagency system of EI services
- Eligibility:
 - Diagnosed, high likelihood of dev. Delay
 - A Dev. Delay in 1 or more of 5 domains (cognitive, motor, communication, social/emotional, adaptive.)

Success with variation in states

- Number of children receiving Part C Increased
 - 1992—143,000
 - 2009--=349,000
- Percentage served varies in states due to different budgets & eligibility criteria.

Evidence based neuroscience

Functional application for Best practice

1. Creating frequent opportunities that allow for “learning in the natural environment” rather than in simulated “treatment” situations; and
2. Utilizing methods of “coaching” as a model for families, medical homes, and EI programs providing services to infants.

Natural Environment

natural typical same age nondisabled

- Learning in context of relationships; intervention enhances typical activities unique to a family
- Key agents of infant's dev' learning are parents, sibs, other family, others
- Supporting these agents, their abilities, during everyday activities
- Focus on function & developm't of personal-social skills; promoting awareness & confidence in parents to guide their infant with sp. needs

Concept of Natural Environment

- Specific treatment is not directly applied for a specific malady=not Medical Model
- Contextual and Consultation –based delivery of support and services=a process.
- No physical address
- Best practice method, endorsed across diverse disciplines—speech, PT, OT---coaching strategies to families—modified and applied to pediatrician in Medical Home

Subset of infants may benefit “hands-on” (direct) medical therapy

- Severe vision and Hearing impairments,
- Tracheotomies,
- Congenital malformations with inherent limitations to daily activities or needs.
 - Specific and Measureable outcome goals
 - Written in concert with the global goals of family and reflected in IFSP as component of “care coordination”
- Confusion: direct medical therapy (Medical Home) and EI program using transdisciplinary coaching in natural environment
 - Need for explanation & coordination & trust

4 high risk subgroups

EI and Pediatrician collaboration

1. Inf/Tod from Environments of Abuse or Neglect
2. Inf/Tod With Mental Health Issues
3. Inf/Tod From Culturally Diverse Backgrounds
4. Inf/Tod From Economically Deprived Backgrounds

Tools for the Medical Home to meet Challenge of Collaboration

- Algorithm for dev. Surveillance and screening—
2006
- Enhanced dev' and behav' surveillance 2011
 - Screening tools
 - Components of care
 - Eliciting and addressing parents' concerns
 - Milestone and behavioral skill monitoring
 - ID dev'/behav risk & protective factors
 - Make accurate and informed observat' about child/parent interaction
 - Child referral resources

Suggestions for Collaboration between Medical Home & EI

- Optimize Referral Process—referral form
 - Tracking & Permission
- Efficient Evaluation and Coordination of services—don't wait for diagnosis
 - Assistance with multidisciplinary assessment
 - Provision of support to parents & child
 - Provision of knowledge & integration with community resources
 - Preferred mechanism for information return from intervention program

Physician Referral and Feedback

Child Information

Child's Name _____ DOB _____ Parent's Name(s) _____

Address _____ Phone _____

Language _____

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Ethnicity: Hispanic/Latino/Spanish

Physician Information

Physician's Name _____ Phone _____ Fax _____

Address _____ Contact Name/Title _____

Reason for Referral

1. Suspected developmental delay in the following area(s): Cognitive Motor

Communication

Adaptive/Self-Help Social-Emotional other (specify) _____

2. Medically diagnosed condition(s), if applicable, including ICD-9 code(s) – list all: _____

3. Sensory Impairment: Auditory Visual

4. Screening results, if applicable: ASQ _____ PEDS _____ M-CHAT _____

other (specify) _____

► Physician's Signature _____ Date _____

Authorization to Release Pertinent Medical Information to ECI

I authorize the physician named above to send to the ECI program any of my child's pertinent medical information that the physician determines would assist ECI in evaluation of, and determining service needs of my child.

► Parent or Legal Guardian's Signature _____ Date _____

For Physician: Prior to sending referral to ECI, indicate the information you want to receive from the ECI program by checking the appropriate boxes in **Sections 1, 2, and 3 (below and on page 2)** AND obtain written parental consent for Section 1. ECI will send information only for those sections that are marked and after parental consent is obtained.

Section 1: Referral Status – If Section 1 is checked the ECI program will complete and return page one to physician.

ECI must confirm with parent their consent to send this information.

Authorization to Release Referral Status to Physician

- Parent declined evaluation
 Eligible for ECI services – parent accepted services
 Eligible for ECI services – parent declined services
 Not eligible for ECI services

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PEDIATRICS[®]

Unable to establish contact with the parent (consent not required to release this information)

I authorize the ECI program that receives this referral to provide to the physician identified on this form the applicable information about the referral indicated in Section 1. I understand that before sending this information to the physician that ECI will reconfirm my consent and give me the opportunity to withdraw my consent to provide this information to the physician.

▶ **Parent or Legal Guardian's Signature** _____ **Date** _____

For Physician: Indicate the information you want to receive from the ECI program by checking the appropriate boxes

Section 2: Eligibility Determination
Please send me a copy of the completed Eligibility Statement forms that show the basis for the determination of eligibility or any other information used to establish eligibility.

Section 3: Request for Additional Information
After development of the child's Individualized Family Service Plan (IFSP), please send me the following information:

Initial IFSP Service Pages showing services the child and family will receive from ECI

Other _____

I authorize the ECI program that receives this referral to provide the physician the information requested in Sections 2 and 3 above. I understand that before sending this information to the physician ECI will reconfirm my consent and give me the opportunity to revoke my consent to provide any or all of this information to the physician.

▶ **Parent or Legal Guardian's Signature** _____ **Date** _____

For ECI Program: To be completed by ECI provider

Confirmation to Release Information to Physician

ECI has fully informed the parent or legal guardian of the information to be sent to the child's physician as requested in Sections 2 and 3 above and explained their right to revoke their consent.

▶ **Initials of the ECI staff member confirming consent** _____ **Date** _____

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