

Early Intervention Prematurity Workgroup
January 17, 2012
Henrico Mental Health East

Present:

Beth Tolley, Karen Walker, Tina Hough, Nancy Brockway, Marie Anzalone, Debra Holloway, Tammy Torascik, Stacey Dusing, Kim Geissinger, Connie Petock, Dr. Susan Brown, Linda Lindsey-Hoy, Rhonda Lusk, Laura Carter, Trisha Hines, Deatrice Williams, Margaret Hayman

NICU Brochure

- The NICU brochure has been finalized and is being printed. Thanks to the NICU Brochure subgroup for their work to develop this resource! The brochure is posted on the Infant & Toddler Connection of Virginia website at: <http://www.infantva.org/documents/Pr-PA-NICU.pdf>
- Workgroup members discussed dissemination of the brochure. The Brochure subgroup recommended that this brochure be provided to families of all babies born prematurely along with the “What is Early Intervention” brochure and the AAP/March of Dimes “You and Your Premie Baby” brochure. Dr. Brown recommended that communication be sent to all birthing hospitals since babies may move out of the NICU prior to discharge. A recommendation was made to send a cover letter along with 25 copies of each of the brochures to each birthing hospital. Consideration should be given to sending additional copies to those hospitals with NICUs and/or to sending the letter and brochures to the Director of Newborn Services at all hospitals with an Obstetrics unit and to the NICU in those hospitals that have NICUS. The letter will include:
 - Reminder about the EI eligibility criteria
 - Request to disseminate the brochures
 - Information about where to obtain additional brochures
 - Web links for each of the brochures
 - Referral Guide (provides information about how and where to refer children to the early intervention system)

The group discussed the pros and cons of sending the letter and brochures to hospitals in bordering states and the District of Columbia. The workgroup decided to do this initial mailing to Virginia and DC hospitals.

- **Plan:**
 - Beth will develop the first draft of the letter, then send to Stacey and Dr. Brown for review
 - Dr. Brown will check to see if we can obtain the “You and Your Premie Baby” brochures to send
 - Beth will request assistance from David Mills for distribution of the letters/brochures
 - Stacey will arrange for students to make follow up calls to the hospitals after these are mailed to assure that they were received.

Prematurity Mini-Lesson – Tina reported that the mini lesson is on hold pending completion of the modules.

Prematurity Training Modules

- Nancy reported that final revisions are with Cori. The modules will be sent out to reviewers in the near future. Nancy indicated that it is likely that significant revision may be needed. The following

individuals volunteered to review the draft modules: Dr. Brown, Linda Lindsey-Hoy, Tina Hough, Rhonda Lusk, Deatrice Williams

Systems Improvement Project Report - Margaret Hayman

- Margaret reported that this project assisted physicians and staff from a variety of practices (Pediatric and Family Medicine; Hospital, Military, Private Practice and Community Health Care) on the use of the Ages and Stages Questionnaire (ASQ 3) and MCHAT, and referral to appropriate resources when indicated by screening results.
 - Screening infants and toddlers between the ages of 8 and 24 months was the target for this project, but some practices are expanding their screening to include infants younger than 8 months and toddlers/children older than 24 months.
 - Issues related to reimbursement for screening were resolved
 - The number of claims for screening has increased dramatically
 - Practices have reported that they have a positive impact from implementing the screenings
- There have been three learning meetings. The fourth and final meeting will be held in April. The focus of this meeting is on sustaining the progress.
- This 18 month project ends May 31
- There will be a post implementation survey
- Bright Beginnings and AAP guidelines are followed in this project.

Consistency of Early Intervention Services

Issue	Strategies Currently in Place	New Strategies to Consider
<p>Not all providers are adequately prepared to serve children who are referred; concern that online modules don't provide the same level of expertise as hands on; there should be a consistent level of knowledge, skills, and abilities of providers assigned to assess and provide intervention for</p>	<p><i>Training and Technical Assistance</i></p> <ul style="list-style-type: none"> • 2011 Talks on Tuesday – available at www.eipd.vcu.edu • There is also a resource landing pad on the EIPD website • Mini-lesson and modules are being developed • Discussions at regional System Manager TA meetings • Resources and training opportunities are shared through the Infant & Toddler Connection TA Update • Informal mentoring arrangements (local) <p><i>Addressing issues</i></p> <ul style="list-style-type: none"> • Contact information is available for all local System Managers; individuals have been encouraged to contact the System Manager if/when concerns arise 	<ul style="list-style-type: none"> • Make it clear that modules don't provide skills to make providers competent; the modules are written not just for therapists, but for a more general audience; Need to be sure that this info gets to everyone across the state. • Consider training "centers" across the state for practitioners who don't have access to local resources or to travel to state course. • Identify resource people in each region who are willing to have other practitioner shadow them in the NICU or on EI visits. • Consider possibility of developing an expectation /requirement that expertise be demonstrated prior to being permitted to work with premie babies, including the ability to explain basic concepts and information to families. Consider operationalizing such expectation at the local system level (by building expectations into performance expectations for employees and into contracts for contracted providers). • Develop/disseminate guidelines for disciplines to assess premie/medically fragile infants

Issue	Strategies Currently in Place	New Strategies to Consider
<p>Assuring appropriate EI Services for children who are not in need of direct services at the time of referral, but whose needs should be assessed and addressed on a regular basis and at least when they reach 3-4 months adjusted age.</p> <p>Assuring that appropriate parent education is provided to enable and support parents helping their child with development, including teaching them to play with their baby.</p>		<ul style="list-style-type: none"> • Remind service coordinators and providers that the service frequency can be set up to be flexible (for example: 6 x every 3 months or weekly for one month, then monthly for 6 months). • Include in TA and training, information about <ul style="list-style-type: none"> ○ Assessment <ul style="list-style-type: none"> ▪ factors to consider when selecting providers for the assessment team (for example an OT or PT with expertise in feeding and a provider who understands infant states (sleep, alert, stressed, etc.) ▪ consider designated teams for preemie and medically fragile infants; ▪ consider developing guidelines for assessment of premature babies/ medically fragile and very young infants ○ consider including SLP as part of assessment team after age one ○ Recognition of correlation between motor and language ○ Recognition when SLP is the appropriate discipline due to issues with apraxia and motor planning ○ Consider a “preemie track” for the July Shining Stars conference to possibly include the preemie experience, assessment and re-assessment, intervention, family education, etc.

Children with Hearing Loss

Dr. Brown shared the following information:

- New procedures are up on website and are consistent with each other.
- Keep in mind the 1, 3, 6 month guidelines
- All NICU grads need hearing tests every 6 months

Insurance Challenges and Strategies

The Virginia Interagency Coordinating Council has established an Insurance Committee to identify and address barriers to reimbursement for early intervention services. Information will be provided to this workgroup as it becomes available.

Assessment – What has been accomplished as a result of this workgroup since August 30, 2010?

- Implementation of new eligibility criteria
- Increase in the number of children referred and receiving EI Services
- Education
 - Personnel
 - Webinar
 - Landing Pad
 - Mini Lesson and Modules are in the development process
 - Family
 - NICU Brochure
- The workgroup has provided a forum to discuss what is happening across the states with participants all speaking the same language as well as the structure to identify and prioritize issues, goals and strategies

Goals for 2012

- **Communications with hospital**
- **Increasing competence of staff throughout EI System – this is key**

2012 Meeting Dates

- **April 3** (Please note this is a change from the dates discussed at the 1/17 meeting and in the follow up email)
- **June 19**
- **September 18**
- **December 18**

Meeting time: 1:30 – 3:30 PM (Please note earlier start time)

Meeting Location: The Virginia Association of Community Services Boards (VACSB)