

Early Learning Hub of Linn, Benton & Lincoln Counties

Data & Evaluation Work Group Meeting Minutes

MEETING COMMENCED	9:30am, February 13, 2017 Good Samaritan Regional Health Center, Corvallis
MEETING CALLED BY	Lynn Hall
WORK GROUP MEMBERS PRESENT	Jerri Wolfe, Anna Menon, Rich Waller, Cathy Corkery, Julie Manning, Kerrin Swanson, Darlene Smith, Kelsey Branca, Leanne Michaels, Jen Roundtree, Peter Banworth, Tyra Jonsson, Shirley Blake, Mark Remitzer, Kathleen McDonnell
VERSION	Draft
RECORDED?	No

Agenda topics

DISCUSSION ITEM	Old Business
Distributing Data:	
<ul style="list-style-type: none"> - Quarterly Report visuals (LeAnne) - 3 new infographic PowToons to review. - Website – The MAC gave us some additional options for adding data to the website, and currently Anna’s PowToon’s are housed there, as well as on YouTube. - Distribution - Send out PowToon’s with Director Report to the Hub Listserv and also to the Hub’s Facebook page. 	
CONCLUSIONS	
Add link on Hub webpage, on the “Our Region” page, to the Hub’s YouTube Channel.	

DISCUSSION ITEM	Oregon Rural-Practice Research Network (ORPRN) Report (Kelsey Branca)
<p>Overview – Reminder of what transpired at the Oregon Pediatric Society’s (OPS) START developmental screening training in Lincoln County last year. ORPRN provided up to six months technical assistance to physicians and their clinical staff following the training. ORPRN conducted an evaluation of the effectiveness. Kelsey is here to present the results of that evaluation.</p> <p>Best Practices – they wanted to teach the pediatricians best practices for implementing the Ages and Stages Questionnaire (ASQ).</p> <p>ORPRN’s mission is to improve the health of rural Oregonians by promoting knowledge transfer between communities and clinicians. This was a collaboration between OPS and ORPRN.</p> <p>70-89% of developmental delays are identified with ASQ screenings. Without screenings, only 30% are identified.</p> <p>Child who fall behind in the 1st grade have a 1-in-8 chance of ever catching up.</p> <p>Possible Developmental Screening Tools: Ages and Stages Questionnaire (ASQ), Denver Development Screening (DENVER), or Parents Evaluation of Developmental Status (PEDS). The American Pediatric Society recommends ASQ, so that is what ORPRN is also recommending.</p> <p>ORPRN’s goals for this project: increase the number of children screens, incentivize pediatricians to switch to and use the ASQ.</p>	

Criteria for participation in the START training funded by the Ford Family Foundation: rural-serving CCO or clinic, agreement to participate in basic pre- and post-evaluation data, letter of support from local Early Learning Hub, commitment to ensuring broad participation of clinic providers and staff.
Method: 2 hour START Basic Development Screening training in Newport on April 25, 2016. 26 attendees. 5 primary care practices represented.
Practices were selected for technical assistance (TA) based on interest, pediatric panel size, and diversity of practice ownership.
Evaluation: ASQ billing data (6 months prior and 6 months post), OPS standing training evaluation, ORPRN Attitudes and Beliefs Survey (prior to and after training).
Participating Practices: Five different clinics, between 2-4 people attended, most handled less than 100 children in the last 6 months.
The OPS Training evaluation - every clinic responded that things would change now that they had received the START training, such as the routine use of the ASQ, changing how they handle their practices.
TA visits - standardized how the ASQ would be conducted, who would score the test, who would administer the test, who would follow-up with the family. They completed about a15 ASQs a week, developed workflow for administering ASQ and referral to Early Intervention. (One clinic dropped out of the TA project.)
Focused on standardization of ASQ screening for every child at every well-child visit.
Results: Clinic D increased their billing from 23 to 209, Clinic A increased their billing from 76 to 85, Clinic B did not deal with enough children to give good numbers, and C and E did not give data.
ORPRN Attitudes and Beliefs Survey - identifies primary care staff attitudes, beliefs, and motivation regarding developmental screenings. 17 people were eligible to take the survey, but only 12 took it. At the end of 6 months, only 6 people responded to the post-survey. Some responses were that the families found this to be very helpful, but implementation is difficult.
Lessons Learned: <ul style="list-style-type: none"> • Staff turn-over affects the impact of the START trainings. • Staff from all levels should attend START trainings. • Family Medicine practices have more challenges implementing ASQ because of seeing low levels of children on a regular basis. • Small financial incentives make a difference. • TA helps support practice change. • Practices with all or partial paper medical records have even more difficulty. • A robust data collection plan should be in place prior to trainings and TA phases.
Early Intervention (EI) numbers pre- and post-training would be significant and would add credibility to these findings. We have some of those numbers from this training, but would like more.
This was a great model, and Samaritan (Julie Manning) expressed thanks to ORPRN and OPS for including us in their study.
Health Care and Early Learning will be working together to review this data.
Tillamook Health Care representatives stated that they are mailing out ASQs a week ahead of doctor's appointments, and that they are finding 60-70% returns to the doctor.
Parents are reporting that they are being given 40 minutes of paperwork to fill out in the doctor's waiting room, and the ASQ adds another 15 minutes, if it is given out at the office. Parents don't like it.
OHSU is currently teaching the ASQ as part of a doctor's training and emphasizing the importance with them.

DISCUSSION ITEM	ASQ Upcoming Trainings
	The Early Learning Hub got funding for a large-scale ASQ training in our three counties.
	Julie Manning volunteered to help with the logistics, and Rich Waller (also with Samaritan) is helping with the Lincoln County providers. Lots of steps involved in getting providers committed to attending additional trainings. The front-end is very challenging.
	The 27 family practice residents have volunteered to attend the trainings.
	We also have 6 federally funded health centers (belonging to Benton County), and they have also requested training.

We also have single pediatricians from larger groups that have asked to attend.
And finally, we have also had requests from Lincoln County providers who were not able to attend the April training to attend the next training, maybe in Lincoln City.
OPS and ORPRN have both been contacted and have agreed to participate in these upcoming trainings.
There is a newly established Legislative committee, and last week they gave the Early Learning Hubs one hour to share positive results that have been accomplished and are coming up. Julie Manning testified about the Pollywog Project and also about the upcoming ASQ trainings.
We are also looking for clinical staff to do what ORPRN has been doing to provide technical assistance to providers following the training including the evaluation.
We want to be sure and include Early Intervention in the Panel at the START training. Debbie McPheeters and April Belloni have offered to provide EI staff.
Jerri Wolfe talked about having parents complete an ASQ during an Linn-Benton Community College Parenting class, and then asking parents to evaluate whether it was helpful or not. Overwhelmingly, parents were shocked at what they didn't know regarding their child's development. Several parents went home and made appointments with their doctors. We believe that ASQs are crucial.
The downside, Early Intervention is stretched very thin and the more that children are identified with a problem, the further Early Intervention is stretched.
The ASQ activity sheets and Vroom both help parents to know what to work on with their children.
Please consider attending the Health Care Integration Work Group Meeting next week to help plan the trainings.

DISCUSSION ITEM	Distributing Data
Anna Menon presented PowToon #4, taking our data and breaking it down into smaller, more palatable "bites" of information.	
PowToon #4 is about identifying where the Hub should be placing dollars. Where the highest needs children are located.	
Ideally, this PowToon will be shared with agencies that are working in those school zones. We want the information to get out, but we are concerned that the schools are going to feel "targeted". Maybe we could use big red circles to identify the areas, rather than the name of the schools themselves. Also, lots of people don't know where the schools are, exactly. More time with the maps would be helpful.	
Please slow down the PowToon--it went by a little too fast--and bullet more paragraphs. Speed and color make reading a little difficult. Break the slides down into smaller bites of data.	
We have new Kindergarten Assessment Data, so maybe it's time to bring some of this perspective to the Hub Governing Board.	

DISCUSSION ITEM	D&E Social & Emotional Summit
This Work Group is interested in holding a "summit" to share data across our Hub area, including social-emotional data.	
How long? Would people be willing to spend a full day?	
When? Summer?	
Include trauma-informed care? Kelly Locey, from the BC Health Department, could help with that.	

NEXT MEETING	Monday, March 13, 2017
9:30-11:30am	
Linn County - exact location TBD	
MEETING ADJOURNED	11:am