



Early Developmental Screening and Intervention (EDSI) Collaborative

PROJECT OVERVIEW

Do developmental and behavioral problems seem more prevalent in your practice?

Do anticipatory guidance and developmental monitoring cause problems with time management in your busy practice?

Is it difficult to decipher the systems for referral for developmental or behavioral services?

Are you prepared for the requirements of pediatrics recertification?

Do you have the skills in quality improvement cycles that are required for recertification beginning in 2010?

We are pleased to announce a quality improvement opportunity in Los Angeles County. The Early Developmental Screening and Intervention (EDSI) collaborative will help pediatric clinicians achieve effective and satisfying systems for providing preventive care to young children.

We invite participation from leading pediatric and family medicine practices in Los Angeles County that are dedicated to providing excellent health care. Medical groups, clinics, and small group practices are all encouraged to participate. Practices will receive coaching on practical strategies for implementing recommendations of the American Academy of Pediatrics for developmental monitoring, prevention and health promotion. Throughout the project, expert faculty will assist practices with individualized coaching to apply key change ideas into their own organizations.

Benefits to participating practices include:

- Learning quality improvement skills that are required for pediatric recertification beginning in 2010, and gaining these skills by applying them to day-to-day issues in pediatric practice;
- Receiving credit for the Performance in Practice (Part IV) of Maintenance of Certification from the American Board of Pediatrics;
- Putting more effective, time-saving tools and strategies into practice while receiving ongoing support for improvement;
- Improving the health of young children and intervening early with developmental and behavioral problems by strengthening the referral process with specialized community programs;
- Being coached by national experts in effective, time-saving ways of providing preventive care;
- Sharing experiences and effective strategies with colleagues from other local leading practices;
- Receiving developmental screening tools at no cost;
- Receiving CME credits at no cost.

Comments from physicians in prior EDSI Collaboratives:

“Any strategy that requires more work by the doctors will not be sustainable. Having implemented the EDSI ‘drivers’ I can say from experience that this strategy honors that ‘rule’.”

“The clinician fear of the open-ended ‘do you have any concerns’ questions has proven unfounded. In fact, the question is capturing the ‘doorknob’ questions and helping the flow of the encounter.”

“We have changed conversations with parents because we are now talking about development and are consistent from parent to parent. Patients say this is cool and have never seen it done before.”

“The screening tool is helpful in breaking down expectations of development. It provides a standard for all parents. It has built confidence and leadership. We are a better pediatric practice.”

COLLABORATIVE PARTNERS

The EDSI Collaborative is supported by funding from First 5 LA and sponsored by the American Academy of Pediatrics (AAP) California Chapter 2 as an effort to support local pediatricians in meeting new maintenance of certification standards.

LEARNING COLLABORATIVE FACULTY

The EDSI collaborative brings together local and national experts to support the practices. The faculty includes local primary care physicians who have successfully implemented the improvements in care.

BRIAN PRESTWICH, MD

Dr. Prestwich is a family practice physician at The Saban Free Clinic in Hollywood. Dr. Prestwich successfully implemented improvements to preventive and developmental care as a staff physician at Clinica Monseñor Oscar A. Romero and at The Saban Free Clinic. Dr. Prestwich is Assistant Professor of Clinical Family Medicine at the Keck USC School of Medicine, attended the UCLA School of Medicine and completed his residency in Family Practice at the Ventura County Medical Center. Dr. Prestwich taught and served as Medical Director of the USC/California Hospital Medical Center Family Practice Residency Program from 1998-2005 and as Medical Director of the Camino de Salud Network, COPE Health Solutions, which seeks to improve the health and well-being of LAC+USC Healthcare Network Service Area patients and improve coordination with community clinics.

LAURA MABIE, MD

Dr. Mabie is a general pediatrician and has been the physician manager for her 7-physician group for 10 years. She is currently the Medical Director for the Huntington Medical Foundation. Her practice participated in the 2009 EDSI collaborative, and she is excited to share the practical tips she has garnered. She is an Assistant Professor of Family Medicine and teaches at the Keck School of Medicine at USC. She chaired the Pediatric Practice Committee for two years and is the President-Elect for California Chapter 2, AAP. She also serves as Chapter 2’s representative on the statewide Pediatric Council.

MARIAN EARLS, MD

Dr. Earls is a developmental and behavioral pediatrician and is Medical Director at Guilford Child Health in Greensboro, North Carolina. Guilford Child Health serves low-income families and is a public-private partnership between two community health systems and the department of public health. Dr. Earls also chaired the American Academy of Pediatrics Learning Network that worked with practices from around the country to test the 2006 AAP recommendations on surveillance and screening. Dr. Earls serves as clinical director for The Commonwealth Fund's Assuring Better Child Development (ABCD) Project, which seeks to assist states in improving the delivery of early child development services for low-income children and their families. Dr. Earls chaired the 2007 EDSI learning collaborative in Los Angeles County.

ROBERT KAHN, MD, MPH

Dr. Kahn is a general pediatrician and Associate Professor in the Division of General and Community Pediatrics at Cincinnati Children's Hospital Medical Center, University of Cincinnati College of Medicine. His work focuses on the effects of risks presented by the physical and social environment. Dr. Kahn's interests include measuring child well-being and hardships in communities as part of community-based improvement initiatives. Dr. Kahn works on ways that providers and communities manage the needs of populations of children, using concepts of risk segmentation, trajectories of development, cumulative social risk, population registries, and networks of care. He is part of a national team working with more than 15 communities throughout the U.S. on designing change processes that can transform how services work together, uniting often disparate sectors of early education and care, health, and others. Dr. Kahn runs a medical-legal partnership at Cincinnati Children's that integrates legal assistance into health care settings.

PETER MARGOLIS, MD, PHD

Dr. Margolis is Professor of Pediatrics at Cincinnati Children's Hospital Medical Center and Co-Director of The Center for Health Care Quality (CHCQ). He works with practices and health care organizations to assist them in designing better systems of care for children. Under his direction, the Center has conducted over 30 collaborative improvement projects in the past five years achieving measurable improvements in outcomes for children in a wide range of topic areas. Dr. Margolis has extensive experience in efforts to improve preventive and developmental services for children and has led the development and implementation of effective efforts in numerous states including California.

MARC LERNER, MD

Dr. Lerner is Clinical Professor of Pediatrics at the University of California, Irvine. He has led multiple early development screening programs in Orange County. Dr. Lerner has presented and published extensively on child behavior and development, with an emphasis on children with ADHD, and has been the investigator or co-investigator on numerous research grants, including grants from the National Institutes of Mental Health. He is the lead physician at the UCI Child Development Center. Dr. Lerner is a recent past-president of Chapter 4 of the California District of the AAP. Dr. Lerner chairs the AAP California Committee on Children with Special Health Care Needs and participates on the AAP District IX (California) State Governmental Affairs Committee. Dr. Lerner is a founding Board Member at the Prentice School for Dyslexic Children.

PARTICIPATION IN THE COLLABORATIVE

Effective participation in a Learning Collaborative requires a small team from each practice. The expectations for a team include:

- 1) Full participation of the team for approximately ten months, including attending at least one in-person meeting in Los Angeles and participating in monthly conference calls. Activities begin in **March 2010**. The first in-person session is scheduled for **April 2-3, 2010**.
- 2) The “core team” will ideally include:
 - Physician Leader
 - Administrative Staff Member
 - Nurse
 - Parent*

* Involvement of a parent from your setting is strongly encouraged. The EDSI project team is available to help you identify a parent in your setting to participate in project activities.
- 3) Formal commitment by a Senior Leader (in many practices, this is the Senior/Lead Physician, Medical Director, Executive, or Center Director) of your practice or organization to support the team with leadership and to provide necessary resources and the time to devote to testing and implementing changes in the practice. We will be happy to speak with your leadership to explain project goals expectations, and how it would fit in with organizational quality improvement goals.
- 4) One member of the core team should be designated as the practice Key Contact. A Key Contact is the individual who is responsible for organizing day-to-day activities, including coordinating regular team meetings, managing improvement responsibilities, and ensuring that reports and/or data are collected and reported by their due date. Because the Key Contact is the primary communicator with the EDSI project team, it is important that they are easily accessible and can disseminate information quickly.
- 5) Formation of an “extended team” to support the core team in planning and implementing changes to your system. Suggested members of the extended team include:
 - Representative from administrative/support staff (e.g., receptionist, billing)
 - Representative from quality improvement department and IT department within your practice or organization
 - Nursing and Administrative Leaders, if not on the core team
- 6) Participation in ongoing data collection to ensure that the changes you are making are resulting in improvements.
- 7) Submission of monthly progress reports to the Collaborative.
- 8) Willingness and commitment to implement rapid and widespread changes in the organization.
- 9) Regular access to, and use of, email and the Internet for ongoing support, information, and communication among teams.

TIMELINE FOR THE LEARNING COLLABORATIVE

Application available: Friday, January 15, 2010

Application due: Monday, February 22, 2010

Notification of participating teams: Friday, February 26, 2010

Collaborative start date: Monday, March 1, 2010

In-person Learning Session: Friday/Saturday, April 2-3, 2010

PRACTICE APPLICATION CHECKLIST

- Please submit the Practice Application Form, Improvement Team Form, and the Senior Leader/Administrative Agreement via fax (310.312.9081) or email by **Monday, February 22, 2010**.
- Your application materials will be reviewed by the Collaborative Faculty who will make the final selection. Once Collaborative teams have been selected, letters will be sent welcoming you to the Learning Collaborative.
- For more background on improvement work, visit www.ihl.org
- Please do not hesitate to contact our team at 310.312.9081 or edsu@ucla.edu

The EDSI Collaborative team looks forward to the opportunity to work with you!

Early Developmental Screening and Intervention Collaborative

PRACTICE APPLICATION FORM

If you are interested in participating in this project, please complete the information below and return your completed application **by fax (310.312.9210)** or **by email (eds@ucla.edu)**.

Criteria for Selection

Selection for participation will be based on the following criteria:

- ◆ Identified core team and Senior Leader member
- ◆ Demonstrated Senior Leader commitment to removing necessary barriers and supporting changes throughout the practice
- ◆ Teams with evidence of existing relationships and experience working together
- ◆ Demonstrated capacity to use measurement to support improvements in care
- ◆ Regular access to, and use of, email and the Internet for ongoing support, information, and communication among teams

Applications will be accepted and reviewed on a first-come, first-serve basis.

Please clearly print or type your responses:

Practice Name: _____

Name of person completing these questions: _____

Title: _____

1. Briefly describe your organization (including type of organization, size, structure, location, and patient population). In addition, please complete the Team Information grid.

2. What does your organization want to accomplish as a participant in this Collaborative? Describe in a brief paragraph your aim and the proposed area of focus of your work. Please be specific.

3. What is the name of the Senior Leader who can remove whatever obstacles may arise or obtain necessary resources during the Collaborative? In addition, please have your Senior Leader complete the Senior Leader/Administrator Agreement on Page 9.

4. Describe any experience that you or others in your organization have in initiating successful improvement activities and any experience with measurement of quality outcomes? In what topical area(s)?

5. Have the members of your proposed core team worked together on a prior project?

6. Communications and materials for this collaborative will come via email. Will your key contact and team members have email and Internet access during work hours? If not, would you be willing to obtain Internet access at your practice for this Collaborative? Please explain how.

7. Is your practice currently involved in a major change process or research study that demands a great deal of time? Is your practice experiencing significant organizational change (i.e., merger, change in senior leadership, etc.)? Please explain.

Please add any additional comments.

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TEAM INFORMATION FORM

Team Member 1 – Key Contact **(See Page 4 for a description of this role)**

Name: _____

Title: _____

Direct Phone: _____ Direct Fax: _____

Email: _____

Team Member 2

Name: _____

Title: _____

Direct Phone: _____ Direct Fax: _____

Email: _____

Team Member 3

Name: _____

Title: _____

Direct Phone: _____ Direct Fax: _____

Email: _____

Team Member (parent)

Name: _____

Title: _____

Direct Phone: _____ Direct Fax: _____

Email: _____

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SENIOR LEADER/ADMINISTRATOR AGREEMENT

Name: _____

Title: _____

Organization: _____

Direct Phone: _____ Direct Fax:: _____

Email: _____

We wish to apply for participation in the EDSI Learning Collaborative. As the Senior Leader, I fully understand the project's objectives and expectations. Furthermore, I agree to support the team and will work with them to remove any barriers and/or provide the resources necessary for them to achieve their improvement goals. Finally, I understand that I will be invited to attend an in-person Learning Session with my core improvement team.

Senior Leader Signature: _____

**Please send or fax this signature page with your application.
310.312.9210**

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