

Table 19. Primary Care Provider Concerns & Troubleshooting Relative to Screening Implementation (Attachment W)

PCP Concerns/Barriers/Challenges to Implementing Developmental Screening in Primary Care	Site Coordinator strategies for overcoming these concerns/barriers/challenges to developmental screening implementation
Adoption of screening protocol may highlight gaps in current well-visit processes that do not/have not included developmental screening	<ol style="list-style-type: none"> 1. Share that many providers across the state have similar knowledge gaps which is one of the reasons 1st Five exists. Adding developmental screening to current protocols enhances well care for children. This process adds value and quality to the well-visit process, and by partnering with 1st Five, the practice is going above and beyond to assure that children are better identified who are at-risk of a developmental delay, and can then be connected to early intervention supports as soon as these are known. 2. Acknowledge that training and education for primary care providers is extensive and includes an enormous amount of information applied to provider practice. An added awareness of developmental screening protocols and recommendations is proof that the practice values quality well-care and has prioritized AAP and Iowa EPSDT screening recommendations for their birth to five patient population.
PCP's might believe they are currently screening as recommended, when in fact they are referring to surveillance protocols or another process performed during patient in-take	<p>Site Coordinators work with the practice to assess their use of surveillance and screening tools, their understanding of these processes, and how they work together to identify children at-risk of developmental delay. Follow up education on screening and/or surveillance concepts may be helpful in implementation of screening in well-child visits as these processes are independent from one another but both are essential to fully identifying children at risk of delay and in need of further evaluation.</p>
Perceived competition for referrals when internal care coordination supports are available	<p>Site Coordinators will work with internal care coordinators, social workers, or additional healthcare professional staff that typically provide care coordination support to patients. This important partnership will include discussion of how the practice would like to identify which birth to five patients to refer to 1st Five while the practice maintains their internal case loads. Practices should consider referring the following patients:</p> <ul style="list-style-type: none"> ● Children birth to age five years old ● Children with a completed developmental screening ● Children with low-level social needs
Perceived time and staffing concerns	<p>Site Coordinators will work with the practice to address time and staffing concerns by:</p> <ul style="list-style-type: none"> ● Developing a workflow plan that meets the needs, and

	<p>current staffing capacity of the practice</p> <ul style="list-style-type: none">● Identifying the screening process, the staff, the scoring, and the referral process to encourage a seamless implementation plan for the primary care practice, providers, and patients● Reviewing the ability to bill for completed developmental screenings to help pay for the additional time a practice spends on the screening process
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