

Iowa Department of Public Health
1st Five Site Coordinator Guidance



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A Note to the Reader - The 1st Five Initiative is a public health partnership with primary care providers to improve the use of surveillance and standardized developmental screening tools in primary care well-child exams.

A. What are the Levels of Engagement

1st Five Site Coordinators engage with primary care practices and individual healthcare professionals each having their own unique experience with the 1st Five initiative. With 1st Five partnerships in varying stages of development, it helps to have a framework to describe partnership levels based on criteria associated with each level. This framework is called the 1st Five Levels of Engagement.

By cataloging practices using the levels of engagement framework, the Site Coordinator has a starting point to identify approaches to outreach with the practice and/or individual providers. Use of specific “Leveraging Language” can help move the practice and providers forward toward the overall goal of full implementation of standardized developmental screening and referral to 1st Five.

What is the Definition of an Engaged Practice?

A primary care practice or primary care provider is considered engaged with 1st Five when the Site Coordinator considers historical involvement or participation with the practice, AND the practice meets one of the following:

- a) at least one primary care provider in the practice has referred in the last 12 months
- b) an active* signed Letter of Commitment is on file with the 1st Five agency

The Department has identified three Levels of Engagement to categorize participating primary care practices and inform next steps in those partnerships. These levels are described below.

Table 8. The Levels of Engagement Table

Level of Engagement	Criteria
Level 1 - New/Re-engaged	<ul style="list-style-type: none"> ● Not yet screening, not yet referring ● None or very little 1st Five education/training
Level 2 - Engaged - Beginning	<ul style="list-style-type: none"> ● Not yet screening, not yet referring ● Completed 1st Five education/training
Level 3 - Engaged - Full Partner	<ul style="list-style-type: none"> ● Screening and Referring
Partially Implementing Practice - Engaged - (PIP)	<ul style="list-style-type: none"> ● Screening but not referring or Referring but not screening

**active is defined as “actively engaging in the terms of partnership as described in the 1st Five Letter of Commitment”*

Why are the Levels of Engagement Important?

The Levels of Engagement Framework and corresponding Leveraging Language Guidance are an important part of establishing practice and provider competencies in the following areas:

1. *1st Five 4-Part Model of Implementation*
2. *Surveillance and screening concepts*
3. *The importance of surveillance and screening in primary care well-child exams (also called child well visits)*
4. *Identification of practice and provider “blind spots” relative to these competencies and others that may improve provider utilization of developmental screening tools in primary care and referral to 1st Five*

B. How a Site Coordinator Prepares to Work with Primary Care Practices and Primary Care Providers

In addition to a developed understanding of the healthcare system and the healthcare partners they work alongside, Site Coordinators’ next steps include review of the current status of the 1st Five primary care partnership.

We’ll explore approaches to practice and provider partnership with the 1st Five Initiative by beginning with preparation steps that assist with gathering the information needed to determine the Level of Engagement. Those steps are outlined below in Table 9.

Table 9. Steps to Organizing a Practice Using the Levels of Engagement

Step	1st Five Tools	Activity
1 - Investigate	Attachment F: Ready to Engage Checklist	<p>Complete an internet search and review a practice’s website to determine the following:</p> <ul style="list-style-type: none"> ● Is the practice a family medicine practice or a pediatric practice? ● What is the scale of the practice? Are there several providers or is this a smaller practice? ● Is there one or are there several providers with speciality in child development or pediatric focus? ● Does the website have recent announcements about newly hired staff or that staff that will be retiring? ● Are there important announcements relative to healthcare system or clinic mergers, changing locations, or upcoming projects that might impact implementation readiness? ● What are the hours of operation of the practice and contact information (including phone and fax numbers)? <p>Smaller practices may not have an available website to access for this step. Consider the following for practices that do not have a website:</p> <ul style="list-style-type: none"> ● Research individual providers via internet search for

		<p>background speciality information</p> <ul style="list-style-type: none"> ● Begin with step 2 and rely on practice information that was collected and tracked internally
2 - Establish Background Knowledge	Attachment E: Ready to Engage Checklist	<p>Review historical information about the partnership with the practice. Historical information includes the following sources:</p> <ul style="list-style-type: none"> ● Data available in the 1st Five Data Management System (signifycommunity™). For example: <ul style="list-style-type: none"> ○ 1st Five Referrals Data Report > Champion Provider ○ 1st Five Referrals Data Report > Referrals by Organization ● Qualitative data collected and tracked by the 1st Five agency (most likely kept and tracked by previous 1st Five Site Coordinators) ● 1st Five site work plans approved by IDPH as a part of the 1st Five contracting process
3 - Consider the Levels of Engagement	Attachment G: Levels of Engagement - One-Pager	Use the Levels of Engagement framework (available in section C) and the information gleaned from steps one and two to determine where the practice is in terms of their Level of Engagement
4 - Organize Engaged Partners	Attachment G: Levels of Engagement - One-Pager	Use the Levels of Engagement One-Pager to categorize engaged primary care practices and/or primary care providers into L1, L2, L3, and PIP levels
5 - Infrastructure Planning & Applying the Leveraging Language	Attachment H: Levels of Engagement - Leveraging Language One-Pager	Develop infrastructure outreach and engagement plans using understanding developed from step 4 Organize. Use the corresponding Leveraging Language associated with each Level of Engagement to move partners forward with screening and referral to 1st Five (available in section C. titled “How a Site Coordinator Determines the Level of Engagement for a Practice or Provider”)

C. How a Site Coordinator Determines the Level of Engagement for a Practice or Provider

This section describes typical stages of screening and referral implementation across engaged 1st Five partners. Site Coordinators will be able to identify the Level of Engagement for each primary care practice or provider. From this understanding, the Site Coordinator will develop and carry out strategies, with the goal of moving the practice or provider forward to full implementation of standardized developmental screening and referral to 1st Five.

Level 1 practices and providers fall into one of two categories and meet the majority of the following criteria:

1. Newly Engaged Practices and Providers
 - They have no knowledge or very limited knowledge of 1st Five
 - They have not received training or education from 1st Five on developmental surveillance or screening tools
 - They have never referred to 1st Five
2. Re-engaged Practices and Providers
 - May have historical knowledge of 1st Five (some, limited, or extensive), but the most recent 1st Five training/education has not been completed in the past 12 months
 - They may have previously received education or training from 1st Five on developmental surveillance or screening tools, but the most recent training/education has not been completed in the past 12 months
 - May have a signed 1st Five Letter of Commitment completed at some point, but not within the past 12 months
 - They may have previously referred to 1st Five at some point, but the most recent referral from this practice is outside of the most recent fiscal project year

Table 10. Level 1 Tools for Engagement

1st Five Supportive Tools for Engaging a Level 1 Practice and Provider

- See [Attachment I 'L1 Engagement Checklist'](#)
- See [Attachment J 'L1 Tips-Questions to Ask'](#)
- See [Attachment H 'Levels of Engagement - Leveraging Language One-Pager'](#)
- See [Attachment K 'Sample Meeting Agenda'](#)

If one or more primary care providers in a practice meets the Level of Engagement criteria, that practice should be supported and engaged using strategies for engagement defined by that level.

Level 2 practices are practices that have progressed to some level of understanding 1st Five, and/or surveillance or screening tools, but progress has stalled relative to implementing surveillance or screening tools in the practice.

Level 2 practices meet the majority of the following criteria:

- Considered an engaged practice (see the definition of “engaged” on page two)
- Has received education or training from 1st Five on developmental surveillance or screening within the past 12 months
- Screening is NOT implemented in well-child visits at the recommended intervals of 9, 18, and 30* months of age
- They are NOT currently referring and/or have not referred in the past 12 months to 1st Five for needs identified by outcomes of standardized developmental screening and developmental concerns identified by the parent/caregiver

Table 11. Level 2 Tools for Engagement

1st Five Supportive Tools for Engaging a Level 2 Practice and Provider

- See [Attachment L 'L2 Engagement Checklist'](#)
- See [Attachment M 'L2 Tips-Questions to Ask'](#)
- See [Attachment H 'Levels of Engagement - Leveraging Language One-Pager'](#)
- See [Attachment K 'Sample Meeting Agenda'](#)

If one or more primary care providers in a practice meets the Level of Engagement criteria, that practice should be supported and engaged using strategies for engagement defined by that level.

Level 3 practices are fully implementing developmental screening AND referring appropriately to 1st Five.

Level 3 practices meet the majority of the following criteria:

- Considered an engaged practice (see the definition of “engaged” on page two)
- Screening is implemented in well-child visits at the recommended intervals of 9, 18, and 30* months of age
- They are currently referring to 1st Five for needs identified by outcomes of standardized developmental screening and developmental concerns identified by the parent/caregiver
 - Referrals are for children from birth to five years old
 - Referrals include indication that a screening was completed on the 1st Five Referral Form

Table 12. Level 3 Tools for Engagement

1st Five Supportive Tools for Engaging a Level 3 Practice and Provider

- See [Attachment N 'L3 Engagement Checklist'](#)
- See [Attachment O 'L3 Tips-Questions to Ask'](#)
- See [Attachment H 'Levels of Engagement - Leveraging Language One-Pager'](#)
- See [Attachment K 'Sample Meeting Agenda'](#)

If one or more primary care providers in a practice meets the Level of Engagement criteria, that practice should be supported and engaged using strategies for engagement defined by that level.

Partially Implementing Practices (PIP) are practices that do not fall perfectly into any of the typical levels of engagement. For example, there may be practices that have referred to 1st Five but are not performing universal screening as recommended by the American Academy of Pediatrics (AAP) and Iowa EPSDT guidelines. These referrals then are not based on concerns identified by a completed developmental screen. Or, a practice may be performing screening at recommended well-visits but is not referring to 1st Five for developmental support.

These types of practices require more intensive and strategic follow up by the Site Coordinator to move a practice to full implementation of developmental screening and referral to 1st Five (Level 3)

engagement). This is because a PIP practice has previously received 1st Five training and education on screening tools, and the 1st Five referral process, yet consistency of screening and referral to 1st Five is still elusive and not yet been achieved. For this reason, Site Coordinators will want to refrain from using this Level of Engagement as a general “bucket” for labeling engaged practices unless the majority of criteria for a PIP is met.

Additionally, 1st Five Site Coordinators should be careful how they identify practices that are not screening and not referring. Although they seem similar, it is important to clarify the difference between PIP and Level 2 providers.

- Level 2 practices are practices that are not yet screening, and not yet referring even though they’ve completed training with 1st Five Site Coordinators within the previous 12 months.
- PIP practices are actively referring, or actively screening, but are not fully implementing screening practices and referral to 1st Five as recommended (instead they are halfway to full implementation).

Additional clarification between a Level 2 and a PIP practice can be found by reviewing each level of engagement.

Partially Implementing Practices meet the majority of the following criteria:

- A PIP is considered engaged practice (*see the definition of “engaged” on page two*)
- They are currently referring, but are not screening at 9, 18, and 30* month intervals as recommended
 - Currently referring, screening inconsistently (screening to refer to 1st Five)
- They are currently screening (at recommended intervals), but are not referring to 1st Five
 - Directly referring to resources
 - Using internal clinic staff to route referrals
 - Not referring for developmental needs

Table 13. PIP Tools for Engagement

<p><i>1st Five Supportive Tools for Engaging a <u>PIP Practice</u> or Provider</i></p> <ul style="list-style-type: none"> ● See Attachment P ‘PIP Engagement Checklist’ ● See Attachment Q ‘PIP Tips-Questions to Ask’ ● See Attachment H ‘Levels of Engagement - Leveraging Language One-Pager’ ● See Attachment K ‘Sample Meeting Agenda’ <p><i>If one or more primary care providers in a practice meets the Level of Engagement criteria, that practice should be supported and engaged using strategies for engagement defined by that level.</i></p>
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Things to Remember:

The Levels of Engagement are dynamic and fluid, and a primary care practice may fluctuate from an advanced Level of Engagement to initial engagement with 1st Five. For example: a Level 3 practice may regress to abandoning developmental screening due to changing health system priorities, or loss of practice staff necessary to continue workflow management of screenings. 1st Five Site Coordinators must remain flexible in their approach to encourage implementation and sustainability of developmental

screening, overcoming challenges by offering ongoing technical support to the practice. Advancement may be achieved by strategically using the leveraging language specific to each Level of Engagement. These strategies are discussed in the next section.

**The American Academy of Pediatrics recognizes that some health care providers do not routinely do the 30 month well child visit. In these cases, they recommend moving the general developmental screening recommended at 30 months to be pushed to the earlier 24 month visit.*

Table 14 shows criteria corresponding to each Level of Engagement. This comparison table can be downloaded and printed as Attachment R-Levels of Engagement Comparison Table. Print or save a copy of this matrix and use a clean template to track practice and provider progress to the next Level of Engagement.

Table 14. Levels of Engagement Comparison Table

	Training 			Screening 		Referral	
	Has had no training on developmental screening tools	Has had at least one training in the past 12 months on developmental screening tools	Had had at least one training, but the most recent training has not been completed in the past 12 months	Uses developmental screening tools sometimes	Uses developmental screening tools always	Has never referred to 1st Five (or not within the past 12 months)	Has referred at least one time in the past 12 months
Level 1	X		X			X	
Level 2		X					
Level 3					X		X
Partially Implementing Practice - Screening but Not Referring		X		X		X	
Partially Implementing Practice - Referring but Not Screening		X					X

D. How to Adjust Leveraging Language Strategies from the Practice Level to a Provider Level Approach

Provider Level Approach - Using a Level 1 Practice and Provider as a Model for this Approach

Engaging a Level 1 primary care provider is consistent with how a Site Coordinator would engage a Level 1 practice with increased opportunities for individualized support.

Table 15. Practice and Provider Comparison Table

	<i>Practice</i>	<i>Provider</i>
<i>Strategy 1</i>	<p><u>Education and Training - 1st Five Basics</u> offered during an all-provider meeting</p> <ul style="list-style-type: none"> Includes discussion of identifying a potential provider champion to champion the focus on screening in the practice 	<p><u>Education and Training - 1st Five Basics</u> offered at the individual provider level (one-on-one meeting)</p> <ul style="list-style-type: none"> Includes discussion of the provider being identified as a 1st Five practice champion to champion the focus on screening with their patients to model the process (potentially expanding this understanding for additional providers that see children in their patient population)
<i>Strategy 2</i>	<p><u>Define the “What” for the practice</u> -What is 1st Five asking the practice to do?</p> <ul style="list-style-type: none"> Implement universal developmental screening across all providers that see children birth to 5 at 9, 18, 30* month well-child visits Refer children identified as at-risk on completed developmental screenings (same activity with a provider) Consider a practice representative to complete the 1st Five Letter of Commitment (optional) Consider partnership with 1st Five by adopting universal screening for well-visit exams and referring appropriately to 1st Five (same activity with a provider) 	<p><u>Define the “What” for the provider</u> -What is 1st Five asking the provider to do?</p> <ul style="list-style-type: none"> Implement developmental screening for children birth to 5 at 9, 18, and 30* month well-child visits Refer children identified as at-risk on completed developmental screenings (same activity with a practice) Consider partnership with 1st Five by following screening recommendations and referring appropriately to 1st Five (same activity with a practice)
<i>Strategy 3</i>	<p><u>ASQ training for nurse group A, and provider group B</u></p> <ul style="list-style-type: none"> Consider peer consultation to assist with practice workflow for screening implementation with provider group B 	<p><u>ASQ training for the individual provider</u></p> <ul style="list-style-type: none"> Consider peer consultation to assist the provider in determining an appropriate workflow for screening implementation

These strategies can be modeled for Level 2, Level 3, and PIP practices as needed. Refer to [Attachment H: Levels of Engagement - Leveraging Language One-Pager](#) as needed to apply the Levels of Engagement at the individual provider level when appropriate.

**The American Academy of Pediatrics recognizes that some health care providers do not routinely do the 30 month well child visit. In these cases, they recommend moving the general developmental screening recommended at 30 months to be pushed to the earlier 24 month visit.*

E. How a Site Coordinator Applies the Leveraging Language to Improve 1st Five Partnership

Through understanding a practice's or provider's Level of Engagement, the Site Coordinator has identified the gaps in current 1st Five partnership that, if addressed, are helpful in meeting developmental screening goals. With increased completed developmental screenings, it is likely that the practice or provider will also increase referrals.

[Attachment H: Levels of Engagement - Leveraging Language One-Pager](#) serves as a reference for strategies to operationalize the Levels of Engagement using the Leveraging Language for each Level of Engagement.

Challenges with Advancing Through the Levels of Engagement

Across the 1st Five Levels of Engagement, the Site Coordinator may encounter primary care practices and primary care providers that are more challenging than others to advance in partnership, meeting screening goals, and making referrals to 1st Five. There are a number of factors that have historically impacted practices' advancement with 1st Five to achieve these partnership goals. For example:

1. *Time*
2. *Staffing*
3. *Health Care Priorities*
4. *Practice Culture*
5. *Limited knowledge of Surveillance and Screening concepts*

The Site Coordinator works with each practice and primary care provider to identify challenges and barriers to meeting screening goals and completing referrals to 1st Five. The Site Coordinator uses a variety of approaches, methods, education, training, considerations, support, and technical assistance plans to achieve these goals.

Site Coordinators should consider four factors (at minimum) when prioritizing their time and efforts to move a practice towards meeting screening and 1st Five partnership goals:

1. *The volume of children birth to five a practice/provider sees*
2. *Practice and provider readiness to consider adoption of screening processes and protocols*
3. *Practice and provider readiness to consider 1st Five referral support for patients birth to five years old*
4. *Practice impact on community health (smaller practices in smaller communities are extremely important to the health and well-being of that community due to access)*

Additional Resources

For additional assistance on the Levels of Engagement framework Site Coordinators should connect with their Iowa Department of Public Health 1st Five Consultant.

F. Links to Attachments

[Attachment F-Ready to Engage Checklist](#)

[Attachment G-Levels of Engagement One-Pager](#)

[Attachment H-Levels of Engagement - Leveraging Language One-Pager](#)

[Attachment I-L1 Engagement Checklist](#)

[Attachment J-L1 Tips-Questions to Ask](#)

[Attachment K-Sample Meeting Agenda](#)

[Attachment L-L2 Engagement Checklist](#)

[Attachment M-L2 Tips-Questions to Ask](#)

[Attachment N-L3 Engagement Checklist](#)

[Attachment O-L3 Tips-Questions to Ask](#)

[Attachment P-PIP Engagement Checklist](#)

[Attachment Q-PIP Tips-Questions to Ask](#)

[Attachment R - Levels of Engagement Comparison Table](#)