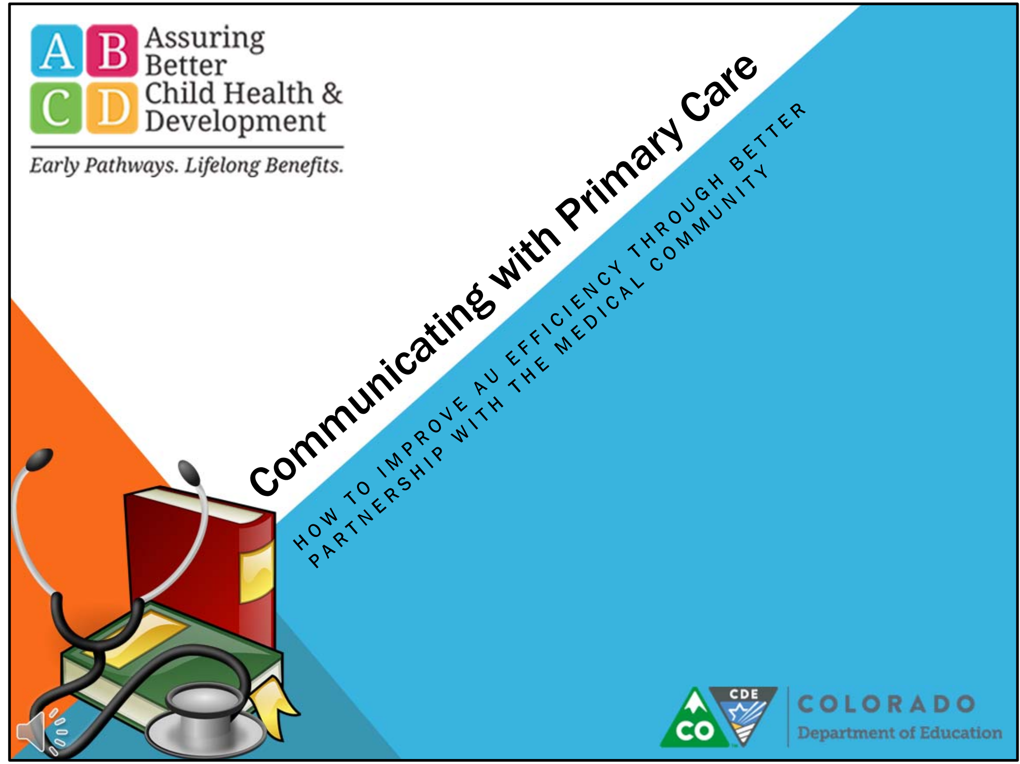


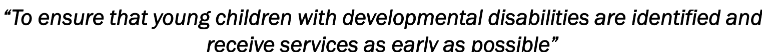
Welcome to the self-paced module on Communicating with Primary Care: How to Improve AU Efficiency through Better Partnership with the Medical Community. This module is presented by the Colorado Department of Education for Child Find staff, in partnership with Assuring Better Child Health and Development (or ABCD).

This professional learning opportunity is based upon newly revised Colorado Department of Education Guidelines for Identifying Young Children with Special Needs, ages three through five years old. The module itself contains a short series of slides with several key reflection questions. Participants will then be asked to create a plan for using one or more of the tools described in the slides.

WHY BOTHER?

Primary Care Providers (PCPs) are:

- Likely screening
- Prominent source of referrals
- Seen as experts
- Accessed by many families



- Guidelines for Identifying Young Children with Special Needs

If you're seeing this slide, you probably already know many of the reasons that collaborating with primary care providers is critical to a successful Child Find program. But we wanted to go ahead and name some of those reasons because we know that child find personnel are often strapped for time. So why should you prioritize collaborating with primary care providers while you're frantically scheduling evaluations, conducting them, and then trying to implement high quality IEPs?

The answer is, "because strong communication with primary care providers can save you time during ALL of these steps!" [click] Think about it, primary care practices (pediatric or family medical offices) are likely conducing developmental screenings, they're a prominent source of referrals, they're typically seen as child development experts, and they're where many families go when they have concerns about their child. [click] Let's face it, collaborating with primary care to best serve your community is inevitable, and if you don't approach this relationship with intentionality, with a plan, your scattered attempts to coordinate will lead to frustration on both sides and many wasted man-hours.

LEARNING OBJECTIVES

- Describe the AU-primary care relationship as depicted by the Guidelines.
- Identify how improving communication with primary care will benefit their child find program.
- Understand how improving communication with child find programs benefits primary care practices.
- Identify next steps in using available tools to improve communication with primary care practices.

In this module we'll give you practical strategies to improve your communication with primary care, as well as some insight into why this communication is mutually beneficial. Let's start with delving into the AU-primary care relationship as it's depicted in the guidelines. What exactly is this dynamic supposed to look like?

DEFINING THE RELATIONSHIP

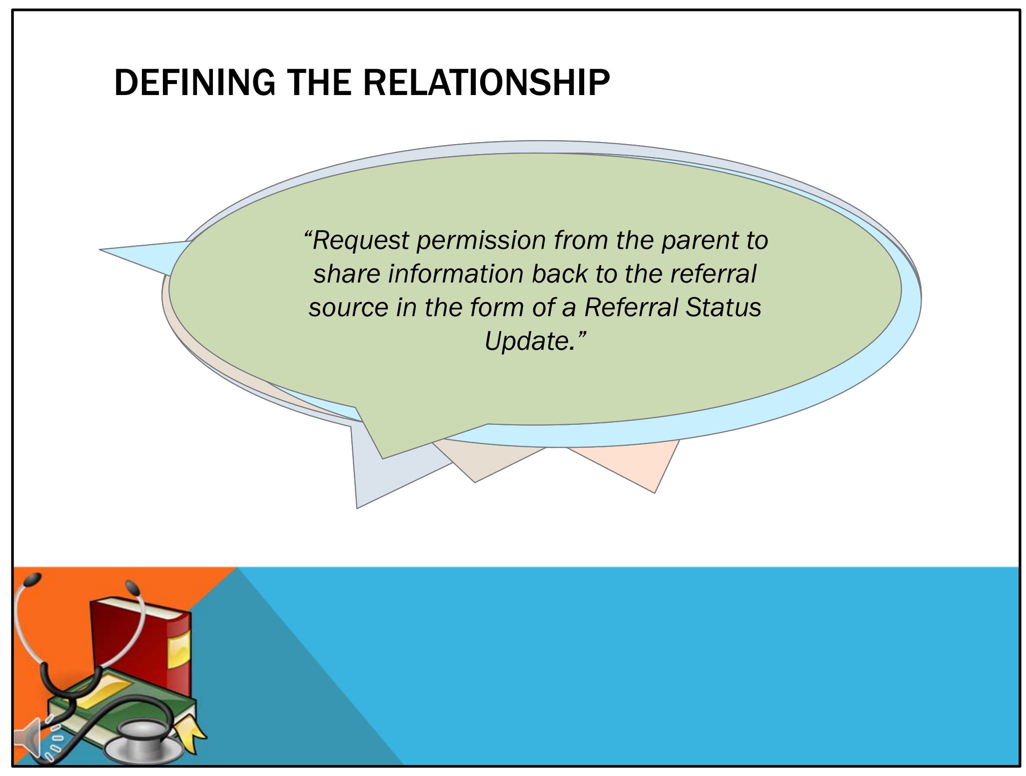
Partnership & Collaboration:

- Coordinate Across the Early Childhood System
- Generate Public Awareness
- Support Community Screening Efforts
- Actively Locate and Identify Children for Referral

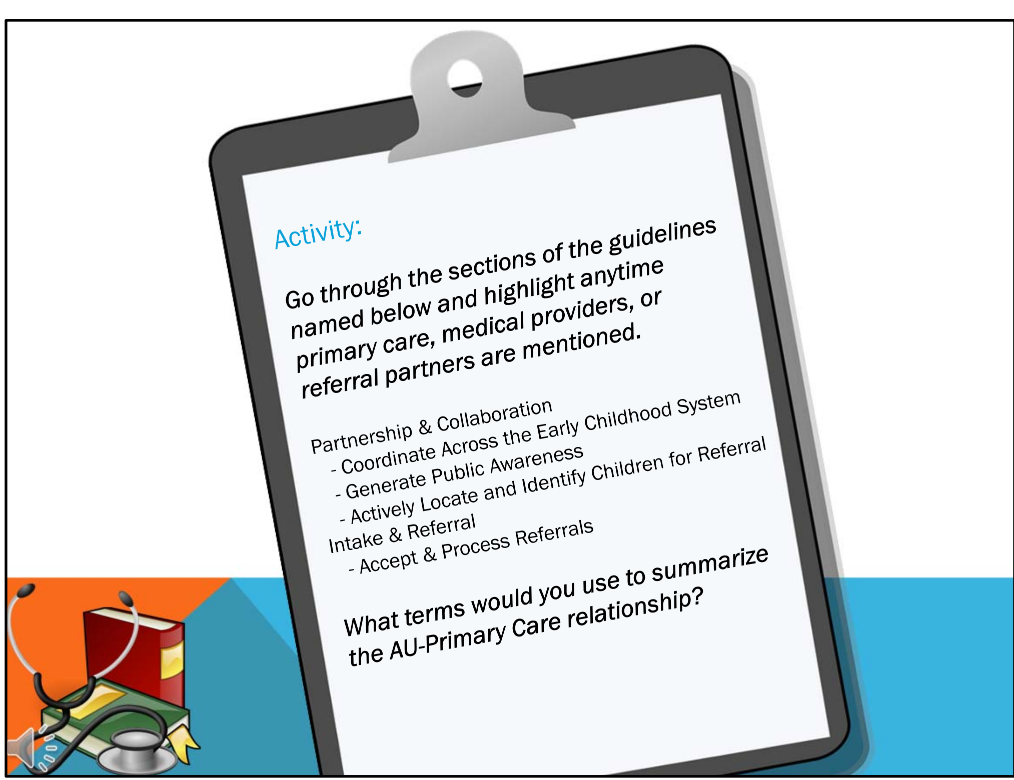
Intake & Referral:

- Accept & Process Referrals

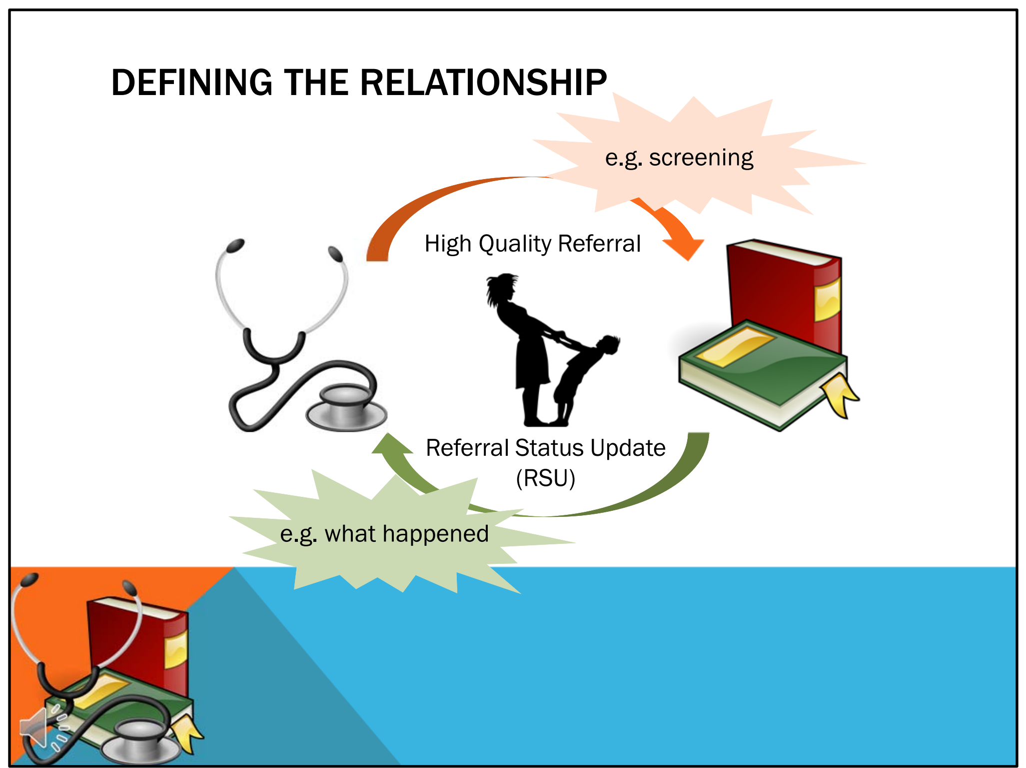
It's worth noting that primary care providers pop up all over the guidelines, in part because they're such a prominent referral source. An AU is expected to communicate with primary care as it relates to early childhood coordination, public awareness, screening, identifying children for referral, and processing referrals. That means the relationship between medical-and-educational providers can play a central role in a family's experience of the Child Find process. The better that communication, the smoother a family's experience.



Here are some examples of what this communication is supposed to look like according to the guidelines:
"The AU shares data with relevant stakeholders to ... support community partners' understanding of their contributions to effective referral and identification practices"
"Providing community partners with accurate written documentation explaining the referral process"
"Ensuring screening entities understand local referral procedures"
"AUs utilize developmental monitoring and/or screening information that accompanies the referral to help guide this decision" about whether they suspect the child has an educational disability.
"Request permission from the parent to share information back to the referral source in the form of a Referral Status Update."
And there are many others!



So go ahead and find other examples of how the guidelines paint the relationship between AUs and primary care. Remember that primary care providers could be referred to as medical providers, referral partners, and sometimes even stakeholders. As you highlight examples in these sections, think about what terms you might use to summarize the AU-primary care relationship?



Let’s try to visualize the AU-primary care relationship. One term that can be used to describe the communication between AUs and primary care is – bi-directional. Primary care is expected to send referrals with complete contact information, consent, and screenings. AUs are expected to close the loop by letting primary care know what happened with each referral.

As with all early childhood work, we have to remember that the child and family are at the center of this relationship – all our efforts are ultimately to improve their experiences and outcomes.

So there we have it. According to CDE’s guidelines, the AU-primary care relationship is expected to involve bi-directional information sharing. Each partner gets information they need to best serve their families. Therefore, when done well, this relationship should be mutually beneficial and family centric.

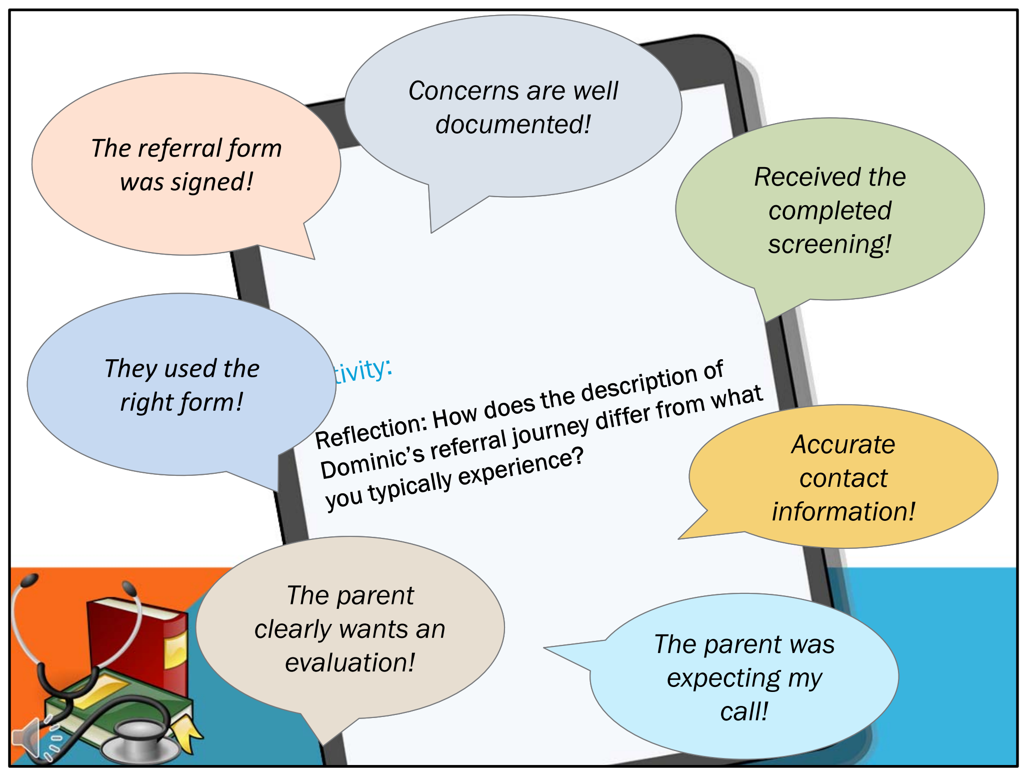
LEARNING OBJECTIVES

- Describe the AU-primary care relationship as depicted by the Guidelines.
- Identify how improving communication with primary care will benefit their child find program.
- Understand how improving communication with child find programs benefits primary care practices.
- Identify next steps in using available tools to improve communication with primary care practices.

And what are those benefits exactly? Now that we've defined the nature of this relationship, let's imagine what strong communication could lead to for child find.

BENEFITS TO CHILD FIND

Suppose Dominic, a four year old boy, just had his annual well-child visit. The next day, a child find coordinator receives a faxed referral on the CDE model referral form, which happens to be that district's preferred referral intake process. The child find coordinator notices that a standardized screening form is attached. Moreover, Dominic's father has signed both lines of the referral form indicating that the pediatrician had consent to send the referral, and the AU has consent to send updates back to that pediatrician. This is echoed in the notes where the pediatrician indicates that Dad is concerned about Dominic's inability to hold utensils steadily enough to feed himself. The child find coordinator sees that indeed, fine motor development shows delays on the screening tool, as well as problem solving (when a tool is needed). When the child find coordinator calls Dominic's dad, he answers right away and says he was expecting the call. It sounds like Dominic's private preschool teachers have been giving him multiple opportunities to draw and craft, but he's struggling there as well as during meal times. An evaluation is scheduled, and Dominic's family arrives on time, eager to better understand how to support their child's development.



Take a moment to reflect on how Dominic's referral journey differed form what is typical at your AU. Press pause to reflect, and press play when you're ready to continue.

Dominic had a pretty smooth journey from a primary care referral, to a special education evaluation. Here are a few pieces that contributed to that experience:

The referral form was signed

The concerns were well documented in the referral

The actual screening form was attached to the referral so that AU staff could learn from those results

The referral came on the preferred form and to the correct fax number

AU staff had no trouble contacting Dominic's family because the contact on the referral form was actually accurate

Moreover, Dominic's dad was expecting a call and he was clearly on board with an evaluation

All of these differences are due, in part, to strong collaboration between the AU and the pediatric office. This pediatric office understands not only what that AU needs to process the referral, but also how to send over the information. The pediatrician also understands their role in informing the family about the child find process and it's potential benefits. Many primary care practices don't understand the child find process.

Bottom line? If you want to see smoother referral intake experiences for your staff and families, then you need to own your public awareness and collaborative responsibilities to improve communication with primary care.

LEARNING OBJECTIVES

- Describe the AU-primary care relationship as depicted by the Guidelines.
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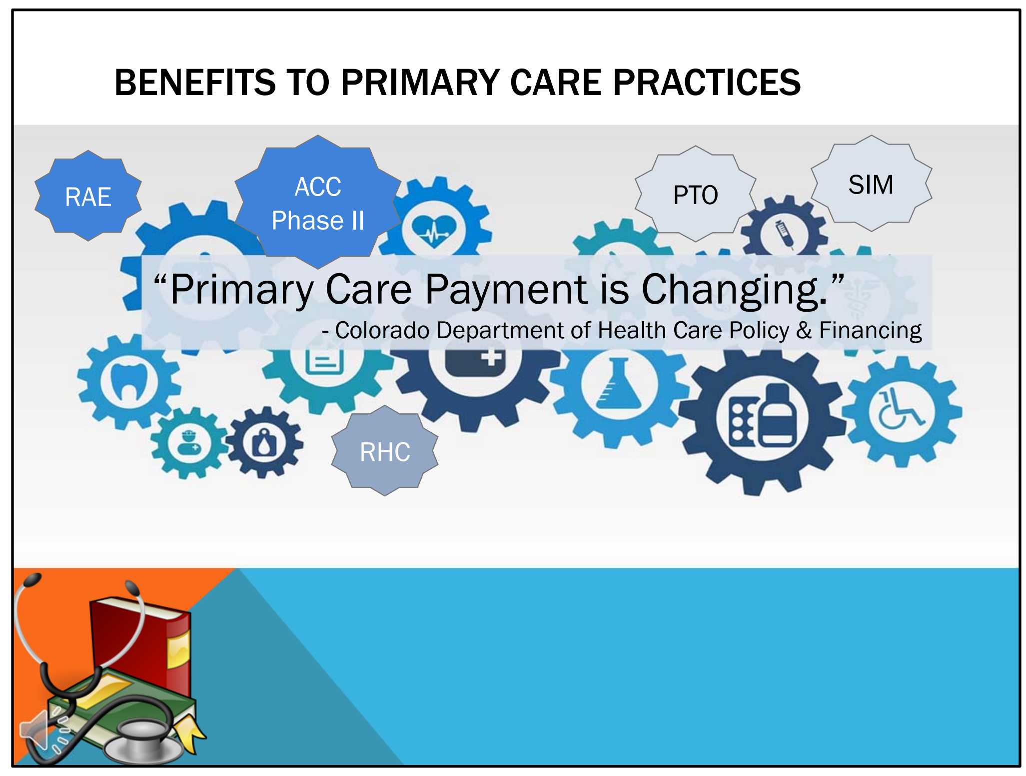
On the other side of the referral, primary care practices are also motivated to create efficient referral pathways, but their expectations are different.
HIPPA allows primary care providers to have pretty seamless communication with other referral recipients. They can share medical records as appropriate and learn exactly what happened at the cardiologist, ophthalmologist, or other specialty care providers. But communication with AUs doesn't fall under HIPPA.

BENEFITS TO PRIMARY CARE PRACTICES

So let's walk through Dominic's referral from his pediatrician's perspective. Dominic and his father arrived for his 48 month well-child visit. As per protocol, Dominic's father filled out a screening form while in the waiting room. The M.A. scored the screening and handed it to the pediatrician who immediately noted some concerns. The pediatrician reviewed this screening with Dominic and his father, and asked their impressions of Dominic's ability to draw work on puzzles, help with getting dressed, etcetera. Dominic's father voiced concerns in this area and said that he's just not sure what to do, so the pediatrician described child find evaluations and all the information they can uncover. She specified that if Dominic qualifies for services he would have to go to a different preschool, and this seemed fine with the family. The M.A. came back and helped Dominic's father complete the referral form and said that he should expect a call in a few days. Several weeks went by and the M.A. saw a new fax with a referral status update about Dominic. He had been evaluated and did qualify for preschool special education. She noted this in his file and felt confident that Dominic was getting the support he needed.
The following day a three year old came in and her screening indicated speech concerns. The M.A. and pediatrician knew what to do. Dominic's story was fresh in their minds. They were confident and positive when describing the benefits of child find to this new family.



Clearly this primary care practice is well motivated and well informed so they can make high quality referrals to the school district. But this doesn't always happen. Just like you, practices in Colorado have a number of competing demands.

As you may have noted, there's a lot going on in the health care landscape. Colorado's department of health care policy and financing states that, "Primary care payment is changing." "This payment model aims to give providers greater flexibility in care provided, reward performance, and maintain transparency and accountability in payments made. Under the proposed model, providers can earn higher reimbursement when designated as meeting specific criteria or performing on quality metrics."

This push toward better health, improved patient experience, and decreased cost is HUGE, and the changes in how practices do day-to-day business are substantial. Under this umbrella of change, a number of efforts have taken root to support practices. These support efforts are manned by Practice Transformation Organizations, or PTOs. One effort that's relatively well known in pediatric practices is the State Innovation Model or SIM.

The landscape around practices is also changing with the Accountable Care Collaborative (ACC) Phase II wherein Medicaid (or Health First Colorado) is bringing together the coordination of physical and behavior health under one set of RAEs – Regional Accountable Entities. And to try to bridge all these efforts within practice transformation, primary care, and public health, we now have a new workforce of Regional Health Connectors. And you thought education had a lot of acronyms!

We share all of this not because we expect you to remember any of these terms, though you might hear some at stakeholder meetings, but because we hope to build an understanding that this is an unusually tumultuous time in the primary care landscape.

BENEFITS TO PRIMARY CARE PRACTICES

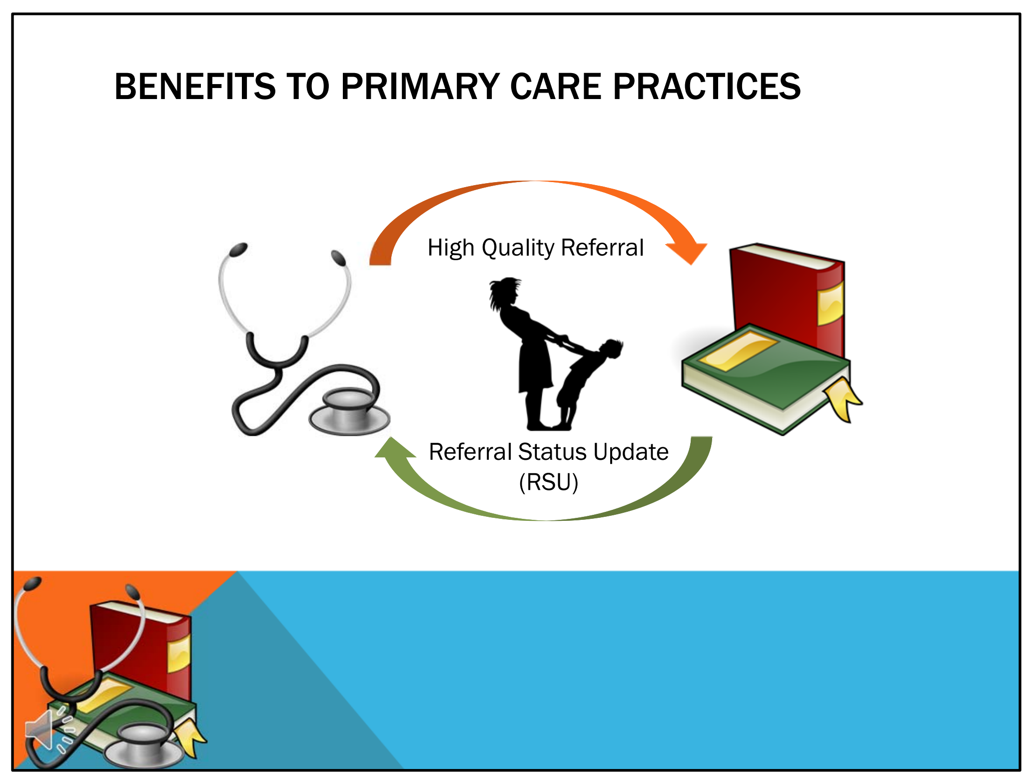
Alternative Payment Model for Primary Care Encourages:

- Tracking referrals until the consultant's or specialist's report is available
  - Follow up on overdue reports
  - Document a process for tracking referrals
- The practice uses standardized/validated screening tools and develops a follow-up process for at least three conditions
  - Document a process for managing follow-up care

Nonetheless, physicians are motivated to coordinate with AUs, and some of these changes may even increase that motivation. On the last slide you heard about changes to incentivize quality care through higher reimbursement rates when certain measures are met. For example, many pediatric practices will participate in Colorado Medicaid's Alternative Payment Model, which includes several measures on referral and follow-up. Practices can choose which measures they work on, so not all practices will aim to increase referral and follow-up metrics, but awareness of these measures can help us communicate and build win-win scenarios.

Practices that choose to work on referral tracking must follow-up on overdue status updates. Follow-up is incomplete until they receive feedback from the specialist. These practices will therefore have a financial incentive to communicate with the AU so they can close the follow-up loop.

Similarly, practices that choose to work on screening must develop a follow-up process for at least three conditions. If developmental delay is among those, practices again will have a financial incentive to understand what happened with each referral.



So this bi-directional relationship is becoming increasingly important as practices are being incentivized to get an update about what happened for each referral.
And of course, at the center of all of this is the child and family. We all understand that coordinated care helps support child wellbeing, but so do timely evaluations, and high quality special education services. So in the hierarchy of all your daily routines, how do you build in time to communicate with primary care?

LEARNING OBJECTIVES

- Describe the AU-primary care relationship as depicted by the Guidelines.
- Identify how improving communication with primary care will benefit their child find program.
- Understand how improving communication with child find programs benefits primary care practices.
- Identify next steps in using available tools to improve communication with primary care practices.

You make communication as streamlined as possible!
In this final section we will review several tools that are available to you for improving communication with primary care providers.

TOOLS

Child Find Referral Form
(For Children age 3-5 years)

COLORADO
Department of Education

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Child's Information

Child's Name (First, Middle, Last):
DOB: / / Child's Race: Gender: Male Female
Parent / Guardian: Relation to Child:
Address: Phone #1: Best Time:
Phone #2: Best Time:
Interpreter Needed: Yes No If Yes, Language:
School District or County of Residence:
Child Attends: Head Start School Dist. Preschool Private Preschool
Referring Provider: Phone:
Address: Fax:
Reason for referral:

Date of ASQ or other developmental screening / / Date of Hearing Screen / / Date of Vision Screen / / *(Please include copy of the entire developmental screening tool, such as the ASQ, as well as results of any hearing and vision screening. This will avoid duplication of efforts and allow for a more timely and appropriate evaluation.)*

Referral and Consent to Share Information

I am requesting that my child be referred to Child Find to determine eligibility for preschool special education services. I authorize my child's provider ______ to release the results of developmental screening and any pertinent medical history of ______ (name of child) **DOB** / / to ______ (Child Find Coordinator/School District) to be considered in determining whether the child is a child with an educational disability.
Signed: **Relation to Child:** **Date:** / /
Furthermore, I authorize ______ (Child Find coordinator/school district) to share the results of the evaluation with ______ (child's provider).
Signed: **Relation to Child:** **Date:** / /

Update from Child Find to Referral Source (Child Find to Fax to Referral Source if listed above)

- Child Find completed developmental screening of this child on / /
- The child was evaluated on / / and is...
  - Eligible for preschool special education and (circle all): SPL PT OT Behavioral Other:
  - Not eligible for preschool special education at this time, further developmental evaluation may be indicated. Follow up with medical provider recommended.
- The child has not been in for screening or evaluation
- The child did not qualify for special education but a developmental delay was confirmed. Follow up with medical provider recommended.
- Please call me for more information regarding this child's screening/evaluation

Completed by: Phone:
Signature: Date: / /

The first is the CDE model referral form. Many AUs are already using this as their preferred method of receiving referrals and many practices already have this form as well. As you likely know, Early Intervention Part C also has a statewide form, and that consistency allows for less confusion for practices that see clients from multiple counties. Similarly, many practices see children from multiple school districts, and it's in those districts' best interest to align their referral pathways so someone doesn't have to remember that "we fax this form to district A, but we have to go online and fill out this form for district B". But the main benefits of this form are in the bottom two sections. You may want to pull up the form in your attachments if your image is blurry.
Here [click] you see that two signatures are requested – one for the referring agency (the primary care practice) to share information with an AU, and one for the AU to share information with that referring agency. So if the form is filled out completely, you know you have consent for bi-directional communication from the get-go.

TOOLS

Child Find Referral Form
(For Children age 3-5 years)

COLORADO
Department of Education

Child's Information

Child's Name (First, Middle, Last):
DOB: / / Child's Race: Gender: Male Female
Parent / Guardian: Relation to Child:
Address: Phone #1: Best Time:
Phone #2: Best Time:
Interpreter Needed: Yes No If Yes, Language:
School District or County of Residence:
Child Attends: Head Start School Dist. Preschool Private Preschool Childcare None
Referring Provider:
Address:
Reason for referral:

Exceptional Student Services
Preschool Special Education and Child Find
FACT SHEET

Referral Status Updates
Enhancing Communication and Partnerships with Child Find's Referral Partners

Referral Status Update Requirements

What is a Referral Status Update?

Why do Referral Sources need to know the status of referrals made?

Referral and Consent to Share Information

Signed: Relation to Child:

Signed: Relation to Child:

Update from Child Find to Referral Source (Child Find to Fax to Referral Source if listed above)

- Child Find completed developmental screening of this child on / /
- The child was evaluated on / / and is...
  - Eligible for preschool special education and (circle all): SPL PT OT Behavioral Other:
  - Not eligible for preschool special education at this time, further developmental evaluation may be indicated. Follow up with medical provider recommended.
- The child has not been in for screening or evaluation
- The child did not qualify for special education but a developmental delay was confirmed. Follow up with medical provider recommended.
- Please call me for more information regarding this child's screening/evaluation

Completed by: Phone:
Signature: Date: / /

And the key selling point is here the referral status update section. This form provides a simple format for sending quick referral status updates to your referral sources, and as a bonus, because this is the same document as the original referral, all the provider's contact information is right there!

You can find more information on how to use this form for sending referral status updates in this Facts Sheet in the module attachments.

TOOLS: COVER LETTERS

"For future referrals, please use the attached referral form if you are not already doing so."

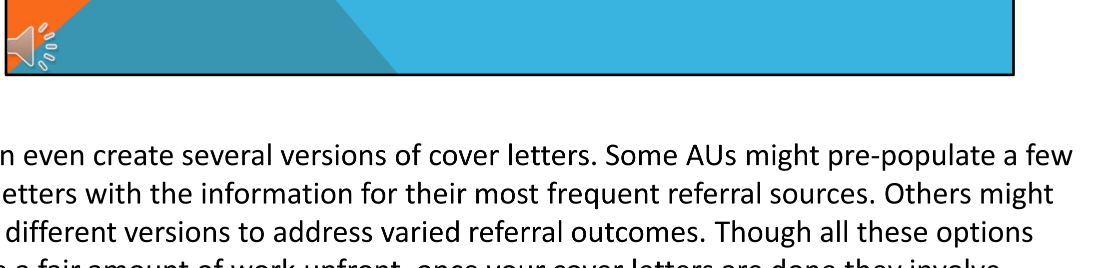
"If an Ages and Stages Questionnaire (ASQ) or a developmental screening was administered, please fax or scan the entire screening together with the referral form. Having this information helps us plan an evaluation with the staff and tools that are best suited to identify that child's needs."

"For future referrals, please note that verbal consent alone does not allow us to send referral status updates. In this case we were able to obtain written consent when the family arrived for evaluation, but if we were not able to reach the family or they had missed their appointment, we would not have been able to share that information with you. When possible, please obtain written consent for information sharing at the time of the referral."

To go one step further you might consider incorporating a cover letter for your referral status updates. Remember that practices are eager to receive a referral status update so this is a document they WILL read. This cover letter could be a great opportunity to share information about your preferred process for receiving referrals and address any hiccups you've noticed. For example, if you've just changed your referral process consider something like, "For future referrals, please use the attached referral form if you are not already doing so." If you suspect that a practice is screening, but not sending the completed screening tool, consider something like, "If an Ages and Stages Questionnaire (ASQ) or a developmental screening was administered, please fax or scan the entire screening together with the referral form. Having this information helps us plan an evaluation with the staff and tools that are best suited to identify that child's needs." And finally, if a practice sends a referral without written consent, you can address that in the cover letter as well.

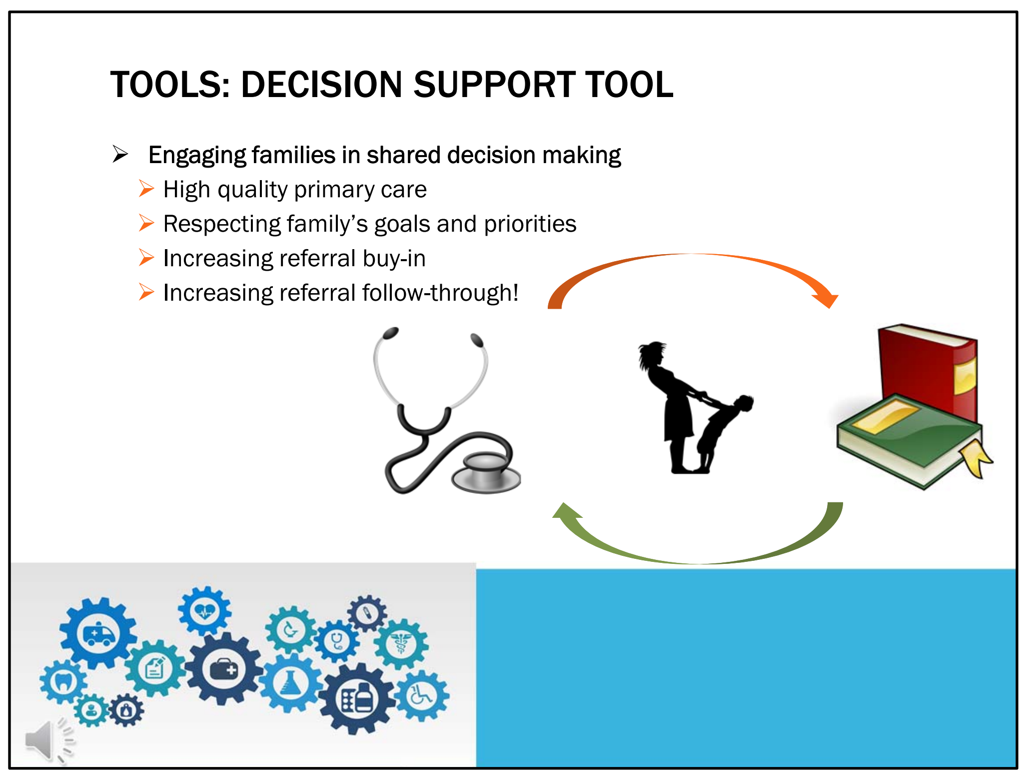
TOOLS: COVER LETTERS

- Create several cover letters for various scenarios e.g.
  - The child was found eligible for preschool special education
  - The child was not found eligible
  - Insufficient contact information (include guidance on the importance of completing all the fields on the referral form)
  - Wrong referral form
  - No written consent (verbal consent only)
  - Mass mailing to share your referral process with all local primary care practices

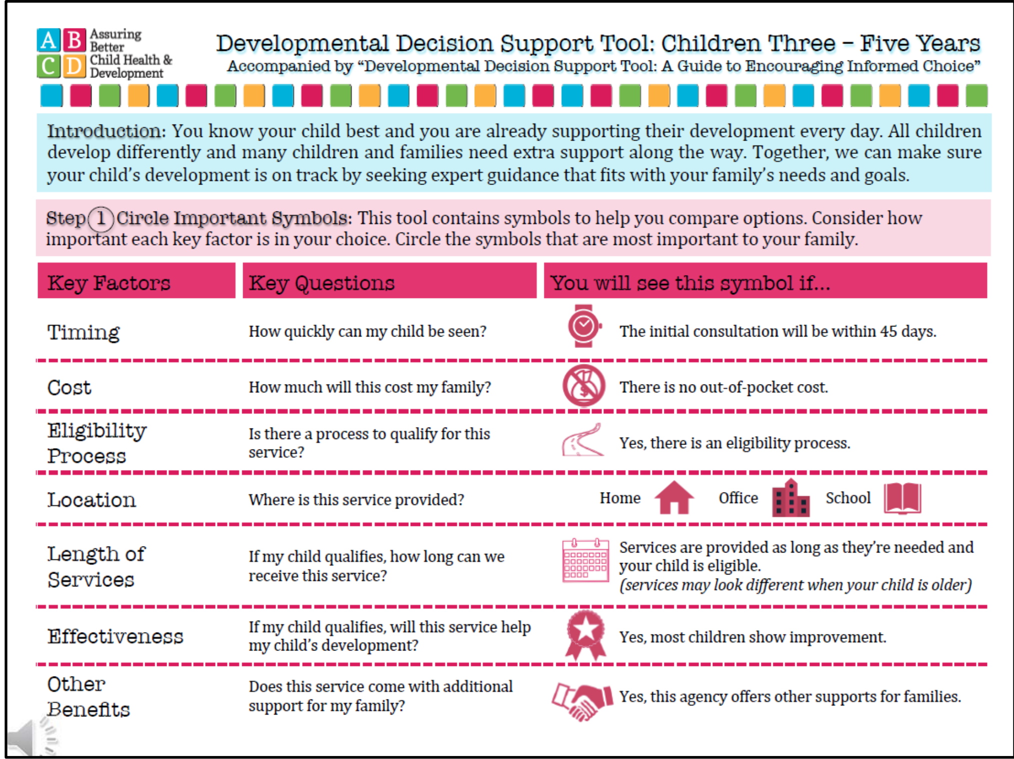


You can even create several versions of cover letters. Some AUs might pre-populate a few cover letters with the information for their most frequent referral sources. Others might create different versions to address varied referral outcomes. Though all these options involve a fair amount of work upfront, once your cover letters are done they involve minimal customization. In fact, you could take all child-specific information off of the cover letters (since that information will be on the accompanying referral status update) and have your cover letter pre-printed!

Cover letters can also come in handy when you want to share new or updated information about your child find process. However, in this "mass mailing" scenario, your materials may not be read by the right set of eyes because they aren't attached to the heavily coveted referral status updates. In this case, the next communication tool might be especially helpful.



This communication tool was built specifically to address one of the 10 building blocks of high-performing primary care. In this rapidly evolving medical landscape the building blocks are at the core of many benchmarks against which practices will be measured. As we saw earlier, practices are being pushed to demonstrate quality in order to receive higher reimbursement, so helping them improve their quality of care will go a long way toward improving bi-directional communication. Plus, using this tool will improve the quality of referrals that you receive because families will be actively involved in choosing child find referrals. Shared decision making empowers the family creating a win-win-win scenario!



This particular decision support tool was developed for primary care providers to use when they would like to refer a family for a developmental evaluation or developmental services. We encourage providers to use observation, medical history, screening results, and the family's input to help them decide when to recommend a referral. And in those instances when they do decide to recommend a referral, this decision support tool should be reviewed with the family. Detailed instructions on how to use this tool are provided in an accompanying guide to encouraging informed choice. Note that ABCD is currently pursuing a grant to pilot this tool, so the version you see here is still considered a draft.

Essentially, families are encouraged to compare options based on a handful of key factors. In step 1, families reflect on each key factor (like timing and cost) and decide which ones are most important to their decision making process.

Supporting Early Childhood Development: 3-5

Step 2 Exploring Your Options: Review each option below keeping in mind which key factors are most important for your family. Remember that all these options can be combined with activities you are already doing or new ones you try in your home.

Timing | Cost | Eligibility | Location | Length of Services | Effectiveness | Other Benefits

Option	Description	Key Factors
Preschool Special Education Age: 3-5 years (or Kindergarten Entry)	General: Preschool Special Education is a process for identifying children who need special education services within public preschool. Referrals to the local school district can result in a developmental evaluation (sometimes preceded by screening) to understand whether the child will qualify. If your child is already enrolled in Early Intervention, your service coordinator will help with this transition. Local: (note locations for evaluation and public preschool) *Communities will add information here*	
Private Therapy	General: Private therapy includes occupational, physical, speech/language, behavior or other specialized therapy. A medical prescription is often necessary. Families should contact their medical insurance provider to find therapists within their network and to learn what services are covered.* Local: *Communities will add information here*	
Other Programs	General: You can enhance your child's development in many ways. Sometimes preschool can provide that extra boost. Some communities offer programs that bring a nurse or other professional into the home. Reach out to your public health department for more information. Local: *Communities will add information here*	Key factors vary, see local resources
Wait	Enrolling in one of these programs may not be right for your family right now. Sometimes families choose to wait while keeping a close eye on their child's development. Your medical provider may ask you to come back soon to see whether anything has changed. You may reconsider other options at that time.	NOT EFFECTIVE

**Private therapy options vary. This description may not accurately represent what is offered in your community.*

Step 3 What's Next: Which option would you like to pursue at this time?

- ☐ Preschool Special Education: You and your medical provider complete a referral form together, and you should receive a call within a week.
- ☐ Private Therapy: Your medical provider will make a referral (or write a prescription). Work with your insurance to find a therapist.
- ☐ Other: See your local resources for another program that will meet your needs.
- ☐ Wait: Follow-up with your medical provider.

In step 2, families read about each option and compare them based on those key factors. For example, preschool special education is provided at school while private therapy is typically provided in an office. And there is no out-of-pocket cost for preschool special education, but that is not necessarily true for private therapy.

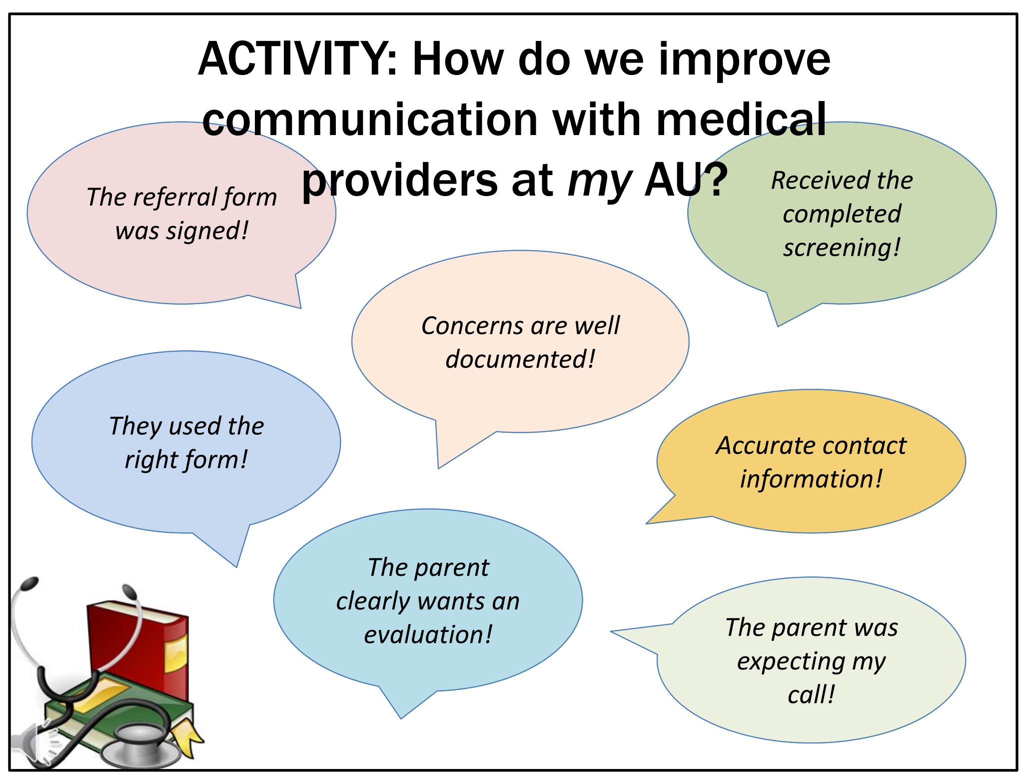
Finally, in step 3, the family and primary care provider decide how they would like to move forward, checking the box that corresponds with their choice.

This process allows families to learn about each of their options and compare them based on their current priorities.

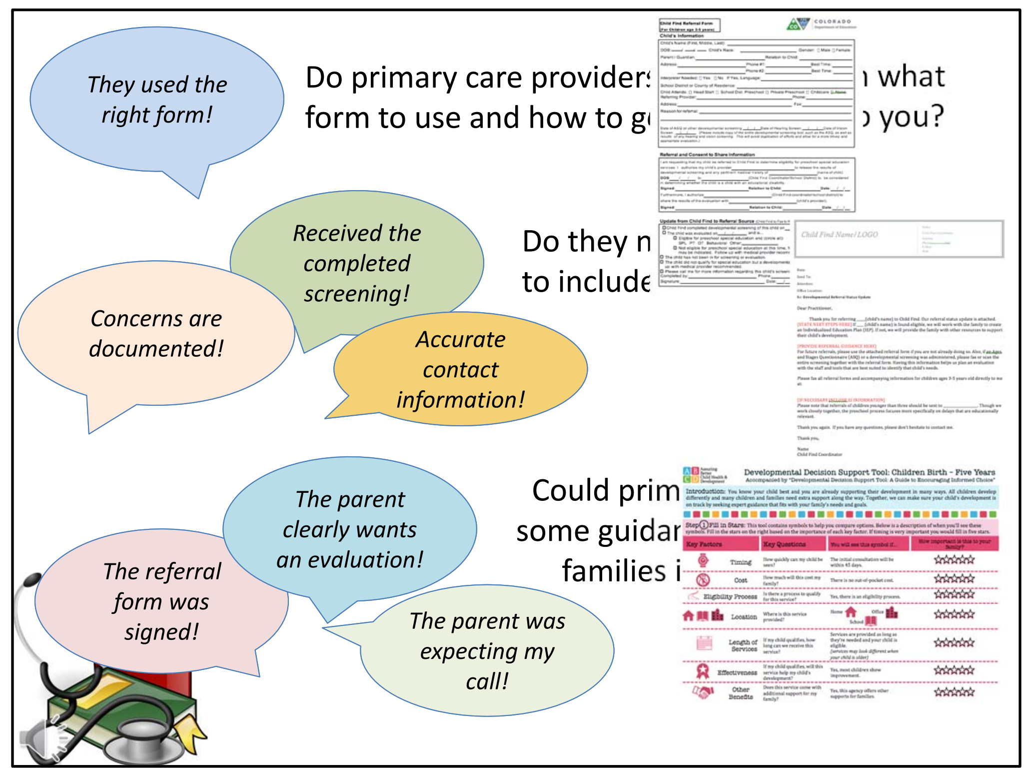
Importantly, this tool is intended to be customized by local communities. The preschool special education section has a fillable box where you can put the child find evaluation location and the preschool locations. Similarly, communities need to add information on other local programs like Head Start and Safecare that can offer some developmental support. To help you do all this, ABCD is offering 30 minute office-hour slots to AUs who want to distribute this decision support tool in their communities.

Once all the local information is added, you can send this tool to all the primary care practices in your community knowing that this speaks to their performance incentives. Combine this with a cover letter where you detail your referral and intake process and voila – a win-win-win scenario! The primary care practice gets a vetted family-friendly tool for shared decision making, and you'll get better referrals with more family buy-in! Plus, you've shown sensitivity to the

current medical landscape, which will open the door for more open collaborative partnership.

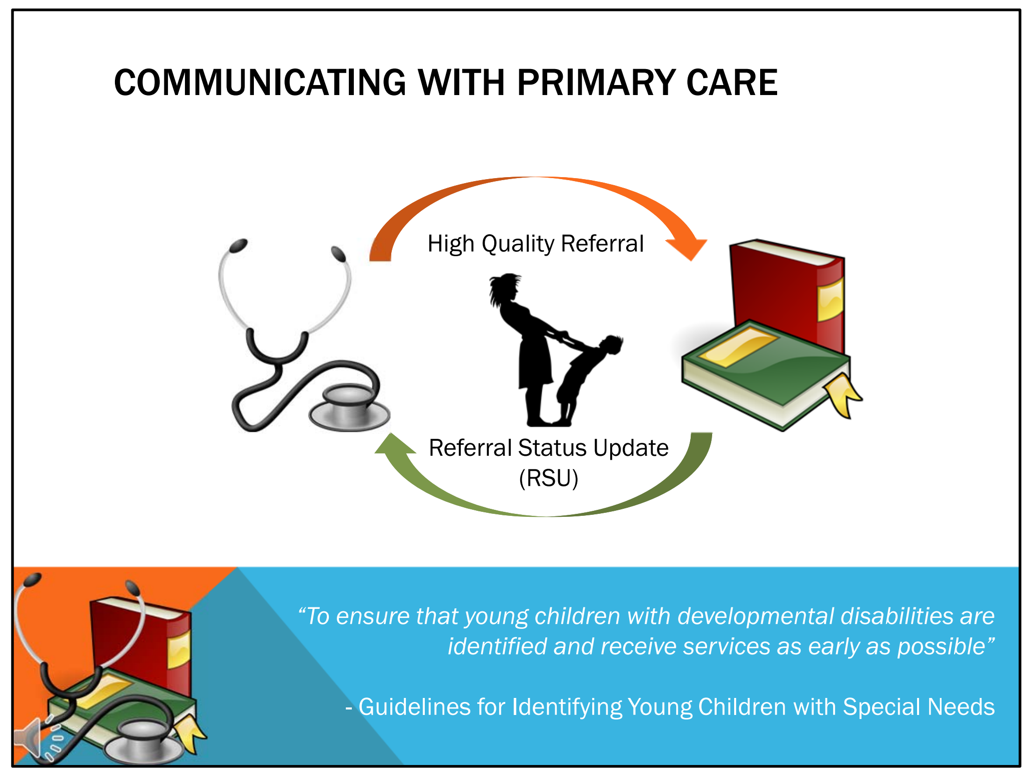


Now that we've reviewed three different tools for communicating with primary care, it's time to think about what makes the most sense for your AU. Reflect back on how Dominic's referral journey was different from what typically happens at your AU. What are the barriers to your families experiencing a clear path from a primary care referral to a special education evaluation?



Do primary care providers need clarity on what form to use and how to get the referral to you? Do they need information on what to include with the referral and why? Could primary care providers use some guidance on how to have a referral conversation with families and support those families in making an informed choice? Each of these barriers can be addressed by one or more of the tools we've reviewed in this module.

With all those tools in your toolbox, go ahead and find the Action Plan worksheet in your attachments. This worksheet will ask you to name barriers and identify a communication tool that you're ready to implement in the coming months. Then you'll plan a few manageable steps to customize your communication tool and get it to primary care practices. Remember that you'll need to work directly with ABCD to get and customize the Decision Support Tool.



In sum, we know that communicating with primary care can be challenging. The medical and education realms are different: they have different constraints and different incentives. But at the end of the day, we have to work together "to ensure that young children with developmental disabilities are identified and receive services as early as possible." Sending referral status updates is just as critical as sending high quality referrals to providing a high quality of care to children and families in your community. We hope the tools in this module will help you improve both sides of this information-sharing relationship.

ADDITIONAL SUPPORT

For further information on the Decision Support Tool,

Email your action plan to irena@coloradoabcd.org

CERTIFICATE OF COMPLETION

Available in the CDE LMS upon completion of a short reflection survey.

Thank you for your participation in this short module on communicating with primary care. As mentioned, additional support is available to those who complete the Action Plan worksheet. During that support session, we'll help you customize your communication tools including the decision support tool (which is not included as an attachment to this module). We'll talk about tips for getting these materials into the hands of primary care practices easily and effectively. We may even have more resources specific to your local community. Simply email your completed Action Plan to irena@coloradoabcd.org.