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 is 1st Five Medicaid EPSDT Matchable Infrastructure?

The term "infrastructure" refers to the activities that are fundamental to 1st Five achieving the overall goal of increasing utilization of surveillance and standardized developmental screening tools by primary care providers for all Iowa children ages birth to five years old. These fundamental building blocks are activities performed by the 1st Five Site Coordinator with two primary customers, primary care providers and community partners. The 1st Five Site Coordinator is responsible for driving the work referred to as "infrastructure building activities". This work is essential to:

- develop and maintain relationships with primary care providers and other staff in primary care practices
- ensure the *three levels** of developmental care through Iowa Medicaid's Early, Periodic Screening, Diagnosis and Treatment (EPSDT) program become standard practice, and
- serve as a community utility, playing a crucial role in assisting primary care providers to deliver coordinated, comprehensive and family-centered care.

**The Iowa Medicaid Enterprise (IME) requires surveillance, developmental screening, anticipatory guidance, care coordination, evaluations and interventions to promote healthy child development. 1st Five supports implementation of the three levels of care in primary care practices:*

Level 1 - Developmental Surveillance: Preventative developmental services for all children
Level 2 - Developmental Screening: Targeted screening and intervention for children at risk
Level 3 - Developmental Evaluation: Evaluation and treatment of children with identified developmental or social emotional concern

Required infrastructure building services include:

1. Initiating and maintaining relationships with *primary care practices*, including primary care providers and other staff, to provide education about the 1st Five program, consultation toward the incorporation of standardized developmental surveillance and screening tools into the primary care practice as part of a well child exam, and information about related early childhood development topics and resources.
2. Maintain relationships with *community partners*, including other types of health care providers and public health human services, to improve the health and human services care system for children. As needed, the 1st Five Site Coordinator will convene community partners and provide educational services specific to the 1st Five program, referral pathways, appropriate
opportunities to partner with 1st Five and related early childhood and family support issues.

Making the Connection to 1st Five Healthy Mental Development Initiative Objectives

The infrastructure activities described above are essential to a 1st Five Site Coordinator in achieving the 1st Five program goals to:

1. increase developmental screening usage with primary care practices that are already engaged, including advancing practices through the Levels of Engagement and maintaining practices at the highest level
2. increase the number of engaged primary care practices (or maintain partnerships if all primary care practices have been engaged)
3. increase referrals from primary care providers through identification of developmental delay using standardized developmental screening as recommended by the American Academy of Pediatrics
4. assure positive working relationships with all community partners and familiarity with local resources in the collaborative service area in order to make connections when needs are identified through completed developmental screening in primary care

Medicaid EPSDT Matchable Infrastructure Building Activities

1st Five contractors must meet Medicaid EPSDT Matchable Infrastructure expectations determined through the formal contracting process with the Iowa Department of Public Health and reflected in the budget. The Site Coordinator leads conversation, education, and training about:

- The importance of surveillance and developmental screening in primary care
- The importance of early detection and intervention for developmental delay as a part of the well-child visit
- The role of primary care in identification of developmental needs in the birth to five population
- The purpose of the 1st Five program (to increase the utilization of surveillance and standardized developmental screening tools in primary care)

Additionally, preparation and planning for meetings and events are also considered Medicaid EPSDT Matchable Infrastructure activities.

(a). Provider Engagement Medicaid Matchable EPSDT Infrastructure

The primary focus in working with primary care practices/primary care providers is implementation of surveillance and standardized developmental screening.

Provider Engagement Medicaid EPSDT Matchable Infrastructure Examples:

Table 16 contains examples of typical interactions with primary care practices in common order of progression (i.e. phone outreach typically occurs to set up a meeting with the practice, which then leads to direct engagement with a practice/providers either in-person or virtually). However, it is important to note that Site Coordinators are not restricted to this particular list or this particular order.

Table 16. Provider Engagement Infrastructure Examples **(Attachment S)**

Example of Provider Engagement Activities and Description	**1st Five Site Coordinator Infrastructure Activities and Training/Discussion Topics**
Initial Outreach	The Site Coordinator communicates with practices/providers to

Example of Provider Engagement Activities and Description	1st Five Site Coordinator Infrastructure Activities and Training/Discussion Topics
Initial outreach from the Site Coordinator may take place through a variety of formats. Phone calls, emails, mailings or virtual interactions are typical for communicating with practices and primary care providers.	assess ongoing support and technical assistance needs relative to screening implementation and referral support which includes: ● Training/discussion of 1st Five program basics for staff (what is 1st Five, and what are the partnership expectations for both the practice and 1st Five) ● Discussion of how to implement and sustain screening in their practice ● Training/discussion on developmental screening tools (including how to score a screening tool) ● Discussion of how to establish and sustain referrals to 1st Five ● Training/discussion on how to refer to 1st Five
Introductory Meeting *Facilitating meetings with practice staff typically includes a progression of interaction with the practice, beginning with an introductory meeting with an identified point of contact (POC). This individual is typically the clinic manager/office manager, lead nurse, or some type of clinic administrator.*	Introductory meetings typically include the following focus areas: ● Introduction to the 1st Five program ● Partnership expectations including: developmental screening tool implementation and scoring training, referral to 1st Five, ongoing technical support from 1st Five, and follow up plans for referral outcomes. Site Coordinators may consider whether a Letter of Commitment (LOC) with the practice is an appropriate tool to assist with formalizing partnership with 1st Five (refer to Section D(a) and **Attachment U** for more information on the LOC ● Gathering information relative to current practice protocols of screening and surveillance and referrals for early intervention ● Next steps to move the partnership forward
Practice Staff Meeting *Meetings with practice providers typically follow the completion of a successful introductory meeting(s) with the practice point of contact (clinic manager/office manager, admin staff, or similar individual). This type of infrastructure activity is focused on providing background information of the 1st Five initiative to the providers and practice staff.*	There should be an emphasis on exploring the plan for screening implementation for the practice and discussing next steps to meet this goal with 1st Five: ● Introduction to the 1st Five program ● Partnership Expectations including: developmental screening tool implementation and scoring training, referral to 1st Five, ongoing technical support from 1st Five, and follow up plans for referral outcomes ● Confirmation of current surveillance, screening and referral processes (as gathered from the introductory meeting(s) with the office point of contact) ● Exploration of the screening implementation plan for the practice ● Next steps to move the partnership forward
Practice Staff Training	Generally, providers (and identified clinic support staff) should

Example of Provider Engagement Activities and Description	1st Five Site Coordinator Infrastructure Activities and Training/Discussion Topics
The height of infrastructure activity for the 1st Five Site Coordinator includes the delivery of developmental screening tool training for primary care practices. Training for a practice can be approached in a variety of ways to meet the needs of the practice.	receive training from the 1st Five Site Coordinator on the ASQ, the ASQ:SE and/or the M-CHAT-R/F. Refer to the section on Surveillance and Screening for detailed guidance on how to organize screening training for provider and nurse groups. Site Coordinators should consider peer-to-peer consultation training on the M-CHAT-R/F for their engaged practices that have this need.
Ongoing Communication with an Engaged Primary Care Practice *Follow-up interaction and engagement frequency is mutually determined by the practice and the 1st Five Site Coordinator. Practices that have recently implemented developmental screening into their workflow should receive follow up within one month of their "Go-Live" screening date to assess initial challenges with the implementation process.Fully implementing practices may require less frequent follow up, but more targeted investigation of sustainability during those interactions.*	Follow up infrastructure work with a practice and providers always includes assessment and exploration of technical assistance needs: ● Opening with an opportunity for the practice to express their needs ● Identification of training opportunities on surveillance and screening tools for new staff at the practice. ● Identification of screening challenges. ● Identifying staff roles that are responsible for particular steps of the workflow process. ● Identification of challenges with referral to 1st Five. ○ Review of the 1st Five referral form, how to make a referral, and what follow up looks like.
Outreach Event/Engagement with a Primary Care Practice *These events are similar to community facilitated/organized health fair events with the distinction that these health fair events are hosted by a primary care practice, and may even take place at a primary care office location. Topics to present to*	Suggestions for how to improve on these relationships at this special event include: ● Asking practice staff how screening is going and if there are challenges they're aware of in the screening process ● Asking practice staff how the referral process is going and if there are challenges they're aware of in the referral process ● Thanking the practice staff for their investment in 1st Five and the good work they do to make sure children are screened for delays ● Inquiring about how to improve the relationship, or what's needed additionally to take the partnership to the next level

Example of Provider Engagement Activities and Description	**1st Five Site Coordinator Infrastructure Activities and Training/Discussion Topics**
community members that attend this provider-organized health fair event will be the same as a community health fair event. Additionally, Site Coordinators should target their time at these events by seeking to engage and make connections with practice staff that also attend. This is a special and unique opportunity to connect with a practice outside of typical formal interactions.	● Offering to meet individually with practice staff to check-in about their partnership with 1st Five
Less Formal Interactions *Follow up with primary care practices and engaged providers may also include interactions that are less formal. These interactions might include requested follow up by the practice that do not require significant prep and planning by the Site Coordinator. For example, the practice calls and requests additional 1st Five referral forms, brochures, or other 1st Five supported materials important to the screening, or referral process.*	These more informal interactions with engaged practices and providers will still include professional approaches to working with provider partners, including intentional focus on both: ● How is screening going? Are there challenges with universal screening in the practice? If so, what are they and how can 1st Five support the practice to overcome them? ● How is the referral process going? Are there challenges with referral to 1st Five? If so, what are they and how can 1st Five support the practice to overcome them? It is important that 1st Five Site Coordinators do their best to secure some type of interaction with the practice during these less formal requests. Site Coordinators should, if possible, deliver requested materials with some type of investigation of screening and referral processes as a way to maintain ongoing understanding of practice challenges and support needed. *Each meeting with engaged partners should include an open opportunity to discuss practice needs and barriers.*

(b). Community Partner Medicaid EPSDT Matchable Infrastructure

1st Five Site Coordinators build relationships and networks within their collaborative service area. Engagement with community partners is an important focus for 1st Five Site Coordinators for the following reasons:

- Relationships with community partners allows for a robust understanding of local community resources. Understanding program services, the referral process and eligibility requirements is an important part of the 1st Five referral process.

- Community engagement builds better relationships across community service providers by allowing for regular and frequent exchanges of information between 1st Five and the resources 1st Five refers to. Sharing information across programs identifies areas of shared purpose between community partner organizations and improves the early childhood system.
- Infrastructure activities performed with community partners create partnerships between public health and the communities supported by 1st Five.

Community Partner Medicaid EPSDT Matchable Infrastructure Examples

Table 17 describes typical examples of interactions with community partners

Table 17. Community Engagement Infrastructure Examples **(Attachment T)**

Example of Community Engagement Activities and Description	1st Five Site Coordinator Infrastructure Activities and Discussion Topics
Facilitating/Convening a Community Coalition/ Partnership Meeting	In cases where 1st Five has directly addressed a gap that exists in terms of driving community engagement to support early child populations, a 1st Five Site Coordinator might convene a community coalition/partnership meeting. These meetings are organized and facilitated by the 1st Five Site Coordinator and community partners are invited to attend. These activities are always considered infrastructure due to the nature of facilitation and focus on 1st Five's priorities and goals.
Attending a Community Coalition/Partnership Meeting *Site Coordinators may also attend Community Coalition/Partnership Meetings in which 1st Five is highlighted and program information is shared with community partners. It is recommended that Site Coordinators request to appear on the agenda for community coalitions annually to deliver program information. Preparation and planning for these presentations is also considered infrastructure work.*	To be considered Medicaid EPSDT Matchable Infrastructure, Site Coordinators will deliver 1st Five specific Information, which includes: 1. the 1st Five model and history of the initiative 2. the importance of developmental screening in primary care 3. the importance of early intervention connected to primary care
Meeting with Community Partners Regarding the 1st Five	Discuss the following key concepts: 1. Expectations for partnership - Community partners should anticipate referrals from 1st Five DSS for

Example of Community Engagement Activities and Description	1st Five Site Coordinator Infrastructure Activities and Discussion Topics
Referral Process *Site Coordinators are content experts regarding the 1st Five four-part model of implementation, which includes content areas of surveillance and developmental screening, integration of AAP supported screening tools into primary care practice workflows, and the process of referral from a primary care provider to 1st Five for developmental support. The relationship between Site Coordinators and community partners hinges on the ability to understand the referral relationship between these two partners. It is not uncommon for Site Coordinators to identify the need for consultation around this linear relationship (1st Five referrals are made out to community partners for 1st Five referred clients).*	developmental support and identified social, and environmental needs. 2. Sustainability of the referral relationship - Site Coordinators provide clarification of the directional referral relationship (from 1st Five to the community resource) so that community partners are able to support and be supported by 1st Five. 3. Space should be held for discussion of opportunities for community partners to support 1st Five in growing awareness of developmental screening as a valuable part of the well-visit exam, and an essential expectation of a medical home. 4. Expectation for 1st Five DSS to report back to the referring provider with updates regarding status of referrals to community resources The need for this activity is typically presented to address the following challenges experienced by the Site Coordinator during community partner engagement: ● Misunderstanding of referral pathways - community partners questioning how 1st Five referrals are received and why ● Receipt of inappropriate referrals - community partners attempting to refer into 1st Five
Attending a Community Event-Health Fair (community partner facilitated/organized) *Site Coordinators might be invited to attend community events, such as health fairs. Health fairs are events that involve community programs sharing their information with community members. These events may draw high volumes of people, which often means the events are fast-paced. As a vendor at this type of event, 1st Five Site Coordinators need to develop their 1st Five*	Below are some examples of important topics Site Coordinators will address at these health fairs and strategies for how to communicate in ways that fit this type of fast-paced, dynamic environment: 1. Emphasize that developmental screenings are an important part of the well-child visit by asking: “Does your child have a primary care provider that they see for regular well checks?” or “Does your child receive developmental screening like the ASQ when they’re seen by their primary care provider during well visits?” 2. Explain how a parent can request developmental screening for their child with their child’s primary care provider, by saying: “Be sure to ask your child’s primary care provider about developmental screening to catch delays early.” 3. Educate about the 1st Five Initiative by sharing: “We are a Public Health Program that works with medical providers to make sure children birth to five years old

Example of Community Engagement Activities and Description	1st Five Site Coordinator Infrastructure Activities and Discussion Topics
messaging so it can be delivered quickly and accurately. *Special Note: Site Coordinators do not provide developmental screenings at these events. Instead, encourage the community to seek screening as part of the well-care provided by their child's primary care provider as a routine part of the well-visit process.* *Prep & planning for attending these community events is considered Medicaid EPSDT matchable infrastructure work.*	are screened for developmental delay." 4. Explain the importance of early intervention by sharing "By screening children at 9,18, and 30 months primary care providers are able to detect whether a child might benefit from support to support their development while their brain is rapidly-developing and before they reach school age."

<u>Putting it All Together</u>

Site Coordinators benefit from anticipating practice and provider needs in order to maximize engagement opportunities with this very busy population of professionals. By maintaining an awareness of potential infrastructure activities, the purpose of the infrastructure activities, and how they support meeting the overall 1st Five program goals (as previously described), the Site Coordinator has a good chance of communicating clear partnership expectations to both provider and community partners. A breakdown in communication related to expectations/roles is typically the root cause of challenges a 1st Five Site Coordinator may experience relative to moving partnerships forward. Next steps include understanding more about our primary care provider partners.

B. Understanding Primary Care

It is important that the 1st Five Site Coordinator develop an understanding of the healthcare system and the healthcare professionals they support in their everyday work. This section of the Site Coordinator guidance explores various healthcare roles, and provides guidance on the context of the work with each type of healthcare professional.

Begin by identifying a provider champion and/or a practice champion within each engaged practice. This preparation step is important especially if you will need to assist with implementing surveillance and screening into the practice.

(a). Getting to Know Your Healthcare Professionals

This section describes components of the healthcare workforce that a 1st Five Site Coordinator is likely to encounter as they work on improving the rates of developmental screening in primary care. Use this information to become more familiar with these healthcare workforce titles.

Physician Specialties that provide Primary Care to children birth to five years of age

- Family Medicine Physician
- Pediatrician

Medical Credentials - Physician Providers

MDs and DOs should currently receive training on developmental screening as part of their training both as medical students and resident physicians; however there has been variable integration into training programs since recommendations were formalized around 2007, with more consistent training for recent graduates. Some providers might need this education for the first time by 1st Five Site Coordinators while others need only reminders of these tools' importance during well-child care or confirmation that they are utilizing them as recommended since guidance has changed slightly in recent years (2019).

- M.D. - Doctor of Allopathic Medicine, the classical form of medicine, focused on diagnosing and treating human disease. [1]
- D.O. - Doctor of Osteopathic Medicine, a holistic philosophy and approach to medicine using a system of hands-on diagnosis and treatment known as osteopathic manipulative medicine (OMM). [2]

Non-Physician Providers

Physician Assistants (PAs), Advanced Registered Nurse Practitioners (ARNPs), Advanced Practicing Registered Nurses (APRN) and Nurse Practitioners (NPs) should also receive training on developmental screening as part of their training to provide care for young children. Please note however, that the training these healthcare professionals receive is vastly different from an MD or DO. Unless the professional has previous experience working with children, they are likely to need training and education provided by the 1st Five site Coordinator if they do not have this knowledge.

- Physician Assistant (PA) - Formally trained to provide diagnostic, therapeutic, and preventative healthcare services, as delegated by a physician. Under the supervision of a physician, PA's can write prescriptions, instruct and counsel

[1] UCLA David Geffin School of Medicine https://medschool.ucla.edu/body.cfm?id=1158&action=detail&ref=1019

[2] Osteopathic.org https://osteopathic.org/what-is-osteopathic-medicine/what-is-a-do/

patients and order or carry out therapy. PA's work closely with their supervising physicians and will refer cases that go beyond their scope of knowledge to the physician. [3]

- Advanced Registered Nurse Practitioner (ARNP, includes NP, APN, DNP) - In Iowa, an ARNP may provide healthcare services to Iowans of all ages in primary and/or ambulatory, acute, and long-term settings. In Iowa, an ARNP may practice independently. However, an ARNP may have a collaborative agreement with a physician or physicians if their practice so warrants, but this agreement is not a requirement of the Iowa Board of Nursing. [4]

(b). Getting to Know Your Primary Care Practice Non-Provider Staff

In addition to getting to know primary care providers, 1st Five Site Coordinators need to become familiar with primary care practice staff. These support staff are primarily responsible for supporting and maintaining screening workflow to make screening sustainable. Consider these points of contact and areas of partnership across various primary care practice staff.

Clinic Manager / Office Manager - The Clinic Manager is responsible for the planning, organizing and supervision of operational and clinical duties in the clinic related to patient centered satisfaction, patient flow, efficiencies and provider productivity. The Clinic Manager may sometimes also be referred to among 1st Five colleagues as the Office Champion or Practice Gatekeeper. Time is a valuable, non-renewable resource for primary care providers. Many clinic managers have backgrounds in health care (i.e., nursing) so they often assist with management of information, activities, and/or tasks that might be initially addressed to providers. This supports efficiency in the practice. 1st Five Site Coordinators must be prepared to work with Office Managers and Clinic Managers to establish core understanding of the practice needs, workflow, and current protocols for surveillance and screening. Partnership with this role as a central point of contact for the practice often establishes this individual as a 1st Five Office Champion; a crucial role in developing relationships within the practice that extend to physicians and clinic support staff. It is not uncommon for one individual to oversee clinic operations for multiple practices under the same health system umbrella for a region. Keep in mind that interactions with clinic managers may then have implications for success not only for the practice targeted for engagement but additional practices overseen by these points of contact.

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[3] American Academy of Physician Assistants https://www.aapa.org/wp-content/uploads/2019/09/FAQs_NewLayout_August2019.pdf & https://www.aapa.org/what-is-a-pa/#accordion__panel--2--what-do-pas-do

[4] Iowa Department of Public Health - Iowa Board of Nursing https://nursing.iowa.gov/practice/advanced-registered-nurse-practitioner-role-scope

Patient Service Representative (PSR) / Patient Access Representative (Front Desk Staff/Receptionist/Clerk) - The Patient Service Representative is a support role focused on providing customer service to clinic patients. Responsibilities of a PSR may include answering patient questions, completing patient registration/intake protocols ahead of well-visits, entering patient information into electronic health/medical records, and communicating with clinic staff to ensure smooth workflow operations and patient flow. These individuals are central to efficient "front-of-house" operations within a clinic and often manage referral correspondence between a practice and 1st Five. Getting to know this individual will provide opportunities to learn more about practice workflow, challenges to screening implementation, and current surveillance and screening protocols.

Care Coordinator (aka Patient Care Coordinator, Hospital Care Coordinator, Healthcare Coordinator) - Care Coordinators may also be known as Patient Care Coordinators, Hospital Care Coordinators or Healthcare Coordinators. These individuals assist patients, parents/family members and caregivers with:

- Referrals to specialists and other care providers
- Communication between the child's primary care physician, service providers and subspecialty physicians
- Support for parental concerns
- Problem solving to promote the patients' well being

**Please note that not all practices will have access to a Care Coordinator to support referrals for their patient population.*

1st Five Site Coordinators often coordinate referrals with internal care coordinators to receive referrals for our target population of birth to five that have non-medical, less intensive developmental needs. When a practice is resistant to referring to 1st Five, the Site Coordinator should investigate if internal referral supports exist in the practice. If so, work on developing partnership with these staff to develop referral pathways. Considerations on how to best partner with care coordinators should include discussion on the following topics:

- *How can 1st Five support low-level, developmental referral needs for children in the practice? Consider that the practice may want to identify children birth to five years old with low level developmental needs as a best fit to refer to 1st Five. Practices with internal care coordinators are likely experts on medical care coordination, which is outside of the scope of expectations for 1st Five developmental support. This distinction between referral needs allows for organization of referrals to 1st Five as added support to the practice.*
- *How can 1st Five support referrals for children birth to five years old with developmental concerns along with social determinants of health needs?*

Consider collaboration with care coordinator staff to receive referrals for children with a completed developmental screening that may also need resource connections to community supports.

Registered Nurses (RN), Licensed Practical Nurses (LPN), Medical Assistants (MAs), Medical Social Workers, and Health Coaches

- Registered Nurses practice nursing skills in hospitals and clinics, schools, clients' homes, workplaces, long-term care facilities, and many non-traditional settings. They practice independently, with other nurses, with physicians, and other health team members. Nursing care is provided to the acutely and chronically ill patients and their families, and involves health education and health promotion for clients of all ages. Registered nurses may supervise other personnel including licensed practical nurses and nursing assistants.[5]
- Medical Assistants provide support to healthcare providers in a myriad of ways; while some might provide more clerical support, most often they provide clinical support that can include many overlapping roles to nurses including taking vitals and providing patient education.[6]
- Medical Social Worker - Individuals primarily involved in providing support to patients and family members in the forms of discharge planning, psychosocial counseling, grief counseling, case management, and referrals. [7]
- Health Coach / Clinical Health Coach - Individuals who work with primary care doctors to provide one-on-one care to help patients set and achieve health improvement goals.[8]

1st Five Site Coordinators often coordinate opportunities, and/or training for a primary care practice with the assistance of a health coach and/or medical social worker. These medical professionals can be instrumental in highlighting the benefits of screening and referral to 1st Five for primary care practices because they often work one-on-one with patients and are able to identify resource needs of the client during these interactions. Primary care providers may sign-off on 1st Five referrals and these roles may manage referral feedback and/or fax 1st Five referrals on behalf of the provider.

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[5] Iowa Department of Public Health - Iowa Board of Nursing https://www.legis.iowa.gov/law/administrativeRules/rules?agency=655&chapter=6&pubDate=09-30-2015

[6] American Association for Medical Assistants https://www.aama-ntl.org/medical-assisting/what-is-a-medical-assistant

[7] MSWGuide.org https://www.mswguide.org/careers/medical-social-work/

[8] National Society of Health Coaches https://www.nshcoa.com/ & Iowa Chronic Care Consortium https://www.pcpcc.org/sites/default/files/training-programs/02.12%20CHC-PCMH%20%20Updated.pdf

Rehabilitation Specialists

**1st Five does not receive referrals from these clinicians, however 1st Five may refer to these clinicians*

- Physical Therapists - Physical therapists (PTs) are healthcare professionals who diagnose and treat individuals of all ages, from newborns to the very oldest, who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives.[9]
- Speech Therapists - Speech-language pathologists (SLPs) work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults.[10]
- Occupational Therapists - Common occupational therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain skills, and providing support for older adults experiencing physical and cognitive changes. [11]

1st Five Site Coordinators partner with healthcare professionals that support 1st Five referrals. It is not uncommon for Site Coordinators to educate rehabilitation specialists on the 1st Five program and expectations for referral to these specialists. This is important because 1st Five Site Coordinators work alongside their developmental support specialists to maintain awareness of referral resources in the community. For Site Coordinators that also perform developmental support, it is especially important that they are aware of community resources to which they refer.

C. Preparation for Infrastructure Engagement with Primary Care Providers

With a developed understanding of the roles in primary healthcare, the Site Coordinator is well equipped to begin preparing for infrastructure engagement with these key 1st Five partners. Preparations for engagement with primary care providers are planned, thoughtful, and strategic. This section supports 1st Five Site Coordinators with considerations for understanding primary care providers' priorities, and approaches to engagement that demonstrate sensitivity to, and responsiveness to these provider priorities. Additionally, this section includes tips for Site Coordinator professionalism during infrastructure activities, which is a key consideration during preparation for infrastructure work.

(a). What a Site Coordinator Should Know Prior to a First Meeting

Primary care providers are extremely busy providing care to their patients. They are under tremendous pressure to meet the demands of healthcare systems that are

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[9] The American Physical Therapy Association https://www.apta.org/your-career/careers-in-physical-therapy/becoming-a-pt

[10] The American Speech-Language-Hearing Association

[11] The American Occupational Therapy Association, Inc https://www.aota.org/-/media/Corporate/Files/Practice/Manage/Presentation-Resources/Brochure/What-is-OT-Peds.pdf

increasingly using patient satisfaction to drive funding and even salary considerations. Patient loads are growing alongside recommendations for best practice well care guidelines but there's still not more time in the day. Primary care providers are focused on providing medical treatment, assessing the need for interventions and further diagnosis, and providing follow up care to improve patient quality of life. Considerations related to these provider priorities should help to frame meetings with providers that illustrate a Site Coordinator's knowledge of primary care and therefore credibility and sensitivity to primary care priorities. The following considerations will be on the minds of your providers in some capacity and should be reflected in correspondence with your primary care network while establishing and sustaining 1st Five partnerships:

1. The Site Coordinator demonstrates an understanding of healthcare systems and how healthcare system demands and patient demands impact provider readiness to onboard new tools as this often means competition for time and resources.
2. The Site Coordinator demonstrates an understanding that maximizing time during well-child visits is an important priority for providers.
3. The Site Coordinator demonstrates an understanding that patient satisfaction is an important priority to primary care providers.
4. Referrals made to the 1st Five program are a reflection of confidence in 1st Five developmental support services that must be on par with high quality well care and be viewed as a continuation of the well-care visit. To meet this expectation, Site Coordinators should maintain a level of professionalism in all engagement with providers, including in-person, virtual, email, and letter correspondence formats. Tips for targeted areas of professionalism in Site Coordinator work are described below in Table 18.
5. Partnership with 1st Five may also be demonstrated through a signed Letter of Commitment with 1st Five. A 1st Five Commitment Letter outlines the parameters of partnership with an engaged primary practice in a 1st Five collaborative service area. For more information on the 1st Five Letter of Commitment refer to Section D(a) and **Attachment U.** This letter can also help reiterate 1-4 above.

The 1st Five Site Coordinator should understand provider priorities and drive at building strategies to increase patient satisfaction. Demonstrate a willingness to discuss considerations related to time management and workflow assistance. Lead with the goal of improving the well care process by providing technical support around the implementation of best practice developmental screening and surveillance.

Table 18. Tips for Site Coordinator Professionalism **(Attachment V)**

Site Coordinator Infrastructure Activity	Tips for Professionalism
In-Person	● Appear well-organized, neat and tidy. Consider appropriate dress

Site Coordinator Infrastructure Activity	Tips for Professionalism
Engagement	expectations for the type of meeting/situation/interaction and anticipated audience. Assure preparedness with writing utensils, and spaces for notes. This establishes a thoughtful approach to your meeting and your audience can expect quality work from 1st Five staff. ● Lead with curiosity to learn more about your partners, their needs, and opportunities for collaboration. ● Lead with positivity about the benefits and strengths of a partnership with 1st Five. ● Articulate the purpose of 1st Five, the benefits of developmental screening in primary care, and the importance of early identification through standardized universal developmental screening protocols. ● Make sure that the use of technology is essential, not a distraction (turn down cell phones, or turn off). ● The Site Coordinator should be able to run needed technology with minimal technology issues/challenges. ● In-person meetings may benefit from paper copies of discussed materials. Consider handouts and sample copies of 1st Five materials like a sample completed 1st Five Referral Form, and sample completed ASQ screening. Partners can keep this material and refer to it in the future. ● In-person meetings may benefit from an attendance or sign-in sheet. The sign in sheet can be used to track attendance and collect contact information for partners so that the Site Coordinator may connect with attendees to provide ongoing support in the future. ● Resist talking over partners, and avoid interrupting partners. Site Coordinators are great listeners and should seek to understand as the basis for understanding partner needs and challenges relative to screening implementation and referral questions.
Virtual Engagement	● Confirm that attendees have access to the virtual platform being considered for the activity. Consider offering alternatives if one platform doesn't work best for all who plan to attend. ● Confirm virtual access to the activity by preparing attendees with technology expectations ahead of the meeting. This includes confirmation of the need for internal video (camera), and access to a microphone or call-in capabilities. ● Make sure you know how to run the meeting/activity using the necessary technology and be able to answer questions to assist attendees if they have technological difficulties during the activity. ● Determine if you will be recording the activity. Generally, recordings are appropriate if the Site Coordinator intends to make the information available later to attendees or those that may have schedule conflicts (educational training for example). If so, this should be made known prior to beginning recording so attendees are aware. If there is a question-and-answer session you should consider whether recording will discourage participants from asking questions. ● Be early to the virtual activity to greet incoming attendees and take

Site Coordinator Infrastructure Activity	Tips for Professionalism
	virtual attendance. Consider requesting that attendees enter their names and email addresses in the comment/chat box to make saving this information easier (various virtual platforms will save chat comments when meetings are recorded). Refer to your virtual platform for these details. ● Project a neat appearance and encourage attendees to engage with you by turning their camera on. ● Encourage questions and curiosity about the implementation of developmental screening and the 1st Five referral process into their clinic. ● Describe follow up to the virtual event as a component of wrapping up the activity. Attendees should know what to expect as next steps.
Email Engagement	● Review email content prior to sending for spelling and/or grammatical errors. ● Review email attachments prior to sending for appropriate uploads. ● Review who you are replying to, or sending your email to. Be careful with "reply-all" and make sure your emails are appropriately targeted. ● Avoid distracting email fonts, text colors, or backgrounds for email content. Instead, strive to be simple and clear. ● Be sure your email has a signature line where your email address, phone number and fax number is visible in every correspondence. ● If you are away from your office, make sure you set your "out of office" or "away" message to redirect questions or set expectations for responding to your contacts.
Phone Engagement	● If you are away from your office, make sure to also review voicemail prompts for updated voicemail messages for callers. ● Assure that voicemail mailboxes are able to receive messages and are not full.

Before Meeting With Primary Care Providers/Practices

- Confirm all upcoming meetings the week of the activity by connecting with your practice contact. Provider and medical staff schedules are built around patient care and schedules can change depending on patient need. The practice will appreciate your willingness to be flexible so that they may continue to prioritize patient care, which is also a 1st Five focus.
- Confirm the meeting location. Oftentimes a practice will not have a conference-style space available for practice-wide meetings. Sometimes meetings happen in break rooms/spaces, the reception/waiting area of the practice or even in the lunch/kitchen area. You will need to know where you are presenting and tailor your presentation to the space provided. Formal PowerPoint presentations, however desirable, are not always practical or possible. Having handouts of presentations on hand can help alleviate the need to project a PowerPoint.

- If you are holding your meeting over the noon hour, consider providing lunch for the meeting participants. This shows them that you understand that their time is valuable, and you appreciate them taking the opportunity to meet with you.
  - *Tip: Practices will have protocols they prefer to follow when organizing speakers and lunch and learn activities for their providers and staff. Get to know their preferences by asking questions. Site Coordinators may refer to* ***Attachment C*** *for helpful questions to ask to determine practice workflow and tool use. Once you are familiar with practice preferences for meeting arrangements, subsequent meetings will be even easier to arrange. Practices will be more likely to accommodate 1st Five needs and open up opportunities to directly engage their staff when you become familiar with these protocols.*
- Identify and be ready to share information on local community resources that 1st Five typically refers to for developmental needs and community services. 1st Five contractors are required to maintain community resource directories for counties in their collaborative service area. Knowing how this information is accessible and where it is located will be helpful in demonstrating that the Site Coordinator is the content expert on local resources needed to improve patient care.
  - *Tip: Make sure you have awareness of resource directories for the county where the practice is located. Hard copy or electronic pathways for how practice staff can access this information can establish confidence that you are the practice's content expert for local community resources their patients will likely access. You may provide this information to the practice to have on hand. This information will likely "live with" the patient service representative, in-house care coordinator team, social worker or nurse team for each provider. Providers do not typically provide materials to their patients but will need to know they have access to this information if a need is identified during a patient encounter.*
- Create an agenda for the meeting. This will help you stay on track while covering all necessary information.
  - *Tip: Initial meetings with new practices should include conversation points from Table 1. (section 3). This will help the Site Coordinator understand the needs of the practice and where 1st Five can assist with practice transformation.*
- If possible send meeting agendas ahead of time to the clinic contact via email with the electronic versions of the 1st Five brochure and 1st Five Referral Form with the most updated Site Coordinator contact and fax information. Ask that the program information be forwarded to attendees for their review and questions that you'll be happy to field at the meeting.
- Make copies of handouts and any other material that may enhance understanding (e.g., CHDR forms, EPSDT Periodicity Schedule, 1st Five Referral Form, ASQ Sample Questionnaire, etc.). Using different colors for each handout can make identification easier, though may not always be possible. If you are planning to use a PowerPoint during your presentation, always have a contingency plan in case technical difficulties arise.
- For in-person infrastructure activities don't forget: name tags, sign in sheets with opportunity to share email contact information, and reminders a few days

before the meeting. If necessary, include directions to the location for staff and/or presenters (if the meeting is an off-site location). Include the address and zip code of the location for those using online direction tools.

(b). Provider Concerns Related to Implementation

Primary care providers are experts in the care for their patients. They must be confident in the care they prescribe their patients because this care determines very real health outcomes. 1st Five Site Coordinators must understand and appreciate the concerns, barriers, and challenges that primary care providers may have when considering implementation of the 1st Five initiative to include standardized developmental screening and surveillance and our referral resources. Provider concerns and feedback are opportunities to provide supportive education about the benefits of implementation for the patient, provider, and larger health system. Site Coordinators should consider the following concerns of their primary care provider partners prior to infrastructure engagement: (these considerations are summarized in Table 19.)

1. ***Primary care providers may feel that implementation of developmental screening tools highlights gaps in their clinic's previous screening practices.***
   Healthcare professionals want to do what is best for their patients. Teaching and education focused specifically on developmental screening recommendations may not have been a part of a provider's training, or it may have been so brief in terms of overall training and education plans that screening recommendations were not entirely understood or known. Adoption of "new" protocols relative to developmental screening may highlight that gap in the practice.

   Site Coordinator Action Steps for Success
   Many providers across the state have similar knowledge gaps which is one of the reasons 1st Five exists. This acknowledges that the practice is not operating from a deficit (not currently following developmental screening recommendations) but is striving to enhance the well-care visit process by going above and beyond towards adding developmental screening as a component of specific well-visits (9, 18, 24 and 30 months). The Site Coordinator will position this conversation in terms of adding value.
   - Acknowledge that developmental screening recommendations are not always widely known across the healthcare system and healthcare professionals. Healthcare professionals are responsible for having an extensive wealth of knowledge relative to patient care, and it's understandable that a specific focus on developmental screening may not have been provided during previous training or may not have been a focus. Site Coordinators should acknowledge that providers face this challenge, and offer to provide training and education on current developmental screening tools to enhance the well-care visit process.

2. ***Primary care providers may believe they are currently implementing standardized screening during well-child checks.***
   The terms "screening" and "surveillance" are often used interchangeably by healthcare professionals, but are in fact two different components of the well

child visit. By investigating practice protocols it should be clear what screening and surveillance tools are currently being used by a practice and where there are opportunities to provide 1st Five education on developmental screening and surveillance.

Site Coordinator Action Steps for Success

Remain sensitive to current practice protocols in place, but focus on adding developmental screening to the well-visit process and supporting the primary care providers and practice in doing so. Consider the following approaches and questions: (*Table 1. Helpful intake questions for determining what Surveillance and Screening tools a practice is using*, is also helpful in this determination)

- "Can you share your surveillance and screening protocols with me?" This question should highlight what understanding the practice has in terms of these two concepts. You'll learn how the practice is defining and using surveillance and screening in their well-visits.
- During well-child visits, do providers ask a series of developmental milestone questions? Do they take the developmental history of the child? Are there social needs questions asked during the well-visit? Oftentimes surveillance includes a combination of all 3 types of these questions, even if the term "surveillance" isn't formally used to describe this process.
- Request to view what surveillance or screening forms are embedded in the practice's electronic health record. This helps to better understand current protocols and what training would be helpful towards developmental screening implementation at the recommended intervals of 9, 18, and 30* months.
- Site Coordinators will provide education to the practice and providers relative to the differences between screening and surveillance concepts, and how these two concepts are indeed essential to fully identifying children at risk of a developmental delay. Refer to *Table 2. Surveillance and Screening Comparison* for assistance in navigating this important conversation.

**There are providers in Iowa who do not see their patients for a 30 month well child visit for a variety of reasons. However, since there is universal insurance coverage for this visit and since Iowa EPSDT and AAP Bright Futures recommend this visit as part of well child care, most providers are open to start adding this visit to their practice. This could be an opportunity for a peer-to-peer consultation if any questions/concerns are voiced by the providers.*

3. ***Practices may feel they are adequately staffed with internal patient support (i.e., care coordinators and social workers) and referrals to 1st Five could be perceived as "duplication of service".***

Site Coordinator Action Steps for Success

- By carving out patient "niches" it is possible to partner with practice care coordinators and social workers to identify best fit 1st Five referrals (less intense developmental needs and relevant social supports). Consider how to support the practice in determining how to organize which patients, birth to five years old, are a best fit for referral to 1st Five. Ideas to be considered include:
    - Children birth to five years old that have had a developmental screening indicating concerns.
    - Children birth to five years old that receive a developmental screening indicating atypical results, accompanied by parent concerns which also indicate that addressing social determinants of health impacts may help the child meet developmental milestones.
    - 1st Five programming includes intentional partnerships with community partners and available resources in the community for 1st Five referrals. 1st Five Site Coordinators should showcase this important relationship, which means 1st Five is an established partner in the community in terms of expert referral knowledge. Consider leveraging this important aspect of 1st Five programming to encourage navigation of appropriate referrals to 1st Five which include: children that have received a developmental screening, are referred by their primary care provider using the 1st Five Referral Form, and are referred prior to their fifth birthday.
    - Consider appropriate referrals into 1st Five as a relief for clinic staff that might be managing high caseloads. By navigating appropriate referrals to 1st Five the practice is able to provide more time and resources to patients that are considered higher needs.

4. ***Practices may be concerned that they do not have enough time to work on an implementation project, or that the screening implementation process itself may take too much time to complete during a well-visit. Additionally, the practice may be concerned about having to allocate staff resources to implementation when to-do tasks are already overwhelming.***

   Site Coordinator Action Steps for Success
   Site Coordinators will supply the confidence a primary care practice needs to consider implementation of developmental screening protocol relative to concerns about time and staffing. This confidence is relayed to the practice by following the process of implementation outlined below:

1. **IDENTIFY THE PREP PROCESS** - Start with identifying existing practice workflows for other types of screening and build upon those toward a workflow for developmental screening to occur in the practice. Integration of screening into a practice workflow can be seamless by first identifying how to prep for these targeted well-visits where a developmental screening is recommended. In-house

completion of developmental screenings begins with identifying who will prep upcoming 9, 18, 24 and 30 well-visits with the appropriate screening in their patient file, and whether that prep should occur one-to-two days or one-to-two weeks ahead of those appointments. Practice preference should drive this decision. This saves time ahead of the well-visit appointment so staff are not stuffing patient files during the check-in process.

2. **IDENTIFY STAFF** - Next, identify the process for getting the screening to the parent/caregiver when they present for their child's 9, 18, 24 and 30 month well-child appointment. Typically, the patient service representative or nurse that provides in-take paperwork, also provides this screening to the parent/caregiver during the check-in process. Ideally, a patient's parents will complete the recommended screening tool in the waiting room ahead of the rooming process and is typically completed in just a few minutes by most parents.

3. **IDENTIFY THE COMPLETION PROCESS** - Returning the completed screening to the nurse or front desk staff/receptionist should be a component of the conversation as well as who will score the screening, and possibly answer questions the parent/caregiver has about missing or incomplete responses on the screening. Scoring will take 1-2 minutes.

4. **IDENTIFY THE SCORE REVIEW PROCESS** - Providing the screening to the provider either during or prior to the rooming process allows the provider to assess whether the screening indicates a need for referral to 1st Five to route to early intervention, or if the screening indicates typical development. In either case, the screening provides talking points about the child's developmental outcomes and what is needed to meet developmental milestones. Conversations about development are typically a part of well child visits so provider reporting and discussion of screening results should not take appreciable additional time during a visit.

5. **IDENTIFY THE REFERRAL PROCESS** - Consideration for who will complete the 1st Five Referral Form after parent/caregiver signature on the Release of Information section of the form, should be identified early in the process of screening implementation. This staff, typically the PSR, or provider nurse, should confirm updated contact information for the parent/caregiver of the child being referred and best time of day and day to contact should be included on the referral form prior to faxing the 1st Five Referral Form to 1st Five. This process can be completed during the exit process when a well-visit appointment has been completed.

The process for completing a developmental screening should be less than 10-15 minutes in total, the bulk of which should be done while the patient is waiting for the provider. Additionally, by identifying key staff in the screening workflow process the Site Coordinator is able to empower the practice to try a plan of implementation with all moving parts of the process clearly identified and considered. Developmental screening is relatively simple to implement, quick for the parent/caregiver to complete, and quick for practice staff to score and assess next steps based on screening outcomes. Time

spent assessing developmental outcomes as a component of the well-child visit saves time missing developmental delay in patients that are not clearly delayed by surveillance and visual assessment alone. Parent completed screenings are not only quick to complete but are less expensive than other measures used to identify delay, especially if the screenings are completed during the well-visit appointment and the referral process and screening process are centralized (referrals are made to 1st Five and screenings happen consistently at the recommended intervals).

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	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	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.
Perceived competition for referrals when internal care coordination supports are available	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:

PCP Concerns/Barriers/Challenges to Implementing Developmental Screening in Primary Care	Site Coordinator strategies for overcoming these concerns/barriers/challenges to developmental screening implementation
	● Children birth to age five years old ● Children with a completed developmental screening ● Children with low-level social needs
Perceived time and staffing concerns	Site Coordinators will work with the practice to address time and staffing concerns by: ● Developing a workflow plan that meets the needs, and current staffing capacity of the practice ● 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

With developmental screening implementation concerns, barriers, and challenges considered prior to Site Coordinator engagement with a primary care practice and provider partner, the Site Coordinator has the necessary tools and resources to start coordinating infrastructure activities with their primary care partners. Now that the Site Coordinator has completed the preparation steps for infrastructure engagement, the Site Coordinator is ready to make the connection!

D. MAKE THE CONNECTION: Provider Engagement 101

The first step with any Level 1 practice (refer to 1st Five Site Coordinator Guidance on the Levels of Engagement for a review of each level) includes the 1st Five Site Coordinator securing a meeting with the practice point of contact at the primary care practice targeted for engagement and 1st Five support. Typical practice points of contact include:

- Office managers (potential 1st Five Office Champion)
- Primary Care Providers (potential 1st Five Provider Champion)
- Nurse managers
- Clinic Administrators
- Director of Operations
- Medical Social Workers
- Health Coaches
- Care Coordinators

A Site Coordinator will call or email their anticipated practice point of contact and request a brief meeting to discuss partnership with the 1st Five Initiative. Site Coordinators will find it

helpful to leverage this conversation in terms of a public health partnership with primary care providers/practices and the Iowa Department of Public Health.

(a). Introductory Meetings - Sample Script and Meeting Talking Points

When securing a meeting with the office point of contact:

Sample Script: Hi,thisis(SiteCoordinatorname).I'mwiththe1stFiveinitiativethat supports (name of the county). 1st Five is an Iowa Department of Public Health, state funded initiative to improve the use of developmental screening tools in primary care. I know thatyourpracticeseeschildren andI'dliketoscheduleameetingwithyouto discuss how to partner with your practice to support developmental screening and referral options for your pediatric patients. I have some availability in the next few weeks to schedule an introductory meeting that would be helpful to us both in terms of what that might look like. What works best for your calendar? (End Script.)

Site Coordinators will develop a meeting agenda and provide supplemental materials for the meeting, if necessary. A sample agenda for this step is included as **Attachment K** in the Levels of Engagement Site Coordinator Guidance section. .

Goals for introductory meetings include a focus on Site Coordinators gathering information about the practice, learning more about current protocols, and beginning to build relationships with the primary care practice staff. These goals are explored below:

1. Begin to build a relationship with the primary care practice. The office point of contact is likely to be a healthcare professional that supports the practice in meeting their work goals, and is a great resource for the Site Coordinator in terms of getting connected with primary care providers and other healthcare support staff important to the screening implementation process.
2. Learn about the primary care practice current protocols relative to surveillance and screening concepts. Inquire about current screening and referral practices. Is the practice currently performing screening, if so when and how are screening outcomes addressed? Is the practice referring out for developmental needs? If so, what's the process and what do typical direct referrals look like?)
3. Learn about the primary care providers within the practice and the capacity of the staff to support screening recommendations. Is there a typical provider that sees the majority of the pediatric population or do all providers see well-visits?
4. Learn more about the components of current well-visits at the practice. How long are well-visits typically? What are the current components of the well-visit process? Does the practice currently use screening for any type of concern?
5. Assess potential challenges to screening implementation or referral to 1st Five. Listen for big-ticket concerns like time, staffing capacity, practice priorities, "already doing screening", perceived duplication of internal supports, and don't need to do screening (visual assessment and surveillance alone is sufficient to identify children with delays).

Additionally, goals for introductory meetings also include a focus on Site Coordinators sharing the terms of 1st Five partnership with the practice. This includes conversationally addressing ***two important questions within the context of early introductory meetings with practice points of contact:***

1. What are we asking the practice to do?
    - As a population health initiative, we are asking to build a public health partnership with primary care to increase the number of children screened for developmental delays. We seek to assure they receive the support they need when social and developmental supports can improve outcomes.
    - We are asking primary care practices to establish protocol and workflow, with 1sT Five support, education, and leadership, with the end goal of implementing standardized screening and surveillance in well child visits for their birth to five patient population, as recommended by the American Academy of Pediatrics.
    - As children are screened at the recommended intervals, 9, 18, 24 and 30 month well child visits, children identified at risk of a developmental delay should be referred to 1st Five for early intervention support and unique provider follow-up regarding referral outcomes. 1st Five follows the recommendations of the American Academy of Pediatrics and the Iowa Medicaid's EPSDT Schedule of Periodicity.

2. What's in it for the practice? Why should they partner with 1st Five on implementing standardized developmental screening? What are the benefits of partnership?

    Talking points to consider
    (each item a-f below corresponds to explanation of importance for items a-f in the section "Why is this important?")

    a. 1st Five is an added support for the practice in assisting with training and education on developmental screening tools, and the importance of understanding how surveillance and screening are used together to better identify children at risk of developmental delay.
    b. 1st Five is an expert in community resources, intake processes for those available community resources, and is an embedded partner for many community resources a child might benefit from. Clinicians and practices typically do not have the capacity to maintain similar awareness of evolving community resources but 1st Five can and does!
    c. Research shows that patient follow-through with early intervention jumps from below 50% on average to upwards of 70% when there is a referral "hub" that coordinates family follow up and reports the referral outcomes back to the referring provider.
    d. 1st Five provides access to unique peer consultation support where medical providers, aware and familiar with developmental screening implementation, and surveillance processes and workflow, can be connected to a primary care provider or practice for troubleshooting and advice on these steps. This peer consultation support is available through the 1st Five Site Coordinator.
    d. Standardized developmental screenings identify more children at risk of a developmental delay than visual assessments alone.

e. Families referred to 1st Five would recommend the program to a friend or family member

Why is this important?

a. Partnering with 1st Five for developmental screening implementation is a cost-saving approach to a best practice standard of care.
b. Parent completed developmental screenings can be built into the practice workflow to meet the needs of the practice. They can be completed in the waiting room by a parent/guardian, mailed ahead of targeted well child visits for parent completion, or scheduled as a task for patients in the virtual patient portal ahead of the well-visit exam. Scoring takes less than five minutes for the hard-copy approach or even less time if completed electronically as a part of the electronic health record activity.
c. AAP approved developmental screenings are quick for a parent to complete and easy for the office staff / nurse / patient service representative to score.
d. The ASQ:3 is a developmental screening tool used to identify developmentally at-risk children birth to five years old that providers cannot accurately identify through a visual assessment alone because the specific questions have been validated to identify kids not only who are delayed but at risk of developmental delay. By then crucial time is lost towards improving these skill sets. The M-CHAT-R/F provides the opportunity to identify children at risk of Autism and is recommended for implementation at 18 and 24 month well-child visits. The ASQ:SE2 is an optional screening to identify social emotional delays that cannot be clearly identified through visual acuity alone during a well-child visit.
e. When a provider refers a child to 1st Five for developmental intervention and follow up, they are ensuring that the client has the best chance to follow through with recommendations for developmental intervention. The child now has access to a 1st Five developmental support specialist that can provide the client with additional resources for family support, parenting, and mental health resources that may present barriers to follow through with developmental intervention. Parents report higher levels of satisfaction with their primary care providers after being referred to 1sT Five. This translates into higher reports of patient satisfaction for the practice and can positively impact patient/provider relationships, reduce patient turnover, and minimize provider fatigue.
f. Children identified at risk of a developmental delay may have barriers to follow through with recommended interventions for a number of reasons. It may be difficult to prioritize appointments for speech therapy, physical therapy, play therapy or any number of appropriate developmental interventions if a family is experiencing stress, or gaps in parent education that promotes understanding of these health priorities. 1st Five connects families to resources that attempt to alleviate these stressors so developmental intervention is possible now, when services are most impactful for the referred child. The unique feedback loop that 1st Five offers referring providers includes updates on referral outcomes

and developmental progress. Primary care providers are then able to advocate for their patient and make informed decisions regarding continued care.

Consider formalizing 1st Five partnership with a practice by offering a partnership agreement through a signed 1st Five Letter of Commitment **(Attachment U)**. The 1st Five Letter of Commitment is a document that outlines the expectations of partnership between 1st Five contracting agencies and a primary care practice. Primary care practices are familiar with formal processes that assure accountability for quality and standards of care for their patients. A 1st Five Letter of Commitment (also referred to as a partnership agreement) should be offered to the practice in a way that highlights the purpose and benefits of the agreement. For example:

- ***Sample Script***: “While we’re discussing the purpose and benefits of developmental screening we should also talk about how we as partners plan to maintain our partnership and advance our shared goal and commitment to developmental screening in your practice. We typically offer a partnership agreement to all engaged primary care practices that outlines the parameters of our partnership. The 1st Five partnership agreement does two very important things: #1) It clearly identifies how 1st Five will support your practice, provide ongoing education, training and technical assistance as needed by the practice, and outlines expectations for referral connection of your birth to five year old patients, and follow up with your referring providers about referral outcomes and progress. #2) It supports the practice with a clear commitment to work on advancing towards meeting screening goals in well-child visits and a commitment to consider 1st Five referral options as appropriate for your pediatric patient's birth to five years old. As a next step, I’ll be sure to follow up with that document so you can review it with your team and determine who on your staff should complete that for us.” (End script.)
- Signed 1st Five Letters of Commitment are shared with the agency's 1st Five State Consultant and only need to be completed at one point in time - preferably early in the engagement process at the initial stage of interaction with a practice.
- Site Coordinators are not always able to secure a signed 1st Five Letter of Commitment from an engaged practice for a number of reasons. A practice may not be able to sign a formal document if/when their legal team determines that this is not necessary to partner with 1st Five, or a practice may not feel comfortable with this type of formality as a part of the partnership process.
    - *Site Coordinators should not view resistance to a signed Letter of Commitment as indication that the practice is not interested in 1st Five partnership and screening in primary care. Site Coordinators will work on engaging and supporting primary care practices that*

see children birth to five in their well-child visits with or without this formal document.

(b). 1st Five Site Coordinator Ready-to-Engage Assessment

1st Five Site Coordinators will consider the following checklist when assessing their readiness to engage an identified primary care provider and practice for developmental screening implementation support. This checklist includes Site Coordinator action steps discussed throughout this section of the Site Coordinator guidance on infrastructure activities include the following:

1. Preparation and planning steps prior to engagement
2. Organization of the practice based on known information of referral and screening history
3. Considerations of potential challenges to developmental screening implementation.

(c). SAMPLE Initial Meeting Agenda

Primary care providers and practices are extremely busy. When a primary care practice confirms meeting time with the 1st Five Site Coordinator, the Site Coordinator demonstrates a level of professionalism that acknowledges respect for their time. Part of this professional preparation includes a meeting agenda for each meeting with a practice and/or providers and healthcare staff. A sample meeting agenda is provided as **Attachment X** “Steps to Coordinate a SAMPLE Agenda”. Several tips are included below. **Attachment X** can be used with **Attachment K** in the Levels of Engagement Site Coordinator Guidance section.

1. Send a meeting agenda to the point of contact for the meeting well in advance of the actual meeting date.
    a. Confirmation of meeting topics on the agenda should be confirmed soon after the meeting is initially scheduled. This allows for the practice/provider to clarify meeting topics, the time allotted for the content, and meeting expectations and goals are clear and understood well ahead of the meeting.
    b. Confirmation that the meeting is still scheduled and in-place for completion can be secured by sending the same agenda to the point of contact one-to-two weeks prior to the meeting. This reminds the practice point of contact/providers/meeting attendees of the topics to be covered, the time expectations, and allows for re-scheduling if needed.
2. Request that the meeting agenda be forwarded to all meeting attendees (if meeting with more than the office point of contact), and add the meeting agenda as an attachment to email correspondence.

3. Virtual and in-person meetings may also benefit from paper copies of the meeting agenda to work from during the actual meeting. For virtually scheduled meetings consider delivery of, or mailing meeting agenda items to the practice ahead of the meeting. This includes printable slides of any presentations scheduled during the meeting time.
4. Although there is likely to be some overlap in how the Site Coordinator approaches each level of engagement, meeting agendas should be tailored as much as possible to meet the needs of the practice in terms of screening implementation and referral understanding.
5. Do not use complicated fonts or facetype for meeting agendas or other printed materials.
6. Do not use distracting colors or patterned backgrounds for meeting agendas or other printed materials.
7. Always include Site Coordinator contact information on the meeting agenda and 1st Five branding on printed materials. Agencies may consider adding their agency logo to printed materials as well to demonstrate the relationship between the Iowa Department of Public Health and the local agencies that provide 1st Five services.

(d). Describing 1st Five to Primary Care Practices/Providers

1st Five Site Coordinator infrastructure activities will consistently include some type of description, emphasis, clarification and/or explanation of what the 1st Five Initiative is. Site Coordinators should practice developing how they plan to message the 1st Five Initiative to their primary care provider partners and community partners. Sometimes, this messaging will need to bedeliveredinverybriefamountsoftime.Developa“five-minuteelevatorpitch”asanexerciseinbeingabletostreamline1stFivemessaging during brief interactions with key partners and stakeholders. Consider the following talking points during developmentof the“five-minuteelevatorpitch”andasastarting point for how to describe 1st Five:

Table 20. How to Describe 1st Five to Primary Care Providers ***(Attachment Y)***

Site Coordinator Talking Points	Why is this talking point important to include when describing the 1st Five Initiative to providers?
1st Five is a partnership between the Iowa Department of Public Health and primary care.	This is the “what” part of the description of 1st Five. What is 1st Five at its core? It is a partnership between public health and primary care to provide equitable access to developmental screening for all children ages birth to five years old. 1st Five includes referral support for identified developmental concerns, including social support if appropriate.

Site Coordinator Talking Points	Why is this talking point important to include when describing the 1st Five Initiative to providers?
1st Five works with primary care providers who see children ages birth to five years old for well-child visits to implement surveillance and developmental screening tools into the well-visit process.	This is the "who" part of the description of 1st Five. Who does 1st Five work with, and why is this population important to 1st Five's mission and goal? 1st Five works with primary care providers to implement surveillance and developmental screening in well-child visits for children ages birth to five years old. 1st Five includes referral support for identified developmental concerns, including social support if appropriate.
1st Five promotes the use of reliable, standardized, and valid developmental screening tools like the ASQ, and the MCHAT-R/F into periodic well-child visits. As an optional screen, the ASQ:SE may be implemented as well.	This provides an example of what tools 1st Five supports and what providers can expect in terms of 1st Five focus on these tools during 1st Five partnership.
1st Five follows AAP Bright Futures recommendations for when screening should occur, at 9, 18, 24 and 30 month well-child visits. These recommendations are also included in the Iowa EPSDT Periodicity Schedule for Iowa's Medicaid program.	This talking point acknowledges AAP recommendations as the basis for what screening tools 1st Five supports and when a child should receive a developmental screening. The AAP is an organization that most pediatricians and family medicine providers that see children, are familiar with as a leader in medical practice for this population.
When a screening indicates a developmental delay or concern, the provider is able to refer to 1st Five for follow up developmental support. There are no income requirements to refer to 1st Five and the referral is free and at no cost to the parent/caregiver or the practice.	This talking point highlights the additional benefit of partnership with 1st Five - the ability to refer to 1st Five for developmental support. Intentionally tie the concept of screening to referral to 1st Five. The Site Coordinator should seek to embed this understanding for providers that screening prompts referral into 1st Five. Providers that understand this connection between screening and referral to 1st Five have successful partnership with the initiative. Identifying developmental delay early provides an important window of opportunity to implement developmental supports, which may assist with reaching future developmental milestones and overcoming delays in time.
1st Five is a one-stop referral resource for connections to early intervention for developmental delay. Connections to community resources are also available should the family need support to	This talking point provides insight into the referral process for primary care providers. While the emphasis is still on developmental screening and early intervention, 1st Five can, and often does, make referrals for community support. These benefit the whole family and reduce barriers to accessing developmental resources for the referred child,

Site Coordinator Talking Points	Why is this talking point important to include when describing the 1st Five Initiative to providers?
overcome barriers that may be present in accessing developmental services for the referred child. Addressing adversity can help mitigate impacts on development.	including those that support social determinants of health.
1st Five provides a unique “feedback loop” to the referring provider, which includes status updates on all referrals made. Referral updates and outcomes are included in these periodic updates to the provider and can be tailored to meet provider expectations relative to update needs.	This talking point provides insight into what happens after a child is referred to 1st Five. Providers need to know what this process “looks like” in order to feel comfortable that those next steps after referral include essential follow up.

**There are providers in Iowa who do not see their patients for a 30 month well child visit for a variety of reasons. However, since there is universal insurance coverage for this visit and since Iowa EPSDT and AAP Bright Futures recommend this visit as part of well child care, most providers are open to start adding this visit to their practice. This could be a wonderful opportunity for a peer-to-peer consultation if any questions/concerns are voiced by the providers.*

(e). 1st Five Peer Consultation Supports

Developmental screening implementation in primary care is hard work. However, Site Coordinators are not alone in their pursuit of developmental screening implementation as a standard component of the well-child visit process in primary healthcare. In fact, there are many primary care providers that have figured out how to implement developmental screening into their busy practices. 1st Five offers a unique resource where Site Coordinators can connect their primary care network to a 1st Five Medical Consultant to support screening implementation. This peer-to-peer consultation resource allows 1st Five providers to connect with a 1st Five Medical Consultant to develop a pathway to screening implementation alongside a provider that has done this work in their own practice. Consultation supports should be considered in the following scenarios:

- When working with a newly engaged (L1) practice
- When working with a partially implementing practice (referring but not screening or screening but not referring) (PIP)
- When the practice/provider reports specific challenges to screening implementation (i.e., staffing capacity and workflow challenges)

- When the practice suddenly shifts away from screening or referral to 1st Five and there is not a clear explanation (i.e., staffing changes, no longer seeing pediatric patients)
- When working with a practice that is struggling to understand surveillance and screening concepts despite training on these concepts with the Site Coordinator

The peer-to-peer medical consultation resource is an important component of developmental screening implementation. Site Coordinators will offer this resource to engaged practices and primary care providers as a unique resource where a medical peer can offer technical support in terms of the implementation process. Site Coordinators build the peer-to-peer consultation resource into their matchable infrastructure activities with primary care practices and providers beginning with the initial meeting with the practice point of contact. Typically, the peer-to-peer consultation resource is best positioned during the education and training steps of the developmental screening implementation process, but a Site Coordinator will consider a peer-to-peer consultation as a resource to overcome implementation barriers they experience over time when working with a practice.

(f). When to Consider 1st Five Peer Consultation Supports for Primary Care Practices/Providers

Conversation signals that indicate a peer-to-peer consultation may be appropriate to move forward with developmental screening implementation:

1. The practice doesn't have the staff to coordinate developmental screenings into their current workflow. *The peer medical consultant can provide ideas for how to make developmental screening implementation seamless and easy within the current staffing structure.*
2. The practice reports they are already doing "developmental screening" and there is confusion about screening and surveillance concepts being different and stand-alone practices. *The peer medical consultant can provide education and training on conceptual differences between surveillance and screening and provide support for why each process is important in identifying developmental delay in children.*
3. The practice doesn't agree with the need to adopt a formal standardized developmental screening protocol. *The peer medical consultant can provide support for why standardized developmental screening tools are helpful in maximizing identification of children with developmental delay.*
4. Visual assessment is the primary approach used to identify children at risk of a delay during well-child visits. *The peer medical consultant can provide support for why standardized developmental screening tools are helpful in maximizing identification of children with developmental delay. They can reinforce that visual assessment alone only identifies children clearly presenting as atypical in their development and misses those with subtle delays, at risk of delays, or whose parents aren't familiar with typical milestones to know their child is falling behind.*
5. The practice is hesitant to adopt a new protocol in the practice due to time constraints. *The peer medical consultant can work with the practice to provide*

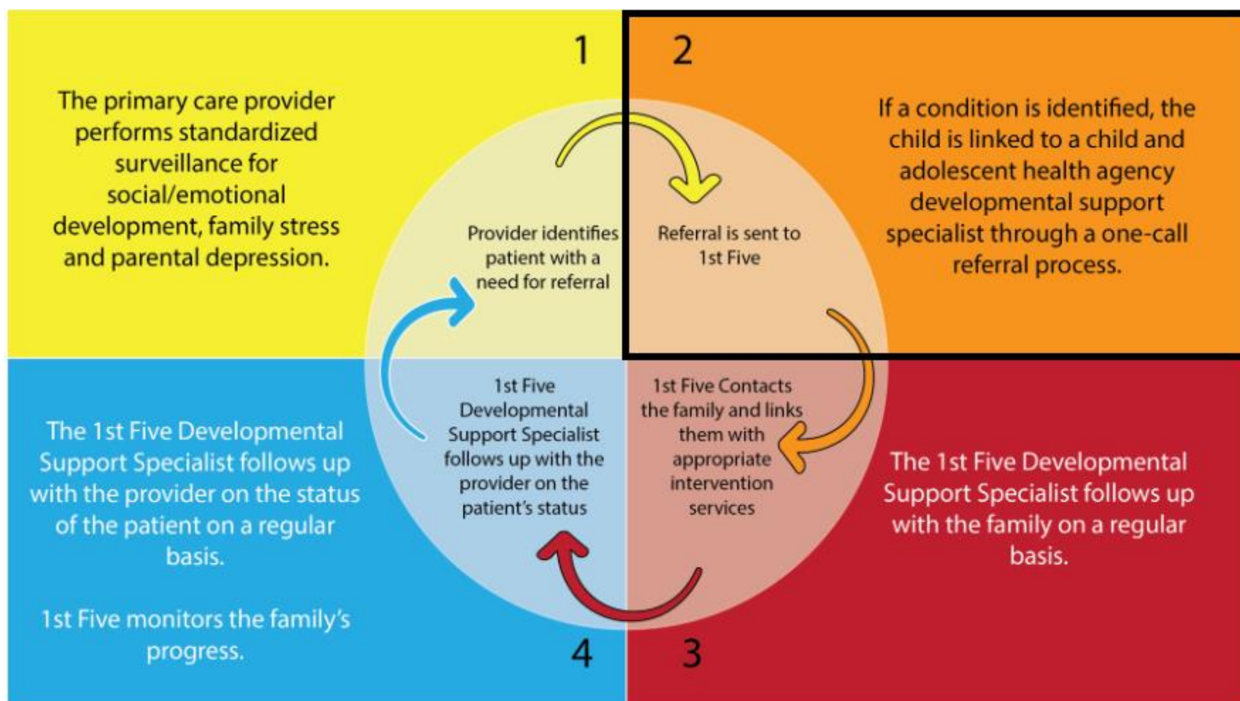
ideas for how to approach screening implementation that can actually be a time saver for the practice.

6. A rural practice having difficulty seeing the benefit and importance of implementing developmental screening into their practice due to low volume of pediatric patients compared to overall patient volume. *The peer medical consultant can work with the practice to identify screening implementation benefits for these practices.*

Peer consultation can be tailored to meet the needs of the practice and providers with the overall goal of developmental screening implementation in primary care.

(g). Describing 1st Five Referrals to Primary Care Practices/Providers

1st Five engaged primary care providers should have acute awareness of the goal and mission of 1st Five, which is the implementation of developmental screening in primary care. An added benefit of 1st Five partnership and developmental screening includes the referral resource embedded in the 1st Five Model as described in step 2 of the 4-part model of implementation.



When a concern is identified on a completed developmental screening, or if a parent or the provider has concerns, the provider is able to refer the child to 1st Five for developmental support and follow-up.

Site Coordinators provide education to primary care providers and practices about the 1st Five referral process. The table below includes steps the Site Coordinator will find helpful to navigate the referral process for engaged primary care providers.

Step 1/Part 1 of the Model	A developmental screening is completed on a child during a well-visit exam (ASQ, ASQ:SE, M-CHAT-R/F)
Step 2	The screening scores are read and reviewed by the primary care provider. A determination is made that a referral should be made to 1st Five for

	developmental support and follow up.
Step 3	The 1st Five Referral Form is completed for the child. The parent/caregiver signs the Release of Information on the 1st Five Referral Form allowing 1st Five to connect with the client and begin coordinating services. The parent/caregiver completes the 1st Five Referral Form with updated contact information, confirming the best phone number to call, home address, and any details about the best time to attempt contact to follow up on the referral. The practice indicates a screening was completed on the 1st Five Referral Form and describes concerns on the screening (if present).
Step 4	The provider/nurse team provides coaching to the parent/caregiver about what to expect in terms of next steps after the referral is made to 1st Five. Coaching scripts helpful in this step are included in section 3.5 in Table 3.
Step 5	The practice faxes the 1st Five Referral Form to their local 1st Five contractor.

(h). Let's Talk About Success

What does success "look like" for 1st Five? We can define success in several ways, beginning with the Site Coordinator role.

Success as a 1st Five Site Coordinator: Medicaid EPSDT Matchable Infrastructure Work

The 1st Five Site Coordinator performs Medicaid EPSDT Matchable Infrastructure work to improve the utilization of developmental screening in primary care to improve rates of detection of developmental delay in children birth to five. This work is important as it allows children to be connected to early intervention services as soon as delays or risk of delays are detected. We've learned that brains are most plastic in early childhood, and we are most successful at helping children with "catching up" the earlier the delays are recognized and connection to services occurs. As a reminder, Medicaid EPSDT Matchable Infrastructure work includes partnership activities with primary care providers and community partners centered on moving this work forward in primary healthcare settings.

Success then includes building relationships between public health and primary care healthcare to implement developmental screening as a typical part of the well-visit process as recommended by the AAP Bright Futures guidelines, and seen in the Iowa EPSDT Periodicity Schedule.

Success as a 1st Five Site Coordinator: Sustainability

Sustainability is also a measure of success for 1st Five Site Coordinators in achieving this mission and goal of improving utilization of developmental screening in primary care to identify children at-risk of a developmental delay. The formula to achieve sustainability of the screening process in primary care includes four main ingredients:

1. Provider understanding of why standardized developmental screening is important and why developmental screening is a responsibility of primary healthcare professionals

2. Provider understanding of 1st Five referral resources. This includes primary care providers' understanding the connection between developmental screening and the opportunity to access 1st Five referral resources as a result of completed developmental screenings. The reason 1st Five referral resources exist is to support developmental screening implementation in primary care. If a developmental screening indicates a concern, the primary care provider then has a place to connect the patient. Services can begin to address those identified concerns. Social determinants of health supports can also help waylay and mitigate impacts of adversity when developmental concerns and risks are identified.
3. Provider understanding of how to access 1st Five referral services for their screened patients.
4. Provider confidence in 1st Five referral services. This confidence includes the belief that 1st Five makes every effort to connect to the referred child so services can begin to address identified developmental concerns. 1st Five referral is an extension of the care the client receives as a part of the well-visit process. That said, this means that an overall measure of success in 1st Five also includes 1st Five's ability to attempt to connect a referred patient to community providers and community resources.

(i). How to Prevent Loss-to-Follow Up for 1st Five Referrals

Successful contact with a 1st Five client during the developmental support process is important to the primary care provider and 1st Five. When the developmental support specialist is able to make contact with the parent/caregiver, services can be discussed, and approved and connections to community providers and community resources can be made. The ability to successfully connect with the parent/caregiver begins well before the referral is even made, and starts during the well-visit process. In this section we provide Site Coordinator tips for priming 1st Five referrals to be successful in terms of encouraging contact with the referred client after a referral is made. We also call this focus on promoting successful contact with a 1st Five client, prevention of loss-to-follow-up for 1st Five referrals. This section focuses on part 3 of the 1st Five 4-part Model of Implementation highlighted below.

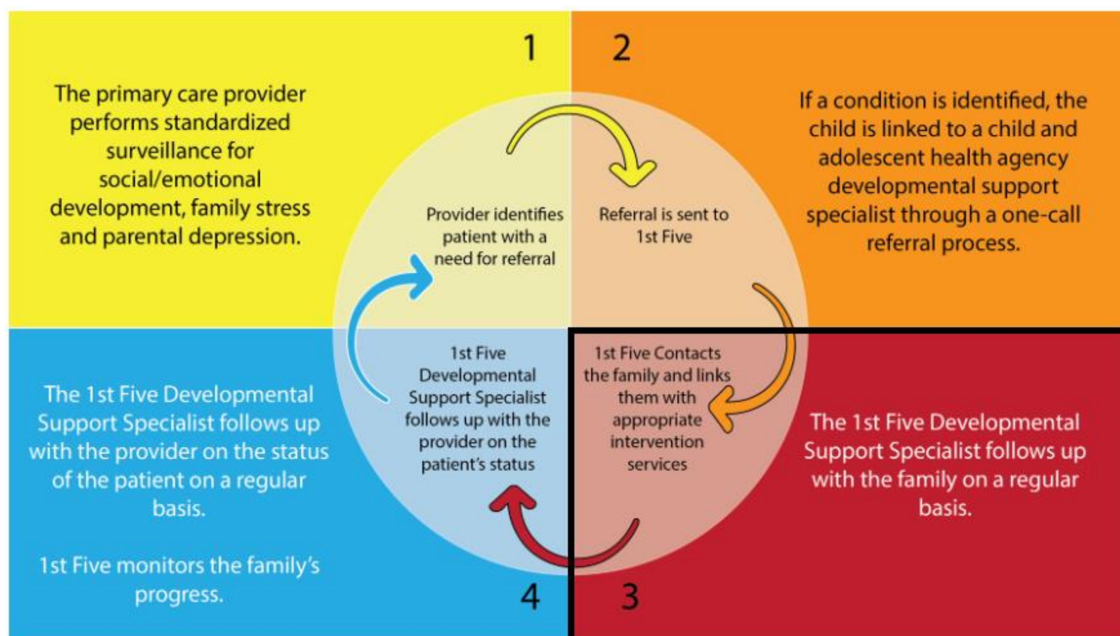


Table 21. Tips for Preventing Loss-to-Follow-Up **(Attachment Z)**

Tips for Preventing Loss-to-Follow-Up	Why is this important to promoting successful contact with the child referred to 1st Five?
Assure that the practice and healthcare staff understand the purpose and goal of the 1st Five initiative - including: ● 1st Five is not long-term case management, but will in fact connect clients to these services if long-term support is needed ● 1st Five is short term developmental support for connections to early interventions, community resources, and community providers ● 1st Five does not provide direct services (i.e., conduct home visits to the client) but rather connects clients to resources and early intervention programs needed to support healthy development of the referred child	1st Five engaged primary care providers and staff should understand the purpose and goal of the program so that during the referral process, the practice can appropriately prime the parent/caregiver with accurate expectations of what they can expect when working with 1st Five. Misunderstanding of what 1st Five offers, how referral support works, or what is included as a result of referral to 1st Five can be a barrier. It can take away from the confidence that the parent/caregiver should follow through with 1st Five to discuss services.
Assure that the practice and healthcare staff know how to complete the 1st Five referral form - including: ● Having the parent/caregiver sign the Release of Information portion of the referral form ● Direct parents to complete the referral form with most up-to-	1st Five engaged primary care providers and staff should understand how to make a 1st Five referral so that the information on the 1st Five referral form includes current and accurate contact information. This promotes successful connection with the 1st Five clients when contact is attempted to discuss referral support.

Tips for Preventing Loss-to-Follow-Up	Why is this important to promoting successful contact with the child referred to 1st Five?
date contact information including name, address, telephone number, best times to reach them and any language needs	
Assure that the practice and healthcare staff know how to coach the 1st Five client so that they are responsive to 1st Five attempts to contact after the referral is made. The Site Coordinator coaches healthcare staff that are responsible for discussing the referral to 1st Five and completing the referral process to 1st Five. Coaching scripts may include: ● After reviewing the results on the completed ASQ/ASQ:SE/M-CHAT-R/F there are some areas of development that might benefit from some follow up and additional evaluation. We work with a program called 1st Five to coordinate those evaluations and provide connections to developmental services for our pediatric population. 1st Five is free, and after we make a referral to 1st Five for your child they'll call you to discuss next steps for coordinating any evaluations, and connecting you to services for your child. ● Next, update the provider on how services are going, what evaluations have been completed and what additional needs the family may share during these connections. ● The healthcare staff should ask the parent/caregiver if there are any questions about the referral being made, and share why the referral is being made and why it is important to work with 1st Five. It is very important that the parent/caregiver understands that 1st Five is an extension of the well-care visit process and should expect a phone call from	● It is important that the practice and healthcare staff understand how to coach a 1st Five referral to be responsive to 1st Five when 1st Five attempts to connect with the parent/caregiver. Oftentimes loss-to-follow up can be caused by insufficient discussion during the well-visit about why the referral is being made, what the parent is expected to do as a part of the referral process, and what 1st Five is. ● If during the developmental support process parents are sharing that they weren't told what 1st Five is when the referral was being made or what to expect as a result of the referral to 1st Five, then the Site Coordinator may need to provide additional guidance to the practice. This might include sample scripts to assist with preparing the parent/caregiver for the referral. This can help the parent/caregiver know what to expect after the referral is made. ● If a breakdown in communication is suspected during the referral process, the Site Coordinator may ask healthcare staff how they currently handle making a referral to 1st Five. Based on this information the Site Coordinator can clarify the referral process. ● Quality Improvement utilizing Plan, Do, Study, Act **(Attachment Ab)** Cycles can be helpful in developing a pathway for improving loss-to-follow-up of 1st Five referrals. Site Coordinators should consider interventions for improving successful contact with 1st Five clients beginning with their relationships with the practice healthcare staff and the information they provide clients being referred to 1st Five.

Tips for Preventing Loss-to-Follow-Up	Why is this important to promoting successful contact with the child referred to 1st Five?
1st Five to begin discussion of services.	

E. References

1. UCLA David Geffin School of Medicine https://medschool.ucla.edu/body.cfm?id=1158&action=detail&ref=1019

2. Osteopathic.org https://osteopathic.org/what-is-osteopathic-medicine/what-is-a-do/

3. American Academy of Physician Assistants https://www.aapa.org/wp-content/uploads/2019/09/FAQs_NewLayout_August2019.pdf & https://www.aapa.org/what-is-a-pa/#accordion__panel--2--what-do-pas-do

4. Iowa Department of Public Health - Iowa Board of Nursing https://nursing.iowa.gov/practice/advanced-registered-nurse-practitioner-role-scope

5. Iowa Department of Public Health - Iowa Board of Nursing https://www.legis.iowa.gov/law/administrativeRules/rules?agency=655&chapter=6&pubDate=09-30-2015

6. American Association for Medical Assistants https://www.aama-ntl.org/medical-assisting/what-is-a-medical-assistant

7. MSWGuide.org https://www.mswguide.org/careers/medical-social-work/

8. National Society of Health Coaches https://www.nshcoa.com/ & Iowa Chronic Care Consortium https://www.pcpcc.org/sites/default/files/training-programs/02.12%20CHC-PCMH%20%20Updated.pdf

9. The American Physical Therapy Association https://www.apta.org/your-career/careers-in-physical-therapy/becoming-a-pt

10. The American Speech-Language-Hearing Association https://www.asha.org/Students/Speech-Language-Pathologists/

11. The American Occupational Therapy Association, Inc https://www.aota.org/-/media/Corporate/Files/Practice/Manage/Presentation-Resources/Brochure/What-is-OT-Peds.pdf

F. Links to Attachments

Attachment S-Provider Engagement Infrastructure Examples (Table 16)

Attachment T-Community Engagement Infrastructure Examples (Table 17)

Attachment U-1st Five Letter of Commitment

Attachment V-Tips for Site Coordinator Professionalism (Table 18)

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

Attachment X-Steps to Coordinate a SAMPLE Agenda

Attachment Y-How to Describe 1st Five to Primary Care Providers (Table 20)

Attachment Z-Tips for Preventing Loss-to-Follow Up (Table 21)

Attachment Ab-PDSA Template

G. Links

Iowa EPSDT Website
https://www.iowaepsdt.org/iowa-epsdt/developmental-care/

"Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening"
https://publications.aap.org/pediatrics/article/145/1/e20193449/36971/Promoting-Optimal-Development-Identifying-Infants