

Integrating Surveillance and Screening with the **Medical Home**

Early detection of disabilities and developmental problems is critical to ensure early access to services and treatment, cost savings for the health and educational system, and the potential for improvement in the quality of life for children and families.

The key to early detection of disabilities is quality surveillance and screening. Although surveillance and screening can occur in many different settings, it is especially important that they are linked to one location responsible for coordinating services, ideally the Medical Home. A Medical Home is an approach to providing high-quality, cost-effective health care in which the primary care physician works in partnership with the family. Care within a Medical Home is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. Coordination of all surveillance activities and screening services through the Medical Home would help reduce duplication of services and cost, while helping to prevent loss to follow-up.

Surveillance within a Medical Home is a flexible, continuous process, in which knowledgeable professionals perform skilled observations of children throughout the provision of health care. This is often done in consultation with families, specialists, child care providers, and other health care professionals. Effective surveillance:

- elicits and/or attends to parents' concerns;
- obtains a relevant history of the child;
- includes a skillful observation of the child; and
- ensures that opinions are shared with other professionals involved in the child's care.

Screening complements the surveillance process and is integrated to detect a particular condition or disease through the regular or periodic use of a professionally administered screening tool for all children, and/or when a parent raises a concern. The goals of screening are two-fold:

- to identify children in the general population who have special health care needs as early as possible so that they and their families can be given appropriate services to address those needs; and
- to continually screen children identified with special health care needs in order to identify or prevent secondary conditions that interfere with development and well-being.

There are several strategies to improve the link between screening and the Medical Home:

- For newborn screening, make every effort to identify the Medical Home prior to birth. Include this information with the specimen/test to facilitate the communication of results and follow-up with families.
- Ensure that the results of all screening performed outside of the primary care setting (e.g. school-based screening, community-based screening, etc) are communicated to the Medical Home in a timely manner.

The National Center of Medical Home Initiatives for Children with Special Needs, a cooperative agreement between the AAP and the federal Maternal and Child Health Bureau, engages in many types of screening and surveillance activities including newborn and infant hearing screening, preschool vision screening, and newborn metabolic/genetic screening.

The Medical Home Screening and Surveillance Program, a cooperative agreement between the AAP and the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention, is designed to improve care for children with birth defects and developmental disabilities and better integrate surveillance and screening activities in Medical Homes.

A list of resources and applicable AAP policy statements are outlined on the reverse side of this page.

For More Information

American Academy of Pediatrics
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
800/433-9016

Email: screening@aap.org

www.medicalhomeinfo.org/screening

Screening Resources

AAP Periodicity Schedule

American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine. (2000). Recommendations for preventive pediatric health care. *Pediatrics*. 105:645.

AAP Policy Statements

American Academy of Pediatrics, Ad Hoc Task Force on Definition of the Medical Home. (2002). The medical home. *Pediatrics*. 110:184-186.

American Academy of Pediatrics, Committee on Bioethics. (2001). Ethical Issues with genetic testing in pediatrics. *Pediatrics*. 107:1451-1455.

American Academy of Pediatrics, Committee on Children with Disabilities. (2001). Developmental surveillance and screening of infants and young children. *Pediatrics*. 108:192-196.

American Academy of Pediatrics, Committee on Children with Disabilities. (2001). The pediatrician's role in the diagnosis and management of autistic spectrum disorder in children. *Pediatrics*. 107:1221-1226.

American Academy of Pediatrics, Committee on Environmental Health. (1998). Screening for elevated blood lead levels. *Pediatrics*. 101:1072-1078.

American Academy of Pediatrics, Committee on Fetus and newborn. (1993). Routine evaluation of blood pressure, hematocrit, and glucose in newborns. *Pediatrics*. 92:474-476.

American Academy of Pediatrics, Committee on Genetics. (1996). Newborn screening fact sheets. *Pediatrics*. 98:473-501.

American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine, Section on Ophthalmology, American Association of Certified Orthoptists, American Association for Pediatric Ophthalmology and Strabismus, American Academy of Ophthalmology. (2003). Eye examination in infants, children and young adults by Pediatricians. *Pediatrics*. 111:902-907.

American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine, Section on Otolaryngology and Bronchoesophagology. (2003). Hearing assessment in infants and children: recommendations beyond neonatal screening. *Pediatrics*. 111:436-440.

American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine, and Section on Ophthalmology. (2002). Use of photoscreening for children's vision screening. *Pediatrics*. 109: 524-525.

American Academy of Pediatrics, Section on Ophthalmology, American Association of Pediatric Ophthalmology and Strabismus, American Academy of Ophthalmology. (2001). Screening examination of premature infants for retinopathy of prematurity. *Pediatrics*. 108:809-811.

Joint Committee on Infant Hearing. (2000). Year 2000 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics*. 106:798-817.

AAP Endorsed Resources

Filipek PA, Accardo PJ, Ashwal S, et al. (2000). Practice Parameter: Screening and Diagnosis of Autism. *Neurology*. 55:468-479.

Task Force on Newborn Screening. (2000). Serving the family from birth to the medical home: A report from the Newborn Screening Task Force convened in Washington DC, May 10-11, 1999. *Pediatrics*. 106(suppl):383-427.

Trobe, JD. (1993). The screening examination (Chapter 1), *The Physician's Guide to Eye Care*. San Francisco, CA: American Academy of Ophthalmology, 1-20.

Web-Based Resources

Bright Futures, American Academy of Pediatrics: <http://brightfutures.aap.org/web/>

National Center of Medical Home Initiatives for Children with Special Needs, American Academy of Pediatrics: www.medicalhomeinfo.org

- Medical Home Training Program, Surveillance and Screening component
- Medical Home Screening and Surveillance Program

National Center for Hearing Assessment and Management, Utah State University: <http://www.infanthearing.org>

National Newborn Screening and Genetics Resource Center: <http://genes-r-us.uthscsa.edu/>

Pediatric Development and Behavior. Educational module on developmental and behavioral screening: www.dbpeds.org

Prevent Blindness America: <http://www.preventblindness.org/>

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