Community Report:
Navigating Denver’s Pediatric Health System
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Introduction

The significant impact that health status has on child development has received increasing attention over the last few years. An increased awareness about the lifelong effects of early adversity, continued research into brain development, and the inclusion of physical and emotional health in the 2015 Colorado Early Childhood Framework’s “vision for comprehensive early childhood work” have all contributed to our understanding of the intersection between health, development and lifelong well-being.¹

In response to the first Colorado Early Childhood Framework (2008), The Colorado Trust funded Early Childhood Councils throughout the state to expand their work beyond a focus on building a quality early learning system, to include the health issues of young children. Denver’s Early Childhood Council was one of the grantees and had not worked in health prior to the grant opportunity. The first step in the journey of incorporating health into the work of the Council was to convene an Early Childhood Health Action Team of experts from pediatrics, public health, home visitation, mental health, Head Start, Denver Public Schools and early intervention to:

1. Better understand and identify programs in Denver that impact early childhood health;
2. Build connections and relationships with professionals and health organizations in the community that are serving young children and their families; and,
3. Promote the medical home concept so that more children in Denver benefit from high quality, continuous and coordinated pediatric care.²

What quickly became apparent to those without much prior exposure to early childhood (EC) health issues was that Denver’s pediatric health system is a complex array of services and programs that are delivered in a wide variety of settings, based in part on a family’s income. Yet this is a system that nearly everyone accesses and navigates with varying degrees of success.

According to estimates, over 90% of children in the U.S. receive at least one well-child visit per year in the first six years of life, while only 23.5% of 0-2 year olds and 61% of 3-6 year olds not yet in kindergarten are in formal settings with early childhood professionals.³ In the first two years of life, it is recommended that children see their health care provider several times a year for screenings and exams that gauge their developmental progress, growth and health. Family functioning and stressors that impact a child’s health and development can also be assessed and monitored at these visits. This unparalleled access to virtually all young children means that pediatric health care providers are well-positioned to help identify problems early on and provide or arrange interventions that can prevent issues later.
Non-medical EC professionals who care for children on a regular basis are often called on to provide various types of support for families. This report contains a brief overview of the pediatric health system in Denver and was developed with the intention to help EC professionals, from a child care provider to a home visitor, better understand how Denver’s families can navigate this critical support for young children.

In addition, ideas and recommendations are proposed in this report on how the early childhood system, including health care professionals, can better coordinate and collaborate to provide more efficient, high quality care for all of Denver's young children.

Who Provides Health Care to Young Children in Denver?

Medical practices are usually led by either pediatricians or family physicians. Following four years of medical school, both groups of doctors complete a three-year residency at a teaching hospital, where they get hands-on training and experience in caring for hospitalized and non-hospitalized (“ambulatory care”) patients. Physicians must pass a national exam in order to obtain a state-specific license to practice medicine, and typically obtain certification from a national medical board which administers another specialty-specific exam (e.g. American Board of Pediatrics).

In Colorado, there is not a requirement for continuing medical education (CME) to maintain licensure, though hospitals typically require CME credits to maintain hospital admitting privileges, and health insurance plans conduct biannual reviews of health care providers for credentialing purposes. Recognizing that medicine is a rapidly changing field, most physicians voluntarily obtain ongoing education in areas of personal interest or perceived need.

Pediatricians only care for children (typically from birth until 18-21 years), while family physicians typically care for children and adults. Some more established family physician practices serve primarily adults, while other newer practices may serve more children. Due to the unique health issues of adults, a family physician’s training is far broader, while that of a pediatrician is focused only on caring for children.

There are unique advantages to each group of practitioners. Parents need to find the individual health care provider with whom they are most comfortable. In most health care settings, physician assistants and nurse practitioners also provide care. They are typically well-trained in managing less severe illnesses and providing well-child check-ups (“preventive care”). In Denver, the majority of medical care for young children happens in pediatric practices, due to the high number of pediatricians available to families. In smaller communities there are fewer children and pediatricians, thus families commonly see a family physician who provides care to the entire family.

Where do Denver’s Families go for their Children’s Outpatient Health Care?

There are several options in Denver for pediatric primary care. They include:

1. Private Practices: These are staffed by either family physicians or pediatricians, usually along with nurse practitioners and physician assistants. Private practices provide care primarily to privately insured children and accept a varying number of children receiving Medicaid and the Child Health Plan Plus (CHP+). They typically have limited additional services on-site and can refer children and families to specialists or community resources as needed.

2. Kaiser Permanente: This is not-for-profit managed care health plan that provides comprehensive services to its members. Primary care is provided by an internal network of medical providers, with specialty care provided by Kaiser and contracted physicians. There are 3 primary care locations in Denver and many others in the metro area.

The primary care offices are staffed by pediatricians, family physicians and physician assistants.
Kaiser also accepts families with Medicaid and CHP+ insurance and is expanding its collaboration with community partners in order to better meet the social and non-medical needs of its members.

3. **Safety Net Clinics**: Safety net clinics exist throughout the country and provide a “net” to support the health care needs of low-income and uninsured patients. Denver has multiple safety net clinics throughout the City:

- **Denver Health**: Approximately one-third of Denver’s children receive services from Denver Health. Primary care is provided at **8 Community Health Centers** and **17 School-Based Health Centers** by pediatricians, family physicians, physician assistants and nurse practitioners. These sites primarily serve low-income families with Medicaid and CHP+ insurance, but also accept some private insurance. Children (and adults) without insurance are also provided care on a sliding fee schedule. Residency in Denver is not required, except for those without health insurance.

Denver Health provides comprehensive pediatric primary, specialty and emergency care at the main hospital campus. Several of the community health centers have **dental clinics** as well as **Denver County’s WIC** (Women, Infants and Children) nutrition offices. Denver Health is expected to soon obtain the national Baby Friendly Hospital designation for its strong promotion and support breast feeding. **Nurse Family Partnership** is also available for first-time pregnant mothers.

At the **School-Based Health Centers** (SBHC), comprehensive care is provided and insurance is accepted, but not required. Denver Public School students who attend a school without a SBHC can obtain care at one of the larger SBHCs.

**Health insurance enrollment assistance** is also available at all primary care sites as well as via a mobile van that travels throughout the City providing bilingual assistance to families in need of health insurance.

In addition, Denver Health includes Denver Public Health which provides immunization-only visits to any Denver resident, regardless of ability to pay, as well as other traditional public health services. Denver Health also manages the **Rocky Mountain Poison and Drug Center**.

**Rocky Mountain Youth Clinics**: A not-for-profit organization staffed by pediatricians and physician assistants that provides pediatric primary care to children from low income families regardless of insurance status. There is one clinic in Denver and two others in the metro area. They also provide care via mobile vans and at schools in the metro area. Care navigators help families and their primary care providers access non-medical services in the community, including assisting families with applying for financial assistance, transportation, housing, clothing, food and educational support. They also help arrange translation services and coordination of care among the medical team.

Other independent, not-for-profit, generally smaller primary care sites include:

- **Inner City Health Center**, which provides comprehensive primary care incorporating a faith-based philosophy. Services include sick and well-child visits, developmental screening, and behavioral and dental health services. Clinicians include family physicians, pediatricians and nurse practitioners.

- **Clinica Tepeyac**, which provides primary care services for a modest fee of $25 to a largely uninsured Spanish-speaking population. Services include sick and well-child visits, behavioral health and dental services, health insurance enrollment assistance and a health promotion program that uses **Promotoras** — community members trained to share health education and messages throughout the community. They recently received designation as a federally qualified health center, which will provide expanded health care resources.
Stout Street Clinic, which is run by the Colorado Coalition for the Homeless and provides comprehensive primary care to children from homeless families. Care includes developmental screening and short-term behavioral health therapy, as well as vision, dental and case management services. The CO Coalition for the Homeless also has a satellite clinic in west Denver, The West End Health Center.

Denver Indian Health and Family Services, which provides culturally appropriate primary care to Denver's urban American Indian community. Most services are provided at no cost to the Native population and on a sliding fee schedule to non-Native patients. Public and some private insurances are also accepted, and insurance enrollment assistance is provided. Behavioral health and dental services are also available.

4. Family Medicine Residency Programs: Rose Medical Center, Swedish Hospital, St. Joseph's Hospital (clinic site is called Bruner Family Medicine), and the University of Colorado Health (clinic site is called AF Williams) provide primary care to insured patients and to some extent the uninsured on a sliding fee schedule. They are primarily staffed by resident physicians who are receiving training in family medicine, with supervision from board-certified family physicians.

5. Other Ambulatory Pediatric Care: Located in Aurora, the Children's Hospital of Colorado provides pediatric emergency and specialty care in a wide range of medical and surgical pediatric specialties. Their Child Health Clinic, staffed by pediatric residents and University of Colorado medical school faculty, provides primary care to many children with public insurance, who live primarily in Aurora, Denver and surrounding counties.

The Rocky Mountain Hospital for Children, located at Presbyterian/St. Luke's hospital (PSL), provides pediatric specialty and emergency care, as well as primary care for children who were premature infants cared for in the PSL nursery.

6. Other: Urgent care centers are private, for-profit or hospital-affiliated centers that primarily provide care on an episodic basis, for minor illnesses and injuries. They have a varying ability to serve young children.

Retail-based clinics exist within pharmacies or grocery stores and are usually staffed by nurse practitioners or physician assistants who see patients 18 months and older on an episodic basis for checkups/sports physicals and minor illnesses and injuries. Like urgent care centers, they have extended evening and weekend hours, which make them more accessible to some families than many primary care sites. Currently there is minimal or, more typically, no communication between these sites and a child’s regular source of care, including when an immunization (e.g. influenza) is administered.

Health Insurance Coverage for Families

1. Public Insurance — Medicaid & the Child Health Plan Plus (CHP+): Medicaid eligibility has expanded to 142% of the federal poverty level (FPL), with CHP+ providing coverage for families up to 260% of the FPL. Currently 100% of the FPL is defined as an annual income of $23,850 for a family of four. U.S. citizenship is required for these insurances, though undocumented pregnant women receive emergency Medicaid for delivery if they meet income guidelines. It is estimated that 40% of Denver women have Medicaid insurance at the time of delivering a baby.

Though not always true in the past, almost all private pediatric and many family medicine practices in Denver accept Medicaid. However, due primarily to inadequate reimbursement to meet the cost of care, the number of children able to access care in individual practices is often quite limited. The safety net clinics accept public insurance, and as mentioned above, Kaiser Permanente has recently expanded access to these patients. Urgent care centers and retail clinics...
also typically accept Medicaid insurance. With Medicaid, all services are provided at no cost to the family and include relatively generous benefits for ancillary and specialty services.\textsuperscript{23} With CHP+ there is a modest enrollment fee and some co-payments for services.\textsuperscript{24} Besides the safety net clinics that offer on-site enrollment assistance, there are multiple ways to apply for public insurance, including in-person at a “presumptive eligibility site”, by mail, or through Colorado PEAK, a universal online benefits application (http://coloradopeak.force.com/?fs=y&lang=en).

2. Commercial (Private) Insurance: Private insurance is made available from, and may be subsidized by, an employer or purchased by individuals via the Health Care Exchange that was established after passage of the Affordable Care Act. Typically, private insurance has co-pays and deductibles, with annual limits on coverage for ancillary services provided by private or hospital-based therapists. As an example, speech therapy visits are typically quite limited and associated with a significant cost. Urgent care and retail clinics typically accept commercial insurance.

3. Uninsured: It is estimated that in 2013 7% of all children in Denver did not have health insurance.\textsuperscript{25} The safety-net clinics are available to provide care to this population of children.

Family-Centered Medical Homes

Definition and Legislation: A medical home is an approach to providing comprehensive health care. It is not merely a place. The American Academy of Pediatrics defines a medical home as primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally competent.\textsuperscript{26} Using a family-centered approach, health care providers serve as the overall coordinator of a child’s health care, connecting families to services, resources and systems that can be difficult for a family to navigate on their own.

This attempt to coordinate a child’s health care services can be time-consuming and imperfect, but should result in a more efficient, high quality and cost-effective way to serve children. Parents play a critical role by making sure that their child’s primary care provider (PCP) receives all relevant information about their child and serves as the child’s advocate in accessing care.

In 2007, Colorado passed legislation (SB07-130) which required increased access to a medical home for children who qualified for Medicaid.\textsuperscript{27} Medical home implementation efforts are coordinated by the Colorado Department of Public Health and Environment, with information available online for both health providers and families.\textsuperscript{28} It is important for non-healthcare professionals in the early childhood field, including child care, home visitation and mental health, to understand what a medical home is and to talk with families about the significant advantages of this care model. A major benefit of the medical home model is care coordination that goes beyond typical medical issues, to include helping arrange critical social supports for children and families.

The Colorado Children’s Healthcare Access Program (CCHAP) is a nonprofit organization formed in 2006 that initially focused on increasing access to medical homes for low-income, publicly insured children statewide.\textsuperscript{29} Now that most private practices in Denver accept Medicaid, CCHAP staff is focused on helping practices become high-functioning medical homes via quality improvement initiatives, trainings, professional development and care coordination supports.

Over the last several years, Denver Health has received national grants to enhance its medical home model. Health care providers work with support staff to improve care coordination, resource navigation and the treatment of children with chronic conditions and special health care needs. Social work and integrated behavioral health services are now available at each of Denver Health's community clinics. As described earlier, Kaiser Permanente and Rocky Mountain Youth Clinics...
also use the medical home model and offer patient navigators to assist families with accessing a variety of resources that impact a child’s health status.

Children from Denver County in foster care receive long-term health care services from an innovative medical home at Denver Health’s Connections for Kids Foster Care Clinic at the Gipson Eastside Family Health Center. Many necessary developmental, behavioral and social service supports are identified and provided on-site, with some specialized services obtained from local providers.

**The Pediatric Health Care Provider & the Well-Child Exam**

Health care delivery for adults is frequently focused on managing chronic (ongoing) illnesses, while pediatric care is centered around health promotion, preventive care and developmental monitoring, including social and emotional development. Young children should be seen by their PCP 6 to 7 times for well-child exams (physicals) from newborn through 12 months, with 3 visits in the second year of life, 2 visits the following year and then annually from age 3 onward. In total, 13-14 well-child check ups are recommend from newborn to age 5.

Due to financial constraints on medical practices, well-child exams are typically scheduled for 20-30 minutes. Given this relatively limited time, it is often a challenge to accomplish everything that ideally should be discussed and accomplished at each visit. During these visits a large number of issues are addressed, including:

- Growth & Nutrition
- Elimination & toileting
- Sleep
- Behavior & discipline techniques
- Early literacy & developmental promotion
- Oral health care
- Television & technology use
- Safety & injury prevention (e.g. car seats, smoke detectors, gun storage)
- Exposure to violence
- Management of any acute or chronic health conditions
- Any parental questions & concerns

In addition, at each well-child exam, recommended immunizations are given and a physical exam is performed. If a child is behind on their schedule of vaccines at a non-well-child check-up and is not seriously ill, she should receive the vaccine then to avoid a missed opportunity to be fully vaccinated.

Screening for anemia is also routinely done at specified visits, as well as for lead and tuberculosis exposure for children at higher risk. Formal vision screening is recommended regularly starting at age three and hearing screening should start at age 4. All newborns in Colorado receive a hearing screen before their discharge from the hospital, as early identification of congenital hearing loss typically leads to far better outcomes for speech and language development.

Health appraisal, medication administration and chronic illness management forms may also be completed for the appropriate childcare or school entities that interact with the child.

**Bright Futures** is a national initiative that provides detailed recommendations to pediatricians, advising them on the content of an ideal well-child visit based on a child’s age, highlighting the significant impact of family and the community on child health. Their resources are available to all health care professionals and the public.
Developmental Promotion & Screening in a Medical Home

Developmental promotion, by encouraging activities such as reading, playing and singing starting right after birth, and developmental surveillance, where PCPs observe children and ask parents about any developmental concerns, should also occur at each well-child visit.

In addition to surveillance, the American Academy of Pediatrics also recommends that all young children receive a developmental screening at the 9, 18 and 24-30 month well-child visits, as well as during any visit during which a concern is identified by a parent or caregiver. Developmental screenings provide a snapshot of a child's development and information as to whether additional evaluation is warranted.

In Denver, most PCPs use a validated screening tool, meaning that it has been shown to more accurately identify children with delays. The majority use the Ages and Stages Questionnaire (ASQ), which is completed by the child's parent before the visit starts and assesses five domains of development based on the child's age. Those children scoring below a cut-off are then typically referred for further developmental evaluation and, potentially, services.

In addition, a separate screen for autism should be conducted at the 18 and 24 month exams. Most PCPs use the Modified Checklist for Autism in Toddlers (M-CHAT), a validated tool that is a brief parent questionnaire focused specifically on the social and emotional engagement of the toddler.

Due to the known negative impact of maternal depression on the parent-child relationship and subsequent healthy development of the child, post-partum depression screening is also strongly encouraged for several months after birth. Many health practices use a brief questionnaire, such as the Edinburgh Postnatal Depression Scale.

The Colorado Medicaid program, administered by the Colorado Department of Health Care Policy and Financing, has recently started to reimburse PCPs for global developmental screenings, the M-CHAT and for one postpartum depression screening. However, commercial insurances do not yet routinely cover these screens.

Making Referrals for Developmental Concerns

Early identification of developmental or emotional issues is important, as outcomes tend to be much better when issues are addressed early, especially before school entry.

When developmental concerns are elicited either from parents or via screening, a referral to Rocky Mountain Human Services (formerly Denver Options) should be made for children up until age 3 and to the Denver Public Schools' Child Find program, for those 3-5 years old.

Following a more complete evaluation, if a child qualifies, Rocky Mountain Human Services (RMHS) will provide early intervention services in the child's home or child care setting at no direct cost to families, regardless of insurance coverage.

Services through RMHS are premised upon the critical role of parent education and incorporates the family's daily routines and activities into each child's learning process. As a result, this naturalistic learning approach takes advantage of the time between sessions with the therapist and engages parents in supporting their child.

When children receiving services from RMHS are approaching their third birthday, Child Find reassesses their eligibility for continued early intervention services. They have slightly different diagnostic criteria compared with RMHS, only qualifying children who have a disability that significantly affects their ability to learn.
Public insurance and many commercial insurance plans frequently cover “private” therapies provided by therapists who are either hospital or practice-based. When provided via commercial insurance, there is often a significant cost for families and visit frequency is limited. Private therapists may be able to provide services to children with developmental issues that are not significant enough to qualify for services from RMHS.

Denver’s Early Childhood Council has partnered with several community organizations to create an early intervention roadmap, due out in the Fall of 2015, which should clarify the early intervention process. The roadmap contains information directed toward various stakeholders, including information for parents and professionals about what developmental screening is and why it's important, and if concerns are identified, how to make a referral and get connected to services.

Who Should Screen?

The primary care practice is generally recognized as the ideal site for formal developmental screening, due to the long-term relationship enjoyed by PCPs with children and families. When concerns of other early childhood professionals are relayed to the PCPs, they will typically use a formal screening tool to gain more information about how the child is functioning. When a child care provider or early educator has concerns, direct communication with the PCP is essential.

At the well-child visit, parental concerns should also be elicited and discussed. If a parent or child-care professional has appropriate concerns, even if a child passes a developmental screen, a referral for further, more comprehensive evaluation is recommended. Ideally, the results of any developmental screens are also shared with the early care and education provider.

Staff from some early care and education (e.g. Head Start) and home visitation programs conduct formal screenings to better understand the developmental needs of the children they serve. Their screening results should be shared with the PCP so that one entity is the repository of all developmental information and to avoid repetitive screening.

Another advantage of having the PCP take the lead in screening is the occasional need for a medical evaluation to determine the cause of a child’s delay or disability. A developmental assessment primarily determines how a child is functioning compared to norms for age, not the reason for the delay or disability. See page 15 of this report for an algorithm of the screening and referral process.

Coordinating Screening & Referral

Unfortunately, a large percentage of Denver’s children who are referred from birth to 5 years do not make it to their developmental evaluation with RMHS or Child Find staff and never receive the services that they need. This is an issue nationally and there are a variety of reasons for this, from a lack of understanding of early intervention services and how to navigate them to a stigma related to having a child with a possible delay or disability.

For those children who do make it through the process and qualify for services, it is important that results of developmental evaluations, and the Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP), are shared with the PCP. Doing so will help ensure that each child receives coordinated services, needed resources and other helpful evaluations.

The IFSP (used for newborn to 2 year olds) contains a thorough developmental assessment of the child and focuses on family needs to help them enhance their child’s development. The IEP (used for 3 to 5 year olds) is more narrowly focused on a child’s educational needs and is the document used to qualify for and define special education services.
The PCP should also be informed when a child does not get through the referral process to evaluation. In many clinics and practices, staff is available to outreach to families and encourage follow-through and help families navigate any real or perceived barriers.

Getting Child Development Information into the Hands of Parents & Caregivers

Recognizing the critical role that parents and early care and education providers play in observing children for developmental differences, the Center for Disease Control (CDC), as part of their Learn the Signs, Act Early campaign, has developed an exemplary range of information designed to increase awareness of typical child development and warning signs that suggest the need for further evaluation.36

"Milestone Moments", a family-friendly booklet, along with many handouts, children's books and an interactive website provide information on expected milestones by age and have information for parents on what they can do to promote healthy development with positive parenting tips.37

Changing the Way We Provide Health Care

The pediatric health system in Denver and across the state has made enhancements to how they deliver care more comprehensively to families, due to the expanding concept of the medical home and the Affordable Care Act. In July 2015, over 1.2 million Coloradans were enrolled in Medicaid and over 51,000 in the CHP+, resulting in a significant decline in families without health care coverage.38 These reforms have sparked innovative pediatric models meant to serve the whole child while also linking families to services that go beyond their medical needs. These innovations include:

1. Integration of Behavioral Health in Pediatric Care: Co-locating mental health services within pediatric practices is an innovative approach happening across Denver. With recent grant support, Denver Health’s family health centers now all have embedded mental health services into their primary care programs. Mental health clinicians are available to meet with families after their primary care visits and are available for follow-up appointments for a limited time thereafter. Families or children needing more extensive care can be referred to other clinicians who can provide long-term care.

Rocky Mountain Youth Clinics have integrated mental health specialists as part of their medical home team to provide direct care and/or referral to community entities when appropriate. Kaiser Permanente has behavioral health specialists in each of their clinics and provides resources for community mental health providers as well. Many of the other safety net clinics, such as Clinica Tepeyac, also provide integrated behavioral health care.

Colorado was recently awarded a multi-million dollar grant called the State Innovation Model to promote the integration of mental health into the medical home, with ambitious goals made for widespread enactment by 2019.39

Healthy Steps is a prevention-focused, national program where child development specialists provide parents enhanced guidance at well-child visits on their child’s development to help them anticipate impending changes and milestones.40 In the health field this is called “anticipatory guidance”. This program is based in the medical home, which allows the specialist to monitor the infant and toddler’s health and development alongside the PCP.

Though a flexible model of parent support, specialists typically help parents prepare for the well-child visit and meet after the visit to expand on the guidance about behavior and development given by the PCP during the visit. Healthy Steps specialists also are available by phone and may conduct home visits to better assess and meet the needs of families.

The Child Health Clinic at Children’s Hospital has
a model program, staffed by child psychologists. Denver Health’s Sandos Westside Family Health Center began offering Healthy Steps in early 2015.

2. Health Navigators & Care Coordination: As described previously, many primary care practices now have designated staff to help families more effectively access and utilize health care and community resources, given the complexities of everything from enrolling in insurance to accessing early intervention services.

Healthy Communities is a program within Colorado’s Department of Health Care Policy and Financing for Medicaid and CHP+ recipients. Typically via the telephone, services are provided to help families access primary, specialty and oral health care, as well as a wide variety of community resources (e.g. food and housing) that impact healthy development. Denver’s program is located within Denver Health, but serves all of Denver’s Medicaid and CHP+ recipients regardless of PCP site.

Regional Care Collaborative Organizations (RCCOs) are tasked with promoting coordinated care for all Medicaid recipients. To encourage investment by practices in care coordination, RCCOs allocate monetary incentives to practices for each of their enrolled patients with Medicaid. There are seven RCCOs in Colorado. Colorado Access, a non-profit health plan, is the RCCO for Denver County.

3. Oral Health in Pediatric Care: Dental disease early in life is a serious health issue for many young children, frequently with significant impacts that extend into adulthood. For the most part, dental disease is preventable with routine home care and access to a dentist. A lack of dentists willing and available to treat children enrolled in public insurance plans and the access that PCPs have to young children has led the medical home to take a more active role in childhood oral health issues. Denver Health, Children’s Hospital and other safety-net clinics now offer on-site pediatric dental care.

Cavity Free at Three is a statewide program that trains PCPs to apply fluoride varnish at well-child exams to help prevent tooth decay (called “dental caries”). Health care providers are also taught how to more effectively talk to families about brushing and oral health care. Placing varnish on young children’s teeth protects the tooth enamel from the acids that cause tooth decay.

Kids in Need of Dentistry (KIND) has a mobile van that travels to elementary schools in Denver with a student population of 50 percent or more qualifying for the free or reduced lunch program. They provide dental screenings, preventive dental sealants, oral health education and referrals at no cost.

Recommendations for Building Cross-Sector Connections for Denver’s Young Children

As outlined in this brief, pediatric primary care providers are tasked with addressing an ever increasing number of child health issues. While medical advances have led to a lower prevalence of serious illnesses, emphasis on prevention of disease has increased. Guidance to parents and efforts directed toward promotion, prevention and wellness are now within the domain and focus of pediatric health care for young children.

The increased understanding of the impact of social determinants of health (e.g. poverty, food insecurity, exposure to community and family violence, inadequate housing) and adverse childhood experiences on lifelong mental and physical health has led to increased support for efforts to address these critical influences on health. This has made the family-centered medical home all the more valuable for addressing the needs of the whole child and their family.

To comprehensively serve families, a medical home also needs to create linkages with other early childhood sectors, including early care and education (ECE), family support and mental health. However, currently these sectors are inad-
equately connected, with much work still needed to increase the efficiency and effectiveness of interventions and services.

The following recommendations from the Council's Early Childhood Health Action Team are largely rooted in this desire to break down the siloes among those serving families with young children. **We see the need for more cross-sector opportunities to share information, resources and knowledge to enhance the coordination of care for Denver's youngest children.**

1. **Permission to share information should be routinely pursued by all organizations working with families.** The concern for the need to respect the confidentiality of health and education information is frequently raised as an obstacle to sharing information. When the reason behind such sharing is explained, families rarely decline.

2. **Improve communication and coordination between PCPs and child care and ECE programs by revising the standard General Health Appraisal Form,** created several years ago by a team from the Colorado Chapter of the American Academy of Pediatrics and Healthy Childcare America to include results of any screenings that the child received at their well-child checks and whether any referrals were made.

3. **Create an early childhood electronic information exchange in which medical records and school/early childhood data systems could appropriately and efficiently share information between the health and education systems.**

Currently, the majority of pediatric medical practices, all home visitation programs and many ECE programs are conducting some kind of developmental screening without any collaboration or coordination.

Information on developmental screenings, assessments and services needs to be available for all of these professionals, similar to the way information on childhood immunizations is shared. A **developmental screening and assessment registry** would have information as to when and where the screens were done and what the results were, making our broader early childhood system more effective, efficient and aligned for the families and the services themselves.

Many preschool and kindergarten classrooms in Denver are conducting **Teaching Strategies Gold,** a comprehensive developmental assessment used to evaluate children's progress in a wide-range of domains over the course of the school year. PCPs could have access to these results to get a more comprehensive picture of the developmental achievements and potential issues of children in their practice.

4. **Adoption of a community-wide referral form and process deserves serious consideration in Denver.** A brief description of planned services or the outcome of a referral visit is valuable information for PCPs in the medical home.

Typically, physicians refer to those medical consultants or specialists who are reliable about "closing the loop" and sending information back to the PCP regarding the results of the referral. The specialist's findings and recommendations are needed in order for the PCP to coordinate care and counsel parents regarding a recommended plan of action. This expectation is typically carried over to non-medical providers as well. The failure to hear back from community providers will likely lead to fewer referrals.

Rocky Mountain Human Services (RMHS) now has a **referral status update form** that should help with this feedback loop. This allows pediatric practices who receive a referral status update to be better informed about the developmental needs and services children in their practices are receiving and also which families to target for outreach to facilitate completion of a developmental evaluation.
5. Explore the development of a technology platform that connects referrals to resources and facilitates a “warm hand-off” between professionals and families.

A frequently cited disincentive for screening by health care professionals is a lack of knowledge about, or availability of, resources for families. Even when a beneficial resource is identified, frequently families do not receive the needed or desired assistance due to multiple family challenges and program barriers.

The national Help Me Grow initiative being considered for implementation in Colorado would help connect families to needed programs by providing information and systems navigation or care coordination assistance. Using a centralized point of contact, Help Me Grow staff maintain a comprehensive, local database of service providers and assist families until they receive desired services. Then a warm hand-off to the service supports the family in accessing the service.

Using program evaluation data, Help Me Grow can also help identify gaps in available services and advocate for systemic changes. The more in-depth assessment of family challenges and needs, along with follow-up by center staff, distinguish this program from the current 211 resource-line serving Denver County.

Also, an app or website focused on geo-mapping early childhood resources across Denver, including pediatric medical homes and dental resources would facilitate both referral and outreach efforts across sectors. One such model in California is the Advancement Project’s Healthy City. There, resource mapping not only locates services for families but also reveals gaps where additional resource may be needed.

6. Increase awareness between all early childhood professionals — medical, ECE, home visitors, and mental health — about how each system is generally structured and what services are available for young children and families.

It is widely accepted that higher quality ECE programs are critical for optimal developmental progress, especially for those children in higher risk environments, such as living in poverty.

With the new ECE quality rating system, Colorado Shines, the time is right to renew efforts to educate health care professionals about the rating system. A one-page handout with information on Colorado Shines, as well as how to find quality child care, should be created and widely disseminated to Denver’s medical homes.

Conversely, ECE providers can help families access health care, but often lack the knowledge and resources to effectively do so. At the time of enrollment, child care staff should determine if a family needs help with health insurance enrollment, if they receive care from a medical home and if they have any standardized developmental screening results. Measuring the quality of care within a medical practice is less refined than the system for early care and education. Parents who are dissatisfied with the care they are receiving should be encouraged to discuss concerns with their child’s PCP and, if issues remain unresolved, they should be encouraged to seek out another PCP or medical home.

7. Invite PCPs and their health teams to visit their neighborhood/local early childhood programs to learn more about the work happening around them. The best relationship-building happens face-to-face. Inviting PCPs for a site visit creates a unique connection that doesn’t happen virtually. Familiarity with local early childhood programs that promote optimal health and development likely would lead to more referrals from PCPs and increased enrollment in home visitation and ECE programs.
8. Health care trainees (pediatric and family medicine residencies, physician assistant and nurse practitioner training programs) should receive more training about the challenges many young children and their families face and how these impact optimal early childhood health and development.

In addition, more information about the community resources that exist to buffer these challenges, particularly human services and early education supports, should be provided.

9. More cross-sector professional development is needed to cultivate relationships and shared knowledge. Current offerings such as the annual Rocky Mountain Early Childhood Conference, Denver Early Childhood Council trainings and annual DELHI (Denver Early Learning & Health Institute), and hospital Grand Rounds are existing opportunities to help build linkages and develop some shared knowledge among those working with young children. However, the time commitments for service delivery for both physicians and early education professionals make regular attendance at meetings and trainings a challenge. Online trainings and presentations can be promoted if in-person attendance is not possible.

10. To formalize linkages and information-sharing between the programs and professionals in health and early childhood, creation of a local chapter of Docs for Tots, or a comparable program, should be explored.

Docs for Tots is an organization led by pediatricians with the goal of promoting quality early childhood practices and policies that allow all children to thrive. When initially formed in 2003, the organization had a national presence. Currently, the work is focused in New York, with a stated goal of future expansion to other parts of the country. Their five priority areas are: 1) promoting the early childhood medical home, 2) increasing developmental screening, 3) promoting high quality early care and education, 4) improving social-emotional health, and, 5) addressing the impacts of poverty.

Recently, the CO Chapter of the American Academy of Pediatrics (AAP) has expressed an interest in focusing efforts on early childhood issues. Though a statewide organization, the AAP can potentially serve as an important partner in promoting relationships between Denver pediatricians and early childhood professionals, as well as with disseminating information and promoting awareness of early childhood issues to its physician membership.

11. There needs to be increased public awareness of what typical child development is and what role each of us can play in supporting Denver’s youngest children to thrive.

Using tested materials like Milestone Moments to educate and engage Denver’s families and those who serve them, serious consideration should be given to mounting a cross-sector public awareness campaign.

As stated earlier, monitoring and surveillance is critical to early identification of developmental issues, and all community members have a role. Rather than conducting formal developmental screenings, the professionals, caregivers and families who are interacting with young children could use the Milestone Moments materials to help identify atypical childhood development.

This could be coordinated with a City-wide campaign, "Milestone Moments in the Mile High City", that provides consistent, concise messaging to families about their child’s development, how to recognize when there may be signs for potential concern, and how to connect with resources in Denver that promote development and support families. A campaign could also be a powerful tool for sparking cross-sector collaboration among Denver’s thriving early childhood community.

We see the need for more opportunities to share information, resources & knowledge among ALL professionals serving Denver’s youngest children.

Navigating Denver’s Pediatric Health System
Summary

Recently there has been increased public awareness about the life-long impact of early childhood experiences and poverty on school readiness and lifelong health. The toxic effect of poverty on healthy child development has been well described. Census data from 2013 indicate that 28.7% of children in Denver, newborn to 4 years old, live in families with an annual income level below the federal poverty level ($23,850 for a family of four), with many of these families living in extreme poverty defined as an annual income of $11,925.

There are over 57,000 children, birth through five, in the City and County of Denver. There are thousands of professionals serving children in Denver, from home visitors to child care providers and pediatric health professionals. Families navigate complex systems so their children can receive services to optimize their health and well-being.

Nationally, leaders in pediatrics have highlighted the need for pediatricians to take a leading role in preventing, identifying and mitigating adversity in the lives of young children. Given their unequaled access to virtually all families and their strong commitment to children’s overall well-being, they (and all pediatric health care providers) clearly have a critical role in this effort. Yet, all others who serve families and young children can, and need to, meaningfully contribute as well.

The medical home concept provides a framework for how pediatric health care providers can best serve families and coordinate with early childhood programs in a way that comprehensively addresses the needs of the whole child.

The most effective and efficient collaboration builds on the strengths of each early childhood service provider and avoids duplication of services, seamlessly connecting children, families and professionals to each other and to the shared vision of healthy, thriving children.

For professionals outside of the health system, an increased understanding of where Denver’s children access health care, what the medical home approach includes and how PCPs generally approach their work will hopefully increase their ability and motivation to help families connect with higher quality health care.

Thoughtful discussion and planning is needed in Denver about how to create a cohesive and high-functioning early childhood system that builds on our growing city’s assets: our innovative residents, our community resources and our diverse children and their families. Colorado’s Early Childhood Framework provides a vision for how the state and communities can better integrate and align efforts to ensure that all children have the opportunity to reach their maximum potential.

Pediatric health care providers are an integral part of making this vision a reality for Denver’s young children and need to be included in the work ahead.

From Colorado’s Early Childhood Framework, 2015

http://earlychildhoodframework.org/
Primary Care Provider (PCP) Referral Roadmap for City & County of Denver: Algorithm to help families access healthcare & special education/early intervention services

Developmental or behavioral concerns

Always follow this path if there are concerns about delays in development (e.g., suspected language delay)

Developmental / Educational Referral
“Is there a delay?”

Age of child?

0<3 years old

Refer to Rocky Mountain Human Services
Intake: 303/247-8423
Fax: 303/636-5614
www.rmhumanservices.org/program/early-intervention

Evaluation by Child Find Team
Eligibility Determination
IFSP/IEP Development

Follow-up with PCP:
Eligible for services? Results concerning?
This may guide further medical evaluation, and vice versa.
(e.g., if results c/w global developmental delay, intellectual disability)

Shaded areas = PCP Role

3-5 years old

Enrolled in preschool through Denver Public Schools?

No

Refer to Child Find - DPS
Intake: 720/423-1410
Electronic Referral: www.sites.google.com/m/a/dpsk12.net/child-find/

Advise family to discuss with preschool teacher and request evaluation by Child Find, DPS
(If child is older than 3 the family should request a meeting with teacher, administrator and the special education teacher to discuss their concerns.)
www.idea.ed.gov

Yes

Diag nostic medical and developmental evaluations (to help determine possible cause and treatment)

Examples:
Audiology if speech or language concern
Ophthalmology or optometry for vision concerns
OT for fine motor or sensory concerns
Genetics for genetic concerns, severe delay
Metabolic clinic for regression
Neurology for seizures, unusual motor movements, or developmental regression
Physical Medicine/Rehab or Muscle Clinic for cerebral palsy, muscle disease
PT for torticollis, gross motor concerns
Psychiatrist, Psychologist, or Licensed Clinical Social Worker in local community for diagnosis and treatment of behavior and mood problems
www.cdha.state.co.us/dmh/directories_bho.htm

Child Development Unit for diagnosis of autism spectrum disorder, intellectual disability, global developmental delay, Fragile X Syndrome, XY chromosome variations, FASD, other complicated diagnostic questions involving behavior, social skills, mood, attention, and learning.
- Behavioral therapies (very limited)
- Etiological work-up
- Medication management
(but not for psychosis or bipolar disorder)

Bill Campbell, MD, Colorado Children’s Hospital, 2015
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