

Primary Care Physicians Have Primary Role in Identification and Referral

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Prepared December 1999, updated September 2003

High-quality primary care is the foundation of effective and efficient health care systems. Pediatricians and family practitioners most commonly act as primary health care providers to young children and are in a position to influence identification and referral processes within and outside of health care systems. These physicians can provide the critical entry points to services (Epps & Kroeker, 1995).

Because parents regularly bring their children to well-child visits, parents have more opportunity and are therefore more likely to voice concerns about their child's development to primary care providers, than to a psychologist, special educator or another medical specialist. By maintaining a continuous process of communication and observation, parents and PCPs are better equipped to detect possible delays and to utilize available resources in hopes of maximizing the child's potential (CCD, 2001).

A long list of organizations, including the American Academy of Pediatrics, the Royal College of Paediatrics and Child Health, the Australian College of Paediatrics, American Nurses' Association, the National Association for the Education of Young Children and Bright Future strongly urge doctors to promptly identify and refer children with disabilities. Early detection leads to early intervention, which not only serves a preventative role for children at risk but also ameliorates disabilities in children who already manifest them (Solomon, 1995).

Successful early identification of children with or at risk for developmental delays requires three things of the PCP: skill in the use of screening tools and other methods of developmental surveillance, active solicitation and use of parent concerns in the screening process, and knowledge of how to refer the family to available community resources (Committee on Children with Disabilities, 1994).

Frances Glascoe described the importance of being properly trained to do screening: "Development may be best conceived as a moving target. A skilled marksperson using superior weapons is more likely than one who is untrained and poorly armed to hit the bull's-eye - in this case, detect accurately the presence or absence of developmental delay," (Glascoe, 1991, p. 9).

In Hawai'i, a Child Find Evaluation conducted in 1997 (Shapiro & Derrington, unpublished 2002) found that 87% of pediatricians and 94% of family physicians surveyed were unaware that early intervention services are provided at no cost to families. The same evaluation found that many pediatricians were uninformed about eligibility requirements for early intervention services. Only 35% of pediatricians and 39% of family physicians were aware that a mild delay in a single domain makes a child eligible for early intervention services and only 46% of pediatricians and 58% of family physicians, respectively knew that problems with disruptive or difficult behavior could make a child eligible.

To guide PCPs, the American Academy of Pediatrics has the following recommendations for the role of pediatricians in early intervention (Solomon, 1995) and (CCD, 2001):

- Maintain and update knowledge about developmental issues, risk factors, screening techniques;
- Acquire skills in the administration and interpretation of reliable and valid developmental screening techniques appropriate for the population;
- Develop a strategy to provide periodic screening in the context of office-based primary care, including the following:
 - Recognize abnormal appearance and function during health care maintenance examinations;
 - Recognize medical, genetic, and environmental risk factors while taking routine medical, family, and social histories;
 - Recognize troubled parent-child interaction by reviewing history or by observation;
 - Listen carefully to parental concerns and observations about the child's development during all encounters;
 - Perform periodic screenings of all infants and young children during preventive care visits, including hearing and vision screening, recognizing the importance that test procedures and processes be culturally sensitive and appropriate to the population;
 - Present the results of the screening to the family using a culturally sensitive, family-centered approach;
 - Determine the cause of delays or refer to appropriate consultant for determination;

--Participate in assessing a child identified through screening or observation as being "at-risk" for developmental delay;

- Counsel and advise:

--With parental agreement, refer children with developmental delays in a timely fashion to the appropriate services and resources in the community. A recent study of patients' attitudes towards primary care confirms that almost all patients valued the role of PCP's as a source of first- contact care (94%) and coordinator of referrals (89%). Patients who had experienced difficulty in obtaining referrals were more likely to report low trust, low confidence and low satisfaction with their PCP's (Grumbach & Selby, 1999).

--Participate in the Individual Education Program (IEP) and Individualized Family Service Plan (IFSP) development and implementation. The pediatrician's role in IEP and IFSP development and implementation includes knowledge of federal statutes and local mandates and regulations; establishing linkages with local early intervention and education professionals and parental support groups; and collaborating with the team serving the individual child.

A significant number of children in need of early intervention services are not being referred as early as possible by their physicians. Lavigne, et al (1993) followed 3,876 children aged two through five. All children received an initial diagnosis of the presence (n=495) or absence (n=3,381) of behavioral or emotional problems by a pediatrician based on clinical judgement. For children in the former group whose diagnosis was confirmed based on results of a screening tool in conjunction with the

opinion of a clinical child psychologist, 51.7% had not been referred for mental health services or medication by their physician (Lavigne, et al, 1993). Another study found that referral to early intervention services by physicians typically did not occur until after two years of age (Nelson, 1996). This means that the child and family have less than a year of early intervention services before age three. Later identification leads to limited service time, which compromises the possible benefit of intervention (Reynolds, 1994; Schafer, et al, 1987).

Given that the Individuals with Disabilities Education Act (IDEA), Part C entitles eligible children to early intervention services, it is foreseeable that litigation could result from failure to screen, or identify early, a child with disabilities (Diamond, 1993). Worse still is the loss of human potential for the child and the extra burden and parental concern for those families who don't receive services. Therefore, it is imperative that professionals in a position to identify young children with delays appreciate the importance of their active participation in child-find and referral and own it as their responsibility.

Suggested citation

Kelly, G., Derrington, T., Shapiro, B., Smith, B., & Mestanova, S. (1999). Primary care physicians have primary role in identification and referral. Unpublished manuscript.