

Research Foundations for Evidence-Based Outreach
to Promote Referrals to Early Intervention

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Purpose of Presentation

- Summarize findings from practice-based research syntheses on different aspects of outreach to physicians
- Illustrate how the findings were used to develop evidence-based outreach practices
- Briefly describe how the practices can be tailored to specific applications

Research Syntheses^a

A number of practice-based research syntheses conducted at *TRACE* focused on the characteristics of outreach practices associated with referrals by physicians:

- Tailoring printed materials for improving child find
- Physician referrals of young children with disabilities
- Educational outreach (academic detailing) and physician prescribing practices
- Practices for increasing referrals from primary care physicians

^aThe research syntheses are available at www.tracecenter.info

Tailoring Printed Materials for Improving Child Find

Carl J. Dunst and Deborah W. Hamby

- 13 randomized controlled design studies including 10,000+ participants
- Evaluated seven characteristics of printed materials influencing reader attitude, knowledge, and behavior
- Cohen's *d* effect sizes for between group differences were used to assess the effects of the printed material characteristics on the study outcomes
- The characteristics (in the order of importance) were: Advice and guidance and efficacy beliefs, followed by readiness for change, personal information, benefits of change, and perceived benefits

Physician Referrals of Young Children with Disabilities: Implications for Improving Child Find

Carl J. Dunst and Ellen Gorman

- 29 nonexperimental studies of patterns and reasons for physician referrals to specialty secondary care including 6,000+ participants (including early intervention)
- Investigated the children's conditions and reasons for referrals to secondary care
- Also investigated who referrals were made to and the effects of providing/not providing feedback to the referring physicians
- Findings showed that referrals were heavily condition-specific and that physicians expected timely feedback in a concise format

Educational Outreach (Academic Detailing) and Physician Prescribing Practices

Patricia Clow, Carl J. Dunst, Carol M. Trivette, and Deborah W. Hamby

- 38 randomized clinical trials and other controlled studies including 5,000+ participants
- Evaluated seven characteristics of educational outreach influencing physician prescribing practices
- Cohen's *d* effect sizes for between group differences were used to assess the effects of the use of the different practice characteristics
- The characteristics (in order of importance) were: Collecting baseline knowledge, motivating the physicians, entree method, targeted audience, credibility of the message/practice, and using opinion leaders

Practices for Increasing Referrals from Primary Care Physicians

Carl J. Dunst and Ellen Gorman

- 42 randomized controlled design and comparison group studies including 10,000+ participants
- Four types of interventions were examined: Information campaigns, referral guidelines, feedback to physicians, outreach to physicians and organizational interventions
- Percent difference in the referral rates between the intervention vs. control/comparison groups was used as the size of effect of the practice
- Main focus of analysis was the relative effectiveness of the five approaches to outreach. Outreach to physicians and organizational changes were most effective followed by referral guidelines

What Works

- Ongoing face-to-face contact with primary referral sources
- A targeted and focused message
- Credibility of the message and messenger
- Tailored printed materials
- Clear and simple procedures for making referrals
- Timely and concise feedback to primary referral sources

What Does Not Work

- Information campaigns
- Complicated referral procedures
- Nontailored program materials
- Passive distribution of brochures, “referral kits” or other materials
- Not providing feedback to primary referral sources

From Research to Practice

Findings from *TRACE* research syntheses, studies, and other activities (e.g., collaboration with American Academy of Pediatrics) have been used to develop a number of evidence-based practice guides:

- Universal Checklist for Identifying Infants and Toddlers Eligible for Early Intervention
- Universal Referral Form for Primary Referral Sources
- Decision Algorithm for Early Intervention Eligibility Determination
- Conducting Outreach to Primary Referral Sources
- Primary Referral Source Feedback Process



Appendix
Checklist for Conducting Outreach to Primary Referral Sources
Carij Stone

This checklist is used to ensure that outreach to primary referral sources complies with federal and guidance that are most likely to include in different state law. The report of questions should be obtained to its most accurate extent.		Was the primary goal?	
		Yes	No
Planning	Have the most appropriate referral sources for the children served by your program been identified?		
	Was a clear message tailored to each primary referral source best prepared?		
	Does the message include the benefits of early childhood intervention?		
	Was a referral brochure that communicates the message best prepared?		
Implementation	Was the government(s) who is best to be most readily-recognized by best identified?		
	Was the message best prepared to contact?		
	Was the need of the referral source best clearly placed?		
	Was the operation strategy best identified to suit during the outreach?		
	Was the role played in an appropriate form?		
	Was the outreach message delivered during the visit?		
Follow-up	Was the message repeated and reinforced during the visit?		
	Was the primary referral source provided contact brochure?		
	Was any follow-up regarding referral to service needed?		
	Was the referral source contacted for help or feedback?		
	Was an effort to be acknowledged a large success?		

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Conclusions

- Considerable amounts of research are available that can inform improvements in child find, early identification, eligibility determination, and referrals to early intervention
- What we do know works would require changes in ways child find is typically carried out by Part C early intervention programs
- There continues to be a need for studies investigating the effectiveness of child-find related activities in early intervention programs (type of outreach, child find practices, eligibility determination, etc.)