KEY MESSAGES FOR THE ENHANCED 18-MONTH WELL-BABY VISIT

WHAT IS AN ENHANCED 18 MONTH WELL-BABY VISIT?

The Enhanced 18-Month Well-Baby Visit builds on the current 18-month check-up. It is an initiative designed to build strong partnerships among primary care practitioners, parents, and community services. The initiative introduces a process, using standardized tools, for physicians to have a discussion with parents on child development, to identify those children who will require referral to specialized services, and to discuss parenting and local community programs that promote healthy child development and early learning

OHIP SCHEDULE OF BENEFITS FEE CHANGES

1. A new Enhanced 18-Month Well-Baby Assessment fee of $62.20 (GP/FP – A002; Pediatrics – A268) has been introduced to the OHIP Schedule of Benefits (effective Oct. 1, 2009). The Enhanced 18-month well-baby visit is the service rendered when a physician performs all of the following in respect to a child from 17-24 months of age:
    a. Those services defined as "well baby care"*;
    b. An 18-month age-appropriate developmental screen; and
    c. Review with the patient's parent/guardian, legal representative or other caregiver of a brief standardized tool (completed by the patient's parent/guardian, legal representative or other caregiver) that aids the identification of children at risk of a developmental disorder.
2. The Report of the Expert Panel on the 18-month well-baby visit (Getting it Right at 18 Months…Making it Right for a Lifetime) recommended use of the Rourke Baby Record (Ontario version)** and the Nipissing District Developmental Screen™ (NDDS™)***--a parent-completed developmental checklist. Both tools were offered as examples in the schedule of benefits.
3. Medical record requirements: This service is eligible for payment when, in addition to the medical record requirements for well-baby care, an 18-month age-appropriate developmental screen and concerns identified from the review of the brief standardized tool with the parent/guardian, legal representative or other caregiver are recorded in the patient's permanent medical record.

THE EVIDENCE

- Recent studies show that 25-30% of children are arriving at school without the skills necessary to learn (Offord Centre, Early Development Instrument (EDI)).
- Evidence suggests clinical judgment alone is not sufficient for identifying all vulnerable children (GAC 18 month Clinical Report)†. Using a consistent, comprehensive evaluation process with every child that combines the Rourke Baby Record and NDDS™ with clinical judgment will significantly improve identification of all children at risk, even those who clinically do not appear to be at risk.

WHY AN ENHANCED VISIT AT 18 MONTHS?

1. Primary health care is the only place where all children are routinely seen in the first two years (97% of children aged 0 to 2 in Ontario (ICES data)). Most often, children are not routinely seen again until 5 years of age. The 18-month visit is an ideal opportunity for health promotion, prevention and early intervention.

2. 70% of parents have concerns about the social and mental development of their child, and about their parenting skills, but only 28% actually discuss these with their primary care provider (GAC 18-month Clinical Report)†. Having every parent complete the NDDS™ gives them the opportunity to reflect on their child's development and creates the opportunity for them to express their concerns and address their questions to you.

WHAT YOU CAN DO

1. All parents and children can benefit from the resources in the community such as the Ontario Early Years Centres, library, and recreation centres.
2. Make a referral to community services if you have any concerns. Avoid unwise 'wait and see'. In addition, encourage parents to access the universal parenting and play programs available in their community.
3. Research has proven that children whose parents read with them consistently from an early age are more likely to be successful in school. Encourage reading, speaking, singing, and telling stories to all children from birth. Simple reminders to families from their physician about the importance of reading with their child everyday have a big impact on behaviour (Read, Speak, Sing Literacy Program, www.cps.ca).

EDUCATION AND INFORMATION TO SUPPORT THE ENHANCED VISIT

- An online education and information strategy accessed through an 18-month webportal has been developed and is available at: www.18monthvisit.ca
- Mainpro credit modules are available.

BACKGROUND INFORMATION

- ***Well Baby Care: Definition/Required elements of service:** Well baby care is a periodic assessment of a well *newborn/infant* during the first two years of life including complete examination with weight and measurements, and instructions to the parent(s) or *patient's representative* regarding health care.
- ****Rourke Baby Record (RBR) 2009 Ontario version**: an evidence-based point of care tool for health care professionals in the delivery of the enhanced visit www.rourkebabyrecord.ca or www.18monthvisit.ca or www.cfpc.ca or www.cps.ca or in the "forms" section of www.ontariomd.ca
- ******Nipissing District Developmental Screen™ (NDDS™)**: a parent-completed developmental checklist for recording the development and progress of infants and children within certain age groupings: www.ndds.ca or www.18monthvisit.ca or in the "forms" section of www.ontariomd.ca
  - Any 'no' responses are red flags that indicate possible delay, warrant further investigation, possible referral and a follow up.
  - The developmental tasks are set beyond the time when most children would have achieved the skill. The activities on the 15-month NDDS can help to prepare for the 18-month screen.
- **†GAC 18-month clinical report** (http://www.ocfp.on.ca/local/files/CME/Healthy%20Child%20Development/18%20Month%20Well%20Baby%20Visit/Edits%20from%20OCFP%20Mar%2010%20-%20Final%20Report%20PDF.pdf).