

## 2020-04-30 partner meeting

Thursday, April 30, 2020 11:33 AM

**Meeting Date:** 4/30/2020 01:00 PM

**Location:** <https://zoom.us/j/2882974752>

[Outlook Item](#)

**Invitation Message:**

**Zoom Meeting Link:** <https://zoom.us/j/2882974752>

**One tap mobile:** +13126266799,,2882974752#

**To join audio by phone, dial:** +1 312 626 6799

**Meeting ID:** 288 297 4752

### Meeting Objectives:

1. Review and provide feedback on the "layers" of what is available for clinics to build their screening capacity
2. Review WISMHI's existing training curriculum on screening
3. Develop plan for provider education moving forward

### Action Items:

1. Gail will start writing down the "layers" of what is available for clinics to build their capacity
2. Naomi will send Anne and Gail the link to the Vimeo and power point of the existing training
3. Nicole will send the articles related to the updated guidelines to Geeta and Naomi
4. Everyone will review the various materials before the next meeting
5. Naomi is going to see if she can find Arianna's info on the difference between MOC part 2 and CME
6. Nicole/Gail will confirm ECHO Autism schedule and get Naomi and Geeta included in those meetings

### Participants (8) ([Email meeting notes](#))

[Nicole Brys](#)

[Gail Chodron](#)

[Anne Bradford Harris](#)

[Lynn Hrabik](#)

[Naomi Kowald \(nkowald@chw.org\)](mailto:nkowald@chw.org)

[Geeta Wadhvani](#)

[Leah Ludlum \(leah.ludlum@wisconsin.gov\)](mailto:leah.ludlum@wisconsin.gov)

[Ludlum, Leah E - DHS](#)

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### Notes:

1. Gail reviewed the IOM "Redesigning Continuing Ed in the Health Professions" and found a helpful framework for mapping out the "layers" of what's available to clinics
  1. Progressive stages of continuous professional development
    - i. Declarative knowledge – awareness of problem
    - ii. Procedural knowledge – have knowledge of how to solve problem
    - iii. Competence – can demonstrate ability to solve problem
    - iv. Performance
  2. Learning strategies
    - i. Lifelong learning

- ii. Practice-based learning
  - iii. Workplace learning – just in time learning
  - iv. Learning portfolios
3. Gail drafted table that applies these concepts to types of training available to providers related to developmental/autism screening
  4. Are we planning on offering all 3 types of learning methods? - not necessarily. Helpful to crosswalk learning methods with stages of CPD so we can evaluate where existing trainings fit and where gaps may exist
  5. Naomi follows up with sites 6 months after to see if clinics have implemented any of the recommendations she provided at the training ("training final review")
  6. We can think about whether it's worthwhile to have an online training that providers can access independently for CME, but likely want to focus on trainings that develop procedural knowledge/competence/performance stages of CPD and more practice-based and workplace learning methods
  7. Leah – likes this model, it aligns with their goals in assisting clinics to build their capacity to implement improvements, makes sense to use to move this forward
  8. WiCII is able to work with clinics on more long-term capacity-building for screening processes, but do not want to duplicate existing resources provided by WISMHI and other organizations
  9. Anne – we need to identify our content goals and work together to figure out how to best deliver the content to our target audience – difficult to impart more applied knowledge/skills from pre-recorded trainings/webinars (how CE is usually delivered)
  10. Geeta – had assumed they would continue to train on both developmental and autism screening. May need to think about how to break up the content so that it is not too much information at once
  11. Gail – we share the goal of getting clinics to the practice-based level of learning; needs will likely vary across clinics; may be helpful to have flexibility in the way training is provided
  12. Leah – likes having a menu of training options available, having stages of trainings that build upon each other and also building in TA to support clinics to implement changes; need to prepare them for the reporting changes coming in 2024 – clinics would likely find this very helpful
  13. Gail – we can also provide training on how to close the loop once the referral is made; could create the menu in a way that they can just choose what makes the most sense for their practices (don't necessarily have to follow the progression we lay out)
  14. Geeta – likes the menu idea; Aurora reached out to them about their developmental screening training because they want to do a MOC-4
  15. Anne – would be worthwhile to reach out to Illinois on their MOC-4 curriculum (no longer in use); could use a combination of recorded training and then real-time training in scoring screenings
  16. Gail – people attending CE trainings (providers) are not always the ones that need to know about screening scoring (MAs)
  17. Gail – we are figuring out how to support MOC-4 training in WiCII clinics
  18. Anne – data collection for MOC-4 is often specific to clinics – can focus specifically on data collection in EHR – it is quality improvement
  19. AAP has an existing developmental screening performance improvement module (PIM) - provides a framework, but not all materials needed – clinics need to tailor the module to their needs
  20. Geeta – what can we tell providers about timeline in terms of training related to WiCII?
  21. Gail – not needing to have the screening training for currently onboarded clinics, new clinics may need – at this time no screening training needs from WISMHI; for the grant, we want to do MOC-4 sooner rather than later as it seems like it would be helpful to clinic, but don't want to sacrifice quality
  22. Anne – for the MOC-4 we can work together to figure out what pieces it makes sense to have WISMHI provide (because it's something they're already doing)
  23. Gail – want to have the flexibility to be able to fill a gap identified by clinic (eg clinic wants to start doing autism trainings)
  24. Leah – need to know what our menu options are already, and then build new trainings based off of that
  25. Gail – table is a tool we can use to map out what menu options currently exist; we have sent participating clinics information on trainings that already exists
  26. Leah – can't forget to have a menu items on referral processes and intervention
  27. Geeta – need to be thoughtful about how screening processes are impacted by social distancing and how clinics prefer to receive training (is virtual more helpful?)
  28. Leah – Project ECHO seems to be a positive option from the providers' perspectives

29. Gail - care integration grant has allowed us to train a team in ECHO; ECHO offered at Waisman trains specifically on autism; could explore whether it makes sense to expand to screening more broadly – would need to identify who the expert hub would be
30. Anne – we are hoping to use ECHO as a method to provide training for funded projects
31. Gail – if CHAW wanted to utilize this method, we could work creatively together to make it happen (eg Waisman provides tech support)
32. Geeta – would be helpful to learn more about ECHO
33. Gail – we should set up a meeting between CHAW and our ECHO Autism team to discuss curriculum and to let them know what CHAW

**Action Items:**

1. Team will work to fill in the existing provider table Gail developed – we will try doing this in Microsoft Teams. Team members should let Nicole know if they run into problems using Teams.
2. Nicole will set up meeting between Geeta, Naomi, Leah, Colleen Lane, and Waisman ECHO Autism team in the next 6 weeks – let Nicole know if additional people should be included – Nicole will let ECHO team know we are interested in the early identification piece