

EARLY INTERVENTION (EI) REPORT CARD 2022

Authors

Cuyler Romeo, MOT, OTR/L, SCFES, IBCLC

Rabbi Dr. Sholom Zimmerman OTDR/L

Hibak, Jama, OTD, OTR/L

With special thanks to St. Catherines University and Midwestern University

OBJECTIVE

Feeding Matters Early Intervention (EI) report is a snapshot of the status of EI services related to the identification, assessment, and management of pediatric feeding disorder (PFD) across the United States. PFD is defined as “impaired oral intake that is not age-appropriate, and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.” (Goday et al., 2019, p. 127). The report card is designed to increase public awareness and guide future advocacy efforts, especially towards policy changes, and illustrates a general overview of the current status of EI services and feeding issues.

METHODOLOGY

In 2018, Feeding Matters launched the Advocacy & Early Intervention Model Initiative (AIM) to transform PFD's system of care locally and nationally. This multi-year, multi-region project strived to enhance early identification and treatment of PFD through collaboration and advocacy.

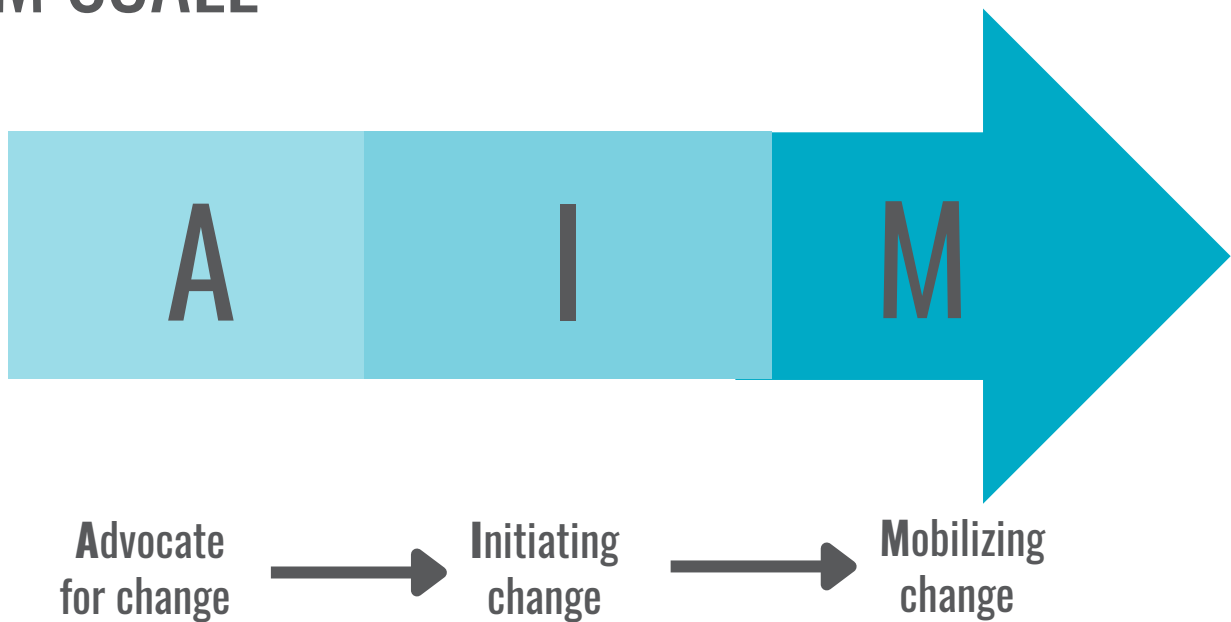
An expert panel was slated to develop an exploratory questionnaire investigating methods for early identification of PFD and related service delivery. After the questionnaire was drafted and reviewed by a multi-disciplinary body, AIM members contacted and administered the survey to EI staff across the United States.

The survey was comprised of seven questions investigating four key areas:

- PFD screening practices,
- PFD assessment practices,
- provider training in PFD and
- feeding-related diagnoses for service qualification.



AIM SCALE



All 50 states were contacted; complete data was received from 33 states. The AIM scale was created as a qualitative representation of the states standing on inclusion of PFD within its service line to ease communication and reflect progress.

AIM (Advocate, Initiate, and Mobilize) is a ranking scale that represents the phases of each state's Early Intervention program. The states are ranked from the highest to the lowest and states ranking responses related to their ability to mobilize system-wide change.

Advocate represents states that are willing to discuss the status of their EI program regarding feeding issues. These states do not have a system for early systemic identification of pediatric feeding disorder (PFD). States ranked in the (A) recognize the absence of PFD in their EI program; however, they have yet to take action to include PFD in their EI programs. Initiating represents states with feeding service-related actions, but those actions may not be comprehensive and/or systematically applied. States ranked in the (I) have feeding-related services, but there might be an absence of system-wide application when managing feeding issues.

Mobilizing are states that have feeding-related services and steps in place; however, they continue to need support for systemic early identification of pediatric feeding disorder (PFD). States ranked in the (M) have the highest rating for providing feeding-related services in their EI program.

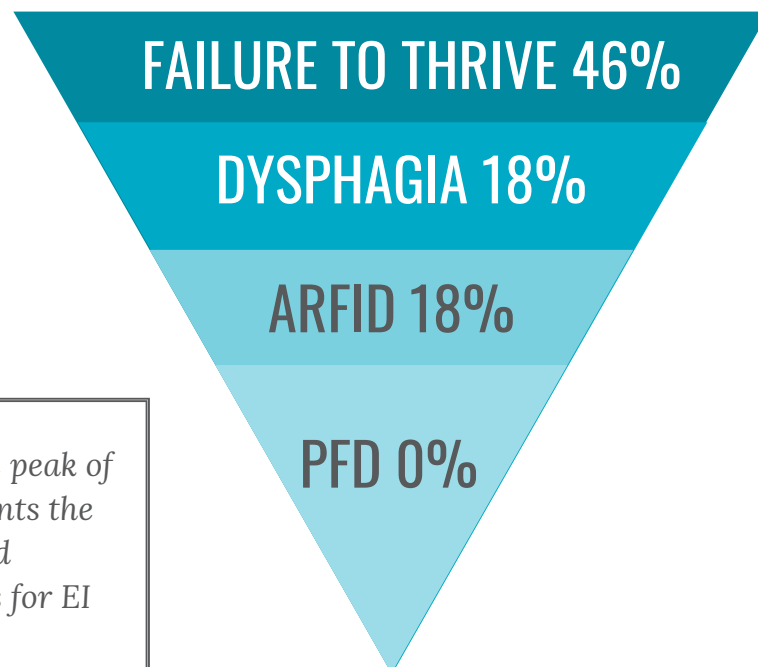


RESULTS

Some feeding diagnoses are automatically eligible for early intervention. However, there are still significant hurdles for a child with feeding issues, resulting in many children not receiving care. The survey results indicate 18% of the states had ARFID, 18% of states had Dysphagia, and 46% of states have failure to thrive as a diagnosis to qualify for EI services to support feeding issues. It's important to note there is no state that provides EI services for children diagnosed with PFD yet.

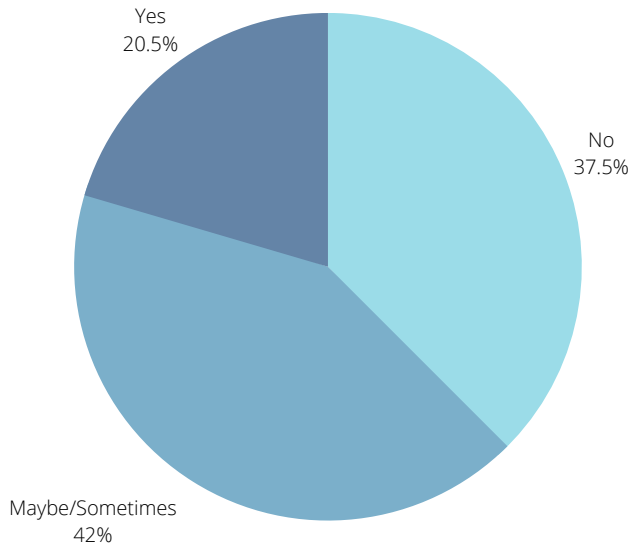
The standard assessment and screening tools used in EI programs reported that six of the states failed to capture feeding issues. There are six states that have approved feeding-specific assessments/ screeners that clinicians can rely on. While there are three states that require educational requirements to carry out feeding specific assessments.

FREQUENCIES OF DIAGNOSES USED AS QUALIFIERS FOR EI SERVICES



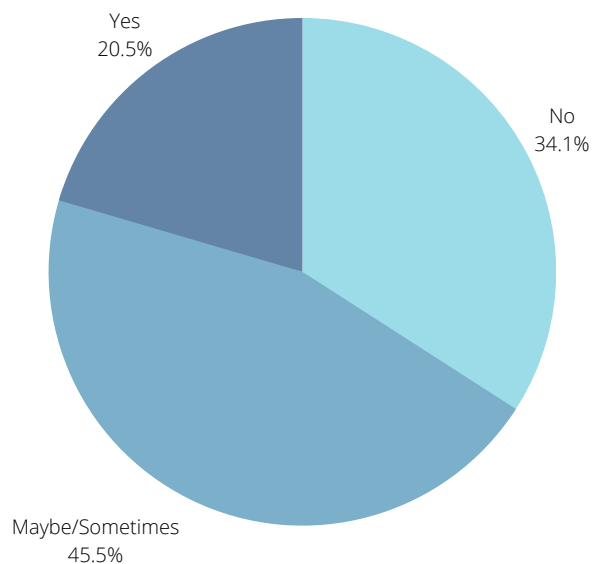
The diagnosis at the peak of the triangle represents the least commonly used qualifying diagnosis for EI services.

IF A CHILD IS DIAGNOSED WITH ARFID, WOULD THEY QUALIFY FOR EI SERVICES?



Out of 33 states surveyed, 18% of the states have ARFID as a qualifier for EI services to support children with feeding Issues and 12% of the states had no response for this question.

IF A CHILD IS DIAGNOSED WITH DYSPHAGIA, WOULD THEY QUALIFY FOR EI SERVICES?

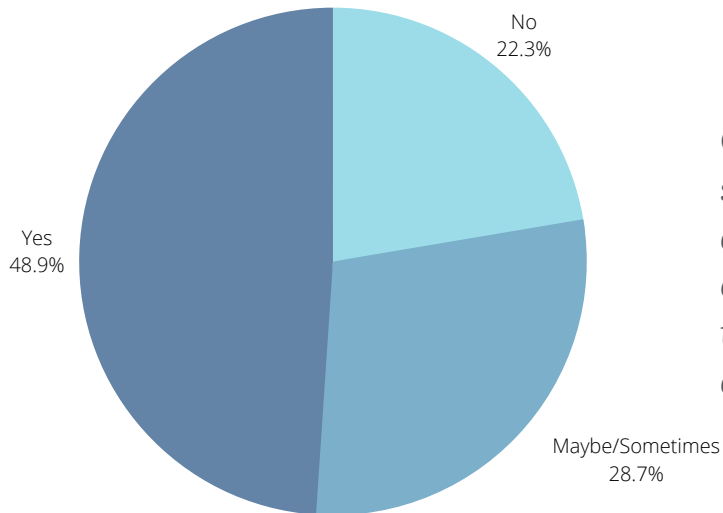


Out of 33 states surveyed, 18% of the states have Dysphagia as a qualifier for EI services to support children with feeding Issues and 12% of the states had no response for this question.





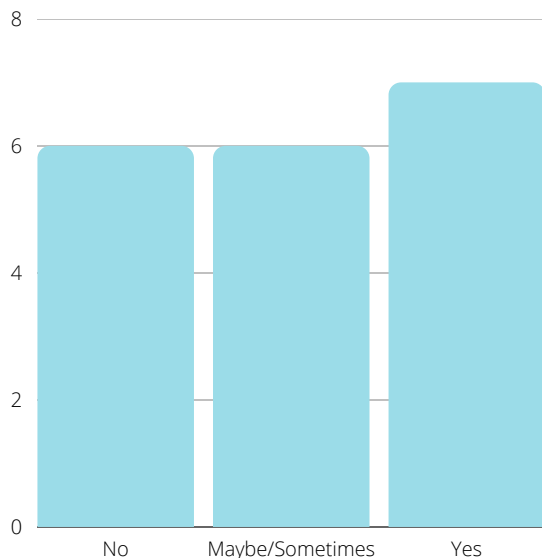
IF A CHILD IS DIAGNOSED WITH FAILURE TO THRIVE, WOULD THEY QUALIFY FOR EI SERVICES?



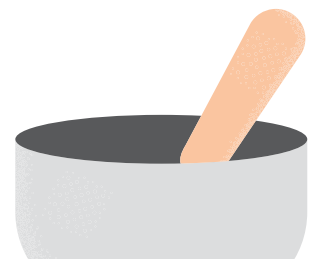
Out of 33 states surveyed, 46% of the states have Failure to thrive as a qualifier for EI services to support children with feeding Issues and 6% of the states had no response for this question.



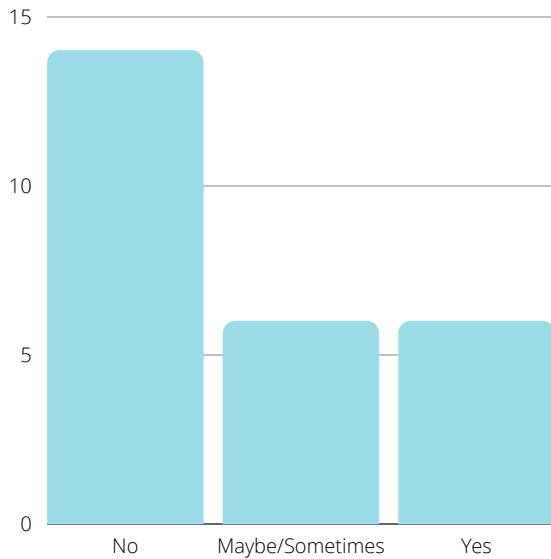
ARE FEEDING ISSUES CAPTURED BY ASSESSMENTS ALREADY IN USE BY EI IN YOUR STATE?



Out of 33 states surveyed, 7 states have assessments that capture feeding issues and 14 states had no response for this question.

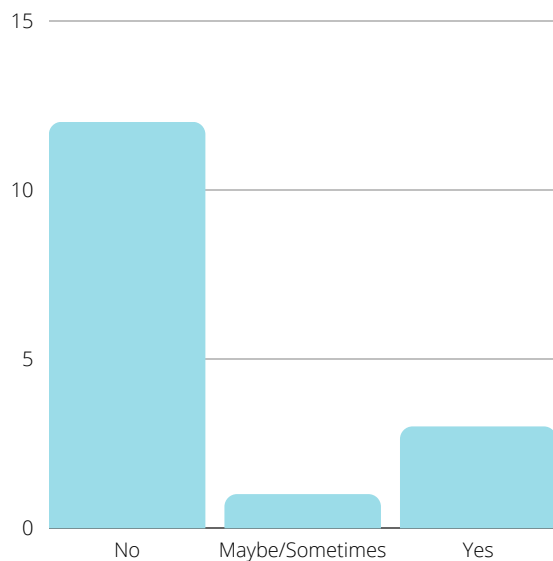


DOES YOUR EI PROGRAM UTILIZE AN APPROVED SCREENER OR ASSESSMENT IDENTIFYING FEEDING ISSUES?



Out of 33 states surveyed, 6 states have approved screener/assessment to identify feeding issues and 7 states had no response for this question.

DOES YOUR EI PROGRAM HAVE EDUCATIONAL REQUIREMENTS TO CARRY OUT ASSESSMENT?



Out of 33 states surveyed, 3 states have an educational requirement to carry out feeding related assessments and 17 states had no response for this question.

CONCLUSION

Children with feeding issues not receiving services can be at risk of developing a disability with long-term effects on all areas of life, as defined by the International Classification of Functioning (ICF). This increases the medical and psychosocial needs of families and communities involved. This study is the first attempt at benchmarking where EI programs are with treatments for feeding related diagnosis. The study was done before PFD definition existed, and there are some considerations for EI programs to make to improve their efforts. Establishing Universal education standards and qualifications for feeding issues within EI programs is essential.

NEXT STEPS

STEP 1:

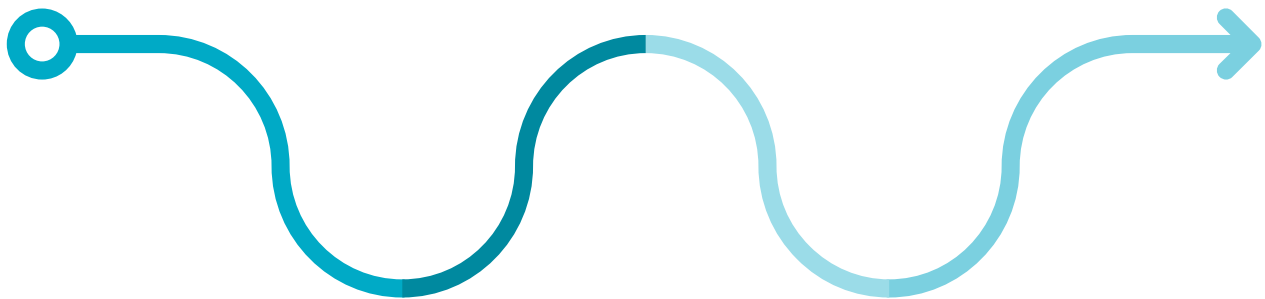
Share information on PFD

STEP 3:

ICFQ screeners

STEP 5:

Learn about your state [Here](#).



STEP 2:

Request screeners/ assessments to identify feeding related issues

STEP 4:

Feeding Matters Virtual education. (Development of a Pediatric Feeding Disorder Screening Instrument for Infants and Children)

REFERENCE:

GODAY, P. S., HUH, S. Y., SILVERMAN, A., LUKENS, C. T., DODRILL, P., COHEN, S. DELANEY, A., FEULING, M., NOEL, R., GISEL, E., KENZER, A., KESSLER, D., KRAUS DE CAMARGO, O., BROWNE, J. AND PHALEN, J. (2019). PEDIATRIC FEEDING DISORDER CONSENSUS DEFINITION AND CONCEPTUAL FRAMEWORK. JOURNAL OF PEDIATRIC GASTROENTEROLOGY & NUTRITION, 68(1), 124-129. DOI:10.1097/MPG.0000000000002188

