agreements between state Medicaid, a state university and ROR Oklahoma allowed the use of CHIP HSI dollars to help pay for the infrastructure of ROR. Implementation of this HSI helped expand ROR sites and training of providers and staff across the state. As the forerunner in developing a new use of HSIs, we faced a number of challenges including change in leadership and reorganization, concern about being the first state and assurance that this was an appropriate use of federal funding. We overcame these challenges by having a strong dedicated team of representatives from OHCA, ROR and OU dedicated to achieving the expansion of ROR. Building those relationships and persistence were the key ingredients in making the project a success. Advocacy from pediatricians, parents and children, outside experts and philanthropies also helped.

ROR clinics have significantly higher rates of developmental screening than non-ROR sites. Developmental screening allows for early detection, referral and treatment for young children.[14] One reason for this may be the training that ROR providers receive. ROR providers are trained in how to talk with parents at each developmental age about the book and how to read aloud to their child. They also use the book as a clinical tool to help with developmental surveillance. This additional training may stress to providers the importance of developmental surveillance and make it more likely that they follow recommended developmental screenings. ROR may also be a marker of quality in a clinic. Clinics that have chosen to participate in ROR have applied to the National ROR Center to be a site, received approval from National ROR, committed to having the first year of funding secured and trained their physicians, nurse practitioners, physician assistants and support staff using a continuing medical education-accredited standardized training methodology. A recent study by Burton and Navsaria revealed that many staff and providers at ROR clinics believed that ROR helped boost clinic morale, improved employee satisfaction and positively affected patient-provider relationships.[15]

ROR clinics have significantly higher percentage of WCVs (EPSTD) than non-ROR sites. WCVs are an important component of pediatrics and contribute to identification of illnesses, timely immunizations, education for parents and appropriate screenings.[16] A recently published study by Needlman et al showed that parents reported more WCV attendance after ROR was implemented in a clinic compared with before the implementation.[17] This

Limitations

This study had a few limitations. We used Medicaid billing data to determine developmental screening rates. This requires providers to enter an extra code for the screening to be billed. Some providers may be performing developmental screening but not billing. However, this could occur in both the ROR and non-ROR groups. Medical residents and providers who do not bill Medicaid were excluded from the analysis. While there is no satisfactory way currently to capture providers that do not bill Medicaid, resident physician billing should be captured under their attending billing.

CONCLUSIONS

One of the significant challenges of ROR sites across the country is funding. HSIs can be an effective way to fund the ROR intervention by using federal funds. This model of funding could be replicated in every state in the country as an aspect of strategies to improve the literacy, health and well-