

**ABCD II Evaluation
Physician Focus Group
Pella
4-20-06**

Attendance
5 physicians

Overall impression of the project:

- The forms have been handy.
- Could see using the same form.
- I still dictate after the visit. I could get away from dictating if I write more on the form.
- Don't want to have to list previous illnesses.

A) Question A: When you first heard about the ABCDII Project, what was your reaction (or what came to mind)?

- More work. Something else to do.
- See 4-5 children per day. Can I get this done in my time slots?
- It is a nice form that the medical students can use. It asks good questions.

B) Question B: Did you feel the Project's developmental screening and follow-up activities cost additional time or work for you and your practice? If so, how much additional time and how would this affect your practice's willingness to continue developmental and family risk screening and referral?

- I already did an extensive exam. Assessed gait, ask shapes, numbers, ask to count etc.
- The biggest area changed was screening for family stressors and mother's mental health, that takes more time.
- Is more structured than before, more organized approach
- I talked with fathers for post-partum blues.
- Maybe 3-5 minutes more. I dictate and use the form.
- I dictate by exception
- Maybe too verbose with dictation
- A little more. It was extremely frustrating at first. Top right section was better than my old form.
- I get a little behind
- Exam takes about 20 min although one MD in practice has always taken about 45 min and still does.
- A little more time, not much

I'd like to now ask for your feelings and experiences about a few specific aspects of the Project:

Question Ci: What was it like to use the project screening form and how useful was the form. Will you continue to use the form?

- We will decide as a group to use the form.
- We are currently studying to see if we treat insurance clients different from Medicaid.
- (Private) insurance people fill out forms ahead of time- Title XIX don't

Draft Document
Do not Disseminate

- Taught me things on milk and diet.
- Would consider using (the form).
- Still dictate, if don't continue (dictation) will need to add information to the form about physical needs.
- Need more room to write
- Like the nutritional part of the form.
- I want all information on one page. Issues get lost when flipping back and forth (not all agreed)
- Need to decide as a group if we are switching over. WE may want to tweak the form a little.
- I recommend keeping it because I am used to it now.
- Working on the electronic medical record. There are no templates for OB, and probably none for well child exams. Will need to keep using paper forms for well child.
- We had medical students using the forms. One student was seeing a 6 and a 9 year old. Wasn't sure what to ask, since we didn't have forms for those ages. (laughter)
- Would like to see the forms consolidated or a flow sheet of them. Issues may get lost flipping through. I am concerned how it will interface with the EMR.
- Maybe we could put a packet of forms in each client's record and staple them together.
- In some fashion. Nice to have a uniform form in the clinic. Need to find one that fits with the EMR.
- Started skipping stress questions, just asked the first one. It is obvious if you watch how they work with their children if there is family stress. If mom has "mom skills" won't go into stress questions.
- For children <2, I would use my old process. My old system had triggers for anticipatory guidance, the ABCD form is not as useful for that. I need those cues because I do not have children of my own.

Do you have any suggestions for changes to the project screening form or how to better use and/or process the form?

- We may want to tweak the form a little. I dictate things. Form didn't provide enough information, regarding Asthma – only put in medications.
- Would like to see the forms more age specific. (No pop at 2 weeks of age seemed inappropriate).
- Make the forms age specific. Remove "don't drink soda" from the newborn form. Is obvious.
- (counterpoint to drink soda)"I had one once"
- Some questions were not asked at specific ages. I was consistent on what I asked at each age.
- The best part was the top right corner – very useful. The section below that was not useful, it asked the same question 5 different ways (Stress/Maternal Depression questions). The left side of the form was standard.

How did you feel about asking screening questions regarding maternal depression and other new, previously unasked, screening questions? Any change in your comfort level?

- This is a small enough community to remember when mom comes in that in 2 weeks I will be seeing the father. (For instance) I asked mom this week if the husband snored because I knew he was coming next week for an exam.
- Never had a problem with it. I do family care. I ask a lot of questions. Postpartum teaching – I talk about postpartum blues. So it was already being addressed.
- There were some that were surprised the 1st time. People would think it was the baby's exam, not theirs, but got comfortable with it. Was able to do follow-up on questions.
- Needed to be asked. I really don't see these problems in our population, but they would be more prevalent if I were in Des Moines.
- I look back at previous visit questions to see what happened at past visit and follow up and proceed from there.
- Suggested it might help to make a booklet of well child exam or keep together in chart to make them easier to find (an internal comment to each other).

If you noted a red flag on screening, how were referrals for follow-up made and what would have made the referral process more effective? Did you find any S/E problems from using the forms that you might not have caught using your old method?

- The physical development (red flags) didn't change. That is straight forward. It was the emotional support that was new.
- May have caught things earlier and watched for a couple of months, then would refer to Blank Developmental Clinic.
- Using the forms, I was more inclined to be uniform. I may have missed less S/E problems, but not earlier. The forms force you to ask the questions.
- Only asked (stress/MD) questions up to 4 months. Started skipping those questions because they asked the same thing over and over.
- The patients I see are MY patients. It is obvious if I need to worry about the family stressors. I can tell by looking at them if there is a problem.
- Many times you didn't think about those things until a child isn't doing them. Now we are being more attentive to those types of problems.

You have helped test certain new screening standards for young children proposed for Iowa Medicaid's EPSDT Program. Looking at the proposed new standards, are they appropriate and workable within your practice? If not, what changes would you like to see to the standards?

Are there any people in your agency that do level 2 services or do you refer out?

- Dr X is more thorough than most. He sometimes does the Denver 2. But we may not ask him to see one of our patients.
 - We have a tendency to use Iowa City or Blank for those services.
 - Do have one person locally for ADHD and behavior problems.
- Thinking back on our discussion, do you have any other final thoughts on how your ABCDII experience has affected your interest or commitment to provide early childhood developmental and family risk screening and follow-up services?

Final thoughts:

- Big question – We’re not using the Ages and Stages SE, but using the clean one. If this form takes care of that process, that would be good.
- Can’t depend on the family filling out the form.
- Highest risk people are not filling out the forms – this will bypass that.
- Liked the concentration on nutrition.

Anticipatory Guidance:

- Re: guns – I know families that hunt, so I would talk about locking up guns, etc. I adjusted the AG to families and what I know about them. I would mark that I covered it.
- Some things I didn’t know what they were getting at.
- I didn’t understand the last part about handouts so I skipped it.
- On the two or four month form re: “Babbling and cooing” – I didn’t know what they wanted.
- Didn’t use the last section (Anticipatory Guidance) all the time. A lot of common sense things and didn’t want to insult parent intelligence.
- I cover smoking and smoke alarms a lot more now than before.
- Everyone used the clinic notes. Now some are ONLY using the clinic notes.
- Picked and chose what anticipatory guidance to talk about.