

June 25, 2004

Dear Illinois Pediatrician:

As you know, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) has grown significantly in recent years. We hope to maintain this growth and continue to enhance services for the pediatricians and families of Illinois in the coming years. However, to do so, we must have input on your needs.

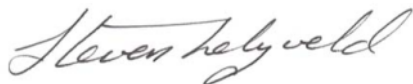
Our newest efforts involve soliciting input from the ICAAP membership about child development. Input will help us develop a range of strategies that primary care settings can implement to most effectively provide comprehensive, developmentally-oriented health care to our youngest children. Our ultimate goal is to design and implement multiyear projects that provide education and support on topics like developmental and social/emotional screening, maternal depression, and literacy promotion to Illinois primary care providers. Your response will assist our effort to design projects that meet the needs of ICAAP members and help us leverage additional funds to make these projects possible.

The attached survey is being sent to a **random sample** of ICAAP members and your response is **crucial** to ensuring sufficient feedback from the membership.

The Chapter will report results of this survey back to Chapter members. Data will also be useful to the Chapter's effort to secure additional funding for developmental screening and referral programs and to advocate for changes that will improve the health of children and families. However, your individual response to this survey will remain confidential! An identification number appears so that we can track respondents. Identifying information of participants will not be included as a part of reports or shared with any state or federal officials.

Please complete the attached survey and return it in the envelope provided or fax it to 312-733-1791 **by July 26, 2004**. Thank you for your support and input.

Sincerely,



Steven Lelyveld, MD, FAAP
President, Illinois Chapter, American Academy of Pediatrics

enclosures

cc: ICAAP Executive Committee



PART ONE: Member Information

Please complete the following with information about yourself.

1. Do you provide primary care to children 0 – 21 years of age?

No Yes

IF NO, please disregard remaining questions. Return this page *only* by mail or fax to 312-733-1791.
(Your response is important!)

IF YES, please continue completing the survey.

2. What is your gender? Male Female

3. What year did you graduate from medical school? _____

4. How many hours per week (average) do you provide direct primary care to children 0 -- 21 years of age? _____ hrs/wk

5. Are you aware of the Maternal and Child Health (MCH) provider program through the Illinois Department of Public Aid (IDPA)?

Yes, and I am an enrolled MCH provider.

Yes, but I am not an MCH provider.

No, I am not aware of this program.

6. IDPA's *Healthy Kids* is committed to providing primary/preventive health services to children covered by Medicaid. How would you like to receive more information on *Healthy Kids*? (Check all that apply)

by mail

by teleconference

through live training

via the Internet

I am not interested in *Healthy Kids* information.

7. How do you use the IDPA *Handbook for Providers of Healthy Kids Services*?

I use the hardcopy of the handbook.

I access the handbook online.

I do not use the handbook.

I direct office staff to use the handbook.

I do not know about the handbook.

PART TWO: Your Work Setting

Please complete the following with information about your practice/employment.

8. Please indicate your main office setting, that is, the office in which you spend the most time. (Check **ONE** response)

Self-employed, solo practice

Pediatric group practice

Multispeciality group

Health Maintenance Organization (staff model)

Non-government hospital

Non-profit community health center

County/state/federal hospital or clinic

Medical school/affiliated training program (or parent university)

Other (specify) _____

9. If you work in a group, how many pediatric care providers (MD, DO, PA, NP) including yourself are at your practice? _____ providers
10. Approximately what % of your patients are covered by the following insurance sources?
 _____ % private insurance – fee for service or managed care (HMO, PPO, IPA, etc)
 _____ % Medicaid/KidCare
 _____ % Uninsured
100% TOTAL
11. Does the main office where you work conduct development surveillance (eliciting and attending to parental concerns; obtaining a developmental history; making informative clinical observations)?
 No
 Yes
12. Does the main office where you work have a policy/procedure to ensure that every child age 0-5 is screened *using a standardized tool* to check for developmental problems/delays?
 No
 Yes, at every well child visit
 Yes, at regularly pre-determined intervals (specific well-child visits)
- 12a. If Yes, please indicate the number performed in the first 3 years: _____
13. Does the main office where you work have a policy/procedure to ensure that every child age 0-5 is screened *using a standardized tool* for social/emotional health?
 No
 Yes
- 12a. Are you familiar with tools used to screen for social/emotional health? No Yes
14. In the main office where you work, who usually conducts follow-up with parents regarding child developmental screening and referral? (Check all that apply)
 Physician LPN
 Physician Assistant (PA) Medical/Nursing Assistant
 Advance Practice Nurse/NP/PNP Practice Administrative Staff
 RN Other (please specify) _____
15. In the main office where you work, who is the main parent educator on child development of children age 0-5?
 Physician
 Physician Assistant (PA)
 Advance Practice Nurse/NP/PNP
 RN
 LPN
 Medical/Nursing Assistant
 Practice Administrative Staff
 Other (please specify) _____

16. Does the main office where you work have patient education (brochures, videos, handouts) on the following issues?

	YES		NO	
	Yes, materials are sufficient	Yes, but would like better materials	No, would like to have	No, not needed
a. Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Development milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Infant mental/social-emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Injury prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Literacy promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Maternal depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Toilet training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART THREE: Knowledge, Attitude and Practice

Please answer the following questions concerning your knowledge and practices regarding children 0-5 years of age at the **main primary care office** where you work.

17. In the past month, have you conducted developmental screening using a standardized tool to assess development for any child age 0-5?

- No **SKIP TO QUESTION 18**
- Yes

17a. If yes, which developmental screening tools did you use? (Check all that apply)

- Ages and Stages (ASQ) Denver II
- Checklist for Autism in Toddlers (CHAT) Modified CHAT (MCHAT)
- Parents' Evaluation of Developmental Status (PEDS)
- Other standardized tools (please specify)

18. Please check the **ONE** most significant barrier/challenge you encounter related to developmental screening and referrals.

- Inadequate reimbursement No staff resources to devote
- Lack of training Not enough time
- Don't know where to refer Parent/patient compliance
- Parent does not accept/recognize the problem identified
- Other (please specify) _____

19. How strongly do you agree or disagree that the following are barriers to your provision of social/emotional screening of families?

Check <i>ONE</i> Response for Each Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Inadequate reimbursement for conducting formal social/emotional health assessments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Inability to bill and be reimbursed for social/emotional health screening of families as distinct from regular well child care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Unfamiliarity with CPT codes that reimburse for social/emotional health screening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Time limitations in current practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Lack of training in assessing social/emotional health problems of families	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Lack of non-physician office staff to perform assessments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Lack of available providers/programs willing to provide diagnostic and treatment services for families' social/emotional health problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Lack of community-based resources to refer parents with social/emotional health problems (i.e. parenting classes, parenting support services)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Unfamiliarity with applicable social/emotional health screening instruments designed for the pediatric office	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

20. Please indicate how often **you** do the following:

Check <i>ONE</i> Response for Each Item	Often	Sometimes	Rarely	Never
a. Ask open-ended questions ("Tell me about your baby") to elicit concerns from parents/caregivers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Base verbal anticipatory guidance on concerns elicited from the parent/caregiver during the visit.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Offer written materials to parents/caregivers to address their stated concerns.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Document parent/caregiver questions and responses in the child's medical record.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Discuss childhood literacy/reading skills with parents/caregivers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Discuss <i>family/caregiver</i> issues (violence, substance abuse, depression) during the well child visit.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Refer parents/caregivers to community-based parenting support groups.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Refer parents/caregivers to mental health service providers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Follow-up with either the parent/caregiver or community agency to determine if a parent/caregiver referral was successful.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Hesitate to ask questions to parents regarding their health habits during the preventive care visit.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

21. How strongly do you agree or disagree with the following statements?

Check <i>ONE</i> Response for Each Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Pediatricians should screen new mothers for maternal depression.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Eliciting and attending to parent concerns about child development results in higher patient/family satisfaction.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Parents generally give accurate and quality information about their child's development and behavior.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Pediatric practices should distribute books to families to encourage the acquisition of spoken and written language skills.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Pediatricians should advise parents on the effects of smoking and exposure to smoke.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Pediatricians are an important resource for parents regarding child care arrangements for their child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Pediatricians should advise parents on how to meet <i>their own</i> needs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Pediatricians should be familiar with community resources (ie Early Intervention, child care, and parent support groups).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Talking about psychosocial issues with parents and caregivers raises issues that pediatricians are not prepared to address.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. It is more appropriate for child development specialists to assess a child's social/emotional development than pediatricians.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Pediatricians should focus on physical health issues before delving into social/emotional or behavioral problems.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Nurses and other non-MD office staff should discuss parenting skills and child development issues with patients/families.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

22. How likely would you be to use each of the following type of media to learn about child developmental/behavioral issues?

	Likely	Neutral	Not likely
a. Continuing Medication Education course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Brief Local Program (grand rounds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Practice-based/in-office educational session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Journal article (traditional or review)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teleconferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Audio cassettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Videotapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. CD-Rom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Internet-based Educational Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU for participating!
 Please fax this completed survey to ICAAP at
 FAX 312-733-1791 or mail it to:
 ICAAP, 1358 W. Randolph, Suite 2 East, Chicago, IL 60607