



PEDIATRIC PREVENTIVE AND DEVELOPMENTAL HEALTH CARE: YOUR CURRENT PRACTICES AND PERCEPTIONS

This survey is part of the CAHMI project focused on providing you with useful information about the preventive and developmental health care delivered to young children (0-3 years old) in the Pediatrics Department here at KPNW. The survey should take about **10 minutes** to complete.

The purpose of the survey is to learn about: (1) provider perceptions about current practices in the area of preventive and developmental health care for young children; (2) barriers providers encounter; and (3) opportunities for improving care. Findings will help describe care practices in the KPNW Pediatrics Department and inform how we interpret findings from the parent-reported Promoting Healthy Development Survey (PHDS). Results will also influence the design of PHDS feedback reports to providers and identify promising strategies for improvement in the medical group and KPNW health plan.

**ALL SURVEY RESULTS WILL BE KEPT CONFIDENTIAL.
ALL ANSWERS WILL BE GROUPED TOGETHER AND
NO INDIVIDUAL RESPONSES WILL BE SHARED.**

Important Note about the Content of the Survey:

This provider-reported survey focuses on the aspects of care that are measured in the Promoting Healthy Development Survey (PHDS), which is currently being administered to parents of young children who receive well-child care within KPNW. The PHDS focuses on only those aspects of preventive and developmental care about which parents can reliably and validly report. Because of this, the PHDS does not address all aspects of preventive and developmental health care, rather, it is more focused on those aspects of care that are communication dependent (e.g. anticipatory guidance and parental education). This provider-focused survey, therefore, is focused on the aspects of care that are measured in the PHDS.

If you have any questions about this survey or how your responses will be used, please contact Colleen Reuland of the CAHMI at the 503-494-0456 or email her at reulandc@ohsu.edu.

PART 1: CURRENT PRACTICE AND PERCEPTIONS

It is often not feasible to address all of the recommendations for preventive and developmental health care in the time you have for well- and sick-child visits. In addition, there are various levels of evidence that support each of the recommendations and parents' needs differ. We are interested in learning more about your choices regarding what you routinely cover in the short amount of time you have with the parent and child.

1. How often do you routinely cover the following topics during well-child visits with children birth through 48 months of age:

Check <i>ONE</i> Response for Each Item	I rarely do this	I sometimes do this, it depends on the child	I usually do this with most children	I always do this with all children
a) Anticipatory guidance and parental education about the <u>physical care of the child</u> (e.g. issues related to food and feeding, bed and naptime routines, issues related to breastfeeding/using a bottle)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Anticipatory guidance and parental education about <u>injury prevention</u> (e.g. car seats, house safety, how to avoid burns to child, what to do if the child swallows poisons)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Anticipatory guidance and parental education about <u>development and behavior issues</u> (e.g. behaviors to expect to see in child, words/phrases the child uses, discipline techniques, reading, toilet training)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) <u>Ask parents whether they have any concerns</u> about the child's learning, development and behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) <u>Check whether the child has reached key developmental milestones</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Periodic screening of the child's risk for developmental delays or problems <u>using a standardized, validated tool</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Screening for <u>psychosocial issues in the home</u> (e.g. depression, emotional support, changes or stressors in the home)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Screening for <u>safety issues</u> in the home (e.g. firearms)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) Screening for <u>alcohol or substance abuse</u> in the home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

PART 2: CURRENT BARRIERS IN YOUR PRACTICE

2. How strongly do you agree or disagree that the following are barriers to your provision of Anticipatory Guidance and Parental Education for children birth through 48 months of age:

Check <i>ONE</i> Response for Each Item	Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Strongly Disagree
a) <u>Time limitations</u> during a well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b) <u>Lack of non-physician office professionals</u> to provide anticipatory guidance and parental education during a well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c) <u>Lack of evidence</u> to support recommended anticipatory guidance and parental education topics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d) <u>Lack of familiarity</u> with the content of the recommendations regarding anticipatory guidance and parental education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e) <u>Insufficient training</u> in preventive care counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f) <u>Lack of information on topics parents</u> in your practice <u>want</u> information and guidance about during a well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g) <u>Language and/or cultural issues</u> with families make it difficult for you to discuss these issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h) <u>Lack of incentives</u> tied to whether you discuss all of the recommended anticipatory guidance and parental education topics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

3. How strongly do you agree or disagree that the following are **barriers to your provision of Developmental Screening** to identify children at risk for developmental delays or problems for children **birth through 48 months of age**:

(For the purposes of this survey: *Developmental screening* is defined as the screening of pediatric patients for evidence of having or being at risk for **physical or cognitive** developmental delays that may lead to developing motor, language, cognitive, behavioral or emotional delays/problems. *This screening can be done by means of informal or formal methods.*)

Check <i>ONE</i> Response for Each Item	Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Strongly Disagree
a) <u>Time limitations</u> during a well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b) <u>Lack of non-physician office professionals</u> to perform screening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c) <u>Inadequate reimbursement</u> for conducting developmental screening during routine well-child visits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d) <u>Inability to be reimbursed for standardized tools</u> that cost money to purchase and copy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e) <u>Lack of referral options</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f) Belief that developmental screening is <u>not an appropriate role for pediatric primary care providers</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g) <u>Lack of training in how to screen for child's risk</u> for developmental delays or problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h) <u>Unfamiliarity</u> with applicable <u>developmental screening instruments</u> 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"/>
i) <u>Lack of confidence</u> in the <u>validity</u> of available developmental screening tools	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j) <u>Language and/or cultural issues</u> with families make it difficult for you to discuss these issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

4. How strongly do you agree or disagree that the following are **barriers to your provision of Environmental and Psychosocial Screening** of families of children **birth through 48 months of age**:

(For the purposes of this survey: *Environmental and psychosocial screening* is the assessment of **environmental and psychosocial risk factors** for parents of pediatric patients including parental substance abuse, parental mental health, degree to which the parent has emotional support, changes or stressors in the home, and the presence of firearms in the home.)

Check <i>ONE</i> Response for Each Item	Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Strongly Disagree
a) <u>Time limitations</u> during a well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b) <u>Lack of non-physician office professionals</u> to perform screening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c) <u>Inadequate reimbursement</u> for conducting screening during a routine well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d) <u>Inability to be reimbursed for standardized tools</u> that cost money to purchase and copy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e) <u>Lack of referral options</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f) Belief that screening of families is <u>not an appropriate role for pediatric primary care providers</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g) <u>Lack of training</u> in screening for environmental and psychosocial problems of families	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h) <u>Unfamiliarity</u> with applicable <u>screening instruments</u> 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"/>
i) <u>Lack of confidence</u> in the <u>validity</u> of available screening tools	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j) <u>Parents don't want to be asked</u> about these issues during their child's well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k) <u>Language and/or cultural issues</u> with families make it difficult for you to discuss these issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

PART 3: CURRENT MEASURES OF QUALITY OF CARE

The following are some criteria that can be used to evaluate the quality of your pediatric practice.

5. How **useful** do you or would you find the following information in **improving the quality of care** you provide?

Check <i>ONE</i> Response for Each Item	Not at all useful	Somewhat useful	Useful	Very useful
a) Immunization rates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Well-child visit rates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) % to PCP – Percentage of your patients who see you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) % Full – Panel Fullness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Time to Third Available Appointment/Percent Open	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Art of Medicine survey results focused on <u>patient satisfaction</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) <u>Patient-based survey findings</u> about whether parents' report that you discussed recommended aspects of care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) <u>Patient-based survey findings</u> about whether <u>parents report their informational needs were met</u> about recommended topics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) <u>Patient-based survey findings</u> about the degree to which the parents feel the care provided is <u>family-centered</u> (partnership, communication, respect)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

PART 4: GUIDANCE ABOUT POSSIBLE FUTURE ACTIVITIES IN YOUR PRACTICE

Findings from the PHDS could be used to guide future **quality improvement** (QI) efforts focused on young children.

6. Please **rank** the following three quality improvement activities where **1** = QI activity that should be the **highest priority** and **3** = QI activity that should be the **lowest priority**. Indicate rank order on the line next to each activity.

- ___ QI activities focused on anticipatory guidance and parental education topics parents identified in the PHDS survey as they wished had been discussed.
- ___ QI activities focused on implementing developmental screening tools as part of routine well-child care.
- ___ QI activities focused on implementing environmental and psychosocial risk screening tools.

7. How **useful** would the following **quality improvement (QI) strategies** be in helping improve care in your practice?

Check <i>ONE</i> Response for Each Item	Not at all useful	Somewhat useful	Useful	Very useful
a) <u>Suggested text</u> that can be added to your <u>dot phrases</u> and <u>after visit summaries</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) <u>Parent education materials</u> such as pamphlets and posters	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) <u>Handbook of the evidence-base</u> behind preventive and developmental care recommendations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) <u>Resource book</u> of available tools and how they can be implemented	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Topic-specific, QI <u>training sessions</u> held during your office meetings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Trainings for <u>non-physician office professionals</u> to <u>administer standardized screening tools</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) <u>Report of your quality of care findings</u> compared to other <u>practices</u> and an overview of processes correlated with higher quality of care findings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

YOU'RE DONE!! THANK YOU FOR YOUR TIME AND INPUT.

Please return the completed survey in the enclosed inter-office envelope to: Colleen Reuland, OHSU, CDRC-P Room 3214

