

**ABCD PROJECT  
PRIMARY CARE PROVIDER  
DEVELOPMENTAL SCREENING SURVEY**

Summary of Findings of 2007 Provider Survey

The state of Virginia was awarded an Assuring Better Child Health and Development (ABCD) technical assistance grant from the National Academy for State Health Policy in 2007. The purpose of the project is to strengthen the capacity of the health care system to support the early development of children from low-income families.

A survey of pediatric providers was distributed at the fall 2007 Virginia Chapter of the American Academy of Pediatrics (AAP) meeting in Williamsburg, Virginia. A total of 30 surveys were returned.

Seventy-five percent of respondents represented private pediatric practices. The remaining surveys included: 18% hospital based-practice, 4% HMO and 4% pediatric resident/fellow. Forty-one percent reported a practice with between 3-6 providers and 41% reported greater than 6 providers in a practice. Nineteen percent of respondents reported two providers in the practice.

Respondents indicated that providers in their practices included: 90% pediatricians, 30% family practice physicians, 40% nurse practitioners, 7% residents and/or fellows, 3% physician assistants, and 3% specialists. Fifty-two percent described their practice as drawing primarily geographically from a suburban area. Eleven percent reported their practice as rural, 26% urban and 11% as a mix.

Of interest to the ABCD project were the numbers of practices using AAP's *Bright Futures* materials. Fifty-four percent of survey respondents assessed for developmental delays based on *Bright Futures* recommendations. Seven percent reported a lack of familiarity with *Bright Futures*; thirty-nine percent did not use *Bright Futures*.

The focus of the survey was to obtain a rough assessment of the use of developmental screening practices in the community and the remaining questions were focused on this subject.

To obtain a sense of the volume of patients seen for well-child exams, the survey asked for information pertaining to the number of patients registered by the office for such exams in a week. Forty-six percent registered over 80 per week, 27% had between 41-60 registered, 15% less than 40 and 12% between 61-80 children.

The next question requested the respondent to indicate the number of patients screened individually by the person completing the survey for developmental delays over a month. Fifty-five percent reported screening for delay on less than 10 children, 17% for 11-29 children and 29% over 30 children per month. What is unclear about this question and what might have been confusing to the survey respondent, was the wording of the stem

using developmental delay versus performing a developmental screen at a well child check up.

The next question explored the means used to screen for developmental delay. Twenty-nine percent reported using observation, 24% maternal history, 28% physical examination and 19% used a standardized screening tool. For those who used a standardized screening tool, 60% reported using the Denver Developmental Screening tool, 15% Ages and Stages, 5% the PDQ and 20% the PEDS.

The final areas of interest in the survey were resources used by the practices for referring developmental screening concerns. Forty-five percent referred patients to Part C Infant & Toddler Connection, 38% to Child Development Clinics, 28% to specialty providers, and 10% used Care Connection for Children.

Finally, respondents were asked about the greatest barriers to utilizing a standardized screening tool in their practices. Eighty-two percent said there were no barriers, 9% stated they lacked time to become familiar with the different tool options and 9% reported finding the right tool for their practice.

The final question requested feedback for the types of technical assistance practices would need to be more effective in providing developmental screening to their patients. Forty percent expressed the need for standardized screening tool resources, 27% requested training on the use of standardized screening tools, 25% identified reimbursement issues, 4% supports for filling it out, 2% money, and 2% personnel to use the tool.

While the number of returned surveys was small, the findings are similar to other state survey reports on the use of developmental screening in primary care practices. Virginia practices expressed the need for technical assistance and education to serve as a catalyst to initiate the use of screening tools.

The provider survey that was distributed follows the survey summary.

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The state of Virginia was awarded an Assuring Better Child Health and Development (ABCD) grant from the Commonwealth Fund. The purpose of the project is to strengthen the capacity of the health care system to support the early development of children from low-income families.

We need your help to better understand the needs of health care providers such as yourself in meeting the developmental needs of your young patients.

Your response is confidential. The survey takes about 5 minutes to complete. Thank you for returning this survey. Please circle all the responses that apply.

1. Your primary practice is:
  - a. Private
  - b. State or Government
  - c. Hospital based
  - d. Other \_\_\_\_\_
  
2. The providers in the practice include:
  - a. Family Practice providers
  - b. Pediatricians
  - c. Nurse Practitioners
  - d. Residents/fellows
  - e. Physician Assistants
  - f. Other \_\_\_\_\_
  
3. How many primary care providers (including NP or PA) are in the practice:
  - a. One
  - b. Two
  - c. Three to six
  - d. Greater than six
  
4. Would you describe your patient population as:
  - a. Rural
  - b. Urban
  - c. Suburban
  - d. Tribal
  - e. Migrant/homeless/walk-in clinic
  - f. Mix
  - g. Other \_\_\_\_\_
  
5. Does your practice assess for developmental delays based on AAP's *Bright Futures*?
  - a. Yes
  - b. No
  - c. Not familiar with *Bright Futures*

6. How many patients are registered in your office to have well child examinations in a week?
  - a. Less than 40
  - b. 41-60
  - c. 61-80
  - d. Over 80
  
7. As an individual, what is the average number of patients you assess for developmental delays per month?
  - a. Less than 10
  - b. 11- 29
  - c. Over 30
  
8. How do you assess your patients for developmental delays?
  - a. Observation
  - b. Maternal history
  - c. Physical examination
  - d. Standardized Screening Tool
  
9. If you answered “d” for question 6, which standardized tool(s) do you utilize? (Circle all that apply)
  - a. Denver Developmental Screening Test
  - b. Ages and Stages (ASQ)
  - c. Prescreening Developmental Questionnaire (PDQ)
  - d. Parent’s Evaluation of Developmental Status (PEDS)
  - e. Other \_\_\_\_\_
  
10. When you decide to refer, what resources do you utilize most?
  - a. Case Management
  - b. Early Intervention (Part C Infant & Toddler Connection)
  - c. Care Connection for Children
  - d. Child Development Clinic
  - e. Specialty Providers (Orthopedics, Neurology, ENT, etc.)
  - f. Home Visiting Programs (CHIP, Healthy Families, Resource Mothers, Early Head Start)
  - g. Other \_\_\_\_\_
  
11. What is the greatest barrier in your practice to fully utilizing a standardized screening tool?
  - a. None
  - b. Other \_\_\_\_\_
  
12. What supports do you need for your practice to be more effective in providing developmental screenings to your patients?
  - a. Standardized screening tool resources
  - b. Standardized screening tool training
  - c. Reimbursement Issues
  - d. Other \_\_\_\_\_

**Additional Comments:**