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Research



ABCD III: Key findings from a survey of primary care providers

*An evaluation of knowledge and practice of
the key components of the ABCD III
initiative at baseline*



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Project background

The Assuring Better Child Health and Development (ABCD) III initiative is supported through a three-year grant from the National Academy for State Health Policy, administering the grant for The Commonwealth Fund, to the Minnesota Department of Human Services (DHS), awarded in 2009. The purpose of the initiative is to develop and test sustainable models for improving care coordination, referrals and screenings between pediatric primary care, other medical providers, and child and family service providers offering developmental and mental health services to children ages birth to 5 years. The goal is to support five pilot sites (in Anoka, Olmsted, Ramsey, and Saint Louis Counties) in developing a system that assures efficient linkages between primary care, other medical providers, and child and family service providers. A variety of strategies will be used to enhance care coordination, such as creating processes to systematically screen and assess young children and establishing or strengthening linkages between primary care clinics and community-based medical specialists and mental health service providers. If successful, the initiative will result in benefits, such as increased rates of screening and referral, timely access to services for children with potential developmental and/or social-emotional concerns, and positive treatment experiences for families.

Wilder Research has been contracted to evaluate the initiative. This report summarizes the results from an online survey completed by primary care providers at participating clinics. This survey will be repeated two more times to identify changes in referral patterns, communication, and coordination that result from this initiative.

Research methods

Clinic primary care providers were invited to participate in an online survey. Survey participants were identified by DHS staff in collaboration with a representative from each participating clinic. DHS solicited the names of clinic providers participating in the ABCD III initiative, as well as those who are not. In order to measure spread at follow up, it was important to include providers not involved in the initiative in the sample.

The survey link was sent to clinicians in December 2010 and remained available until February 2011. A reminder email was sent approximately a week and a half after the initial survey link went out. After the holidays, in January 2011, Wilder Research staff emailed the clinic champion from each practice describing the survey and its importance and requesting that they encourage their colleagues to complete it. At this point, a third reminder email was also sent out to the sample. At the end of January and through early February, DHS contacted the clinic champions via telephone to request that they

encourage their colleagues to complete the survey. After contact was made with all clinics, a final email reminder went out to the sample.

The survey was closed at the end of February 2011. Of the 36 primary care providers asked to participate in the survey, three opted out. A total of 11 providers completed the online survey; eight of whom reported that they are currently participating in the ABCD III Initiative.

The online survey yielded a response rate of 30 percent. Due to a low response on this survey, it is important to note that the results are not generalizable and solely reflect the opinions of those who chose to respond. Additionally, it is important to keep in mind that those who chose to participate are likely to be more engaged in the ABCD III initiative, which may bias the results in some ways. Additionally, due to the low response rate, not all data collected from the survey will be represented in this report. Figure 1 shows the number of surveys completed for each participating clinic.

1. Number of completed surveys by clinic

	Number	Percent
North Metro Pediatrics	4	36%
Mayo Pediatrics	3	27%
Health Partners White Bear Lake	2	18%
Fridley Children's and Teenagers' Medical Clinic	1	9%
Saint Luke's Pediatric Associates	1	9%
Total	11	100%

Research questions

This report summarizes key findings from the first primary care provider survey with the goal of describing clinic activities at the beginning of the initiative. Surveys with primary care providers will be conducted three times to assess changes in practice over time.

The information collected will help to answer the following research questions:

Impact on Care Coordination/Service quality/Relationships: outcome measures

To what extent does each clinic have a close working relationship with local child and family service providers?

To what extent do clinics and community programs work together to coordinate care for the child/family?

To what extent to children and families receive an appropriate and timely array of assessments and services?

Impact on Care Coordination/Service quality/Relationships: process evaluation questions

What changes did clinics make in terms of staffing in support of coordinated care?

Why were services not offered or received following referrals (i.e., inappropriate referrals, ineligibility for services, lack of available services in the geographic area)?

How many of the children referred qualified for services? What kind of services did they receive?

Impact on referrals/information sharing: outcome measures

To what extent do providers feel comfortable knowing when to refer children based on screening results and to whom they should be referred?

Do primary care providers receive feedback from community providers?

Are early intervention agencies receiving increased referrals of children?

Impact on referrals/information sharing: process measures

If primary care providers do not feel comfortable making referrals, what are the reasons?

Are children who are screened subsequently referred for services?

Where are children referred?

Were children who did not qualify for services referred for other assistance or education?

Impact on knowledge and practice: outcome measures

To what extent do participating clinics implement a screening instrument and referral protocol?

To what extent do participating clinics develop a protocol to track referrals made and follow-up services provided to patients?

To what extent are fax/back referral forms and other methods of communicating between clinic and community agencies in place and regular use?

Have participating clinics developed and/or shared resource listings for community-based services?

Have participating clinics increased knowledge about available services and community agencies?

To what extent are participating clinics making efforts to engage families and cover developmental and anticipatory guidance measures?

Impact on knowledge and practice: process measures

What strategies/protocols are used for networking and collaboration?

What challenges do participating clinics experience in developing systems/protocols?

How often are the developed procedures/protocols followed?

Satisfaction with technical assistance: process measures

How do clinic staff/primary care providers/community partners rate the quality and quantity of training/technical assistance that they received through this initiative?

Are there activities that clinic staff/providers found particularly helpful or not helpful?

The following discussion will address these research questions by summarizing findings. Due to the small response rate for the survey, results will be reported in aggregate and nothing will be reported at the clinic level.

Online survey key findings

Participation in the ABCD III Initiative

In order to better understand the interests, goals and level of knowledge around mental health and developmental screening, primary care providers were asked to describe the reasons they and/or their clinic chose to participate in the ABCD III initiative.

Overall, primary care providers have chosen to participate in the ABCD III Initiative because they see a need for improvement in screening and referrals to community agencies. Several providers expressed the importance of developing and utilizing relationships with the school district and other community agencies in order to provide optimal care for their patients. In general, among the eight primary care providers involved in ABCD III who responded to this survey, there is a clear commitment to improving care and making changes. Respondents made the following comments:

I have an increasing interest in early childhood development; and my observation of lack of available resources in our clinic area.

I want to see changes in how the school districts interact with clinics – there is very little follow up [from clinics] after a referral is given to early intervention from the school districts.

I want to learn about best practices through the state. I want to improve our screening and referral process, and establish better working relationships with community and state agencies.

It is important to close the loop between identification of children with developmental delays, referral, intervention, and follow-up.

While primary care providers are interested and committed to the concepts and practice of mental health and developmental screenings and referral, very few had any formal education around the topic prior to the start of the ABCD III Initiative. Continuing Medical Education (CME) credits were mentioned by a few providers as a mechanism for gaining some information on the topic. For two providers, participation in Medical Home has provided them with some exposure.

In order to assess where primary care providers were with respect to the core principles of the ABCD III Initiative *before* participation in the initiative, three questions were asked. Providers were asked to describe the frequency with which they were doing care coordination activities, making referrals to Help Me Grow, and forming relationships with their local Help Me Grow. Findings indicate that primary care providers were not forming relationships with Early Intervention (EI)/Help Me Grow staff with great

frequency *before* participation in ABCD III. Figure 2 describes the number of primary care providers who report that they “always,” “usually,” “sometimes” or “never” did a given task. It appears that most providers were at least “sometimes” doing care coordination activities and making referrals to Help Me Grow.

2. How often were you doing the following *before* participation in the ABCD III Initiative?

N=8	Always	Usually	Sometimes	Never
Care coordination activities	4	3	2	-
Referring patients to Early Intervention (EI)/Help Me Grow	3	2	2	1
Forming relationships with Early Intervention (EI)/Help Me Grow staff	1	3	2	2

Current practices around anticipatory guidance, screening, and the referral process

Anticipatory guidance and the screening and referral processes are vital to clinic success in achieving the objectives of the ABCD III Initiative. In order to understand current practices around these processes and the frequency with which primary care providers are doing them, a series of questions were asked of survey respondents. Figure 3 illustrates the number of respondents and the frequency with which they carry out the tasks. The findings reveal that primary care providers who are not currently participating in the ABCD III Initiative have similar frequency patterns around anticipatory guidance, screening and referral as their participating counterparts. This, along with the small sample size of non-ABCD III providers (n=3) means that these results will not be reported separately. Overall, the results indicate that for the most part, primary care providers are “usually” or “always” conducting the mentioned practices. In particular, providers “usually” or “always” conduct anticipatory guidance and parental education about development and behavior issues as well as ask parents whether they have concerns about their child’s learning development.

3. Current practices around anticipatory guidance, screening and the referral process

N=11	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
Conduct anticipatory guidance and parental education about development and behavior issues	-	-	5	6
Ask parents whether they have any concerns about their child's learning development	-	-	3	8
Ask parents whether they have any concerns about the child's mental health	-	1	6	4
Conduct universal periodic screening of the child's risk for developmental delays or problems <u>using a standardized, validated tool</u>	-	-	2	9
Conduct universal periodic screening of the child's risk for mental health concerns, delays or problems <u>using a standardized, validated tool</u>	2	-	2	7
Refer children seen in practice to Early Intervention/Help Me Grow	-	4	5	2
Refer children seen in practice to community agencies (e.g. Head Start, Early Childhood Family Education)		4	4	3
Refer patients with elevated screening scores to Early Intervention/Help Me Grow	2	1	5	3

Comfort and satisfaction with practices around anticipatory guidance, screening, and the referral process

Understanding primary care provider's level of comfort and satisfaction with practices around anticipatory guidance, screening and the referral process will help DHS to understand the subject areas where more technical assistance and training are needed. It also provides some insight into *why* the processes may or may not be happening in some clinics. Figure 4 describes the findings from this set of questions.

Responses were once again combined for primary care providers participating in ABCD III and those who are not; there was little to no variation in responses among those who are participants and those who are not. Results indicate that primary care providers are very comfortable knowing when to refer to a medical specialist. Over half of respondents are also comfortable knowing when to refer patients to EI/Help Me Grow. Most also feel comfortable making referrals to community agencies. It also appears that some primary care providers may be unsure of the referral options available for children they see in practice, available mental health referral options, and the kinds of services children can

receive through EI/Help Me Grow. For each of these topics, there were at least three providers who only “somewhat agreed” and at least one who “somewhat disagreed.”

4. Current level of comfort and satisfaction with anticipatory guidance, screening and the referral process

N=11	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
I have a strong understanding of the developmental health referral options available for children I see in practice	5	4	2	-
I have a strong understanding of the mental health referral options available for children I see in practice	1	8	2	-
I feel comfortable knowing when to refer children I see in practice to Early Intervention (EI)/Help Me Grow	7	1	3	-
I know what kinds of services children can receive at EI/Help Me Grow	2	7	2	-
I (or my clinic) have a strong working relationship with the people I refer to at EI/Help Me Grow	2	6	3	-
I feel comfortable referring patients to medical specialists	10	1	-	-
I feel comfortable referring patients to other community services (e.g. Head Start, Early Childhood Family Education (ECFE), Follow Along	6	4	1	-
At the end of the appointment, I feel confident I made the most appropriate referral (or non-referral)	4	6	1	-

Developing Care plans

The key informant interviews with care coordinators and clinic administrators revealed that care plans are not being used for the ABCD III Initiative. The primary care provider survey revealed that five of the eight providers participating in the initiative are using care plans in their clinics. It is not understood if the care plans are being used specifically for the ABCD III Initiative or for other patients in the clinic. Regardless, it will be important to gain a more clear understanding of the decisions made to use or not use care plans as the initiative moves forward.

For those providers who are not using care plans, the reasons varied:

- We only use care plans for a small select number of patients with chronic, complex medical care needs
- This approach is a good approach on an individual basis, if you ask to have it done on every patient it will be a significant waste of time and resources and a very expensive approach. I completely disagree with it.
- Not sure where and how to use them yet.

Most primary care providers plan to use care plans in the future though one reported that he or she will not be using care plans in their clinic.

Types of information received from EI/Help Me Grow once the referral and assessment are completed

Primary care providers were asked to describe the kinds of information they are receiving from EI/Help Me Grow once they make a referral and an assessment has been made. Over half of the primary care providers reported that they do not receive anything back. Others said that they receive something back, but it is often very inconsistent and often lacks depth and is not useful. Primary care providers made the following comments in describing the types of information:

We have been getting nothing back from them which is frustrating in trying to provide ongoing care for the patients. We as primary care givers need constant updating as to whether the children were actually seen, evaluated, are receiving interventions and how those are going to know whether their needs are being met or have grown or they may need other referrals or interventions.

Nothing – I don't think I have ever received a report back.

I occasionally receive initial assessment reports and care plans but not consistently.

Working with community agencies

Primary care providers were asked about the kinds of community agencies to which their clinic makes active referrals. An active referral is one in which clinic staff initiate contact with the community agency for the patient and family. The findings show that almost all providers including those not a part of ABCD III are making active referrals to ECFE, Head Start and WIC. Fewer providers are referring to community agencies such as County Human Services and the Food Shelf. These findings are consistent with those from the key informant interviews with care coordinators and clinic managers who reported that active referrals were being made to most if not all of the community agencies mentioned.

Current level of satisfaction with ABCD III Initiative

The majority of primary care providers (n=6) are either “satisfied” or “somewhat satisfied” with both the quantity and the quality of the technical assistance they have received from DHS around the ABCD III Initiative. When asked for feedback or suggestions related to technical assistance needs, two providers expressed difficulty in knowing who at DHS to contact for specific questions and needs regarding the Initiative.

A majority of the primary care providers who responded to our survey reported that they have shared what they have learned about the ABCD III Initiative with their colleagues.

Nearly all (n=7) primary care providers also either “strongly or somewhat agree” that the other primary care providers in their clinic are interested in implementing practices from the ABCD III Initiative. All providers agree that ABCD III has been beneficial to their clinic as a whole as well as to their patients.

Primary care providers were asked what they hope to achieve through participation in the ABCD III Initiative. In general, respondents hope to improve care for their patients while developing a clear system and processes for collaboration with community agencies. A few of the open ended responses to this question are described here.

Establish better methods of collaboration with the community and better management of children with developmental delays.

Reaching more patients in need more effectively and earlier.

Better outcomes for patients.

A clearer system in place to ensure that children are referred and communication between all parties is consistently happening.

Greater knowledge regarding mental and developmental problems among children: both “academic” understanding and “practical” items (experience and having oversight and requested insights from experts. Better familiarity with community resources and expertise regarding depression and other mental and behavioral issues affecting children.

Barriers and challenges

Over half of primary care providers acknowledge that there are barriers and challenges that have affected their clinic’s implementation of the ABCD III Initiative. These barriers ranged from lack of interest and difficulty with buy-in among colleagues to legal and business challenges that prevent full implementation of all aspects of ABCD III. A few of the comments primary care providers made are below.

Lack of interest in standardized screening at the time of well child visits by clinicians and allied health staff; difficulty in changing a culture in which referrals for developmental delay go to sub-specialists instead of Help Me Grow.

The size of our clinic.

Education, reinforcement and follow through.

Legal challenges.

Gaining buy-in from colleagues.

Lessons learned and recommendations

Based on the information gathered through this baseline survey of primary care providers, Wilder Research has developed some recommendations for DHS to consider as they continue their ongoing work with each primary care clinic throughout the Initiative.

It is important to remember that due to the low response rate for this survey, the recommendations are not representative of the needs and circumstances of all primary care providers and clinics participating in the ABCD III Initiative but they will serve as a guide as DHS moves forward in their work with each of the clinic sites.

Lessons Learned

Overall, the primary care providers responding to this survey see a need to improve screening and referrals to community agencies and report that this is why they have chosen to participate in ABCD III.

Before their participation in the ABCD III Initiative, the eight primary care providers responding to the survey reported at least “sometimes” doing care coordination and all but one reported at least “sometimes” referring to EI/Help Me Grow.

Over half of primary care providers responding to the survey were working to form a relationship with EI/Help Me Grow before participating in ABCD III.

Primary care providers may be slightly unsure of the referral options available for children they see in practice, available mental health referral options, and the kinds of services children can receive at EI/Help Me Grow.

There is a discrepancy as to whether or not participating clinics and primary care providers are using care plans for patients as part of the ABCD III Initiative.

Primary care providers report receiving information back from EI/Help Me Grow on a consistent basis, if at all.

Primary care providers responding to this survey are comfortable making referrals to community agencies such as Head Start and ECFE as well as to medical specialists.

Recommendations

Explore opportunities to increase engagement in the initiative. The low response to the survey may indicate that levels of engagement among primary care providers are low. Exploring different non-time consuming ways and opportunities to engage them in the project may increase response to future evaluation efforts.

Primary care providers will benefit from strengthening their working relationships with EI/Help Me Grow. While some providers reported that they currently have relationships with EI/Help Me Grow, it appears that for some the relationships are not strong. This was also noted in the care coordinator and clinic administrator interviews.

Explore and consider different forms of data collection and information gathering for primary care providers. It is evident that primary care providers did not respond well to online survey methodology. Exploring the reasons behind this along with more effective options for data collection are vital to gathering information necessary for the evaluation of ABCD III.

Create opportunities for primary care providers and their care coordinators and clinic administrators to discuss and dialogue about the use of care plans in their clinics. The discrepancy in answers to this question indicate that there may be a disconnect among clinic staff regarding who develops and/or uses care plans

Create opportunities for primary care providers and their clinic staff to learn the intake and evaluation processes for their local Help Me Grow. Most primary care providers “somewhat agreed” that they know what kinds of services children can receive at EI/Help Me Grow. Creating opportunities for the clinic sites to learn directly from Help Me Grow staff may provide even greater clarification for providers.

Appendix

Online Provider survey

Online Provider survey

ABCD III Initiative ***Online Provider Survey***

As you may know, Wilder Research is evaluating the Assuring Better Childhood Development (ABCD III Initiative) for the Minnesota Department of Human Services.

We are interested in your opinions on the work you may be doing around the goals and objectives of the ABCD III Initiative. Your responses will be grouped together, and no individuals will be identified when the data are reported.

Please contact Rachel Hardeman at Wilder Research if you have any questions about the survey. Rachel can be reached at rrh2@wilder.org or (651) 280-2687 or (800) 328-2972.

The survey should take approximately 15 minutes to complete. We need your feedback as soon as possible. Please complete the survey as soon as you can.

Thank you for your time!

1. Which clinic do you work for?
 - ¹ Fridley Children’s
 - ² Mayo Pediatrics
 - ³ Saint Luke’s Pediatric Associates
 - ⁴ North Metro Pediatrics
 - ⁴ Health Partners, White Bear Lake

2. Are you currently participating in the ABCD III Initiative?
 - ¹ Yes
 - ² No → **Go to Q.6**

3. We are interested in the kinds of things you were doing in your clinic *before* the ABCD III initiative. Please indicate how often you were doing the following *before* participation in the ABCD III Initiative:

	A lot	Some	A little	Not at all
a. Care coordination activities	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Referring patients to Early Intervention (EI)/Help Me Grow	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Forming relationships with Early Intervention (EI)/Help Me Grow staff	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

4. What made you decide to participate in the ABCD III Initiative?

5. What type/s of background information/education did you receive about using mental health and developmental screening in pediatrics clinics before beginning this project?

Screening, anticipatory guidance and referrals

6. We are interested in understanding more about your current practices around **anticipatory guidance**, **screening** and the **referral process**. Please tell us if you *rarely*, *sometimes*, *usually* or *always* do the following:

	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. Conduct anticipatory guidance and parental education about development and behavior issues	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Ask parents whether they have any concerns about the child's learning development	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Ask parents whether they have any concerns about the child's mental health	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. Conduct universal periodic screening of the child's risk for developmental delays or problems <u>using a standardized, validated tool</u>	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Conduct universal periodic screening of the child's risk for mental health concerns <u>using a standardized, validated tool</u>	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. Refer children seen in practice to Early Intervention (EI)/Help Me Grow	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
g. Refer patients with elevated screening scores to Early Intervention (EI)/Help Me Grow	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
h. Refer children seen in practice to community agencies (e.g. Head Start, Early Childhood Family Education (ECFE))	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

7. We are interested in understanding your current *comfort* and *satisfaction* with respect to current practices around anticipatory guidance, screening and the referral process. Please tell us how much you agree with the following:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. I have a strong understanding of the developmental health referral options available for children I see in practice	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. I have a strong understanding of the mental health referral options available for children I see in practice	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. I feel comfortable knowing <i>when</i> to refer children I see in practice to other Early Intervention (EI)/Help Me Grow	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. I know what kinds of services children can receive at Early Intervention (EI)/Help Me Grow	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. I (or my clinic) have a strong working relationship with the people I refer to at Early Intervention (EI)/Help Me Grow	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. I feel comfortable referring patients to <u>medical specialists</u>	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
g. I feel comfortable referring patients to <u>other community services (e.g. Head Start, Early Childhood Family Education (ECFE), Follow Along)</u>	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
h. At the end of an appointment, I feel confident I made the most appropriate referral (or non-referral)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

8. Please provide us with a brief description of the types of information you are receiving back from Early Intervention (EI) once the referral and assessment have been completed.

The next set of questions are about Care plans.

The care plan is a written summary document combining the needs, concerns and desired outcomes of the patient, family and care team in addition to the medical treatment plan. The care plan also outlines the services that will be provided to the family to meet their identified needs. And the care plan is detailed to allow for follow-up and tracking by care coordinators.

9. Is your clinic currently using Care plans?

¹ Yes (Go to Q.12)

² No

10. Why not?

11. Do you have plans to use them in the future? (Go to Q.14)

12. Please tell us how much you agree with the following statements regarding Care Plans.

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. A Care Plan is written for patients when appropriate	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. The Care Plan helps me communicate with other medical specialists	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. The Care Plan helps me communicate with community agencies	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. My clinic is proactive in contacting a referral source if feedback/results have not been received	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Once results/feedback are received, I or clinic staff review the information and the Care Plan is updated	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

13. I (or clinic staff) update a patients' Care Plan in the following instances (check all that apply):
- ¹ To reflect a parental concern
 - ² To reflect an elevated screen
 - ³ To reflect a change in medications
 - ⁴ To reflect a change in care
 - ⁵ To reflect the referral(s) made for the patient to Early Intervention (EI)/Help Me Grow
 - ⁶ To reflect the referral(s) made for the patient to a Medical Specialist
 - ⁷ To reflect the referral(s) made to community agencies (e.g. Head Start, Early Childhood Family Education (ECFE), Follow-up)
 - ⁸ To reflect information received from Early Intervention (EI)/Help Me Grow
 - ⁹ To reflect information received from a medical specialist

14. How do you decide when to develop a care plan?

15. We are interested in learning about the kinds of community agencies that your clinic makes referrals to. Please tell us if your clinic **actively** refers to the following community agencies:

- ¹ ECFE (Early Childhood Family Education)
- ² Public Health: Follow along
- ³ Head Start
- ⁴ Public Health: Home Visiting Program,
- ⁵ WIC
- ⁶ County human services
- ⁷ Food shelf

END HERE IF NOT AN ABCD III PARTICIPANT

We would now like to gather some information about your level of satisfaction with the technical assistance you have received from DHS.

16. How would you rate your level of satisfaction with the quality of Technical Assistance you have received from DHS?
- ¹ Highly satisfied
 - ² Satisfied
 - ³ Not at all satisfied
 - ⁷ Refused

17. How would you rate your level of satisfaction with the quantity of Technical Assistance you have received?
- ¹ Highly satisfied
 - ² Satisfied
 - ³ Not at all satisfied
 - ⁷ Refused

18. Do you have any comments, feedback or suggestions related to the Technical Assistance that you have received?

19. Please tell us the extent to which you agree or disagree with the following:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. I have shared what I have learned about the ABCD III Initiative with my colleagues	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Other primary care providers in my clinic are interested in implementing practices from the ABCD III Initiative	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Overall, implementing ABCD III has been beneficial to my clinic as a whole	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. ABCD has been beneficial to my clients/patients	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

20. What do you hope to achieve from participation in the ABCD III Initiative?

21. Are there barriers or challenges in your clinic that have affected your clinics' implementation of the ABCD III Initiative?

- ¹ Yes
- ² No

22. Do you foresee any barriers or challenges? If so, how do you plan to overcome these barriers?

Thank you so much for taking the time to do this survey. Your answers are valuable to us. If you have any questions, please contact Rachel Hardeman rh2@wilder.org.