******PROVIDER SURVEY**

**Pre-Implementation of the Well-Visit Planner**

## Background and Purpose

This provider survey is designed to be administered prior to implementation of the Well Visit Planner. A version of the survey below was administered to pediatric health care providers in three medical care sites in Oregon as part of the original research from which the Well-Visit Planner was developed.

The purpose of this provider survey is to collect data regarding pediatric clinicians’ perceptions of their provision of well-child care in their practice, and their knowledge and acceptability of the Well-Visit Planner intervention to be implemented at their site. Additionally, the survey will obtain the providers’ view of barriers and strategies to improve the quality of well-child care services and new national recommendations for the provision of care.

Take a few moments to fill out this survey regarding your office and quality improvement efforts. Thank you for your participation.

## Instructions

1. Answer all the questions by checking the box below your answer. See the example below for how the box should be filled in.

|  |  |
| --- | --- |
| 1. Yes | 1. No |
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1. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow and then a note that tells you what question to answer next, like this:

|  |  |
| --- | --- |
| 1. Yes **→** go to Question # 14a | 1. No **→** go to Question #15 |
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So, if you choose to answer “No” to this question,

then you will go to question #15.

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**Your Name:­­­­­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(not required)

**Date of Survey:** (mm/dd/yyyy) \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

* 1. **What is your role in this clinic? \***

|  |  |  |  |
| --- | --- | --- | --- |
| 1. MD/DO | 1. Nurse Practitioner | 1. Physician Assistant | 1. Nurse |
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**2. How often are you the person who has the primary responsibility to speak with parents about well-child care topics during the well-child care visit?\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Never | 1. Sometimes | 1. Usually | 1. Always | |
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**3. How knowledgeable do you feel about talking to parents of young children and infants about**

**well-child care and preventive services topics?\***

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Not knowledgeable   at all | 1. Knowledgeable but want to keep learning | 1. Very knowledgeable, a few gaps on newer content | 1. Very knowledgeable, no major gaps |
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**4. How satisfied are you with the quality of well-child care services provided to your patients?\***

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Extremely satisfied | 1. Very satisfied | 1. Somewhat satisfied | 1. Not satisfied at all |
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**5. During well-child visits, how often would you say parents ask questions or express concerns they may have without you asking them first?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Never | 1. Sometimes | 1. Usually | 1. Always |
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**6. What is your perception of the Well-Visit Planner intervention? Do you feel that it is…**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Very feasible | 1. Somewhat feasible | 1. Do not know/Need more information | 1. Not feasible |
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**7. Prior to this project, have you as a health care provider been part of a quality measurement and improvement project(s) related to well-child care services for young children?**

|  |  |
| --- | --- |
| 1. Yes **→** go to Question # 7a | 1. No **→** go to Question #8 |
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**7a. If yes, what was your perception of the value of that/those efforts in improving quality of care?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Extremely beneficial | 1. Very beneficial | 1. Somewhat beneficial | 1. Not at all beneficial |
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**8. Based on what you know about the intervention for this project, what is your perception of its potential value?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Extremely beneficial | 1. Very beneficial | 1. Somewhat beneficial | 1. Not at all beneficial |
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|  |  |  |  |
| --- | --- | --- | --- |
| 1. Very valid | 1. Somewhat valid | 1. Unsure /need more information | 1. Not at all valid |
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**9. What is your perception of the type of parent-reported data regarding well-child care services to be collected in this project? Do you consider it to be…**

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**10. Are you familiar with the *Bright Futures Guidelines for Health Supervision for Infants, Children, and Adolescents*?**

|  |  |  |
| --- | --- | --- |
| 1. Yes **→** go to Question # 10a | 1. No **→** go to Question #11 | |
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**10a. If yes, what is your perception of the *Bright Futures Guidelines*? In regards to your own provision of well-child care, do you find them to be…**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Extremely valuable | 1. Very valuable | 1. Somewhat valuable | 1. Not at all valuable |
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**11. How often do you routinely cover the following topics during well-child visits with children birth through 48 months of age:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Check *ONE* 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 physical care of the child (e.g. issues related to food and feeding, bed and naptime routines, issues related to breastfeeding/using a bottle) | 1❑ | 2❑ | 3❑ | 4❑ |
| **b)** Anticipatory guidance and parental education about injury prevention (e.g. car seats, house safety, how to avoid burns to child, what to do if the child swallows poisons) | 1❑ | 2❑ | 3❑ | 4❑ |
| **c)** Anticipatory guidance and parental education about development and behavior issues (e.g. behaviors expect to see in the child, words/phrases the child uses, discipline techniques, reading, toilet training) | 1❑ | 2❑ | 3❑ | 4❑ |
| **d)** Ask parents whether they have any concerns about the child’s learning, development and behavior | 1❑ | 2❑ | 3❑ | 4❑ |
| **e)** Check whether the child has reached key developmental milestones | 1❑ | 2❑ | 3❑ | 4❑ |
| **f)** Periodic screening of the child’s risk for developmental delays or problems using a standardized, validated tool | 1❑ | 2❑ | 3❑ | 4❑ |
| **g)** Screening for psychosocial issues in the home (e.g. depression, emotional support, changes or stressors in the home) | 1❑ | 2❑ | 3❑ | 4❑ |
| **h)** Screening for safety issues in the home (e.g. firearms) | 1❑ | 2❑ | 3❑ | 4❑ |
| **i)** Screening for alcohol or substance abuse in the home | 1❑ | 2❑ | 3❑ | 4❑ |

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

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Check *ONE* Response for Each Item | **Not at all useful** | **Somewhat useful** | **Useful** | **Very useful** |
| **a)** Immunization rates | 1❑ | 2❑ | 3❑ | 4❑ |
| **b)** Well-child visit rates | 1❑ | 2❑ | 3❑ | 4❑ |
| **c)**  Survey results focused on patient satisfaction | 1❑ | 2❑ | 3❑ | 4❑ |
| **d)** Patient-based survey findings about whether parents’ report that you discussed recommended aspects of care | 1❑ | 2❑ | 3❑ | 4❑ |
| **e)** Patient-based survey findings about whether parents report their informational needs were met about recommended topics | 1❑ | 2❑ | 3❑ | 4❑ |
| **f)** Patient-based survey findings about the degree to which the parents feel the care provided is family-centered (partnership, communication, respect) | 1❑ | 2❑ | 3❑ | 4❑ |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Check *ONE* Response for Each Item | **Not at all useful** | **Somewhat useful** | **Useful** | **Very useful** |
| **a)** Parent education materials such as pamphlets and posters | 1❑ | 2❑ | 3❑ | 4❑ |
| **b)** Handbook of the evidence-base behind preventive and developmental care recommendations | 1❑ | 2❑ | 3❑ | 4❑ |
| **c)** Global feedback based upon parent reported data from a survey about well-child care and preventive services you provide | 1❑ | 2❑ | 3❑ | 4❑ |
| **d)** Topic-specific, QI training sessions held during your office meetings | 1❑ | 2❑ | 3❑ | 4❑ |
| **e)**  Trainings for non-physician office professionals to administer standardized screening tools | 1❑ | 2❑ | 3❑ | 4❑ |
| **f)** Resource book of available tools and how they can be implemented | 1❑ | 2❑ | 3❑ | 4❑ |
| **g)** A parent-completed online pre-visit assessment and education module which would allow parents to focus their concerns and questions for their child’s next well visit | 1❑ | 2❑ | 3❑ | 4❑ |
| **f)** Report of your quality of care findings compared to other practices and an overview of processes correlated with higher quality of care findings | 1❑ | 2❑ | 3❑ | 4❑ |
| **h)** A well-child visit encounter form filled out by parents prior to the visit and utilized by the provider during the visit to help focus on parent concerns and anticipatory guidance needs and priorities | 1❑ | 2❑ | 3❑ | 4❑ |

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**17. 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.

# Additional Feedback

Please share any additional comments.

**Thank you for taking the time to fill out our survey.**

\*Questions adapted from the *Healthy Development Collaborative Staff Satisfaction Survey.*