

Pre-Implementation Survey

Thank you for completing this survey; your feedback is extremely important for the Developmental Surveillance and Screening Policy Implementation Project. Your responses will be kept confidential. You may choose not to participate or not to answer any specific question. Data collected from this survey will be used to determine if the policy statement algorithm, once implemented, resulted in changes in knowledge and practice regarding developmental surveillance and screening.

Please check one response choice according to your answer except where instructed otherwise.

I. Developmental Surveillance. Note: these questions pertain to children 0-36 months of age.

1. Do you currently perform surveillance in your practice?
- YES.....
- NO

2. How do you currently define developmental surveillance?

3. How is your definition of developmental surveillance implemented with patients and families (ie, how do you operationalize it)?

4. When do you currently perform surveillance?
- At every well-child visit.....
- At every non-immunization visit.....
- At all visits (well and sick).....
- Whenever a parental concern is expressed.....
- Other (please specify).....
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II. Developmental Screening. Note: these questions pertain to children 0-36 months of age.

5. Do you currently perform developmental screening in your practice?
- YES.....
- NO.....

6. How do you currently define developmental screening?

Empty text box for answer to question 6.

7. How is your definition of developmental screening implemented with patients and families (ie, how do you operationalize it)?

Empty text box for answer to question 7.

8. When do you currently perform screening?

- At every well-child visit.....
- At every non-immunization visit.....
- At all visits (well and sick).....
- Whenever a parental concern is expressed.....
- When the child has an underlying medical condition.....
- Other (please specify).....

Empty text box for specifying other screening occasions.

9. Do you currently use a standardized screening tool?

- YES.....
- NO

10. Does the availability of a valued CPT code for the service of limited developmental screening (ie, 96110) affect your decision to regularly perform such a service?

- YES.....
- NO

If you answered "YES" to question 9, please continue to question 11. If you answered "NO," please continue to question 17.

11. Which standardized screening tool(s) do you currently use? Check all that apply.

- Ages and Stages (ASQ)
- Battelle Developmental Inventory.....
- Bayley Infant Neurodevelopmental Screener (BINS).....
- Brigance Screens -II.....
- Denver II.....

Parents' Evaluation of Developmental Status (PEDS).....

Other (please specify).....

12. How did you decide to use the screening tool chosen above in question 10? **Please check all that apply.**

The tool was recommended by my residency program.....

The tool was recommended by my colleague.....

The tool best fits my patient population.....

The tool is not time-consuming.....

Parents can fill out the tool prior to the visit.....

Office staff can administer the tool.....

Insurance carriers reimburse the tool.....

Other (please specify).....

13. What method of screening do you most commonly use in your practice?

One-to-one interview with physician.....

One-to-one interview with nurse.....

One-to-one interview with support staff.....

Computer-based.....

Pencil-and-paper based.....

Other (please specify).....

14. In relation to the office visit, when is the screening tool completed?

Before appointment (at home).....

In waiting room before visit.....

In patient exam room during visit.....

After visit.....

Other (please specify).....

III. Follow-up and Referral. Note: these questions pertain to children 0-36 months of age.

15. If a screen is negative (no developmental abnormality detected), what current process is in place in your practice?

16. If a screen is positive (developmental abnormality detected), what current process is in place in your practice?

IV. Barriers. Note: these questions pertain to children 0-36 months of age.

22. What are the major barriers to implementing developmental surveillance into your practice? **Please rank the 3 greatest barriers in order of importance (1 being most important, 3 being least important).**

- Cost to practice
- Lack of time
- Lack of staff.....
- No referral sources in community.....
- Lack of training on performing surveillance.....
- Lack of adequate reimbursement.....
- Other (please specify).....

23. What are the major barriers to implementing developmental screening into your practice? **Please rank the 3 greatest barriers in order of importance (1 being most important, 3 being least important).**

- Cost to practice
- Lack of time
- Lack of staff.....
- No referral sources in community.....
- Lack of training on screening tools.....
- Lack of adequate reimbursement.....
- Other (please specify).....

24. What were the barriers to using code 96110 (ie, if you did not report it, why not)?

Please check that you have answered all the questions that apply to you. Then, please use the enclosed stamped and pre-addressed envelope to mail your completed questionnaire, or email your questionnaire to Jill Ackermann at the information provided below.

Thank you very much for your cooperation!

Please send the questionnaire to:

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