

From the Doctor's Office: California Pediatrician Survey on Early Childhood Developmental Screening



Survey Purpose

How are California pediatricians incorporating developmental surveillance and screening into well-child visits for young children?

- Understand California pediatricians' use of developmental screening and surveillance during well-child visits
- Identify potential barriers and limitations to California pediatricians ability to adhere to American Academy Pediatrics recommendations

Survey Background

- Initial funding from Watch Me Grow for a local San Mateo County study
- Challenge to identify a local distribution partner
- AAP Chapter 1 agreed to distribute
- Leveraged funding to make the survey statewide
- Other chapters agreed to also be distribution partners

Survey Background

- Survey developed in consultation with research partners, Learning for Action, as well as with Chapter 1 and Chapter 4
- Survey was tested by several pediatricians and other providers in Chapters 1 and 4
- Each Chapter distributed own individual survey link to their own membership
- Incentives were provided – up to 50 prizes given (Starbucks gift cards and tablets)
- 212 respondents across the State

Survey Challenges and Limitations

Online survey link emailed directly to pediatricians from their respective American Academy of Pediatrics Chapter

- Possibility of selection bias
- Only one survey completed in Chapter 2
- Possibility of multiple pediatricians responding per site which can bias site specific questions

Who did we hear from?

Type of medical provider

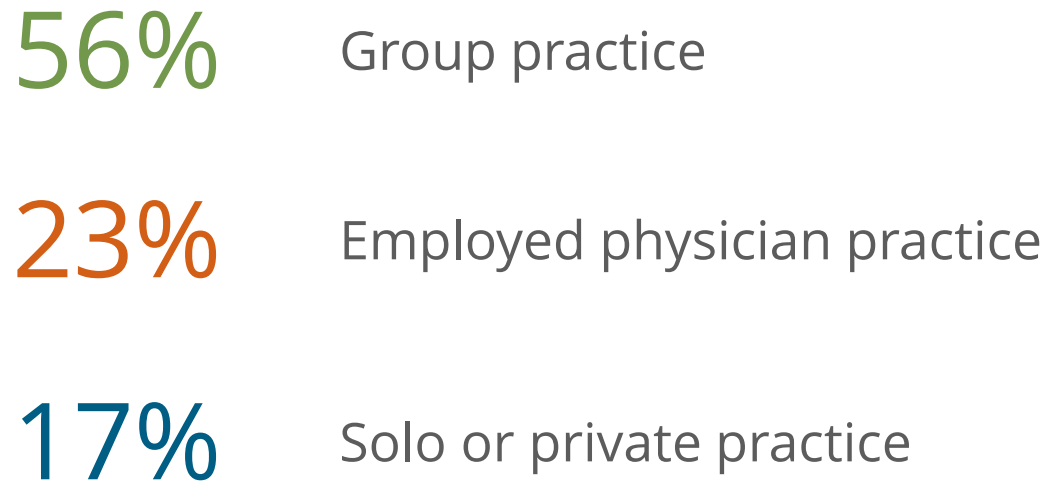
89% Pediatrician or Family Medicine Practitioner

5% Nurse Practitioner

1% Physician Assistant

Who did we hear from?

Type of practice



How are developmental screenings administered?

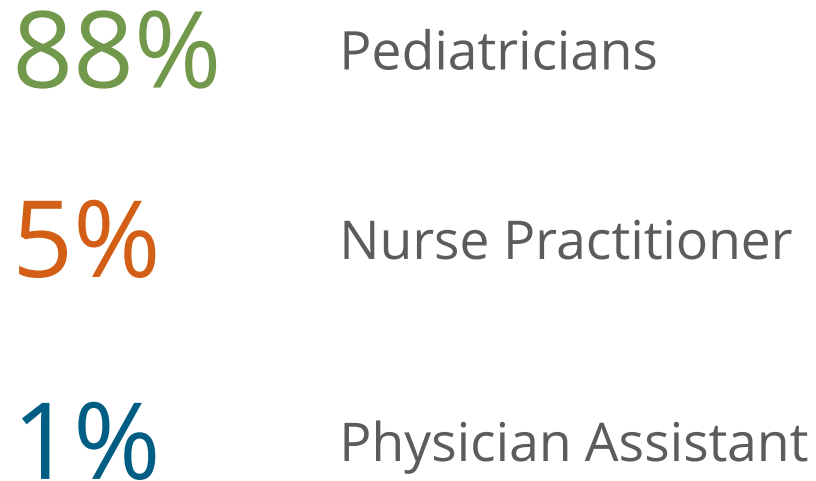
(check all that apply)

- 60% Orally during well-child visit
- 78% Questionnaire completed by parents **during** well-child visit
- 24% Questionnaire completed in advance of the well-child
- 7% Other

If questions are asked orally, who administers the questions?

64%	Pediatricians
13%	Medical Assistant
8%	Nurse Practitioner
3%	Nurse

Who is primarily responsible for interpretation of developmental screenings



AGGREGATE FINDINGS

Aggregate Findings

Pediatricians' agree that using a validated and evidenced based screening tool is important and makes it easier to identify and discuss possible developmental problems

95% agree that it is important to use a formal tool at recommended intervals

96% agree that using a formal tool makes it easier to identify developmental delays

92% agree that using a formal tool makes it easier to talk to the family about possible developmental problems

Aggregate Findings

Almost all pediatricians state that their site screens children under age 6 for developmental progress and uses a validated or evidence-based screening tool

91% state that their site screens children under age 6 for developmental progress

97% state that their site uses a formal tool (such as the ASQ-3, PSC, or PEDS) to screen for developmental problems

Routine screening with a validated or evidenced-based tool is not happening for most* children

*"most" is defined as use with 95% or more of children

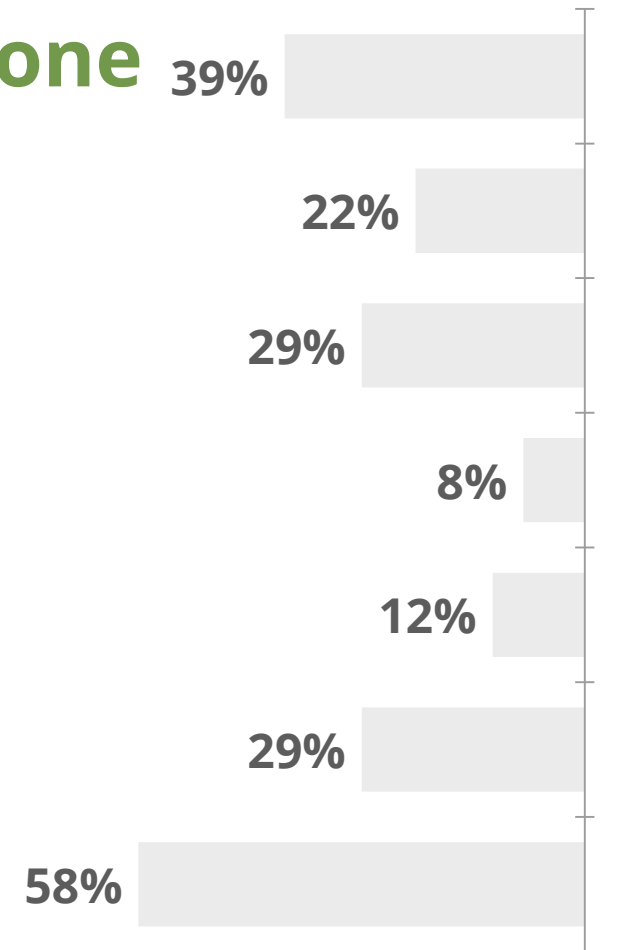
More than 1 out 4

Pediatricians state that they do NOT use at least one evidence based tool with most* of their children

*"most" is defined as use with 95% ore more of children

Percentage of children that sites state they use a formal tool with at each of the following well-child visits

None



6 month visit

29%

95%+

9 month visit

53%

12 month visit

38%

18 month visit

69%

24 month visit

59%

30 month visit

36%

Other

24%

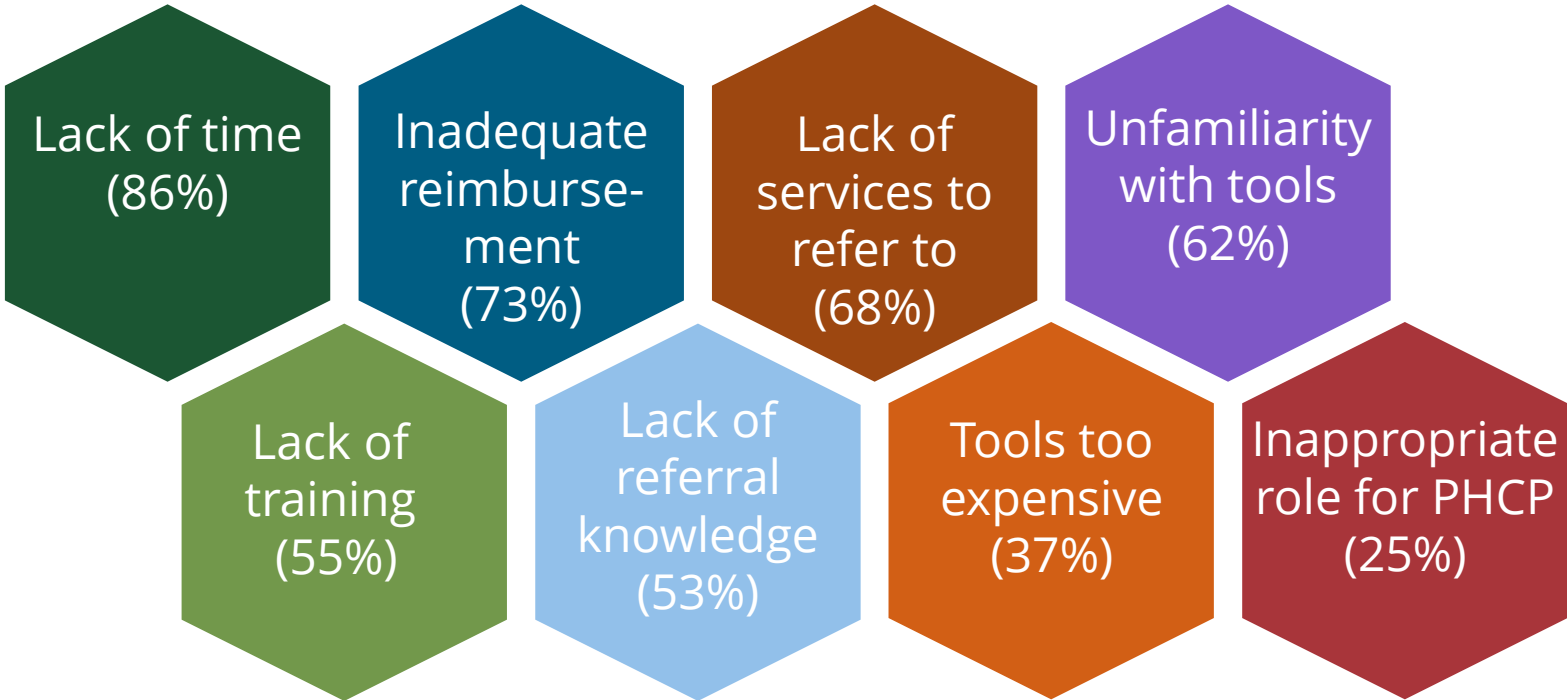
1 out of 3

Pediatricians state that most* of their patients who were identified at-risk for developmental delays or social-emotional/behavioral concerns were identified **WITHOUT** a formal tool

*"most" is defined as 75-100%

Aggregate Findings

Barriers to conducting developmental screenings *(percentage of agreement)*



Aggregate Findings

Pediatricians state the following are medium to big problems to connecting families to service

90% Wait lists

47% Time it takes to make a referral

32% Parents do not think a referral is necessary

54% Parents do not follow through with referrals

Aggregate Findings

Quotes from the pediatricians...

Time, time, time. If we were reimbursed better for the whole visit, or for the screen, we would make it happen more often. Until then, it is an issue of priorities. Our practices are going under. No increase in profit in 30 years. How can that be sustained? We have to cut corners somewhere.

We have a non-validated form that we use most of the time. I have to follow the group's policy but it would be much better to have a validated screening rather than ones made by the office.

By far the biggest barrier to developmental screening using standardized validated tools is the fact that these are not routinely integrated into the electronic health care records. In addition there is no standardized workflow in our organization to deal with issues of developmental screening. Further there is little if any on-site support to facilitate the referral and tracking/monitoring of children with suspected developmental delay

Next Steps

How can CEL add the most value to the work that you are doing *(other than funding)*?

- Conduct dialogue sessions with pediatricians by type of practice
- Convene community leaders across sectors to identify potential policy solutions
- ??????

Thank you to our partners:

- First 5 San Mateo County
- Orange County Children and Families Commission
- American Academy of Pediatrics California Chapters
- Watch Me Grow

Questions?

For more information, please contact:

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