

Convening statewide stakeholders to assess developmental screening practices, preferences, and perceptions among Georgia physicians

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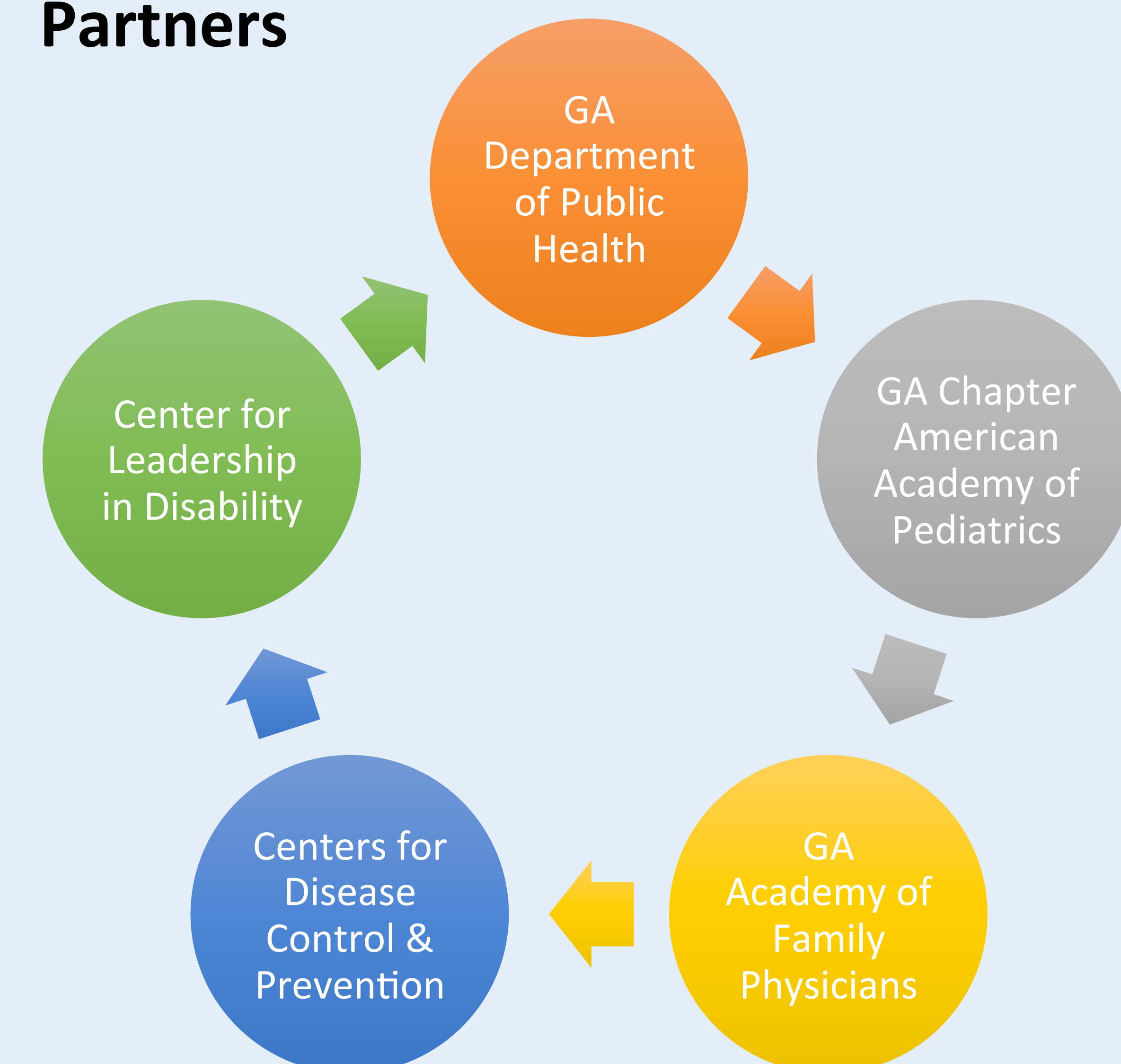
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Background

Despite adoption of the Bright Futures periodicity schedule in Georgia in 2010, recent parent-report data reveal that only 40.8% of children under five in Georgia received developmental screening with a standardized tool.¹ With 27% of Georgia's children living in poverty and 52% not attending preschool, early identification of children with developmental delays and autism and the provision of support and resources to them and their families is crucial.²

Barriers to screening have been well-documented.³⁻⁶ While a number of interventions to improve screening rates have been tested, no one strategy has emerged as universally effective.^{7,8} It is clear, however, the primary care providers, their office staffs, and office routines play a critical role in overcoming barriers. To learn more about these issues and ultimately to improve developmental screening statewide, the Georgia Department of Public Health (DPH) convened a team of interdisciplinary and interagency stakeholders to develop a plan to survey Georgia physicians who serve children under the age of three. Partners included representatives from the Georgia Chapter of the American Academy of Pediatrics (AAP), the Georgia Academy of Family Physicians (GAFP), the Marcus Autism Center, the National Center on Birth Defects and Developmental Disabilities of the Centers for Disease Control and Prevention (CDC), and the Center for Leadership in Disability (CLD) at Georgia State University (GSU).

Partners



Survey Topic Areas & Selected Question Topics

Demographics	<ul style="list-style-type: none"> • Practice Type (Family Medicine or Pediatrics, Community Health Center) • Organizational Affiliation (GAFP or GAAP) • Practice Setting, County, Age • Patient characteristics (race, age, insurance sources)
Developmental Screening & Referral Practices	<ul style="list-style-type: none"> • Frequency and use of various developmental surveillance methods and tools • Percentage of children identified in past 3 months suspected to have developmental delays or autism • Beliefs and perceptions about surveillance and early detection
Perceived Barriers to Developmental Screening	<ul style="list-style-type: none"> • Time limitations, lack of staff, lack of treatment options, lack of knowledge of referral options • Inadequate reimbursement, cost of tools • Lack of confidence in ability to screen, in the validity of screening tools
Integration of Developmental Screening Results into electronic health records (EHRs)	<ul style="list-style-type: none"> • Use of electronic health record (EHR) or electronic medical record (EMR) system in primary employment setting • Ability of EHR/EMR system to administer tool, score tool, highlight red flags, prompt discussion of results, prompt follow-up at next visit
Perceptions of Babies Can't Wait (Georgia's Part C Early Intervention System)	<ul style="list-style-type: none"> • The point at which a physician typically refers children to Babies Can't Wait (BCW) • Barriers to referring children to BCW • Details about physician experiences with BCW referral
Preferences for Future Screening Resources	<ul style="list-style-type: none"> • Helpfulness of in-office CME training; online CME training; CME training at in-person meetings • Screening resource toolkit • Screening Quality Improvement projects • Informational resources for patients

Process & Preliminary Results

This survey was a preliminary step to assess the need for provider-level interventions to educate, encourage, and incentivize physicians to improve rates of developmental monitoring and screening in the state of Georgia. Stakeholder meetings began in the summer of 2014. CLD personnel served in the role of organizing questions from multiple sources, eliminating redundancies, incorporating feedback, and developing the response format. Revisions continued through winter of 2014 and in February, the survey was piloted on a group of physicians who provided feedback on the survey length and content. Additional revisions were made, and the survey was disseminated electronically through email to members of the Georgia chapters of the AAP and the AFP in April, May, and June of 2015.

Despite the response window being open for almost four months, the survey had a very low completion rate. The results are still being analyzed, but they may not be generalizable to the population of physicians who serve children under three in Georgia. Limitations of our results include a possible self-selection bias. Additionally, the survey totaled 31 questions, many of which were multi-part matrices and Likert scales, which may have seemed burdensome.

While our stakeholder engagement and survey creation process appeared successful, data collection fell short of our expectations. While survey returns were modest, they will be used to inform the planning and implementation of future interventions to assist physicians in fulfilling the mandate for developmental and autism screening.

References

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