

Illinois Healthy Beginnings II

Welcome to the Early Childhood Referral Process Survey

Illinois Health Beginnings II (IHB2) focuses on early childhood referral processes, specifically determining how medical homes can coordinate care with Early Intervention (EI) and other community services. We want to learn what works, what doesn't work, and why.

Your feedback is vital to helping us to understand current procedures you use and barriers you face as a primary care provider (pcp)when referring children ages 0 through 3 to EI or other community services and programs.

By completing this survey you can provide us with knowledge of your experiences when referring children to the EI program and to other related resources. This survey will take approximately 15 minutes to complete. Your responses are anonymous as no identifying information is requested.

Thank you for taking time to complete this survey.

1. What type of provider are you?

Advanced Practice Nurse

Family Physician

Generalist

Internal Medicine

Medical Assistant

Nurse Practitioner

Pediatrician

Physician Assistant

Other (please specify)

2. What is your practice type? (If more than one, please indicate the practice where you work the majority of the time)

Ambulatory Care Clinics (e.g., Hospital or University-based Clinic)

Federally Qualified Health Center (FQHC)

FQHC-like clinic (e.g., encounter-rate clinic)

Private Practice-Group

Private Practice-Sole Provider

Public Health Dept. Clinic

Rural Health Clinic

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3. In what county do you practice? (If in more than one county, please indicate the county where you practice the majority of the time)

4. Approximately what percentage of your practice population is covered by the State's All Kids Program, which includes Medicaid (Title XIX), CHIP (Title XXI) and state funded population?

0% to 10%

11 to 25%

26% to 50%

51% to 75%

76% to 100%

5. To be eligible to complete this survey, you must currently serve children 0 through 3 years of age. Do you currently serve this population?

Yes

No

Developmental Screening for Pediatric Patients 0-3

We want to learn more about your current developmental screening practices and routines for pediatric patients 0-3.

6. Which method(s) do you routinely use to track the development of your pediatric patients? (Please check all that apply)

- Review clinical history with family
- Observations of child's behavior in the office visit
- A checklist of milestones created by colleagues/me
- A checklist of milestones on a well-child check-up visit template
- A checklist of milestones that came with our electronic health record program
- None of the above. I do not routinely track the development of my pediatric patients.
- Other (please specify)

7. Under what circumstances do you use a validated developmental screening tool? (Please check all that apply)

- I do not use a validated developmental screening tool
- Once per year in the first three years of life
- As recommended by the American Academy of Pediatrics at well-child visits
- When parents indicate concern about child's development
- When child exhibits "red flag" behaviors
- Based on my clinical judgment and/or surveillance
- When I am concerned about the results of developmental checklist
- Other (please specify)

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8. Which of the following validated developmental screening tools do you use and under what circumstances? (Please select all that apply)

	Routinely	When I need additional information	As a confirmation of my surveillance	When parents request that I use screening tool
ASQ series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denver II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hawaii Early Learning Profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEDS:DM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify

9. When you perform a developmental screening using a validated tool, please check the appropriate reimbursement organizations to whom you submit claims. (Please select all that apply)

- HFS (Medicaid/AllKids)
- Private payers
- Uninsured families
- Other (Please specify)

10. Each month, approximately how many pediatric patients 0 through 3 years of age do you screen using a validated developmental screening tool?

- I do not use a validated developmental screening tool
- Less than 10
- 11-20
- 21-30
- 31-40
- More than 40

Comments

11. Does your practice have a formal procedure for how to handle referrals to EI?

- No, I am unaware of any protocol or formal procedure for handling referrals
- No, individual physician determines case by case how to handle referrals
- No, physicians communicate with other staff about handling referrals
- Yes, my practice has a written protocol.

12. Please indicate which features listed below are part of the written protocol (Select all that apply)

- Does not apply. I do not use a practice protocol
- Responsibility assignment for referral follow up
- Standardized referral form
- Timeline for referral follow up
- Type of referral, reason(s) for referral, to whom, when
- Other (please specify)

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13. Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves identifying personnel and other resources needed to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care. Who serves as the care coordinator within your practice?

Does not apply, my office does not have a care coordinator.

Lay Case Manager

Medical Assistant

Nurse (LPN)

Nurse (RN)

Nurse Practitioner

Office Manager

Physican's Assistant

Physician

Receptionist

Social Worker (MSW)

Other (please specify)

EI Referral Process

14. Do you routinely refer your pediatric patients to EI when you have concerns about developmental delays?

Yes

No

15. How do most referrals to EI in your practice occur? (Please select only one)

Family is given the contact number for the appropriate Child and Family Connections (CFC) office and instructed to call for an appointment

Your practice calls the CFC office while family is present and schedules an appointment

Your practice faxes the referral to CFC office

Other (please describe)

16. Please estimate the average amount of time you and your staff spend per pediatric patient needing further assessment to initiate EI referrals.

Never

Less than 5 minutes

5-10 minutes

11-30 minutes

31-60 minutes

Greater than 60 minutes

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17. After you refer a family to the CFC office for an EI evaluation, how frequently do you receive information from CFC staff in a timely manner about whether the child was eligible for the program?

- Never
- Rarely (about 10% of cases)
- Occasionally (about 30% of the cases)
- Sometimes (about 50% of the cases)
- Frequently (about 70% of the cases)
- Very Often (about 90% of the cases)
- Every Time
- I do not refer my patients to CFCs

18. When your practice receives information about the result of the referral to EI, how does this usually happen? (Please select only one)

- Informed by parent/guardian at subsequent visit
- Phone call from CFC staff
- Practice staff contacts the parent/guardian about the referral outcome
- Standard fax form from CFC staff
- We do not usually receive information from CFC staff
- Other (please specify)

Follow-up on Referrals to EI

19. After referring a child for an EI evaluation, how frequently do you seek out information from the CFC staff about whether the child was eligible for the EI program?

- Never
- Rarely (about 10% of the cases)
- Occasionally (about 30% of the cases)
- Sometimes (about 50% of the cases)
- Frequently (about 70% of the cases)
- Very Often (about 90% of the cases)
- Every Time

20. Please estimate the average amount of time you and your staff spend per referred child to follow up on the outcome of the EI referral (include time spent to contact the patient and/or the referral agency).

- Never
- Less than 5 minutes
- 5-10 minutes
- 11-30 minutes
- 31-60 minutes
- Greater than 60 minutes

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21. For each item listed below, please indicate the level of importance for you to receive that information from the CFC staff on children you have referred for EI services.

	Not important	Low importance	Important	Very Important	N/A
CFC contact	jn	jn	jn	jn	jn
Changes in services	jn	jn	jn	jn	jn
Evaluation results	jn	jn	jn	jn	jn
Frequency of services	jn	jn	jn	jn	jn
If the child qualified for EI	jn	jn	jn	jn	jn
Periodic progress reports/summaries	jn	jn	jn	jn	jn
Qualifying diagnosis	jn	jn	jn	jn	jn
Status of referral	jn	jn	jn	jn	jn
Summary of Individualized Family Service Plan (IFSP)	jn	jn	jn	jn	jn
Therapy providers serving child/family	jn	jn	jn	jn	jn
Type of services provided	jn	jn	jn	jn	jn

22. What other information, not listed above, would be important for your practice to receive from the CFC staff?

5
6

23. Please indicate how important it is for the CFC to communicate the information listed below as part of the Individualized Family Service Plan (IFSP)

	Not important	Low importance	Moderate importance	Essential	N/A
The complete IFSP	jn	jn	jn	jn	jn
Child qualifies for Developmental Therapy	jn	jn	jn	jn	jn
Child qualifies for Physical Therapy	jn	jn	jn	jn	jn
Child qualifies for Speech Therapy	jn	jn	jn	jn	jn
Child qualifies for Social Work/Counseling	jn	jn	jn	jn	jn
Time of upcoming IFSP meetings	jn	jn	jn	jn	jn
Periodic updates on progress	jn	jn	jn	jn	jn

24. When a child you referred to a CFC office is not eligible for EI services what do you usually do in response? (Please select all that apply)

- I do not receive information from the CFC staff when I refer a child for EI services
- Reassess development at the next well-child visit
- Refer child/family to in-house case management staff
- Refer child/family to other supportive community services
- Other (please list)

Community Resources Referral Process

25. When a child is not eligible for EI services, how frequently do you help facilitate connections between families and other early childhood programs available in the community?

- Never
- Rarely (about 10% of the cases)
- Occasionally (about 30% of the cases)
- Sometimes (about 50% of the cases)
- Frequently (about 70% of the cases)
- Very Often (about 90% of the cases)
- Every Time

Comment

26. What is the average amount of time you and your staff spend to initiate referrals to community resources?

- Never, the practice does not make such referrals
- Less than 5 minutes
- 5-10 minutes
- 11-30 minutes
- 31-60 minutes
- Greater than 60 minutes
- Other (please specify)

27. Please list the supportive community resources you use most often

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28. From the following list, please identify your source(s) of information about referral resources available in the community. (Please select all that apply)

- EI staff provides information
- Statewide Provider Database (SPD)
- Practice office administrative staff knowledge
- Practice medical staff and/or other medical practitioners' knowledge
- Practice case management staff knowledge
- Parents/patients themselves
- Phone book
- Illinois Health Connect
- DocAssist
- Private insurance
- Other (please specify)

Communicating with EI or Community Resources

29. How much time do you devote to assisting families with the referral process per week?

- Never
- Less than 15 minutes
- 15-30 minutes
- 30-60 minutes
- 61-90 minutes
- Greater than 90 minutes

30. Do you believe the amount of time you devote to assisting families with the referral process to EI or community resources is...?

- Too Much
- Just about Right
- Too Little

What is the ideal amount of time:

31. Do you believe that your current level of involvement to refer children to EI or community referrals is...?

- Too Much
- Just about Right
- Too Little

What would be the ideal level of involvement:

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32. If one is made available, how likely would you be to use an electronic referral system to initiate and receive information about EI or community resource referrals?

- Not Likely
- Likely
- Very Likely

33. What way(s) do you prefer to initiate referrals to EI or community resources and to receive information about the referral outcome?

34. How interested are you in:

	Not Interested	Interested	Very Interested
Standardizing your practice's referral procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streamlining connecting families to needed supportive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving the experience of assisting families with referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Medical Electronic Data Interchange System (MEDI), CFC Providers, All Our Kids (AOK) Networks, Illinois Statewide Provider Database (SPD), DocAssist are accessible referral networks.

Please indicate your use of any of them.

	MEDI	CFC Providers	AOK Networks	SPD	DocAssist
I am familiar with this system but do not use it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not familiar with this system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use this system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What other referral system(s) do you use?

Thank you for completing this survey

We appreciate the time you spent to complete this survey. Your participation will improve services delivered to Illinois children.