



Enhancing Child Health in Oregon (ECHO) Learning Collaborative: Learning Session #2, May 19th, 2012

Pre-Survey

As part of the ECHO Learning Collaborative, we want to gauge how your practice is doing with **implementing care coordination for pediatric patients**. We also want to continue to design this Learning Collaborative in way that meets your needs. Please take a few minutes to fill out this survey for us. If you don't know an answer, give your best guess.

General Questions About You and Your Practice

1. What is your role in this practice? (CHECK ALL THAT APPLY)

- | | | | | | | | |
|---|---|--|--|-------------------------------------|---|---|---|
| MD/ DO 1 <input type="checkbox"/> | Nurse Practitioner 2 <input type="checkbox"/> | Physician Assistant 3 <input type="checkbox"/> | MA/ CNA 4 <input type="checkbox"/> | Nurse 5 <input type="checkbox"/> | Care Coordinator 6 <input type="checkbox"/> | Administrator Specify: _____ 7 <input type="checkbox"/> | Other Specify: _____ 8 <input type="checkbox"/> |
|---|---|--|--|-------------------------------------|---|---|---|

2. Which practice are you from?

- | | | | | | | | |
|---|--|---|---|--|--|---|--|
| Family Medical Group NE 1 <input type="checkbox"/> | Woodburn Pediatrics 2 <input type="checkbox"/> | Hillsboro Pediatrics 3 <input type="checkbox"/> | The Children's Clinic 4 <input type="checkbox"/> | Siskiyou Pediatrics 5 <input type="checkbox"/> | St. Luke's Eastern Oregon Medical Associates 6 <input type="checkbox"/> | Winding Waters 7 <input type="checkbox"/> | Children's Health Associates of Salem 8 <input type="checkbox"/> |
|---|--|---|---|--|--|---|--|

Questions about Care Coordination

3. How familiar / knowledgeable are you about the concept of care coordination as defined by the Maternal Child Health Bureau?

- | | | | |
|--|---|---|---|
| No knowledge of concepts 1 <input type="checkbox"/> | Some knowledge/Not applied 2 <input type="checkbox"/> | Knowledgeable/ Concepts sometimes applied in practice 3 <input type="checkbox"/> | Knowledgeable/ Concepts regularly applied in practice 4 <input type="checkbox"/> |
|--|---|---|---|

4. Please state how much you agree with the following statements (check one):

- | | Strongly
Disagree | Disagree | Neither
Agree nor
Disagree | Agree | Strongly
Agree |
|--|----------------------------|----------------------------|----------------------------------|----------------------------|----------------------------|
| a. Patient care is coordinated well among physicians, nurses, and clinic staff within our practice | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Our practice effectively utilizes community resources to help meet the health care needs of our patients | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. A primary care home should be the locus of care for all children <i>without</i> special health care needs | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. A primary care home (vs subspecialty care) should be the locus of care for all children <i>with</i> special health care needs | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

5. How often are the following services provided in your pediatric practice?

| | Not Sure | Never | Rarely | Sometimes | Often | Always |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Provide a written list of all medications they are taking | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| b. Assist families in setting up referral appointments with <u>medical specialist</u> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| c. When a child is referred to a specialist, someone from the office schedules time with the child's family to <u>discuss the results of the visit with specialist</u> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| d. Assist families in setting up referral appointments with community service agencies | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| e. Contact child's school or child care provider about the child's health and educational needs | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| f. Assist families of children with chronic health problems to obtain services such as durable equipment, home healthcare, respite care or transportation | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

6. Are the following services provided for all, some, or none of the patients or families in your practice?

| | All | Some | None |
|--|----------------------------|----------------------------|----------------------------|
| a. Care coordination plans are developed with patients that specify who will perform each care coordination task | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| b. Written care plans are developed for children with chronic health problems | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. Extra time for an office visit is scheduled when seeing a child with special health needs | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. For adolescents with special health needs, tools are used to assess their transition readiness | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. For all adolescents, consent and confidentiality issue are discussed prior to age 18 | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |

7. What do you think are the biggest barriers to providing care coordination to children and youth in your practice? (CHECK ALL THAT APPLY)

| | |
|-----------------------------|---|
| 1 <input type="checkbox"/> | Lack of knowledge of what constitutes care coordination |
| 2 <input type="checkbox"/> | Inability to identify patients and families that need care coordination |
| 3 <input type="checkbox"/> | Lack of knowledge of care coordination activities / processes that would be practical to implement in my practice |
| 4 <input type="checkbox"/> | Lack of funding for hiring care coordinators or conducting other practice activities |
| 5 <input type="checkbox"/> | Finding the right person to act as the care coordinator |
| 6 <input type="checkbox"/> | The culture within my practice does not support teamwork or the role of care coordination |
| 7 <input type="checkbox"/> | Poor reimbursement for care coordination by health plans |
| 8 <input type="checkbox"/> | Competing priorities that make care coordination implementation less important |
| 9 <input type="checkbox"/> | The culture within my practice does not support innovation / applying new ideas |
| 10 <input type="checkbox"/> | Other : Please describe |

8. **Approximately how often is it a problem to contact the following providers for clinical advice about patients (check one):**

| | Rarely | Occasionally | Sometimes | Frequently | Almost Always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Outside medical specialist | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Outside mental health providers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Hospital-based providers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Emergency departments | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Community-based providers (home visiting nurses, CaCoon) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. Early intervention | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Now we would like to ask about your two-way communication with these types of providers when you refer a patient to them.

9. **When your patient has been seen by a medical specialist, how often does the following occur?**

| | Never | Rarely | Sometimes | Often | Always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You receive a report back from the specialist with all relevant health information | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. The information you receive is timely, that is it is available when needed | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

10. **When your patient has been seen by a mental health provider, how often does the following occur?**

| | Never | Rarely | Sometimes | Often | Always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You receive a report back with all relevant health information | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. The information you receive is timely, that is it is available when needed | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

11. **When your patient has been seen by an emergency department, how often does the following occur?**

| | Never | Rarely | Sometimes | Often | Always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You receive a report back with all relevant health information | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. The information you receive is timely, that is it is available when needed | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

12. **When your patient has been seen by community-based providers (home visiting nurses, CaCoon), how often does the following occur?**

| | Never | Rarely | Sometimes | Often | Always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You receive a report back with all relevant health information | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. The information you receive is timely, that is it is available when needed | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

13. When your patient has been seen by Early Intervention, how often does the following occur?

| | Never | Rarely | Sometimes | Often | Always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You receive a report back with all relevant health information | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. The information you receive is timely, that is it is available when needed | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Questions About Your Practice and Current Processes

These last questions are general questions about your practice.

14. Please indicate **your level of agreement** with the following statements:

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) The staff and clinicians in our practice function together as a “real team”. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b) Leadership strongly supports practice change efforts. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c) It is hard to get things to change in our practice. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d) It’s hard to make any changes in our practice / team because we are so busy seeing patients. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e) Staff members frequently meet to reevaluate patient care goals. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f) The clinicians in our practice / team very frequently feel overwhelmed by work demands. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| g) The staff members in our practice / team very frequently feel overwhelmed by work demands. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Thank you for completing this survey!

Adapted from: 2009 International Survey of Primary Doctors (5, 9-13), University of Chicago’s Provider Experience Survey (4, 8, 14), CASE’s Survey of Clinicians and Staff Experience in Patient Centered Medical Homes (14), American Academy of Pediatrics Survey of Fellows #79(6), and SNMHI Clinic/Team Survey