



**Enhancing Child Health in Oregon (ECHO) Learning Collaborative:
Learning Session #3, November 10th, 2012**

Pre-Survey

As part of the ECHO Learning Collaborative, we want to gauge your practice on issues related to behavioral and mental health care. 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.

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"/>
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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"/>
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Questions about Patient Mental Health Identification/Management/Referral

3. How often are you able to respond effectively on a real-time (during the office visit) basis to your pediatric patients' acute mental health or behavioral health issues?¹

Never 1 <input type="checkbox"/>	Rarely 2 <input type="checkbox"/>	Sometimes 3 <input type="checkbox"/>	Often 4 <input type="checkbox"/>	Always 6 <input type="checkbox"/>
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4. How often are you able to obtain the following for your pediatric patients:

	Never	Rarely	Sometimes	Often	Always
Inpatient mental health care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Outpatient mental health care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Substance abuse services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

5. When you refer a pediatric patient to a mental health provider, how often does the following occur?²

	Never	Rarely	Sometimes	Often	Always
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"/>
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"/>

6. How strongly do you agree or disagree that your practice should be responsible for identifying each of these problems/concerns for your pediatric patients?³

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Parental Substance Abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Maternal depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Domestic violence in the home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7. **How strongly do you agree or disagree that primary care providers should be responsible for treating/managing each of these problems/concerns for their pediatric patients?**³

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Attention-deficit/hyperactivity disorder (ADHD)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Learning disabilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Behavioral management problems (e.g., conduct disorder, oppositional defiance disorder)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Child/Adolescent depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Anxiety disorders (e.g., separation anxiety, social anxiety, phobia)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Child/Adolescent substance abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Child/Adolescent eating disorders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Parental substance abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Maternal depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Domestic violence in the home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

8. **How strongly do you agree or disagree that primary care providers should be responsible for referring each of these problems/concerns for their pediatric patients?**³

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Attention-deficit/hyperactivity disorder (ADHD)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Learning disabilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Behavioral management problems (e.g., conduct disorder, oppositional defiance disorder)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Child/Adolescent depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Anxiety disorders (e.g., separation anxiety, social anxiety, phobia)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Child/Adolescent substance abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Child/Adolescent eating disorders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Parental substance abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Maternal depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Domestic violence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

The next questions ask about barriers to screening, treatment and referral.

9. **For your pediatric patients, how strongly do you agree or disagree that the following are barriers to you identifying, treating and referring child/adolescent mental/behavioral health issues?**³

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Time limitations during a well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Lack of training in identifying children/adolescent at risk for mental/behavioral health issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Unfamiliarity with applicable screening instruments for mental/behavioral health issues in the context of well-child care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Inadequate reimbursement for conducting screening during a routine well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Lack of confidence in my ability to diagnose child/adolescent mental/behavioral health problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Lack of training in the treatment of children/adolescents with mental/behavioral health problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Lack of confidence in my ability to address child/adolescent mental/behavioral problems with counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Lack of confidence in my ability to address child/adolescent mental/behavioral problems with medication	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Unfamiliarity with CPT codes that reimburse for treating child/adolescent mental/behavioral problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Inadequate reimbursement for treating child/adolescent mental/behavioral problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Lack of knowledge about providers in the community to refer for child/adolescent mental/behavioral problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Lack of competent/qualified providers to refer children/adolescents with mental/behavioral problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Long waiting periods to see the referred child/adolescent mental/behavioral providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

10. For your pediatric patients, how strongly do you agree or disagree that the following are **barriers to screening and referring their parent/guardian for environmental psychosocial issues**: (For the purposes of this survey: *Environmental and psychosocial screening is the assessment of environmental and psychosocial risk factors for parents of pediatric patients including parental substance abuse, parental mental health, domestic violence.*)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Parents don't want to be asked about these issues during their child's well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Time limitations during a well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Unfamiliarity with applicable screening instruments designed for us in the context of well-child care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Inadequate reimbursement for conducting screening during a routine well-child visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Lack of knowledge about providers in the community to refer for parents/guardians	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Lack of competent/qualified providers to refer parents/guardians	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.

11. Please indicate **your level of agreement** with the following statements:⁴

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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!

Source of Survey Items:

¹ PCR Clinician Survey

² 2009 International Survey of Primary Doctors

³ American Academy of Pediatrics Survey of Fellows #59

⁴ University of Chicago's Provider Experience Survey