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Community Pediatrics and Growing Kids South Burlington An assessment of collaboration between area pediatricians and integrated services for families of young children in South Burlington, VT

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An assessment of collaboration between area pediatricians and integrated services for families of young children in South Burlington, VT
Leah Carr, Wendy Davis MD, David Drimmer, Joey Hager, Hannah Foote, Nicholas Koch, Jerry Lee, Elizabeth Meyer, Dane Slentz, and Anjali Varigonda



BACKGROUND

It is widely accepted for pediatric and family medicine practitioners to use developmental screening tools for effective identification of children who require additional support. A recent study in *Pediatrics* reported that between 2002 and 2009, the percentage of pediatricians using standardized screening tools for developmental delay increased from 23.0% to 47.7%.¹ While improvement was found, less than half of pediatricians used these tools.

In addition, it is known that early intervention for children requiring extra support is essential for preventing further delay in reaching milestones.² Practitioners' use of screening tools and their collaboration with their community resources can contribute to better delivery of these services and aid in children meeting developmental milestones.

OBJECTIVES

1. Examine area pediatric practitioners' assessment of development through the use of available screening tools
2. Assess area pediatric practitioners' collaboration with community resources

METHODS

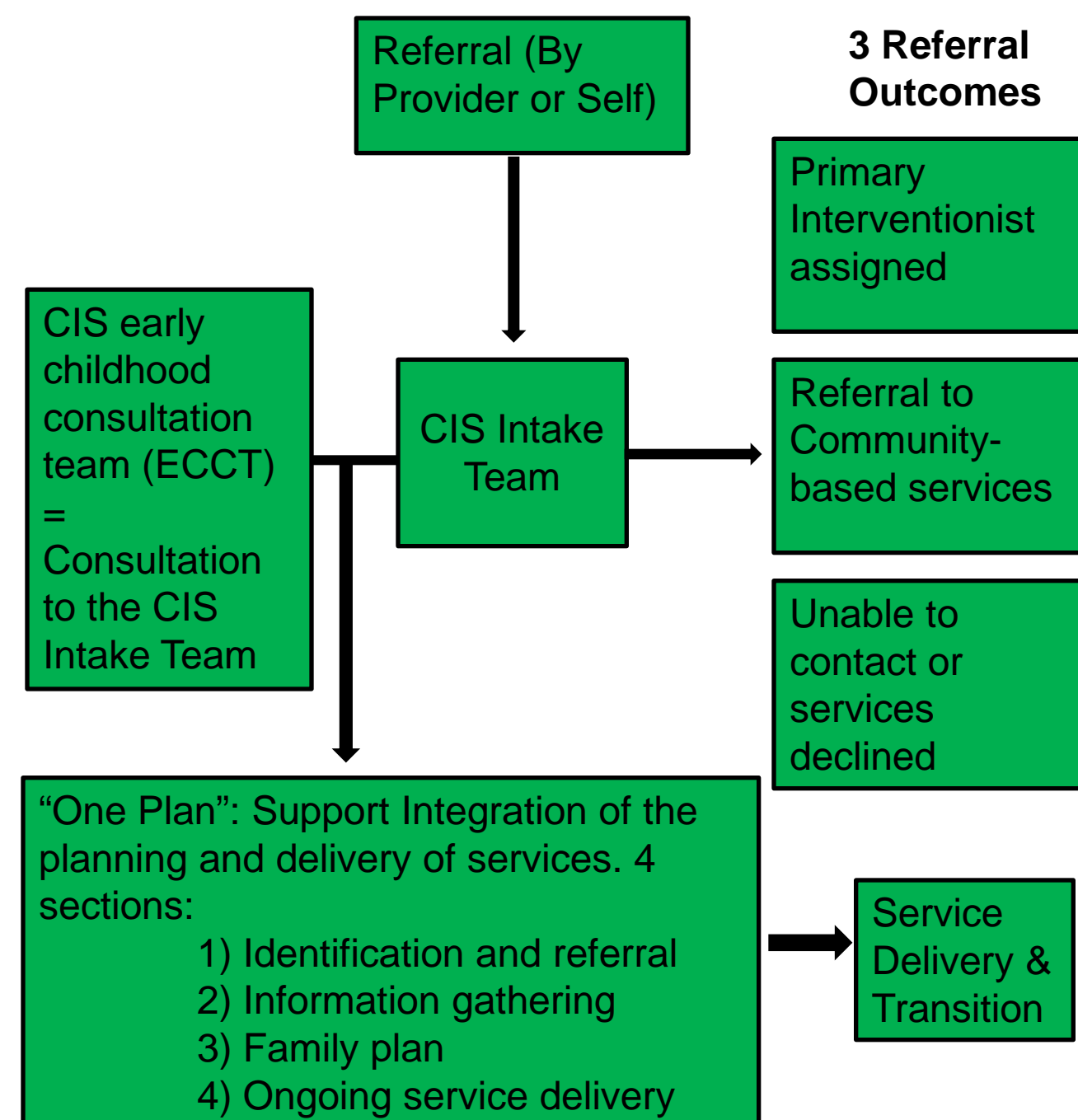
Interviews

- Interviewed 8 community pediatric healthcare providers (7 physicians, 1 nurse) serving South Burlington patients.
- Survey included open-ended questions targeting developmental assessment tools and community resource use

Focus Group

- Presented data at the medical staff meeting of the Vermont Children's Hospital / FAHC
- Post-presentation discussion yielded more qualitative data on the strengths and weaknesses of community resources such as Children's Integrative Services (CIS)

COLLABORATION WITH CHILDREN'S INTEGRATED SERVICES (CIS)



RESULTS

- Providers with mission statement addressing kindergarten readiness:
 - Yes (1)
 - No (6)
 - Did not respond (1)
- Most commonly used community resources used by providers (% providers, n=8):
 1. Visiting Nurse Association (83%)
 2. Children's Integrated Services (50%)
 3. Howard Center (50%)
 4. Essential Early Education (50%)
 5. Child Development Center (33%)
- Commonly used standardized developmental screening tools and guidelines (% providers, n=6):
 1. Bright Futures Guidelines (100%)
 2. Ages and Stages Questionnaire (67%)
 3. Denver Developmental Screening Test (33%)
 4. Modified Checklist of Autism in Toddlers (33%)
- Changes in community needs over recent years (# providers):
 1. Economic decline affecting patient care (2)
 2. Increased request regarding autism screening (2)
 3. Rise in immigrant population (2)
- Provider's use of Child Care Resources (CCR):

	Never heard of CCR	Infrequent Use	Don't require Use of CCR
Providers	1	1	1

DISCUSSION

Although we feel the results are representative of the South Burlington community, our research is limited by the low response rate (8/16 physicians contacted). Additionally, the number of questions implemented in our survey was slightly modified after the initial interviews were performed.

Our survey indicated that community pediatricians utilize resources in diverse ways. This variation prompted further exploration into the differences in resource usage.

We found that the practitioners who use CIS see this as a beneficial resource and would like to improve it further, whereas the majority of community practitioners choose not to use, or do not know of, the services of Child Care Resources. We feel it would be beneficial for Child Care Resources to explore why their services are not used optimally. From our discussions with the providers at the Pediatrics Focus Group, we gained some perspectives on a few areas of improvement:

- Communication (i.e. providers not receiving evaluations from CIS on their patients following referral to resources and the time it takes to process a case).
- Access to services (i.e. complications of dialing in, debates about who should contact CIS- doctor or patient's parent?)
- Lack of information regarding CIS within the community.

FUTURE DIRECTIONS

We identified several weaknesses that impair coordinated delivery of services by health care providers and community partners. These include: the CIS referral system; provider education and awareness of specific services (such as CCR); and communication between pediatricians and community partners. Improvement in these areas will increase efficiency and quality of pediatric care in the community. Based on our work, we propose further investment in the infrastructure that educates physicians and connects them to early life intervention services.

References:
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2. Theeranate, K. (2005). Parent's Evaluation of Developmental Status (PEDS) detects developmental problems compared to Denver II. *Journal of Medical Association of Thailand*, 88 Suppl 3, S188-92