

# A Needs Assessment: Developmental Screening Practices Among Providers in New Mexico -- Pediatrics

March 2007

**Early Childhood and Specialized  
Personnel Development Division**

**Center for Development and Disability  
University of New Mexico  
Albuquerque, NM**



Sherry L. Alderman, MD, MPH  
Patricia Peebles, PhD



This document is the result of a survey conducted by the New Mexico Developmental Screening Initiative. The DSI is a collaboration between the Center for Development and Disability and Envision New Mexico, and others statewide to promote best practices in developmental screening for children birth to five years of age. Sherri L. Alderman, MD, MPH, is project director. Any questions or comments may be directed to her at [salderman@salud.unm.edu](mailto:salderman@salud.unm.edu). Funding came from the Commonwealth Fund. Assuring Better Child Health and Development (ABCD) Initiative provided technical support.

Permission is hereby granted to reproduce this publication or cite findings from this survey with appropriate citation. Suggested citation: Alderman, S. L., Peebles, P. (2007). *A Needs Assessment: Developmental Screening Practices Among Providers in New Mexico -- Pediatrics*. Center for Development and Disability, University of New Mexico: Albuquerque.  
[http://cdd.unm.edu/ecspd/DSI/PDFs/Needs\\_Assessment\\_Survey\\_Peds.pdf](http://cdd.unm.edu/ecspd/DSI/PDFs/Needs_Assessment_Survey_Peds.pdf)

# ■ Table of Contents

Section	Page
<b>Introduction</b> .....	<b>1</b>
<b>Procedure</b> .....	<b>1</b>
<b>Findings</b> .....	<b>2</b>
I. Respondents' Demographics .....	2
II. Familiarity With Developmental Screening Issues .....	4
III. Familiarity With Standardized Developmental Screening Tools .....	6
a) DDST-II .....	6
b) ASQ.....	7
c) PED, CDI, & PDQ.....	7
d) Individual Checklists.....	8
IV. Coding/Billing Issues .....	8
V. Referral Process .....	9
VI. Training .....	10
<b>Summary of Main Findings</b> .....	<b>10</b>
 <b><u>List of Figures</u></b>	
Figure 1: Number of Other Providers in Respondents' Practices Seeing Children (0-5 Years) .....	3
Figure 2: Number of Children (0-5 Years) Typically Seen Each Day.....	3
Figure 3: Number of Respondents with Patients (0-5 Years) on Medicaid .....	4
Figure 4: Reasons for Difficulties with Systematic Developmental Screening.....	6
 <b><u>List of Tables</u></b>	
Table 1: Respondents' Years in Practice.....	2
Table 2: Respondent's Agreement With Statements About Developmental Screening.....	5
Table 3: Respondents' Use of and Level of Familiarity With, Widely-Used Developmental Screening Tools.....	7
Table 4: Respondents' Billing Practices .....	8
Table 5: Respondents' Agreement With Statements About the Referral Process.....	9
Attachment 1 .....	A-1

# A Needs Assessment: Developmental Screening Practices Among Providers in New Mexico -- Pediatrics

March 2007

## ■ Introduction

---

As with other states, New Mexico (NM) is grappling with promotion, adaptation and utilization of developmental screening for early identification and intervention. In national studies, pediatricians have reported that barriers to conducting standardized developmental screening are insufficient time and/or inadequate training in assessment (Van Landeghem, 2002).

The current survey is an initial attempt to gain an understanding of healthcare providers' views on, and experience with, developmental screening and referral services in New Mexico.

## ■ Procedure

---

Survey questions were compiled by Sherri Alderman, MD, MPH, Director, New Mexico Developmental Screening Initiative and a developmental and behavioral pediatrician at the Center for Development and Disability (CDD). Questions were also drawn from Assuring Better Child Health and Development (ABCD) training materials. Dr. Alderman was assisted by a CDD evaluation services staff member, who analyzed and reported the findings. Topics included: knowledge of and attitude regarding the use of developmental screening tools; knowledge of specific tools; experience of coding and billing; experience of referral procedures; and demographic information. There was also space for comments. The questionnaire was reviewed by four pediatricians from the CDD and Envision New Mexico, and suggested amendments were incorporated.

The anonymous three page questionnaire, along with a first page cover letter (see Attachment 1) was inserted in the welcome packets for attendees at the annual Wylder Lecture Conference, held by the New Mexico Pediatric Society in Albuquerque on March 17-18, 2007. In a formal announcement at the conference, the 55 attendees were

asked to complete the survey and place it in a designated box in the conference foyer. There were 30 completed questionnaires, yielding a 55% response rate.

## ■ Findings

---

### I. Respondents' Demographics

The 30 respondents included 29 pediatricians and one pediatric nurse practitioner. It was a very experienced group in that over 80% have more than 5 years professional experience. Over 40% have more than 20 years (see Table 1).

**Table 1**  
**Respondents' Years in Practice**

Number of Years in Practice	Number of Respondents
<5	5
6 to 10	2
11 to 20	9
21 to 30	9
>30	4

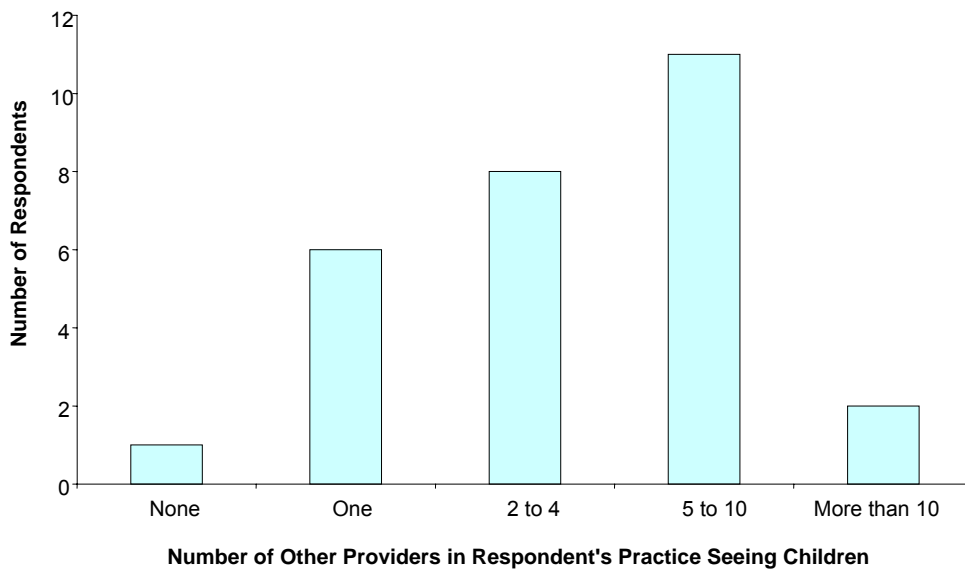
One pediatrician reported working in a solo practice. All other respondents work in practices with other providers, as shown in Figure 1. Seventy-five percent of respondents work with two or more other providers.

Figure 2 shows that all respondents typically see more than five children each day. Taking the median number of patients from each category, it can be estimated that this group of pediatricians, in total, sees around 485 children (0-5 years) each day.

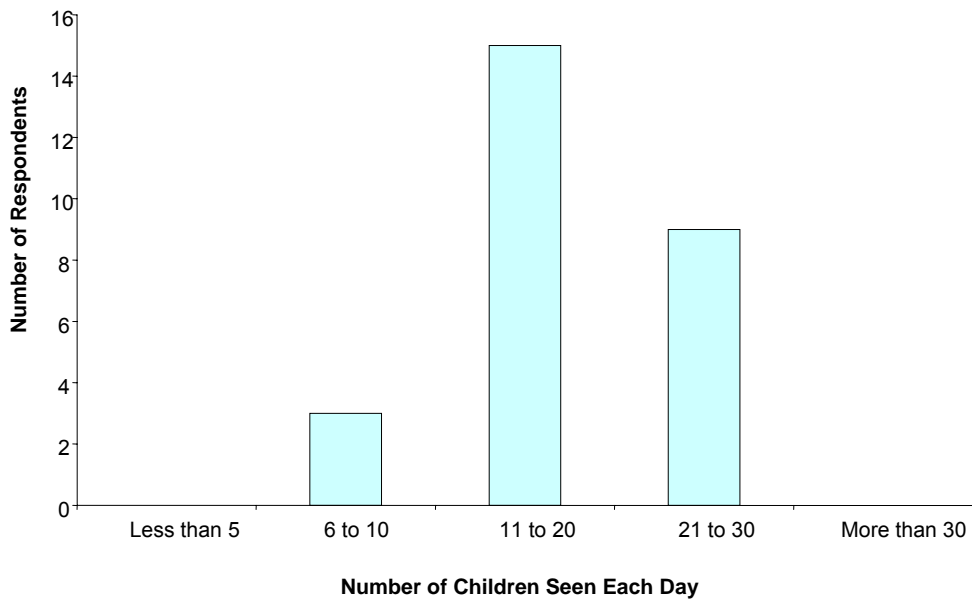
Respondents represented many areas of New Mexico. Two-thirds of respondents (20) were from Bernalillo County. Other counties represented were Curry (1), Dona Ana (2), McKinley (2), San Juan (1), Santa Fe (1), and Taos (1).

Information on the proportion of patients (0-5 years) on Medicaid was also gathered. Figure 3 shows that ten (33%) respondents have 75-100% of patients (0-5 years) on Medicaid. Twelve (45%) respondents have over half of their patients receiving Medicaid. Two respondents stated that all their patients have private insurance.

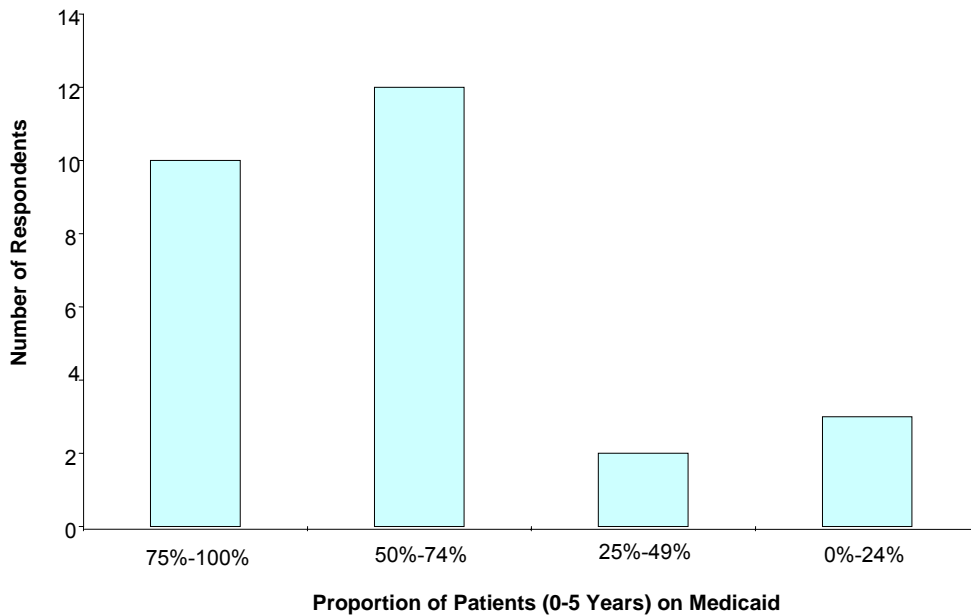
**Figure 1**  
**Number of Other Providers in Respondents' Practices Seeing Children (0-5 Years)**



**Figure 2**  
**Number of Children (0-5 Years) Typically Seen Each Day**



**Figure 3**  
**Number of Respondents With Patients (0-5 Years) on Medicaid**



## II. Familiarity With Developmental Screening Issues

In order to gauge awareness and familiarity with issues around developmental screening, respondents were asked to express their level of agreement with a series of eight statements.

Table 2 shows that only six respondents (20%) agreed they are familiar with the content of the Convention on the Rights of the Child, and 16 (53%) with the content of the Federal Law “Individuals with Disabilities Education Act” (IDEA). Through **disagree** responses, 19 (63%) indicated little or no familiarity with the former. Nearly half (47%) agreed that they are familiar with the scope and purpose of Individual Family Service Plans (IFSPs).

With regard to developmental screening itself, a clear majority (67%) feel they are knowledgeable about the variety of standardized developmental screening tools available for use in practice. Nearly as many (60%) feel that parent questionnaires provide accurate reporting of a child’s development and behavior, with only two respondents disagreeing. Half the respondents do not feel they can accurately screen for developmental delays **without** using a standardized developmental screening tool. However, over one-third (11 respondents) feel that they **can** make an assessment without using standardized tools. Nearly one-third

(9 respondents), are concerned that systematic use of a developmental screening tool would be difficult in their practices.

**Table 2**  
**Respondents' Agreement With Statements About Developmental Screening**

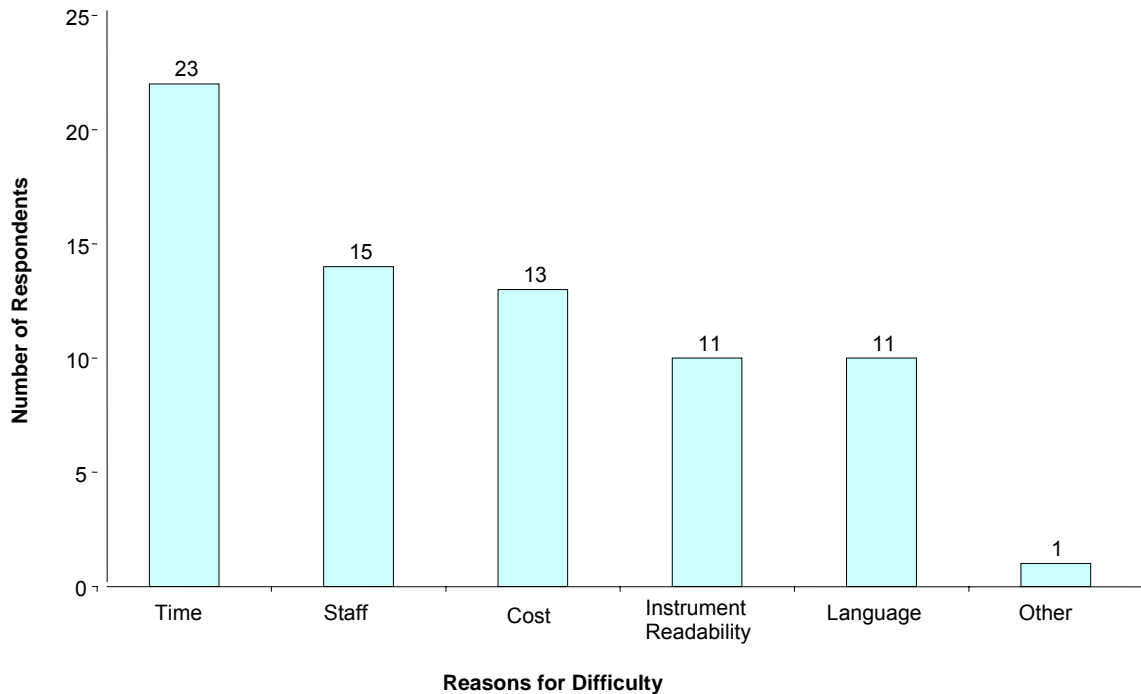
STATEMENTS	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree	Average Agreement Score *
	Number of Respondents at Each Level of Agreement					
I am familiar with the content of the Convention on the Rights of the Child.	14	5	5	4	2	2.2
I am familiar with the content of the Federal Law "Individuals with Disabilities Education Act" (IDEA).	6	6	2	11	5	3.1
I am familiar with the scope and purpose of Individual Family Service Plans (IFSPs).	6	4	5	11	3	3.0
I am knowledgeable about the variety of standardized developmental screening tools available for use in practice.	1	7	2	16	4	3.5
Parent questionnaires provide accurate reporting of a child's development and behavior.	0	2	10	15	3	3.6
It is comfortable for me to discuss a child's possible developmental problems with her/his parents.	0	3	2	13	12	4.1
I can accurately screen for developmental delays <i>without</i> using a standardized developmental screening tool.	4	11	4	10	1	2.8
I am concerned that systematic use of a developmental screening tool would be difficult in my practice.	5	12	3	8	1	2.6

NOTE: \* Scores ranged through: 5 (strongly agree), 4 (agree), 3 (no opinion), 2 (disagree), 1 (strongly disagree)

Most respondents (83%) agree they are comfortable discussing a child's developmental problems with her/his parents. Six respondents stated that their practice does not routinely use a standardized developmental screening tool, and one stated that some doctors in her/his practice use a tool, but others do not. The remaining 23 respondents (77%) stated that their practices routinely use a standardized developmental screening tool. However, when asked about the difficulties in having systematic developmental screening, only five respondents checked that it would NOT be difficult. Twenty-three respondents cited multiple difficulties. All respondents cited *time* as a barrier to standardized screening. Fifteen respondents felt that having the *staff available* is also a problem, as are *cost* (13), *language barriers* (11), and

*instrument readability* (11), see Figure 4. One respondent mentioned another problem, namely: “Getting staff to actually pass out questionnaires is difficult in our practice.”

**Figure 4**  
**Reasons for Difficulties With Systematic Developmental Screening**



### III. Familiarity With Standardized Developmental Screening Tools

The next series of questions asked respondents their level of familiarity with five widely used developmental screening tools: Denver (DDST-II), Ages & Stages (ASQ), PEDS, Child Development Inventory (CDI), and the Denver Prescreening Developmental Questionnaire II (PDQ). They checked responses according to the following four criteria: **Never heard of**, **heard of but not seen**, **seen but never used**, and **use currently** (see Table 3).

#### a) DDST-II

Everyone had heard of this tool; it is currently used by three respondents. However, two-thirds (20) stated that they no longer use it. The most common reason under “Discontinued Use” was **time** (10 respondents). Six had replaced it with another tool.

**Table 3**  
**Respondents' Use of and Level of Familiarity With, Widely-Used Developmental Screening Tools**

	Never Heard of	Heard of, But Not Seen	Seen, But Never Used	Use Currently	Used, But Discontinued	Number of Respondents Citing Reasons for Discontinued Use						
						Not Useful	Too Costly	Took Too Much Time	Too Much for Office	Fell Out Of Use	Replaced By Another Tool	Other
DDST-II (Denver)		1	3	3	20		2	10	5	2	6	
ASQ (Ages & Stages)	4	2	8	15			2	2				1
PEDS	11	8	8				2	2				1
Child Development Inventory (CDI)	10	6	10	1			1					1
Denver Prescreening Developmental Questionnaire II (PDQ )	1	13	9	2	3			1		1	1	
Items put together from other tools	6		7	1	3			1	1		2	
My own checklist from experience	3	1	1	14	1						2	
Other				2	2							

**b) ASQ**

This is the most popular tool with half the respondents saying they use it currently, although four respondents had not heard of it. No one had discontinued using it, but cost and time were each identified as problem factors in its use.

**c) PEDS, CDI, & PDQ**

These three tools are less well-known and fewer people use them. One person uses the CDI, and two use the PDQ. Three respondents have discontinued using the PDQ, with one noting: *“I don't think it's considered valid.”* The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) screening was mentioned as an alternative screening tool:

*“I have worked in Maine where the EPSDT form had a developmental questionnaire and so used the same form in (my practice) and if tested positive,*

called them back for ASQ or PPD-NOS screening.” Another person used a “checklist in printed chart.”

**d) Individual Checklists**

Another widely used method for developmental screening, cited by 14 respondents, is to use a checklist drawn from experience. Only one respondent had discontinued this method.

## IV. Coding/Billing Issues

Less than one quarter of the respondents (7) know the Current Procedural Terminology (CPT) code for developmental screening. When asked about billing and reimbursement procedures, over two-thirds of respondents (21) stated they never or seldom bill for developmental screening coded separately from EPSDT billing, while three did not know. With reference to reimbursement, over half (16) never or seldom receive it separately from EPSDT reimbursement, while nine did not know about it (Table 4).

**Table 4  
Respondents’ Billing Practices**

STATEMENTS	Never	Seldom	Approximately Half the Time	Most of the Time	Always	Do Not Know
I bill for developmental screening coded separately from EPSDT billing.	18	3	1	3	1	3
I am reimbursed for developmental screening, separately from EPSDT reimbursement.	15	1	0	3	1	9

Two people took the opportunity to comment on billing as follows:

*“Have not organized office schedule to allow time for screening with established time. Would like to be reassured that we get paid for screening. There are other things we use but don't get paid.”*

*“As a resident at UNM, I note on billing forms that I have done standardized developmental testing. I am told that reimbursement occurs separately.”*

## V. Referral Process

All but one respondent believe that Early Intervention (EI) services are important in improving outcomes for children and families. A clear majority agree they are knowledgeable about the types of EI services available in their communities (86%) and how to access them (83%). Fewer respondents (62%) agreed that they receive information back from EI agencies about the children they refer (Table 5).

**Table 5**  
**Respondents' Agreement With Statements About the Referral Process \***

STATEMENTS	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree	Average Agreement Score **
	Number of respondents at each level of agreement					
I am knowledgeable about the types of Early Intervention services in my community.	2	1	1	14	11	4.1
I am knowledgeable about how to access Early Intervention services	1	3	1	12	12	4.1
I know who to call or how to refer when I want to make a referral for a developmental evaluation.	0	3	3	11	12	4.1
I am satisfied with the referral process for Early Intervention services in my community.	2	7	3	12	5	3.4
My office always has printed information on Early Intervention services to hand out to families.	4	12	3	6	4	2.8
I believe Early Intervention services are important in improving outcomes for children and families.	0	1	0	5	23	4.7
I receive information back from the Early Intervention agency about my patient after I refer a child.	2	6	3	13	5	3.4

NOTE: \* One respondent failed to turn to the last page of the survey, so data in Table 6 is gathered from 29 responses

\*\* Scores ranged through: 5 (strongly agree), 4 (agree), 3 (no opinion), 2 (disagree), 1 (strongly disagree)

Seventeen (59%) are satisfied with the referral process for EI services in their communities, but only a minority (34%) agreed there is printed information about EI services available in their offices to hand out to families.

Most respondents (79%) also know who to call, or how to refer, for a developmental evaluation. One respondent commented that:

*“I have been told that when I try to call in an EI referral that parents have to do it now, because of the low amount of participation that occurs when others, besides parents, make a referral.”*

## VI. Training

Finally, respondents were asked if their practices would benefit from training in the implementation of routine, standardized developmental screening. Twenty-two respondents (over 75%) agreed they would benefit.

## ■ Summary of Main Findings

---

- Many respondents are unfamiliar with the Convention on the Rights of the Child (CRC) and the Individuals with Disabilities Education Act (IDEA).
- Respondents displayed little consistency about which developmental screening tool to use with their 0-5 year old patients, or whether to use one.
- The most popular screening tools are the ASQ and the respondent’s own checklist.
- Most respondents feel they face multiple difficulties implementing a Developmental Screening process in their practice; finding the time was the foremost issue.
- Few respondents know the CPT code for standardized developmental screening; they are not billing for the procedure, therefore, are not receiving reimbursement in their practices.
- Respondents believe in the importance of early intervention services.
- Most respondents believe that they and their colleagues would benefit from training in the implementation of routine, standardized developmental screening.



The University of New Mexico ♦ Health Sciences Center

## SCHOOL OF MEDICINE

### Center for Development and Disability

Department of Pediatrics  
2300 Menaul Blvd. NE  
Albuquerque, New Mexico 87107-1851  
Telephone (505) 272-3000  
FAX: (505) 272-5280  
<http://cdd.unm.edu>

March 16, 2007

### The Developmental Screening Initiative A Needs Assessment Survey

Dear Colleague:

Dr. Sherri Alderman, MD, from the Department of Pediatrics, Center for Development and Disability (CDD), is conducting a research study. Its purpose is to assess current experience in performing developmental screening and referral among medical providers in New Mexico who see children, 0–5 years of age. You are being asked to participate because we believe you fall into that category.

Your participation will involve you completing the attached survey, and returning it today to the box located in the conference foyer. The survey should take about 10 minutes to complete. Your involvement in the study is voluntary, and you may choose not to participate. There are no names or identifying information associated with this survey. The survey includes questions such as ranking your level of agreement with the statement, "I am knowledgeable about the types of Early Intervention services in my community." You can refuse to answer any of the questions at any time. There are no known risks in this study, but some individuals may experience discomfort when answering questions. Dr. Trish Peebles, is the Center's researcher, who will analyze the findings, and she will keep the paper surveys in a locked file in her office. After three years they will be destroyed.

The findings from this survey will **help identify current problems/issues in screening young children (0-5) for developmental delays, and help direct the developmental screening initiative currently in the planning stages here in New Mexico.** If published, results will be presented in summary form only. A report on the generalized findings will also be accessible after August 1, 2007 on the CDD's website: [www.cdd.unm.edu](http://www.cdd.unm.edu) by following a link for the *Developmental Screening Initiative*.

If you have any questions about this research project or developmental screening initiative, please feel free to email Dr. Alderman at [salderman@salud.unm.edu](mailto:salderman@salud.unm.edu). If you have questions regarding your legal rights as a research subject, you may call the UNMHSC Human Research Review Committee at (505) 272-1129.

By returning this survey in the envelope provided, you will be agreeing to participate in the above study.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sherri L. Alderman".

Sherri L. Alderman, MD, MPH  
Assistant Professor and Pediatrician  
Department of Pediatrics  
UNM School of Medicine  
Center for Development and Disability

## Survey of Primary Care Providers

### *Developmental Screening and Referral for Early Intervention Services*

**PURPOSE:** To gain an understanding of healthcare providers' views on, and experience with, developmental screening and referral services.

Your responses will be **confidential**. They will be used to evaluate local community systems.

### **SECTION I: Developmental Screening**

Using the scale,

**1 = Strongly Disagree    2 = Disagree    3 = No Opinion    4 = Agree    5 = Strongly Agree,**  
**please circle the number that indicates your level of agreement with the following statements:**

1. I am familiar with the content of the Convention on the Rights of the Child.	1	2	3	4	5
2. I am familiar with the content of the Federal Law "Individuals with Disabilities Education Act" (IDEA).	1	2	3	4	5
3. I am familiar with the scope and purpose of Individual Family Service Plans (IFSPs).	1	2	3	4	5
4. I am knowledgeable about the variety of standardized developmental screening tools available for use in practice.	1	2	3	4	5
5. Parent questionnaires provide accurate reporting of a child's development and behavior.	1	2	3	4	5
6. It is comfortable for me to discuss a child's possible developmental problems with her/his parents.	1	2	3	4	5
7. I can accurately screen for developmental delays <b>without</b> using a standardized developmental screening tool.	1	2	3	4	5
8. I am concerned that systematic use of a developmental screening tool would be difficult in my practice.	1	2	3	4	5
9. Reasons (if any) that systematic developmental screening would be difficult.	<b>Check all that apply:</b> <input type="checkbox"/> Staff required <input type="checkbox"/> Time <input type="checkbox"/> Cost <input type="checkbox"/> Instrument Reading Level <input type="checkbox"/> Language barrier <input type="checkbox"/> Other: _____ * * * * * <input type="checkbox"/> Would NOT be difficult				
10. Does your practice routinely use a standardized developmental screening tool with children 0 to 5 years old? (see questions 11 – 18 below for examples)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

**If you have further comments on your responses to questions 1-10, please use the space below :**

**STANDARDIZED DEVELOPMENTAL SCREENING TOOLS**

Using the following scale, please comment on each tool:

- 1 = Never heard of    2 = Heard of, but not seen    3 = Seen, but never used    4 = Use currently  
 5 = Used, but discontinued

If you circle 5 (Used, but discontinued), please check all reasons for this in columns on the right:

						Not Useful	Too Costly	Took Too Much Time	Too Demanding Of Office	Fell Out Of Use	Replaced By Another Tool	Other (specify at bottom of page)
11. DDST-II (Denver)	1	2	3	4	5							
12. ASQ (Ages & Stages)	1	2	3	4	5							
13. PEDS	1	2	3	4	5							
14. CDI (Child Development Inventory)	1	2	3	4	5							
15. Denver Prescreening Developmental Questionnaire II (PDQ)	1	2	3	4	5							
16. Items I've put together from other tools	1	2	3	4	5							
17. My own checklist from experience	1	2	3	4	5							
18. Other _____	1	2	3	4	5							

**SECTION II: Coding/Billing**

19. I know the CPT code for developmental screening.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Using the following scale, please respond to the following statements:

- 1 = Never    2 = Seldom    3 = Approximately half of the time    4 = Most of the time    5 = Always  
 6 = Don't know

20. I bill for developmental screening coded separately from EPSDT billing.	1	2	3	4	5	6
21. I am reimbursed for developmental screening, separately from EPSDT reimbursement.	1	2	3	4	5	6

**If you have further comments on your responses to questions 11-21, please use the space below :**

### **SECTION III: Referral Process**

Using the scale,

**1 = Strongly Disagree    2 = Disagree    3 = No Opinion    4 = Agree    5 = Strongly Agree,**

**please circle the number that indicates your level of agreement with the following statements:**

22. I am knowledgeable about the types of Early Intervention services in my community.	1	2	3	4	5
23. I am knowledgeable about how to access Early Intervention services	1	2	3	4	5
24. I know who to call or how to refer when I want to make a referral for a developmental evaluation.	1	2	3	4	5
25. I am satisfied with the referral process for Early Intervention services in my community.	1	2	3	4	5
26. My office always has printed information on Early Intervention services to hand out to families.	1	2	3	4	5
27. I believe Early Intervention services are important in improving outcomes for children and families.	1	2	3	4	5
28. I receive information back from the Early Intervention agency about my patient after I refer a child.	1	2	3	4	5

**Overall,**

29. My practice would benefit from training in the implementation of routine, standardized developmental screening.	1	2	3	4	5
---	---	---	---	---	---

**If you have further comments on your responses to questions 22-29, please use the space below :**

### **SECTION IV: Demographics**

**Please circle the appropriate response(s):**

30. Your credential(s)	MD	NP	DO	PA	Other_____
31. Your specialty	Family Practice		Pediatrics		Other_____
32. Approximately how many young patients (age 0 to 5 years old) do YOU typically see PER DAY?	≤5	6-10	11-20	21-30	>30
33. How many years have you been in practice since completing your highest level of training?	≤5	6-10	11-20	21-30	>30
34. How many providers, other than yourself, see children in your practice?	0	1	2-4	5-10	>10
35. What county is your practice in?	_____				
36. What types of insurance coverage do the patients in your practice have? (Please ESTIMATE percentage for each insurance type)	Medicaid Salud_____%			Private insurance_____%	
	Medicaid fee for service_____%			No insurance_____%	

*Thank you for your time!*