



Physician Satisfaction Survey Spring 2010 Executive Summary

Help Me Grow Orange County (HMG-OC) connects children and families to developmental services to enhance the development, behavior, and learning of children throughout Orange County, California. Parents access HMG-OC services by calling a toll free line and speaking to a Care Coordinator, who listens to the parents' concerns about their child and offers referrals to resources and services to meet the needs of the child. The phone call is followed by a letter to the parent documenting the referrals, with a copy to the child's physician if the parent agreed to share the information. Approximately two weeks following the initial phone call, the Care Coordinator follows up with the parent to make sure the child was connected to services and to see if any additional referrals are needed.

Educating Providers in the Community (EPIC) is the outreach component of HMG-OC that provides in-office education for health care providers. The EPIC visits educate pediatricians and family practitioners on the importance of early identification and referral for young children at-risk for developmental delay and on the importance of enhancing protective factors for children living in high risk environments. Currently, 28% of referrals to the HMG-OC toll-free line are from health care providers.

In spring 2010, after three and a half years of operation, HMG-OC surveyed health care providers to assess three indicators of physicians support: 1) Success of the outreach efforts to pediatricians and family physicians in OC, 2) Effectiveness of the EPIC visits in educating providers on HMG-OC and on the importance of developmental screening, and 3) Satisfaction with the services provided by HMG-OC. Of the 484 physicians who received the survey, 123 completed and returned it for a response rate of 25%. The results, in brief, are as follows:

- 91% of the physicians have either heard of or thought they have heard of HMG-OC
- 84% refer patients to HMG-OC to connect them to developmental and community-based services
- 77% report having received letters from HMG-OC documenting the referrals provided to their patients
- 89% of physicians who reported receiving letters from HMG-OC found them to be helpful
- 87% of physicians who reported receiving letters were satisfied with the referrals provided by HMG-OC
- 70% of physicians have received a formal HMG-OC presentation in their office
- 94% of physicians who received a HMG-OC presentation found the visit to be helpful
- 90% percent of physicians who received a HMG-OC presentation made more referrals following the presentation
- 86% of physicians who responded expressed overall satisfaction with HMG-OC



Report on Physician Satisfaction Survey Spring 2010

Help Me Grow Orange County (HMG-OC) connects children and families to developmental services to enhance the development, behavior, and learning of children throughout Orange County, California. HMG-OC is a collaboration of Children's Hospital of Orange County and the University of California, Irvine and is currently funded by the Children and Families Commission of Orange County which allocates revenue from the 1998 Proposition 10 Tobacco Tax. HMG-OC is modeled after Help Me Grow Connecticut (see special issue of Journal of Developmental and Behavioral Pediatrics, 27(1), 2006). As of spring 2010, when this survey was conducted, HMG-OC had been operating for approximately 3.5 years and had developed a partnership with 2-1-1 Orange County to provide the support for the toll free telephone line and shared resource inventory.

Educating Providers in the Community (EPIC) is the outreach component of HMG-OC modeled after a Pennsylvania method for providing in-office education and quality improvement for health care providers. The EPIC visits educate pediatricians and family practitioners on the importance of early identification and referral for young children at-risk for developmental delay and on the importance of enhancing protective factors for children living in high-risk environments. During EPIC visits, physicians are provided information on the American Academy of Pediatrics policy on early identification and referral (2006), information on developmental screening tools, and the way in which HMG-OC can help them connect their patients with developmental and community-based services. Physicians are given examples of the type of resources that patients can be referred to such as parenting education programs, developmental and behavioral screening, and home-based services, and are provided with materials to assist them in referring patients (e.g., flyers and referral pads). From October 2009 through June 2010, 28% of callers to the HMG-OC toll free line were given the HMG-OC toll-free number by their health care providers.

Health care providers may hear about HMG-OC through avenues other than in-office EPIC visits. Families are referred to the toll-free line by a myriad of community-based service providers, and informational flyers are available to the general public at public and private locations such as libraries, community centers, the YMCA and the Boys and Girls Club. It is HMG-OC practice to mail a letter to the families listing the referrals shared with them over the phone and to mail a copy to the child's health care provider. A second way in which health care providers hear about HMG-OC is through their participation in a developmental screening project administered by the Orange County Medical Association and funded by the Children and Families Commission of Orange County. HMG-OC provides the training and technical assistance for the project. Pediatricians and family practitioners are invited to attend a full-day training during which they are provided information about developmental screening. Physicians who choose to proceed with the project receive one of two developmental screening tools (Ages and Stages Questionnaires-3 (ASQ-3) or Parental Evaluation of Developmental



Status (PEDS), in-office training on the tool, and technical assistance on its implementation. A third way in which health care providers hear about HMG-OC is by participating in the developmental screening project administered by Pretend City Children's Museum located in Irvine, California. Pretend City has an initiative called *Good To Go Head To Toe* that distributes the ASQ-3 to parents and to physicians. Parents complete the developmental questionnaire and return it to HMG-OC in a business reply envelope. HMG-OC staff score the questionnaire and provide any indicated follow-up. The health care provider receives a report following the developmental screening, and any resulting referrals if the child scored at-risk for delay. Finally, health care providers may have heard about HMG-OC at an event frequented by health care providers such as monthly AAP meetings, or conferences.

In an effort to evaluate the outreach provided to, and services offered to physicians, HMG-OC surveyed health care providers to assess three indicators of physicians support: 1) Success of the outreach efforts to pediatricians and family physicians in Orange County, 2) Effectiveness of the EPIC visits in educating providers on HMG-OC and the importance of developmental screening, and 3) Satisfaction with the services provided by HMG-OC.

METHOD

Subject selection

Orange County physicians were identified through 3 primary sources. An excel spreadsheet from the local Chapter of the American Academy of Pediatricians (AAP) provided the base list from which names were collected. This list includes pediatricians who are members of the Orange County chapter of the AAP. Retired physicians and those practicing outside of Orange County were excluded, as were pediatric specialists. This is because the outreach efforts target primary care physicians, and attempt to reinforce the concept of the medical home. AAP, 2007 <http://www.medicalhomeinfo.org/about/faqs.aspxspecialistsmulti-prong-approach>. retrieved 6/21/2010). Added to the basic list were physicians known to HMG-OC for one of three reasons. First, the HMG-OC database, System for Referring and Tracking (STAR), stores the names and addresses of each caller's physician. Any physician identified by a caller as being their primary health care provider was added to the list. STAR entries include family practitioners, sub-specialists and Pediatric Residents (e.g., CHOC and UCI clinics). Second, physicians who received in-office visitations through EPIC were added to the list. EPIC visits are offered to all identified Pediatricians and Family Practitioners in Orange County. Internet searches, hospital affiliations, insurance provider lists and office solicitations are used to identify physicians in Orange County for EPIC visits. Third, physicians known to HMG-OC because of their participation with the Orange County Developmental Screening Project were added. The final mailing list consisted of 484 health care providers.



Measure

The survey (Appendix A) was developed by a team that consisted of the HMG-OC Manager, EPIC Coordinator, Medical Director and an evaluation consultant; it consisted of yes/no and Likert scale items. The first question asks physicians if they are familiar with HMG-OC, as that information can assess the success of outreach efforts. If a physician answered ‘No’ to that question, they were asked to complete the office demographic portion of the survey only. The physicians who had heard of HMG-OC by responding either ‘Yes’ or ‘Maybe, I’m not sure’ were asked to respond to nine 4-point Likert scale items to indicate their level of agreement. Two items on the survey were yes/no and provided skip options for items that do not apply to them. The 9 items assessed 3 constructs: Effectiveness of outreach (items 1, 2 and 3); Satisfaction with services provided (items 6, 7 and 12); and the effectiveness of in-office presentations (items 9, 10 & 11). To gather qualitative data, 4 open-ended items were added to the survey. These items gathered information about possible misunderstandings and to determine additional services that HMG-OC might offer to physicians.

Procedures

The identified pediatricians received the survey, a letter requesting evaluation participation signed by two well-known and highly regarded physician champions in Orange County and a business reply envelope. Once received, the information from the surveys were entered into an Excel spreadsheet and simple analysis of the data was completed. The qualitative data were entered as text and the information grouped into like themes for analysis and interpretation.

RESULTS

Demographics

Respondents to the survey differed in many variables including type of practice, primary training, practice location and socioeconomic status of patients as determined by insurance status. On average, the physicians who responded to this survey see 60 children between birth and 6 years each week with a range from 2 to 200. The following tables describe the respondents:

Table 1
Type of practice of each respondent (n= 108)

Type of Practice	Number	Percent of Total
Sole Practitioner	25	24%
Small single site private practice (2-3 physicians)	22	20 %
Large single site private practice (4+ physicians)	26	24 %
Larger private practice with multiple offices	31	29%
Other	3	3%



Respondents who answered ‘other’ reported their practices to be either an academic institution or a community-based clinic.

Table 2

Physicians by area of primary training (n=108). The vast majority of respondents were pediatricians

Primary Training	Number	Percent of Total
Pediatrics	93	86%
Family Practice	15	14%
Other	0	0

Table 3

Physicians by geographic region in which they practice

Region	Number	Percent of Total
South Orange County	35	29%
North and Central Orange County	36	29%
West Orange County	37	30%
No Response	15	12%

Geographic areas match those used by HMG-OC for outreach. Interestingly, there was almost equal response to the survey by region. For a full list of respondents by geographic region and city please see Appendix B (n= 123).

Table 4

Insurance status of patients by office

Insurance	Percent of Total	Range (percent of each practice)
Uninsured	3.8%	0-20%
Medi-Cal (state)	6.9 %	0-30%
Cal Optima (county)	26.9 %	0-60%
Healthy Families (PPO/HMO Insurance Pool)	10.2%	0-60%
Other HMO	25.4%	0-100%
Other PPO	26.2%	0-100%
Other	0.7%	0-15%

Respondents who answered other reported their insurance to be: Medicare, EPO, POS, Tricare, and California Kids.



Survey Indicators

The survey included quantitative (Likert items) and qualitative (open-ended items) that asked physicians about their knowledge of HMG-OC, participation in outreach efforts, satisfaction with the services they receive from HMG-OC, and the effectiveness of in-office presentations. A 4-point Likert Scale was used to prevent a neutral response from being recorded. Scores of 1 and 2 are statements in which the physician disagrees with the statement made, whereas scores of 3 and 4 indicate agreement with the statement made.

Of the 123 physicians who responded to the survey, 112 (91 %) had heard of HMG-OC, 1 (0.8%) was not sure if they had heard of HMG-OC, and 8 (6.5%) had not heard of HMG-OC. Physicians who indicated that they have, or may have heard of HMG-OC were asked to complete the remainder of the survey while physicians who reported they have not heard of HMG-OC were asked to provide demographic information alone.

Table 5
Respondents who agreed with the indicator statements

Indicator	Percent of respondents who agree with the indicators
Effectiveness of Outreach (familiar with, know how to use, and refer patients to HMG-OC)	89%
Satisfaction with services (referral letters are helpful, satisfied with referrals and overall satisfied with HMG-OC)	88%
Effectiveness of in-office presentations (helpful, increase referrals, increase developmental screening)	91%

To obtain a percent agreement per indicator the responses of items that relate to specific indicators were combined as described in the measures section above. The percent agree are those who indicated that they somewhat or strongly agree with the statement.

Not surprisingly, yet of concern, is the difference in responses between physicians who have received in-office HMG presentations and those who have not. Physicians who had received a visit had a more positive impression of HMG-OC and its services than those who had not received an in-office visit. Appendix C lists the frequency of responses, means and standard deviations for each Likert item associated with each indicator.



Table 6
Differences between groups on the specific questions that assess physician satisfaction with HMG services

	Mean and Standard Deviation for physicians who received presentation	Mean and Standard Deviation for physicians who did not receive presentation	Mean and Standard Deviation for all physicians
#6. The letters I receive from Help Me Grow listing the referrals made to my patients are helpful (n=85).	3.45 (.85)	3.00 (.93)	3.40 (1.49)
7. I am satisfied with the referrals described in the letters from Help Me Grow (n=85).	3.41 (.42)	3.10 (.91)	3.36 (1.72)
12. Overall, I am very satisfied with my experiences with Help Me Grow (n=103)	3.42 (.91)	3.00 (.83)	3.35 (1.49)

Responses to open-ended responses

The survey contained 4 open-ended questions to learn more about the respondent’s experiences with HMG-OC. Only 24% of the surveys contained written responses to the overall questions. The results of the open-ended questions indicate that there is still a need for outreach and physician education related to HMG-OC. Additionally, physicians expressed a desire for HMG-OC to provide additional services. Physicians who reported that they routinely used HMG-OC expressed appreciation for the services provided. Appendix D lists comments by each of the four open-ended questions.

There is a continued need for education and outreach to physicians. Survey responses indicate that there are still some offices that are not familiar with how to use HMG-OC (n=9) or have misunderstandings about the service HMG-OC provides or how to access HMG-OC (n=8). Misunderstandings ranged from not knowing which families to refer, to beliefs that HMG-OC was no longer accepting calls from parents. For example, one respondent stated that they did not refer because their patients have HMO insurance. Two other respondents stated that they referred through “other sources” and one reported not referring a patient to HMG-OC because “they qualified for RCOC” (early intervention services through California’s Early Start program). Three respondents indicated that they had either forgotten about HMG-OC, ran out



of materials for referring patients, thought that HMG-OC no longer accepted calls from parents or had been discontinued.

Physicians identified a range of services and supports they would like from HMG-OC. The most common response to this item suggested using the internet (website or email) as a way to access HMG-OC services or to get information from HMG-OC (n=15). Information that physicians would like to see on the internet include a physician access point, lists of referral agencies and criteria, and information on when to refer to which resource. Three physicians suggested providing them with handouts made from card stock and additional flyers to hand out to patients. One physician suggested having HMG-OC call the parents after receiving a fax or phone call from the office with a patient's name.

A number of suggestions were made regarding the scope of services provided by HMG-OC. The most common request was to expand the services provided by HMG-OC to children older than 5 (n=10). For example, one physician who uses HMG-OC for families with children under 6 wrote "It would be great if we could get this kind of services for kids that are a bit older as well". Other recommendations requested referrals for mental health (n=1) and for children in Los Angeles County (n=1). Physicians indicated a desire for more information regarding referral agencies and criteria for those agencies, either via the internet or through office presentations (n=11). Because the population surveyed includes physicians who have and have not received in-office presentations, there is wide variability in the responses with some respondents asking for a basic presentation on HMG-OC. Unfortunately, the surveys are anonymous and there is no way to identify those offices requesting more information about HMG-OC, or more materials for referring patients. There is still some confusion, as mentioned above, about HMG-OC as a whole, which is reflected in a few of the responses. For example, when asked "What can HMG-OC better do to serve you and your patients?" one physician said "reduce waiting time for evaluation" and another said "stop over-diagnosing and suggesting to parents that their children have developmental delay." Another responded that they had "just joined HMG-OC and needed more time to assess."

Better communication, follow-up and case management were suggested as other ways in which physicians felt HMG-OC could better serve them and their patients (n=10). One of the repeated suggestions was to improve the feedback to the physicians (n=4). Specifically, the physicians wanted more information about the referrals that were offered to parents. One comment, for example, stated that the office had referred their patients to HMG-OC but never received referral letters. Follow-up and case management were mentioned as additional ways to improve the services that HMG-OC provides. Specifically, requests were made to follow-up with patients after referrals were given to see if the patients actually started receiving the service (n=6). Implied in this comment may be that in addition to wanting to know the referrals given to patients, physicians want to know that their patients are actually being served by one or more agencies. Two physicians felt that the services referred to were not community-based programs, but rather medical referrals only. In fact, one of those physicians attached a



referral letter that had a number of referrals to speech and language therapists and audiologists. A school district was also listed on the letter but it was not specified that the referral was to an early childhood program. The physician commented “I was hoping to see things like available local resources for patients/children outside of medical referrals – maybe unrealistic.” This physician also “somewhat disagreed” with the satisfaction statements linked to the helpfulness of the referral letters, and quality of the referrals.

In addition to recommendations, there were a number of positive statements included in each overall question. For example, when asked “what could HMG-OC do to better serve you or your patients?”, five respondents answered that the service is fine as is, and they could not think of anything to improve. Slightly over half of the respondents responded with “Thank You” and positive statements on the question which asked for any additional comments (n=11 out of 21 comments). The following quotations are examples of statements that are combined as “overall positive” in Appendix D: “HMG provides a very helpful and necessary purpose helping us provide convenient and effective care for our patients.”, “It’s a great resource for my patients. Thanks.” and “I am grateful to have HMG as a resource for me and my patients.”

There was only one highly negative survey and the overall comment was to “stop wasting taxpayer’s money.” This same respondent was the one mentioned above who said to “stop over-diagnosing and suggesting to parents that their children have developmental delay.” This physician answered “yes” to the question “I have heard about Help Me Grow” and “No” to having received an in-office presentation.

Summary:

The responses to the Likert items and to the open-ended items on the survey lead to some broad observations and reflections. Below is a list of the most obvious findings, followed by a discussion of some of the concerns raised.

1. Outreach efforts are overall successful with 91% of respondents reporting familiarity with HMG-OC and 89% knowing how to refer their patients.
2. EPIC presentations are successful with 91% of respondents indicating they found the in-office presentation helpful and that following the presentation they referred more patients to HMG-OC, and for developmental screenings.
3. Overall Satisfaction with HMG-OC is high with 88% reporting satisfaction with the referrals offered to patients, the letters received and overall satisfaction.
4. Physicians would like to see services offered to families with children age six and above.
5. Physicians would like alternative ways to access HMG-OC services such as by fax, email, and website.



Discussion and recommendations:

Before making any generalizations based upon these data, it is important to consider possible sampling bias that might skew the results. First, there was bias in that surveys were mailed to all pediatricians and family physicians known to HMG-OC. Because the names were known to HMG-OC, there is a higher chance that HMG-OC is also known to those physicians. For example, HMG-OC is mentioned frequently at AAP monthly events attended by area pediatricians which could have biased survey participants either positively or negatively. HMG-OC has not been as visible in venues attended by family physicians. Compounding this is the fact that more surveys were mailed to pediatricians and the responses indicated that more surveys were completed and returned by Pediatricians (86% of surveys) than by family practitioners (14% of surveys). There may also have been bias in the results based on return rates. 25% of surveys were completed and mailed, and 121 of the 123 surveys that were returned indicated that the physician had heard of HMG-OC. It is possible that physicians who responded differed as a group from those who did not respond; therefore the results of the survey may not generalize to the larger population of physicians in Orange County.

Considering the caution above, there are still some interesting observations to be gained from the survey results and the responses lead to some interesting observations that can inform future activities to better support physicians in their use of HMG-OC. The four main activities include increasing outreach and support to new and previously trained physicians, allowing physicians to refer patients directly to Care Coordinators, expanding follow-up to physicians and seeking funding for expanded services.

The first observation is based upon both quantitative (e.g., likert items) and the open-ended items. There was a difference in responses between physicians who had in-office presentations and those who did not. Respondents who reported having had an in-office presentation rated HMG-OC higher than those who did not on all measures of satisfaction. They rated the referrals offered, the letters and overall satisfaction more positively. This could be because those physicians who had in-office presentations used HMG-OC more appropriately in terms of populations referred, and reason for referral. Additionally, the physicians who had received presentations had materials and handouts for referring their patients.

In-office presentations also help correct misperceptions, such as if HMG-OC diagnoses children or does not help with referrals for mental health. Misinformation also exists for physicians who have had in-office visits. For example, HMG-OC care coordinators spend time on the phone with families to inform them about the specifics of the agencies and programs to which they are being referred. It also does research to ensure the appropriateness of the referrals. The letter that is sent, however, only lists the referrals and phone numbers but does not report all the details. There were a few physician comments that they could also provide numbers and one comment added that the doctor could not see the “value added” for using HMG-OC. HMG-OC does do follow-up and care coordination with families, but does not



report the result of the follow-up. This will be discussed in the following paragraph. Another reason for revisiting doctors is to keep HMG-OC in the forefront of their thoughts. A number of offices wrote that they stopped referring when they ran out of information, that they forgot about HMG-OC and one stated that “I refer to HMG when I think of it.”

A second observation is that there are offices that do not view HMG-OC services as separate from the developmental screening initiatives that are supported by HMG-OC. For example one office expressed concern over “the cost” indicating the cost of doing developmental screenings in-office. Another office commented that they “just joined”, possibly referring to the OCMA developmental screening program. Further outreach will benefit these offices, and help them understand the service that HMG-OC provides as distinct and separate from the technical assistance and training they receive as participants in developmental screening initiatives.

A number of physicians requested additional follow-up either because they did not receive a referral letter or because they wanted to know what happened with their patients after a referral was given. The first concern, not getting a letter, could occur if patients did not call HMG-OC when asked to by the physician. This issue can be resolved by following the suggestion of one physician who asked if the office can call in the names of patients they want contacted so that the care coordinators can make the initial contact rather than relying on patient compliance. This guarantees to the physician that a contact has been made. If a patient is not reached, or declines services, a letter or fax can be sent to the physician stating that fact. The second request was for additional follow-up listing the services being provided. To provide this service, HMG-OC would need to send letters to physicians after the client is reached for follow-up listing the case disposition.

The final observation from the surveys is that those physicians who routinely use HMG-OC would like to refer children six and above. Currently, there are a number of funding opportunities to help expand the age limit for services to children aged 6-8. If funded, this issue will have been addressed and the challenge will be to inform physicians of the expanded age range for referring. If not funded, HMG-OC will continue to seek funding sources to augment and expand the current age range for the children receiving its service.



Appendix A
Health Care Provider Survey

1.	I have heard of Help Me Grow (circle one)	Yes	Maybe, I'm not sure	No	If you replied no, please complete the reverse side
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Please answer yes/no or indicate the degree to which you agree or disagree with each of the following statements:

Strongly disagree Some what disagree Some what agree Strongly agree

2.	I know what service Help Me Grow provides				
3.	I know how to use Help Me Grow to connect my patients to developmental and community services				
4.	I refer patients to Help Me Grow to connect them to developmental and community services				
5.	I have received letters from Help Me Grow listing referrals provided to my patients (circle) Yes No	If no skip to question # 8			
6.	The letters I receive from Help Me Grow listing the referrals made to my patients are helpful				
7.	I am satisfied with the referrals described in the letters from Help Me Grow				
8.	I have received an in-office presentation on using Help Me Grow (circle) Yes No	If no skip to question # 12			
9.	The presentation I received on Help Me Grow was helpful for me				
10.	I made more referrals to Help Me Grow following the presentation				
11.	The presentation prompted me to use or seek developmental screening for my patients				
12.	Overall, I am very satisfied with my experiences with Help Me Grow				
13.	If you thought about making a referral to Help Me Grow, but didn't, what was the main reason(s)?				
14.	Is there an additional way you would prefer to access Help Me Grow services, or to get information from Help Me Grow? Please list.				
15.	What can Help Me Grow do to better serve you and your patients?				
16.	Please use this space to add any comments you think would help us improve our services to children, families and physicians.				

*******Please complete the information on the reverse side *******



Help Me Grow
ORANGE COUNTY

Office Demographics

My practice is best described as:

- _____ Sole Practitioner
- _____ Small single site private practice (2-3 physicians in one location)
- _____ Large single site private practice (4+ physicians in one location)
- _____ Part of a larger private group (multiple locations)
- _____ Other _____

My primary training is in:

- _____ Pediatrics
- _____ Family Practice
- _____ Other _____

The city I practice in is: _____

On average, I see the following number of children aged 0-6 each week. (Estimates are fine)

Please estimate the percent of your patients who are enrolled in the following insurance plans

- _____ Uninsured
- _____ Medi-Cal Direct
- _____ Cal Optima
- _____ Healthy Families
- _____ Other HMO
- _____ PPO
- _____ Other _____

Thank you for your participation



Appendix B
 Surveys received by region and city

North-Central	West	South
Anaheim (9) Fullerton (1) La Habra (3) Placentia (1) Santa Ana (19) Yorba Linda (4)	Costa Mesa (3) Fountain Valley (5) Garden Grove (3) La Palma (1) Los Alamitos (6) Newport Beach (3) Orange (8) Huntington Beach (7) Westminster (2)	Aliso Viejo (2) Dana Point (2) Irvine (9) Foothill Ranch (1) Ladera Ranch (2) Lake Forest (1) Laguna Beach (1) Laguna Niguel (2) Laguna Hills (2) Mission Viejo (3) Rancho Santa Margarita (4) San Clemente (3) San Juan Capistrano (1) Tustin (5)



Appendix C

Frequency, means and standard deviations for Likert items associated with each indicator

	1. Strongly Disagree	2. Somewhat disagree	3. Somewhat agree	4. Strongly Agree	Mean (SD)
Responses to items 1-3 are for the 92% of respondents who answered “yes” or “Maybe, I’m not sure” to the question “I have heard of Help Me Grow)					
1. I know what service Help Me Grow provides (n=113).	6	2	34	71	3.50 (1.22)
2. I know how to use HMG to connect my patients to developmental and community services (n=114).	7	4	32	71	3.46 (1.21)
3. I refer patients to HMG to connect them to developmental and community services (n=106).	10	7	19	70	3.41 (1.49)
Responses to items 4 and 5 are from the 77% of respondents who said they had received letters from Help Me Grow listing patient referrals					
4. The letters I receive from HMG listing the referrals made to my patients are helpful (n=85).	5	4	28	48	3.4 (1.49)
5. I am satisfied with the referrals described in the letters from Help Me Grow (n=85).	5	6	27	47	3.36 (1.72)
Overall, I am very satisfied with my experiences with Help Me Grow (n=103)	8	6	31	58	3.35 (1.49)
Responses to items 6-8 are from the 70% of respondents who said they have received an in-office presentation on Help Me Grow					
6. The presentation I received on Help Me Grow was helpful to me (n=82).	3	2	16	61	3.64 (1.82)
7. I made more referrals to HMG following the presentation (n=81).	6	2	19	54	3.49 (1.81)
8. The presentation prompted me to use or seek developmental screening for my patients (n=82).	3	7	26	46	3.40 (1.74)



Appendix D
Responses to overall items

If you thought about making a referral to HMG, but didn't, what was the main reason/s? (N=30)		# of responses
Unsure how		8
The child was outside the age range		6
Misinformation	<ol style="list-style-type: none"> 1. Joined HMG <2 weeks, need more time to evaluate 2. Financial concerns (under impression this survey is in regards to ASQ) 3. Not sure if HMG is still available or in place any longer. 4. The patients have HMO. 5. Since they stopped taking calls from parents and we have to call 	5
Other	<ol style="list-style-type: none"> 1. Referral through other means. 2. Use services outside my system. 3. Patient qualified for RCOG 4. It's wasteful of taxpayer money 	4
Positive statements		3
Too complicated		2
Out of Area		1
Is there an additional way you would prefer to access Help Me Grow services, or to get information from Help Me Grow, please list. (N=21)		
Online	<ol style="list-style-type: none"> 1. Emails 2. Website 3. Newsletter 	13
Flyers for patients	<ol style="list-style-type: none"> 1. Cards or pamphlets 2. Handouts with HMG contact information 3. Flyers 	3
More information	<ol style="list-style-type: none"> 1. Educate us about services provided 2. Send detailed information 	2
Feedback		1
Expand age range		1
In-office visits	Specialists visit office for updates	1
What can Help Me Grow Do to better serve you and your patients? (N=28)		
Provide resources		6



Follow-up and feedback	1. Communicate back with the referring PCP 2. Need to hear feedback about what services were provided 3. Unclear about how HMG follows up with families to see if they got connected. 4. Follow up on referral/ letter for the chart	5
Expand Age Range		5
Positive feedback		5
Other	Simplify	2
	Decrease waiting times for families to be evaluated	1
	Expand areas of service	1
	Core case management	1
	Stop over-diagnosing	1
	In-service	1
Please use this space to add any comments you think would help us improve our services to children, families, and physicians. (N=21)		
Positive comments		11
Expand age range		2
More follow-up		2
Funding	1. Told that HMG was no longer available 2. Unhappy about use of taxpayers' money for the HMG program	2
Provided services	Requested more in-depth information about HMG's services - when to refer and who to refer	2
Expand to mental health		1
Marketing	Program needs more marketing	1