Profiles and Analyses of Child Find, Referral, Early Identification, and Eligibility Practices

Snapshots

Pediatricians' Judgments of the Applicability of a Universal Early Intervention Referral Form

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Abstract

Results from a survey of pediatricians who assessed the usability and applicability of a universal referral form for making referrals to early intervention are reported. The referral form was developed as a collaborative activity of the American Academy of Pediatrics and the Tracking, Referral and Assessment Center for Excellence at the Orelena Hawks Puckett Institute. The largest majority of the study participants indicated that they would use the referral form and that the form itself was easy to complete and would likely be used by physicians for making early intervention program referrals. Lessons learned as part of the development and evaluation of the referral form are described.

Introduction

The purpose of the survey described in this *Snapshots* was to determine the extent to which a universal referral form would be used by pediatricians and the form itself would include information pediatricians deemed important for making a referral to early intervention. The referral form was developed jointly by the American Academy of Pediatrics (AAP) and the Orelena Hawks Puckett Institute in collaboration and consultation with physicians and early intervention program practitioners and administrators.[1] The development and evaluation of the referral form was done at the Tracking, Referral and Assessment Center for Excellence (TRACE).

The major goal of TRACE is to identify and promote the use of evidence-based practices for improving child find, referral, early identification, and eligibility determination of infants, toddlers, and preschool children with disabilities or developmental delays eligible for IDEA Part C early intervention or Part B (619) preschool special education (Dunst & Trivette, 2004; Dunst, Trivette, Appl, & Bagnato, 2004). This is being accomplished by the conduct of practice-based research syntheses, studies investigating the characteristics and consequences of child find, referral, early identification, and eligibility determination practices, and the development of methods and procedures for facilitating child find and enrollment in early intervention and preschool special education. The universal referral form constituting the focus of this *Snapshots* was designed to promote referrals of eligible or potentially eligible children to early intervention by physicians.

IDEA requires early intervention and preschool special education programs to develop procedures for promoting referrals to early intervention and preschool special education by primary referral sources, including, but not limited to, physicians, hospitals, child care programs, and parents. The term *referral* is used by TRACE to encompass a range of activities influencing decision-making processes used by primary referral sources to recommend, prescribe, or suggest provision of early intervention or preschool special education (Bruder, 2004; Epps & Kroeker, 1995; Reddihough, Tinworth, Moore, & Ihsen, 1996).

Physicians in general, and pediatricians more specifically, increasingly have recognized the value of early intervention and preschool special education for young children with identified disabilities or developmental delays (American Academy of Pediatrics, 2001; Solomon, 1995). Notwithstanding this recognition, referrals by physicians to early intervention and preschool special

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[1]The American Academy of Pediatrics staff who participated in the development of the referral form were Thomas Tonniges, M.D., Amy Gibson, and Amy Brim. Appreciation is extended to these staff for their assistance and contributions to the work reported in this paper.

education still occurs less often than desired (Epps & Kroeker, 1995; Scott, Lingaraju, Kilgo, Kregel, & Lazzari, 1993). Available research (e.g., Britain & Holmes, 1995; Scott et al., 1993) as well as numerous conversations with physicians as part of TRACE indicate that the referral processes and procedures used by many states and early intervention programs, and to a lesser degree, preschool special education programs, may be unnecessarily complex. This at least in part may explain why more referrals are not made by physicians. The universal referral form constituting the focus of this *Snapshots* was developed to simplify the process of referrals by physicians. The extent to which the referral form was judged usable and applicable to pediatricians was the focus of the survey.

Method

Participants

The survey respondents were 25 pediatricians who reported their primary employment setting as private practice (44%), hospital, health center or clinic (28%), medical school or university (20%) or other (8%). All of the participants were pediatricians with 5 or more years experience, with the majority (76%) reporting more than 15 years of experience as a pediatrician. About half (48%) of the respondents reported their practice or employment setting as the suburbs, 36% reported their practice or employment setting as urban, 8% as rural, and 8% as other. All of the respondents were associated with the American Academy of Pediatrics as members of different executive committees or the Medical Home initiative (Cooley, 2003; Sia et al., 2002).

Referral Form

A three-step process was used to develop the universal referral form. First, a committee made up of AAP staff, Puckett Institute and TRACE staff, pediatricians in private practice, early intervention program administrators and practitioners, and U.S. Department of Education, Office of Special Education Program staff, met for one day to discuss a variety of issues involving physician referrals to early intervention and the type of feedback that physicians desired from early intervention program staff. The information generated from this meeting was used to develop a draft referral form. The referral form included sections for recording child/family contact information (name, birthdate, gender, etc.), the reasons for referral, referral-source contact information, and the name and address of the early intervention program. Second, the draft referral form was reviewed by 66 primary care pediatricians from the AAP Medical Home Listserv to obtain feedback, suggestions, recommendations, comments, etc. that were used to make final changes to the referral form that constituted the focus of pediatricians' judgments described in this paper. Third, a closed and open-ended survey was used to obtain feedback about the usability and applicability of the referral form. (Feedback was subsequently used to make additional changes and improvements to the universal referral form included in the Appendix.)

Survey

The survey included one item asking the respondents to indicate whether or not they would use the referral form to make a referral to early intervention and four items asking the respondents to judge the extent to which different statements were true about the content of the referral form. The respondents were asked to indicate the extent to which the referral form was easy to use, they thought their colleagues would use the referral form, if they would have sufficient time to complete the referral form, and the extent to which the referral form included all relevant and necessary information. Each of the four statements was rated on a 5-point scale ranging from *not at all true* to *definitely true*. Two open-ended questions asked the respondents to explain why or why not pediatricians would use the referral form and to make additional comments and feedback about the referral form.

Results

Quantitative Findings

The largest majority (80%) of the 25 survey respondents indicated that they would use the referral form to make a referral to early intervention. Figure 1 shows the percentage of survey respondents who gave different responses to the survey questions. Two-thirds to three-quarters of the pediatricians indicated that it was *definite-*

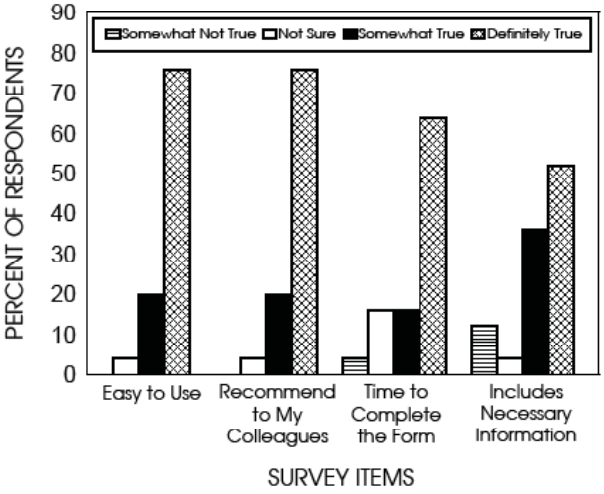

Figure 1 Survey respondents' ratings of four different aspects of the universal referral form.

ly true that the referral form was easy to use, they would recommend that their colleagues use the referral form, and they would have the time to complete the referral form as part of their pediatric practice. In contrast, only half of the respondents said that it is *definitely true* that the referral form included all the necessary information to make a referral to early intervention. The additional information requested by the majority of pediatricians completing the survey was used to make final changes to the referral form.

Correlates of Ratings

Pearson correlations were computed between respondent background characteristics and the survey ratings to discern whether these factors influenced response patterns. The background characteristics were number of years in practice, practice setting (suburban vs. other), and type of practice (private practice vs. other). Pediatricians whose practices were located in a suburban setting were somewhat more likely to indicate that the referral form was easy to use ($r = .36$, $p < .08$, two tailed test). No other background measures were correlated with the respondents' ratings.

Qualitative Findings

A content analysis of the survey respondents' answers to open-ended questions produced a number of consistent patterns of comments. By far, the simplicity of the referral form was noted as a factor contributing to its usability. Statements such as "Simple," "It is short and to the point," "Easy to fill out," and "Nice and succinct" were indications of the simplicity of the referral form content. In contrast, lack of specificity in terms of the reasons for referral was noted as a shortcoming of the form. (This was taken into consideration as part of the final revisions to the referral form.) For example, there was some confusion about several categories of developmental delay or concerns that were subsequently changed to eliminate possible misunderstanding.

There were two other kinds of statements that deserve comment. The first had to do with the fact that pediatricians who apparently were already making referrals to early intervention programs by telephone did not consider the referral form as useful compared to pediatricians who preferred to make referrals in writing. The second had to do with the fact that the particular version of the referral form constituting the focus of pediatricians' judgments did not include a section asking for feedback from the early intervention program. (An earlier version did.) This was added to the final version of the referral form for physicians to indicate what kind of feedback they wanted to receive about a referral.

Finally, it is of some interest to note the comments of one pediatrician who was involved in the very first meeting where the need for and development of the referral form was discussed: "I was present at one of the early meetings discussing this form and we emphasized the need for this to be brief and easy to use. I believe that this version fits this description. It presents the basic facts with a brief indication of why the patient is being referred. It appears to be easy to fill out."

Discussion

Findings from the study described in this paper indicated that pediatricians for the most part indicated that a universal referral form for making referrals to early intervention was both useful and applicable to their practices. Patterns of both quantitative and qualitative results were used to make additional changes to the referral form to include information the survey respondents deemed important as part of making referrals.

A number of lessons learned as part of the development of the universal referral form are briefly described next in order to place in context the likelihood that the referral form will be used by pediatricians and other physicians for making referrals to early intervention. The first lesson learned was that physicians who make referrals to early intervention by telephone are less likely to see the value of the referral form. This was mentioned by physicians as part of meetings discussing the development of the referral form, by physicians commenting on a draft version of the referral form, and by the survey respondents who were participants in the study described in this paper. The implication from this lesson learned for promoting referrals to early intervention is to establish physician and other primary referral source preferences before asking them to use the referral form.

A second lesson learned was that early intervention program referral practices and requirements are often an impediment to physician referrals. The physicians who provided feedback on the universal referral form constituting the focus of investigation communicated loud and clear that the referral process and any referral form should be as simple and straightforward as possible. Yet, a review and examination of referral forms used by many states and programs finds the content unnecessarily complex and burdensome. In one instance, for example, a program administrator informed us that the failure of a physician to complete each and every section of a rather complex referral form was considered nonresponsive and the program refused to accept the referral! We suspect that one reason more referrals may not be made by physicians to early intervention programs is that they do not have the time to complete referral forms asking for an inordinate amount of information.

The final step in the process of developing and using the universal referral form is to obtain American Academy of Pediatrics approval and endorsement of the form.

This approval process is expected to be completed in the near future. Early intervention programs, however, can use the version of the referral form included in the Appendix for promoting referrals by physicians before AAP final approval is obtained. The extent to which the universal referral form facilitates referrals by physicians will be assessed as part of a collaborative study to be jointly conducted by the AAP and TRACE.

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Appendix

Early Intervention Referral Form

Please complete this form for referring a child to early intervention if you prefer to do so in writing. Also please indicate the feedback that you want to receive from the early intervention program in response to your referral.

CHILD CONTACT INFORMATION

Child Name:_____

Date of Birth:_____/_____/_____ Child Age (Months):_____ Gender: ☐ M ☐ F

Home Address:_____

City:_____ State:_____ Zip:_____

Parent/Guardian:_____ Relationship to Child:_____

Primary Language:_____ Home Phone:_____ Other Phone:_____

Signature:_____ Date:_____

REASONS FOR REFERRAL

Reason(s) for referral to early intervention (Please check all that apply):

☐ Identified condition or diagnosis (e.g., spina bifida, Down"s syndrome): _____

☐ Suspected developmental delay or concern (Please circle areas of concern):

Motor/Physical Cognitive Social/Emotional Speech/Language Behavior Other_____

☐ At Risk (Please describe risk factors):_____

☐ Other (Please describe):_____

FEEDBACK REQUESTED BY THE REFERRAL SOURCE

☐ Status of Initial Family Contact
☐ Services Being Provided to Child/Family
☐ Developmental Evaluation Results
☐ Child Progress Report/Summary
☐ Other (Please describe):_____

REFERRAL SOURCE CONTACT INFORMATION

Person Making Referral: _____ Date of Referral: _____/_____/_____

Address: _____

Office Phone: _____/_____-_____ Office Fax: _____/_____-_____ Email: _____

Signature:_____ Date:_____

EARLY INTERVENTION PROGRAM

Program Name:_____

Address:_____City:_____State:_____ Zip:_____

Telephone Number:_____ Fax Number:_____ Email Address:_____