Pediatric Psychology in Primary Care Survey

Please complete the survey below.

Thank you!

Professional Practices, Training, and Funding Mechanisms: A Survey of Pediatric Primary Care Psychologists

TITLE: Professional Practices, Training, and Funding Mechanisms: A Survey of Pediatric Primary Care Psychologists

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PURPOSE:
You are being invited to complete this survey as a licensed psychologist engaged in consultation, assessment, intervention, or clinical supervision in pediatric primary care. Unlicensed trainees and other non-psychology providers are not eligible to participate. If you spend less than 10% of your FTE (i.e., at least four hours per week given a 40 hour work week) in primary care or less than 25% of your FTE (i.e., less than 10 hours per week) with children and adolescents, you are not eligible to participate.

PROCEDURES:
You will be asked a series of questions about your demographic characteristics, training, and professional activities. The survey will take 10-15 minutes to complete.

If you have any questions, concerns, or complaints regarding this study now or in the future, or you think you may have been injured or harmed by the study, contact Andrew Riley (503) 494-1724.

RISKS:
Although we have made every effort to protect your identity, there is a minimal risk of loss of confidentiality.

BENEFITS:
You may or may not benefit from being in this study. However, as a professional engaged in the field being studied, you may derive indirect benefit through the information gained, or derive satisfaction from contributing to the field.

CONFIDENTIALITY:
In this study we are not receiving any identifiable information about you so there is little chance of breach of confidentiality.

PARTICIPATION:
This research is being overseen by an Institutional Review Board ("IRB"). You may talk to the IRB at (503) 494-7887 or irb@ohsu.edu if:
• Your questions, concerns, or complaints are not being answered by the research team.
• You want to talk to someone besides the research team.
• You have questions about your rights as a research subject.
• You want to get more information or provide input about this research.

You may also submit a report to the OHSU Integrity Hotline online at https://secure.ethicspoint.com/domain/media/en/gui/18915/index.html or by calling toll-free (877) 733-8313 (anonymous and available 24 hours a day, 7 days a week).

You do not have to join this or any research study. If you do join, and later change your mind, you may quit at any time. If you refuse to join or withdraw early from the study, there will be no penalty or loss of any benefits to which you are otherwise entitled.

Do you agree to participate in this study?

◯ Yes
◯ No

Eligibility

Are you currently a licensed psychologist?

◯ Yes
◯ No

Do you spend at least 10% of your FTE (i.e., at least four hours) engaged in consultation, assessment, intervention, or clinical supervision in pediatric primary care?

◯ Yes
◯ No

While providing services in primary care, is at least 25% of your FTE devoted to pediatric patients (i.e., children and adolescents as target population)?

◯ Yes
◯ No

Demographics

What is your age?

_____
((input years))

What is your gender?

◯ Male
◯ Female
◯ Transgender
◯ Do not identify as male, female, or transgender
◯ Prefer not to answer

Which of the following best describes your race? Please select all that apply.
(Check all that apply)

☐ African American/Black
☐ Native American/Alaska Native
☐ Asian/Pacific Islander
☐ Caucasian/White
☐ Bi-Racial
☐ Other
☐ Prefer not to answer

If you selected "other" on the previous question, please describe:

_____

Which of the following best describes your ethnicity?

◯ Hispanic/Latino
◯ Non Hispanic/Latino
◯ Other
◯ Prefer not to answer

If you selected "other" on the previous question, please describe:

_____

In which state do you currently practice?

_____
((If you practice in multiple states, select the state in which you practice most frequently))

What is the highest degree you have obtained?

◯ PhD
◯ PsyD
◯ EdD
◯ Other

Please select your primary theoretical orientation:

◯ Behavioral
◯ Biological
◯ Cognitive Behavioral
◯ Eclectic
◯ Humanistic/Existential
◯ Integrative
◯ Interpersonal
◯ Psychodynamic/Psychoanalytic
◯ Systems
◯ Other

If you selected "other" on the previous question, please describe:

_____

If you selected "other" for your primary theoretical orientation, please describe:

_____

In what year did you become a licensed psychologist? _____
(input year (ex: 1996))

What is your academic rank?

◯ Assistant Professor
◯ Associate Professor
◯ Full Professor
◯ None

How long have you worked as a licensed psychologist in primary care (i.e., not including training but providing clinical services or supervision under your professional license in primary care)?

_____
((Input years. If less than 1 year, enter 0))

In which of the following settings do you provide or supervise clinical services? Please select all that apply. (Select all that apply.)

☐ Private medical practice or hospital
☐ Private mental health practice/Community mental health center
☐ Academic medical center
☐ Primary care setting affiliated with medical center
☐ Primary care setting affiliated with private hospital
☐ School
☐ Other

If you selected "other" on the previous question, please describe:

_____

What percentage of your FTE is spent providing services in primary care? For this question, 0.2 or 20% FTE is equivalent to eight hours per week.

0% 50% 100%

(Place a mark on the scale above)

Please select your primary role in your primary care setting (i.e., how you spend the majority of your time in primary care):

◯ Direct clinical services
◯ Teaching/Training (aside from clinical supervision)
◯ Clinical supervision
◯ Research
◯ Administrative
◯ Grant-related work (clinical activities funded by a grant, pursuing external funding)
◯ Other

If you selected "other" on the previous question, please describe:

_____

Please identify any secondary roles you hold in your primary care setting (Please select all that apply):
(Select all that apply.)

☐ Direct clinical services
☐ Teaching/Training (aside from clinical supervision)
☐ Clinical supervision
☐ Research
☐ Administrative
☐ Grant-related work (clinical activities funded by a grant, pursuing external funding)
☐ Other
☐ None

If you selected "other" on the previous question, please describe:

_____

Training

Including training, how long have you worked in pediatric primary care?

_____
((Note: Enter a whole number in years. If you have worked in primary care less than one year, enter 0))

Did you complete specialized training (i.e., internship or fellowship) in primary care prior to licensure?

◯ Yes
◯ No

What specialized training did you receive in pediatric primary care prior to licensure? Please select all that apply. ((check all that apply))

☐ None
☐ Graduate practicum
☐ Predoctoral Internship
☐ Postdoctoral Fellowship
☐ Certificate training
☐ Webinar
☐ Graduate course
☐ Other

If you selected "other" on the previous question, please describe:

_____

What specialized training in pediatric primary care have you received post-licensure? Please select all that apply. ((check all that apply))

☐ None
☐ Certificate training
☐ Webinar
☐ Graduate course
☐ Online course
☐ CE credits
☐ Other

If you selected "other" on the previous question, please describe:

_____

Direct Clinical Care

How many primary care settings do you currently provide direct clinical care in a given week?

◯ 1
◯ 2
◯ 3 or more

Which of the following best describes the model of integrated care in the primary care setting in which you provide care most often? (If your time is split equally across clinics, please designate one as your first clinic and answer the next 4 questions for that clinic only.)

◯ Coordinated (i.e., separate settings, engage in individual work separate from medical providers, periodic communication with medical providers about specific patient concerns).
◯ Co-located (i.e., located in the same setting but not necessarily the same office, engage primarily in individual work separate from medical providers but may also complete warm-handoffs or other consultative activities, regular communication with medical personnel about shared patients).
◯ Integrated (i.e., located in the same office, shared concept of treatment planning and team care, frequent in-person visits and communication with medical personnel).

"Coordination" refers to the degree that information is exchanged between medical and psychological providers for the purposes of patient care.
• Low coordination is characterized by initial referral and little other communication.
• High coordination is characterized by frequent information exchange that results in shared treatment planning.

Please rate the clinical setting in which you most often provide clinical care with regards to coordination.

◯ Not at all coordinated
◯ Somewhat coordinated
◯ Mostly coordinated
◯ Fully coordinated

"Co-location" refers to the physical proximity of medical and psychological services.
• Low co-location is characterized by clinics in separate buildings in different areas.
• Full co-location involves the delivery of both medical and psychological services in the same building, in the same clinical spaces.

Please rate the clinical setting in which you most often with regards to co-location.

◯ Not at all co-located
◯ Somewhat co-located
◯ Mostly co-located
◯ Fully co-located

"Integration" refers to extent that psychological services are delivered as a part of general pediatric care, as opposed to as a separate specialty service.
• Low integration is characterized by psychological services being delivered only to those patients with significant psychological symptoms or needs.
• Full integration is characterized by psychological services as part of routine care, such that all patients have an equal probability of contacting those services.

Please rate the clinical setting in which you most often provide clinical care with regards to integration.

◯ Not at all integrated
◯ Somewhat integrated
◯ Mostly integrated
◯ Fully integrated

Which of the following best describes the community surrounding the primary care setting in which you provide care most often? (If your time is split equally across clinics, please consider only the one you designated as your first clinic.)

◯ Urban
◯ Rural
◯ Suburban

Which of the following best describes the organization of the primary care setting in which you provide care most often? (If your time is split equally across clinics, please consider only the one you designated as your first clinic.)

◯ Private outpatient medical practice
◯ Private hospital
◯ Academic medical center
◯ Community clinic affiliated with hospital
◯ Community health clinic not affiliated with hospital
◯ School-based health clinic
◯ Other

If you selected "other" in the previous question, please describe:

_____

Is the primary care setting in which you provide care most often a Federally Qualified Health Center?

◯ Yes
◯ No

Which of the following best describes the model of integrated care in the primary care setting for the second clinic in which you provide clinical services? (If your time is split equally across clinics, please designate one as your second clinic and answer the next four questions for that clinic only.)

◯ Coordinated (i.e., separate settings, engage in individual work separate from medical providers, periodic communication with medical providers about specific patient concerns).
◯ Co-located (i.e., located in the same setting but not necessarily the same office, engage primarily in individual work separate from medical providers but may also complete warm-handoffs or other consultative activities, regular communication with medical personnel about shared patients).
◯ Integrated (i.e., located in the same office, shared concept of treatment planning and team care, frequent in-person visits and communication with medical personnel).

Which of the following best describes the community surrounding the primary care setting for the second clinic in which you provide clinical services?

◯ Urban
◯ Rural
◯ Suburban

Which of the following best describes the organization of the primary care setting for the second clinic in which you provide clinical services?

◯ Private outpatient medical practice
◯ Private hospital
◯ Academic medical center
◯ Community clinic affiliated with hospital
◯ Community health clinic not affiliated with hospital
◯ School-based health clinic
◯ Other

If you selected "other" for the previous question, please describe:

_____

Is the primary care setting for the second clinic in which you provide care second most often a Federally Qualified Health Center?

◯ Yes
◯ No

****Please consider the following questions across all primary care settings in which you currently provide clinical care:**

Please rate how often you provide care for the following presenting concerns in primary care:

	Never	Rarely	Sometimes	Often
Child behavioral/mental health concerns	◯	◯	◯	◯
Child developmental concerns	◯	◯	◯	◯
Child chronic medical conditions	◯	◯	◯	◯
Acute medical concerns	◯	◯	◯	◯
Parent or family concerns	◯	◯	◯	◯

Please estimate how many patients you see in primary care per week (e.g., warm handoff, intake, or therapy session)?

_____
((input number))

In your primary care setting, do you have a session limit before patients are referred elsewhere?

◯ Yes
◯ No

What is the maximum number of sessions you will provide in primary care before referring a patient elsewhere? _____

How often do you provide therapy (e.g., individual, family, or group) in primary care?

◯ Never
◯ Rarely
◯ Sometimes
◯ Often

How often do you provide screening (e.g., developmental, behavioral, or mental health) in primary care?

◯ Never
◯ Rarely
◯ Sometimes
◯ Often

How often do you provide psychological diagnostic evaluations (e.g., psychoeducational evaluations, ADHD assessments, Autism assessments) in primary care?

◯ Never
◯ Rarely
◯ Sometimes
◯ Often

Which of the following do you provide in primary care? Please select all that apply.

☐ Psychoeducational testing
☐ Neuropsychological testing
☐ Testing for ADHD
☐ Testing for developmental disabilities (e.g., Autism)

For the purposes of this question, "consultation" is defined as brief contribution to patient care without entering into a formal therapeutic relationship. Examples include advising the treating physician, brief assessment and recommendations made during patient visit with another provider, or anticipatory guidance during well-child care.

How often do you provide consultation (e.g., warm handoffs, provider consult) in primary care?

◯ Never
◯ Rarely
◯ Sometimes
◯ Often

Which of the following screening measures do you administer, score, or interpret for families in primary care? Please select all that apply.

☐ None
☐ Child Mental Health Concerns (e.g., Pediatric Symptom Checklist PHQ-2, PHQ-9, BASC, Conners', Vanderbilt, BRIEF)
☐ Child Development (e.g., Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire: Social Emotional (ASQ: SE)
☐ Autism Screening (e.g., M-CHAT)
☐ Maternal/Paternal Mental Health Concerns (e.g., Edinburgh Postnatal Depression Screen (EPDS)
☐ Other

If you selected "other" for the previous question, please describe:

_____

Which of the following screening measures are used in your primary care clinic by non-psychology providers (e.g., physicians, RNs, MAs)? Please select all that apply.

☐ None
☐ Child Mental Health Concerns (e.g., Pediatric Symptom Checklist PHQ-2, PHQ-9, BASC, Conners', Vanderbilt, BRIEF)
☐ Child Development (e.g., Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire: Social Emotional (ASQ: SE)
☐ Autism Screening (e.g., M-CHAT)
☐ Maternal/Paternal Mental Health Concerns (e.g., Edinburgh Postnatal Depression Screen (EPDS)
☐ Other

If you selected "other" for the previous question, please describe:

_____

Primary Care Supervision

Which of the following do you typically supervise in primary care? Please select all that apply.

☐ Extern/graduate student
☐ Pre-doctoral intern
☐ Post-doctoral fellow
☐ Other
☐ I don't provide clinical supervision in primary care

If you selected "other" for the previous question, please describe:

_____

How many externs/graduate students do you typically supervise in primary care per year?

_____
((input number))

How many pre-doctoral interns do you typically supervise in primary care per year?

_____
((input number))

How many post-doctoral fellows do you typically supervise per year?

_____
((input number))

Please select all applicable supervision methods used at your institution with psychology trainees in primary care: ((check all that apply))

☐ Group supervision
☐ Individual supervision
☐ Co-therapy/consultations
☐ Live supervision/observation
☐ Telehealth supervision/observations
☐ Other

If you selected "other" for the previous question, please describe:

_____

Do you provide clinical supervision of disciplines other than psychology in primary care?

◯ Yes
◯ No

If you an answered "yes" on the previous question, which discipline(s)? Please select all that apply.

☐ Medicine
☐ Social Work
☐ Licensed Counselors
☐ Nurses, Medical Assistants, etc.
☐ Applied Behavior Analysts
☐ Clinic Staff (front desk staff), receptionists, clinic managers)
☐ Other

If you selected "other" from the previous question, please describe:

_____

Which of the following best describes the model of integrated care in the primary care setting in which your supervisees provide care most often?

◯ Coordinated (i.e., separate settings, engage in individual work separate from medical providers, periodic communication with medical providers about specific patient concerns).
◯ Co-located (i.e., located in the same setting but not necessarily the same office, engage primarily in individual work separate from medical providers but may also complete warm-handoffs or other consultative activities, regular communication with medical personnel about shared patients).
◯ Integrated (i.e., located in the same office, shared concept of treatment planning and team care, frequent in-person visits and communication with medical personnel).

"Coordination" refers to the degree that information is exchanged between medical and psychological providers for the purposes of patient care.
• Low coordination is characterized by initial referral and little other communication.
• High coordination is characterized by frequent information exchange that results in shared treatment planning.

Please rate the clinical setting in which your supervisees most often provide clinical care with regards to coordination.

◯ Not at all coordinated
◯ Somewhat coordinated
◯ Mostly coordinated
◯ Fully coordinated

"Co-location" refers to the physical proximity of medical and psychological services.
• Low co-location is characterized by clinics in separate buildings in different areas.
• Full co-location involves the delivery of both medical and psychological services in the same building, in the same clinical spaces.

Please rate the clinical setting in which your supervisees most often provide clinical care with regards to co-location.

◯ Not at all co-located
◯ Somewhat co-located
◯ Mostly co-located
◯ Fully co-located

"Integration" refers to extent that psychological services are delivered as a part of general pediatric care, as opposed to as a separate specialty service.
• Low integration is characterized by psychological services being delivered only to those patients with significant psychological symptoms or needs.
• Full integration is characterized by psychological services as part of routine care, such that all patients have an equal probability of contacting those services.

Please rate the clinical setting in which your supervisees most often provide clinical care with regards to integration.

◯ Not at all integrated
◯ Somewhat integrated
◯ Mostly integrated
◯ Fully integrated

Which of the following best describes the community surrounding the primary care setting in which your supervisees provide care most often?

◯ Urban
◯ Rural
◯ Suburban

Which of the following best describes the organization of the primary care setting in which you supervise psychology trainees most often?

◯ Private outpatient medical practice
◯ Private hospital
◯ Academic medical center
◯ Community clinic affiliated with hospital
◯ Community health clinic not affiliated with hospital
◯ School-based health clinic
◯ Other

If you answered "other" to the previous question, please describe:

_____

Is the primary care setting in which your supervisees provide care most often a Federally Qualified Health Center?

◯ Yes
◯ No

****Please consider the following questions across all primary care settings in which you currently provide clinical supervision:**

Please rate the frequency with which your supervisees provide care for the following presenting concerns in primary care.

	Never	Rarely	Sometimes	Often
Child behavioral/mental health concerns	◯	◯	◯	◯
Child developmental concerns	◯	◯	◯	◯
Child chronic medical conditions	◯	◯	◯	◯
Acute medical concerns	◯	◯	◯	◯
Parent or family concerns	◯	◯	◯	◯

Please estimate how many patients each of your supervisees see in primary care per week (e.g., warm handoff, intake, or therapy session)?

_____
((input number of patients/week))

Does your supervisee's site have a session limit before patients are referred elsewhere?

◯ Yes
◯ No

What is the maximum number of sessions you will provide in primary care before referring a patient elsewhere? _____

How often does your supervisee provide therapy (e.g., individual, family, or group) in primary care?

◯ Never
◯ Rarely
◯ Sometimes
◯ Often

How often does your supervisee provide screening (e.g., developmental, behavioral, or mental health) in primary care?

◯ Never
◯ Rarely
◯ Sometimes
◯ Often

How often does your supervisee provide diagnostic evaluations (e.g., psychoeducational evaluations, ADHD assessments, Autism assessments) in primary care?

◯ Never
◯ Rarely
◯ Sometimes
◯ Often

Which of the following does your supervisee provide in primary care? Please select all that apply.
(Select all that apply.)

☐ Psychoeducational testing
☐ Neuropsychological testing
☐ Testing for ADHD
☐ Testing for developmental disabilities (e.g., Autism)

For the purposes of this question, "consultation" is defined as brief contribution to patient care without entering into a formal therapeutic relationship. Examples include advising the treating physician, brief assessment and recommendations made during patient visit with another provider, or anticipatory guidance during well-child care.

How often does your supervisee provide consultation in primary care?

◯ Never
◯ Rarely
◯ Sometimes
◯ Often

Which of the following screening measures does your supervisee administer, score, or interpret for families in primary care? Please select all that apply.

☐ None
☐ Child Mental Health Concerns (e.g., Pediatric Symptom Checklist PHQ-2, PHQ-9, BASC, Conners', Vanderbilt, BRIEF)
☐ Child Development (e.g., Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire: Social Emotional (ASQ: SE)
☐ Autism Screening (e.g., M-CHAT)
☐ Maternal/Paternal Mental Health Concerns (e.g., Edinburgh Postnatal Depression Screen (EPDS)
☐ Other

If you selected "other" to the previous questions, please describe:

_____

Which of the following screening measures are used in your supervisee's primary care clinic by non-psychology providers (e.g., physicians, RNs, MAs)? Please select all that apply.

☐ None
☐ Child Mental Health Concerns (e.g., Pediatric Symptom Checklist PHQ-2, PHQ-9, BASC, Conners', Vanderbilt, BRIEF)
☐ Child Development (e.g., Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire: Social Emotional (ASQ: SE)
☐ Autism Screening (e.g., M-CHAT)
☐ Maternal/Paternal Mental Health Concerns (e.g., Edinburgh Postnatal Depression Screen (EPDS)
☐ Other

If you selected "other" to the previous questions, please describe:

_____

Are the services provided by your supervisee(s) billed for? Please select all that apply.

☐ Yes, under your license.
☐ Yes, under his or her own license.
☐ Sometimes, it depends on the level of the supervisee (e.g, postdoc vs. intern)
☐ No

Teaching

Which of the following didactics did you provide to psychology trainees in the past year? Please select all that apply.

☐ Workshops
☐ Group supervision
☐ Grand Rounds
☐ Formal Lectures
☐ Informal Lectures
☐ None

How many hours per week are you involved in psychology-specific training/teaching activities with psychology trainees in primary care?

_____
((input number))

Which of the following didactics did you provide to other disciplines in the past year? Please select all that apply.

☐ Workshops
☐ Group Supervision
☐ Grand Rounds
☐ Formal Lectures
☐ Informal Lectures
☐ None

Which disciplines attended these behavioral health/psychology specific didactics? Please select all that apply.

☐ Medicine
☐ Social Work
☐ Licensed Counselors
☐ Nurses, Medical Assistants, etc.
☐ Applied Behavior Analysts
☐ Clinic Staff (front desk staff, receptionists, clinic managers)
☐ Other

If you selected "other" for the previous question, please describe:

_____

How many hours per week are you involved in training/teaching/supervision activities with non-psychology learners?

_____
((input hours))

How does your institution support your training/teaching activities?
(Mark all that apply)

☐ Grant funding
☐ Psychology department support
☐ Other department support
☐ Fee for service/billing for services provided by trainees
☐ None/unfunded
☐ Other

If you selected "other" for the previous question, please describe:

_____

Research

How often do you conduct research in primary care?

◯ Never
◯ Rarely
◯ Sometimes
◯ Often

How is your primary care research supported? Please select all that apply.

☐ My research is not supported
☐ Protected time
☐ Dedicated research institute
☐ Internal grant funding
☐ External grant funding
☐ Research assistants provided through institution
☐ Other

If you selected "other" for the previous question, please describe:

_____

Funding and Compensation

How is your work in pediatric primary care funded? Please select all that apply.
(Select all that apply.)

☐ Department funding (e.g., Psychology/Behavioral Health, Psychiatry, Pediatrics departments)
☐ Grant funding
☐ Training awards (e.g., Health Resources and Services Administration awards)
☐ State funding
☐ Billing (insurance or self-pay)
☐ Private practice funds
☐ Majority of work is not currently funded
☐ Other

If you selected "other" in the previous question, please describe:

_____

Are you responsible for generating your own funding through clinical billing?

◯ Yes
◯ No

Do you have clinical productivity requirements?

◯ Yes
◯ No

Is your salary tied to performance outcomes?

◯ Yes
◯ No

If you answered "yes" to the above question, please select all performance outcomes your salary is connected to:

☐ Press Ganey
☐ RVU productivity
☐ Other

If you selected "other" for the previous question, please describe:

_____

Do you receive compensation (e.g., financial incentives) for meeting productivity requirements?

◯ Yes
◯ No

If you answered "yes" to the above question, please select all performance outcomes your incentives are connected to:

☐ Press Ganey
☐ RVU productivity
☐ Scholarly productivity (e.g., presenting research at conferences or in manuscripts, assisting with journal reviews, involvement in professional organizations, etc.)
☐ Other

If you selected "other" for the previous question, please describe:

_____

Please indicate how often you use the following codes to bill for your work in primary care:

	Never	Rarely	Sometimes	Often
Health & Behavior codes	○	○	○	○
Psychotherapy Current Procedural Terminology (CPT) codes	○	○	○	○
Consultation codes	○	○	○	○
Other code(s)	○	○	○	○

If you selected "other" in reference to codes, please describe the codes you use:

_____

Do you collect payment from the following payer-types for your work in primary care?

	Yes	No	Unsure
Medicaid	◯	◯	◯
Private	◯	◯	◯
Self-pay	◯	◯	◯
Tricare	◯	◯	◯
Other Insurance	◯	◯	◯

If you selected "other insurance," please describe:

_____

Is preauthorization required by your institution prior to seeing patients in primary care?

◯ Yes
◯ No
◯ Depends on insurance coverage
◯ Unsure

For the purpose of this question, "consultation" is defined as brief contribution to patient care without entering into a formal therapeutic relationship. Examples include advising the treating physician, brief assessment and recommendations made during patient visit with another provider, or anticipatory guidance during well-child care.

Please indicate any consultation services delivered in a primary care setting that are provided free-of-charge (Please check all that apply):
((check all that apply))

☐ Consultations with family about a child that are 15 minutes or less
☐ Consultations with family about a child that are greater than 15 minutes
☐ Consultations with a medical provider
☐ Consultations with an outside agency (e.g., outpatient therapist, teacher/school)
☐ None
☐ Other

If you selected "other" for the previous question, please describe:

_____

Please estimate the percentage of the consultation services you bill for that are reimbursed:

0% 100%

(Place a mark on the scale above)

Please indicate all other services you bill for (i.e., other than consultation services) that are delivered in pediatric primary care setting:

☐ Initial consultation/warm handoff with child or family
☐ Diagnostic evaluation
☐ Individual therapy
☐ Family therapy
☐ Group therapy
☐ Developmental screening
☐ Emotional/behavioral screening
☐ None

Is any of your pediatric primary care assessment or intervention work provided free-of-charge?

◯ Yes
◯ No
◯ Unsure

If you answered "yes" to the previous question, please specify what services are provided free-of-charge:

_____