

Caregiver Health Promotion in Pediatric Primary Care Settings: Results of a National Survey

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Objective To assess practice patterns, barriers, and facilitators related to caregiver health promotion in pediatric primary care settings.

Study design We conducted a mail-based survey of a nationally representative sample of 1000 children's primary care physicians (trained in pediatrics, family medicine, or medicine-pediatrics). We assessed engagement in 6 caregiver health issues (maternal depression, tobacco use, intimate partner violence, family planning, health insurance, and tetanus, diphtheria, and acellular pertussis immunization status) along with barriers and facilitators related to engagement. We used multivariable logistic regression to identify physician and practice correlates of engagement.

Results The response rate was 30%. The majority of respondents (79.3%) regularly addressed at least 3 caregiver health issues during well infant/child visits, most commonly maternal depression, tobacco use, and tetanus, diphtheria, and acellular pertussis immunization status. Screening was the most common activity. In adjusted analyses, pediatricians were less likely to screen for intimate partner violence and family planning compared with other providers. There were no other differences in engagement by physician specialty. Lack of time was the most commonly endorsed barrier (by 85.2% of respondents). Co-location of auxiliary services was the most frequently cited facilitator for the majority of issues.

Conclusions Children's primary care physicians and their care teams routinely engage in a variety of activities promoting caregiver health, largely independent of training background and despite multiple practice-related barriers. Co-location of auxiliary services could support the efforts of pediatric care teams. Future efforts that investigate care models which address these barriers and facilitators will help to realize the potential of pediatric settings to impact adult health. (*J Pediatr* 2016;■■■:■■■-■■■).

The American Academy of Pediatrics (AAP) has recognized that children's healthcare providers have "both opportunity and reason to take note of the health of their young patients' parents."¹ The opportunity is defined by the frequent contact that children's healthcare providers have with caregivers. The reasons include the important role that adult caregivers' health and health behaviors play in children's well-being. For example, maternal depression negatively impacts infant and child cognitive development and reduces the receipt of well-child care.²⁻⁴ Exposure to tobacco smoke is associated with a range of adverse outcomes, including sudden infant death syndrome and asthma exacerbations,^{5,6} and intimate partner violence (IPV) experienced by caregivers has been linked with anxiety disorders and substance use among their children.⁷⁻⁹

Based on such evidence, the AAP formally has recommended that pediatric professionals intervene in specific health issues or health-related behaviors of adult caregivers, including screening for maternal depression, caregiver tobacco use, and IPV.¹⁰ Emerging evidence and pilot studies further suggest potential roles for pediatricians in addressing other aspects of caregiver health, including health insurance status,¹¹⁻¹³ preconception and interconception care,¹⁴⁻¹⁶ and pertussis immunization status.^{17,18}

Implementation of existing guideline-based interventions for caregivers has been suboptimal in practice. For example, less than one-half of a nationally representative sample of pediatricians regularly inquired or screened for maternal depression.¹⁹ Among pediatric physicians in another national study, less than 10% screened regularly for IPV.²⁰ Studies also have revealed multiple barriers to engaging in specific caregiver health promotion activities, including lack of training, time, and reimbursement; limited referral resources; and concerns about liability and parental/guardian acceptance.²⁰⁻²⁴

To date, physician surveys have examined certain caregiver health issues in isolation without presenting a comprehensive assessment of caregiver health promotion by pediatricians or their healthcare team members. Through a nationally representative sample of children's primary care

AAP	American Academy of Pediatrics
ACO	Accountable Care Organization
AMA	American Medical Association
CHC	Community health center
IPV	Intimate partner violence
NCQA PCMH	National Center for Quality Assurance, Patient-Centered Medical Home
SCHIP	State Children's Health Insurance Program
Tdap	Tetanus, diphtheria, and acellular pertussis

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physicians, we sought to assess how frequently pediatric providers engage in addressing several different caregiver health issues, physician and practice-related correlates of engagement, and the potential barriers and facilitators to different aspects of caregiver health promotion.

Methods

We conducted a mail-based, cross-sectional survey of a nationally representative sample of general pediatricians, family medicine physicians, and medicine-pediatrics physicians in the US from October 2015 to February 2016. The study was approved by the institutional review board of the Johns Hopkins University School of Medicine.

The survey was mailed to a total of 1000 nontrainee physicians in the US selected randomly from the American Medical Association (AMA) Masterfile based on primary specialty (500 pediatricians, 250 family medicine physicians, and 250 medicine-pediatrics physicians) and age younger than 75 years. The AMA Masterfile includes nearly all US physicians and is not limited to members of the AMA.²⁵ Physicians were considered eligible to participate if they saw pediatric patients for well child visits.

A mailed prenotification letter was followed by the first survey mailing, which included a \$5 unconditional incentive. Up to 2 follow-up mailings were performed, followed by reminder phone calls to nonrespondents for whom telephone numbers were available. Participants were given the option of completing the survey online.

Survey Instrument and Measures

Six areas of caregiver health promotion were chosen based on current Bright Futures recommendations¹⁰ and evidence supporting their impact on pediatric health: (1) maternal depression; (2) tobacco use; (3) IPV; (4) health insurance status; (5) family planning; and (6) pertussis or Tdap (tetanus, diphtheria, and acellular pertussis) immunization status.

For each issue, respondents were asked which health promotion activities they engaged in, how frequently they engaged in the issues, what team members were involved, and whether (and how) they billed for their efforts. Health promotion activities included: (1) screening, (2) counseling, (3) providing educational materials, and (4) referral to other services for each of the 6 areas of caregiver health. For maternal depression, tobacco use, and family planning, respondents also were asked whether they performed medical management (such as prescribing antidepressants, tobacco-cessation aids, or contraceptives); for Tdap immunization status, they were asked whether they provided the vaccine to the caregiver.

Frequency of intervention was assessed separately for well infant visits and well child (>1 year old) visits with the following responses: “almost never,” “sometimes (about 25% of visits),” “half the time (about 50% of visits),” “usually (about 75% of visits),” and “almost always.” Respondents were asked to indicate which team members were involved in each area of health promotion from a list that included the physician himself/herself, nurses, medical assistants, case managers or social

workers, and behavioral or mental health specialists. Billing options included the use of a specific V code or risk assessment code, adjusting counseling times or visit level, and separately billing the caregiver.

Based on previous surveys,²⁰⁻²³ respondents were asked how strongly they agreed or disagreed (5-point scale) with several general barriers to caregiver health promotion, including limited time, referral-related issues (including lack of referral resources and complicated referral mechanisms), and inadequate reimbursement. We also asked how strongly respondents agreed or disagreed that personal liability and parent/guardian acceptance were concerns for addressing each specific health issue.

Respondents were requested to select the single most helpful facilitator for each caregiver health issue, from a list of 5 practice-related facilitators derived from previous studies^{21,22}: (1) co-location of adult healthcare providers; (2) co-location of case managers or social workers; (3) co-location of behavioral health specialists; (4) having easier mechanisms of referral; and (5) having easier means of communication with adult healthcare providers. They also were asked to what extent they agreed that additional training would help them effectively address each health issue.

The AMA database included information on age, sex, physician specialty (pediatrics, family medicine, or medicine-pediatrics residency completion), and region (Northeast, West, South, and Midwest). The survey also collected information on race/ethnicity and board-certification status.

We asked respondents about their type of practice (categorized as private practice, hospital-based clinic, academic health center, community health center [CHC], government health center, other), location of practice (urban, suburban, rural), National Center for Quality Assurance, Patient-Centered Medical Home (NCQA PCMH) recognition status, co-location of additional medical services (including internal medicine, family medicine, obstetrics/gynecology), composition of care team (including nurses, medical assistants, case managers or social workers, behavioral or mental health counselors), and proportion of patients receiving Medicaid or State Children's Health Insurance Program (SCHIP) coverage (25% or less, 26%-50%, and greater than 50%).

Data Analyses

We defined physicians as addressing a specific caregiver health issue when they reported engaging in any activity related to the issue during at least one-quarter of either well infant or well child visits. Pearson χ^2 analyses were used to examine whether engagement varied by physician specialty. Separate multivariable logistic regression analyses were performed to identify factors associated with physician engagement in each caregiver health promotion activity. Models included physician demographics (age, sex, race, and specialty) and practice characteristics (including type of practice, practice location, practice region, proportion of patients receiving Medicaid/SCHIP, and NCQA PCMH status). Average marginal effects were calculated to illustrate regression-estimated predicted probabilities for each covariate. Sensitivity analyses for nonresponse

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