1. **In 2016, Virginia Dept. of Health (VDH) promulgated new rules on blood lead testing and issued recommendations on clinician actions pertaining to screening/testing and management of children with confirmed elevated blood lead level (EBLL).**

[**https://law.lis.virginia.gov/admincode/title12/agency5/chapter90/section215/**](https://law.lis.virginia.gov/admincode/title12/agency5/chapter90/section215/)

1. **Are you aware that VDH changed the level for a blood lead reference value to 5 µg/dL?**
[  ] Yes       [  ] No

1. **Please share what works well with meeting the recommendations.**

1. **Please share what continues to be a challenge in carrying out the recommendations**

1. **Lead poisoning is frequently asymptomatic; therefore, recognizing risk factors (see link above) for lead poisoning is critical for identifying children needing blood lead testing. Are you familiar with the risk factors associated with childhood lead poisoning?**

 [  ] Yes                 [  ] No

1. **Which of the following statements best describes your blood lead testing practices (check all that apply)?**

[    ] Test all children 6 years old and under, annually

[    ] Test all children at 12 months

[    ] Test all children at 24 months

[    ] Test when there are symptoms

[    ] Test when there is a known exposure

[    ] Test when there appears to be a risk of exposure

[    ] Test all children annually

[    ] Test following the Early and Periodic Screening, Diagnostic, and Treatment

       (EPSDT)Guidelines

[    ] Test during every sick visit

[    ] Test during well-baby/immunization visits

[    ] Test when requested by parent

[    ] Test children regularly, in accordance with guidelines, if they have had a

       previous positive test

[    ] Not sure

[    ] Other:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please feel free to expand on any of the checked items above.**

1. **We noticed that blood lead testing/screening citywide has decreased over the last 5 years (well before the COVID19 pandemic).**

1. **Are there particular factors your practices are experiencing that may contribute to a lower blood lead testing rate?  (check all that apply)**

[   ] We believe our lead screening process is up to recommended standards and that we have not

      experienced challenges in getting our patients tested/screened for lead.

 [   ] We are seeing fewer patients in the office so we are not conducting as much blood lead testing

      [   ] Our clientele/patient populations have changed (please elaborate)

 [   ] We are doing more telemedicine

 [   ] Parents are declining lead tests

[   ] Parents (Families) are not being responsive to/complying with pre-scheduled appointment or

      lab orders

      [   ] We do not have the ability to monitor if an ordered test was conducted in a timely manner

      [   ] We do not have the capacity to make timely follow up call

      [   ] Our pool of Medicaid patients has dropped / we have stopped taking Medicaid patients

      [   ] Our patient pool has dropped / we have stopped taking new patients

      [   ] Many of our patients (families) do not have reliable telecommunication/internet capacity.

      [   ] Change in insurance (payers) contract/reimbursement

      [   ] Reduced office hours

      [   ] Fewer patients are meeting screening guidelines

      [   ] Parents prioritized other healthcare needs of their children over lead poisoning screening

[   ] We do not have a list of risk factors or high risk areas that would help identifying children

      needing blood lead testing/screening

      [   ] Our location has changed

 [   ] We have changed our initial blood panel

 [   ] Language/communication challenges with patients (families) or patient background

 [   ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are there operational or processes in place or change your practice has made that enable /improve more blood lead testing/screening?  (Please check all that apply)**

      [   ] Our location has changed or we have added new locations (please elaborate the benefit)

      [   ] Our practice has grown – more providers and staff

      [   ] Our facility is located on public transit line

      [   ] Our facility has sufficient public parking spaces

      [   ] We have Spanish interpreter/Spanish-speaking professional on-site

      [   ] Our office hours have expanded (please elaborate)

      [   ] We have separate well-child and sick-child waiting room areas

      [   ] We order a blood lead screening at appropriate well-child/well-baby checks

      [   ] We educate the parents on the need for getting a blood lead testing/screening done

      [   ] We are aware of the risk factors and use them to identify high risk children

[   ] We are able to send lab order to the lab or to the parents, and do not need parents to come

       into the office to pick up the order

[   ] We have multiple ways to reach our clients (families) and they have multiple ways to reach us

       as well.  (e.g. use of text messaging, Hang Out, Zoom, Google Meet, Patient portal, and/or

       phone)

      [   ] We have EMR with the capability to track testing and appointment compliance

[   ] We carry out conversation with our clients (families) regarding any hardship or challenges that

       they may be facing and which would make it difficult for them to adhere to medical advice,

       scheduled appointment, lab orders, treatment, and/or prescription order.

      [   ] We communicate well with VDH/ local health department

 [   ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Feel free to expand on any of the items checked above.**

1. **What operational changes have you made because of COVID-19 that may create permanent impacts on your blood lead testing practices?**

1. **What type of follow-up care do you provide for your children with elevated blood lead levels?**

**(check all that apply)**

[   ] Follow-up by office staff      [   ] Follow-up by physician

[   ] Refer to State Health Department         [   ] Refer to Local Health Department

[   ] Follow-up during the next regular visit

[   ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If there is anything else you’d like to share with us regarding blood lead testing, or do you have other questions for us?**

1. **We would like to conduct a follow-up with your practice to discuss these survey results and to see how the health department can help to increase testing rates for childhood lead poisoning.  Please provide some preferred dates and times that would work for your practice between mid-May and late July.  We would be happy to bring light refreshment to an on-site meeting or to host a virtual meeting.**

**Preferred Day of the Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your practice have a routine scheduled Staff meeting, if yes, can we schedule a session with you?** [   ] Yes       [   ] No

**Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person/phone to set up meeting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fax your survey answers to our office at (804) 371-2207,**

**Attention: Bob Becker**

**or email responses to robert.dbecker@vdh.virginia.gov**

**Bob Becker can also be reached at (804) 205-3727.**

**Thank you!**