

NYS Lead Poisoning Prevention Regulation Changes and Healthcare Provider Responsibilities

Sent by email on 12/12/19 to over 1000 pediatric and prenatal care providers in our 9 county region.

Hello!

We in the Rochester Office of the Western New York Lead Poisoning Resource Center are funded to support healthcare providers and local health departments in nine Finger Lakes region counties. NYS regulations for lead poisoning prevention changed on October 1st, 2019.

Please complete this brief survey so we have a better sense of healthcare providers' knowledge about their responsibilities under the new regulations. The survey length differs depending on your patient population; we expect it will take at most 3 minutes of your time.

The survey is anonymous unless you would like us to arrange for further lead poisoning prevention education or support. In that case you will be asked for contact information.

What patient population does your practice serve? (check all that apply)

100 responded:

- 68 Children
- 45 Pregnant & Breastfeeding Women
 - 50 Children ONLY
 - 18 Children AND Pregnant & Breastfeeding Women
 - 27 Pregnant & Breastfeeding Women ONLY
- 22 Other: adults/all ages, Gyn, men, ED

What is your role?

100 responded:

- 74 MD/DO
- 10 NP
- 4 RN
- 10 LPN
- 10 Other: CNM/Midwife, PA, Nurse Manager, Office Manager, Ambulatory Tech, Health Plan

What county is your practice located in? (If more than one, choose primary location)

100 responded:

- | | |
|--------------|------------------------|
| 1 Chemung | 1 Seneca |
| 7 Livingston | 5 Steuben |
| 75 Monroe | 5 Wayne |
| 4 Ontario | 0 Yates |
| 0 Schuyler | 2 Other: Genesee, Erie |

When does your practice do lead risk assessment of pregnant women? (check all that apply)

[asked only if they see pregnant women]

45 responded:

- 39 (87%) First prenatal visit
- 0 Third trimester
- 7 (16%) Other: at new OB intake, we do not, deferred to OB, etc.

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SUMMARY OF RESULTS - December 2019 Healthcare Provider Survey

Where/how do pregnant women in your practice usually get a blood lead test if one is needed?

[asked only if they see pregnant women]

45 responded:

- 1 (2%)** In office - Lead Care II or other point of care testing during visit
- 1 (2%)** In office - capillary or venous sample drawn during visit and sent to offsite lab
- 32 (71%)** Lab in the same building/complex
- 11 (24%)** Lab in an off-site building

How does your practice do risk assessment for potential lead exposure among children?

[asked only if they see children]

68 responded:

- 20 (29%)** Parent completes questionnaire on paper, on tablet, via electronic patient portal, etc.
- 48 (71%)** Nurse or provider asks questions

At what ages does your practice routinely do lead risk assessment of children? (check all that apply)

[asked only if they see children]

68 responded:

- | | | | |
|-----------------|-----------|-----------------|-----------|
| 27 (40%) | 6 months | 26 (38%) | 30 months |
| 29 (43%) | 9 months | 26 (38%) | 3 years |
| 64 (94%) | 12 months | 22 (32%) | 4 years |
| 30 (44%) | 15 months | 22 (32%) | 5 years |
| 35 (51%) | 18 months | 18 (26%) | 6 years |
| 63 (93%) | 24 months | | |

At what ages does your practice routinely do blood lead level testing of children? (check all that apply)

[asked only if they see children]

68 responded:

- 8 (12%)** 9 months
- 61 (90%)** 12 months
- 8 (12%)** 18 months
- 64 (94%)** 24 months

Where/how do children in your practice usually get their blood lead test?

[asked only if they see children]

68 responded:

- 45 (66%)** In office - Lead Care II or other point of care testing during visit
- 5 (7%)** In office - capillary or venous sample drawn during visit and sent to offsite lab
- 12 (18%)** Lab in the same building/complex
- 6 (9%)** Lab in an off-site building

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| How confident are you in your understanding of the following topics: | Total Responses | Not at all confident | Somewhat confident | Very confident |
|---|------------------------|-----------------------------|---------------------------|-----------------------|
| Anticipatory guidance for pregnant women emphasizing primary prevention of lead poisoning <i>[asked if they see pregnant women]</i> | 45 | 7 (16%) | 21 (47%) | 17 (38%) |
| Assessing pregnant woman at the initial prenatal visit for risk of exposure with a risk assessment tool, and ordering a blood lead test if a risk is identified <i>[asked if they see pregnant women]</i> | 45 | 10 (36%) | 16 (26%) | 19 (42%) |
| Blood lead testing a newborn before hospital discharge if the mother had a BLL 5 ug/dL and greater during pregnancy <i>[asked if they see pregnant women]</i> | 45 | 24 (53%) | 12 (27%) | 9 (20%) |
| Availability and expertise of the MotherToBaby UR Medicine concerning pregnant and lactating women with elevated blood lead levels <i>[asked if they see pregnant women]</i> | 45 | 16 (36%) | 12 (27%) | 17 (38%) |
| Anticipatory guidance for parents emphasizing primary prevention of childhood lead poisoning <i>[asked if they see children]</i> | 68 | 1 (<1%) | 23 (34%) | 44 (65%) |
| Assessing children at every well child visit (between 6 mo and 6 yrs old) for risk of exposure with a risk assessment tool, and ordering a blood lead test if a risk is identified <i>[asked if they see children]</i> | 68 | 7 (10%) | 30 (44%) | 31 (46%) |
| Blood lead testing requirements for all one and two-year-old children <i>[asked if they see children]</i> | 68 | 0 | 8 (12%) | 60 (88%) |
| Lead exposure assessment for children with BLLs 5 ug/dL and greater <i>[asked if they see children]</i> | 68 | 5 (7%) | 19 (28%) | 44 (65%) |
| Nutritional assessment, counseling and referrals as needed for children with BLLs 5 ug/dL and greater <i>[asked if they see children]</i> | 68 | 5 (7%) | 32 (47%) | 31 (46%) |
| Developmental assessment, counseling and referrals as needed for children with BLLs 5 ug/dL and greater <i>[asked if they see children]</i> | 68 | 6 (9%) | 24 (35%) | 38 (56%) |
| Evaluating the risk of others living in the home when a child or an adult has a BLL 5 ug/dL and greater and testing if at risk <i>[asked if they see children]</i> | 68 | 6 (9%) | 37 (54%) | 25 (37%) |
| Communicating and coordinating with the local health department where a child resides when a BLL is 5 ug/dL and greater <i>[asked if they see children]</i> | 68 | 2 (3%) | 23 (34%) | 43 (63%) |
| Availability and expertise of the Regional Lead Resource Center concerning children with elevated BLLs <i>[asked if they see children]</i> | 68 | 10 (15%) | 25 (37%) | 33 (49%) |
| Updated NYS guidelines for health care providers - available to order or download from the NYS DOH Lead Poisoning Prevention website | 100 | 14 | 50 | 36 |
| Educational lead poisoning prevention resources for families - available to order or download from the NYS DOH Lead Poisoning Prevention website | 100 | 15 | 52 | 33 |

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Local lead poisoning prevention coalitions welcome the participation of providers and nurses. Please check off ways that you or others in your office may be interested (check all that apply):

100 responded:

- 0** Leadership of lead coalition meetings
 - 15** Attendance at lead coalition meetings
 - 4** As an official medical advisor/consultant
 - 7** Help with specific initiatives (e.g. be a face/voice for public education campaigns)
 - 46** Display lead coalition messaging in your practice
 - 1** Other: **Medical Toxicologist**
- [43 indicated none of the above]**

Would you like us to contact someone in your practice about improving lead poisoning prevention, testing, and management?

100 responded:

- 92** No
- 8** Yes [if yes please provide practice name, your name, person to contact if other than you, email, phone]
 - 3 Family Medicine**
 - 1 Peds**
 - 1 Midwifery Group**
 - 2 OB/Gyn**
 - 1 Primary Care**