

special health care need, or whether the child's mother experiences symptoms of depression



### **1.3 How has the PHDS-PLUS been used in Medicaid?**

Medicaid programs have used the PHDS-PLUS for three overarching purposes:

1. Quality Measurement and Improvement
  - Demonstrate performance across a broad range of important services
  - Compare performance across different health plans, pediatric providers, or service areas
  - Learn about differences in quality within and across many groups of children
2. Program and Policy Planning and Evaluation
  - Identify unmet needs of parents across aspects of care and specific care topics
  - Target and track strategies to improve quality of care
  - Stimulate partnerships and coordinate efforts to improve care across sectors and agencies
  - Determine health risks and health care service needs of children and their families
  - Compare policies for organizing and paying for health care services for children
3. Educate and Empower Families, Providers, and Other Partners
  - Inform and activate providers, families, health care leaders, and others as partners

See Table 1.1 on the following page for specific examples of how the PHDS-PLUS has been used in the field.

**Table 1.1: Examples of PHDS-PLUS Applications in the Field**

<p><b>Federal and State Reporting</b></p>	<ul style="list-style-type: none"> <li>• <i>Washington State</i> used the PHDS-PLUS to complement the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) measures. It compared differences in the prevalence of parents of young children being counseled on various topics by type of well-visit (EPSDT well-visit rates, chart review, or any type of well-visit). The results were disseminated to individual health care providers.</li> </ul>
<p><b>Contracting and Purchasing</b></p>	<ul style="list-style-type: none"> <li>• <i>Maine</i> used the PHDS-PLUS to evaluate the quality of care provided by health care providers enrolled in the Primary Care Case Management (PCCM) program. Findings were inserted into the PCCM newsletter and were used to inform quality improvement priorities for PCCM providers.</li> </ul>
<p><b>Monitoring</b></p>	<ul style="list-style-type: none"> <li>• <i>Vermont</i> used the PHDS-PLUS findings to inform efforts to improve the Healthy Babies, Kids and Families program (HBKF). They analyzed the findings by whether the parent received a home visit and examined where variations and improvements could be achieved. Furthermore, Vermont is using the PHDS-PLUS items in their HBKF client satisfaction survey to trend their efforts over time.</li> <li>• The <i>Institute for Health Care Policy</i> has used the PHDS-PLUS as its measurement and evaluation tool for children enrolled in the Florida Healthy Kids program.</li> <li>• The Commonwealth Fund established the <i>Assuring Better Child Health and Development</i> (ABCD) program to help state Medicaid agencies build capacity to provide health promotion and developmental services to young children and their families. CAHMI was funded to implement the PHDS-PLUS in three out of four of these states to provide baseline information to inform their efforts.</li> <li>• <i>Vermont</i> analyzed their PHDS-PLUS findings at practice-level for providers enrolled in the PCCM program. Provider-level reports were then disseminated to inform health care providers about quality of care issues and hopefully to inform their improvement efforts.</li> </ul>
<p><b>Quality Improvement</b></p>	<ul style="list-style-type: none"> <li>• <i>Three health plans</i> used the PHDS-PLUS as part of their quality improvement programs. They collected health plan-level information, which was then disseminated to quality improvement directors and key provider committees focused on quality improvement implementation initiatives.</li> <li>• <i>Washington State</i> implemented the PHDS-PLUS at a practice level to inform practice-level improvement efforts via their EPSDT focus area projects.</li> <li>• The <i>Maine Department of Human Service</i> used the PHDS-PLUS to inform preventive services and quality improvement activities for young children and to enhance their implementation of chart-based encounter forms to guide health care providers.</li> <li>• <i>Pediatric health care providers</i> in Vermont implemented the reduced-item PHDS in their pediatric practices to inform their quality improvement efforts. Analyses were conducted at the medical group, office, and provider level.</li> </ul>
<p><b>Consumer Reporting and Education</b></p>	<ul style="list-style-type: none"> <li>• A pilot study was conducted in <i>pediatric practices in Vermont</i> to develop and test feedback templates to parents displaying the findings from the PHDS tools. Overall, the templates were very well received and parents expressed high interest in receiving this type of information.</li> </ul>
<p><b>Public Health Monitoring</b></p>	<ul style="list-style-type: none"> <li>• As part of its Medicaid external quality review, <i>Washington State</i> used the PHDS-PLUS to collect information at both the health plan and county levels. Public health initiatives related to preventive care were focused on county-level implementation efforts.</li> <li>• The <i>Vermont Department of Children with Special Health Care Needs</i> analyzed the PHDS-PLUS by special health care need status to evaluate the need for targeted outreach efforts.</li> </ul>

**Table 1.2: PHDS-PLUS Measure Scores Across Seven Medicaid Programs**

PHDS-PLUS Quality Measure	Quality Measure Scores Overall and Across Seven State Medicaid Programs		
	<i>Overall</i>	<b>Lowest State Score</b>	<b>Highest State Score</b>
<b>Anticipatory Guidance &amp; Parental Education (AGPE)</b> (% reporting discussion OR that it was okay to not have discussed certain topics on all items)	49.6% <sup>S</sup>	36.9%	58.8%
<b>Family-Centered Care (FCC)</b> (% of parents reporting care was “usually or always” provided across the three FCC survey items asked in the 01 and 04 PHDS-PLUS)	71.2% <sup>S</sup>	61.3%	76.5%
<b>Family Psychosocial Assessment (FA)</b> (Proportion reporting that at least 2 of 3 topics were discussed)	47.8% <sup>S</sup>	37.2%	58.0%
<b>Assessment of Concerns About Child Development (ASKINFO)</b> (% of parents asked about their concerns and, if concerned, got information specific to their concerns)	50.1% <sup>S</sup>	34.2%	61.0%
<b>Follow-up for children at-risk for behavioral, social, or developmental delays (FURISK)</b> (% of children at risk for delays for whom some type of follow-up was provided)	59.5% <sup>NS</sup>	54.2%	66.7%
<b>Smoking, Drug, Alcohol Assessment (SDA)</b> (% asked about smoking and drug or alcohol use in the family)	69.0% <sup>S</sup>	62.6%	75.0%
<b>Help with Care Coordination (CC)</b> (% of children requiring more than one type of health care service who received needed help coordinating care)	59.6% <sup>NS</sup>	56.5%	68.1%
<b>Helpfulness of Information and Education Provided (HELP)</b> (% reporting that care was helpful or very helpful to all items answered)	64.6% <sup>S</sup>	59.3%	69.3%
<b>Health Information (HI)</b> (% reporting receipt of written or other type of information about caring for their child, injury prevention, and child development)	77.4% <sup>S</sup>	67.4%	81.9%
<b>Minimum comprehensive care composite</b> (% meeting threshold scores for each of the AGPE, FCC, FA, SDA, and FURISK measures)	25.3% <sup>S</sup>	17.8%	29.8%

Source: 2001–04 CAHMI PHDS-PLUS Data from Seven State Medicaid Programs

<sup>S</sup> Denotes variables for which statistically significant variation exists among states for the PHDS measures score. <sup>NS</sup> No significant variation exists among states for the PHDS measures score.