



The Promoting Healthy Development Survey (PHDS)

A Tool to Address the Quality Chasm in Well-Child Care for Young Children

Well-child care is the heart of health care for children. There is a quality chasm in the provision of well-child care for young children that needs to be addressed.

Young children with one or more unmet preventive and developmental service need - **9 of 10**

Young children who have a yearly well-child visit whose parents did NOT get needed guidance and information on promoting their child's health and development - **6 of 10**

Young children with significant risks to their development who did NOT receive some type of follow-up - **1 in 2**

Children whose parents were NOT asked about smoking, alcohol and drug use in the home - **1 in 2**

Children whose parents have symptoms of depression and were NOT screened for depression by their child's provider- **less than half**



The PHDS brings health plans, providers and parents together to address missed opportunities and to begin to close the quality gap in well-child care for young children.

A Tool for Health Plans: Quality health plans emphasize preventive care with their members, yet the well-visit rate and satisfaction measures commonly used to assess quality DO NOT provide valid information about what happens during well-child visits.

Missed Opportunity: Health plans need valid, feasible, cost efficient strategies like the PHDS to address the quality chasm and to demonstrate their commitment to being a child-centered health plan.

A Tool for Providers: Pediatric providers value and gain professional satisfaction from well-child visits with parents, yet many are frustrated that they cannot address all well-child care recommendations and meet parents' needs within their available time and resources.

Missed Opportunity: Providers need tools and strategies for customizing care to better meet the needs of their families. The PHDS provides actionable information from parents about how to better target services to meet their needs during well-child visits.

A Tool for Health Plan Members: Parents of young children want information and guidance from their pediatric providers and health plans, yet many parents do not effectively utilize the well-child visit and provider and health plan resources to best meet their needs and the needs of their child.

Missed Opportunity: Using the PHDS, parents of young children provide feedback about where their needs are and are not being met. Health plan websites and pre-visit questionnaires anchored to PHDS measures optimize time spent with providers and engage the family as active partners during well-visits.

MEASUREMENT THAT MATTERS

For the most part, well-child care does not involve many high-tech tests, treatments or interventions. Health care aimed at promoting the healthy development of young children relies on the use of valid assessment tools and good communication and partnerships with parents to identify issues early and to provide effective education and guidance.

The **Promoting Healthy Development Survey (PHDS)** provides health systems, providers and parents with a reliable, valid and feasible tool to assess the quality of what happens during well-child visits in order to target tailored improvements that meet the needs of parents AND providers and promote children's healthy development.

The only way to know if quality care was provided is to ask parents.



PROMOTING HEALTHY DEVELOPMENT SURVEY (PHDS) *Fast Facts!*

The Promoting Healthy Development Survey (PHDS):

- ◆ Is a survey of parents, requiring **12-15 minutes** to complete.
- ◆ Focuses on **clinical aspects of recommended** well-child care.
- ◆ Focuses on topics **parents can validly report on**.
- ◆ Focuses on topics where **there is the strongest evidence**.
- ◆ Has been **validated and tested** for use in health plans, pediatric offices and geographic areas.
- ◆ Has been used in numerous State Medicaid agencies and incorporated into national surveys

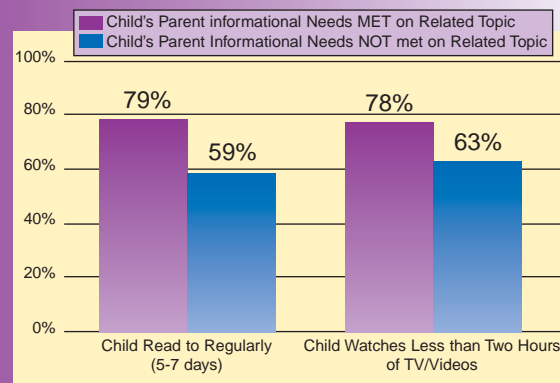
Meeting Parents Informational Needs about Child's Health and Development

Actionable Information Obtained In The PHDS

- ◆ Identification of the specific topics for which parents have unmet informational needs.
 - ◆ Approximately **18 priority** recommended anticipatory guidance and parental education topics included.
 - ◆ Parents indicate, if topic not discussed, they wanted to talk about it with their child's health care provider.
- ◆ Descriptive information about key parenting behaviors that protect and promote a child's health and development. (e.g. reading to children, safety precautions, TV watching, etc.)

Why Does This Matter?

Parents with their Informational Needs Met are More Likely to do Positive Family Activities



Asking about and Addressing Parental Concerns

Actionable Information Obtained In The PHDS

- ◆ Whether parents are asked about and get information about their concerns.
- ◆ Whether children are at-risk for developmental delays and receive some level of follow-up care.
- ◆ What specific concerns parents have about their child. (*Items from the Parent Evaluation of Developmental Status© tool included in the PHDS*)

Why Does This Matter?

- ◆ Asking about parent concerns using a standardized developmental screening tool is essential to determining a child's risk for delays.
- ◆ Children who are identified and receive treatment earlier are more likely to enter school ready to learn.

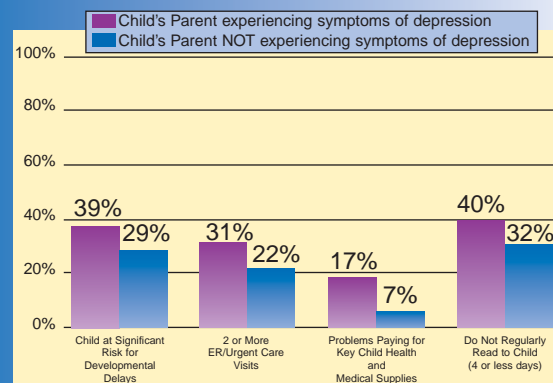
Screening Families for Risks to the Child's Health

Actionable Information Obtained In The PHDS

- ◆ Whether pediatric providers screen parents for key risks to the child's health, including substance abuse, parental depression and physical and emotional safety in the home.
- ◆ Descriptive information about the number of parents currently experiencing symptoms of depression. (Items from the Kathi Kemper, MD Depression Screener included in the PHDS)

Why Does This Matter?

Relationship between children with parents who are depressed and other family/child factors



“We would not be engaged in national discussions about developmental services without the information provided by the PHDS.”

*The Chairman of the Board of the
National Initiative for Children's Healthcare Quality,
David Bergman, M.D.*

HOW CAN A HEALTH PLAN USE THE PHDS?

BASELINE QUALITY MEASUREMENT

Health plans can use the PHDS to gather baseline data and to compliment and enhance their current quality measurement activities. The PHDS has been used by health plans to evaluate quality across the entire system and by **specific office settings and individual providers**. The PHDS has been feasibly administered using a **mail or telephone mode of administration**.

ENHANCED USE OF HEALTH PLAN WEBSITE FOR MEMBERS

The PHDS can be added to a **health plan's member website**. Parents can **complete the survey and get feedback** about questions they should ask at their child's well-child visit. Information about the topics asked about in the PHDS can be placed on the website. On the back-end, health plans can gather baseline data from these completed surveys and identify improvement opportunities.

IN-OFFICE ADMINISTRATION

A **reduced-item version of the PHDS** has been developed, tested and **implemented pediatric office settings**. The parent can complete the PHDS when the check-in using either a paper/pencil version or computer kiosks available in the waiting room.

How does the PHDS compare to other commonly used measures of quality?

HEDIS Well-Child Visit:

- ◆ The current HEDIS measure focused on well-child visit provides information about children's access to well-child care, not what they receive when they come in.
- ◆ A national study published in *Pediatrics* showed that only about one third of children who had well-visits received a basic set of recommended well-child care services measured by the PHDS.

Consumer Satisfaction Surveys

(For example: CAHPS, Picker, Art of Medicine Surveys)

- ◆ Satisfaction surveys yield different results about quality than a survey about clinical-quality like the PHDS.
- ◆ A study conducted in a large health plan showed that the PHDS and a common consumer experience and satisfaction surveys agreed less than 50% of the time in identifying high and poor quality providers.

“The PHDS altered the whole way I provide care. It made me think about how I can put my families first and meet their needs better.”

*Fred Holmes, M.D.
Mousetrap Pediatrics*

AN EXAMPLE OF HOW A HEALTH PLAN USED THE PHDS:

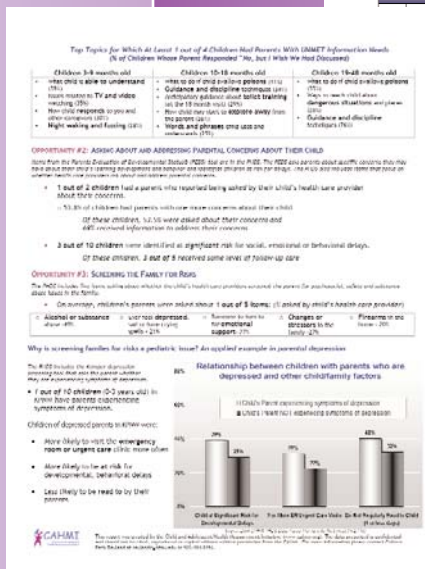
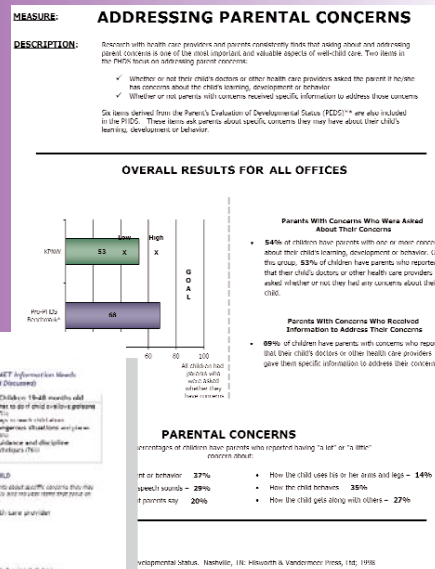
Kaiser Permanente Northwest (KPNW) implemented the PHDS to assess health care quality and identify improvement opportunities across the health plan, within pediatric offices and across pediatric providers. **Office- and provider-level reports** were disseminated to front-line health care providers and a strategic report was used by senior leaders to identify leverage arms for improvement and engage key stakeholders to identify champions in leveraging member health education efforts and website and electronic medical record systems to implement **feasible change concepts**, including:

Meet Parents Informational Needs:

- ◆ Enhance and focus parent education and activation materials on areas where PHDS shows parent needs are least likely to be met.
- ◆ Prompt providers to focus on areas where parent needs are not met using the electronic medical record.

Use Pre-Visit Questionnaires for Standardized Screening:

- ◆ Advance the pre-visit use of parent completed standardized developmental screening tools and standardized parental depression screening tools.
- ◆ Report findings to pediatric providers for use during the child's well-visit.





The Promoting Healthy Development Survey (PHDS)

Based on support from The Commonwealth Fund, the PHDS and related tools are available for free on the CAHMI website at www.cahmi.org.

PHDS Availability and Benchmark Data

The PHDS and related tools are available for free on the CAHMI website at www.cahmi.org.

To date, the CAHMI has worked with State Medicaid agencies, health plans and pediatric practices to implement the PHDS, collecting over 20,000 cases of benchmark data and representing over a half million young children. In addition, items from the PHDS are included in the National Survey of Early Childhood Health and the National Survey of Children's Health.



Implementation Support

The PHDS was initially developed and tested for use in health plans and is the only available, valid and reliable parent reported tool to assess the receipt of many aspects of recommended well-child care essential to ensuring the healthy development of young children that are not currently measured in most health plans.

The PHDS development team welcomes the opportunity to engage in strategic conversations with interested health plans in how they can use the PHDS and other CAHMI consumer-based quality measurement tools as part of their quality measurement and improvement strategy.

PHDS Tools and Resources

Available on the CAHMI Website:
www.cahmi.org

Tools and resources for using the PHDS available on the CAHMI website include:

1. Downloadable versions of the PHDS for administration
(mail, telephone, online or in-office versions available)
2. Administration protocols and materials
(For example: process, timelines, cover letters, reminder post cards)
3. Example results reporting templates
(For example: Reporting templates to use in sharing the findings with front-line health care providers)
4. Examples from past users
(For example: Highlights of how Kaiser Permanente Northwest used the PHDS)
5. Other PHDS related publications and resources, such as peer reviewed papers and slide presentations.

CAHMI Contact Information

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