



## Step 1.1: What is the PHDS?

The Promoting Healthy Development Survey is a parent survey that assesses whether young children age 0–3 (under 48 months of age) receive nationally recommended preventive and developmental services.

This survey-based tool captures information about the provision of preventive and developmental services recommended by the American Academy of Pediatrics and the Maternal and Child Health Bureau's Bright Futures. Specifically, the survey assesses recommendations provided in the context of discussions between parents and their children's pediatric clinicians. The PHDS also collects descriptive information about child health, parent health, and family behaviors.

The PHDS was designed to measure these communication-dependent aspects of care because studies have shown that medical chart reviews and claims or billing data do not reliably or validly measure clinical recommendations that providers discuss with their patients. A second goal of the PHDS is not only to assess whether recommended care was provided, but also to measure the degree to which the parent have their informational needs met and whether the care provided is family-centered. Again, these important characteristics of a high-quality health system are best measured by asking the parent(s) directly.

This manual provides the implementation guidelines for administration of the PHDS by mail. There are two versions of the PHDS that can be administered by mail:

- The full-length PHDS (Appendix 3)
- The reduced-item version of the PHDS, named the Pro-PHDS. There are three age-specific versions of the ProPHDS (Appendices 4–6).

The PHDS tools are summarized in the "Fast Facts" table that follows.

Table 1.1 Promoting Healthy Development Survey (PHDS) Fast Facts

<p><b>Overview of the PHDS</b></p>	<p>The Promoting Healthy Development Survey (PHDS) assesses whether young children age 0–3 receive nationally recommended preventive and developmental services. The full-length PHDS takes approximately 15–18 minutes to complete and the reduced-item PHDS takes approximately 5 minutes to complete. The PHDS includes additional items related to the child's health, parents' health, and family behaviors. An additional version of the PHDS for telephone administration (PHDS-PLUS). To date, over 45,000 surveys have been collected by 10 Medicaid agencies, four health plans, 38 pediatric practices, and nationally through the National Survey of Early Childhood Health. Components of the PHDS have also been included in the National Survey of Children's Health.</p>
<p><b>Quality of Care Topics Assessed in the PHDS</b></p>	<p>The PHDS collects data on 10 health care quality topics related to clinical and patient-centered care preventive and developmental services for young children:</p> <p><i>Appropriate Clinical Care</i></p> <ol style="list-style-type: none"> <li>1. Anticipatory guidance and parental education provided by doctors or other health care providers.</li> <li>2. Assessment of parental concerns about their child's learning, development, and behavior.</li> <li>3. Provision of specific information to address parental concerns.</li> <li>4. Follow-up for children at risk for developmental, behavioral, or social delays.</li> <li>5. Administration of a standardized, parent-completed developmental and behavioral screening tool.</li> <li>6. Assessment of psychosocial issues in the family.</li> <li>7. Assessment of smoking, substance abuse and safety in the family.</li> <li>8. Coordination of care for children requiring multiple types of health care services or seeing more than one health care provider. (Items not included in the ProPHDS.)</li> </ol> <p><i>Patient-Centered Care</i></p> <ol style="list-style-type: none"> <li>9. Provision of family-centered care that respects and partners with parents.</li> <li>10. Helpfulness of care provided to parents. (Items included in the PHDS only.)</li> <li>11. Effect of care provided on parental confidence. (Items included in the PHDS only.)</li> </ol> <p><i>Health Information</i></p> <ol style="list-style-type: none"> <li>12. Provision of written or other types of health information to parents on caring for their child, preventing injuries, and ensuring optimal development. (Items included in the PHDS only.)</li> <li>13. Provision of information about resources in the community for parents.</li> </ol> <p><i>Minimum Comprehensive-Care Composite – "Got All Care Measure"</i></p> <ol style="list-style-type: none"> <li>14. Provision of comprehensive care, meaning patients were provided a minimum threshold of care for the components of care listed above.</li> </ol>

Table 1.1 PHDS Fast Facts (Continued)

<p>Additional Information Collected by the PHDS</p>	<p>The PHDS also gathers information useful for quality improvement and community assessment:</p> <ol style="list-style-type: none"><li>1. Child health and descriptive characteristics (risk for developmental, behavioral or social delays, special health care need, overall health status, premature birth, birth order).</li><li>2. Parental health and socio-demographic characteristics (risk for depression, problems paying for child's basic health and medical needs, relationship to child, education level, marital status).</li><li>3. Parenting behaviors (breastfeeding, reading, screen time, actions parents take to protect their child from injury).</li><li>4. Child's health care utilization (number of regular or routine care visits, ER visits).</li><li>5. Access issues (problems getting necessary care, use of health care).</li></ol>
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## 1.2: How does the PHDS compare with currently used quality measures?

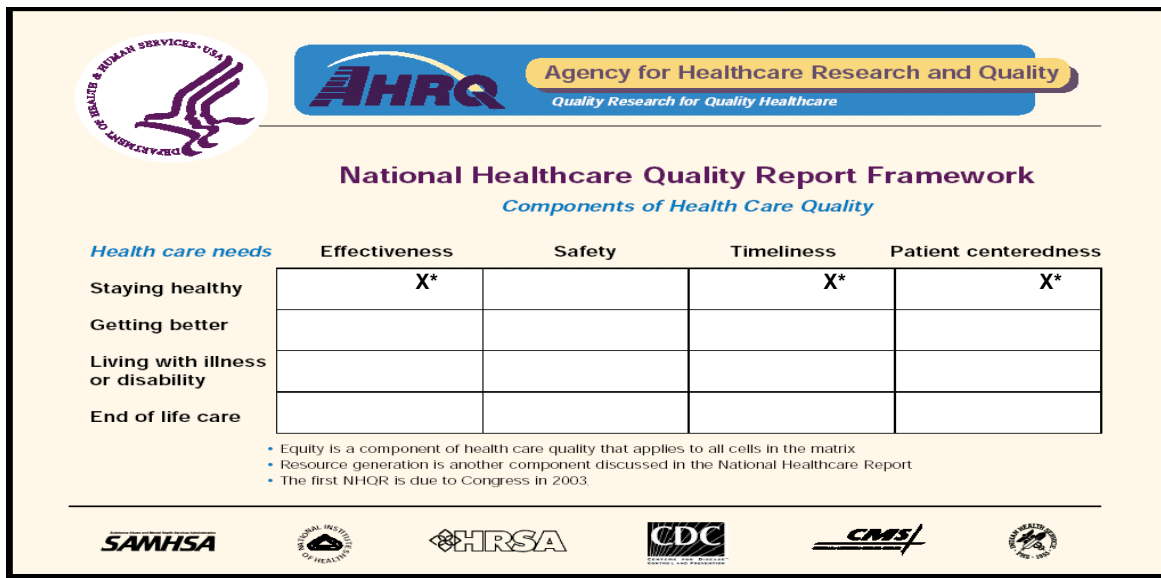
The PHDS assesses the quality of recommended preventive and developmental care that children receive. Given that the PHDS is anchored to national recommendations about well-child care, it focuses on topics of national interest and compliments existing quality measures on access to well-child care.

### How does the PHDS relate to national quality measurement frameworks?

The National Healthcare Quality Report has a useful framework for identifying components of health care quality that is a combination of the Consumer Information Framework (CIF) and the Institute of Medicine priority areas for improving health care quality.

The PHDS focuses on recommended preventive and developmental care, so the quality measures derived from the PHDS are within the Staying Healthy domain of the CIF. The PHDS quality measures focus on clinical recommendations and whether parents have their informational needs met (effectiveness), access to care (timeliness), and family-centered care (patient centeredness). In Figure 1.1 we have noted the components of the Quality Report Framework that the PHDS quality measures address.

**Figure 1.1: Components of the National Healthcare Quality Report Framework Addressed by the PHDS Quality Measures**



\* Selected PHDS measures address this component of the framework.

## **How does the PHDS compare with commonly used quality measures?**

The PHDS compliments information obtained from commonly used quality measures but is also quantitatively unique in the aspects of care it measures. The points below compare the PHDS with commonly used measures related to preventive care for young children.

### ***Health Plan Employer Data and Information Set (HEDIS®) Measures by the National Committee for Quality Assurance (NCQA)***

#### *HEDIS® Well-Child Visit Measures (15 months, 3 year)*

- These measures provide valuable information about whether children are accessing well-child visits.
- The PHDS is only administered to children who have had one or more HEDIS® defined well-child visits (See Step 2 for detailed information).
- Therefore, the HEDIS® well-child visit measure tells you whether kids are coming in for well-child visits, while the PHDS tells you about the quality of preventive and developmental care children receive during the well-child visit(s).

#### *HEDIS® Immunization Measure*

- This measure tells you whether children are up-to-date on their immunizations.
- The PHDS does not assess whether immunizations are provided.
- It should be noted that past users of the PHDS have not observed that practices with the highest immunization rates are necessarily the practices with the highest PHDS quality measures. Again, it is important to remember that the PHDS measures recommendations that are provided in the context of discussions and/or parent-completed assessments given by the child's health care provider. Therefore, one should not assume that by measuring immunizations that they are measuring all of the preventive care recommendations.
- Therefore, the HEDIS® immunization measure and the PHDS provide different information about preventive care recommendations for young children.

#### *HEDIS® Access to Primary Care Provider Measures*

- This measure tells you whether children are able to access their primary care provider.
- The PHDS includes information about the degree to which the parent reports problems accessing care. It is important to remember that the PHDS is only sent to children who have accessed the health system for a well-child visit. (See Step 2 for detailed information.) Secondly, the PHDS asks the parent to report whether their child has a personal doctor or nurse who knows their child's health and history well. Therefore, the HEDIS® Access to Primary Care Provider measure and the PHDS provide different, complementary information.

### *Satisfaction and/or Experience of Care Surveys*

- Many systems use the Consumer Assessment of Healthcare Providers and Systems (CAHPS®), the CAHPS for Children with Chronic Conditions (CAHPS-CCC), or other surveys that measure the patient's satisfaction with and experience of care.
- The PHDS is not a satisfaction survey. The primary purpose of the PHDS is to measure whether clinically recommended preventive and developmental services are provided. However, a small set of items in the PHDS are similar to these surveys, specifically the items related to access to care, care coordination, and family-centered care. The items that identify children with special health care needs (CSHCN) in the CAHPS-CCC were developed by the CAHMI team and are included in the PHDS.
- A recent study comparing data from the PHDS and a satisfaction and experience of care survey used by a health plan found less than a 45 percent agreement between the providers and/or offices that scored the highest on the PHDS quality measures and those that scored the highest on a satisfaction measure.

### *Medical Chart Reviews*

- Some health systems review the content of the medical chart to determine whether recommended care is provided.
- The PHDS was designed to measure recommended aspects of care for which the parent, not the medical chart, is the most valid and reliable source of information. Specifically, the PHDS was designed to measure communication-dependent aspects of care (i.e., what the provider discussed with the parent). Another goal of the PHDS is to assess the degree to which parents have their informational needs met and whether the care provided is family-centered. These important characteristics of a high quality health system are best measured by asking the parent directly.
- The medical chart is the best source of data for measuring items that are consistently documented in the chart and for which the parent is not the most valid reporter of (e.g., lead screening, immunizations, diagnoses, referral). The PHDS, on the other hand, is the best source of data for measuring discussions the parent can validly report on and for gathering information about the degree to which the care provided met the parent's needs and was provided in a family-centered manner. An enhanced value of the PHDS is that it can capture information about the child, parent, and family behaviors.



## 1.3: How has the PHDS been used by health systems?

Since 1997, CAHMI has developed, tested, and implemented the PHDS. The PHDS has been used at the national, state, health plan, practice, and provider-level. To date, more than 45,000 surveys have been collected by 10 Medicaid agencies, four health plans, 38 pediatric practices, and nationally through the National Survey of Early Childhood Health (NSECH). Components of the PHDS are also in the National Survey of Children's Health.

The primary reason the PHDS has been used by health systems is to address the following goals:

### 1. Quality Measurement and Improvement

- Assess performance.
- Compare performance across different plans, offices/medical groups, pediatric providers, or service areas.
- Learn about differences in quality within and across many groups of children.
- Fulfill quality measurement and improvement project requirements by Medicaid.

### 2. Program and Policy Planning and Evaluation

- Identify unmet needs of parents across aspects of care and specific care topics.
- Target quality improvement efforts.
- Assess whether quality improvement efforts have resulted in improved performance based on the parent's perspective.
- Stimulate partnerships and coordinate efforts to improve care.
- 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.

### Future applications of the PHDS by health systems may focus on:

- Recognize providers who have shown a commitment to measure and improve care for young children.
- Implement pay-for-performance (P4P).
- Demonstrate to purchasers and consumers a commitment to being a child-friendly health plan focused on aspects of care that are highly valued by parents of young children.
- Serve as a pre-visit assessment tool that can identify specific child and parent health needs that should be addressed in well-child visit.

Appendix 1 provides an overview of the reasons health systems should use the PHDS. This overview could help you describe the PHDS to various stakeholders in your system. Table 1.2 provides specific examples of how the PHDS has been used in the field.

**Table 1.2: Examples of PHDS Applications in the Field**

<p>Medicaid</p>	<p>Ten Medicaid agencies have used the PHDS tools. These include Florida, Louisiana, Maine, Massachusetts*, Minnesota, Mississippi, North Carolina, Ohio, Vermont, and Washington. For example:</p> <ul style="list-style-type: none"> <li>• Washington Medicaid used the PHDS-PLUS to complement their 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).</li> <li>• Maine Medicaid 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. Secondly, Maine Medicaid used the PHDS-PLUS to evaluate their chart-based encounter forms to guide health care providers and guide future improvement efforts.</li> <li>• Vermont Medicaid used the PHDS-PLUS and ProPHDS as part of their External Quality Review work focused on measuring and improving preventive and developmental services for young children. Medicaid allowed the Vermont Department of Children with Special Health Care Needs to further analyze the PHDS-PLUS-by special health care need status to evaluate the need for targeted outreach efforts.</li> </ul> <p>* Massachusetts used items from the PHDS-PLUS in their survey.</p>
<p>Health Plans</p>	<p>Four health plans have used the PHDS to collect baseline information to guide quality improvement efforts. For example:</p> <ul style="list-style-type: none"> <li>• Three health plans (Kaiser Permanente-Oakland, Alliance, and United) used the PHDS for baseline measurement.</li> <li>• Kaiser Permanente Northwest (KPNW) collaborated with their pediatric providers to implement the PHDS to collect baseline information and to identify system-level strategies for improvement care.</li> </ul>

**Table 1.2: Examples of PHDS Applications in the Field (Continued)**

<p>Providers</p>	<p>Thirty-eight pediatric offices have used the PHDS to gather baseline information and/or to evaluate their improvement efforts. For example:</p> <ul style="list-style-type: none"> <li>• Two pediatric practices in North Carolina used the ProPHDS to guide an improvement effort focused on developmental services.</li> <li>• Pediatric health care providers 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> <li>• The Healthy Development Collaborative used the ProPHDS to collect baseline information and to assess whether the improvement efforts resulted in parent-perceived increases in the level and quality of care provided. The Healthy Development Collaborative was a Commonwealth Fund–supported initiative designed to help primary care practices in Vermont and North Carolina engage families in a partnership to promote positive developmental outcomes for the families' children through the development of improved office systems.</li> <li>• The pediatrics department of Northwest Permanente Medical Group led the implementation of the PHDS in Kaiser Permanente Northwest. Ten office-level reports and 56 provider-level reports were disseminated within the pediatrics department. The department used the findings to identify improvement strategies focused on: (1) addressing topics for which parents have unmet information needs; (2) incorporating standardized developmental screening; and (3) enhancing parental depression screening in pediatric offices.</li> </ul>
<p>Consumers</p>	<p>The PHDS findings can be reported to consumers (parents of young children in this case).</p> <ul style="list-style-type: none"> <li>• A pilot study was conducted in pediatric practices in Vermont 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>

### **Example 1.1: Implementation of the PHDS in Kaiser Permanente Northwest**

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.

This was a collaborative effort between the pediatrics department and the health plan.

- The sampling allowed for office- and provider-level analysis so that individualized reports could be disseminated.
- Assessment of the pediatric office systems and the standardized templates providers use in their electronic health records were conducted in order to identify system-level factors associated with higher quality.
- Strategic meetings were held with senior staff in the health plan that addressed quality measurement, quality improvement, information technology (including the electronic health record) and member education and Web site services to ensure that the PHDS findings would be used to guide system improvements.

Based on the PHDS findings three primary "change concepts," or improvement strategies were identified:

- **Change Concept:** Enhance and focus parent education and activation materials on areas where PHDS shows parent needs are least likely to be met.
- **Change Concept:** Prompt providers to focus on areas where parent needs are not met using EPIC.
- **Change Concept:** Advance the pre-visit use of parent-completed standardized developmental screening tools and parental depression screening tools, and report findings to pediatric providers for use during the child's well-visit.

The providers who scored the highest on the PHDS quality measures related to the three change concepts noted above were identified as "champions" and leaders for the improvement efforts. Working groups of key stakeholders with a role in implementing the change concept were then identified.



## 1.4: How has the PHDS been used for practice-level assessment?

Since 2001, CAHMI has focused on the validation and implementation of the PHDS for practice-level assessment.

### *What is a "practice-level" assessment?*

The goal of practice-level assessment is to examine the quality of care by (1) specific health care providers or (2) by the place (e.g., office) where care was received.

Practice-level assessments of care may include analysis of the following:

- An individual health care provider.
- The office where care is received. One health care provider or multiple health care providers can be located in an office.
- The medical group responsible for the child's health care. This examines care across two or more individual offices comprising one medical group.

### *How can the PHDS be used for "practice-level" assessment?*

There are two primary ways that the PHDS can be used for practice-level assessment:

1. Practice-level sampling and analysis of PHDS data.
2. In-office administration of the PHDS.

Because this manual is about implementing the PHDS via a mail mode of administration, it addresses the first application.

- **Step 2** provides detailed information about how practice-level sampling is conducted.
- **Step 5** provides detailed information for how the PHDS can be analyzed at the practice-level.
- **Step 6** provides detailed information for reporting the practice-level findings to front-line health care providers.

Tools and resources for how to administer the PHDS in pediatric offices are listed in **Step 1.9** and **Appendix 2**.

*How has the PHDS been used for practice-level assessment?*

Many health systems or providers implementing the PHDS have used it for practice-level assessment. Given that a primary goal for the PHDS is to motivate and guide improvements, users have found that analyzing the data at the level where care is provided is most valuable. Secondly, most providers find information that is specific to their patients more useful than information summarizing quality-of-care findings across an entire health system. Below is a brief description of how the PHDS has been used for practice-level assessments.

**Table 1.3: Examples of How the PHDS Has Been Used for Practice-Level Assessment**

<p><b>Practice-Level Analysis of PHDS Data: Medicaid</b></p>	<p><b>Three Medicaid agencies</b> have administered the PHDS by mail or telephone and then analyzed the PHDS data at a practice-level. For example:</p> <ul style="list-style-type: none"> <li>• <i>Maine Medicaid</i> analyzed their PHDS-PLUS 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. They also analyzed the quality-of-care findings by the type of health care provider (e.g., family practice, pediatrician) and tailored improvement methods accordingly.</li> <li>• <i>Vermont Medicaid</i> analyzed their PHDS-PLUS data at the practice level and disseminated practice-level reports. This work was done in collaboration with the Vermont Child Health Improvement Program (VCHIP) and CAHMI.</li> <li>• <i>Washington Medicaid</i> analyzed their PHDS-PLUS data at the practice level and disseminated practice-level reports as part of an improvement effort focused on EPSDT services. This work was done in collaboration with the Oregon Medical Professional Review Organization (OMPRO) and CAHMI. The practice-level reports incorporated data from the PHDS-PLUS and quality-of-care data obtained from medical chart reviews conducted by OMPRO via their External Quality Review activities.</li> </ul>
<p><b>Practice-Level Analysis of PHDS Data: Health Plans</b></p>	<p><i>Kaiser Permanente Northwest</i> collaborated with its pediatrics department to use the PHDS for office- and provider-level assessments of care.</p> <ul style="list-style-type: none"> <li>• 10 office-level reports were disseminated.</li> <li>• 56 provider-level reports were disseminated.</li> <li>• Office- and provider-level characteristics were examined for attributes associated with the provision of higher quality care. The findings were used to identify improvement opportunities.</li> <li>• Higher performers for each PHDS measure of care were identified as champions for the topic-specific improvement teams.</li> </ul>

**Table 1.3: How the PHDS Has Been Used for Practice-Level Assessment (Continued)**

<p><b>In-Office Implementation of the PHDS</b></p>	<p>Thirty-eight pediatric offices have implemented the PHDS in their pediatric offices in order to gather baseline information and/or to evaluate their improvement efforts. For example:</p> <ul style="list-style-type: none"><li>• <i>Two pediatric practices</i> in North Carolina used the ProPHDS to guide an improvement effort focused on developmental services.</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><li>• The <i>Healthy Development Collaborative</i> used the ProPHDS to collect baseline information and to assess whether the improvement efforts resulted in parent-perceived increases in the level and quality of care provided.</li></ul>
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## 1.5 How does the PHDS complement and enhance measurement and improvement activities?

Leading methodologies in effective quality improvement put performance measurement at the center of their efforts to inform, shape, and track improvements in care.

Donald Berwick, M.D., president and CEO of the Institute for Healthcare Improvement, asserts that patients, in this case parents and children, are the most underutilized resource in informing and ensuring that improvements in health care quality occur.

The PHDS complements and enhances measurement and improvement activities by achieving the following:

- **Content focus on aspects of care that matter to the consumer.** A key component of the development of the PHDS was focus groups and interviews with consumers about what clinically recommended aspects of care matter the most to them. Using the PHDS helps ensure that measurement and improvement efforts are focused on areas of care that matter to consumers.
- **An involved consumer.** By completing the PHDS, the parent is part of the measurement process. This provides users with an opportunity to partner with parents not only to measure quality of care, but also to help improve the care provided. Step 6 provides examples of how the PHDS findings can be reported back to parents in a way that informs them about questions and issues they can raise during their child's well-child visit so that recommended topics are discussed.

As the focus and emphasis on quality measurement and improvement increases, it is valuable to consider how a consumer-centered approach such as the PHDS can enhance and maximize such efforts.

### Example 1.2: Potential for the PHDS to Be Used in Maintenance of Provider Certification

The American Board of Pediatrics (ABP) recently enhanced their certification process with a section on measurement and improvement in the practice. Part IV of the ABP certification requires providers to report CAHPS or other peer survey data and to demonstrate participation in quality improvement efforts. The PHDS can enhance and complement providers' efforts related to Part IV of the certification. Figure 1.2 below highlights opportunities for using the PHDS for this purpose.

Figure 1.2: Opportunities for Using the PHDS for Maintenance of Provider Certification

