



## STEP 6.1: Plan your reporting and dissemination strategy

### ➔ What is the purpose of this step?

As we have emphasized throughout this manual, it is important to begin where you want to end up. The purpose of this step is to clarify your reporting and dissemination strategy.

#### In this step you will:

- Learn about the key components of a successful reporting strategy.
- Confirm each of your reporting audiences (*the who*).
- Confirm what PHDS findings will be of interest to each reporting audience (*the why and what*).
- Confirm the best way to present this information by selecting a format and dissemination strategy (*the where, when, and how*).



### Guidelines and Issues to Consider

- Learn about the key components of a successful reporting strategy.

Research shows that successful use of quality information is achieved when:

- ⇒ You give the right kind of information, including: (1) general, framing information about the importance of the topic evaluated, (2) overall quality-of-care findings, (3) specific information about individual aspects of care, and (4) specific actions to improve health care.
- ⇒ The right people receive the information, such as health care providers who provide preventive and developmental care in the office setting and parents/guardians who bring their child in for well-child care and who are primarily responsible for ensuring the healthy development of their child.
- ⇒ The information is given at the right time. For example, for parents the right time is before or during a well-child visit.

⇒ The information is given in the right way, such as through a multimedia approach, and delivered more than one time.

- ☑ Confirm each of your reporting audiences (*the who*).

In **Step 2** you identified your project team and your key goals for the project. You now must ensure that each of the audiences and stakeholders you identified receive a report of the PHDS findings.

Learning more about your audience increases the likelihood that your project and reporting strategies will be successful. We encourage you to review and discuss the following questions as you design your reporting templates:

- ? What format for findings do they prefer?
- ? What other information do they need to help them understand and find your PHDS results credible?
- ? Do they need support to help them use the information?
- ? How do they receive other health-related information?
- ? What are the best ways to reach them?
- ? When are they most receptive to this type of information?
- ? Will they trust the information?

If you cannot answer these questions, you may want to consider conducting some research about your audience to learn more about them. You can use this information to make sure your quality report is relevant and useful to your audience. We suggest you do the following:

- ➞ **Go directly to the source.** One of the best ways to learn more about your audience is to talk with members of your audience directly. This can be done via interviews, focus groups, or even with a small survey. The benefit of interviews and focus groups is that you can modify your questions based on their responses. Be sure to document what you learn from your audience and how it might affect the development of your report.
- ➞ **Contact groups or organizations that may already know your audience.** There may be groups or organizations that function as intermediaries for your audience. Not only are they likely to be able to answer your questions, they may have channels for audience research, dissemination, and marketing of the final report. Examples of intermediaries include consumer advocacy groups, employer business coalitions for employers, and professional provider organizations.
- ➞ **Consider similar information that your audience may already have received.** You may not have the resources necessary to conduct your own audience research, so looking at reporting strategies for other reports may help you understand your audience and their health information environment. For example, parents may already receive information about all children rather than just young children, who are the

focus of the PHDS. Think about what information is contained in these other reports. Who sponsors these reports and how are they disseminated? What are the messages conveyed by these report? Does the audience trust the information? What does the audience do with the information?

- Confirm what PHDS findings will be of interest to each reporting audience (*the why, what*).

Your PHDS report should contain both the PHDS results and contextual information that readers will need to understand the report. When deciding what information to include, consider the messages you want your report to convey.

To ensure that your data from the PHDS are relevant and meaningful it must:

- 1) Be communicated and presented in a way that is understandable and useful to each stakeholder, and
- 2) Inform and guide actions that can be taken by each stakeholder to address the issues you present.

Worksheet 6.1 will help your team brainstorm the type, format, content, and dissemination medium of a report to each key audience. Keep in mind that you can also consider integrating other data using the worksheet. The pages that follow provide more detailed information about the concepts included in each row of the worksheet.

**Example 6.1: Worksheet to Design Your Reports on Your PHDS Data Findings**

Your Audience/Stakeholder: _____	
Individual topics or measures from the PHDS to include.	1. 2. 3.
Relevant subgroup of children and youth and geographic comparison areas for each PHDS topic or measure.	1. 2. 3.
Other data to include and source of these data.	1. 2. 3.

**Example 6.1: Design Your Reports on Your PHDS Data Findings (Continued)**

Background information and key points to establish relevance of your PHDS data findings for your audience.	1. 2. 3.
Tone of the communication (e.g., motivate by emphasizing the negative vs. positive; emphasize the gaps/needs vs. what can be done).	1. 2. 3.
Format and length (e.g., one-page summary, PowerPoint slides).	1. 2. 3.
Explanation of data source and validity of findings required.	1. 2. 3.
Actions you want them to take and resources you want them to know about (e.g., come to our meeting, go to our Web site, tell your doctor).	1. 2. 3.
Dissemination and follow-up strategy (e-mail with phone follow-up, etc.).	1. 2. 3.

**Presenting Technical Information in a Manageable Way**

Presenting technical information about health care quality can be challenging for several reasons. First, this information typically involves statistical methods that may be difficult to describe. Second, how well your audience will understand the results and how the results were calculated may vary tremendously. Finally, you most likely have a lot of information to choose from when deciding which measures and results should be included in your report. Including too little can be a missed opportunity to communicate quality to your audience; however, including too much can be overwhelming to your audience. The guidelines in the box below offer some tips on making your report as useful as possible.

### Example 6.2: General Guidelines on Report Content

- Tailor the report to the audience and purpose.
- Provide background information on the data you use—who are the data about?
- Include pictures, graphics, quotes, or stories that connect the findings to real people.
- Break out the information in text boxes to make it more digestible
- Keep it brief.
- Give an overall picture, then targeted findings.
- Display the data in meaningful ways that put a "face on the data," e.g., 20 percent of households or "1 of 5 households."
- Use specific numbers when possible, e.g., 9.8 million children nationally have special health care needs, or 12.8 percent of all children.
- Balance positive and negative ways of expressing the findings according to the point you are trying to make: less than a quarter; more than 75 percent.
- Be careful when dealing with very small numbers.
- Provide findings in relation to a benchmark, such as office level findings compared with the health plan.
- Explain why the findings presented are important.
- Suggest ways a specific audience might use the data to improve care.
- Credit the source of the data and include when, how, and by whom it was collected.
- Provide links to additional resources.
- Provide contact information for questions.

Other methods to consider include:

- **Layering information.** Members of your audience will have different needs in terms of both the amount of information they want to have and the way the information is presented. An easy way of creating one report that meets the needs of various members in your audience is to layer the information. This approach is almost like creating multiple sub-reports that are contained in one final report. Each sub-report has a different level of detail and/or presentation. Think of a tabbed report where each tab is intended for a different subgroup of your audience.

The first layer might include very general information—the view from 10,000 feet. This layer is intended for those who do not have a lot of time or are only minimally interested in reviewing quality information. You may only want to include a few aggregate measures in this layer, and refer readers to subsequent layers for more information.

You might consider adding two additional layers for this more detailed information. The first might be the "ground-level view," which would include a few more measures with slightly more detail for those who are interested in quality information but not highly technical information. The second could be the "microscopic view," which would include a greater level of detail for those who are interested in technical aspects of the survey.

- **Comparing your findings with other findings.** It is often valuable to compare your findings with others' findings. **Step 6.5** provides you with a summary of the quality of care findings observed for past users of the PHDS.
- **Avoiding relative benchmarks!** CAHMI does not recommend comparison to relative benchmarks since such comparisons can be VERY misleading to readers. Relative benchmarks are benchmarks that change based on the results of the survey sponsors, such as a state average among all health plans.

Here is an example of how such a comparison can be misleading:

A health plan is creating a public report that includes results from all the offices that they contract with to provide pediatric care. This is the first year that the PHDS was administered. As you might expect, the scores in each office are fairly low when compared with national recommendations or even other health plans; however, the health plan is confident that simply reporting the results will spur quality improvement efforts among the plans. Instead of comparing the results to national guidelines, they choose a relative benchmark: the average across the entire health plan. Consequently, several offices have results that are higher than the average. When the report is released, these offices feel they have results that are "above average" and do not prioritize quality improvement initiatives focused on preventive care for young children. In reality, these plans are performing well below the recommended national guidelines.

- **Combining the PHDS with other data sources.** Combining your PHDS results with data from other sources can help to make the findings more valuable to the reader. Commonly used quality measures that are related to the PHDS are the HEDIS well-child visit measures, the HEDIS immunization measure, consumer satisfaction data, and any more detailed quality-of-care data gathered about well-child visits (e.g., medical chart reviews).
- **Organizing information into smaller segments.** Readers often have a difficult time processing large amounts of information. Breaking the information into sections that offer "bite-sized" pieces can help. Readers can then process the information in one text area before moving on to the next. This approach is effective not only for consumers but also for providers and purchasers. Graphics that are meaningful to the target audience can also be added.

## **Presenting Statistical Information and Methodology**

Presenting statistical information and methodology is one of the most challenging parts of reporting the results. Most consumers do not understand statistical tests, confidence intervals, or probability. However, statistical comparisons must be used to ensure that true differences are identified.

The following are suggestions for targeted reports:

- **Non-technical audiences (consumers, some purchasers, policymakers).** Most consumers and some purchasers will not understand the statistics behind the analysis. And policymakers often do not have the time to review detailed information and are more interested in a summary of the findings. It is probably enough to indicate that statistical tests have been used to identify true differences in the results and provide a way for readers to get additional information if they are interested. Again, layering information is the best way to meet the needs of different members of your audience.
- **Technical audiences (providers, health plans, some purchasers, regulators, policymakers' staff members).** Many of these readers will be interested in the more detailed statistical aspects of the analyses. Still, these audiences vary. While some will have the background and expertise to understand the statistical formula that you used in the analysis, others may be turned off by having that detail in the body of the report. Reports for these audiences should include a description of the statistical methods used; however, this information is best included as an appendix to the main report. Details that you may want to consider presenting in graphs and charts in the body of the report include the sample size, confidence intervals, and p-values.
- **Balancing positive and negative measures.** The same information can be used to present results in a positive or negative measure. Positive measures illustrate high or quality performance, whereas negative measures highlight poor performance. The key is to balance positive and negative measures.

- ☑ Confirm the best way to present this information (Format and dissemination strategy) (*the where, when, and how*).

There are two main components to this step:

1. Decide on the format of the report.
2. Determine how you will disseminate the report.

### ➡ **Decide on a Format**

How you present your message can be as important as what you have to say. Two commonly used formats for reports include the following:

**1. Written reports/materials.** Written reports can be brief, such as a pamphlet or brochure, or lengthier, such as a booklet or binder. If a written report is the format you choose, consider any logistical requirements that you may have such as reproduction costs, size (Does it have to fit in a certain size envelope for mailing?), weight (Are you limited by weight in terms of postage costs?), number of pages, binding, etc.

**2. Web-based reports** are becoming more popular. One advantage to web-based reports is that the reports can be easily tailored to specific users. One disadvantage of web-based reports is that they will only be available to those with access to the Internet.

### ➡ **Determine how you will disseminate the report**

One of the most important factors in the overall success of your ability to "tell the story" is your ability to have the report received and read by the audience. If they never read your report, they cannot use it! How, where, and when are all important questions you need to consider when planning the dissemination. Here are some different ways you may want to think about dissemination of a data report. **CAHMI recommends that you use multiple strategies to ensure that your key stakeholders receive information about the PHDS findings.**

- In-Person Meetings – In-person meetings are an extremely valuable way to provide information. In-person meetings allow you to connect eye-to-eye with the participant(s) and provide a larger context about the report findings and how they may be valuable.
- Mail – Mail can be an effective way to reach each member of your audience as long as you have reliable mailing addresses. Include an introductory letter from someone they trust.
- List Servs and Web Site Postings – Increasingly, materials are being disseminated electronically. By distributing information through a listserv or Web site, you may allow many others to disseminate your information. Be sure that it is posted in a secure format.
- Fax – Fax can be an effective way to reach each member of your audience as long as you have reliable fax addresses. Some focus groups and interviews with health care providers have shown that they are more likely to read information when it is faxed as opposed to when it is mailed to their offices.
- Intermediaries – Think about intermediaries that could disseminate this information for you. Are there other family or professional groups or organizations through which you could reach your desired audience? Consider the influence that the intermediary may have on your audience in disseminating the report.
- Public Availability – Making the report available for the public to request or access through public places, such as a local library, is an option. This is a good way to provide additional copies once the initial distribution has been conducted.

**Again, no one method is most effective.** The key to successfully disseminating your report is to make sure you are reaching your audience where and when they need it. Regardless of how you disseminate the report, it is important to indicate where readers can go if they have questions. This could be a phone number, a Web site, or other information source.



## STEP 6.2: Review guidelines and tips for reporting to health system leaders

### ➡ What is the purpose of this step?

The purpose of this step is to provide you with reporting templates that can be used to share the PHDS findings with health system leaders. We also highlight tips and issues to consider, based on past CAHMI experiences.

#### In this step you will:

- Review CAHMI templates for reporting the findings to health system leaders.
- Review tips and issues to consider in reporting the findings to health system leaders.



### Guidelines and Issues to Consider

- Review CAHMI templates for reporting the findings to health system leaders.

The goal for reporting the PHDS findings to health system leaders is to ensure that they understand the following:

- The key findings
- How these findings compare with quality measures they currently collect
- What should be done to address the gaps in care described by the PHDS findings

For the most part, health system leaders will only read documents that are short and succinct. **Appendix 12** provides an example of a two-page executive summary of the PHDS findings. **Appendix 13** provides an example of a five-page summary of PHDS findings. This example is derived from a reporting template developed for Medicaid directors. However, the document can be a useful model for reporting the findings to

other senior-level administrators, such as a health plan's director of quality measurement.

☑ Review tips and issues to consider in reporting the findings to health system leaders.

- **Use the PHDS quality measures for an overall snapshot of care.**

In most cases, health system leaders want to know whether recommended and eligible services are received. Therefore, the report designed for them should provide an overall picture of quality and performance.

Specifically, the report to health system leaders should include the findings from the "got all care" measure and the findings from the individual quality measures, using the threshold level scoring.

- **Compare the findings with current quality measures used by the health system.**

The PHDS findings are valuable when they are put in context with other quality measures used by the health system.

Most health systems collect information about the HEDIS well-child visit rates. The PHDS provides information about the quality of care children received during well-child visits. Therefore, it is important to explain to health system leaders that the HEDIS well-child visit is telling them how many kids come in, and the PHDS is telling them what happens during the well-child visit.

Other possible related quality measures include immunization measures, medical chart reviews of the content of well-child care, and satisfaction measures (such as the Consumer Assessment of Health Plans Survey).

### Example 6.3: Comparing the PHDS with Currently Used Quality Measures

Kaiser Permanente Northwest (KPNW) implemented the PHDS and wanted to compare the finding with other measures. Related quality measures used by KPNW were the HEDIS well-child visit and immunization measures, and a satisfaction and experience of care survey called the Medical Office Visit (MOV) survey.

KPNW therefore did the following:

- Compared whether offices/providers with the highest/lowest immunizations rates were the offices/providers with the highest/lowest on the PHDS quality measures.
- Compared whether offices/providers with the highest/lowest well-child visit rates were the offices/providers with the highest/lowest scores on the PHDS quality measures.
- Compared whether offices/providers with the highest/lowest scores on the MOV were the offices/providers with the highest/lowest scores on the PHDS quality measures.

An example of the comparative findings:

KPNW found that there was not a high level of agreement between the offices and/or providers who scored the highest on the MOV survey and the offices and/or providers who scored the highest on the PHDS quality measures. This helped them to understand that each data source provided valid information about quality, but that they should not assume that providers who score high on their MOV survey are providing all aspects of recommended care.

- **Spotlight specific items that are hot issues in your health system.**

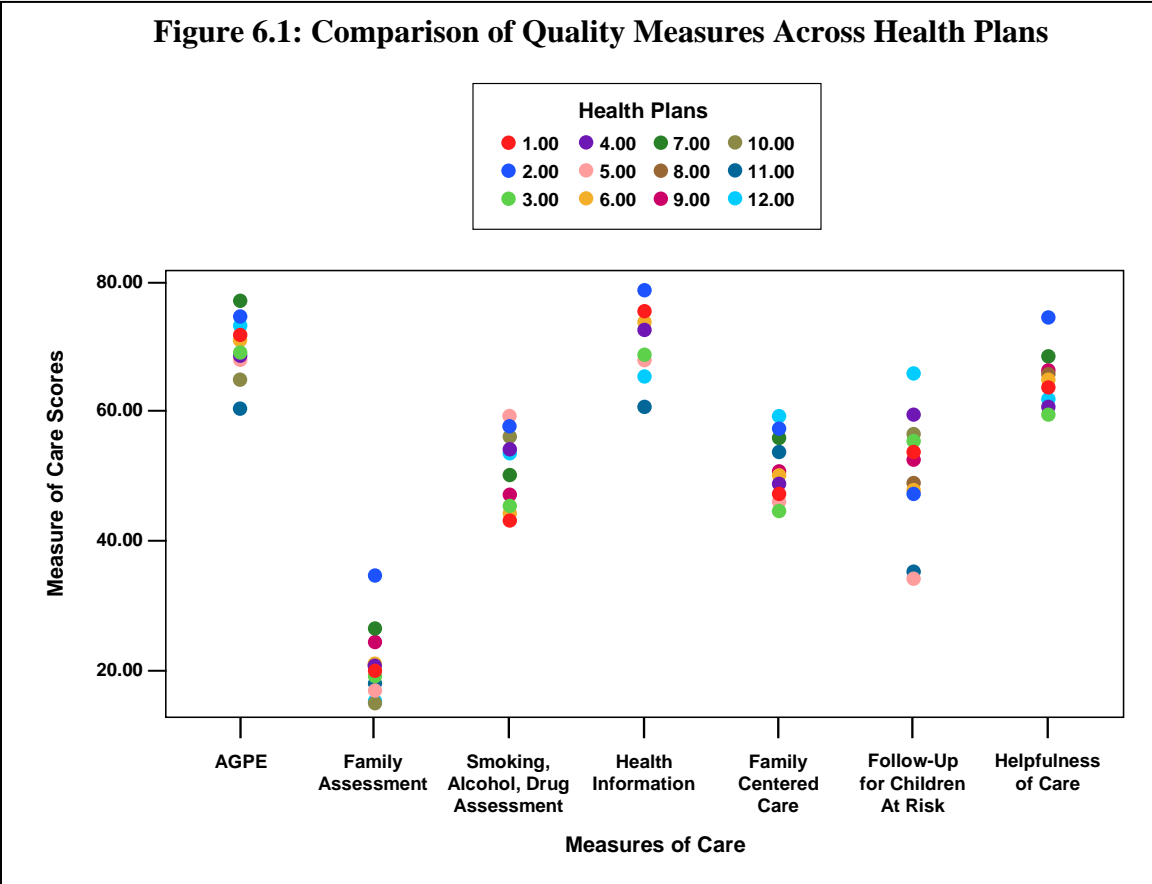
Many of the individual items and/or areas included in the PHDS are useful to report if your system has a specific topical focus (e.g., car seat use, reading, *Healthy People 2010* goals such as smoking, etc.).

**Appendix 14** provides an example of a topic-specific issue brief highlighting PHDS findings on parental depression: the prevalence, the relationship of parental depression to other child health and health care utilization characteristics, and the degree to which pediatric providers are assessing parents for depression.

- **Compare quality of care.**

Displaying PHDS quality measures side-by-side for easier evaluation is most useful for health system leaders. One way to present comparative information on the quality measures across different units of analysis is shown in **Figure 6.1**. Not only does the graphic show which quality measures need the greatest

improvement, but it also displays the relative performance of each of the health plans. Notice that no one health plan does the best in every single category, which leaves room for targeted improvement. This type of figure could be used to make comparisons by subgroups of children and across offices and/or providers.



**Present results using a layered approach.**

Purchasers use a great deal of information when making contracting decisions, so a layered approach is suggested when preparing these types of reports for health system leaders. The first "layer" should provide a summary of aggregated results that can be reviewed quickly. Since health system leaders may be technically savvy, we recommend stratifying the measures by key groups to demonstrate variations in the level of quality care.



## **STEP 6.3: Review guidelines and tips for reporting to frontline health care providers**

### **➡ What is the purpose of this step?**

The purpose of this step is to provide you with a reporting template that can be used to share the PHDS findings with frontline health care providers. We also highlight tips and issues to consider based on past CAHMI experiences.

#### **In this step you will:**

- Review the CAHMI template for reporting the findings to frontline health care providers.
- Review tips and issues to consider in reporting the findings to frontline health care provider.



### **Guidelines and Issues to Consider**

- Review the CAHMI template for reporting the findings to frontline health care providers.

**Appendix 13** provides a report template for displaying the PHDS findings to frontline health care providers. This template is based on cognitive interviews and focus groups conducted by CAHMI with frontline health care providers in five private practices in Vermont and Kaiser Permanente Northwest.

Important characteristics about the dissemination of this template include the following:

1. The report should come from someone the health care providers trust. If the report cannot come from someone they trust, it should be followed with a note of encouragement from someone they trust and/or their boss/manager, such as the chief of pediatrics.

2. The report should be followed by an in-person meeting so that a summary of the survey and key findings can be shared and questions answered. In past projects this was accomplished through the monthly office-level meetings.
3. Each individual provider should personally receive the report. In some health systems, it may be best to fax the report to each provider so that it does not become buried under the rest of the mail that providers receive.

Review tips and issues to consider in reporting the findings to frontline health care providers.

Below are general tips and issues to consider when reporting the findings to senior health system leaders.

- **Show comparative data to "pull them in" and give them a sense of overall findings.** It is important to start the report with overall quality of care findings and how they compare with others (See Step 6.5 for comparison PHDS data). It can be valuable to use charts for this purpose. However, **CAHMI recommends** that you do not include ONLY charts in the report. The qualitative studies conducted by CAHMI found that providers prefer reports that combine graphics and text.
- **Explain the measures of care.** It is important to provide a description of the recommendations behind each quality measures, the items that are included in each of the quality measures, and how you scored each measure.
- **Provide item-level findings, shown by categories.** The quality measures are important to give providers a sense of how they are doing. However, they do not describe specific ways providers can improve care. Therefore, it is invaluable to include BOTH the quality measure and item-level findings in the provider-level report.
- **Include the areas in which providers are doing well and the areas most in need of improvement.** The report needs to highlight areas of excellence and areas of improvement. If the entire report has a negative tone, it will not be well received or used by health care providers to improve care.

- **Link findings to health behaviors and other indicators of high-quality care.**  
To reinforce the validity of your results and emphasize its importance, it is helpful to link your findings to broad issues surrounding the health of young children, such as child's risk of developmental, social, or behavioral delays, as well as correlates of higher quality, such as having a personal doctor or nurse. It is also invaluable to show the relationship between children whose parents reported that they had their informational needs met on specific anticipatory guidance and parental education topics with positive parent and family behaviors reported in the survey (e.g., breastfeeding, reading, minimal television watching).
- **Provide background information, links to additional resources.** It is important to include links to background information about the PHDS and the aspects of care included. Also include links to resources that can help providers conduct quality improvement efforts in the areas addressed in the PHDS. Examples of these links to related information can be found in [Appendix 2](#) and the final page of [Appendix 13](#).
- **Provide contact information to address questions.**



## **STEP 6.4: Review guidelines and tips for reporting to consumers (parents of young children)**

### **➔ What is the purpose of this step?**

The purpose of this step is to provide you with a reporting template that can be used to share the PHDS findings with consumers, which for the PHDS are parents of young children. We also highlight tips and issues to consider, based on past CAHMI experiences.

#### **In this step you will:**

- Review the CAHMI template for reporting the findings to consumers.
- Review tips and issues to consider in reporting the findings to consumers.



### **Guidelines and Issues to Consider**

- Review the CAHMI template for reporting the findings to consumers.

There are two main reasons that quality-of-care information is shared with consumers:

- 1) To help them choose a health care provider or system.
- 2) To provide information about the current level of care provided in their system, what they should be receiving, and how they can ask questions and raise important issues so that recommended care is provided.

**Appendix 15** provides a report template about providing information to parents. The parent handout is based on focus groups and cognitive interviews CAHMI conducted with parents about how the PHDS findings could be reported in ways that would help them understand the current level of care their child receives and motivate them to be partners in the improvement process. A detailed summary of the qualitative findings can be found on the CAHMI Web site in the report "[Summary of Interviews & Focus Groups with Parents of Young Children: Reporting the Promoting Healthy Development Survey \(PHDS\) Findings to Parents.](#)"

Important characteristics about this template and how to disseminate it include the following:

- The template should be formatted as a brochure or pamphlet. Parents who participated in the one-to-one interviews and focus groups indicated a strong preference that they receive this pamphlet before OR during their child's well-child visit from their child's health care providers and/or other office staff.
- It is important that parents understand why this information is being given to them and how the health care providers in their office plan to use the information to improve the health care they provide. Office staff who give the brochure to the parent can explain how the survey findings are being used. This important information can also be noted in a cover letter that accompanies the brochure if it is mailed.

- Review tips and issues to consider in reporting the findings to consumers.

Below are some general tips and issues to consider in reporting the findings to consumers:

**If you are using the report to inform consumer choice:**

- *Provide comparative information.*

If the report is intended to provide consumers with information to make more informed health care decisions, such as deciding between pediatric offices, then a data display that facilitates comparison is useful. Also, certain consumers may need assistance in interpreting the information to inform their decision.

- *Layer information to account for all types of consumers and make the results easier to interpret.*

Since everyone has different health information needs and experiences with the health care system there is no

**Additional Tips for Creating Consumer Reports**

- Conserve white space. White space makes the document appear more manageable to consumers at first glance. Too little white space can be overwhelming.
- Be concise. While background and context are important, presenting the information in a clear, succinct way is critical.
- Use bullets and lists when possible. Lists are easier to read and process than paragraphs. Moreover, bullets and lists result in more white space.

"average" consumer. Consequently, creating a report for one subgroup of this audience will likely make the report less effective for another subgroup. Also, different groups of people put more or less value on different aspects of quality care. Thus, layering information is probably your best strategy for creating a report that different consumers will find useful. This allows those who are not interested in a lot of detail to quickly glean the necessary information from the report. Parents can also pick and choose aspects of care from among the quality measures that most resonate with them.

- ***Provide some background information on quality measurement to help consumers understand the information presented.***

The general public may have little or no knowledge of health care and how quality is measured. Also, parents may be skeptical of the source of the information. Therefore, significant background information will be necessary to help them understand the information and why it is important to them. Background information includes descriptions and definitions that explain:

- Why measuring health care quality is important.
  - Which aspect of health care quality you are addressing in the report (e.g., health plan, providers, etc.).
  - Why consumer assessments are important to understanding health care quality.
  - The source of the PHDS information and/or who sponsored the survey.
  - What PHDS results can tell you and how to use that information.
- ***Consult with your audience to see if the information is easily understood.***

Qualitative testing of your report is critical to ensure the audience understands the information and uses it in the ways you intended. Even if you ask just one or two people who represent each of your stakeholders to review and provide feedback about your report, it will be invaluable in ensuring that the findings are readable and the key messages are conveyed.

**If you are using the report to inform and educate the parent to be a partner in improving care:**

- ***Research findings about the content that should be included.***

Parents reported that they wanted the following information in their report:

- 1) General information about the PHDS, how many parents completed the survey, and how their child's health care providers are going to use the information to improve care.
- 2) Item-level findings coupled with specific tips or actions that parents can take to improve care.
- 3) General statements about what health care parents should expect at their child's well-visits.
- 4) An emphasis on the parent's role as a partner in their child's health care.
- 5) Additional resources listed that provide parents with information about the survey, the topics assessed in the PHDS, and how he/she can work with their child's health care providers.

- ***Avoid comparative information, but do include a "gold standard."***

Since parents are not making a choice about their child's health care, comparative information is generally not useful and can interfere with the message you are trying to convey. Instead, present details on the care that parents should expect from their child's health care providers and demonstrate how close those providers are to the goal.

- ***Avoid complex tables and charts.***

The majority of parents are not versed in reading and interpreting data tables and charts, so they should generally be avoided. However, a simple bar chart showing how close the doctor is to a certain standard or goal can be very effective.

- ***Present both positive and negative information.***

Parents want to see a balance of what their child's doctor is doing right and the areas where he or she could improve. Focusing only on the negative may make

the parent feel overwhelmed or helpless. Using a mixture of positive and negative indicators when presenting the results helps parents feel good about the care their child is receiving and also helps the parent to set goals in certain areas.

- ***Highlight which aspects of care can be improved.***

Present results in terms of what action can be taken. Is there a list of questions or checklist the parent can bring to the next visit?

### **Additional Tips for Reporting PHDS Data to Parents**

- ***Collaborate with groups that are respected by the audience.***

To add perceived credibility to your report, mention any collaborative efforts with respected organizations or groups.

- ***Provide additional information and/or resources.***

Provide information about related resources such as Web sites, books, and telephone numbers parents can use to answer questions about the reports and/or aspects of care presented.

- ***Be aware of issues surrounding the confidentiality of results.***

Only report on practices or providers that have a sufficient number of respondents, so that the risk of breaching confidentiality is minimized.

- ***Display the findings in a multimedia format.***

When possible, enable parents to view the findings in multiple formats, such as on a Web site as well on paper.



## STEP 6.5: Compare your PHDS findings with others

### ➔ What is the purpose of this step?

As was noted in Steps 6.1–6.4, it is valuable to compare your findings with the findings of others. The purpose of this section is to provide you with information about the PHDS findings from other parties who have used the PHDS or ProPHDS through a mail mode of administration.

#### In this step you will:

- ☑ Review the PHDS findings of others around the country.
- ☑ Consider alternate sources for PHDS benchmark information.



### Guidelines and Issues to Consider

- ☑ Review the PHDS findings of others around the country.

As was described in **Step 1**, the PHDS tools have been implemented at the national, state, health plan, practice, and provider level. To date, more than 45,000 surveys have been collected by nine Medicaid agencies, four health plans, 46 pediatric practices, and through the National Survey of Early Childhood Health (NSECH).

However, given that this manual is specific to the implementation of the PHDS or ProPHDS by a mail mode of administration, **Table 6.1** provides comparison PHDS findings for data collected via a mail mode of administration. As has been demonstrated in numerous studies, survey findings vary significantly depending on the mode of administration (*e.g., differences between survey findings in the same setting and for the same topic if the survey is mailed vs. given by phone*) and therefore it is important to compare findings appropriately.

The data in Table 6.1 represent nearly 10,000 children and are based on applications of the PHDS through Medicaid in Maine and Washington; Kaiser Permanente Northwest, in Portland, Oregon; and 26 pediatric and family medicine practices in Vermont and North Carolina.

The quality measure findings presented in Table 6.1 are for those quality measures that are presented in a graphic format in Appendices 12–13, 15–16. When presenting comparison information, it is best to use graphics.

**Important Note from the CAHMI:** As was described in Steps 5 and 6, there are a number of options for scoring the PHDS quality measure. Table 6.1 provides the benchmark data for the quality measure scoring approach used for the figures presented in Appendices 12–13, 15–16. Contact the CAHMI ([cahmi@ohsu.edu](mailto:cahmi@ohsu.edu), 503-494-1930) for the benchmark data using alternate scoring approach, quality measures based on reduced-items, or for item-level comparative findings.

**Table 6.1: Comparison Data for the PHDS and ProPHDS Administration by Mail<sup>1</sup>**

<b>PHDS Measure of Care</b>	<b>All PHDS Data by Mail N=9763<sup>2</sup></b>	<b>Range Observed at a Health Plan Level N=6301<sup>3</sup></b>	<b>Range Observed at an Office Level N=4067<sup>3</sup></b>	<b>Range Observed at a Provider Level N=2990<sup>3</sup></b>
<b>Anticipatory Guidance and Parental Education</b>				
Average Percentage of Topics Discussed	<b>50.0</b> std=31.0	<b>36.7-58.3</b>	<b>37.4-67.6</b>	<b>31.5-69.7</b>
Proportion of Children for Whom 80% of Topics Were Discussed	<b>21.8</b>	<b>3.78-37.8</b>	<b>11.5-40.6</b>	<b>0-52.9</b>
Average Percentage of Topics on Which Parents Had Informational Needs Met	<b>82.1</b> std=24.4	<b>67.6-92.1</b>	<b>74.2-93.6</b>	<b>69.4-92.6</b>
Proportion of Children Whose Parents Had Their Informational Needs Met	<b>42.5</b>	<b>29.7-71.0</b>	<b>23.1-67.9</b>	<b>22.2-66.7</b>
<b>Addressing Parental Concerns</b>				
Proportion of Children Whose Parents Were Asked About Their Concerns	<b>55.4</b>	<b>31.2-88.9</b>	<b>42.4-84.8</b>	<b>20.0-92.3</b>
Proportion of Children with Concerned Parents Who Were Asked About Concerns	<b>53.2</b>	<b>31.8-68.6</b>	<b>30.8-85.2</b>	<b>25.0-93.8</b>
Proportion of Children with Concerned Parents Who Received Information that Addressed Their Concerns	<b>59.4</b>	<b>44.4-64.6</b>	<b>18.2-87.0</b>	<b>18.2-91.7</b>

<sup>1</sup> Table 6.1 shows selected PHDS measures of care displayed in the charts of the reporting templates found in Appendices 12–13, 15–16. The table does not show item-level findings or alternate versions for scoring the quality measures that are described in Step 5. For additional information, please see the CAHMI Web site at [www.cahmi.org](http://www.cahmi.org) or contact CAHMI at [cahmi@ohsu.edu](mailto:cahmi@ohsu.edu) or 503-494-1930.

<sup>2</sup> Includes only PHDS and ProPHDS data collected via a mail mode of administration. Overall, CAHMI has collected over 40,000 cases of PHDS data via mail, telephone, and in-office administration. For additional information, please see the CAHMI Web site at [www.cahmi.org](http://www.cahmi.org) or contact the CAHMI at [cahmi@ohsu.edu](mailto:cahmi@ohsu.edu) or 503-494-1930.

<sup>3</sup> The denominator for each of the columns is not the same because health plan, office and/or provider-level analysis were not possible in all of the sites represented in the benchmark data. Therefore, the figures shown represent the range observed for the PHDS benchmark data that was able to be analyzed for the specific unit of analysis and different sites are represented in the columns of the table.

**Table 6.1: Comparison Data for the PHDS and ProPHDS Administration by Mail (Continued)**

<b>PHDS Measure of Care</b>	<b>All PHDS Data by Mail N=9763<sup>4</sup></b>	<b>Range Observed at a Health Plan Level N=6301<sup>5</sup></b>	<b>Range Observed at an Office Level N=4067<sup>3</sup></b>	<b>Range Observed at a Provider Level N=2990<sup>3</sup></b>
<b>Follow-Up for Children at Risk</b>				
Proportion of At-Risk Children Receiving Follow-Up Care	<b>58.3</b>	<b>34.5-67.3</b>	<b>38.9-91.7</b>	<b>33.3-92.8</b>
<b>Assessment of the Family for Psychosocial Issues</b>				
Average Number of Topics Asked About	<b>25.9</b> std=32.8	<b>16.7-34.3</b>	<b>11.6-52.9</b>	<b>11.8-55.4</b>
Proportion of Children Whose Parents Were Asked About One or More Topics	<b>50.7</b>	<b>38.1-70.1</b>	<b>26.5-74.1</b>	<b>18.6-79.4</b>
<b>Assessment of the Family for Substance Abuse, Firearms, and Safety</b>				
Average Number of Topics Asked About	<b>38.5</b> std=33.2	<b>27.2-50.9</b>	<b>15.3-55.8</b>	<b>23.0-63.4</b>
Proportion of Children Whose Parents Were Asked About One or More Topics	<b>70.8</b>	<b>61.3-84.3</b>	<b>26.5-96.7</b>	<b>32.4-98.3</b>
<b>Family-Centered Care</b>				
Average Number of Topics for Which Parent Responded "Usually or Always"	<b>76.3</b> std=30.9	<b>60.1-92.9</b>	<b>59.2-100.0</b>	<b>57.1-99.0</b>

<sup>4</sup> Includes only PHDS and ProPHDS data collected via a mail mode of administration. Overall, CAHMI has collected over 40,000 cases of PHDS data via mail, telephone, and in-office administration. For additional information, please see the CAHMI Web site at [www.cahmi.org](http://www.cahmi.org) or contact the CAHMI at [cahmi@ohsu.edu](mailto:cahmi@ohsu.edu) or 503-494-1930.

<sup>5</sup> The denominator for each of the columns is not the same because health plan, office and/or provider-level analysis were not possible in all of the sites represented in the benchmark data. Therefore, the figures shown represent the range observed for the PHDS benchmark data that was able to be analyzed for the specific unit of analysis and different sites are represented in the columns of the table.

- Consider alternate sources for PHDS benchmark information.

**Table 6.1** provides comparison data for the PHDS/ProPHDS quality measures presented in graphs of the reporting templates provided in Appendices 12–15. Contact CAHMI ([cahmi@ohsu.edu](mailto:cahmi@ohsu.edu), 503-494-1930) if you are interested in the comparison data for item-level findings or alternate versions of the quality measures that were discussed in **Step 5**.

Second, the comparative information provided was based only on the PHDS applications by mail. Additional benchmark data about the PHDS findings obtained via telephone and in-office administration (representing over 15,000 children) are available upon request and reports about these applications are available on the CAHMI Web site ([www.cahmi.org](http://www.cahmi.org)).

Lastly, a majority of the PHDS items were included in the **National Survey of Early Childhood Health (NSECH)**. This survey was conducted by telephone and was only administered to parents of children 3–35 months old. The NSECH data are available online at <http://www.cdc.gov/nchs/about/major/slats/nsech.htm>. The CAHMI article "Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance"<sup>6</sup> describes the PHDS quality measure findings from the NSECH.

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<sup>6</sup> Bethell C, Reuland CP, Halfon N, Schor EL. *Pediatrics*. 2004 Jun;113(6 Suppl):1973–83.



## **STEP 6.6: Review additional resources on reporting health care quality findings**

- 1) For more information about creating health care quality reports, visit the TalkingQuality Web site at [www.talkingquality.gov](http://www.talkingquality.gov).
- 2) Visit [www.nschdata.org](http://www.nschdata.org) for additional tips and resources on communicating data findings to stimulate system change.
- 3) For more information about focus groups and cognitive interviews the Child and Adolescent Health Measurement Initiative has conducted about reporting quality of care findings, visit the Web site at [www.cahmi.org](http://www.cahmi.org).
- 4) For an example of an issue brief that can be created for audiences such as the state Medicaid director, visit the Kansas Health Foundation Web site at [www.kansashealth.org](http://www.kansashealth.org).
- 5) For more information about work the National Academy for State Health Policy (NASHP) has done in working with states to use health and health care findings to implement changes in state programs and policies, visit their Web site at [www.nashp.org](http://www.nashp.org).
- 6) Visit [www.familyvoices.org](http://www.familyvoices.org) for additional family-friendly information on using data and for links to other data sources and sample reports.
- 7) For more information about strategies the Center for Children with Special Needs has used to convene various stakeholders, visit their Web site at [www.cshcn.org](http://www.cshcn.org).
- 8) For more information about how to work with families of children and adolescents with mental health conditions, visit the Federation of Families for Children's Mental Health at [www.ffcmh.org](http://www.ffcmh.org).