

# Chapter 1

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## Background Information about the PHDS

## **Background Information about the Promoting Healthy Development Survey (PHDS)**

An essential first step to focusing both the health care system and consumers on improving preventive and developmental services for young children is the measurement of the degree to which health care needs and goals are currently being met. The parent-completed Promoting Healthy Development Survey (PHDS) was developed for this purpose. The PHDS provides a comprehensive, parsimonious and feasible methodology for evaluating health care system performance for young children in the areas of preventive and developmental services.

The PHDS was developed and tested through support from The Commonwealth Fund. It is one of three measurement sets recommended for use by the national advisory committee of the Child and Adolescent Health Care Measurement Initiative (CAHMI). The goal of this national initiative, led by FACCT since 1998, is to improve the quality of health care for children and adolescents.

Prior to the development of the PHDS, few standardized quality measures were available to provide specific information about preventive and developmental health care services for young children. There current well-child visit measures used by states and health plans, provide information about whether children had a visit for well-child health care, but *do not* provide information about the quality of care delivered at these visits. The Promoting Healthy Development Survey (PHDS) addresses this gap in available information.

### **What is the PHDS and what does it measure?**

The PHDS is a 43-item, 128-component survey of parents with children 0- 3 years old, designed to capture quality information about preventive and developmental health care services provided to these young children.

The items in the PHDS are aligned with the American Academy of Pediatrics' recommendations in the Health Supervision Guidelines and the Maternal and Child Health Bureau's Bright Futures guidelines, as well as many Healthy People 2010 goals.

The PHDS evaluates whether health care providers:

- (1) talk with parents about education and counseling topics recommended in the American Academy of Pediatrics Guidelines for Health Supervision and the Maternal and Child Health Bureau's Bright Futures guidelines.
- (2) provide follow up health care for children who may be at risk for developmental, behavioral or social delays,
- (3) assess psychosocial well-being and safety within the family, and
- (4) assess smoking and drug abuse in the family.

The PHDS also assesses the degree to which parental interactions with providers are family-centered and are perceived by the parent as being helpful and improving parental confidence.

Individual survey questions are combined to score nine composite measures of care:

- ❖ Anticipatory guidance and parental education by a doctor or other health provider
- ❖ Health information
- ❖ Follow-up for children at risk for developmental, behavioral or social problems
- ❖ Ask about and address parents concerns
- ❖ Assessment of psychosocial well-being and safety in the family
- ❖ Assessment of smoking, drug, and alcohol use in the family
- ❖ Family-centered care (experience of care)
- ❖ Helpfulness and effectiveness of care provided

### **How was the PHDS developed and who developed it?**

A standard and rigorous six-stage process was used to develop the PHDS beginning with focus groups with families to identify the aspects of health care quality that are important to parents in the area of preventive care for their children. A review of literature identified through Medline or during key informant interviews was conducted. Relevant materials identified and reviewed included over a dozen parent surveys on early childhood development and family-centered care and other topics, encounter forms, and checklists used by clinicians to help with the provision of anticipatory guidance and the assessment of young children and their families.

The six-stage development process included:

- Stage 1:** Develop conceptual framework and investigate relevance of measure.
- Stage 2:** Develop starting-point measurement proposal including initial feasibility studies.
- Stage 3:** Develop draft instrument and implementation methodology.
- Stage 4:** Conduct field testing (minimum of three sites).
- Stage 5:** Revise and refine survey, survey administration protocol, and scoring protocol as necessary.
- Stage 6:** Develop scientific and technical documentation and begin larger scale implementation and dissemination.

The following criteria were used to select topics assessed in the PHDS survey:

- Appropriateness for all children in the specific age group
- Strength of scientific evidence
- Professional consensus
- A more reliable, valid, or efficient way to measure the topic was not already developed or available
- The topic was important to parents as ascertained from cognitive interviews and focus groups.
- The topic can be validly and reliably reported by parents.
- Parsimony (e.g., topic is not already largely represented by another, related topic in the PHDS).

In the early stages of developing the PHDS, many existing surveys and tools were reviewed, particularly those methods designed to evaluate the Healthy Steps project or previously validated survey-based tools (e.g., Parental Evaluation of Development Status- PEDS). Although many of the PHDS survey concepts reflect those represented in these surveys and tools reviewed, nearly all of the PHDS items were newly-developed due to a lack of available, tested candidate items appropriate for performance assessment in a self-administered survey. The PHDS is the first parent reported survey specific designed and tested for comprehensive performance assessment of preventive and developmental health care for young children.

Three advisory groups within the CAHMI, comprised of pediatricians, family practitioners, consumer representatives, public health experts, and researchers, regularly reviewed and provided input on the identification of quality measurement topics and the development of the PHDS. A list of the key advisors and FACCT staff who were instrumental in the development process can be found on the FACCT Web site at [www.facct.org](http://www.facct.org).

Approximately **13,000** completed cases of PHDS data have been collected, analyzed, and scored into measures for purposes of quality assessment in six states (VT, ME, NC, WA, CA, OH) and nationally (through the National Survey on Early Childhood Health). PHDS quality measures have also been recommended by FACCT and published as candidate measures in the Institute of Medicine's recently released report "Envisioning the National Health Care Quality Report."

### **How and why was the in-office PHDS developed and tested?**

Prior to 2002, the PHDS has administered by mail or telephone only. Acknowledging that few health care providers in office settings are able to feasibly administer a survey to their patients through the mail or via telephone, FACCT sought and received funding from The Commonwealth Fund to develop and test a model for implementing the survey in a pediatric office setting.

In 2002-2003 FACCT piloted the in-office PHDS in two medical groups, representing five participating pediatric practices in Vermont. This work was done in collaboration with the Vermont Child Health Improvement Program and the Center for Primary Care Research Group. The protocol, recommendations and materials provided in this toolkit were tested and modified based on key learnings from the pilot projects.

Through the pilot projects in these pediatric practices, approximately 1,000 completed surveys were obtained through two rounds of survey administration conducted October 2002-January 2003. VCHIP conducted the first round of survey administration via the mail. The offices implemented the PHDS during well-child care for the second round of administration.

Extensive effort was also devoted to understanding how parents and providers understand quality information, where and how they hope to receive quality information and how it can be reported in ways that empower and motivate actions that will improve care. Through this project, FACCT had the opportunity to talk with 43 parents and 40 health care providers in Vermont to hear about how the information from the PHDS can be implemented, reported and used to guide improvements in care for young children.

### **How is the in-office PHDS different from other versions of the PHDS?**

The in-office PHDS is different from the full-length PHDS recommended for mail, telephone or online administration in the following ways:

- 1) **Length of the Survey:** The in-office PHDS is an reduced-item version of the PHDS and is designed for practice- and/or health care provider level assessments of care. Research with health care providers demonstrated that in order for the in-office survey administration to be feasible, the survey must take no longer than five minutes for parents to complete.

Three criteria were used to determine which items to include in the reduced-item version of the survey:

- a) Preference was given to PHDS items focused on preventive and developmental care over items related to child health, parenting behaviors, and parent ratings of the health care provided.
- b) FACCT kept a majority of the items within measures of care that health care providers and parents found to be the most valuable for improving quality of care.
- c) Preference was given to items for which national data was available or where a national objective such a Healthy People 2010 objective was measured.

Using these criteria, the item-reduction process was informed by the following:

- Two focus groups with the health care providers in the participating practices
- Two focus groups with parents whose child receives care in these practices.
- Review of national surveys focused on preventive and developmental care for young children such as the National Survey of Early Childhood Health.
- Review of key national health objectives.

The result of this work was the creation of the four-page, reduced-item version of the PHDS provided in this toolkit. This reduced-item version of the PHDS collects some descriptive information about parenting behaviors and issues in the family, and captures information about six out the nine PHDS measures of care:

- ❖ Anticipatory guidance and parental education (Questions #1-2)\*
- ❖ Family-centered care (Question #3)\*
- ❖ Ask about and address parental concerns (Question #5)
- ❖ Follow-up for children at risk for developmental/behavioral delays (#7)
- ❖ Assessment of the family (#8)\*\*

\* Because research with health care providers and parents demonstrated that these two measures of care are the most valuable in gathering information for quality improvement purposes, all items within this measure of care were included in the reduced-item version of the PHDS.

\*\* A single measure of family assessment was created based on an reduced-item version of the assessment of psychosocial well-being and safety within the family measure of care and the two questions focused on assessment for smoking and drug abuse in the family.

**2) Age-Specific Surveys:** The anticipatory guidance and parental education section has three age-specific sections to assure that the questions asked are age-appropriate. In order to increase the feasibility of administering the PHDS in the office, three distinct age-specific surveys are recommended as opposed to the one survey with age-specific skip patterns provided for a mail or telephone administration. The three specific surveys are for the following ages of children:

- **3-9.99** Months Old
- **10-18.99** Months Old
- **19-46.99** Months Old

- 3) Sampling Frame- Children Whose Parents Are Identified to Complete the Survey:** Sampling for the in-office administration of the PHDS specifies that parents of children who are at the office that day for a well-child health care visit and who have received well-child health care at the office in the last 12 months are eligible to receive the survey. In comparison, a mail or telephone administration allows the sampling to be more inclusive and can be based on enrollment in specific health care programs such as Medicaid, a health plan, etc. or can be sent to parents of children who have received well-child care at the practice in the last 12 months.
- 4) Place of Administration:** The survey is administered in the office as opposed to the mail and telephone administrations used with other versions of the PHDS. The place of administration may influence how the parent responds, and parents may limit their responses to their experience with only the health care providers in that office as opposed to any health care provider of their child.

All four of the factors noted above may influence the quality of care findings observed and therefore need to be considered closely. For example, when the quality of care findings in the pilot practices were compared by type of administration (between the mail-based and in-office administration), the in-office findings were consistently higher despite adjustments by the age of the child and by well-child health care utilization.

**If the data are being gathered for comparison purposes among practices or other entities or for trending purposes within a practice, then one mode of administration, one place of survey administration and one version of the PHDS should be used.**

**--IMPORTANT NOTE--**

The full-length survey allows for more comprehensive, detailed information to be gathered and for variations in specific aspects of care to be examined by health care provider, child and family characteristics.

Whenever possible, health care providers should consider exploring partnerships that will allow for a mail, telephone or online administration of the survey prior to or instead of the in-office survey administration.

**Where can I obtain information about the full-length PHDS and how administer it by mail, telephone or online?**

A technical assistance manual for the PHDS is available on the FACCT Web site at [www.facct.org](http://www.facct.org). This manual provides detailed information about how to plan for, implement, score and report the PHDS to various stakeholders and for various quality measurement purposes.