

Why We Did It



Highlight of Key Findings

Lessons Learned



Subsequent and Current Users



NSECH



Why We Did It: Vermont

Overview of Vermont

- Office of Vermont Health Access (OVHA)
 - Medicaid – SCHIP – Pharmacy Programs
 - PCCM Model of Care – no HMO's
 - No Dedicated Quality Improvement Unit
- Commercial HMO's
 - CIGNA, BC/BS, MVP Health Plan
- Payers Mostly Utilize Same Providers

Why We Did It: Vermont

- Overview of Vermont, cont'd.
 - State Level Quality Improvement Orgs.
 - Vermont Program for Quality Health Care - 1988
 - Vermont Child Health Improvement Project – 1999
- BISHCA – Oversight Commercial HMO's
 - Common QI Projects
 - Youth Health Initiative
 - Adult Substance Abuse Treatment Access Initiative
- Family/Consumer - Centered Friendly State

Why We Did It: Vermont

- To Inform ABCD I Healthy Babies Initiative
 - Added Specific Items
 - Home Visiting – Healthy Babies Program
 - Outreach Efforts
- To inform VT Dept of Health & OVHA
- Opportunity to Hear from Parents
- Opportunity to Provide Practice Level Feedback

Why We Did It: Minnesota

- Better understanding of the developmental/mental health care children receive
- Supplement other information and inform related activities:
 - EPSDT chart review & subsequent corrective action plan
 - Barriers to Preventive Care study
 - Developing a mental health screening tool
- Parent perceptions & interests in child's preventive care not something we've ever measured

MN PHDS-PLUS

Sample & Questions

- Sample:
 - Children who had a well-child visit
 - Over-sampled by race
 - Over-sampled by health plan
- Questions:
 - Parental concerns about children's mental health
 - Parent perceptions about the length and rating of well-child visits
 - Frequency of public health nurse home visiting

Why We Did It: Mississippi

- Measure quality of care provided to children enrolled in both Medicaid & SCHIP
- Measure differences in quality
 - By program (Medicaid, SCHIP)
 - By type of provider
 - By race/ethnicity
 - By geographic location
- Compare parent reports on well-child care to claims data

What We Learned



Subsequent and Current Users: Examples of Sampling Used

- Maine: State-wide, stratified by geographic region (rural, urban), provider type (pediatrician, family medicine), program (FFS, PCCM)
- Washington: Statewide (health plan, well-child visits codes), County
- Pediatric Practice – Medical group, office, provider-level

What We Learned: Vermont

- Most young children were healthy and regularly utilized health care system.
- Few parents indicated problems paying for child's health care.
- Most parents reported being healthy; but 17% were identified at high risk for depression.
- 70% read stories to their child every day.
- 90% found Healthy Babies visit helpful.

What We Learned: Vermont

- Parents who received recommended anticipatory guidance were less likely to indicate concerns about growth & development.
- Less than half of the parents with developmental concerns received specific information about these concerns.
- Children identified as at risk for developmental problem(s) were not more likely to have developmental assessment.

What We Learned: Minnesota

- Components of well-child visit children did/n't receive
- Topics parents are interested in knowing more about
- Topics on which parents have concerns
- Whether providers ask about concerns
- If providers are screening for mental health issues
- Variation among health plans
- Differences in race/ethnicity
- Maternal depression is a significant issue

Parents With Concerns

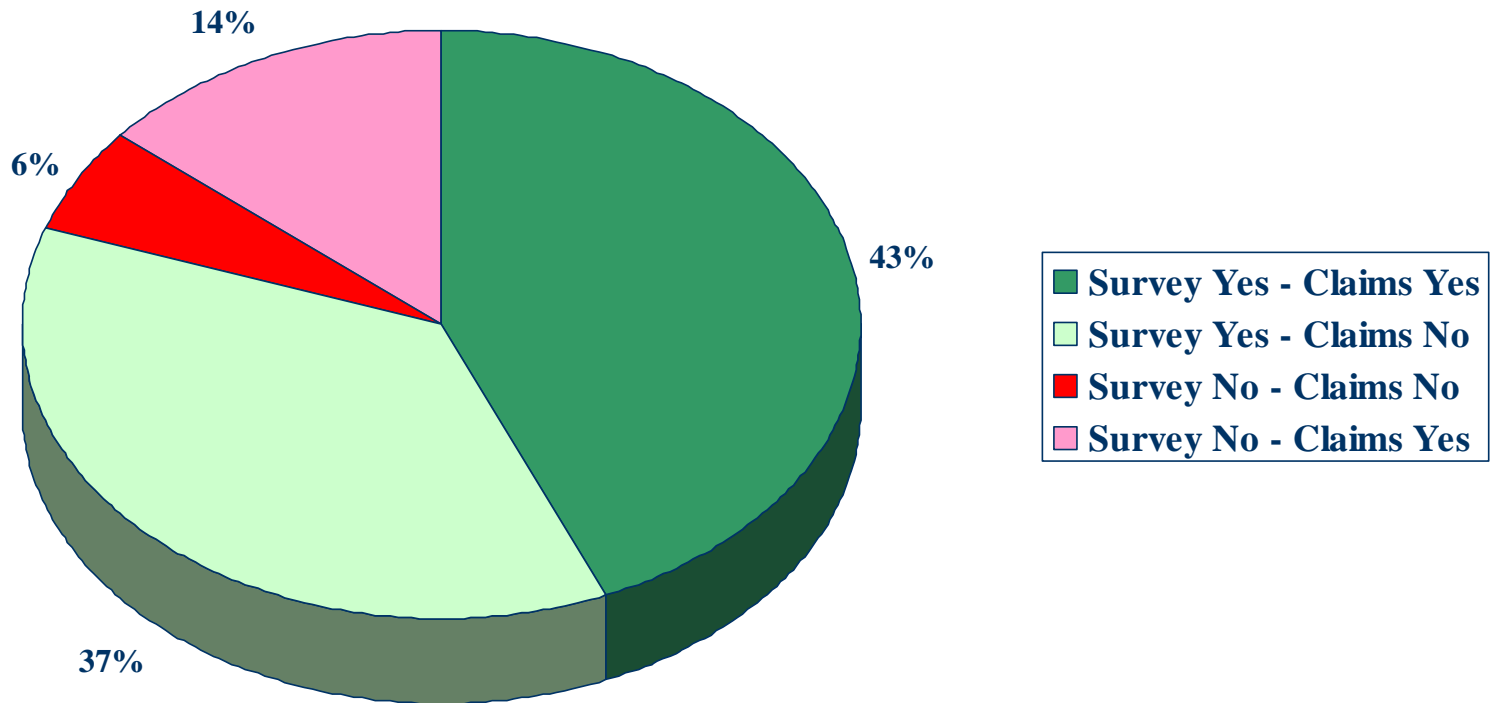
- 53% of parents had one or more concerns about their child's learning, development or behavior
- Of these parents, 65% reported that their clinician asked if they had any concerns about their child
- Top FIVE concerns:
 - How child behaves: 26%
 - How child gets along with others: 23%
 - How child is learning preschool or school skills: 20%
 - Child has extreme or unusual moods or feelings: 20%
 - How child talks or makes speech sounds: 21%

Concerns About Extreme or Unusual Moods or Feelings

- Of those parents (20%) with concerns:
 - 70% were a little concerned
 - 30% were a lot concerned
- 48% of these parents said the health care provider addressed their concerns

What We Learned: Mississippi

Reporting of Well-Child Visits for SCHIP



What We Learned: Mississippi

- With the exception of Family Centered Care measures, children enrolled in Medicaid were more likely to have received a threshold level of care than children enrolled in SCHIP
- With the exception of Family Centered Care measures, non-white children were more likely to report receiving a threshold level of care than white children

How We Plan To Use It

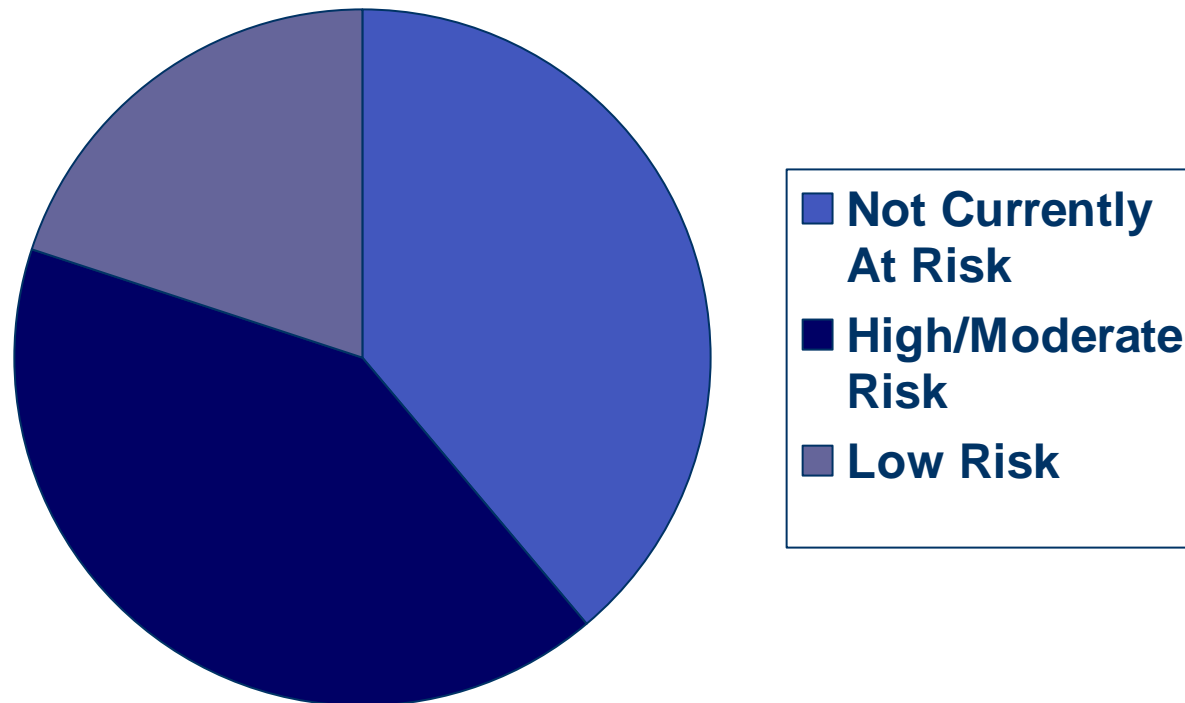


Key Findings Related to Child Health



Two Out of Five Children in Medicaid are at a Significant Risk for Developmental, Behavioral or Social Delays

Based on Parental Evaluation of Developmental Status (PEDS):

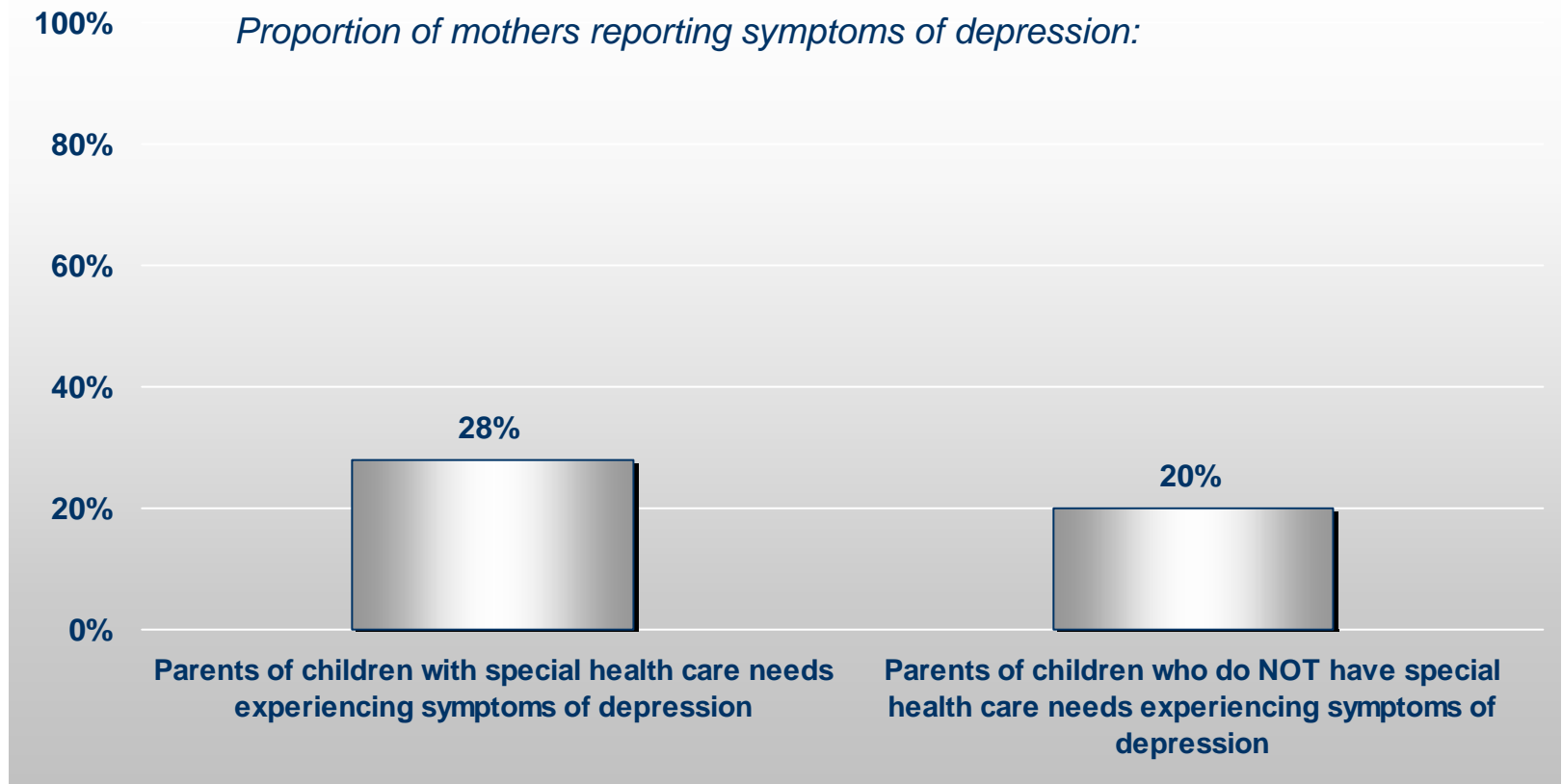


Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

Key Findings Related to Parent Health

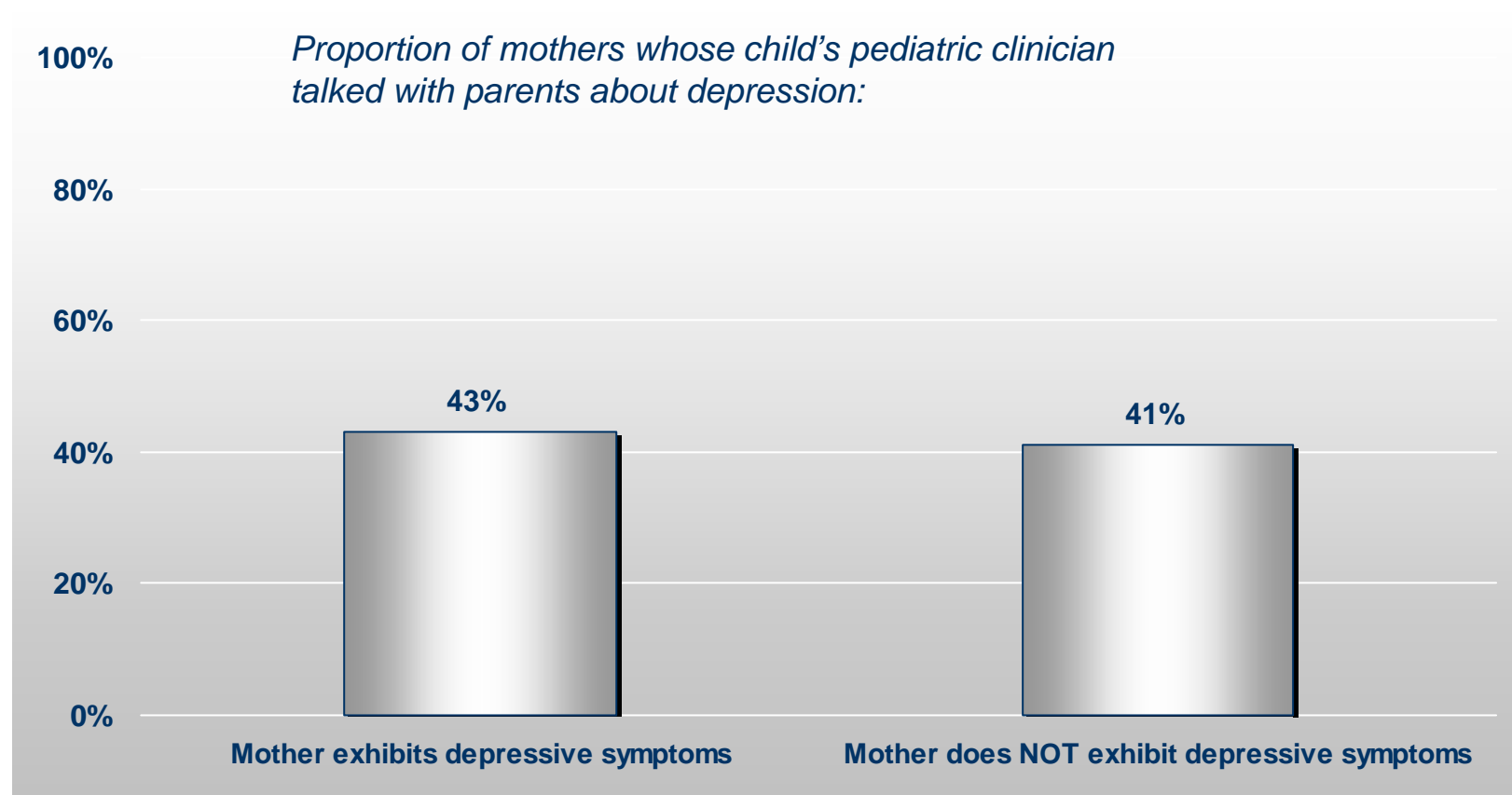


Mothers of Children with Special Health Care Needs are More Likely to Experience Symptoms of Depression



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

Pediatric Clinicians are NOT More Likely to Talk with Mothers Who Exhibit Symptoms of Depression About Their Feelings And Moods

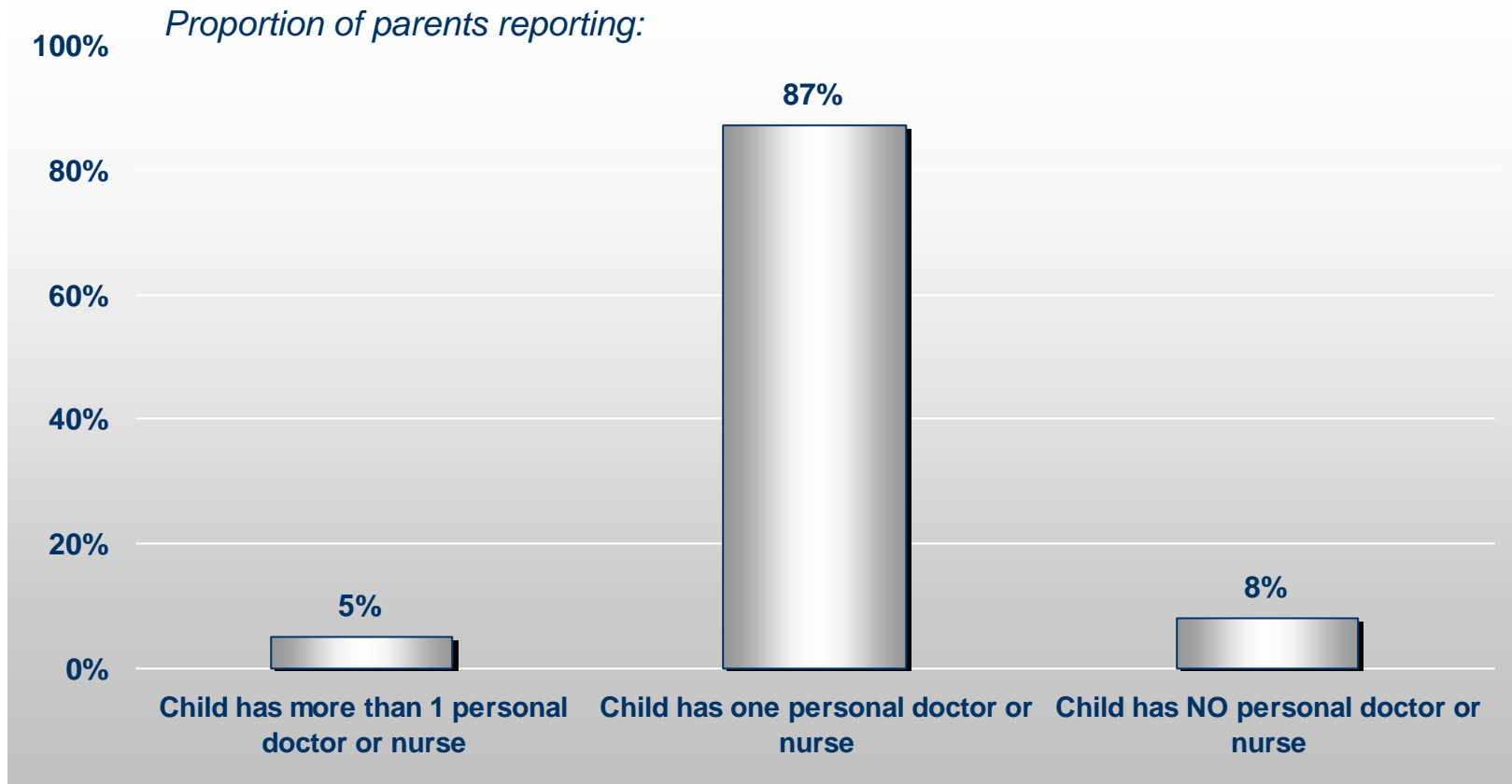


Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

Key Findings Related to Child's Health Care

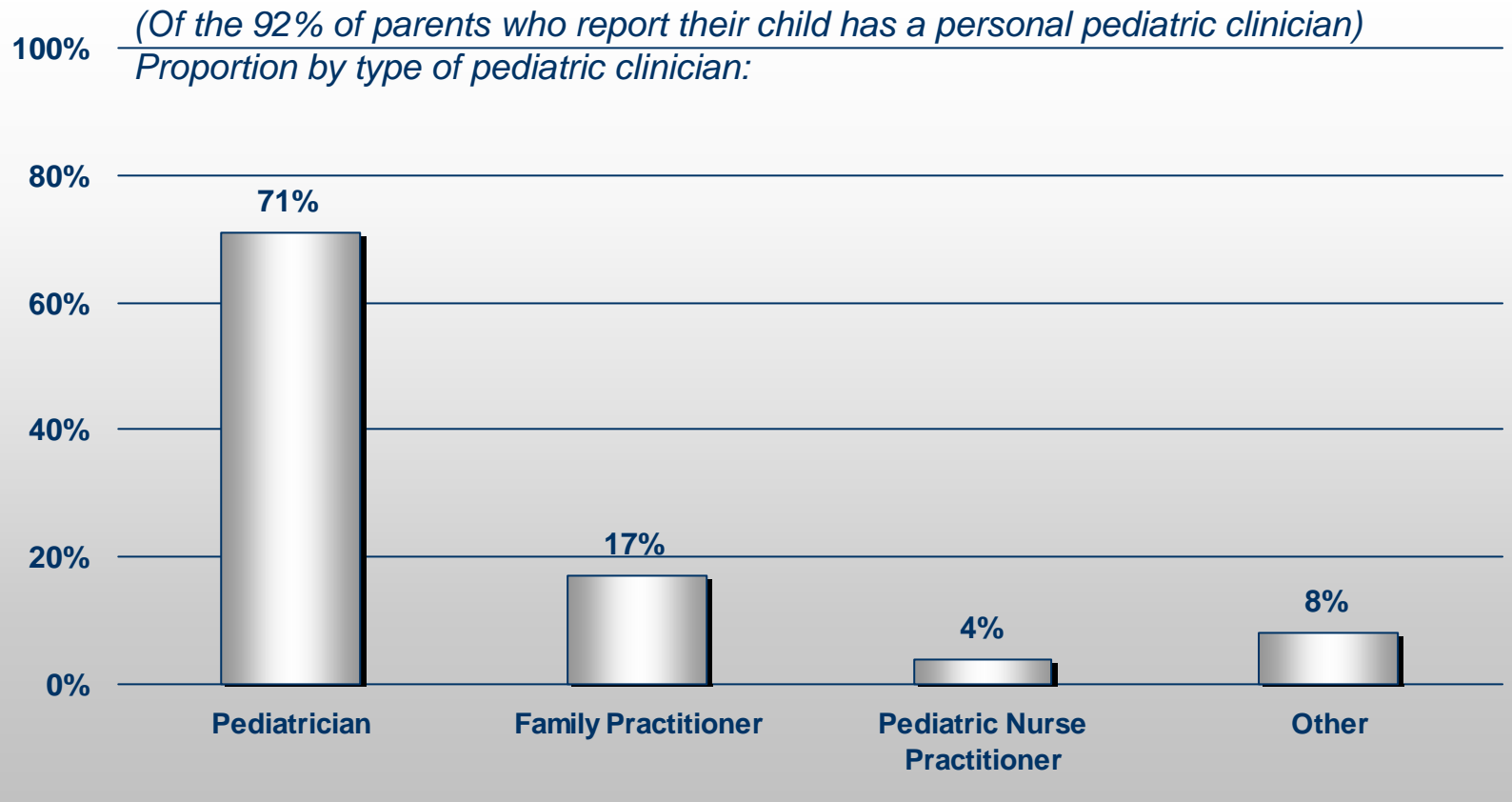


Most Children Have a Personal Doctor or Nurse



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

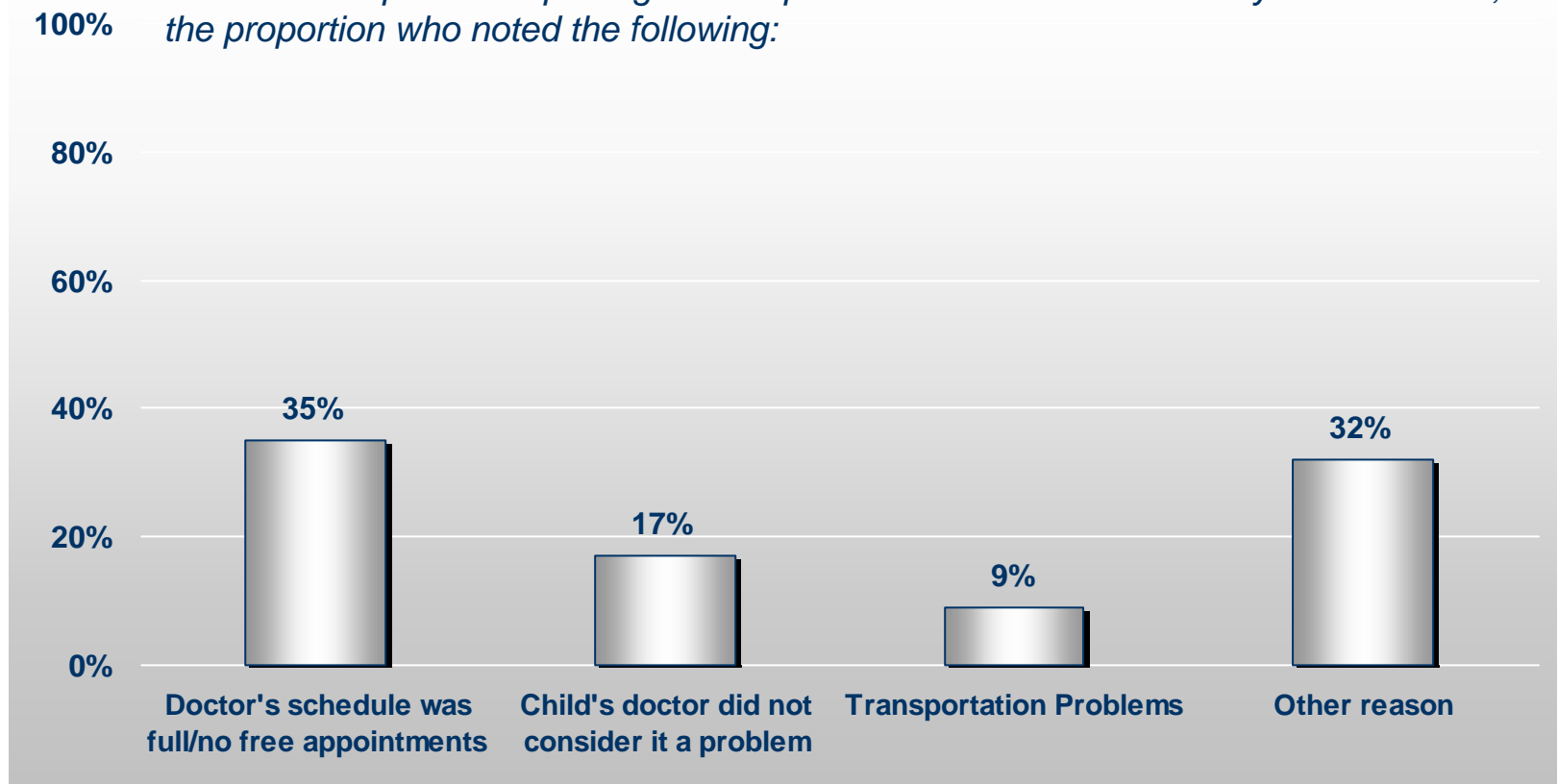
Parents Most Likely to Report a Pediatrician is Their Child's Pediatric Clinician



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

Reasons for Delayed or Lack of Care Received Among Parents Reporting Access Problems

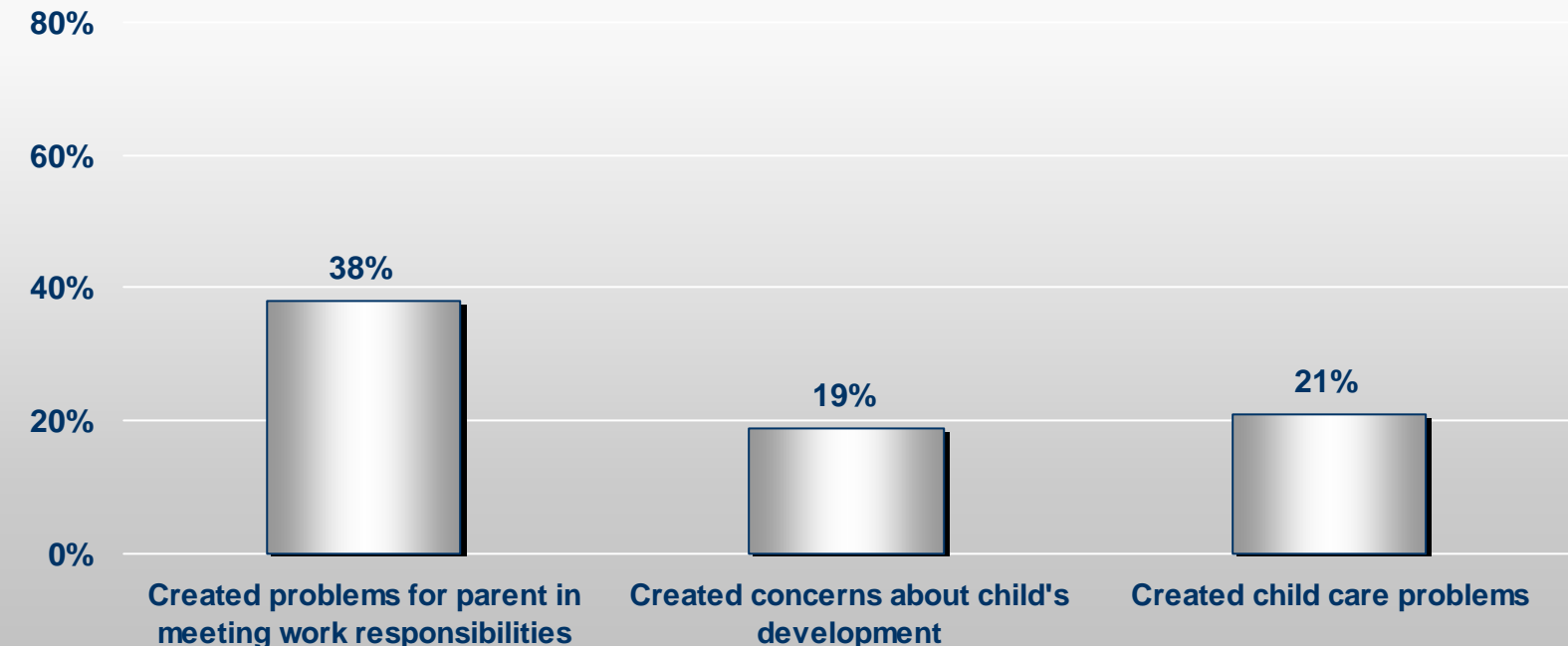
Of the 12% of parents reporting access problems for their continuously enrolled child, the proportion who noted the following:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

Concerns and Problems Created Due to a Lack of or Delay in Care Among Parents Reporting Access Problems

100% *Of the 12% of parents reporting access problems for their continuously enrolled child, the proportion who noted the following:*



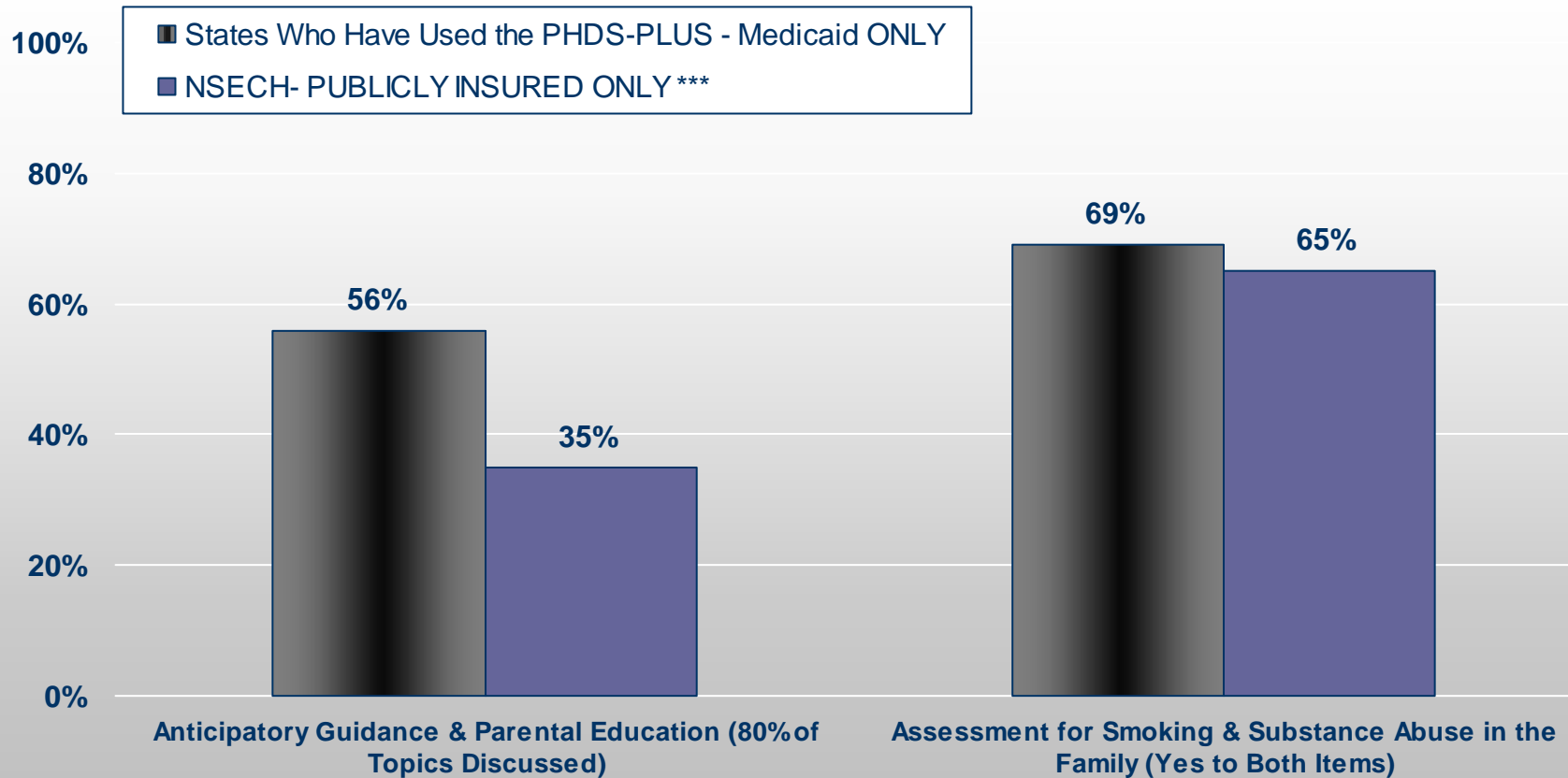
Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

Key Findings Related to Preventive and Developmental Health Care Quality



National Findings - State Level Findings

Proportion of parents who report care that meets a basic threshold indicating acceptable quality care:



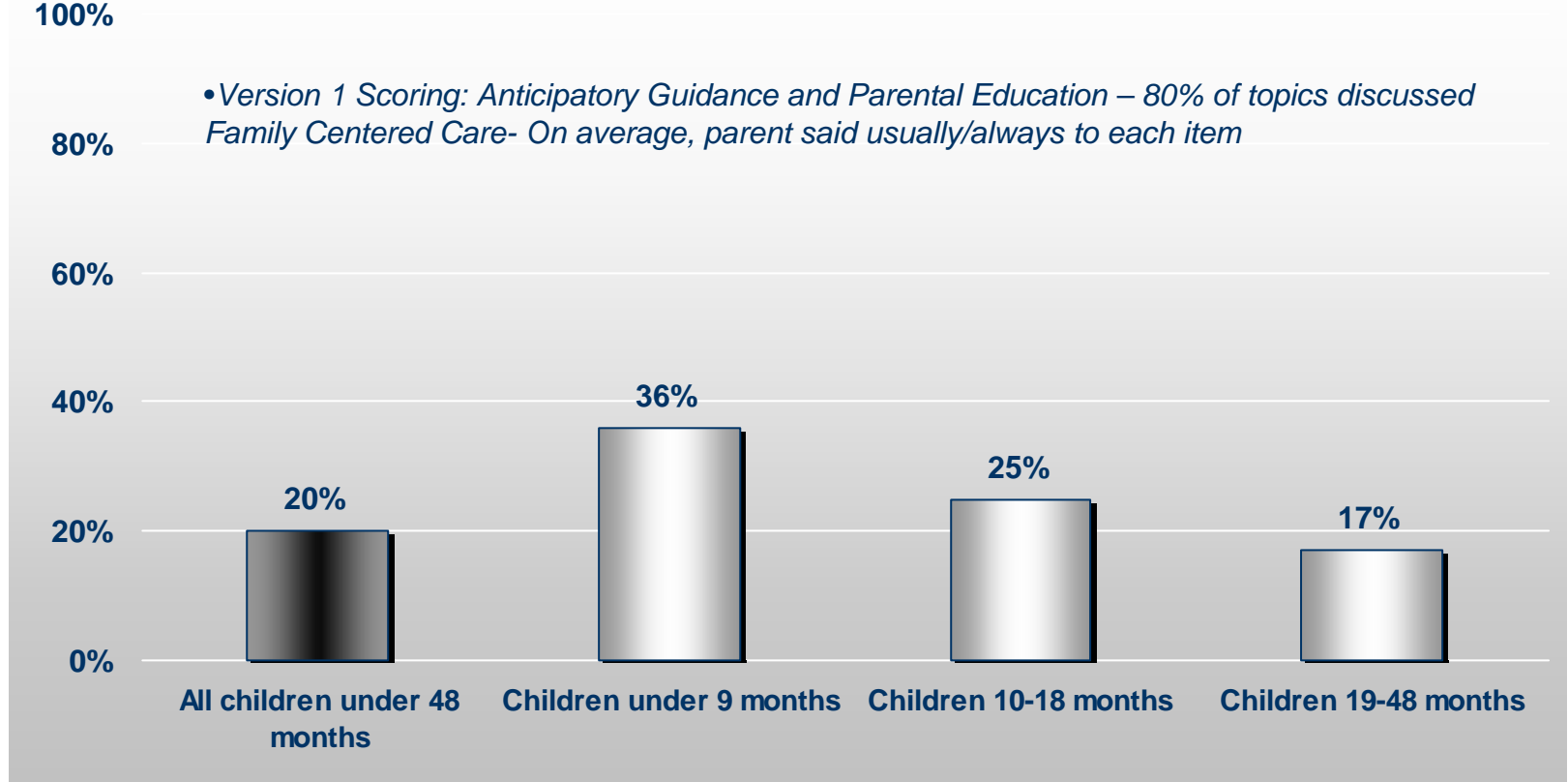
Source: National Survey of Early Childhood Health (NSECH), CAHMI PHDS-PLUS Data 2001-2004

NSECH Data: Used different scoring models to tell a “fuller” story

- 10.8% children received AGPE on each topic included in the PHDS (all or nothing model)
- On average, 55% of 12 topics included were addressed
- 55.3% had one or more unmet informational need (unmet need model)
- 44.7% had all of their informational needs met (preference sensitive scoring)

Infants are More Likely to Receive a Basic Level of Preventive and Developmental Care

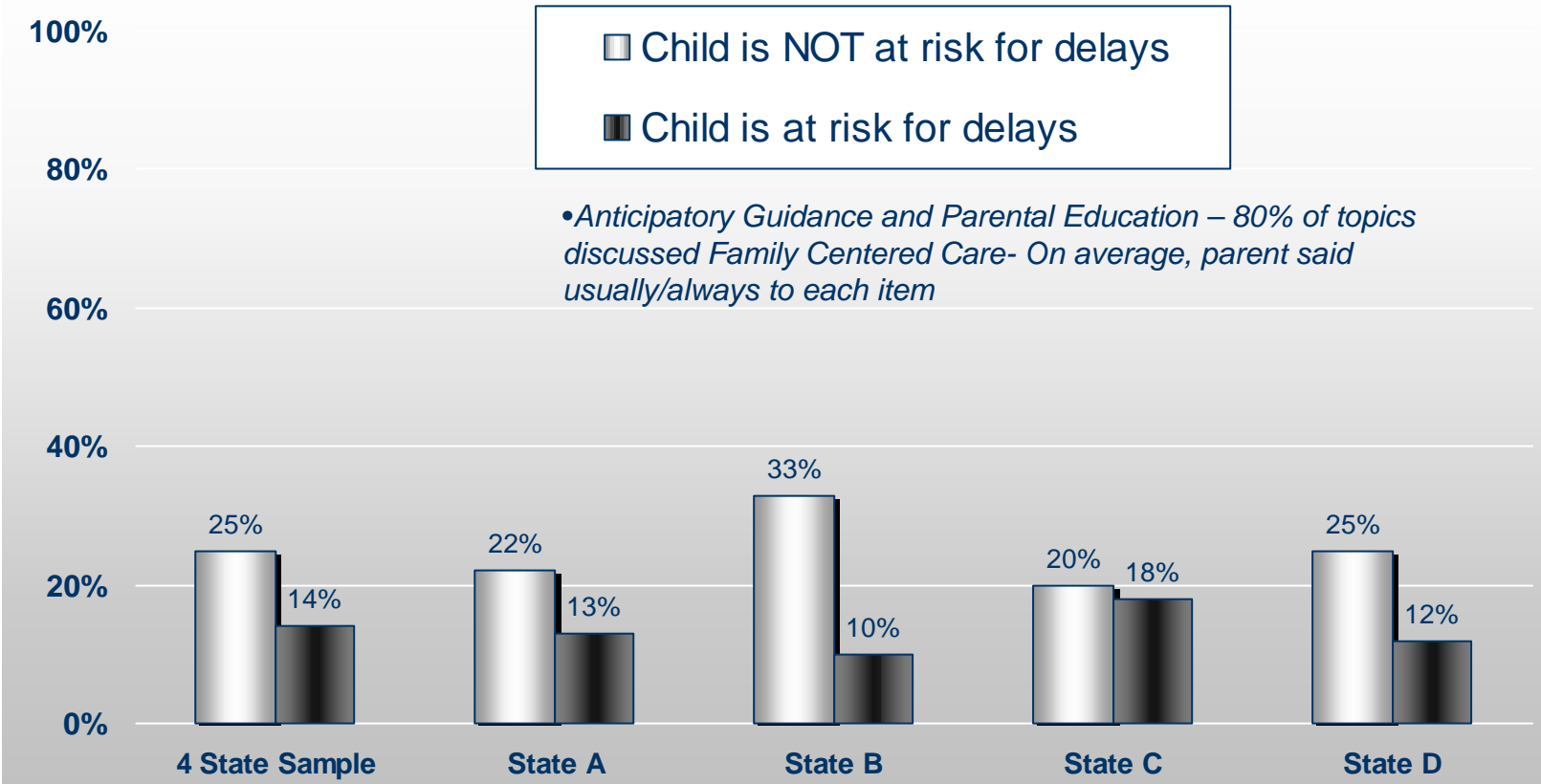
Proportion of parents who report care that meets a basic threshold indicating acceptable quality care*:
100%



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

Children Who are at Risk for Delays are Less Likely to Receive Preventive and Developmental Care

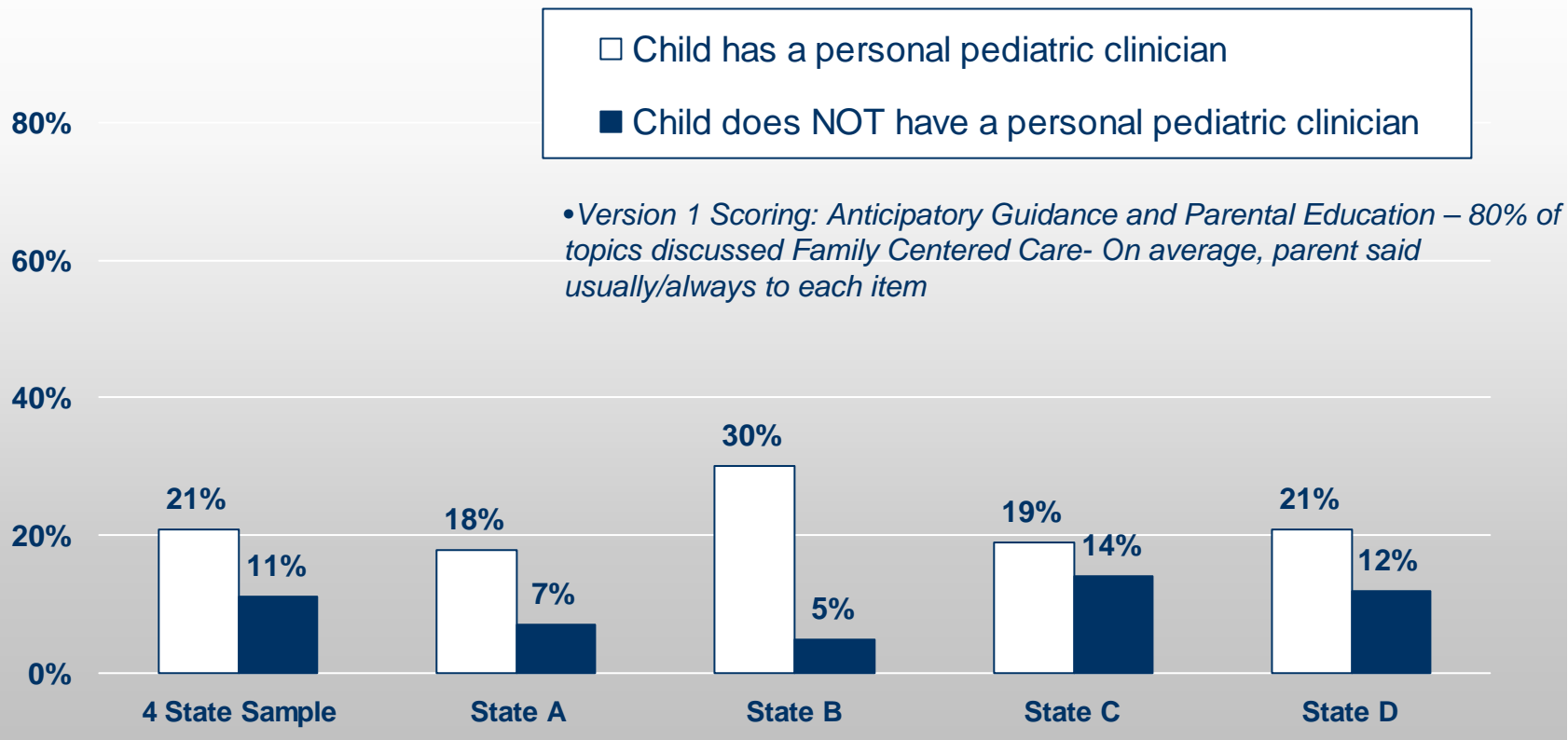
Proportion of parents who report care that meets a basic threshold indicating acceptable quality care:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

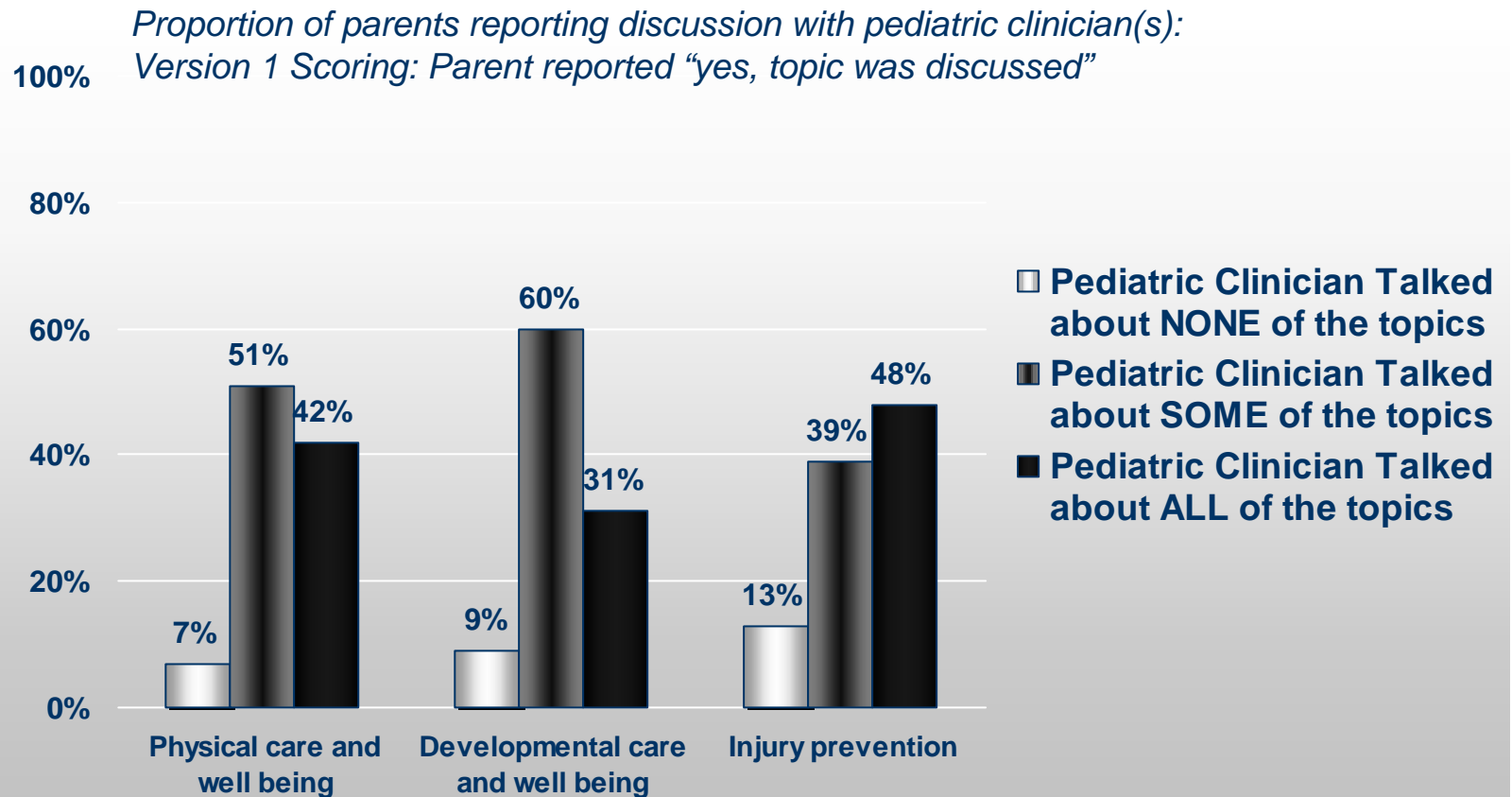
Children with No Personal Pediatric Clinician are Less Likely to Receive Preventive and Developmental Care

Proportion of parents who report care that meets a basic threshold indicating acceptable quality care*: 100%



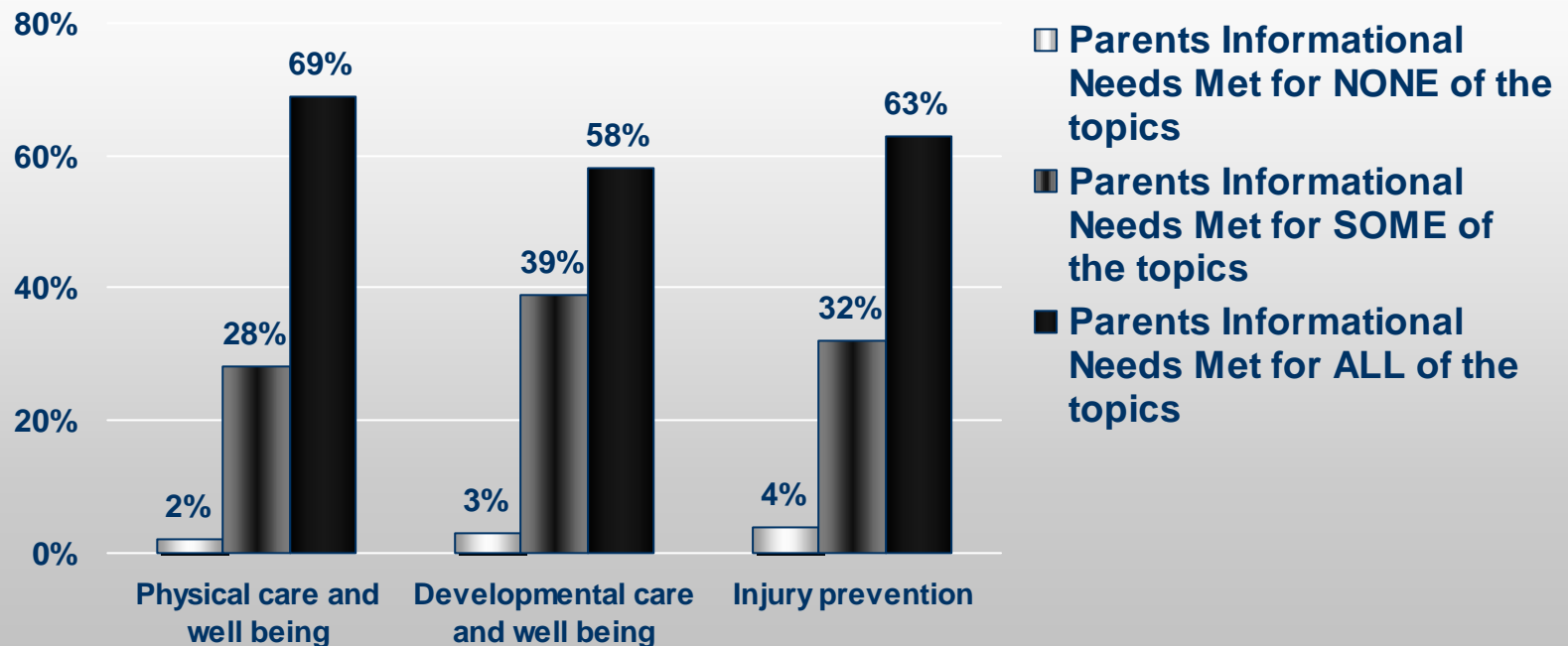
Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

Anticipatory Guidance and Parental Education: More Likely in Some Topics Than Others



Anticipatory Guidance and Parental Education: More Likely in Some Topics Than Others

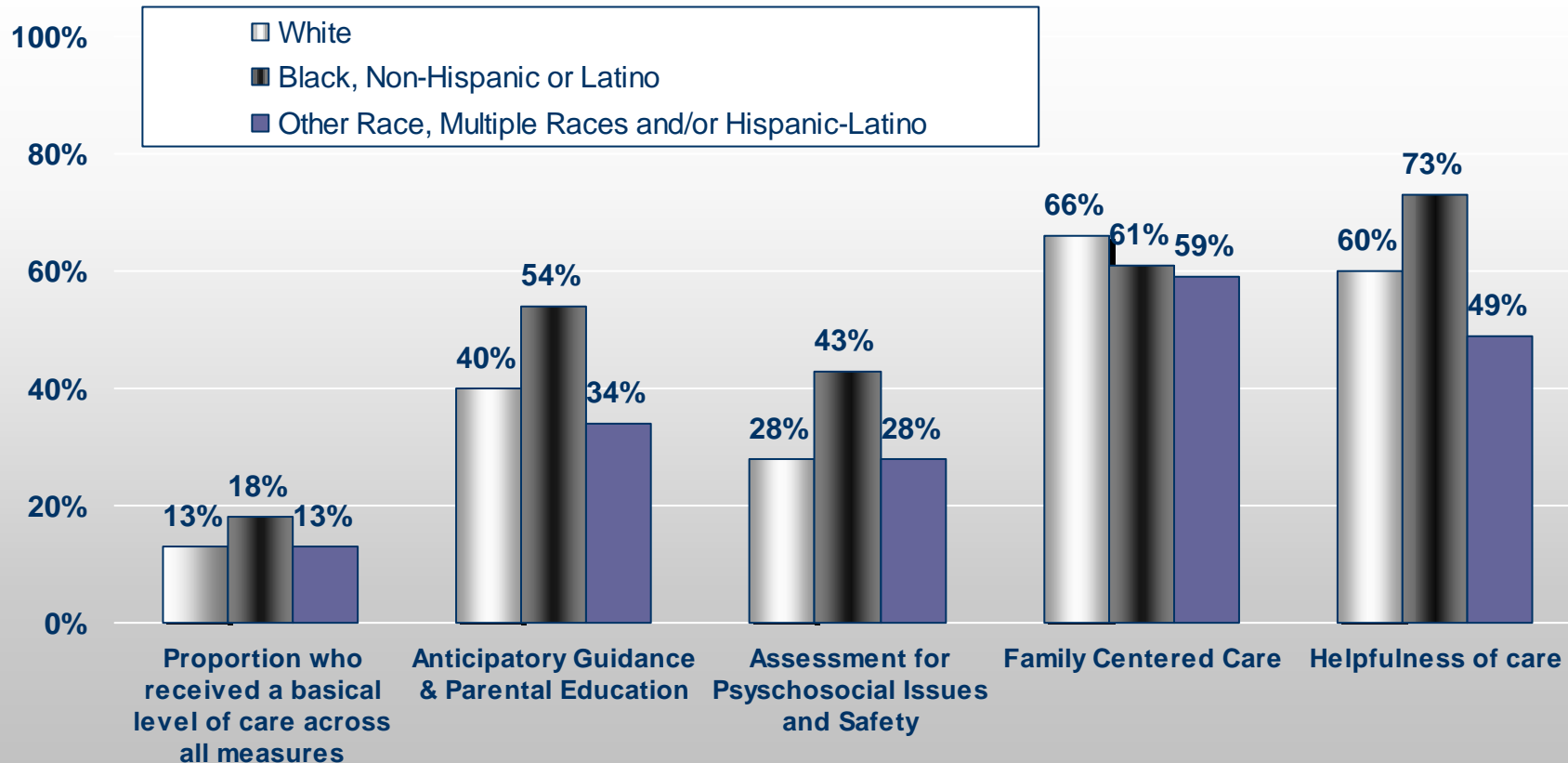
Proportion of parents reporting discussion with pediatric clinician(s):
Version 2 Scoring: Parent reported "Yes, topic discussed" or "No, I did not want to discuss it"



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

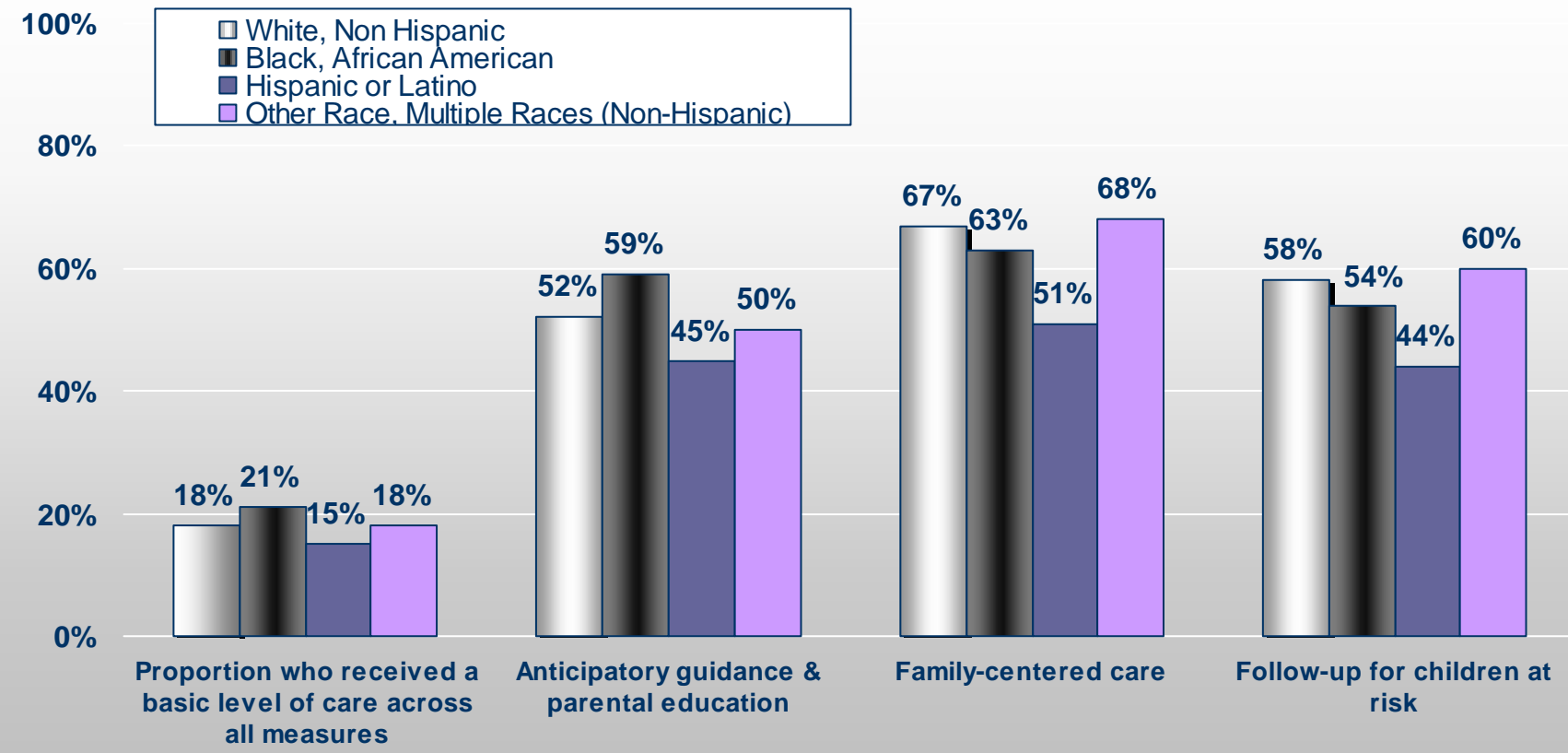
Quality of Care Findings By Child's Race-Ethnicity in State A

Proportion of parents who report care that meets a basic threshold indicating acceptable quality care:



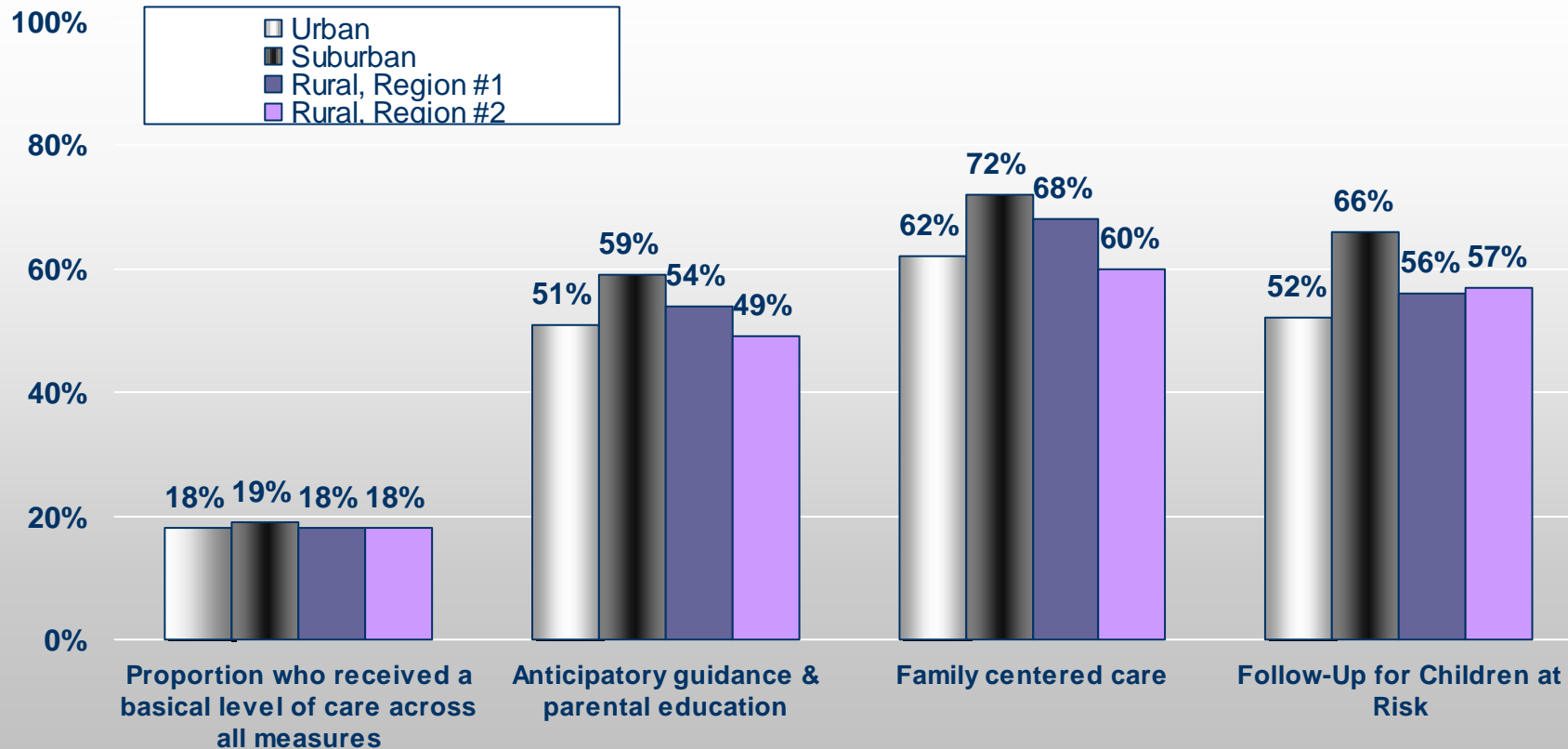
Quality of Care Findings by Race-Ethnicity in State B

Proportion of parents who report care that meets a basic threshold indicating acceptable quality care:



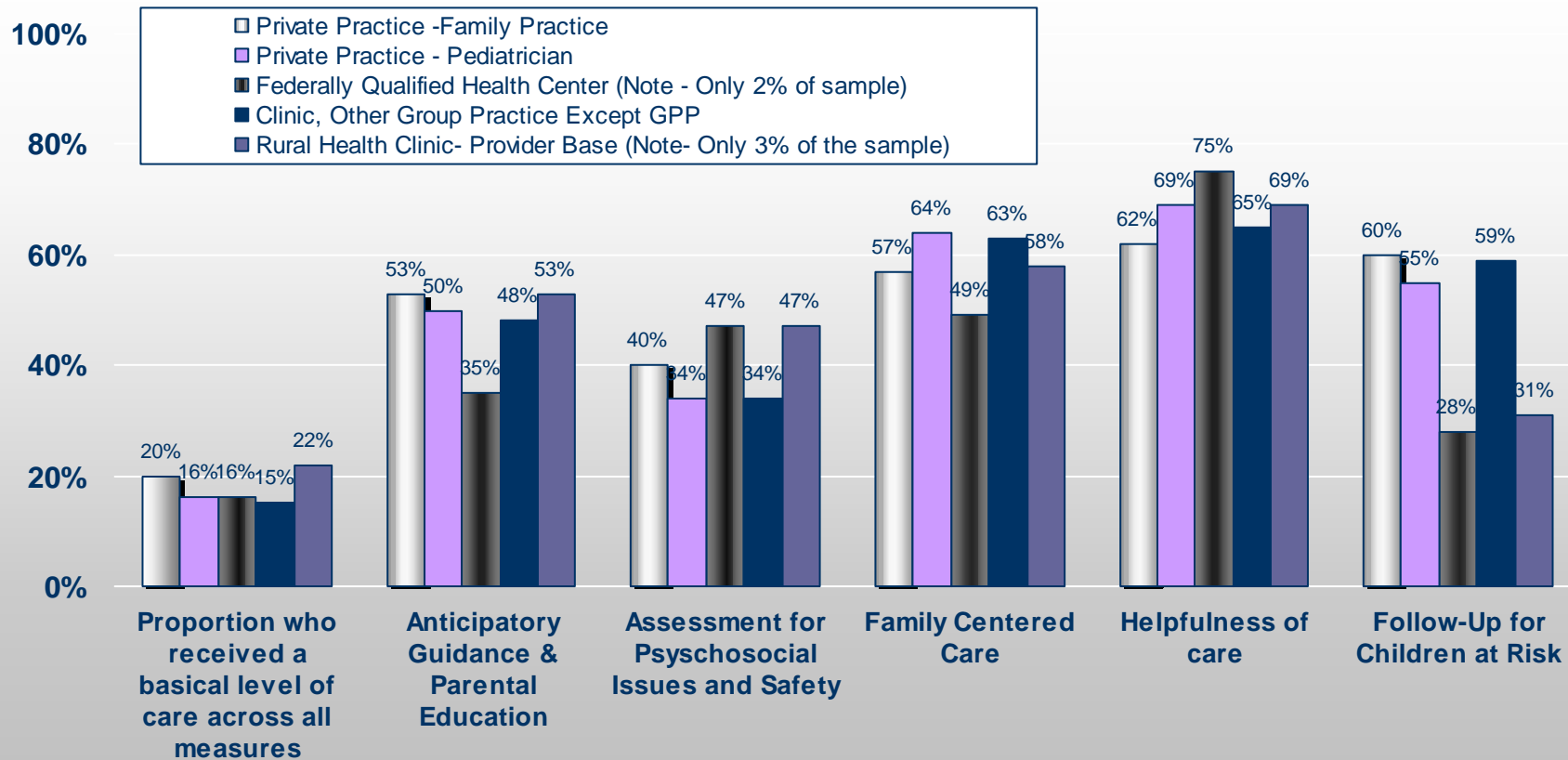
Quality of Care Findings by Geographic Region in State X

Proportion of parents who report care that meets a basic threshold indicating acceptable quality care:



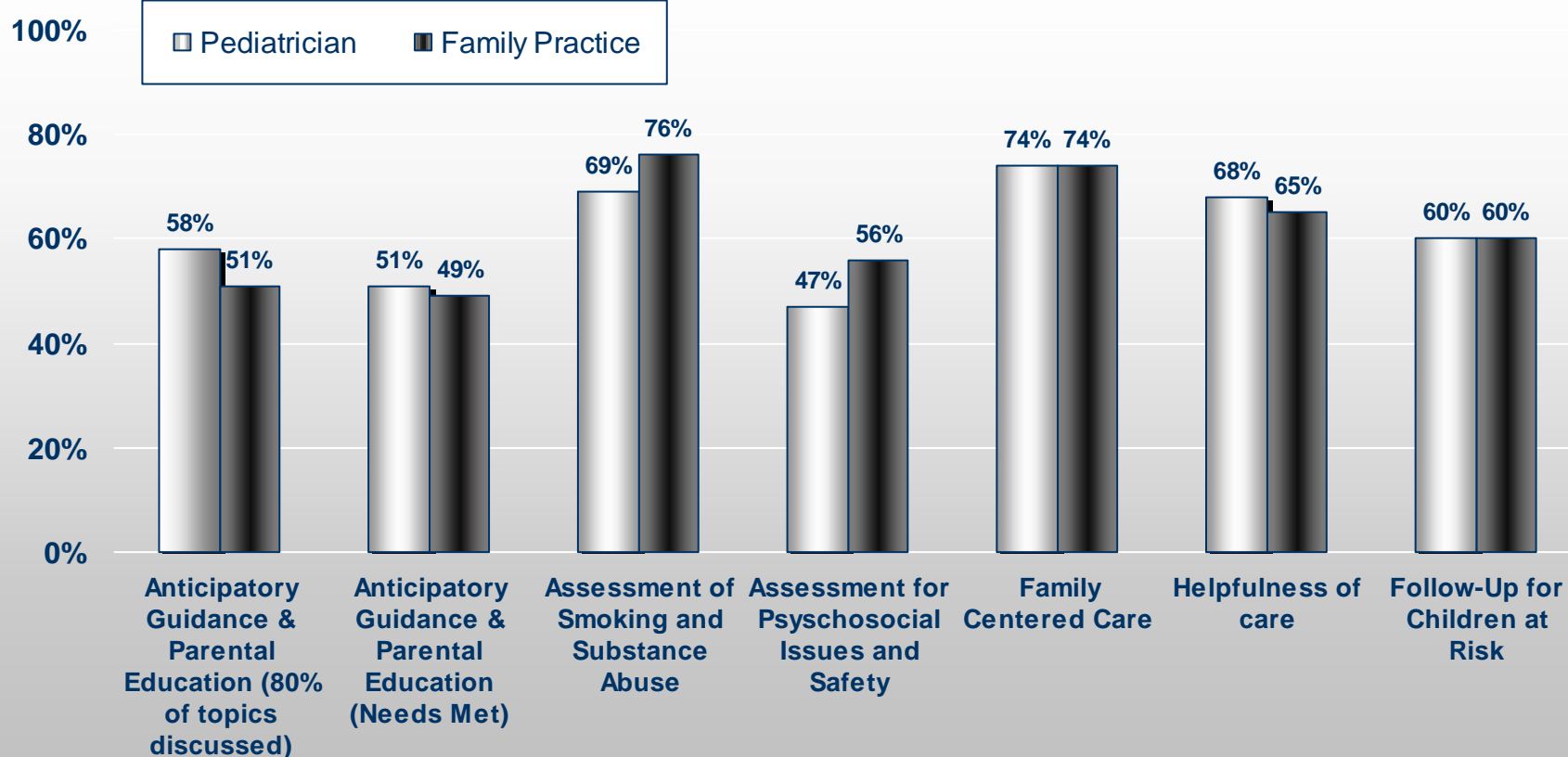
Quality of Care Findings for Children Enrolled in the CCP Program by Type of Place Where Child Receives Care in State X

Proportion of parents who report care that meets a basic threshold indicating acceptable quality care:



Quality of Care Findings By Type of Provider the Parent Reported as Their Child's Personal Doctor or Nurse* in State X

Proportion of parents who report care that meets a basic threshold indicating acceptable quality care:

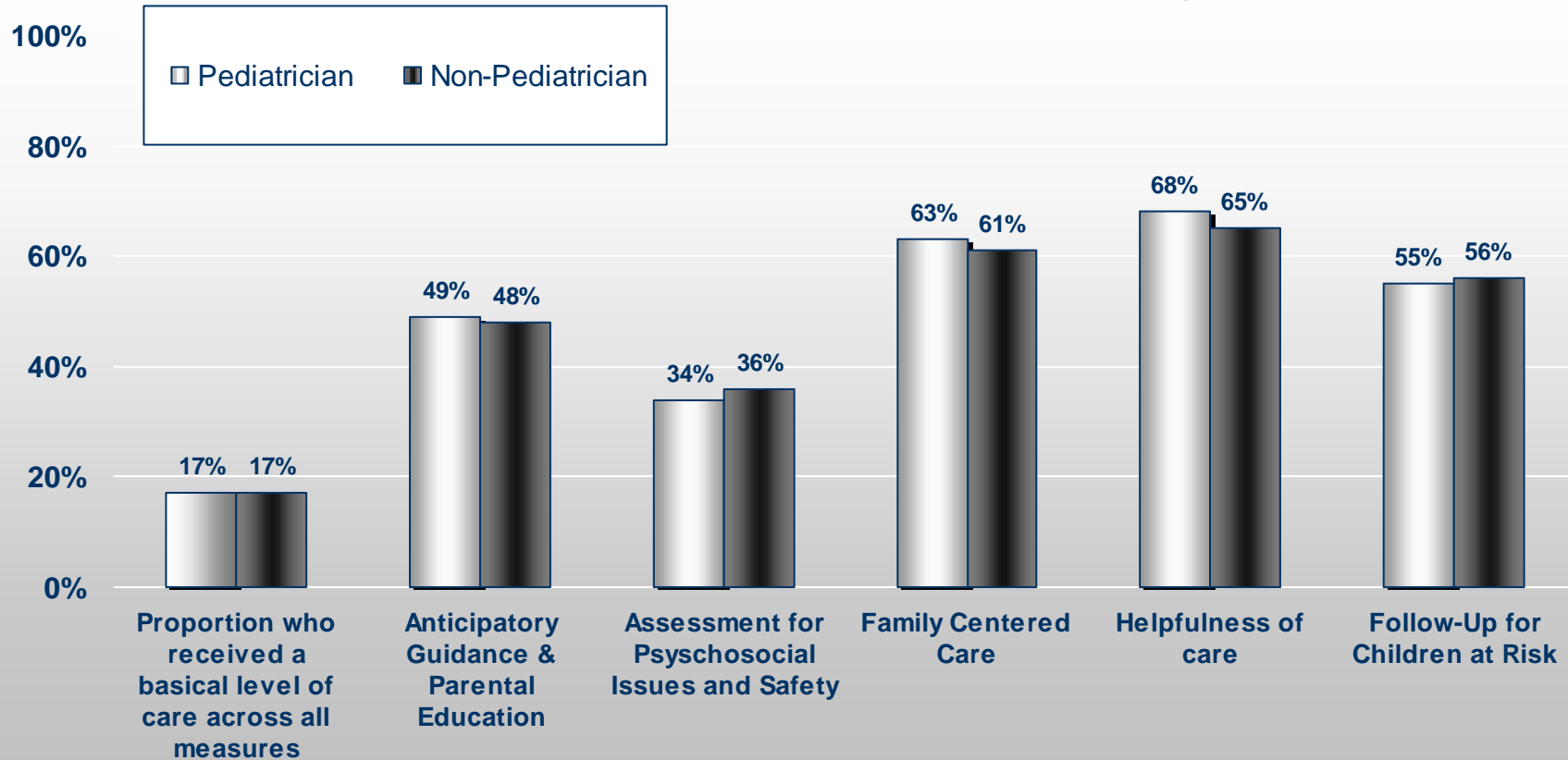


Source: 2004 CAHMI PHDS-PLUS Data.

* Inconclusive evidence about the validity of parent report about the kind of doctor that serves as their child's personal doctor or nurse

Quality of Care Findings for Children Enrolled in the PCCM Program by Type of Primary Care Provider in State X

Proportion of parents who report care that meets a basic threshold indicating acceptable quality care:



CAHMI Contact Information

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How We Plan to Use It: Vermont

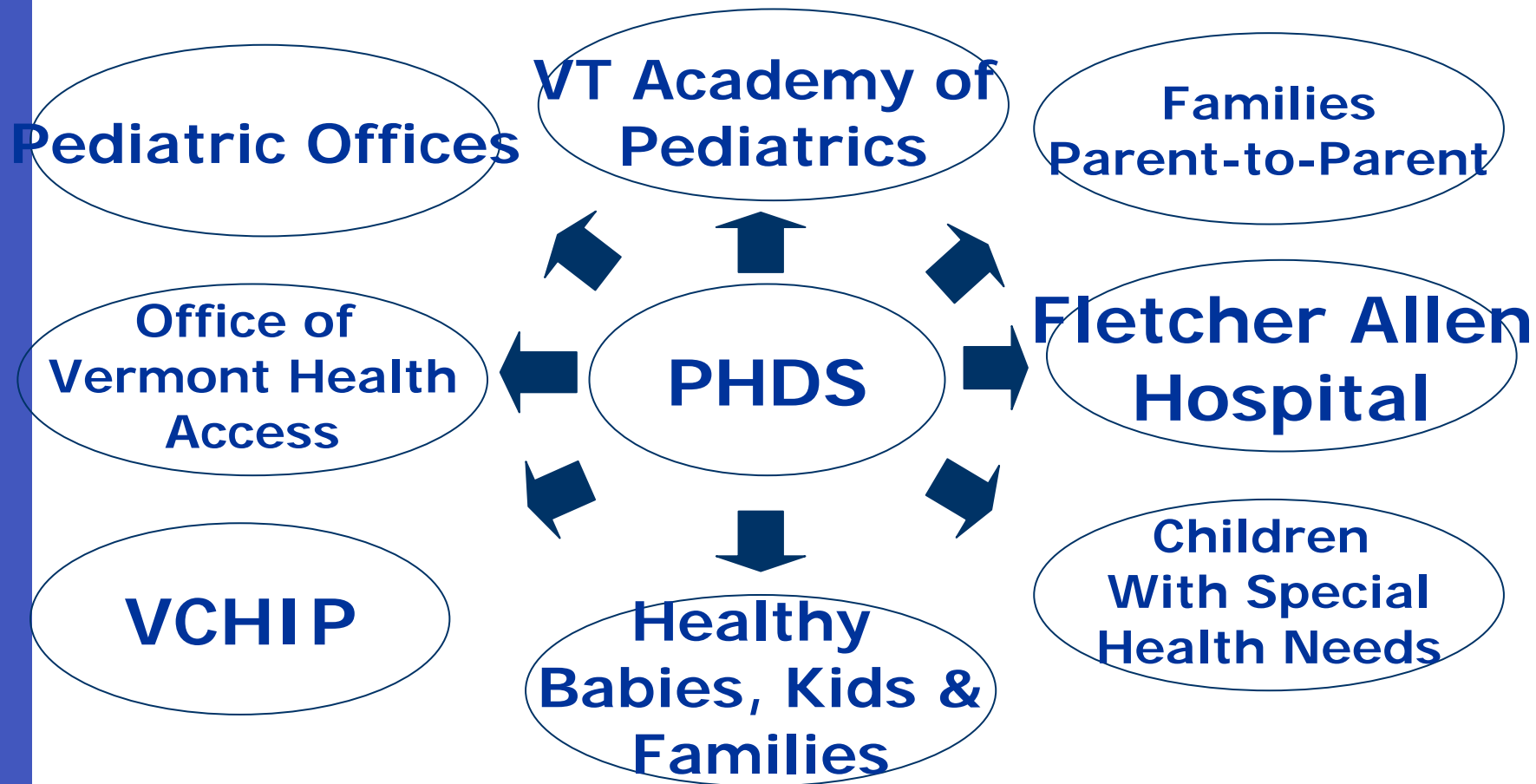
State Level Findings

- Confirm Assumptions on Successes
 - Access to Care – Problem 1.2%
 - Tobacco Use 89%
- Identify Areas of Concern
 - Alcohol & Substance Use 67%
 - Developmental Assessments High Risk 62%
- Special Analysis
 - Healthy Babies, Kids, & Families
 - Children With Special Health Needs
 - FAHC Neonatology Unit

How We Plan to Use It: Vermont

- State Level Findings
 - Data Analyzed to Identify Practices
 - Shared with 19 practices – 25 or more survey responses
 - Handful of Key Findings - Teaser
 - Utilized Template Developed for Practices
- Office Level Administration
 - Two Practices – Mousetrap & University Pediatrics
 - Tested Reporting Templates
 - Provider Template
 - Parent Template

Use of PHDS-PLUS Findings by Multiple Stakeholders



Applying Lessons Learned

- Know Your Stakeholders
- Convene Stakeholders at the Beginning
- Identifying a Practice Is Challenging
- Practice Level Administration Is Difficult

Applying Lessons Learned

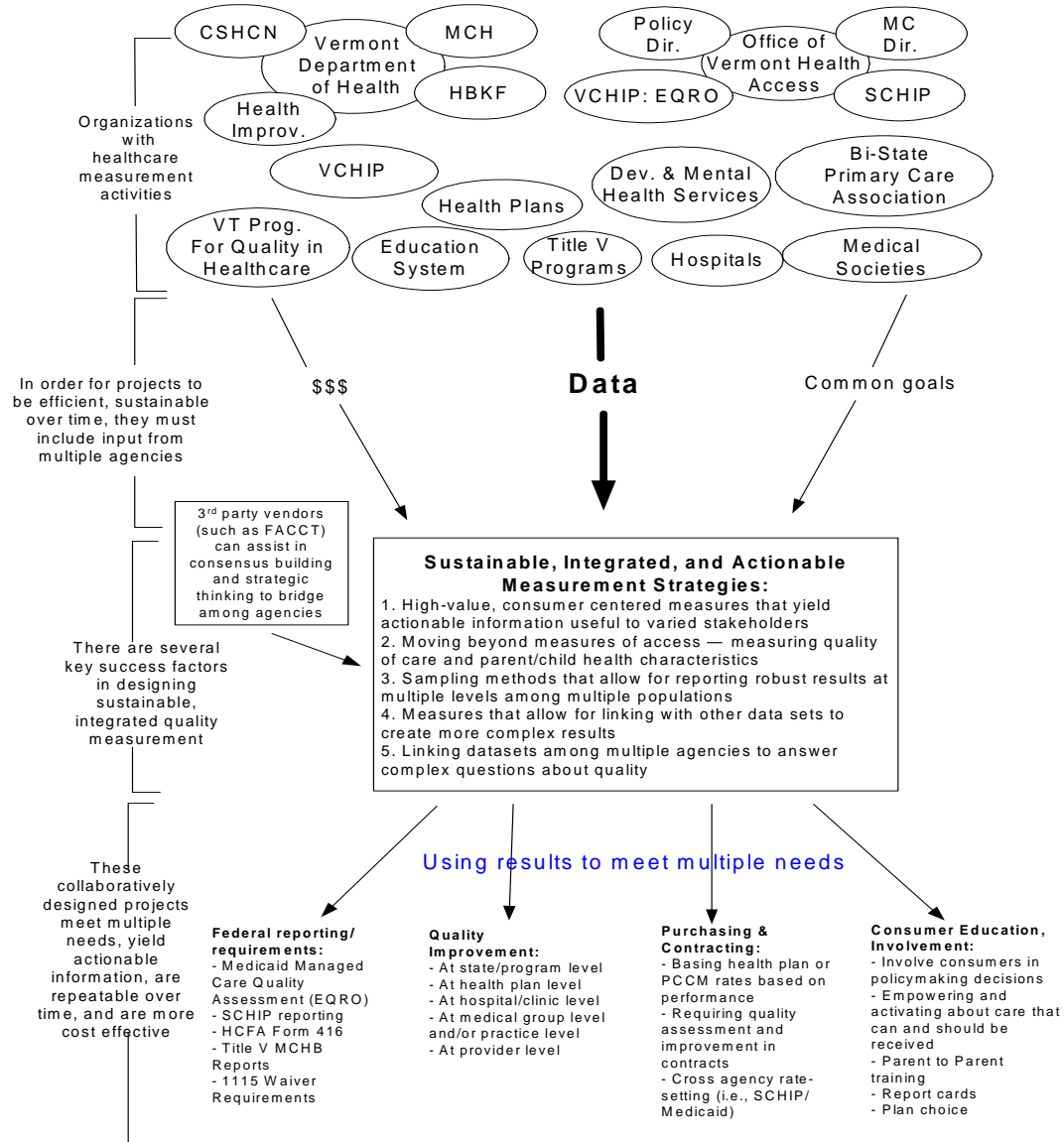
- Impact
 - Multiple User Strategy
 - Developmental Assessment Collaborative
 - NICHQ – Commonwealth Funded
 - PHDS – Plus Used to Evaluate
 - Fred Holmes, M.D., (from Mousetrap) on Faculty
 - 8 of the 19 Practices Participating

Applying Lessons Learned

Ideas on How PHDS May Be Used

- Statewide or Plan Administration
 - Broad brush
 - Identify Areas of Concern
 - Confirm What is Working
- Practice Level
 - Recruit Practices Committed to QI Project
 - Initial Administration Provides Baseline for QI Work
 - Second Round Confirms Improvement
- Multiple Users

Map Of the Future



Applying Lessons Learned

Partnering With Other Users

- Get to know the players - organization
 - Establish relationships as resource for future endeavors.
 - Understand the organizational structure; who's who.
 - Identify what needs to be overcome or you can build on.
- Be knowledgeable of everyone's agenda
 - What challenges are facing each organization.
 - Look for common areas of interest or opportunities.
- Be clear about goal(s)
 - Are you promoting a single project, or
 - Building the basis for a long term partnership

How We Plan To Use It: Minnesota

- Educate providers
- Educate and empower parents
- Look for best practices to implement: gather clinics to share models and tools
- Re-measure after interventions to gauge change

How We Plan To Use It: Mississippi

- Complete analysis of data
- Disseminate reports to providers and other stakeholders
- Use the information in developing educational materials for parents
- Develop strategies for improving data collection on well-child visits

Looking Forward: Mississippi

- Data collection is not complete without input from families
- The process is as useful as the results
 - Fostered collaboration among agencies
 - Facilitated discussion of common quality issues
 - Promoted analysis, planning, and evaluation