



**CAHMI**

The Child and Adolescent  
Health Measurement Initiative

## Parent-Centered Quality Improvement:

*How a parent-based survey was used to guide and develop QI efforts focused on developmental services for young children in Kaiser Permanente Northwest*

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## Motivation:

### Parent-Centered Improvement

- Focus on recommended aspects of care that matter to the parent (child, youth,....)
- Obtain quality information from the parent about where there are gaps and opportunities for improvement
  - Baseline information about the current level of care – from the parent perspective
- Implement parent-centered improvement strategies addressing gaps in care identified \*
- Measure the effectiveness of these strategies by incorporating parent-based measurement tools\*

\* Healthy Development Collaborative



# Currently Available Measures Focused on Developmental Care

## **Current Measures Available to Pediatric Providers In Participating System:**

- Well-Child measures
- Immunization measure
- Art of Medicine Survey/Medical Office Visit Survey
  - After visit survey focused on communication and experience of care



# Implementation of the ProPHDS in Kaiser Permanente-Northwest

- Office-level sampling, taking into account the number of providers in each office (N=5755)
  - Offices represented N=10, Pediatric Providers Represented=56
  - Survey sent to parents of children 3-45 months old who had one or more well-child visits in the last 12 mos
  
- ProPHDS administered by mail
  - Raw Response Rate: 39% -- Office-level RR Range: 33-44%
  
- Health System- Level Information Collected
  - Enhanced Office System Inventory
  - Examination of Provider EMR, After Visit Summaries For Patient
  - Provider-survey (92% response rate obtained)

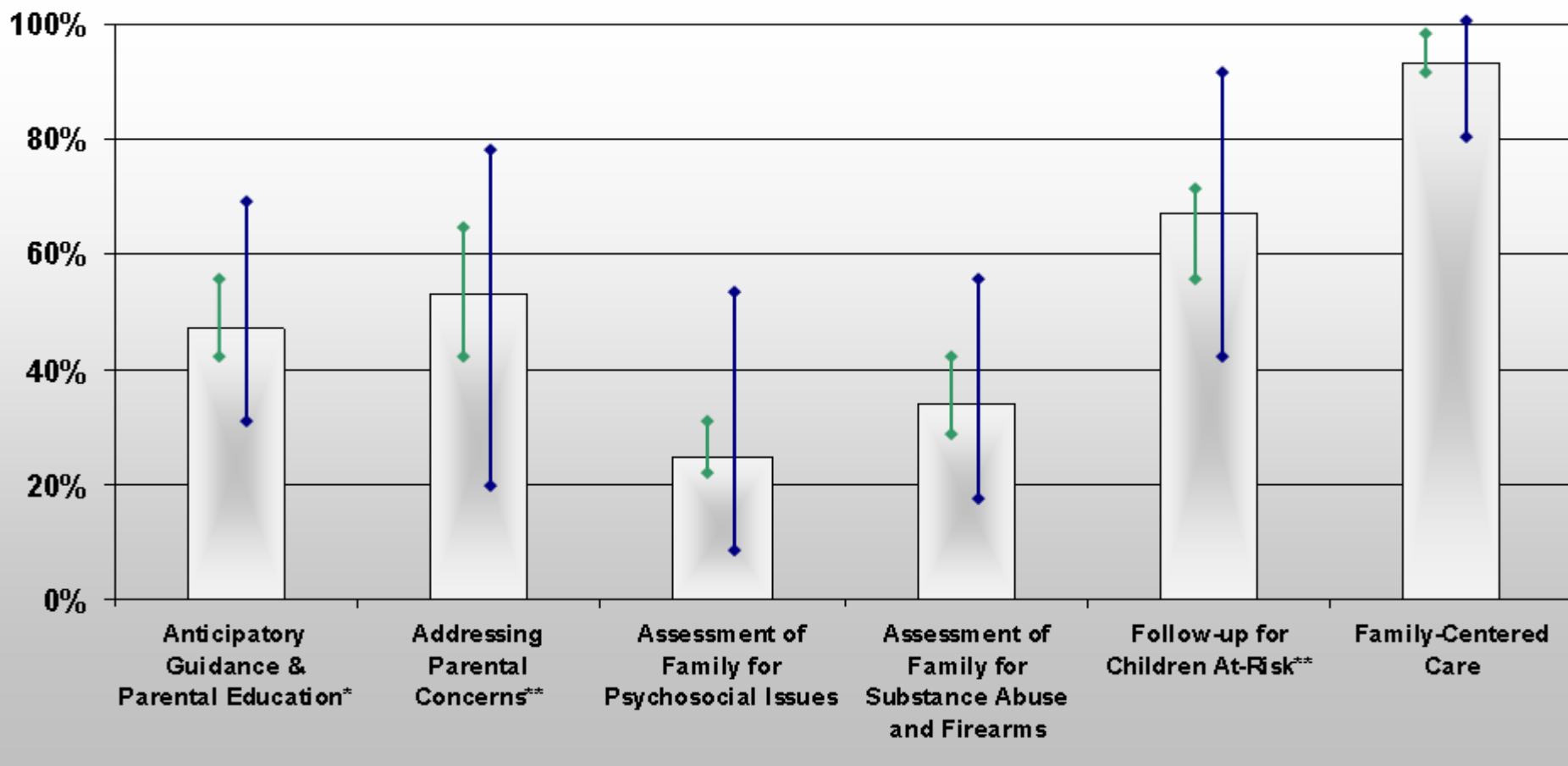
# PHDS Findings

- Significant room for improvement on all measures
  - Scores ranged from 25-81 (out of 100)
  
- Significant variation at the office level on 4/6 composite measures
  - No one office scored the highest on all six measure
  - No one office scored the lowest on all six measures
  
- Significant variation at the provider-level for 6/6 composite measures
  - No one provider scored the highest on all measures
  - No one provider scored the lowest on all measures

*(Remember: These are kids who had at least on well-child visit)*

## PHDS Measure of Care Scores in KPNW

*The average percent of recommended topics addressed:*



Source: 2004 CAHMI PHDS Data, Kaiser Permanente Northwest (N=2,116)

\*This is the average percent of recommended topics discussed with the child's health care provider. The chart in the office-level report shows the average percent of topics for which the parent had their informational needs met either through a discussion with their health care provider OR they already had information.

\*\* These measures of care are based on one item or concept. Therefore, the number shown is the percent of children receiving the aspect of care.

# Opportunity for Improvement:

## Anticipatory Guidance and Parental Education

- **39%** of parents had their information needs met all ALL items
  - Therefore, 61% of parents said 1 or more times “no, but I wish we had discussed” or “yes, but I still had ?”

### Top Topics for Which At Least 1 in 4 Children Had Parents With UNMET Information Needs

3-9 mos.	10-18 mos.	19-48 mos.
<ul style="list-style-type: none"> <li>• What child is able to understand (39%)</li> <li>• Issues related to TV and video watching (35%)</li> <li>• How child responds to you and other caregivers (30%)</li> <li>• Night waking and fussing (28%)</li> </ul>	<ul style="list-style-type: none"> <li>• What to do if child swallows poisons (41%)</li> <li>• Guidance and discipline techniques (34%)</li> <li>• Anticipatory guidance about toilet training (at the 18 month visit) (29%)</li> <li>• How child may start to explore away from the parent (26%)</li> <li>• Words and phrases child uses and understands (25%)</li> </ul>	<ul style="list-style-type: none"> <li>• What to do if child swallows poisons (35%)</li> <li>• Ways to teach child about dangerous situations and places (28%)</li> <li>• Guidance and discipline techniques (26%)</li> </ul>



# Opportunity for Improvement:

## Address Parental Concerns About Their Child and Identify Children at Risk for Delays

### Ask About and Address Parental Concerns:

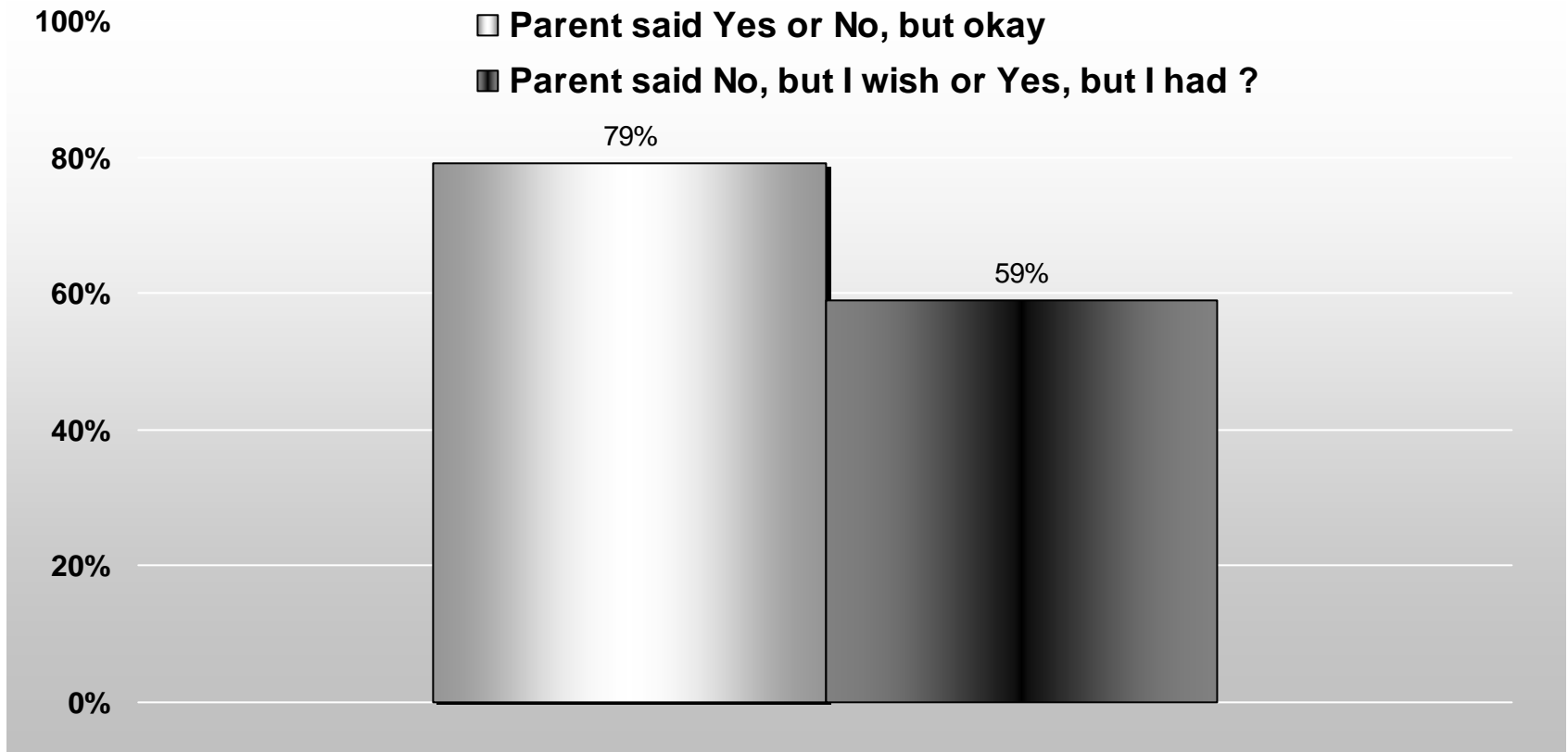
- 53.3% of children had a parent who reported being asked if they have concerns about their child's learning, development or behavior
- 53.8% of children had parents who reported one or more concerns about their child on the PEDS items
  - Of these children, **53.5%** were asked if they had concerns.
  - Of these children, **69%** received information to address their concerns
  - Top Concerns: How child behaves (35%); How child talks and makes speech sounds (28.9%); How child gets along with others (27%)

### Identify Children At Risk for Delays and Provide Follow-Up Care

- 31.3% identified at significant risk
  - Based on parental responses to the PEDS (Used to identify Denominator for Follow-Up Measure)
- Of those identified at risk
  - 67% received some level of follow-up
    - 55% of those identified as at “high” risk

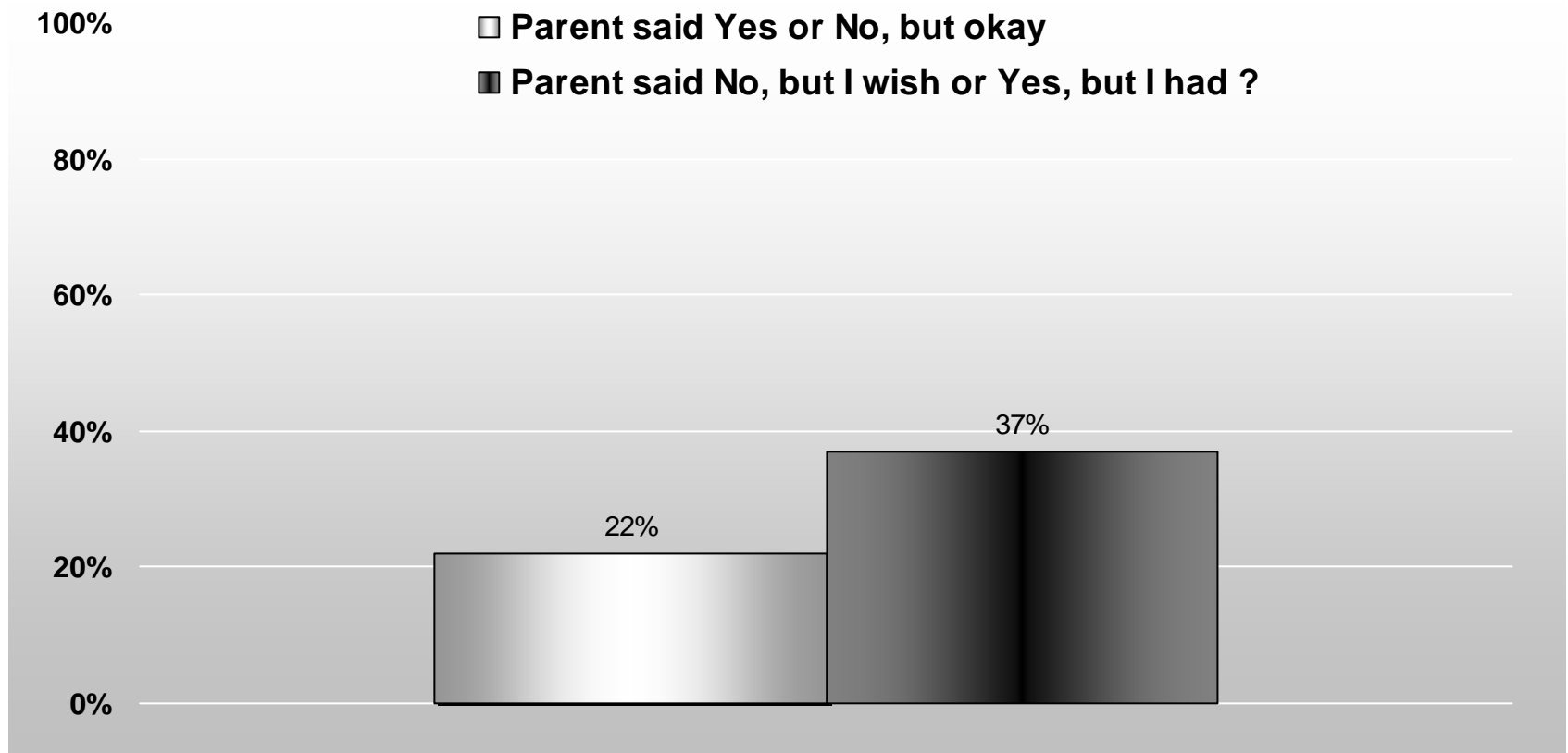
# Reading: Children of Parents with Informational Needs Read More

Proportion of Children 2 Years or Older Whose Parents Reported Reading 5-7 Days By Whether Their Informational Needs Were Met:

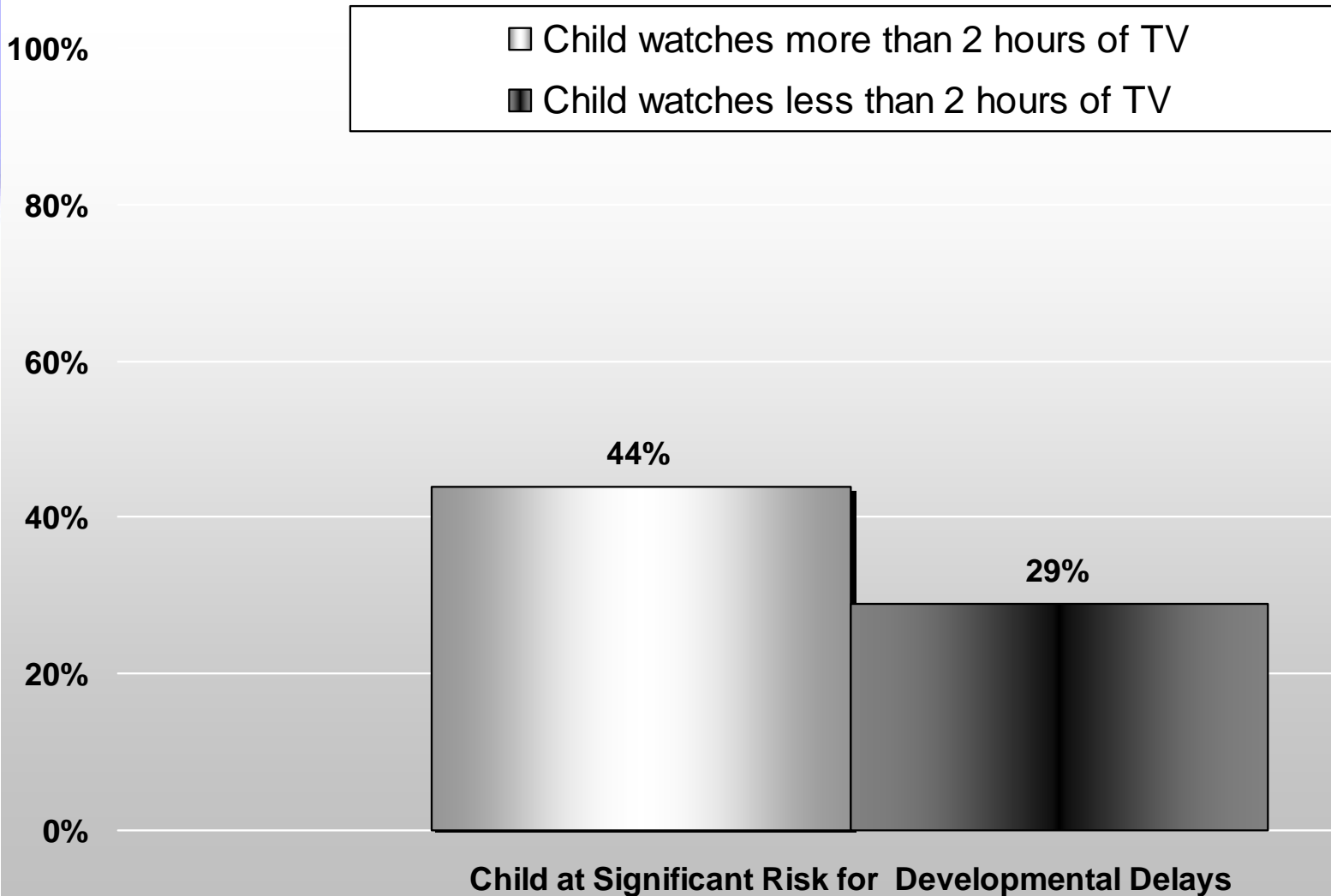


# TV: Children of Parents with UNMET Informational Needs About TV Watched More TV

Proportion of Children 2 Years or Older Whose Parents Reported Their Child Watched 2 or More Hours of TV By Whether Their Informational Needs Were Met:



# TV and Video Watching and Relationship to PEDS items



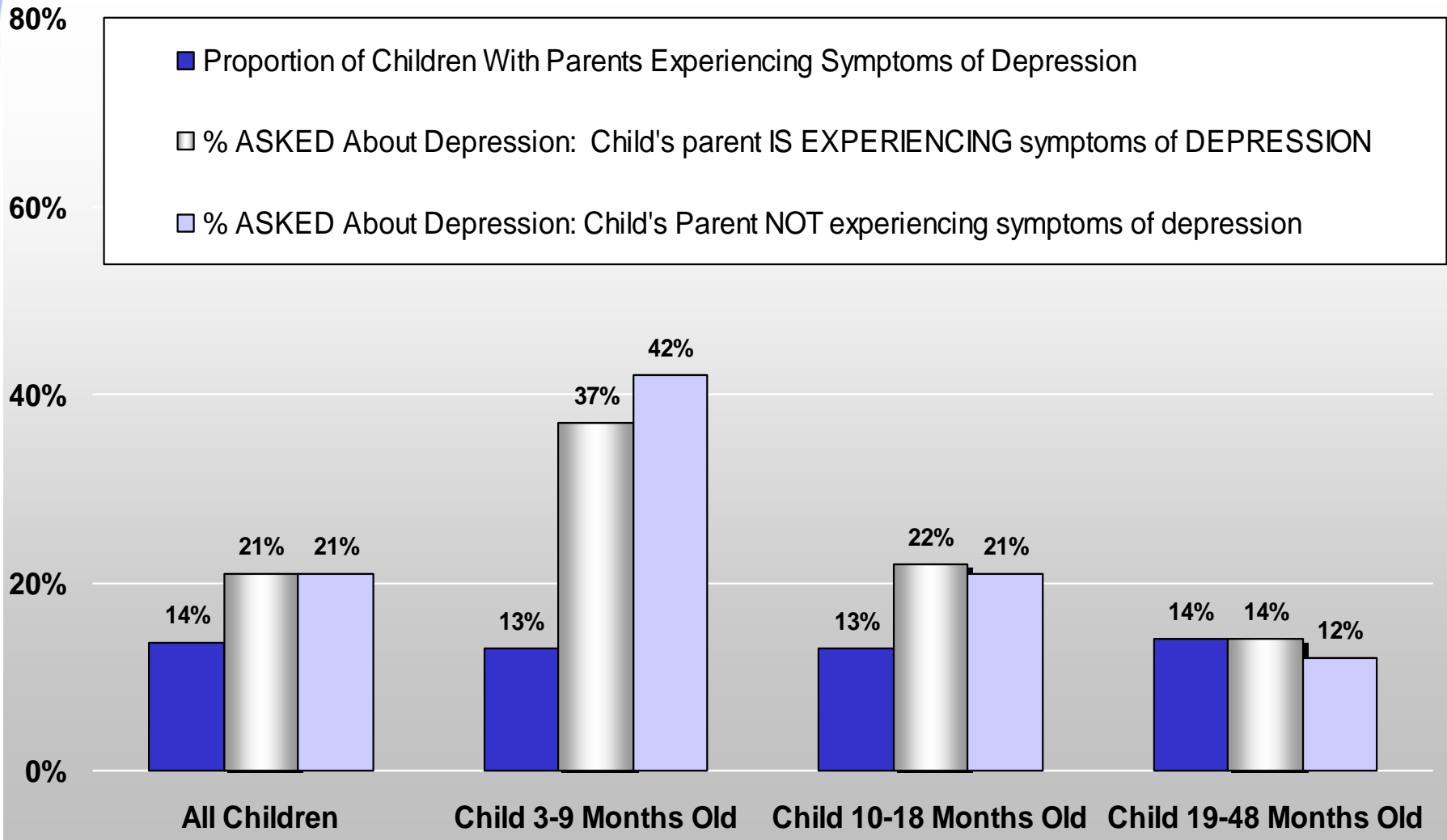
# Opportunity for Improvement: Assessing the Family for Risk Factors

## **Screening Family for Risk Factors: *Whether Asked About Five Topics\* - % yes***

- On average, children’s parents are asked about 1 out of the 5 items\*
  - Alcohol or substance abuse – **49%**
  - Ever feel depressed, sad or have crying spells – 21%
  - Someone to turn to for emotional support – **27%**
  - Changes or stressors in family – **27%**
  - Firearms in the home – **20%**
  
- **14% of children had parents currently experiencing symptoms of depression**
  - Proportion the same for children 3-9 mos old vs children 19-48 mos.
  - Of these parents, 21% were asked about whether they were depressed, sad or had crying spells (no more likely to be asked)
    - 43% of children 3-9 months had parents who were asked about depression

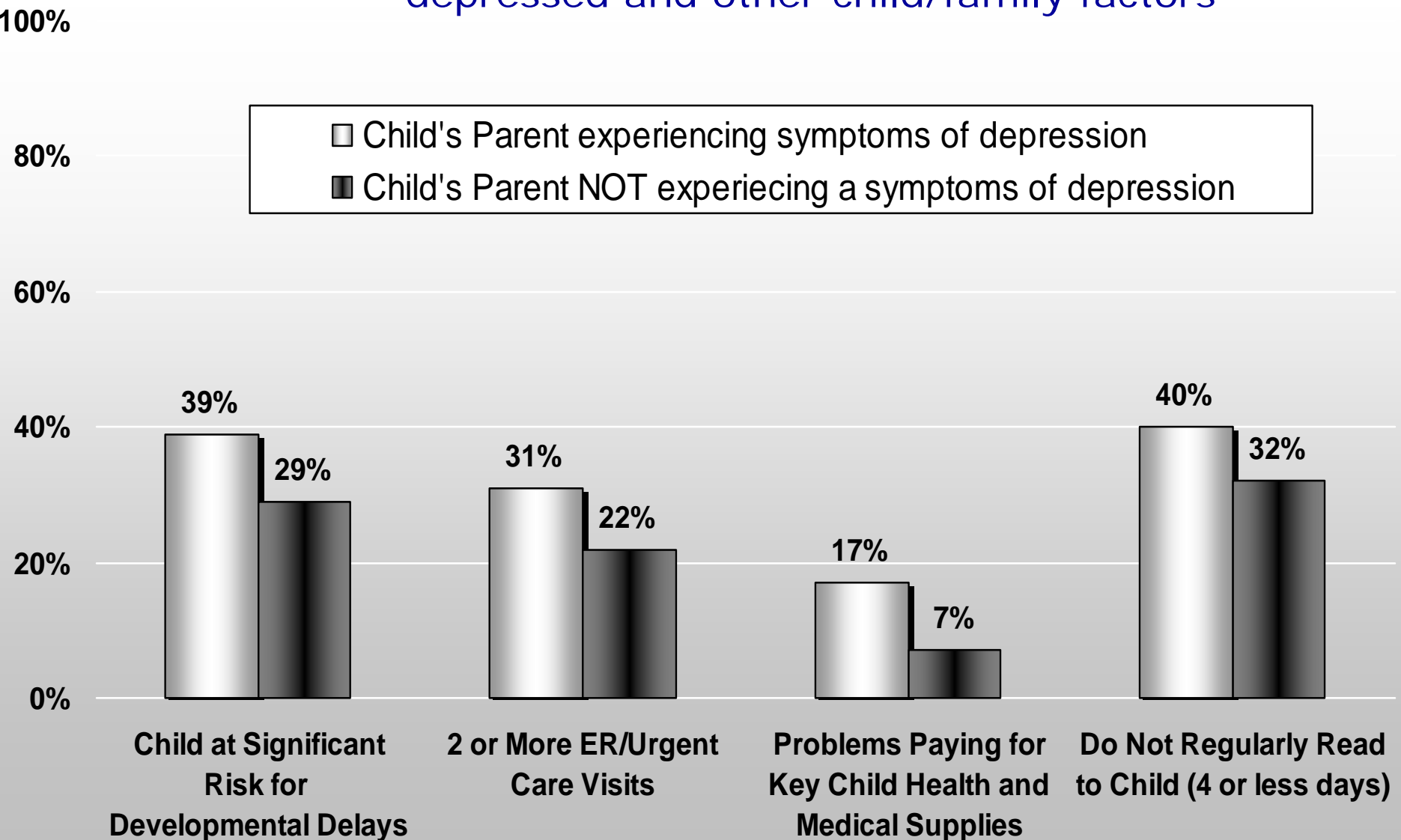
\* *Can be via a survey or screening form.*

# Opportunity for Improvement: Assessing for Parental Depression



# Why is this a pediatric issue?

Relationship between children with parent's who are depressed and other child/family factors





# Current KPNW Pediatric Quality Measures Related to Preventive and Experience of Care

- **Immunization measures**
- **Well-child visit measures**
- **Art of Medicine/Medical Office Visit**

## MOV and PHDS Data: Comparison Analysis

Examined the agreements between the two surveys on relative performance of offices

### Comparison of **PHDS Measures** to **Q03: Overall Satisfied**

- Range in % Agreement Between Q03 and PHDS Measures: **20-80%**
- For all but one PHDS measure, % agreement is less than 50%
- Family-Centered Care Measure: 80% Agreement

### Comparison of **PHDS Measures** to **Q35: Rec. KPNW to a Friend**

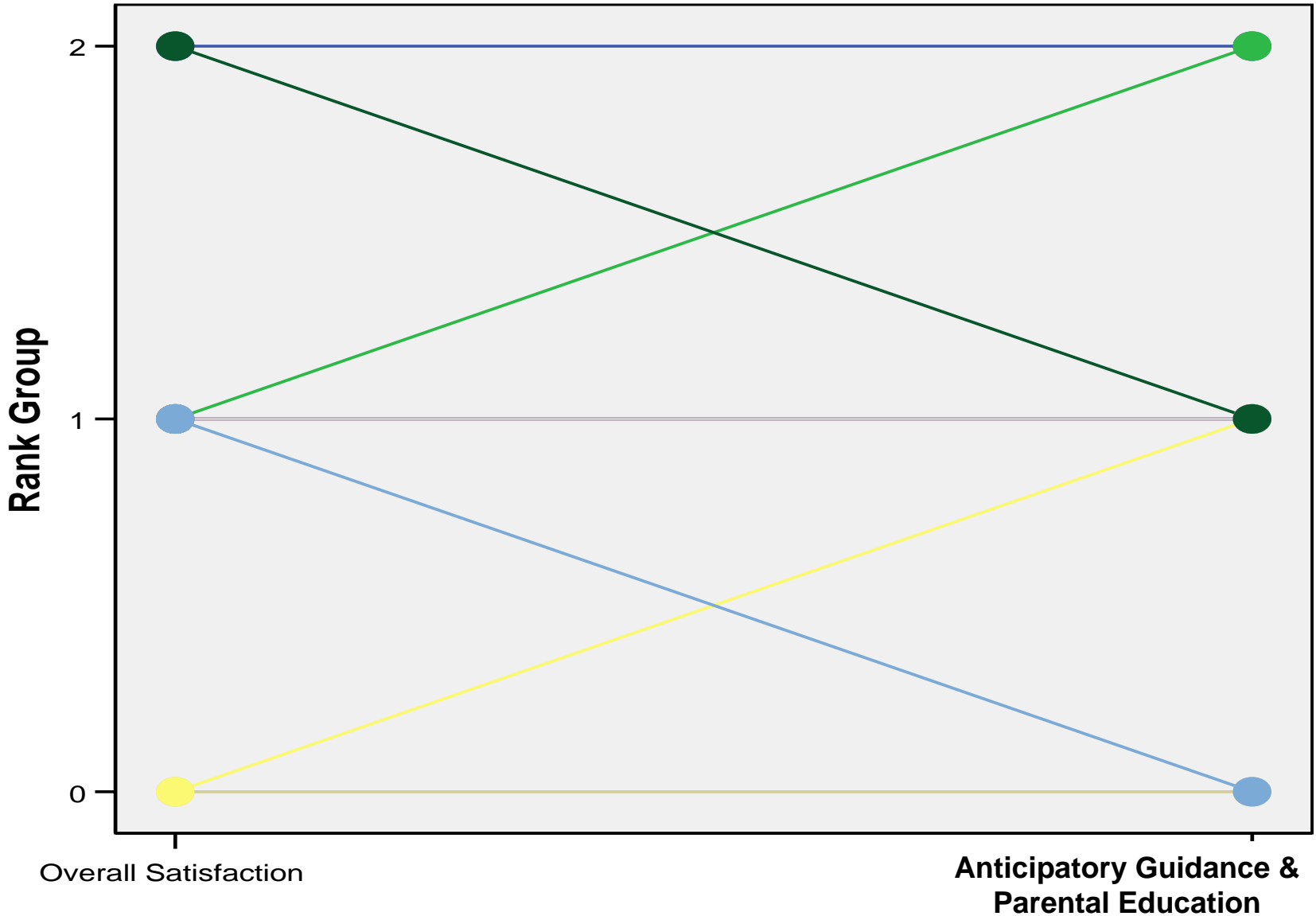
- Range in % Agreement Between Q03 and PHDS Measures: **20-50%**

### Comparison of **PHDS Measures** to **Q28: Rec. MD**

- Range in % Agreement Between Q03 and PHDS Measures: **30-80%**
  - 80%: Anticipatory Guidance - Informational Needs Met Scoring
  - 60% Family-Centered Care
- Higher agreement than Rec. KPNW

# MOV/Art of Medicine and PHDS

## Office Level: MOV Q03 by Selected PHDS Item



Mean Score Rank Groups: 0=Lowest 2; 1=Middle 6; 2=Highest 2

## Dissemination Steps:

- Report to key stakeholders and leaders in KPNW
  - Plan
  - Medical Group
  - Pediatrics Office-level reports
- Provider-level reports
- Strategic in-person meetings
  - Leaders
  - Front-Line Providers

# Next Steps: Three Primary Opportunities for Improvement Identified by the PHDS

- Addressing the Topics for Which Parent Have Unmet Informational Needs
  - Identified topics for which at least 1 in 4 parents reported “No, topic was not discussed and I wished it had been”
    - Added prompting text to the electronic medical chart
    - Considering developing parent education hand outs
- Addressing Parental Concerns/Identifying Children At Risk: Standardized Developmental Screening
  - Exploring the use of the PEDS prior to the office visit
    - MA asks the parents the PEDS questions
    - Addresses parent concerns more explicitly
- Parental Depression: Screening in the Pediatric Setting
  - Exploring the use of a standardized screening tool
    - “Black Boxes” in the waiting room