

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 Promoting Healthy Development Survey has been endorsed by the National Quality Forum as a valid measure for system, plan and provider-level assessment of patients' experiences with preventive and developmental health care.

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.

Table 1 provides specific examples of how the PHDS has been used in the field.

Table 1: 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"> ❖ <i>Washington Medicaid</i> 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). ❖ <i>Maine Medicaid</i> 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, <i>Maine Medicaid</i> used the PHDS-PLUS to evaluate their chart-based encounter forms to guide health care providers and guide future improvement efforts. ❖ <i>Vermont Medicaid</i> 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. <i>Medicaid allowed the Vermont Department of Children with Special Health Care Needs</i> to further analyze the PHDS-PLUS-by special health care need status to evaluate the need for targeted outreach efforts. <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"> ❖ <i>Three health plans (Kaiser Permanente-Oakland, Alliance, and United)</i> used the PHDS for baseline measurement. ❖ <i>Kaiser Permanente Northwest (KPNW)</i> collaborated with their pediatric providers to implement the PHDS to collect baseline information and to identify system-level strategies for improvement care. ❖
<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"> • <i>Two pediatric practices</i> in North Carolina used the ProPHDS to guide an improvement effort focused on developmental services. • <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. • 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.¹ 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. • The pediatrics department of <i>Northwest Permanente Medical Group</i> 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. • Researchers from the Center for Child and Adolescent Health Policy used the PHDS to evaluate quality of care provision by whether the provider spoke the same language and/or had the same race-ethnicity as the child's family.

Consumers

The PHDS findings can be reported to consumers (parents of young children in this case).

- 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.

Example 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.