



## Appendix 12



### Example Executive Summary of the PHDS

# EXECUTIVE SUMMARY: Opportunities to Improve Preventive and Developmental Health Care for Young Children in HEALTH PLAN X: Promoting Healthy Development Survey (PHDS) Findings in Health Plan X



## Background:

Over the last two years the Child and Adolescent Health Measurement Initiative (CAHMI) has worked collaboratively with the Pediatrics department to implement the Promoting Healthy Development Survey (PHDS) to measure the quality of preventive and developmental health care provided in the ten pediatric offices located in the Portland metropolitan region. The PHDS was administered, via a subcontract with the Center for Health Research, during October 2004-January 2005 to a sample of eligible children meeting the enrollment and well-child visit criteria. A total of 2,166 completed surveys were obtained. Office- and provider-level reports have been shared with the pediatric providers.

## Key Findings:

Across the six aspects of care measured in the PHDS, the scores ranged from 25-93 (out of 100). The chart below shows the findings for each aspect of care measured.

## PHDS Measure of Care Scores in Health Plan X

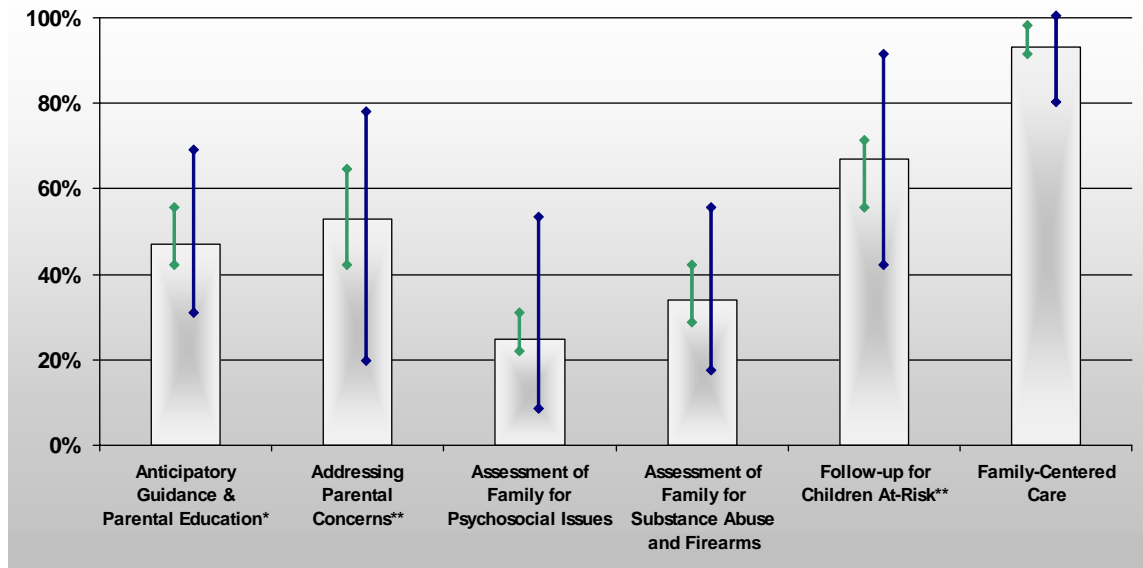
### Office-Level Variation:

- Significant variation was observed on 4/6 of the PHDS measures across the *ten pediatric offices* located in the Portland Metropolitan region.
- No one office scored the highest OR lowest on every measure.

### Provider-Level Variation:

- Significant variation was observed on all six PHDS measures for the 51 pediatric providers with N=15 or more PHDS surveys.
- No one provider scored the highest or lowest on every measure.

The average percent of recommended topics addressed:



Source: 2004 CAHMI PHDS Data, Health Plan X (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.

## Opportunities for Improvement in HEALTH PLAN X:

### OPPORTUNITY #1: MEETING PARENTS' INFORMATIONAL NEEDS ON RECOMMENDED ANTICIPATORY GUIDANCE & PARENTAL EDUCATION

The PHDS asks about whether approximately 18 recommended anticipatory guidance and parental education topics were discussed. The response option allows the parent to indicate whether, if the topic was not discussed, they wished it had been or if he/she already had information and did not need to discuss the topic with their child's health care provider.

- On average, 47% of the recommended topics were discussed.
- 6 out of 10 children had parents with *one or more UNMET informational needs* on a recommended topic (e.g. parent responded that the topic was not discussed and they wished it had been).



*Top Topics for Which At Least 1 out of 4 Children Had Parents With UNMET Information Needs  
(% of Children Whose Parent Responded "No, but I Wish We Had Discussed")*

Children 3-9 months old	Children 10-18 months old	Children 19-48 months old
<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 #2: ASKING ABOUT AND ADDRESSING PARENTAL CONCERNS ABOUT THEIR CHILD**

Items from the Parents Evaluation of Developmental Status® (PEDS) tool are in the PHDS. The PEDS asks parents about specific concerns they may have about their child's learning development and behavior and identifies children at risk for delays. The PHDS also includes items that focus on whether health care providers ask about and address parental concerns.

- 1 out of 2 children had a parent who reported being asked by their child's health care provider about their concerns.
  - 53.8% of children had parents with one more concerns about their child
 

*Of these children, 53.5% were asked about their concerns and 69% received information to address their concerns*
- 3 out of 10 children were identified at significant risk for social, emotional or behavioral delays.
 

*Of these children, 3 out of 5 received some level of follow-up care*

**OPPORTUNITY #3: SCREENING THE FAMILY FOR RISKS**

The PHDS includes five items asking about whether the child's health care providers screened the parent for psychosocial, safety and substance abuse issues in the family.

- On average, children's parents were asked about 1 out of 5 items: (*% asked by child's health care provider*)

○ 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 the family -27%	○ Firearms in the home - 20%
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**Why is screening families for risks a pediatric issue? An applied example in parental depression**

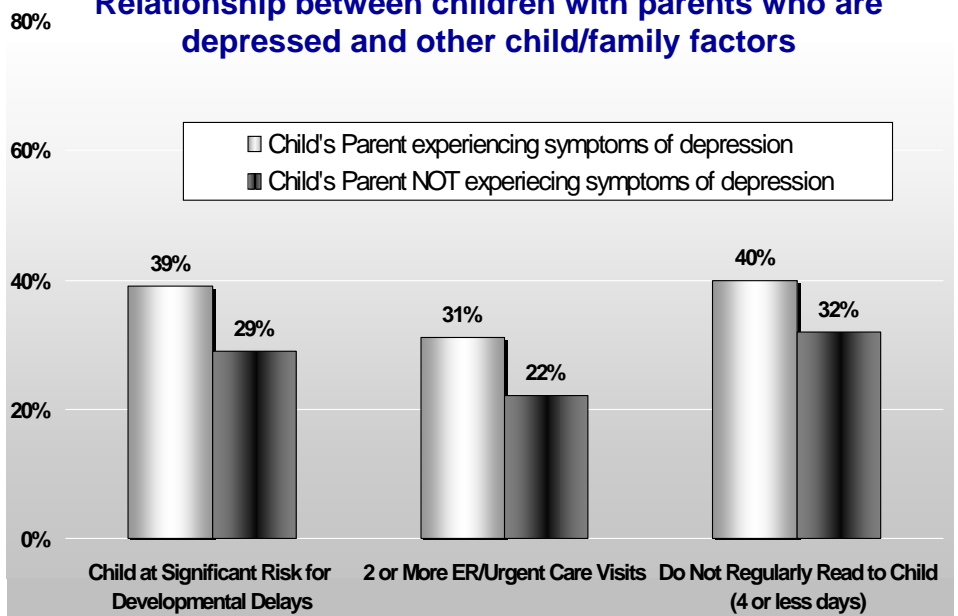
The PHDS includes the Kemper depression screening tool that asks the parent whether they are experiencing symptoms of depression.

- 1 out of 10 children (0-3 years old) in HEALTH PLAN X have parents experiencing symptoms of depression.

Children of depressed parents in HEALTH PLAN X were:

- More likely to visit the emergency room or urgent care clinic more often
- More likely to be at risk for developmental, behavioral delays
- Less likely to be read to by their parents

**Relationship between children with parents who are depressed and other child/family factors**



Source: 2004 CAHMI PHDS Data, Health Plan X (N=2,116)

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