



## 1.2: How does the PHDS compare with currently used quality measures?

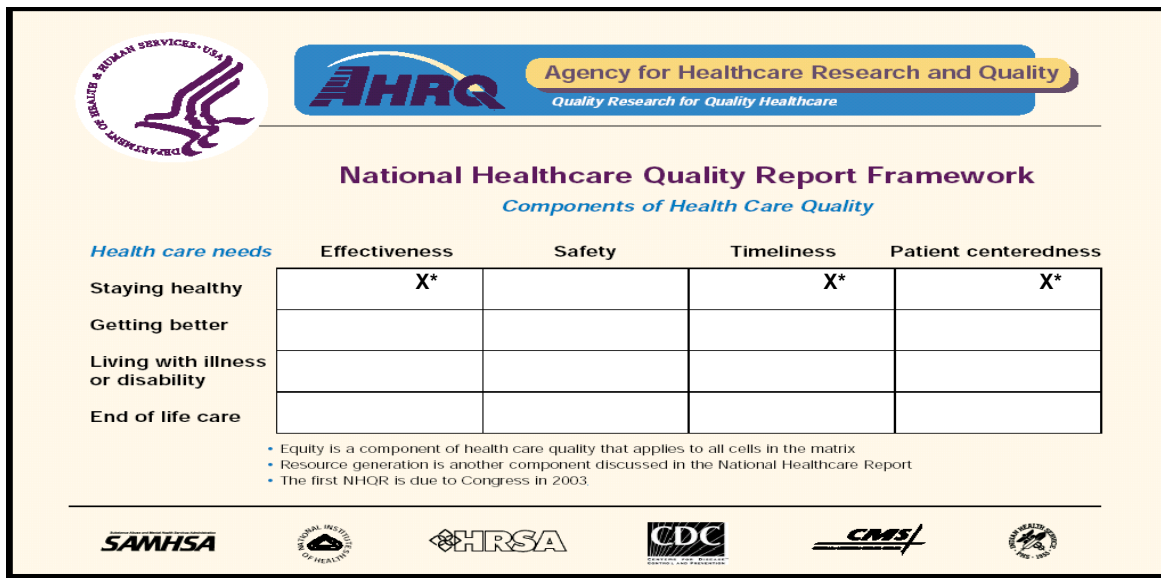
The PHDS assesses the quality of recommended preventive and developmental care that children receive. Given that the PHDS is anchored to national recommendations about well-child care, it focuses on topics of national interest and compliments existing quality measures on access to well-child care.

### How does the PHDS relate to national quality measurement frameworks?

The National Healthcare Quality Report has a useful framework for identifying components of health care quality that is a combination of the Consumer Information Framework (CIF) and the Institute of Medicine priority areas for improving health care quality.

The PHDS focuses on recommended preventive and developmental care, so the quality measures derived from the PHDS are within the Staying Healthy domain of the CIF. The PHDS quality measures focus on clinical recommendations and whether parents have their informational needs met (effectiveness), access to care (timeliness), and family-centered care (patient centeredness). In Figure 1.1 we have noted the components of the Quality Report Framework that the PHDS quality measures address.

**Figure 1.1: Components of the National Healthcare Quality Report Framework Addressed by the PHDS Quality Measures**



\* Selected PHDS measures address this component of the framework.

## **How does the PHDS compare with commonly used quality measures?**

The PHDS compliments information obtained from commonly used quality measures but is also quantitatively unique in the aspects of care it measures. The points below compare the PHDS with commonly used measures related to preventive care for young children.

### ***Health Plan Employer Data and Information Set (HEDIS®) Measures by the National Committee for Quality Assurance (NCQA)***

#### *HEDIS® Well-Child Visit Measures (15 months, 3 year)*

- These measures provide valuable information about whether children are accessing well-child visits.
- The PHDS is only administered to children who have had one or more HEDIS® defined well-child visits (See Step 2 for detailed information).
- Therefore, the HEDIS® well-child visit measure tells you whether kids are coming in for well-child visits, while the PHDS tells you about the quality of preventive and developmental care children receive during the well-child visit(s).

#### *HEDIS® Immunization Measure*

- This measure tells you whether children are up-to-date on their immunizations.
- The PHDS does not assess whether immunizations are provided.
- It should be noted that past users of the PHDS have not observed that practices with the highest immunization rates are necessarily the practices with the highest PHDS quality measures. Again, it is important to remember that the PHDS measures recommendations that are provided in the context of discussions and/or parent-completed assessments given by the child's health care provider. Therefore, one should not assume that by measuring immunizations that they are measuring all of the preventive care recommendations.
- Therefore, the HEDIS® immunization measure and the PHDS provide different information about preventive care recommendations for young children.

#### *HEDIS® Access to Primary Care Provider Measures*

- This measure tells you whether children are able to access their primary care provider.
- The PHDS includes information about the degree to which the parent reports problems accessing care. It is important to remember that the PHDS is only sent to children who have accessed the health system for a well-child visit. (See Step 2 for detailed information.) Secondly, the PHDS asks the parent to report whether their child has a personal doctor or nurse who knows their child's health and history well. Therefore, the HEDIS® Access to Primary Care Provider measure and the PHDS provide different, complementary information.

### *Satisfaction and/or Experience of Care Surveys*

- Many systems use the Consumer Assessment of Healthcare Providers and Systems (CAHPS®), the CAHPS for Children with Chronic Conditions (CAHPS-CCC), or other surveys that measure the patient's satisfaction with and experience of care.
- The PHDS is not a satisfaction survey. The primary purpose of the PHDS is to measure whether clinically recommended preventive and developmental services are provided. However, a small set of items in the PHDS are similar to these surveys, specifically the items related to access to care, care coordination, and family-centered care. The items that identify children with special health care needs (CSHCN) in the CAHPS-CCC were developed by the CAHMI team and are included in the PHDS.
- A recent study comparing data from the PHDS and a satisfaction and experience of care survey used by a health plan found less than a 45 percent agreement between the providers and/or offices that scored the highest on the PHDS quality measures and those that scored the highest on a satisfaction measure.

### *Medical Chart Reviews*

- Some health systems review the content of the medical chart to determine whether recommended care is provided.
- The PHDS was designed to measure recommended aspects of care for which the parent, not the medical chart, is the most valid and reliable source of information. Specifically, the PHDS was designed to measure communication-dependent aspects of care (i.e., what the provider discussed with the parent). Another goal of the PHDS is to assess the degree to which parents have their informational needs met and whether the care provided is family-centered. These important characteristics of a high quality health system are best measured by asking the parent directly.
- The medical chart is the best source of data for measuring items that are consistently documented in the chart and for which the parent is not the most valid reporter of (e.g., lead screening, immunizations, diagnoses, referral). The PHDS, on the other hand, is the best source of data for measuring discussions the parent can validly report on and for gathering information about the degree to which the care provided met the parent's needs and was provided in a family-centered manner. An enhanced value of the PHDS is that it can capture information about the child, parent, and family behaviors.