



## STEP 5.2: Calculate PHDS "Got all care" composite measure

### ➔ What is the purpose of this step?

The purpose of this step to specify and construct a composite "got all care measure" that summarizes how many children received all of the individual components of care measured in the PHDS. This measure represents what Thomas Nolan, Ph.D., and Donald Berwick, M.D., M.P.P., refer to as an "All or None" measure.<sup>1</sup>

#### In this step you will:

- Learn about the value of a composite "got all care" measure.
- Learn about options for creating a composite "got all care" measure.
- Consider key methodological issues in calculating a "got all care" measure.
- Specify and calculate the "got all care" measure to be used for your project.

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<sup>1</sup> Thomas Nolan, Donald Berwick. All or None Measurement Raises the Bar on Performance .*JAMA*. March 8, 2006- Vol 295, No (10).



## Guidelines and Issues to Consider

- ☑ Learn about the options for creating a composite "got all care" measure.

As explained in "All or Nothing," the *Journal of the American Medical Association* article by Nolan and Berwick, composite measures describing how many children got all aspects of recommended care are powerful because they:

1. Reflect the interests and likely the desires of patients.
2. For the PHDS, reflect the comprehensive care recommended.
3. Foster a system perspective.
4. Are sensitive to assessing improvements.

However, for the "got all care" composite measure to be meaningful and useful, your project team needs to think critically about a scoring approach that maps to the standard and level of care believed to be optimal and achievable in your system.

Specifically, your project team needs to consider the following before constructing a "got all care" composite measure:

⇒ **Your project goals**

*For example: Will you use the "got all care" composite measure as part of a pay-for-performance effort? If so, you will want to ensure that each individual PHDS measure included in your "got all care" measure meets your standards for pay for performance and is achievable.*

⇒ **Outcomes you hope to achieve**

*For example: The PHDS focuses on many aspects of care. Perhaps your goal is to have providers initially focus their quality improvement efforts on specific aspects of the PHDS. Therefore, you may want to include only those aspects of care in the "got all care" measure.*

⇒ **The perspective of the providers being assessed**

*For example: You want providers to have buy-in on the "got all care measure" so that it is informative and is used to improve care. What version of the anticipatory guidance and parental education measure is most valued by providers in your health system?*

**Tip from the Field**

**CAHMI recommends** you conduct key stakeholder interviews about the "got all care" composite measure and the individual measures and scoring approach you plan to use. In past projects, this has been an important component of the project to ensure that there is buy-in from various stakeholders about the level of care that is expected.

- Learn about options for creating a composite "got all care" measure.

**Table 5.4** describes the individual, "threshold" versions of the core PHDS quality measures. Because the composite "got all care" variable is a discrete variable that indicated those who "got all aspects of care" versus those who did not, it is valuable to use the threshold versions of the specific aspect of care measures.

The first step in creating your "got all care" measure is determining which of the individual, topic-specific measures you will use.

Below are some options to consider:

- ⇒ **Option 1:** Include all of the measures listed in Table 5.4.
- ⇒ **Option 2:** Include only those measures that are anchored to specific aspects of care recommended. (This option does NOT include the measures focused on the experience of care such as *Family-Centered Care* and *Helpfulness of Care* quality measures.)
- ⇒ **Option 3:** Include only those measures that are anchored to specific aspects of care recommended and that are dependent on the health care provider. (This option does NOT include the *Family Centered Care*, *Helpfulness of Care*, and *Health Information* measures.)
- ⇒ **Option 4:** Include only those measures that are anchored to specific aspects of care recommended and are applicable to every child in the survey. (This option does NOT include the *Family Centered Care*, *Helpfulness of Care*, *Health Information*, *Give Concerned Parents Information*, *Follow-Up for Children at Risk* measures.)
- ⇒ **Option 5:** Include only those measures that you plan to address with targeted quality improvement efforts and/or that you will use for pay-for-performance efforts.

Once you have identified what measures you will include in your "got all care" measure, you then need to specify the version of the individual, topic-specific measures you intend to use. Specifically, you need to clarify the following:

- ⇒ Anticipatory Guidance and Parental Education (AGPE) quality measure: Will you use Version A or Version B? Version A should be used if the goal is for the provider to discuss all recommended AGPE topics. Version B should be used if the goal is to ensure that parents informational needs are met on all topics.

The last step is to then calculate, for each child, how many received all components of care (i.e., scored 100 on every measure). The "got all care" quality measure should be scored ONLY for children who have a score for each of the individual measures. (Important Note: If you decide to include measures that are only applicable to certain children (e.g., *Follow-up for Children at Risk*), be sure that you only score the variable for those quality measures the child should have received.)

Therefore, the "got all care" variable is a discrete, binomial variable:

100 = Child received all aspects of care

0 = Child did not receive one or more aspects of care

In the past, we have calculated the "got all care" variable through one of two methods:

- 1) Create a **count variable** across the individual threshold measures specified in Table 5.4. Recode the count variable so that those children who have the highest count possible get a 100 and those children with less than the highest score get a 0.

*Important Note: This count variable is a valuable measure on its own, providing information about the range of individual components of care received.*

- 2) Create a **mean variable** across the individual threshold measures. Then recode the mean variable so that those children with a mean score of 100 get a 100 and those with a mean score of less than 100 get a 0.

*Important Note: This mean variable is a valuable measure on its own, providing information about the mean number of individual components of care received.*

#### **Example 5.4: "Got All Care" Measure**

The **Healthy Development Collaborative** used the ProPHDS to evaluate their quality improvement efforts. Their trainings focused on four aspects of developmental care:

- 1) Anticipatory guidance and parental education (AGPE).
- 2) Asking about parental concerns.
- 3) Assessing the parent for depression.
- 4) Assessing the parent for other issues.

Participating practices were asked to focus on at least three out of four components of care for their improvement efforts.

A "got all care" quality measure was created to identify how many children received at least three out of four components of care.

They used the following "threshold" versions of the measures:

- 1) Child had parents with their information needs met on AGPE.
- 2) Child's parent was asked about his/her concerns.
- 3) Child's parent was asked about whether he/she felt depressed.
- 4) Child's parent was asked about one or more of the items in measures 6 and 7.

A count variable was created across these four "threshold" versions of care. Children who received at least three-fourths of the components of care were identified as having "got all" components of care focused on in the Healthy Development Collaborative.

- Consider other key issues in calculating "got all care" composite measure.

There are many options for the "got all care" measure, and the previous section focused on some of the methodologies recommended by CAHMI. Again, the value of the "got all care" is its ability to provide meaningful and relevant summary information. Therefore, we know that it is important to explore various versions of the measure to be sure that it matches with your project goals.

Below are two additional issues you may consider in creating a "got all care" quality measure that are often encountered by users of the PHDS:

- **Mean-based "got all care" measure:** The methodology described earlier used the discrete, threshold versions of the core PHDS quality measures (Table 5.4). Another option is to take the mean of the threshold versions and identify a specific number of individual components of care that should have been received for a child to have received a sufficient level of care. For example, you may feel that if the child received 10 of 12 individual components of care, this would meet a sufficient level of quality. A third methodology is to calculate the sum of the mean versions of the quality measures (Table 5.3), and to determine a "cut off point" for the sum value that equals a sufficient level of quality.
- **Weighting:** The methodology described by CAHMI assigned an equal weight to each of the measures. You may feel that certain measures should have a higher weight than others.

- Specify and calculate the "got all care" measure.

Once your team has reviewed the options for the "got all care" variable and decided upon your goal and the appropriate, related scoring, you will then calculate the "got all care" measure for each child.

Because the "got all care" measure is meant to describe the proportion of children that received all aspects of care, **CAHMI recommends** that you only score the "got all care" measure for those children with scores to all of the individual quality measures. For example, a child who only has valid scores for two out of the eleven individual, aspect of care specific quality measures should not be included in the "got all care" measure scoring.