STEP 5.4: Construct additional analytic variables

➡ What is the purpose of this step?

The purpose of this step is to construct additional analytic variables that you will use to examine the PHDS quality measures by child and/or family characteristics, health system characteristics, and other units of analysis specified in Step 2 and Step 3.

In this step you will:

☑ Calculate the analytic variables you decided to use in the analysis of your PHDS findings based on **Steps 2.4, 2.5,** and **3.2.**

Guidelines and Issues to Consider

☑ Calculate the analytic variables you decided to use in the analysis of your PHDS findings based on **Steps 2.4, 2.5,** and **3.2**.

Your analytic variables are constructed using three sources of data:

1) Survey responses from items included in PHDS or ProPHDS that were not used to calculate the quality measures. These items are included to provide additional descriptive information about children and families included in the PHDS and cover:
   - Utilization of the health care system (e.g., emergency room, doctor's office, hospital visits, and access to care issues).
   - Whether the child has had one person whom parents consider to be a personal doctor or nurse, and if applicable, the name of the provider(s) the parent identified.
   - Socio-demographic characteristics of child and parent.
   - Parenting behaviors and family activities.
   - Children with Special Health Care Needs (CSHCN) Screener (PHDS Q32-35. See www.cahmi.org for detailed information about how to score the CSHCN screener.)

- Screener for maternal depression (PHDS Q41-Q43) using the scoring algorithm recommended by Kathi Kemper, M.D.[1] (Positive response for two or more items indicates the parent is currently experiencing symptoms of depression.)
- Impact of care on parental confidence.
- Financial barriers to care.

These data can be used to provide descriptive information about the sample on their own, and to stratify the results of quality measures using cross-tabulations. Cross-tabulations often present the results in a way that is easier to understand and can be more actionable for quality improvement because they highlight the quality of care findings for specific groups.

2) Administrative and Utilization Data: These are the data collected when pulling the sampling frame for the entire sample.

For example:
- Number of Health Plan Employer Data and Information Set (HEDIS)–defined well-child visits.
- Provider with whom the child had the most well-child visits.
- Provider with whom the child is currently enrolled.

3) Supplemental Items: These are additional survey items you may have decided to include in the PHDS during Step 2.4.

These data can be used to provide descriptive information about the sample on their own, to stratify the results of quality measures using cross-tabulations. Cross-tabulations often can present the results in a way that is easier to understand and can be more actionable for quality improvement because they highlight the quality of care findings for specific groups.

4) Descriptive information about the health system: These are additional descriptive data collected in Step 4 collected from the Office System Inventory, assessments of poster or handouts in the office, and the provider's standard templates for well-child visits.

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[1] Kemper KJ, Babonis TR. Screening for maternal depression in pediatric clinics. *Am J Dis Child*. 1992 Jul;146(7):876-8.