STEP 5.6 Evaluate quality measurement results for subgroups of children

What is the purpose of this step?

Past studies of the PHDS have shown significant variations in quality of care by child, family, health care provider, and heath system characteristics. Therefore, it is valuable to assess your PHDS quality measure findings by the descriptive variables in the PHDS survey and by the analytic variables collected in **Step 2, Step 3, Step 4,** and **Step 5.4.**

The purpose of this step is to analyze the PHDS findings for subgroups of children based on these descriptive variables.

In this step you will:

☑ Analyze the PHDS findings by child and family characteristics.

☑ Analyze the PHDS findings by administrative and utlization data.

☑ Analyze the PHDS findings by health system characteristics.

Guidelines and Issues to Consider

☑ Analyze the PHDS findings by child and family descriptive characteristics.

The PHDS quality measures should be stratified by basic demographic information. Demographic information can be important in quality improvement reports. Providers can use the information to evaluate their own behavior and detect differences in care between various demographic groups. However, the level of detail may be overwhelming in consumer reports, so you might choose to highlight only striking results in a consumer report.

Specifically, be sure to examine the PHDS quality measures by the following:

Demographic information about parent and child

- Information about children's:
    - Gender
    - Race, ethnicity
    - Birth order
    - Age

- Information about parent/family's:
    - Age
    - Number of children in household
    - Education

Health information about the child and parent

- Child health characteristics:
    - Children at risk for developmental, behavioral, or social delays (See **Step 5.1** for more detail)
    - Children with special health care needs

- Parent health characteristics:
    - Risk for depression
    - Overall health status

Child health care characteristics

- Whether the child has a personal doctor or nurse

☑ Analyze the PHDS findings by administrative and utilization data.

The PHDS quality measures can be stratified by the administrative and utilization data variables you created in **Step 5.4**.

Specifically, it might be valuable to stratify your findings by the following:

- Number of well-child visits
- Number of providers the child has been enrolled with in the last 12 months
- Number of providers the child has received well-child care from in the last 12 months

☑   Analyze the PHDS findings by health system characteristics.

Step 4.4 specified three data sources that can be used to assess the PHDS findings by specific health system characteristics:

1) Office system inventory
2) Posters and handouts in the office
3) Provider well-child templates in the electronic medical record

That step also described how to construct a variable representing the number of relevant systems or materials the office or provider had in place for each data source.

Before stratifying the results by these count variables we recommend the following:

- Run a frequency on the count variable and examine the distribution in order to identify groups of offices and/or providers with similar characteristics.
- Create a categorical variable based on these groups. You can then stratify the PHDS quality measure findings by the count variable AND the categorical variable and identify system/provider trends.
- Consider creating topic-specific versions of the count variables that map to the PHDS quality measures.

  For example:

  o Create a count variable of the section of the Office System Inventory (OSI) that specifically related to Anticipatory Guidance and Parental Education (APGE). Stratify the AGPE quality measure by this topic-specific count variable.
  o Create a count variable of the posters and handouts related to psychosocial issues in the family. Stratify the *Assessment of Psychosocial Issues in the Family* quality measure by this topic-specific count variable.