



1.4: How has the PHDS been used for practice-level assessment?

Since 2001, CAHMI has focused on the validation and implementation of the PHDS for practice-level assessment.

What is a "practice-level" assessment?

The goal of practice-level assessment is to examine the quality of care by (1) specific health care providers or (2) by the place (e.g., office) where care was received.

Practice-level assessments of care may include analysis of the following:

- An individual health care provider.
- The office where care is received. One health care provider or multiple health care providers can be located in an office.
- The medical group responsible for the child's health care. This examines care across two or more individual offices comprising one medical group.

How can the PHDS be used for "practice-level" assessment?

There are two primary ways that the PHDS can be used for practice-level assessment:

1. Practice-level sampling and analysis of PHDS data.
2. In-office administration of the PHDS.

Because this manual is about implementing the PHDS via a mail mode of administration, it addresses the first application.

- **Step 2** provides detailed information about how practice-level sampling is conducted.
- **Step 5** provides detailed information for how the PHDS can be analyzed at the practice-level.
- **Step 6** provides detailed information for reporting the practice-level findings to front-line health care providers.

Tools and resources for how to administer the PHDS in pediatric offices are listed in **Step 1.9** and **Appendix 2**.

How has the PHDS been used for practice-level assessment?

Many health systems or providers implementing the PHDS have used it for practice-level assessment. Given that a primary goal for the PHDS is to motivate and guide improvements, users have found that analyzing the data at the level where care is provided is most valuable. Secondly, most providers find information that is specific to their patients more useful than information summarizing quality-of-care findings across an entire health system. Below is a brief description of how the PHDS has been used for practice-level assessments.

Table 1.3: Examples of How the PHDS Has Been Used for Practice-Level Assessment

<p>Practice-Level Analysis of PHDS Data: Medicaid</p>	<p>Three Medicaid agencies have administered the PHDS by mail or telephone and then analyzed the PHDS data at a practice-level. For example:</p> <ul style="list-style-type: none"> • <i>Maine Medicaid</i> analyzed their PHDS-PLUS by health care providers enrolled in the Primary Care Case Management (PCCM) program. Findings were inserted into the PCCM newsletter and were used to inform quality improvement priorities for PCCM providers. They also analyzed the quality-of-care findings by the type of health care provider (e.g., family practice, pediatrician) and tailored improvement methods accordingly. • <i>Vermont Medicaid</i> analyzed their PHDS-PLUS data at the practice level and disseminated practice-level reports. This work was done in collaboration with the Vermont Child Health Improvement Program (VCHIP) and CAHMI. • <i>Washington Medicaid</i> analyzed their PHDS-PLUS data at the practice level and disseminated practice-level reports as part of an improvement effort focused on EPSDT services. This work was done in collaboration with the Oregon Medical Professional Review Organization (OMPRO) and CAHMI. The practice-level reports incorporated data from the PHDS-PLUS and quality-of-care data obtained from medical chart reviews conducted by OMPRO via their External Quality Review activities.
<p>Practice-Level Analysis of PHDS Data: Health Plans</p>	<p><i>Kaiser Permanente Northwest</i> collaborated with its pediatrics department to use the PHDS for office- and provider-level assessments of care.</p> <ul style="list-style-type: none"> • 10 office-level reports were disseminated. • 56 provider-level reports were disseminated. • Office- and provider-level characteristics were examined for attributes associated with the provision of higher quality care. The findings were used to identify improvement opportunities. • Higher performers for each PHDS measure of care were identified as champions for the topic-specific improvement teams.

Table 1.3: How the PHDS Has Been Used for Practice-Level Assessment (Continued)

<p>In-Office Implementation of the PHDS</p>	<p>Thirty-eight pediatric offices have implemented the PHDS in their pediatric offices in order to gather baseline information and/or to evaluate their improvement efforts. For example:</p> <ul style="list-style-type: none">• <i>Two pediatric practices</i> in North Carolina used the ProPHDS to guide an improvement effort focused on developmental services.• <i>Pediatric health care providers</i> in Vermont implemented the reduced-item PHDS in their pediatric practices to inform their quality improvement efforts. Analyses were conducted at the medical group-, office-, and provider-level.• The <i>Healthy Development Collaborative</i> used the ProPHDS to collect baseline information and to assess whether the improvement efforts resulted in parent-perceived increases in the level and quality of care provided.
--	---