Table 2.1 Units of Analysis and Sampling Issues to Consider

Potential Unit of Analysis	Issues to Consider at the Time of Sampling
Health System	➲ Variations in the "microsystems" within the health system in how preventive and developmental health care is provided**:** Consider the characteristics within the "microsystems" that influence how well-child care is provided. Consider the various groups within a health system that may want to analyze the findings.
Office or Provider Groups	➲ Number of providers: When doing office-level sampling, it is imperative to consider the number of providers and the (full-time employees) of the providers in each office. Bigger offices will need a bigger starting sample size than smaller offices. ➲ Provider team: Think about the health care provider team that will be measured. How is well-child care provided? Who gives the care that is measured in the PHDS? Do the nurse and physician divide up the well-child visit? The more people who provide care measured in the PHDS, the more variation there will be, and the greater the sample size will need to be.
Individual Health Care Providers	➲ Provider team (see above) ➲ Provider-level variables: What variables will you use to identify the provider to whom the child should be assigned at the time of sampling? There are two options: 1) Provider with whom the child is enrolled or "paneled" as a primary care provider. 2) Provider with whom the child had the most well-child visits in the last 12 months or since birth. **Tip from the Field:** Although you may want to analyze the data at the health care provider level, you may not have valid information at that level. Specifically, the CAHMI team has found that while many systems note the provider with whom the child is enrolled, this provider is not necessarily the person that the parent is most likely to think about when responding to the survey. This could be due to a variety of factors: A) The provider variable is based on the claims/bills database (this allows for one centralized billing code for a medical group) or B) The child may receive well-child care from providers with whom they are not enrolled (e.g. they see a provider in the same office, therefore the claim is still paid, etc.). To address this issue, **CAHMI recommends** that systems use available enrollment and utilization information for sampling and then ask parents/survey respondents to indicate their child's personal doctor or nurse in the survey and use this data for provider-level reporting.

Table 2.1 Units of Analysis and Sampling Issues to Consider (Continued)

Potential Unit of Analysis	Issues to Consider at the Time of Sampling
Specific Populations of Children	➲ Child-level variables: What variables will you use to identify specific children? Are these variables valid? **Tip from the Field:** Many health systems have variables related to a child's race/ethnicity in their data systems, but these variables are not reliable (e.g., they are not consistently used or they are only valid for some children). To address this issue, **CAHMI recommends** that systems use available enrollment and utilization information for sampling and then ask parents/survey respondents to indicate their child's race/ethnicity and use this data for reporting purposes.