

Step 3: Prepare for and Conduct Survey Administration

Preparing for survey administration requires four major steps:

- 3.1 Organize your implementation team
- 3.2 Create the sampling frame and analytic variable data sets
- 3.3 Specify your survey administration process and timeline
- 3.4 Finalize survey design and CATI set-up

Guidelines for each of these steps are provided below.

STEP 3.1: Organize your implementation team



WHAT IS THE PURPOSE OF THIS STEP?

The purpose of this step is to develop a specific working team, work plan, and timeline for your PHDS-PLUS project and to assemble the data needed for a survey vendor to begin to assist you with PHDS-PLUS sampling and administration.

In this step you will:

- Build an **internal and external team** to implement the PHDS-PLUS project
- Assign **specific roles** to each team member
- Hire a survey **vendor**



GUIDELINES AND ISSUES TO CONSIDER

Be sure to:

- ☑ Specify which tasks are to be completed **internally and which require external** partners or vendor.

When building your internal and external PHDS-PLUS team, consider the following:

- Which parts of the process can you handle with internal staff? Which parts require hiring an external vendor?
- Do internal staff members have the skills/expertise as well as the availability necessary to complete the tasks that will be assigned to them?
- Do you have the resources to compensate for areas where you do not have adequate internal staff? How will you do so?
- What is the status of your data systems that will be used for sampling and for gathering information for utilization? Will you need to contract with an external organization to gather population files that will to be used for these purposes?

- ☑ Immediately involve all **leaders whose approval is needed** to implement your PHDS-PLUS project activities or disseminate PHDS-PLUS findings.

Obtaining the full support of senior leadership is essential to the success of your PHDS-PLUS project. While it is possible to conduct the PHDS-PLUS without the early involvement and support of senior leadership, they may be the key to community-wide distribution of the results—justifying the value of the project to others, such as state legislators, or approving any contracts you enter into with external vendors. As such, we recommend engaging all individuals whose approval is needed for implementation or dissemination of PHDS-PLUS at the beginning of your project.

- ☑ Carefully craft a survey **vendor Request for Proposal (RFP)**

Now that you have determined which parts of the project will be contracted out to external entities, you will likely need to find a suitable survey vendor. Your organization most likely has specific rules and requirements for hiring a vendor. Depending on these requirements, this can be a lengthy process.

The process begins by writing a Request for Proposals (RFP). However, it may be called something different in your state or organization. This is the document that informs potential bidders of exactly what work needs to be done, how it should be done, and when it needs to be finished. This document should be as detailed and specific as possible. Make sure bidders understand exactly which costs they are responsible for, such as survey printing and mailing costs or report development and testing. Be sure to review the technical specifications sections before you write the RFP to make sure all necessary details are included. Also include management tasks such as regular progress meetings and/or interim reports, decision-making processes, and conflict resolution procedures.

All deliverables that you expect from the vendor also should be specified in the RFP. This includes interim deliverables, such as progress reports and interim completed PHDS-PLUS survey data sets, as well as final deliverables, such as the data set and all documentation about the project. The contract is based on the tasks listed in the RFP, so make sure it includes all of the items you need. If you make changes later on, it will most likely cost you more than if they were included in the original RFP.

The RFP should provide potential bidders with information on the processes for bidding as well as evaluating and selecting a vendor. Normally, the RFP issued by a state agency is required to be posted on a Web site so that all interested parties have an equal opportunity to learn about the project. It is important to include the following information in your RFP:

- Include the deadlines and format for which proposals should be submitted
- Include information about how bidders can ask questions or get clarification when preparing the proposals
- Include detailed specifications about the criteria used to score the proposals and select the vendor
- Include provisions for data security and confidentiality. Person-identifiable data are necessary only for the administration of the survey. Include provisions for the return or destruction of data files with identifying information that were needed for the sampling and administration of the survey

- ☑ Carefully **evaluate candidate survey vendors** who respond to your RFP

When evaluating survey vendors who respond to your RFP, the minimum scoring criteria should evaluate applicants on their ability to demonstrate their capability to implement the following components of a PHDS-PLUS project:

General characteristics

- An understanding of the overall project and the goal of the PHDS-PLUS
- Responded comprehensively to all tasks described in the RFP
- Sufficient and qualified staff to do the work
- Sufficient facilities and resources (especially if the survey is being administered through the telephone and requires a CATI)

PHDS-PLUS specific characteristics

- Experience and expertise in sampling based on utilization and/or administrative data characteristics, specifically:
 - Experience in obtaining population files from state agencies and pulling samples for survey administration based on enrollment and program markers such as where a client resides, the program in which the client is enrolled (Medicaid, SCHIP, specific health plans and/or providers), and by eligibility criteria (Foster Care, Part C, Supplemental Security Income, etc.).
 - Experience in creating weighted, stratified sampling files based on information about the child's enrollment in Medicaid and child's age.
 - Experience pulling survey samples at the level or unit of analysis desired, such as health care provider or office or where the child resides (e.g., zip code, counties and/or parishes) to compare "rural" versus "urban" samples.
- Experience in conducting parent-based surveys about the quality of care received, specifically:
- Experiences conducting a telephone survey administration including building CATI systems that have skip patterns based on respondent answers to certain questions within the survey or based on data derived from Medicaid administrative and/or utilization data.
- Experience conducting telephone surveys with parents of young children.
- Demonstrated ability to maximize response rates and producing acceptable telephone response rates. The telephone response rate is calculated as the total

number of completed phone interviews divided by all possible phone respondents. An acceptable response rate is 40% or higher.

The contract will be based on the project detailed in the RFP. The contracting process will be easier if your RFP contains specific details on the scope of the work, deliverables, and timelines. Consult your legal department to make sure all of the necessary legal language and requirements are included. This is most likely standardized for all contracts with external vendors.

In addition, ensure that the data collection and sharing are compliant with the Health Insurance Portability and Accountability Act (HIPAA) in that any sharing of personal health information between organizations is strictly protected. Include provisions for the return or destruction of personal health information (PHI) once the project is completed. Create a HIPAA Business Associate agreement between all parties who will have access to the data.

STEP 3.2: Create the sampling frame and analytic variable data sets



WHAT IS THE PURPOSE OF THIS STEP?

In this step you will:

- Create the child-level sampling frame data set (as specified in Step 2)
- Create the child-level analytic variable data set (as specified in Step 2)
- Deliver the data sets to selected survey vendor
- Have the survey vendor pull your PHDS-PLUS sample



GUIDELINES AND ISSUES TO CONSIDER

Be sure to:

- Align with **federal protocols**

The federal Centers for Medicare and Medicaid Services (CMS) has protocols for state Medicaid agencies to use when conducting surveys. We recommended conducting your PHDS-PLUS sampling in a way that is consistent with these protocols. A five-step approach that ensures valid and reliable data is outlined below, including:

1. Identifying the study population (see Step 2 of this manual)
2. Defining the sample frame (see Step 2 of this manual)
3. Determining the type of sampling to be used (stratified random sampling)
4. Determining the needed sample size (see Step 2 of this manual)
5. Specifying the sample selection strategy (ensure vendor documents this clearly)

Several other aspects of the CMS protocols should also be adhered to in regards to sampling. For example, stratified random sampling is recommended to achieve population goals (e.g., sufficient numbers of children across age groups, etc.). This technique calls for dividing the population into specific pre-identified strata or sub-groups that are homogenous with respect to certain characteristics of the population. Random sampling techniques are then applied to obtain eligible samples from each stratum or subgroup.

☑ Provide survey vendor with a sampling and analytic data set **data dictionary**

Be sure to outline the specific variables you want to include in the child-level sampling and analytic (utilization, enrollment, etc.) data sets and obtain a data dictionary from your survey vendor before the PHDS-PLUS sample is pulled. This is to ensure that all variables that need to be linked to the survey data set will be available to you. Once the sample is pulled you may not be able to go back to get additional variables. In particular, be sure your vendor creates variables making clear to which each of the stratified sampling groups each child belongs (e.g., age, continuous enrollment, age group, any state-specific sampling strategies).



STEP 3.3: Layout and implement your survey administration process



WHAT IS THE PURPOSE OF THIS STEP?

Establishing a specific work plan and realistic timeline is essential to the success of your PHDS-PLUS project. In the current political environment, many expect instant results with a quality measurement initiative. However, those who are familiar with the process for measuring quality know that it takes time to collect, analyze, and report the data and have those data utilized in a way that can begin to inform and affect improvements in care. Make sure you set a reasonable timeline for the overall project. It is very important to allow enough time for the administration of the survey, analysis of the results, and report development, testing, and production.

This section provides detailed information about the technical requirements for implementing the PHDS-PLUS. The timelines listed in the technical specifications below have been researched and tested in the field to ensure the best response rates and highest quality of data. Compressing the necessary time can compromise data quality and reliability.

In this step you will:

- Understand the **key steps and timeline** for administering the PHDS-PLUS
- Verify your work **plan and delegation of tasks** within your implementation team
- Prepare to **specify in a contract** with an internal or external vendor/department how you would like the PHDS-PLUS to be administered



GUIDELINES

The PHDS-PLUS was developed specifically for telephone administration. Telephone administration requires fewer steps than mail administration, but can be more labor-intensive as many callbacks may be required. In addition, a telephone survey only can be administered to those for whom telephone information is available.

As outlined in Step 3.2, an important preliminary step to survey administration is the utilization of the Tele-match telephone number verification service or similar kind of service to verify the telephone numbers of each case that was sampled.

SURVEY ADMINISTRATION PROCESS:

Step 1: Pre-notification letter

For each selected case that has a viable address, a pre-notification letter should be mailed. This letter should be made available in all the languages for which the survey is to be administered. Pre-notification letters should be customized at the respondent level (e.g., "To the parent/guardian of [Child Name]") and also should include the logo of the specific state program and the signature of the appropriate agency's executive.

The pre-notification letter informs the parent about the following:

- The target child for whom the survey should be completed.
- That they were randomly chosen to assist the state in providing information that would be useful in improving the health care of children in their state.
- That the parent or guardian who takes the child to the doctor most often should complete the survey.
- That the survey will take approximately 15–20 minutes to complete.
- Provides a toll-free, 1-800 number for parents to use to call the vendor and provide a new phone number at which they should be contacted, ask questions regarding the study, verify the study's legitimacy, or request no further contact pertaining to the study.

Appendix 2 provides an example of a pre-notification letter.

Similar to the protocols developed for External Quality Review, the pre-notification letter is a strategy utilized to maximize response rates, ensure confidentiality, and describe how the results will benefit the respondent and how the survey is to be completed.

Make sure that the United States Postal Service's "Address Correction Service" is utilized. This will ensure that you get accurate and complete information about the number of pre-notification letters that were not received by parents due to a bad address.

Step 2: Toll-free number available for parents to call with questions or to schedule an interview

Throughout the field phase, a live toll-free 1-800 number should be maintained from 10:00 am to 11:30 pm (local time) Monday through Saturday and 3:00 pm to 11:30 pm (local time) on Sunday for respondents. Calls outside these hours should be referred to voicemail.

Step 3: CATI Administration

One week after the pre-notification letter is sent, interviewers should begin making phone calls. The entire survey takes approximately **15 minutes** to administer. Up to 20 attempts should be made to contact a parent or guardian by telephone. Telephone calls should be made at different times and different days to increase the chances of reaching a parent or guardian.

During survey administration, the interviewer should refer to the child by his or her first name so that it is clear that the respondent should answer the survey questions relative only to the target child. The parent or guardian in the household who knows the child's health and health care history best should be the survey respondent.

Interviewers should be prepared to answer questions the parents might have about the project and the survey, particularly if parents have concerns about confidentiality that would prevent them from completing the survey.

Interviews should be conducted with parents of eligible children only. Do not let the parent complete the survey for any other child except for the target child identified at the time of sampling. When a household is contacted by telephone, the respondent (most often a parent) who is most knowledgeable about experiences with the care provided should be chosen to complete the interview.

During the CATI administration phase every effort should be made to interview difficult-to-reach respondents. For example, after determining that the telephone number in the

sample database is incorrect, steps should be taken to find the correct number, up to and including accepting new telephone numbers for the respondent taken from another member of the household. Also, if a respondent is away from the household, firm appointments should be made to attempt re-contact when the respondent returns. In addition, if a respondent is too ill at the time of the call, a firm appointment should be set to attempt re-contact at a later date within the survey administration time period.

CATI calls should be made from 10:00 am to 8:00 pm local time, Monday through Friday, and from 11:00 am through 8:00 pm local time on Saturdays. No calls should be on Sundays. Protocols for the number of call attempts and preferred times for calls should be in compliance with state-specific telemarketing laws. A minimum of 20 callbacks distributed across daytimes, evenings, and Saturdays should be attempted for each sampled case in the database during the field period.

If a respondent answers **80% or more of the core items in the survey** (does not include items for which a parent may be appropriately skipped out of answering), a survey is considered complete.

Example 3.1: Survey administration timeline

Task	Date
Mail pre-notification letter	Day 1
Toll-free line for parents to call <ul style="list-style-type: none"> Live toll-free, 1-800 number maintained from 10:00 am to 11:30 pm (local time), Monday–Friday, and 11:00 am to 11:30 pm on Saturday. Calls outside these hours referred to voicemail. 	Day 1
CATI Administration <ul style="list-style-type: none"> If the respondent says that they are busy, be sure to offer them the option of scheduling a time for the interview. Remember, these are parents of young children with chaotic schedules. Scheduling callbacks for interviews has been successful in the past. Avoid CATI administration on Sunday. Make sure that CATI administration is in compliance with state telemarketing laws. CATI administration should NOT be conducted past 8 pm or made prior to 10 am Monday–Friday and not prior to 11 am nor past 8 pm on Saturday. Each survey takes approximately 15 minutes to complete. 	Day 8
Completion of CATI interviews <ul style="list-style-type: none"> Time period will vary depending on the number completed surveys, number of interviewers, and whether the survey vendor is conducting surveys for multiple clients at once. 	Until Survey Quota is Reached OR Each Number in the Starting Sample Called 20 Times.



ISSUES TO CONSIDER

Be sure to:

- Print the pre-notification letter on letterhead that parents recognize and find credible:** Make sure that the envelope and pre-notification letter are on letterhead that parents will recognize and trust so that they do not throw it away as junk mail.
- Check whether there are other surveys targeted to parents of similar children:** Make sure that there is not another survey going on at the same time that could lower your response rate. If there is, considering administering the survey at a different time.

☑ **Take into account holidays:** Make sure that survey administration does not occur on holidays. If it does occur during holidays, make sure your timeline accounts for a break in survey administration.

☑ **Build off of positive experiences in your state:** Each state and the parents in each state are different. Research whether your department or other departments have administered a survey to parents of young children before. What times worked best in that survey's implementation? What days worked best?

☑ **Consider issues related to the season:** Summer can be a difficult time for survey administration as families are often on vacation. Higher response rates are often observed in late fall or late winter. Avoid survey administration during the first week of school or during school holidays.

Lessons from the field:

From whom should the letter come? If your PHDS-PLUS project is a collaboration with other partners, think about whether the cover letter should come from one or all of the organizations participating. Think about who parents trust and would be most likely to be influenced by to complete the survey.

Real World Example: The CAHMI implemented the PHDS in Vermont in collaboration with Medicaid and two pediatric medical groups. We randomized the pre-notification letters so that half were from Medicaid and half were from the pediatric medical groups. There were no differences in response rates between those who had received letters from the state or from pediatric medical groups.



Additional Tips

☑ **Estimating the Time of Survey Administration**

Factors that affect the time of survey administration include:

- An interviewer can interview only a single respondent at a time
- Interviews can be conducted only during certain hours

- Unlisted phone numbers, the high incidence of phone lines used for purposes other than voice, and “Do not call” Web sites make it harder to find appropriate and willing respondents.

☑ Data Privacy and Confidentiality

Data privacy and confidentiality were critical during the research and the development of the PHDS-PLUS and its implementation protocol. The recommended protocol for implementing the PHDS ensures the privacy and confidentiality of the data. If you contract the administration of the survey to an external vendor, make sure to include data privacy and confidentiality provisions in the RFP and the contract.

Be sure that the organization conducting the survey administration signs a HIPAA Business Associate agreement. Check with your legal department about HIPAA compliance. The HIPAA privacy provisions establish how covered entities must safeguard the confidentiality of patients’ protected health information. Your legal department can help you determine whether you are a covered entity under HIPAA and whether your project adequately safeguards the confidentiality of patients’ protected health information as specified in the HIPAA regulations.



Additional Resources

As mentioned earlier, there are additional versions of the PHDS that can be administered via mail and/or in doctors’ offices. For more information about how items from the PHDS have been administered by varying modes of administration, go to the CAHMI Web site at www.cahmi.org.

To learn about a reduced-item version of the PHDS that is designed for administration in offices serving pediatric patients, download the “Manual for In-Office Administration of the Promoting Healthy Development Survey, Reduced-Item Version” on the CAHMI Web site at www.cahmi.org.

For more information about CMS standards for administering and validating surveys see <http://www.cms.hhs.gov/medicaid/managedcare/protosrvy.pdf>.

STEP 3.4: Finalize survey design and CATI set-up



WHAT IS THE PURPOSE OF THIS STEP?

In this step you will:

- Finalize the PHDS-PLUS you will administer
- Develop the final script for the CATI



GUIDELINES

Appendix 1 provides an overview of the survey items in the PHDS-PLUS. This overview does not include important framing text and wording that is used to transition from one component of the survey to the next. The purpose of this high-level overview document is to give you an “at a glance” view of the PHDS-PLUS to review the PHDS-PLUS items and to consider what items you may want to add.

Appendix 3 provides the detailed script for the CATI. This script includes important text that the interviewer will use at the beginning of survey administration that is not necessarily a core component of the survey nor considered a survey item, but rather ensures that the correct person is identified to complete the survey and allows the respondent to actively consent to survey administration.

As discussed in Section 2, you can add three to five supplemental items to the PHDS-PLUS. However, it is imperative that the questions asked fit the overall theme of the survey and are placed in an appropriate section of the survey. Look at the sections of the survey and place the items in a similar section and next to items with similar framing text and tone. See Section 2.4 for additional guidelines on adding additional items to the PHDS-PLUS.



ISSUES TO CONSIDER

Be sure to:

- ☑ Double **check the skip patterns** in the CATI survey

There are a number of skip patterns in the survey that are based on the child's age or on the survey responses. Be sure to check that the skip patterns in the CATI are correct.

The most essential skip patterns to check are:

- The skip pattern based on questions **U1-U3** asking respondents how many health care visits the child has had in the last 12 months. Respondents who report that their child has had no visits in the last 12 months are skipped out of a majority of the survey.
- The skip patterns related to the age-specific sections of the anticipatory guidance and parental education component of the PHDS-PLUS. The CATI variable used to determine which section of the survey the respondent should be read is **Q59**. For each of the three age groups, make sure that that the CATI goes to the correct age-specific section of the anticipatory guidance and parental education component of the survey.

- ☑ Make sure that the CATI uses the **child's correct age** for the age-specific skip patterns

Question **Q59** in the CATI clarifies which age group the child falls into. Prior to CATI administration, the child's age is calculated using the date of birth provided by Medicaid. As specified in the CATI, at the beginning of the survey, the interviewer should confirm the age of the child. On average, between 5%–10% of the time the child's age (as calculated based on the date of birth) is NOT correct and the respondent will provide the correct age of the child. Make sure that this corrected information is incorporated into variable **Q59**.

- ☑ **Train interviewers** about the purpose of the survey and walk through each section of the survey

It is imperative that each person who administers the CATI understands the purpose of the survey and why we are asking the respondent questions about the child's health and health care use.

- Emphasize the importance of the framing language included in the CATI prior to each section of the survey. This language sets the stage for the questions that will be asked and addresses questions and comments that the CAHMI team received during the cognitive interviews with families.
- Educate interviewers that the “Assessment of the Family” section (CATI Items **AF1-AF5**) includes questions that ask the parent whether their child’s doctor or other health provider asked about specific issues in the family such as smoking, alcohol, substance abuse, and depression. These questions are NOT asking the respondent whether he/she participates in the behavior or has those emotions. Make sure that the interviewer deliberately emphasizes the words “did your child’s doctors or other health provider **ASK** you if you...” in questions **AF1-AF5**.

☑ Be cautious about adding **questions that ask the respondents about their health** or parenting behaviors.

The central purpose of the PHDS-PLUS is to gather information about the preventive and developmental health care provided during office visits. At the beginning of survey administration respondents are informed that this is the primary purpose of the survey. If the respondents are asked too many questions about themselves or their parenting behaviors then they begin to wonder why so many questions are focused on them rather than their child’s health care. This could cause them to stop the survey administration.

☑ Ask your **partners about what kinds of information they would like** to have and add previously tested questions that address those topics.

This is a great way to get “buy-in” and support for your PHDS-PLUS project. By asking what kinds of information your partners would like to have and by adding questions that address their interest(s), you will give your partners a sense of ownership in the survey project and interest them in the findings.



ADDITIONAL TIPS

Removing items from the core survey

The CAHMI **strongly** recommends using the PHDS-PLUS in its entirety, but recognizes that you may need to remove items in some cases to accommodate your needs. Before you remove any items from the core survey, consider the following:

- Start with the items that do not touch on quality of care, such as general information on parenting behaviors, parent health, child's health, and child's use of health care. Do any of these items fail to provide you with information that you can use for this project? Can you get valid information about this same topic from enrollment or member/claims databases?
- The only quality measure that CAHMI would suggest omitting, as a last resort, would be the "Helpfulness of Care" measure. The other quality measures all measure whether specific aspects of recommended care were received, whereas "Helpfulness of Care" asks respondents whether the care that was received helped them with their parenting.

Testing and **preparation of questionnaires and invitations**

Thorough testing of the CATI should be conducted on "dummy" respondents. This includes ensuring that questionnaire logic works correctly (there are many scenarios to test) and that the respondent database populates correctly across all the questions.

Institutional Review Board **(IRB) Approval**

You may be wondering if you need approval from an Institutional Review Board (IRB), especially if you do not have an IRB within your organization. You may even think that IRB reviews are only for research projects. However, you should obtain IRB approval to conduct the PHDS or any other survey. Patients' rights should be first and foremost. IRBs ensure that consumer/patient rights are protected. The technical specifications in this manual are meant to address legal issues that will allow for IRB approval. These specifications are based on past pilots of the PHDS and have endured IRB reviews and approvals. They were developed to ensure the highest data privacy and confidentiality standards.

If your organization does not have an IRB, you can still have a review. Independent IRBs often will review projects on a contractual basis. Also, almost every educational

institution has an IRB. If you partner with your local university, they may be able to have their IRB review the project at no cost to you.

☑ **Translating the survey** into other languages

The PHDS-PLUS is currently available in English. The shorter PHDS for mail-based administration has been translated and implemented in Spanish and is available to assist with the Spanish translation of the PHDS-PLUS by contacting CAHMI at cahmi@ohsu.edu. If you require the survey in a language other than English, you should:

- Translate the survey into the other language
- Translate the newly translated survey back into English
- Compare the translated English survey with the original English survey

This translation and back-translation process may identify wording that is not culturally comparable. In addition to any translation issues that are identified, you should also verify the cultural comparability of the survey with the population being surveyed. Cultural comparability refers to the meanings of words and phrases among different populations. For example, some cultures do not understand the meaning of “health plan.” Therefore, simply translating the words health plan could change the meaning of the survey item since it would no longer be interpreted in the same way as in the English version. In some cases, you may need to change item wording to retain the meaning of the survey item rather than using literal translation.



ADDITIONAL RESOURCES

For the Spanish version of the PHDS visit the CAHMI Web site at www.cahmi.org.

For more information about the Promoting Healthy Development State Learning Network, go to the CAHMI Web site at www.cahmi.org.

For more information about CMS standards for administering and validating surveys see www.cms.hhs.gov/medicaid/managedcare/protosrvy.pdf.

For more information on HIPAA privacy provisions or a copy of the final rule go the Department of Health and Human Service’s Web site at www.hhs.gov/ocr/hipaa/.

For more information about the National Survey of Early Childhood Health go to www.cdc.gov/nchs/about/major/slats/nsech.htm.

For more information about the National Health Interview Survey, The National Survey of Children with Special Health Care Needs, and the Behavioral Risk Surveillance Survey go the Centers for Disease Control and Prevention Web site at www.cdc.gov.