



## STEP 6.2: Review guidelines and tips for reporting to health system leaders

### ➡ What is the purpose of this step?

The purpose of this step is to provide you with reporting templates that can be used to share the PHDS findings with health system leaders. We also highlight tips and issues to consider, based on past CAHMI experiences.

#### In this step you will:

- Review CAHMI templates for reporting the findings to health system leaders.
- Review tips and issues to consider in reporting the findings to health system leaders.



### Guidelines and Issues to Consider

- Review CAHMI templates for reporting the findings to health system leaders.

The goal for reporting the PHDS findings to health system leaders is to ensure that they understand the following:

- The key findings
- How these findings compare with quality measures they currently collect
- What should be done to address the gaps in care described by the PHDS findings

For the most part, health system leaders will only read documents that are short and succinct. **Appendix 12** provides an example of a two-page executive summary of the PHDS findings. **Appendix 13** provides an example of a five-page summary of PHDS findings. This example is derived from a reporting template developed for Medicaid directors. However, the document can be a useful model for reporting the findings to

other senior-level administrators, such as a health plan's director of quality measurement.

☑ Review tips and issues to consider in reporting the findings to health system leaders.

- **Use the PHDS quality measures for an overall snapshot of care.**

In most cases, health system leaders want to know whether recommended and eligible services are received. Therefore, the report designed for them should provide an overall picture of quality and performance.

Specifically, the report to health system leaders should include the findings from the "got all care" measure and the findings from the individual quality measures, using the threshold level scoring.

- **Compare the findings with current quality measures used by the health system.**

The PHDS findings are valuable when they are put in context with other quality measures used by the health system.

Most health systems collect information about the HEDIS well-child visit rates. The PHDS provides information about the quality of care children received during well-child visits. Therefore, it is important to explain to health system leaders that the HEDIS well-child visit is telling them how many kids come in, and the PHDS is telling them what happens during the well-child visit.

Other possible related quality measures include immunization measures, medical chart reviews of the content of well-child care, and satisfaction measures (such as the Consumer Assessment of Health Plans Survey).

### Example 6.3: Comparing the PHDS with Currently Used Quality Measures

Kaiser Permanente Northwest (KPNW) implemented the PHDS and wanted to compare the finding with other measures. Related quality measures used by KPNW were the HEDIS well-child visit and immunization measures, and a satisfaction and experience of care survey called the Medical Office Visit (MOV) survey.

KPNW therefore did the following:

- Compared whether offices/providers with the highest/lowest immunizations rates were the offices/providers with the highest/lowest on the PHDS quality measures.
- Compared whether offices/providers with the highest/lowest well-child visit rates were the offices/providers with the highest/lowest scores on the PHDS quality measures.
- Compared whether offices/providers with the highest/lowest scores on the MOV were the offices/providers with the highest/lowest scores on the PHDS quality measures.

An example of the comparative findings:

KPNW found that there was not a high level of agreement between the offices and/or providers who scored the highest on the MOV survey and the offices and/or providers who scored the highest on the PHDS quality measures. This helped them to understand that each data source provided valid information about quality, but that they should not assume that providers who score high on their MOV survey are providing all aspects of recommended care.

- **Spotlight specific items that are hot issues in your health system.**

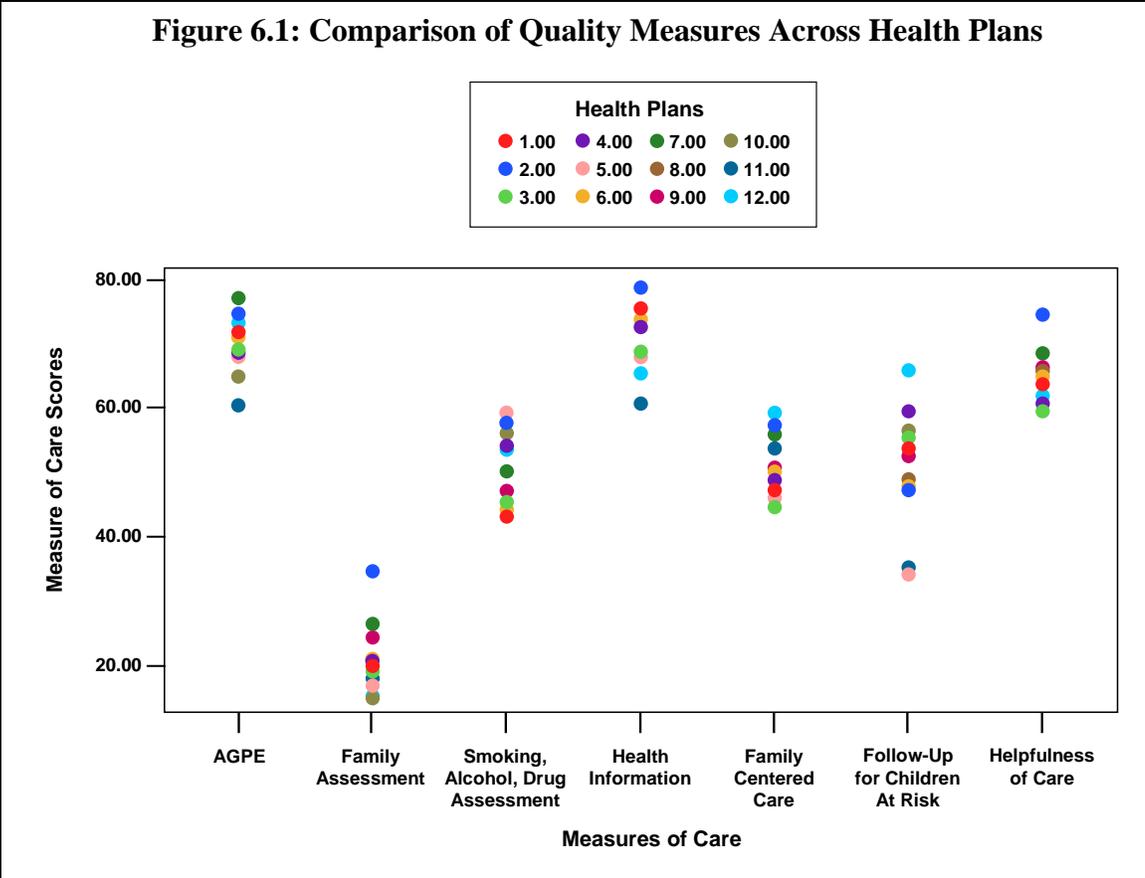
Many of the individual items and/or areas included in the PHDS are useful to report if your system has a specific topical focus (e.g., car seat use, reading, *Healthy People 2010* goals such as smoking, etc.).

**Appendix 14** provides an example of a topic-specific issue brief highlighting PHDS findings on parental depression: the prevalence, the relationship of parental depression to other child health and health care utilization characteristics, and the degree to which pediatric providers are assessing parents for depression.

- **Compare quality of care.**

Displaying PHDS quality measures side-by-side for easier evaluation is most useful for health system leaders. One way to present comparative information on the quality measures across different units of analysis is shown in **Figure 6.1**. Not only does the graphic show which quality measures need the greatest

improvement, but it also displays the relative performance of each of the health plans. Notice that no one health plan does the best in every single category, which leaves room for targeted improvement. This type of figure could be used to make comparisons by subgroups of children and across offices and/or providers.



**Present results using a layered approach.**

Purchasers use a great deal of information when making contracting decisions, so a layered approach is suggested when preparing these types of reports for health system leaders. The first "layer" should provide a summary of aggregated results that can be reviewed quickly. Since health system leaders may be technically savvy, we recommend stratifying the measures by key groups to demonstrate variations in the level of quality care.