STEP 6.5: Compare your PHDS findings with others

What is the purpose of this step?

As was noted in Steps 6.1–6.4, it is valuable to compare your findings with the findings of others. The purpose of this section is to provide you with information about the PHDS findings from other parties who have used the PHDS or ProPHDS through a mail mode of administration.

In this step you will:

- ☑ Review the PHDS findings of others around the country.
- ☑ Consider alternate sources for PHDS benchmark information.

Guidelines and Issues to Consider

☑ Review the PHDS findins of others around the country.

As was described in **Step 1**, the PHDS tools have been implemented at the national, state, health plan, practice, and provider level. To date, more than 45,000 surveys have been collected by nine Medicaid agencies, four health plans, 46 pediatric practices, and through the National Survey of Early Childhood Health (NSECH).

However, given that this manual is specific to the implementation of the PHDS or ProPHDS by a mail mode of administration, **Table 6.1** provides comparison PHDS findings for data collected via a mail mode of administration. As has been demonstrated in numerous studies, survey findings vary significantly depending on the mode of administration *(e.g., differences between survey findings in the same setting and for the same topic if the survey is mailed vs. given by phone)* and therefore it is important to compare findings appropriately.

The data in Table 6.1 represent nearly 10,000 children and are based on applications of the PHDS through Medicaid in Maine and Washington; Kaiser Permanente Northwest, in Portland, Oregon; and 26 pediatric and family medicine practices in Vermont and North Carolina.

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The quality measure findings presented in Table 6.1 are for those quality measures that are presented in a graphic format in Appendices 12–13, 15–16. When presenting comparison information, it is best to use graphics.

Important Note from the CAHMI: As was described in Steps 5 and 6, there are a number of options for scoring the PHDS quality measure. Table 6.1 provides the benchmark data for the quality measure scoring approach used for the figures presented in Appendices 12–13, 15–16. Contact the CAHMI (cahmi@ohsu.edu, 503-494-1930) for the benchmark data using alternate scoring approach, quality measures based on reduced-items, or for item-level comparative findings.

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Table 6.1: Comparison Data for the PHDS and ProPHDS Administration by Mail[1]

PHDS Measure of Care	All PHDS Data by Mail N=9763[2]	Range Observed at a Health Plan Level N=6301[3]	Range Observed at an Office Level N=4067[3]	Range Observed at a Provider Level N=2990[3]
Anticipatory Guidance and Parental Education				
Average Percentage of Topics Discussed	**50.0** std=31.0	**36.7-58.3**	**37.4-67.6**	**31.5-69.7**
Proportion of Children for Whom 80% of Topics Were Discussed	**21.8**	**3.78-37.8**	**11.5-40.6**	**0-52.9**
Average Percentage of Topics on Which Parents Had Informational Needs Met	**82.1** std=24.4	**67.6-92.1**	**74.2-93.6**	**69.4-92.6**
Proportion of Children Whose Parents Had Their Informational Needs Met	**42.5**	**29.7-71.0**	**23.1-67.9**	**22.2-66.7**
Addressing Parental Concerns				
Proportion of Children Whose Parents Were Asked About Their Concerns	**55.4**	**31.2-88.9**	**42.4-84.8**	**20.0-92.3**
Proportion of Children with Concerned Parents Who Were Asked About Concerns	**53.2**	**31.8-68.6**	**30.8-85.2**	**25.0-93.8**
Proportion of Children with Concerned Parents Who Received Information that Addressed Their Concerns	**59.4**	**44.4-64.6**	**18.2-87.0**	**18.2-91.7**

[1] Table 6.1 shows selected PHDS measures of care displayed in the charts of the reporting templates found in Appendices 12–13, 15–16. The table does not show item-level findings or alternate versions for scoring the quality measures that are described in Step 5. For additional information, please see the CAHMI Web site at www.cahmi.org or contact CAHMI at cahmi@ohsu.edu or 503-494-1930.

[2] Includes only PHDS and ProPHDS data collected via a mail mode of administration. Overall, CAHMI has collected over 40,000 cases of PHDS data via mail, telephone, and in-office administration. For additional information, please see the CAHMI Web site at www.cahmi.org or contact the CAHMI at cahmi@ohsu.edu or 503-494-1930.

[3] The denominator for each of the columns is not the same because health plan, office and/or provider-level analysis were not possible in all of the sites represented in the benchmark data. Therefore, the figures shown represent the range observed for the PHDS benchmark data that was able to be analyzed for the specific unit of analysis and different sites are represented in the columns of the table.

Table 6.1: Comparison Data for the PHDS and ProPHDS Administration by Mail (Continued)

PHDS Measure of Care	All PHDS Data by Mail N=9763[4]	Range Observed at a Health Plan Level N=6301[5]	Range Observed at an Office Level N=4067[3]	Range Observed at a Provider Level N=2990[3]
Follow-Up for Children at Risk				
Proportion of At-Risk Children Receiving Follow-Up Care	**58.3**	**34.5-67.3**	**38.9-91.7**	**33.3-92.8**
Assessment of the Family for Psychosocial Issues				
Average Number of Topics Asked About	**25.9** std=32.8	**16.7-34.3**	**11.6-52.9**	**11.8-55.4**
Proportion of Children Whose Parents Were Asked About One or More Topics	**50.7**	**38.1-70.1**	**26.5-74.1**	**18.6-79.4**
Assessment of the Family for Substance Abuse, Firearms, and Safety				
Average Number of Topics Asked About	**38.5** std=33.2	**27.2-50.9**	**15.3-55.8**	**23.0-63.4**
Proportion of Children Whose Parents Were Asked About One or More Topics	**70.8**	**61.3-84.3**	**26.5-96.7**	**32.4-98.3**
Family-Centered Care				
Average Number of Topics for Which Parent Responded "Usually or Always"	**76.3** std=30.9	**60.1-92.9**	**59.2-100.0**	**57.1-99.0**

[4] Includes only PHDS and ProPHDS data collected via a mail mode of administration. Overall, CAHMI has collected over 40,000 cases of PHDS data via mail, telephone, and in-office administration. For additional information, please see the CAHMI Web site at www.cahmi.org or contact the CAHMI at cahmi@ohsu.edu or 503-494-1930.

[5] The denominator for each of the columns is not the same because health plan, office and/or provider-level analysis were not possible in all of the sites represented in the benchmark data. Therefore, the figures shown represent the range observed for the PHDS benchmark data that was able to be analyzed for the specific unit of analysis and different sites are represented in the columns of the table.

☑ Consider alternate sources for PHDS benchmark information.

Table 6.1 provides comparison data for the PHDS/ProPHDS quality measures presented in graphs of the reporting tempaltes provided in Appendices 12–15. Contact CAHMI (*cahmi@ohsu.edu*, 503-494-1930) if you are interested in the comparison data for item-level findings or alternate versions of the quality measures that were discussed in **Step 5.**

Second, the comparitive information provided was based only on the PHDS applications by mail. Additional benchmark data about the PHDS findings obtained via telephone and in-office administration (representing over 15,000 children) are available upon request and reports about these applications are available on the CAHMI Web site (www.cahmi.org).

Lastly, a majority of the PHDS items were included in the **National Survey of Early Childhood Health (NSECH)**. This survey was conducted by telephone and was only administered to parents of children 3–35 months old. The NSECH data are available online at http://www.cdc.gov/nchs/about/major/slaits/nsech.htm. The CAHMI article "Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance"[6] describes the PHDS quality measure findings from the NSECH.

[6] Bethell C, Reuland CP, Halfon N, Schor EL. *Pediatrics.* 2004 Jun;113(6 Suppl):1973–83.