



CAHMI

The Child and Adolescent
Health Measurement Initiative

Parent-Centered Quality Improvement:

How a parent-based survey can be used to design office-based QI efforts focused on developmental services for young children

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Objectives

- **Describe how the Provider-Level Promoting Healthy Development Survey (ProPHDS or PHDS) was implemented in a pediatric health care system to gather baseline information to guide parent-centered, office-based quality improvement (QI)**
- **Overview of findings, how they compare to other KPNW data**
- **Specific findings useful in guiding office-level QI efforts**
- **Key learnings and implications**
 - **System-level QI approaches being explored**
 - **Learnings for future users**

Parent-Centered Improvement

- Focus on recommended aspects of care that matter to the parent (child, youth,....)
- Obtain quality information from the parent about where there are gaps and opportunities for improvement
 - Baseline information about the current level of care – from the parent perspective
- Implement parent-centered improvement strategies addressing gaps in care identified *
- Measure the effectiveness of these strategies by incorporating parent-based measurement tools*

* Healthy Development Learning Collaborative



Currently Available Measures Focused on Developmental Care

Current Measures Available to Pediatric Providers In Participating System:

- Well-Child measures
- Immunization measure
- Art of Medicine Survey/Medical Office Visit (MOV) Survey
 - After visit survey focused on communication and experience of care



Promoting Healthy Development Survey

- Survey to Parents of Young Children (0-3 years old)
- Items Related to Clinical Processes of Care, Experience of Care
 - Anticipatory guidance and parental education
 - Response options allow parents to report whether they wished topic had been discussed (No, I wish had been discussed vs. No, but okay)
 - Ask about and address parental concerns
 - Follow-up for children at risk
 - Assessment of the family
 - Family-centered care
- Presence of a Personal Doctor or Nurse
- Items Gathering Child-, Parent- and Family Descriptive Information
 - Risk for developmental delays (PEDS items)
 - Whether breastfed, reading, tv/video watching
 - Whether parent is currently experiencing symptoms of depression
 - Socio-demographic: First child, education, race-ethnicity, Trouble paying for certain expenses



Implementation of the ProPHDS in Kaiser Permanente-Northwest

- Office-level sampling, taking into account the number of providers in each office (N=5755)
 - Offices represented N=10, Pediatric Providers Represented=56
 - Survey sent to parents of children 3-45 months old who had one or more well-child visits in the last 12 mos

- Survey administered by mail
 - Raw Response Rate: 39% -- Office-level RR Range: 33-44%

- Health System- Level Information Collected
 - Enhanced Office System Inventory
 - Examination of Provider EMR, After Visit Summaries For Patient
 - Provider-survey (92% response rate obtained)

PHDS Findings

- Significant room for improvement on all measures
 - Scores ranged from **25-81 (out of 100)**

- Significant variation at the office level on 4/6 composite measures
 - No one office scored the highest on all six measure
 - No one office scored the lowest on all six measures

- Significant variation at the provider-level for 6/6 composite measures
 - No one provider scored the highest on all measures
 - No one provider scored the lowest on all measures

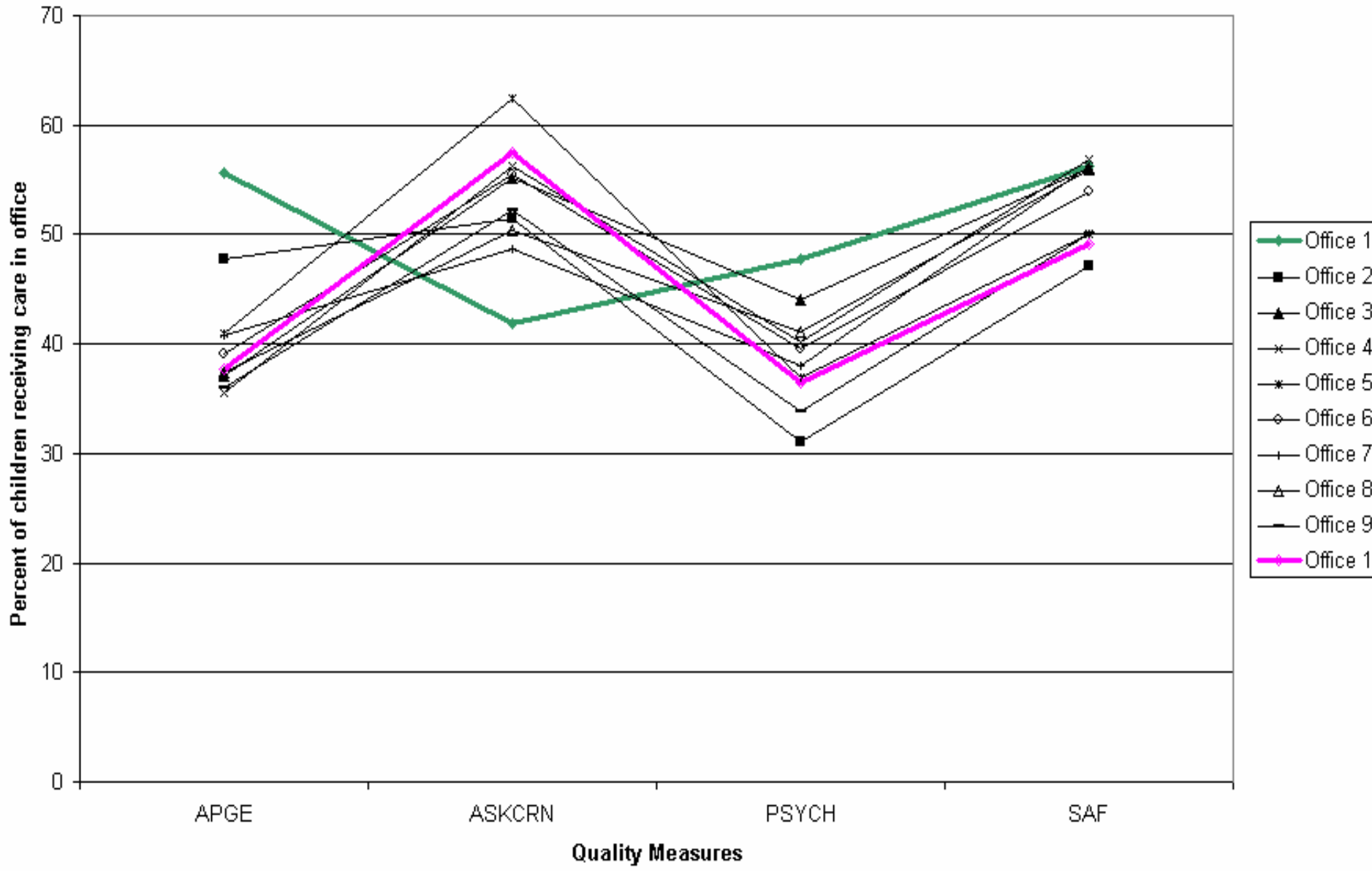
(Remember: These are kids who had at least on well-child visit)



PHDS Findings By Provider and Office Characteristics

- Insert EMR
- Office Poster Findings
- Provider Survey findings

Figure 1: Percent of children receiving aspect of care in the office as indicated by quality measures





Medical Office Visit Survey and PHDS Data: Comparison Analysis

Examined the agreements between the two surveys on relative performance of offices

Comparison of **PHDS Measures** to **Q03: Overall Satisfied**

- Range in % Agreement Between Q03 and PHDS Measures: **20-80%**
- For all but one PHDS measure, % agreement is less than 50%
- Family-Centered Care Measure: 80% Agreement

Comparison of **PHDS Measures** to **Q35: Rec. KPNW to a Friend**

- Range in % Agreement Between Q03 and PHDS Measures: **20-50%**

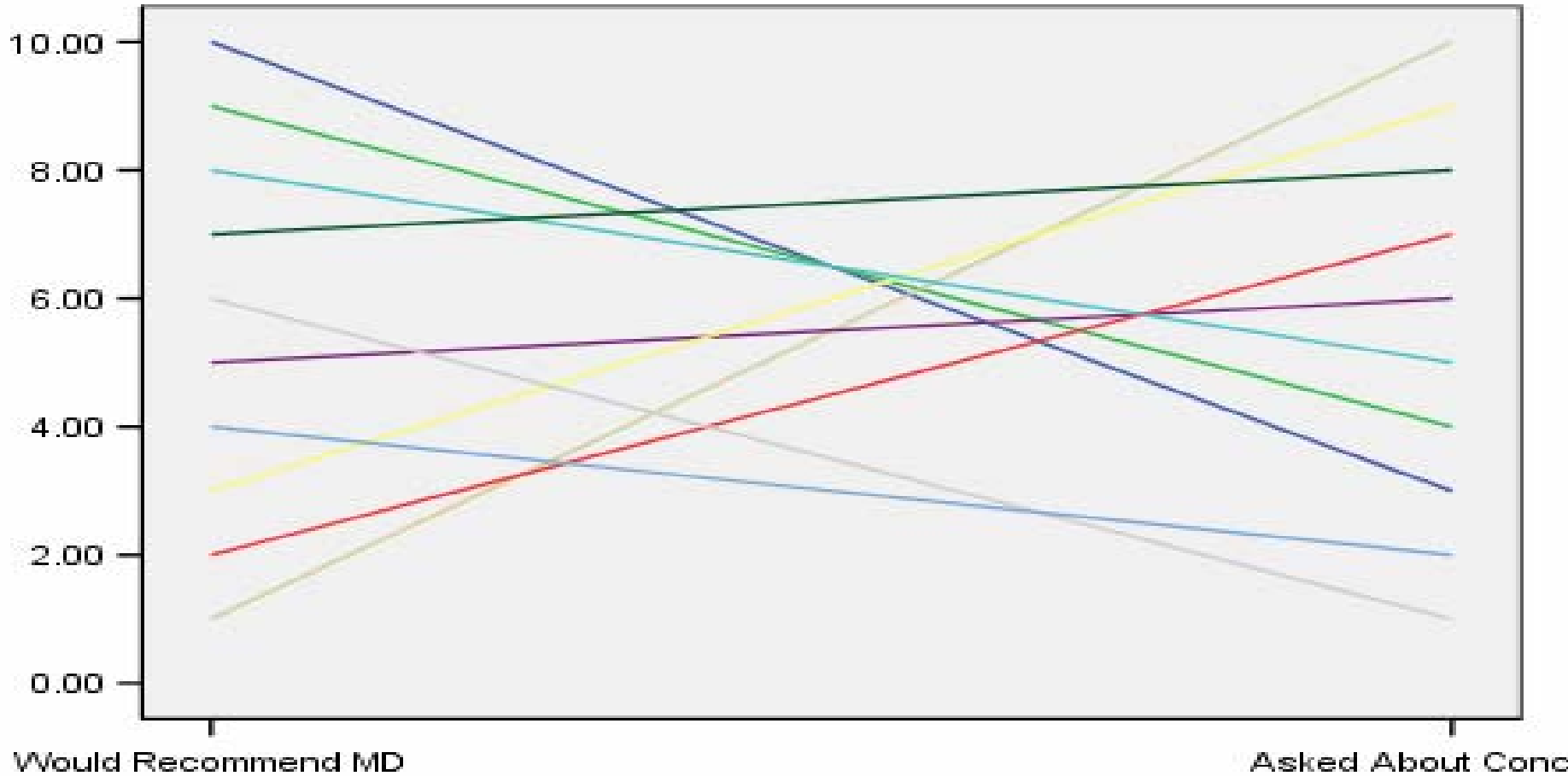
Comparison of **PHDS Measures** to **Q28: Rec. MD**

- Range in % Agreement Between Q03 and PHDS Measures: **30-80%**
 - 80%: Anticipatory Guidance - Informational Needs Met Scoring
 - 60% Family-Centered Care
- Higher agreement than Rec. KPNW

MOV/Art of Medicine and PHDS

Office Level: MOV Q28 by Selected PHDS Item

Pediatric Offices – Rank Order (10 is best)





Three Primary Opportunities for Improvement Identified by the PHDS

1. Addressing the Topics for Which Parent Have Unmet Informational Needs
2. Addressing Parental Concerns/Identifying Children At Risk: Standardized Developmental Screening
3. Parental Depression: Screening in the Pediatric Setting

Opportunity for Improvement:

Anticipatory Guidance and Parental Education

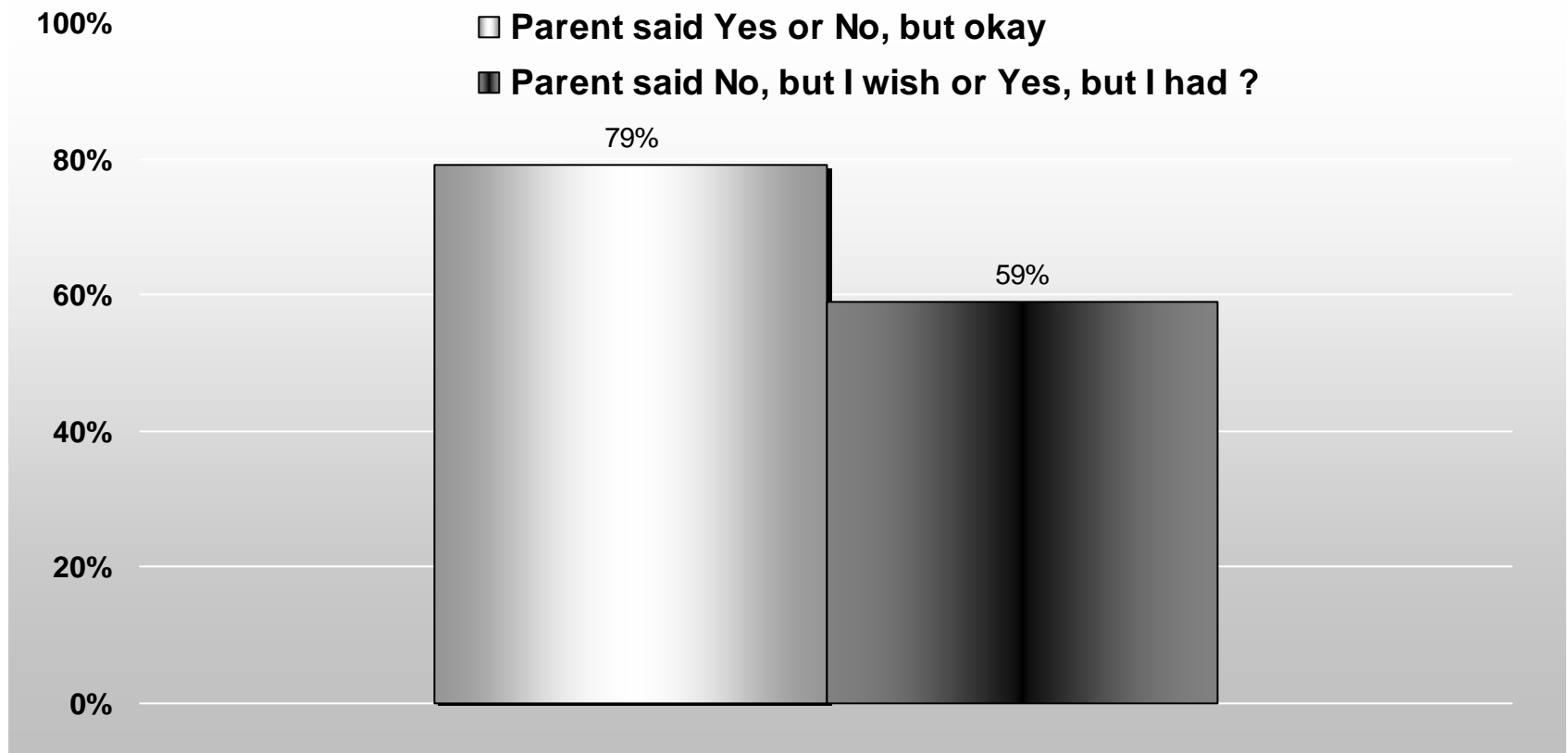
- **39%** of parents had their information needs met all ALL items
 - Therefore, 61% of parents said 1 or more times “no, but I wish we had discussed” or “yes, but I still had ?”

Top Topics for Which At Least 1 in 4 Children Had Parents With UNMET Information Needs

3-9 mos.	10-18 mos.	19-48 mos.
<ul style="list-style-type: none"> • What child is able to understand (39%) • Issues related to TV and video watching (35%) • How child responds to you and other caregivers (30%) • Night waking and fussing (28%) 	<ul style="list-style-type: none"> • What to do if child swallows poisons (41%) • Guidance and discipline techniques (34%) • Anticipatory guidance about toilet training (at the 18 month visit) (29%) • How child may start to explore away from the parent (26%) • Words and phrases child uses and understands (25%) 	<ul style="list-style-type: none"> • What to do if child swallows poisons (35%) • Ways to teach child about dangerous situations and places (28%) • Guidance and discipline techniques (26%)

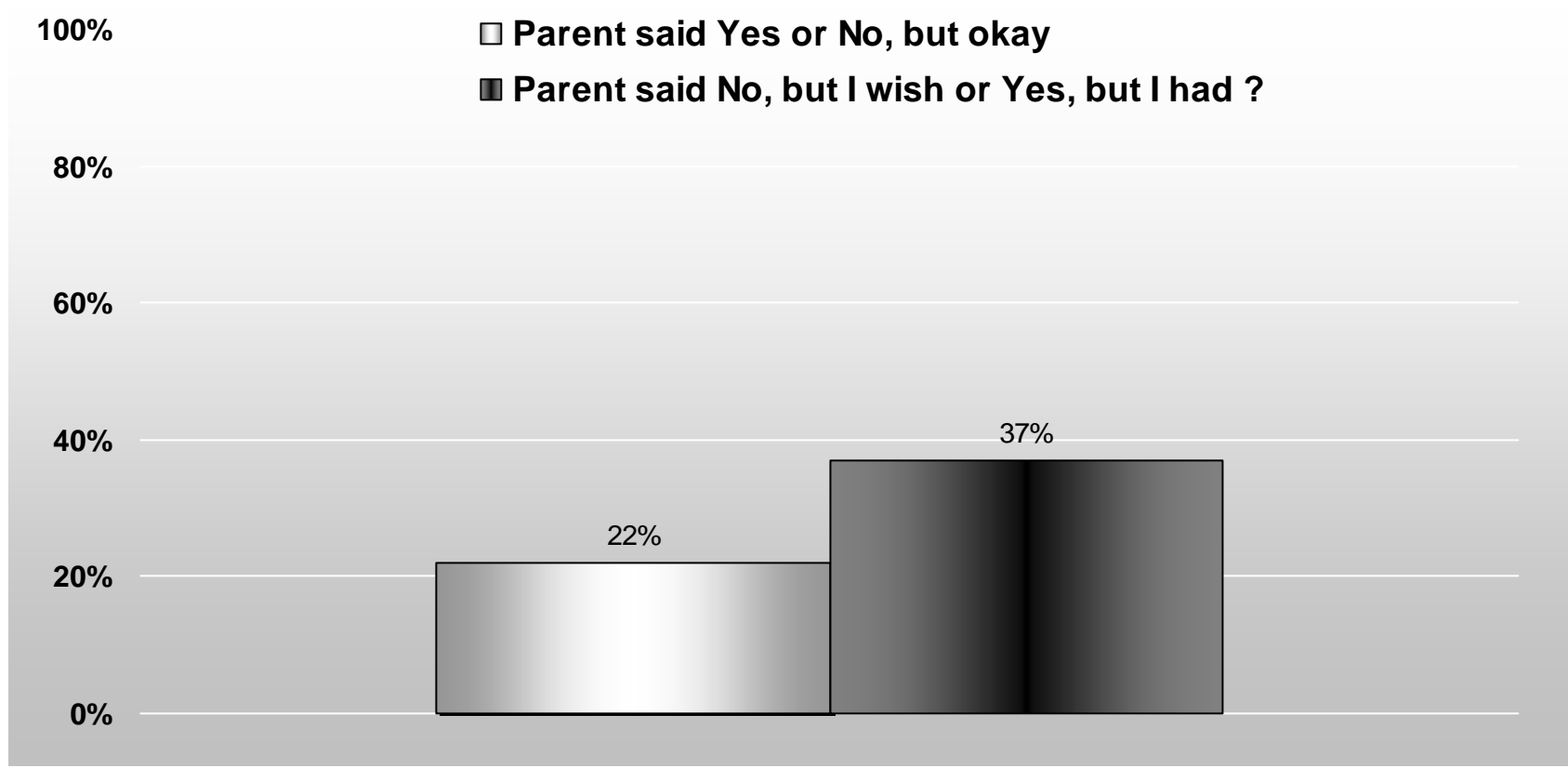
Reading: Children of Parents with Informational Needs Read More

Proportion of Children 2 Years or Older Whose Parents Reported Reading 5-7 Days By Whether Their Informational Needs Were Met:



TV: Children of Parents with UNMET Informational Needs About TV Watched More TV

Proportion of Children 2 Years or Older Whose Parents Reported Their Child Watched 2 or More Hours of TV By Whether Their Informational Needs Were Met:





Opportunity for Improvement:

Address Parental Concerns About Their Child and Identify Children at Risk for Delays

Ask About and Address Parental Concerns:

- 53.3% of children had a parent who reported being asked if they have concerns about their child's learning, development or behavior
- 53.8% of children had parents who reported one or more concerns about their child on the PEDS items
 - Of these children, **53.5%** were asked if they had concerns.
 - Of these children, **69%** received information to address their concerns
 - Top Concerns: How child behaves (35%); How child talks and makes speech sounds (28.9%); How child gets along with others (27%)

Identify Children At Risk for Delays and Provide Follow-Up Care

- 31.3% identified at significant risk
 - Based on parental responses to the PEDS (Used to identify Denominator for Follow-Up Measure)
- Of those identified at risk
 - 67% received some level of follow-up
 - 55% of those identified as at “high” risk

Opportunity for Improvement: Assessing the Family for Risk Factors

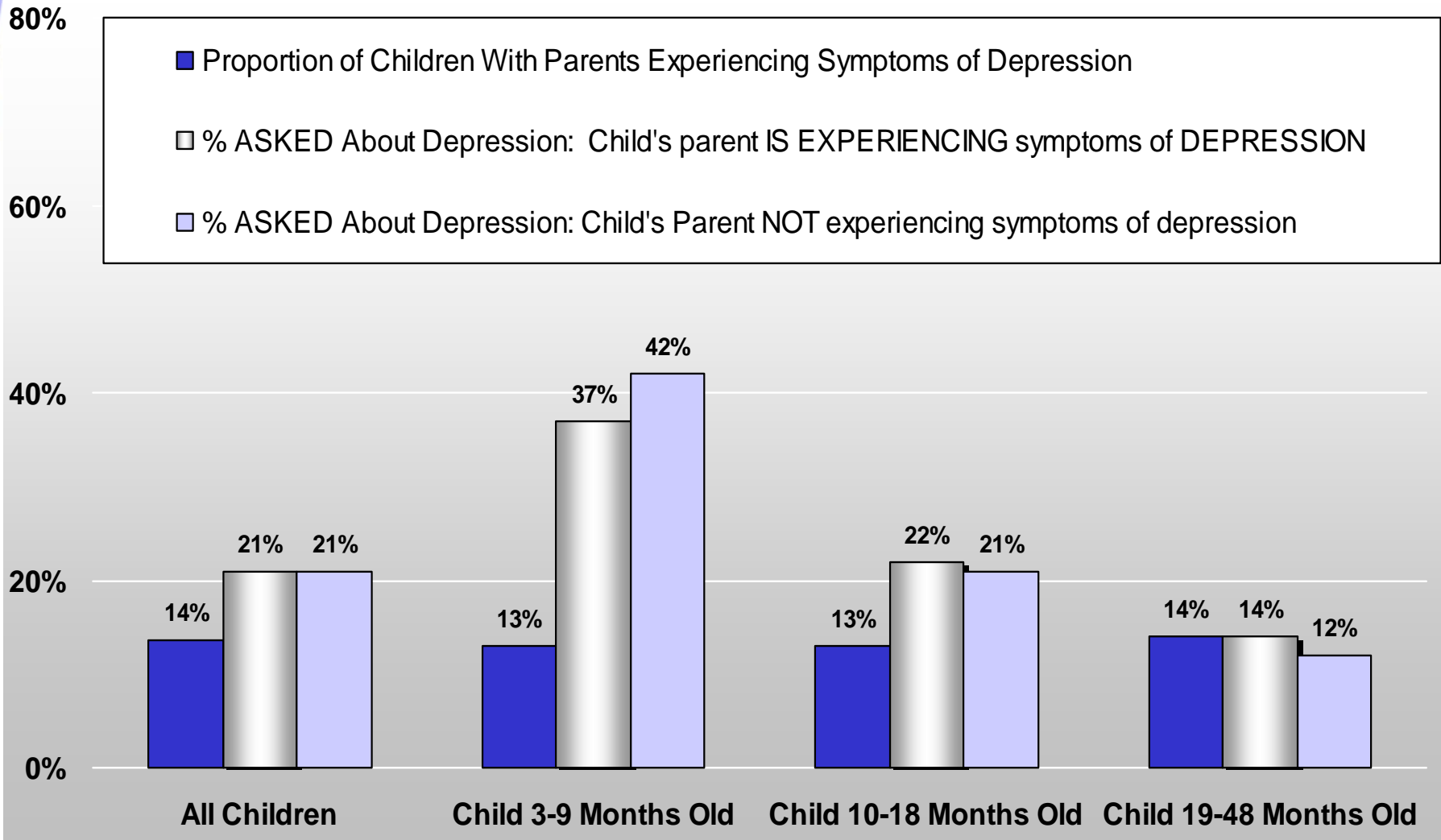
Screening Family for Risk Factors: *Whether Asked About Five Topics* - % yes*

- On average, children’s parents are asked about 1 out of the 5 items*
 - Alcohol or substance abuse – **49%**
 - Ever feel depressed, sad or have crying spells – 21%
 - Someone to turn to for emotional support – **27%**
 - Changes or stressors in family – **27%**
 - Firearms in the home – **20%**

- **14% of children had parents currently experiencing symptoms of depression**
 - Proportion the same for children 3-9 mos old vs children 19-48 mos.
 - Of these parents, 21% were asked about whether they were depressed, sad or had crying spells (no more likely to be asked)
 - 43% of children 3-9 months had parents who were asked about depression

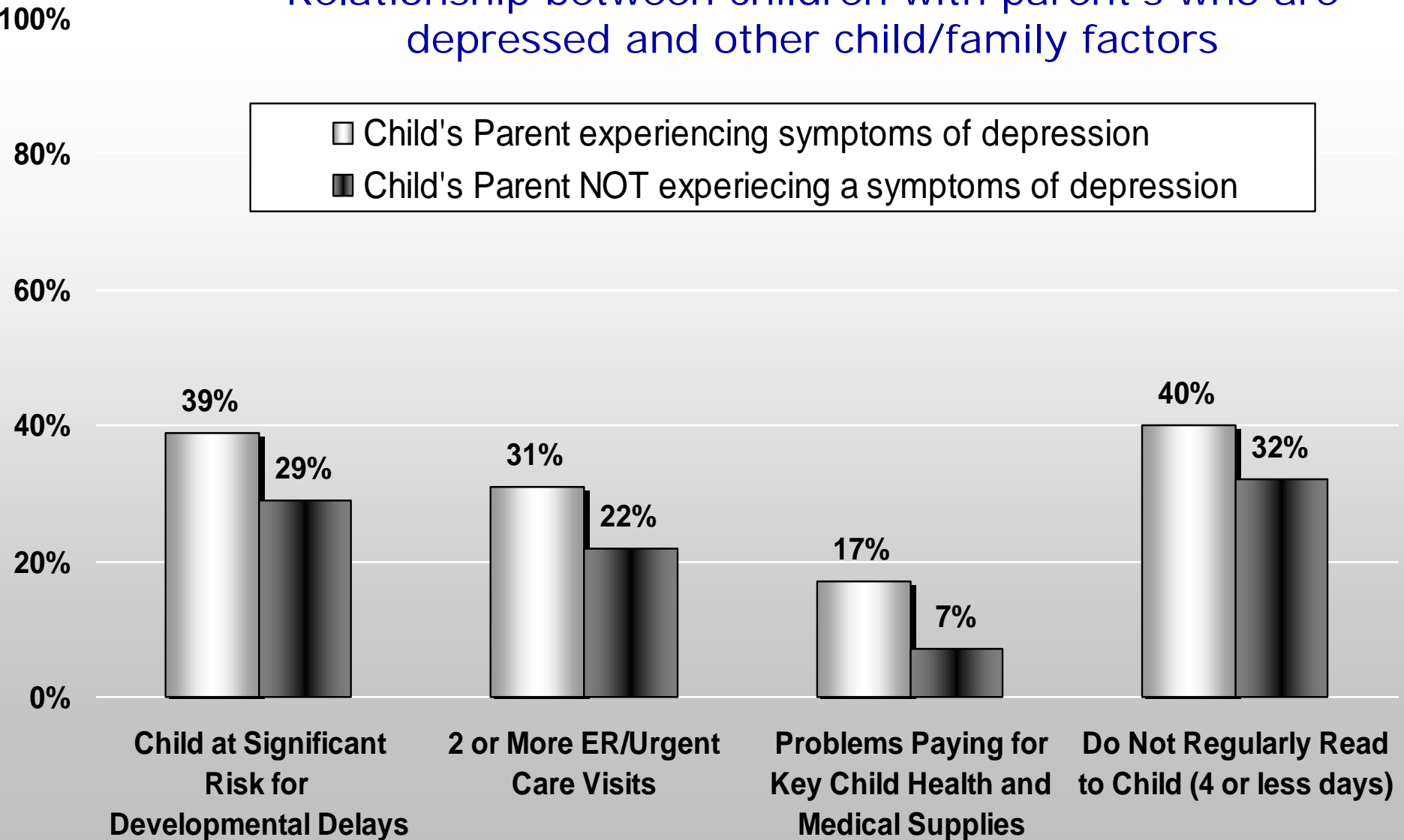
* *Can be via a survey or screening form.*

Opportunity for Improvement: Assessing for Parental Depression



Why is this a pediatric issue?

Relationship between children with parent's who are depressed and other child/family factors



Next Steps: Three Primary Opportunities for Improvement Identified by the PHDS

- Addressing the Topics for Which Parent Have Unmet Informational Needs
 - Identified topics for which at least 1 in 4 parents reported “No, topic was not discussed and I wished it had been”
 - Added prompting text to the electronic medical chart
 - Considering developing parent education hand outs
 - Enhance education and activation of the parent via the parent portal of the website

- Addressing Parental Concerns/Identifying Children At Risk: Standardized Developmental Screening
 - Exploring the use of the ASQ or PEDS prior to the office visit
 - MA asks the parents the questions
 - Tools are loaded on the patient portal of the website
 - Addresses parent concerns more explicitly

- Parental Depression: Screening in the Pediatric Setting
 - Exploring the use of a standardized screening tool
 - “Black Boxes” in the waiting room



Key Learnings and Implications

- The ProPHDS provides quantitatively unique and actionable information
- Partnership starting with the health care providers is a valuable approach for measurement to stimulate partnerships and collaboration with senior-level staff in the plan and medical group
- PHDS is a feasible and valuable tool for health systems to use in collecting baseline information to inform and guide quality improvement that is parent-centered
 - Sampling to ensure office and provider-level data increases the useability and relevance of the data

More Information

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- **Tools and Resources Available on CAHMI Website**
 - Provider-Level PHDS Survey for Administration by Mail or In-Offices
 - Reporting templates used to present the findings to the providers
 - Reporting templates used to present the findings to the parents
 - Reporting templates used to the present the findings to senior leaders in Kaiser Permanente Northwest