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 measures
  • 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 one 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
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

Source: 2004 CAHMI PHDS Data, Kaiser Permanente Northwest (N=2,116); 2004 Art of Medicine/MOV
Pediatric Offices – Rank Order (10 is best)

Office Level: MOV Q28 by Selected PHDS Item

Source: 2004 CAHMI PHDS Data, Kaiser Permanente Northwest (N=2,116); 2004 Art of Medicine/MOV
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

<table>
<thead>
<tr>
<th>3-9 mos.</th>
<th>10-18 mos.</th>
<th>19-48 mos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What child is able to understand (39%)</td>
<td>• What to do if child swallows poisons (41%)</td>
<td>• What to do if child swallows poisons (35%)</td>
</tr>
<tr>
<td>• Issues related to TV and video watching (35%)</td>
<td>• Guidance and discipline techniques (34%)</td>
<td>• Ways to teach child about dangerous situations and places (28%)</td>
</tr>
<tr>
<td>• How child responds to you and other caregivers (30%)</td>
<td>• Anticipatory guidance about toilet training (at the 18 month visit) (29%)</td>
<td>• Guidance and discipline techniques (26%)</td>
</tr>
<tr>
<td>• Night waking and fussing (28%)</td>
<td>• How child may start to explore away from the parent (26%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Words and phrases child uses and understands (25%)</td>
<td></td>
</tr>
</tbody>
</table>
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:

- Parent said Yes or No, but okay
- Parent said No, but I wish or Yes, but I had

Source: 2004 CAHMI PHDS Data, Kaiser Permanente Northwest (N=2,116)
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:

- Parent said Yes or No, but okay
- Parent said No, but I wish or Yes, but I had ?

Source: 2004 CAHMI PHDS Data, Kaiser Permanente Northwest (N=2,116)
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

<table>
<thead>
<tr>
<th></th>
<th>All Children</th>
<th>Child 3-9 Months Old</th>
<th>Child 10-18 Months Old</th>
<th>Child 19-48 Months Old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of Children With Parents Experiencing Symptoms of Depression</td>
<td>14%</td>
<td>13%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>% ASKED About Depression: Child's parent IS EXPERIENCING symptoms of DEPRESSION</td>
<td>21%</td>
<td>37%</td>
<td>42%</td>
<td>21%</td>
</tr>
<tr>
<td>% ASKED About Depression: Child's Parent NOT experiencing symptoms of depression</td>
<td>40%</td>
<td>60%</td>
<td>58%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Source: 2004 CAHMI PHDS Data, Kaiser Permanente Northwest (N=2,116)
Why is this a pediatric issue?
Relationship between children with parent’s who are depressed and other child/family factors

- Child's Parent experiencing symptoms of depression
- Child's Parent NOT experiencing symptoms of depression

<table>
<thead>
<tr>
<th>Category</th>
<th>With Depression (%)</th>
<th>Without Depression (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child at Significant Risk for Developmental Delays</td>
<td>39%</td>
<td>29%</td>
</tr>
<tr>
<td>2 or More ER/Urgent Care Visits</td>
<td>31%</td>
<td>22%</td>
</tr>
<tr>
<td>Problems Paying for Key Child Health and Medical Supplies</td>
<td>17%</td>
<td>7%</td>
</tr>
<tr>
<td>Do Not Regularly Read to Child (4 or less days)</td>
<td>40%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Source: 2004 CAHMI PHDS Data, Kaiser Permanente Northwest (N=2,116)
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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  – www.cahmi.org

• **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