

# Measure #64. Promoting Healthy Development Survey PLUS – (PHDS-PLUS)

**CARE COORDINATION MEASURE MAPPING TABLE**

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
<b>CARE COORDINATION ACTIVITIES</b>			
Establish accountability or negotiate responsibility	□		
Communicate			
<i>Interpersonal communication</i>	■		
<i>Information transfer</i>			
Facilitate transitions			
<i>Across settings</i>	□		
<i>As coordination needs change</i>			
Assess needs and goals			
Create a proactive plan of care			
Monitor, follow up, and respond to change	□		
Support self-management goals	■		
Link to community resources	■		
Align resources with patient and population needs			
<b>BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION</b>			
Teamwork focused on coordination			
Health care home			
Care management			
Medication management			
Health IT-enabled coordination			

**Legend:**

- = ≥ 3 corresponding measure items
- = 1-2 corresponding measure items

# Promoting Healthy Development Survey PLUS – (PHDS-PLUS)

**Purpose:** To assess whether young children between 0-3 years (3 - 48 months of age) are receiving nationally recommended preventive and developmental services.<sup>1</sup>

**Format/Data Source:** A 128-item telephone/interviewer-administered survey largely derived from the mail/self-administered Promoting Health Development Survey (PHDS). It takes 15-18 minutes to administer and provides a high-level summary of questions asked in the survey.<sup>1</sup> The core text of the survey consists of 19 sections, which include: (1) child information, (2) health care utilization, (3) access issues, (4) care coordination, (5) other health services, (6) anticipatory guidance and parental education, (7) developmental assessment, (8) follow up for children at risk for developmental/behavioral delays, (9) family-centered care, (10) health provider assessment of risks in the family, (11) health information, (12) helpfulness of care provided, (13) health of child: overall health status, (14) health of child: special health care needs, (15) child health characteristics, (16) personal doctor or nurse, (17) maternal health, (18) parenting behaviors, and (19) socio-demographic.

**Date:** Measure released in 2001.<sup>2</sup>

**Perspective:** Patient/Family

## Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 9.4
- **Communicate:**
  - Interpersonal communication:
    - *Between health care professional(s) and patient/family:* 6.1 (3-9 month old bracket); 6.1 (10-18 month old bracket); 6.1 (19-48 month old bracket); 6.15 (3-9 month old bracket); 6.18 (10-18 month old bracket); 6.15 (19-48 month old bracket)
- **Facilitate transitions:**
  - Across settings: 4.1a, 8.1
- **Monitor, follow up, and respond to change:** 8.1
- **Support self-management goals:** 6.1 (3-9 month old bracket); 6.1 (10-18 month old bracket); 6.1 (19-48 month old bracket)
- **Link to community resources:** 5.2 (3-9month old bracket); 6.15 (3-9 month old bracket); 6.18 (10-18 month old bracket); 6.15 (19-48 month old bracket)

**Development and Testing:** The PHDS was designed and tested by The Child and Adolescent Health Measurement Initiative (CAHMI) using a peer-reviewed measurement development process. A rigorous six-stage process was used to develop the PHDS, beginning with focus groups with families to identify the aspects of health care quality that are important to parents in the area of preventive care for their children. A literature review of Medline informed the materials that guided development. The instrument was then tested in 3 managed care organizations. Bivariate and multivariate analyses were conducted to assess the reliability,

validity and feasibility of the PHDS.<sup>2</sup> To date, more than 45,000 surveys have been collected by 10 Medicaid agencies, 4 health plans, 38 pediatric practices and nationally through the National Survey of Early Childhood Health (NSECH).<sup>1</sup> The PHDS has been endorsed by the National Quality Forum as a valid measure for system, plan and provider-level assessment of patients' experiences with preventive and developmental health care.<sup>1</sup> Psychometric analyses of the PHDS quality measures scales have demonstrated strong construct validity and internal consistency (Cronbach's alphas ranged from 0.63 to 0.88). Concurrent validity was also tested. Factor analysis demonstrated strong factor structure within the PHDS.<sup>2</sup>

**Link to Outcomes or Health System Characteristics:** Parents who received answers to their questions from medical providers indicated higher confidence in related parenting activities with an odds ratio (OR) of 5.9 (95% CI 3.4-10.2).<sup>2</sup>

**Logic Model/Conceptual Framework:** A conceptual framework was developed and investigated in regards to relevance for each measure.<sup>1</sup>

**Country:** United States

**Past or Validated Applications\*:**

- **Patient Age:** Children
- **Patient Condition:** Combined Chronic Conditions, Children with Special Health Care Needs, General Population/Not Condition Specific
- **Setting:** Primary Care Setting

\*Based on the sources listed below and input from the measure developers.

**Notes:**

- All instrument items are located online.<sup>1</sup>
- This instrument contains 19 sections, of which 5 were mapped.
  - There are 128 items in this instrument; 10 were mapped.
- Section 6 of the instrument has three separate sections with overlapping questions based upon the age of the child. The categories were mapped by the age brackets: 3-9 months, 10-18 months and 19-48 months.
- The PHDS-PLUS was enhanced with additional items about the child and parent's health, health care utilization and other related topics, from the original PHDS survey. The PHDS has been updated to reflect the most recent edition of the Bright Futures Guidelines (S. Stumbo, personal communication, July 26, 2011) and is available in English and Spanish versions.<sup>1</sup>
- The instrument is also available in a reduced-item version (ProPHDS). Research with health care providers has demonstrated that for in-office survey administration to be feasible, the survey must take no longer than five minutes.<sup>1</sup>
- This instrument is related to the National Survey for Children's Health (NSCH) and the National Survey for Children with Special Health Care Needs (CSHCN). For more information about additional measures by The Child and Adolescent Health Measurement Initiative (CAHMI), see Measures 14 and 51.

- The Online PHDS Toolkit offers customization of survey administration materials for providers and health systems. The information can be stored to provide automated feedback reports, identifying quality improvement tips to meet needs.
- Parents who complete the survey have access to links to educational resources and receive a customized feedback report that provides guidance on questions to ask at their next well child visit. (S. Stumbo, personal communication, July 26, 2011).

**Sources:**

1. Preventive Services for Young Children Overview: Promoting Healthy Development Survey Web site. Available at: <http://www.cahmi.org/> Accessed: 15 July 2011.
2. Bethell C, Reuland C, Schor E. Assessing health system provision of well-child care: The Promoting Healthy Development Survey. *Pediatrics* 2001; 107(5):1084-94.
3. Bethell CD, Carter K, Latzke B, et al. Toward Appropriate, Meaningful and Valid Measurement of Differences in Health Care Quality Across Culturally Diverse Populations Using Consumer Reported Measures of Health Care Quality. The Commonwealth Fund; March 2003.
4. Bethell C, Peck C, Abrams M, et al., Partnering with Parents to Promote the Healthy Development of Young Children Enrolled in Medicaid. The Commonwealth Fund; September 2002.
5. Bethell CD, Peck Reuland C, Halfon, N, et al. Measuring the quality of preventive and developmental services for young children: National estimates and patterns of clinicians' performance. *Pediatrics*; June 2004.
6. Bethell C, Reuland C. Guidelines for pediatric office-based implementation of the Promoting Healthy Development Survey. The Commonwealth Fund; 2004.