

# Getting Started with the Online Promoting Healthy Development Survey

*Your Child, Your Well-Visit*

[www.onlinephds.org](http://www.onlinephds.org)

**Orientation kit for providers to learn more and get started**



## What's in this Packet?

About the Online PHDS.....	2
Benefits of Using the Online PHDS.....	3
How Does the Online PHDS Work?.....	4

## ABOUT THE ONLINE PHDS

The *Online Promoting Healthy Development Survey (Online PHDS)* is a web-based family-centered tool ([www.onlinephds.org](http://www.onlinephds.org)) that assesses whether young children **3- 48 months** of age receive nationally recommended preventive and developmental services, and helps parents and providers to work collaboratively to improve the quality of care for children.

This tool captures information about the provision of preventive and developmental services recommended by the **American Academy of Pediatrics' *Bright Futures Guidelines for Health Supervision for Infants, Children and Adolescents, 4th edition***. Specifically, the tool assesses implementation of recommendations for discussions between parents and their child's health care providers. The *Online PHDS* also collects descriptive information about child health, parent health, and family behaviors.

The *Online PHDS* gives parents an opportunity to provide anonymous feedback to their child's health care providers about their experience and quality of care they and their child received. Upon completing the survey, parents receive a **personalized feedback report** based on their responses. This report has information that can help parents to partner with their child's health care providers to improve the quality of care.

Providers get an opportunity to review **reports containing aggregated, de-identified data** based on multiple completed survey responses. The summarized data from parent surveys can help the provider understand the quality of care they provide and identify areas that need improvement.

### Need & Importance

Multiple studies have found that recommended preventive and developmental services are not routinely provided<sup>1,2,3</sup> and that many parents have unmet informational needs.<sup>2,4,5</sup> Additionally, studies have shown that medical chart reviews and claims or billing data do not reliably or validly measure clinical recommendations that providers discuss with their patients.<sup>6,7</sup>

The *Online PHDS* was designed to address these gaps in measuring communication-dependent aspects of care by asking parents directly about their experiences with their child's health care provider. The *Online PHDS* measures the degree to which children get recommended screening and services, parents have their informational needs met, and whether the care provided is family centered.

### Development

The *PHDS* has been in use since 1998 at the national, state, health plan, practice, and provider-level. Over 45,000 surveys have been completed by parents and reviewed by providers with the goal of improving the quality of health care provided to young children.

The *PHDS* was endorsed by the **National Quality Forum (NQF)** in 2008 and items from the *PHDS* have been included in the **National Survey of Early Childhood Health (NSECH)** and the **National Survey of Children's Health (NSCH)**.

# BENEFITS OF USING THE ONLINE PHDS

The *Online PHDS* is designed to be used as part of a Quality Improvement (QI) process by providing measures that are anchored to specific aims for improving care. The *Online PHDS* supports providers in the planning, implementation, and refinement of a quality improvement activity by the collection of parent-reported data at multiple time-points. The *Online PHDS* uses parent-reported measures to ensure improvements are specific and relevant to the health care provider. Patient-reported surveys are shown to be reliable sources of data for quality of health care and services provided, specifically communication-dependent aspects of care.<sup>6,7</sup>

## The *Online PHDS* can be used by health systems for:

1. Quality measurement and improvement
2. Program and policy planning and evaluation
3. Education and empowerment of families, providers, and other partners

### The *PHDS* helps health care providers assess:

- ✓ If they are talking with the parents about **educational and counseling topics** aligned with national recommendations from American Academy of Pediatrics' Bright Futures Guidelines.
- ✓ If they are meeting **families' needs**.
- ✓ If they are providing **follow-up health care** for children who may be at risk for developmental, behavioral or social delays.
- ✓ If **children with special needs** get different types and levels of care than other children.
- ✓ **Psychosocial well-being and safety** within the family.
- ✓ **Smoking and drug abuse** in the family.
- ✓ The degree to which parental interactions with providers are **family-centered**, are perceived by the parent as **being helpful and improving parental confidence**.

### Future applications of the *PHDS* in health systems:

- Recognize providers who have shown a commitment to measure and improve care for young children.
- Implement quality measures for value - based health plans
- Document the commitment of a pediatric practice as being a child-friendly health plan focused on aspects of care that are highly valued by parents of young children.
- Serving as a post-visit assessment tool that can identify specific child and parent health needs that should be addressed in the next well-child visit.

The *Online PHDS* is also part of a model of family-centered care and suite of tools that create the “*Cycle of Engagement*” between parents and providers. By involving the child’s parents in a family-centered quality improvement process, health care providers can implement a change strategy to improve care for children. The *Well-Visit Planner* is a **pre-visit planning tool** that is used to help parents identify their needs and priorities for an upcoming well-child visit and educates them on various topics of interest and what they might ask during the visit.

For more information about the *Cycle of Engagement*, visit [coe.cahmi.org](http://coe.cahmi.org).

For more information about the *Well-Visit Planner*, visit the parent tool at [www.wellvisitplanner.org](http://www.wellvisitplanner.org).

# HOW DOES THE ONLINE PHDS WORK?

The *Online PHDS* can be used as a quality improvement tool in a practice or organization. Parents complete a survey on the *Online PHDS* parent tool ([www.onlinephds.org](http://www.onlinephds.org)) and provide anonymous feedback about their experience and quality of care they received. After completing the survey, they receive a **feedback report** containing topics and resources that can help to guide them about questions they could ask at their child's next well-visit.

Providers, practices, or organizations can **register on the *Cycle of Engagement* website** at [coe.cahmi.org](http://coe.cahmi.org) to get access to the ***Online PHDS* portal** where they can **customize the *Online PHDS*** for their practice or organization and collect data on quality of care. After the **first 25 surveys** are completed, an aggregated report based on validated quality measures and parents' responses can be generated. The provider can then generate a report for any time frame with adequate number of completed surveys. The report highlights areas of excellence and improvement opportunities.

## Online PHDS Parent Tool

The *Online PHDS* Parent Tool is an assessment which is aligned with the American Academy of Pediatrics (AAP)'s *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents Fourth Edition*, as well as many Healthy People 2020 goals. The *Online PHDS* collects data on quality of care in the following domains:

***Anticipatory guidance and education for parents*** – measures whether parents' informational needs were met with regard to age-specific topics based on Bright Futures Guidelines.

***Developmental surveillance*** – assesses whether the provider asked about and addressed parents' concerns about their child's learning, development and/or behavior.

***Developmental screening*** – determines whether standardized screening tools for developmental and behavioral delays were performed.

***Follow up for children at risk*** – measures whether children at risk were referred to and/or received follow-up services.

***Psychosocial well-being and safety in the family*** – assesses whether the provider asked about parents' emotional and mental well-being, smoking, alcohol, drug abuse, and physical safety at home.

***Family-centered care*** – measures whether the provider shows sensitivity to the family's values and customs, engages the parent as a partner in care, and listens to and addresses parents' concerns.

The *Online PHDS* also gathers information useful for describing the population served and determining their health care needs. This includes measures of:

***Children's health care utilization*** – to determine rates of routine or ER visits.

***Children's health status*** – to assess rates of children at risk for developmental and behavioral delays, special health care needs, and overall health status.

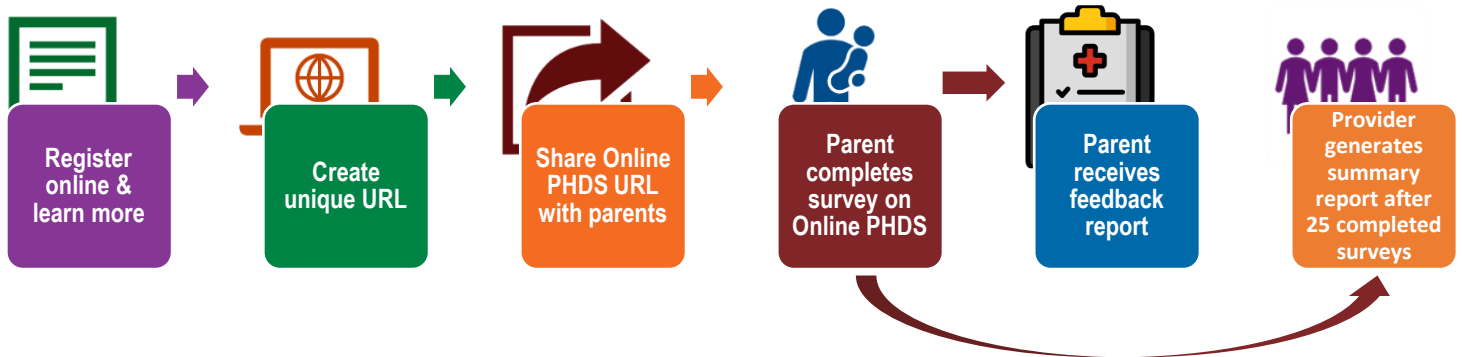
***Parenting to optimize development*** – to assess the proportion of parents reading to young children, applying injury prevention measures, or experiencing depression.

***Access to care and care coordination*** – to monitor problems with access to pediatric care and coordination among providers.

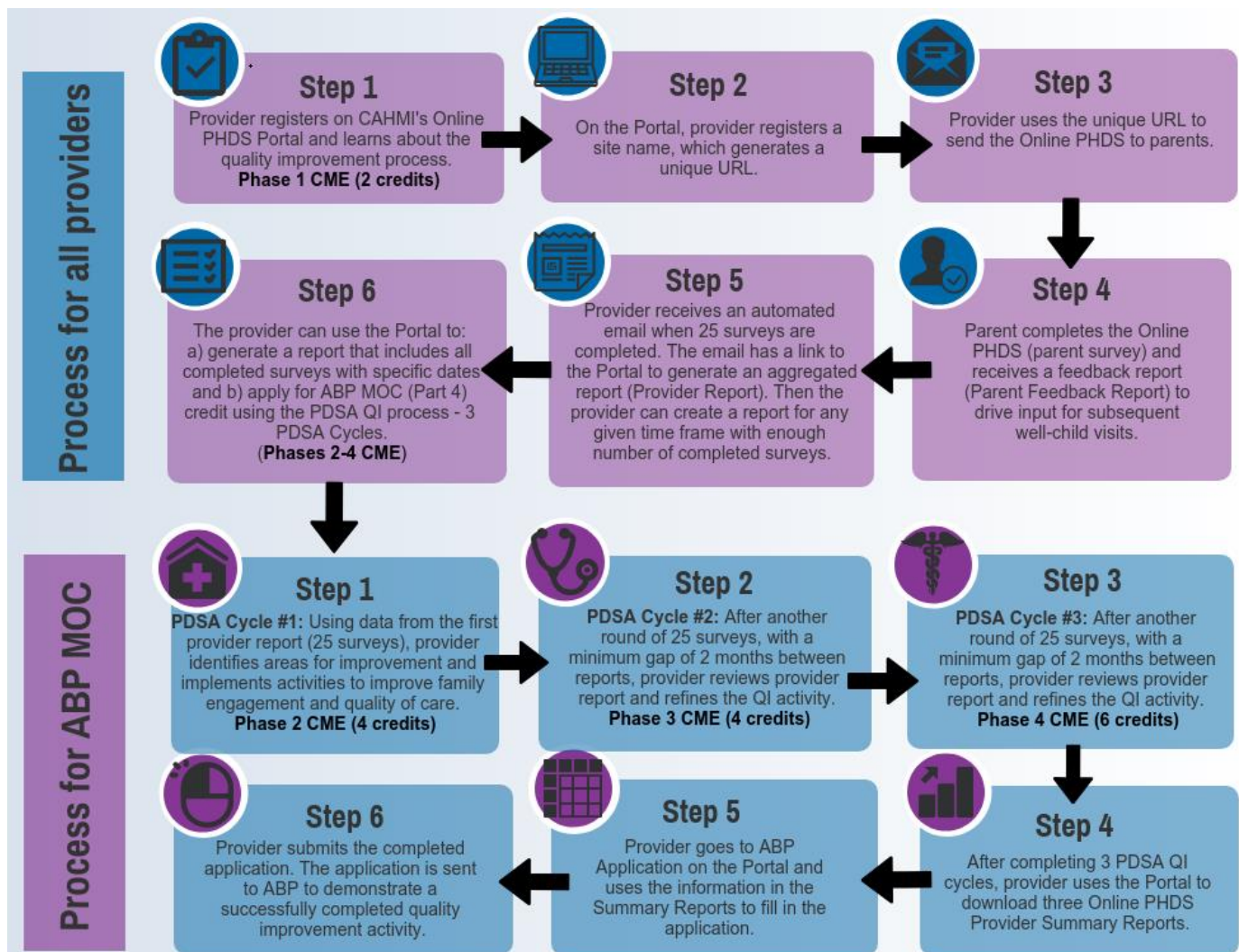
## Online PHDS Portal

The *Online PHDS* portal is where providers can generate reports containing **aggregated, de-identified parent data** based on parent-completed survey responses. **Individual parent responses in the *Online PHDS* are confidential** and are only summarized with other parent responses in an effort to **help the provider understand the quality of care they provide and identify areas of improvement** in the health care services they provide. The *Online PHDS* can be used to obtain Continuing Medical Education (CME) and Maintenance of Certification (MOC, Part 4) credit from the American Board of Pediatrics (ABP), which will be provided soon on the portal. Additionally, the *Online PHDS* Portal can be used by community organizations, such as Head Start and Help Me Grow, health plans, and group provider practices.

### How the Online PHDS works



### Using the Online PHDS portal to get CME and MOC credits



- <sup>1</sup> Mangione-Smith R, DeCristofaro AH, Setodji CM, et al. (2007). The quality of ambulatory care delivered to children in the United States. *New England Journal of Medicine*, 357(15): 1515-23.
- <sup>2</sup> Bethell C, Reuland, CH, Halfon N, & Schor EL. (2004). Measuring the quality of preventive and developmental services for young children: national estimates and patterns of clinicians' performance. *Pediatrics*, 113(6 Suppl): 1973-83.
- <sup>3</sup> Hirai AH, Kogan MD, Kandasamy V, et al. (2018). Prevalence and variation of developmental screening and surveillance in early childhood. *JAMA Pediatrics*, 172(9): 857-66.
- <sup>4</sup> Radecki L, Olson LM, Frintner MP, et al. (2009). What do families want from well-child care? Including parents in the rethinking discussion. *Pediatrics*, 124(3): 858-865.
- <sup>5</sup> Olson LM, Inkelas M, Halfon N, et al. (2004). Overview of the content of health supervision for young children: Reports from parents and pediatricians. *Pediatrics*, 113(6 Suppl): 1907-16.
- <sup>6</sup> Shaik U, Nettiksimmons J, Bell RA, et al. (2012). Accuracy of parental report and electronic health record documentation as measures of diet and physical activity counseling. *Academic Pediatrics*, 12(2): 81-87.
- <sup>7</sup> Green ME, Hogg W, Savage C, et al. (2012). Assessing methods for measurement of clinical outcomes and quality of care in primary care practices. *BMC Health Services Research*, 12: 214.