

Measuring and Reporting Performance

Content Overview

Performance Measurement is a critical element in quality improvement. Collecting data provides information to staff about what is working and where there may be opportunity for improvement. Quantitative as well as qualitative data will inform your process. Sources for the data may include the “ABCD” database, your billing system, Medicaid well child claims, EPSDT audit data, your state’s center for state health statistics, and/or parents.

The process of collecting data does not have to be high tech, expensive, nor require a lot of staff time. It can be as simple as:

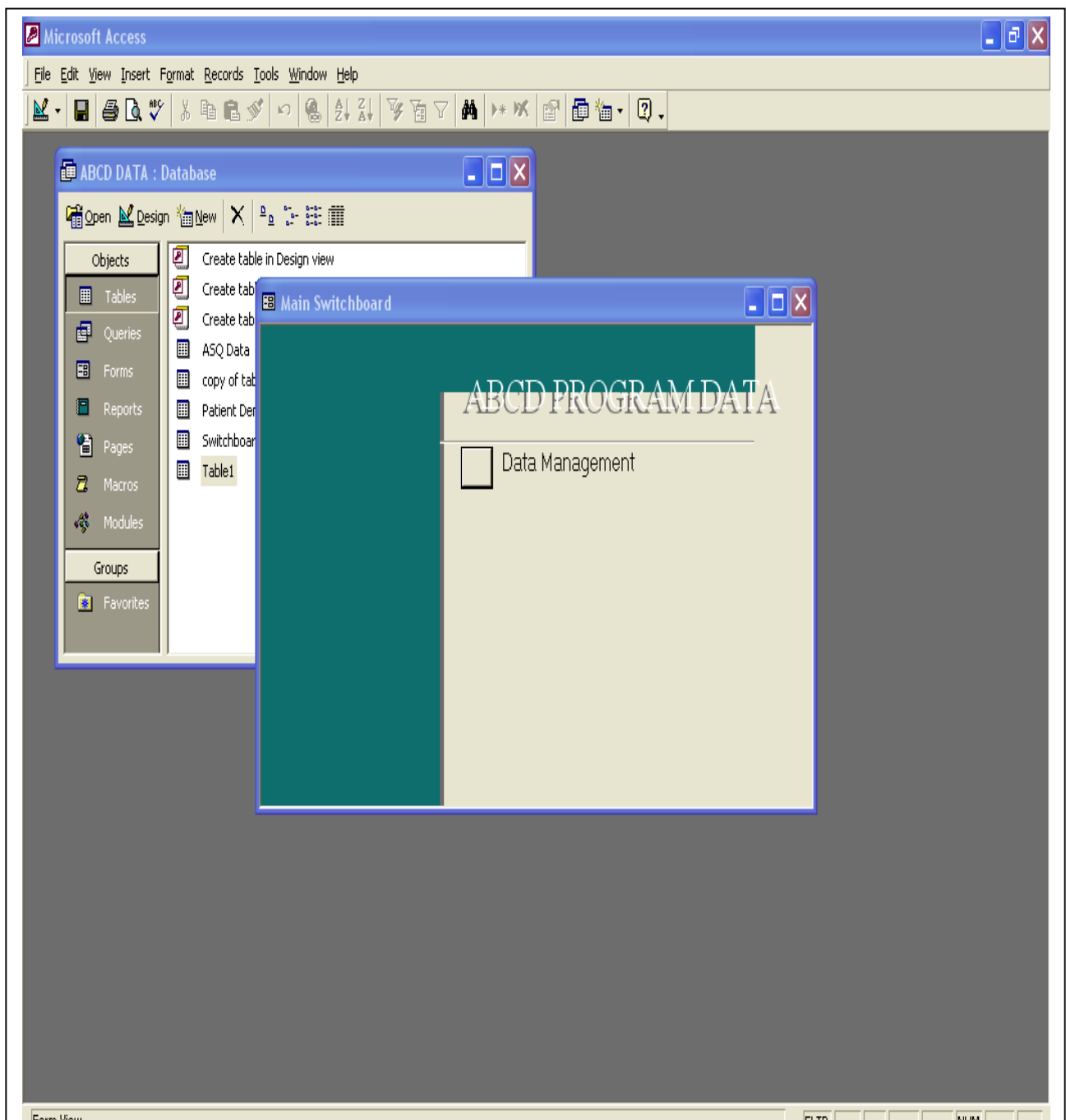
- Pulling five charts a week noting how many children were screened
- Pulling five super bills a week to determine if the 96110 was billed
- Running a list of well visits from your billing system and then pulling the charts for those children noting how many were screened. You are now able to calculate a rate of screening for the practice. (See sample of raw data collected from the NC “ABCD” project below)
- If an office has computerized billing, then by CPT code pull the total number of well child visits for 0-5 for the denominator. Then pull the number of 96110 from the system for the numerator. This will give you a rate of screening for your 0-5 year olds.
- Working with your state’s center for health statistics to identify your practice’s Medicaid well child visits within some designated period of time, e.g. quarterly. Note: If you don’t have a contract with your state center then your Medicaid agency should be able to provide the claims data. Match the children screened from your “ABCD” database with those who had well child visit to calculate a rate of screening.
- Parents are a good, valid source for determining whether standardized screening occurred. The Child and Adolescent Health Measurement Initiative (CAHMI) received funding from the Commonwealth Fund to develop and validated parent report survey items that measure whether a standardized, parent-completed a developmental and behavioral screening tool was administered. (See handout in this section titled, *“Measure of whether a parent-completed standardized developmental and Behavioral Screening (SDBS) Tool was Administered”* for survey questions, background, design parameters, sampling, scoring and placement guidelines.) These questions are designed to be used with other health related survey questions and are part of the Promoting Healthy Development Survey (PHDS) which measures the quality of developmental services young children receive. (More information on the PHDS is available at www.cahmi.org) You can develop other questions for the survey and/or use questions from other surveys, e.g. the NC survey. The NC survey contains questions about other supportive programs and needs, e.g. Reach Out and Read and anticipatory guidance. A sample survey from

the NC project is available in this section. Please note if you choose to use NC survey questions or one your practice staff designs please refer to the guidelines outlined by CAHMI on placement, etc.

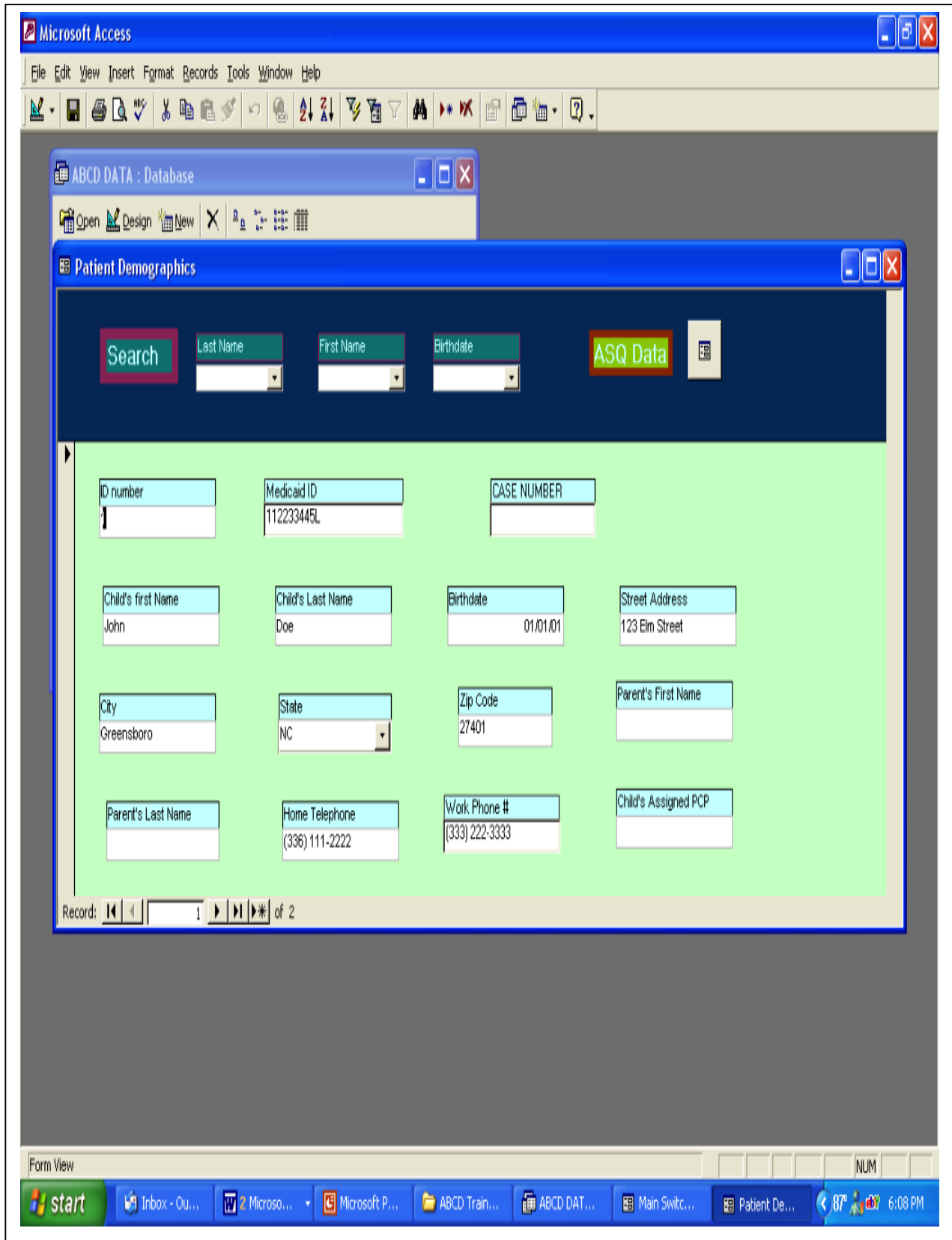
Data collection offers valuable returns. Providers will have a registry of referrals to assure that services are being delivered and to reinforce performance. Tracking screenings also helps to identify areas in the process that may need adjustment and helps to build models for other process change and implementation.

ABCD Access Database

An Access database was developed as a part of the Assuring Better Child Health and Development “ABCD” grant which can be shared, at no charge, with practices throughout the state. The following screen shots will give you a “tour” of the functionality.



Main Menu of the "ABCD" ACCESS Database Demographics Data Entry Screen



***ASQ Data Entry Screen** (Screens continue allowing for data entry of completed tool and scoring.)

The screenshot shows a Microsoft Access window titled "ASQ Data" in Form View. The form contains several fields for data entry:

- ID number:** 1
- CASE NUMBER:** (empty)
- ASQ:**
- Blue Sheet:**
- Health Fair:**
- Practice Member (Health Fair):** (dropdown menu)
- Age:** 4 months
- Adjusted Age:** (empty)
- Hear well?:** (text box)
- Use both hands well?:** (text box)
- Feet flat on surface?:** (text box)
- Talks like other children?:** (text box)
- Understand child?:** (text box)
- Walks, runs, climbs like others?:** (text box)
- Family history of child deafness or hearing impairment?:** (text box)
- Concerns about child's vision?:** (text box)
- Any medical problems in last several months?:** (text box)
- Anything worry you?:** (text box)
- Person filling out ASQ:** Jill Doe
- Mailing Address (if different):** (text box)
- Telephone:** (text box)

The status bar at the bottom indicates "Record: 1 of 1 (Filtered)". The Windows taskbar at the bottom shows the Start button and several open applications, including "Inbox - Outlook", "Agenda Summ...", "ABCD Training ...", "Microsoft Powe...", "ABCD Training", and "4 Microsoft A...". The system tray shows a temperature of 87° and the time 6:09 PM.

SAMPLE-NC DATA COLLECTION

ABCD"-Raw Data

Completed: ASQs: 9545 Referrals: 524

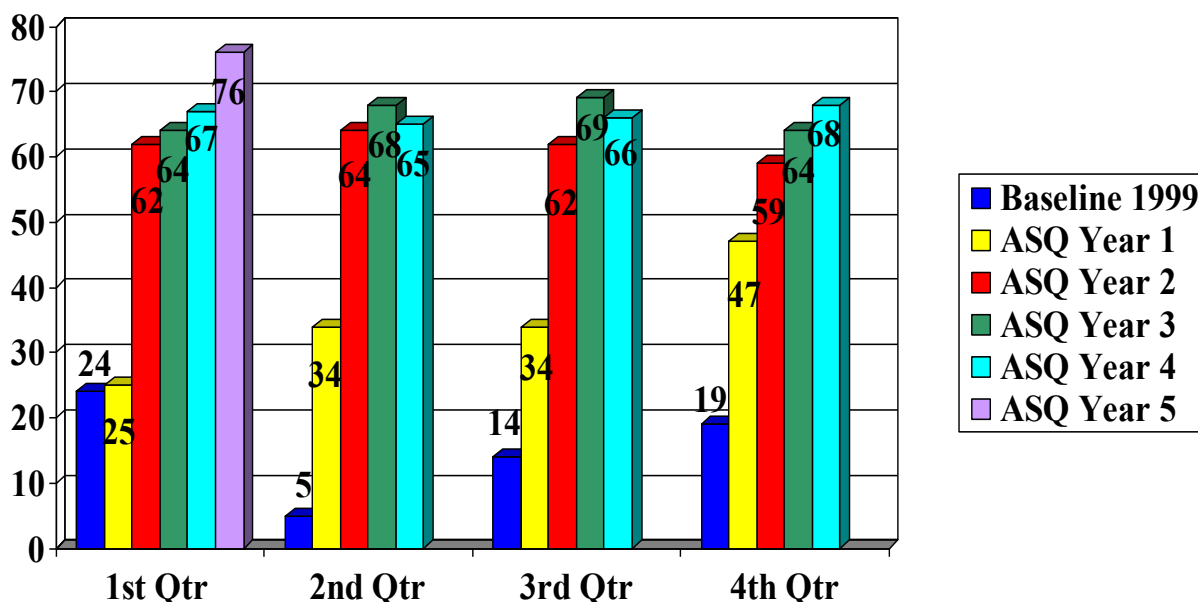
Breakdown of ASQs by Age

•6 month total:	167	(1 referred to Consortium, 1 to Other)
•8 month total:	9	
•10 month total:	7	
•12 month total:	142	(5 were referred to Consortium)
•14 month total:	12	
•16 month total:	1	(1 to Other)
•18 month total:	2	(1 referred to Consortium)
•22 month total:	1	
•24 month total:	99	(3 were referred to Speech & Hearing, 3 to Consortium, 2 to Other)
•27 month total:	10	(1 referred to Speech & Hearing, 1 to Other)
•30 month total:	3	
•33 month total:	1	
•36 month total:	50	(3 referred to DEC, 1 to Speech & Hearing, 1 to Other)
•42 month total:	6	(1 referred to Speech & Hearing)
•48 month total:	53	(1 was referred to Speech & Hearing)
•54 month total:	1	

Practice Screening Rates

Ages 1, 2, & 4

(Years 2, 3 & 4 include two additional practices)



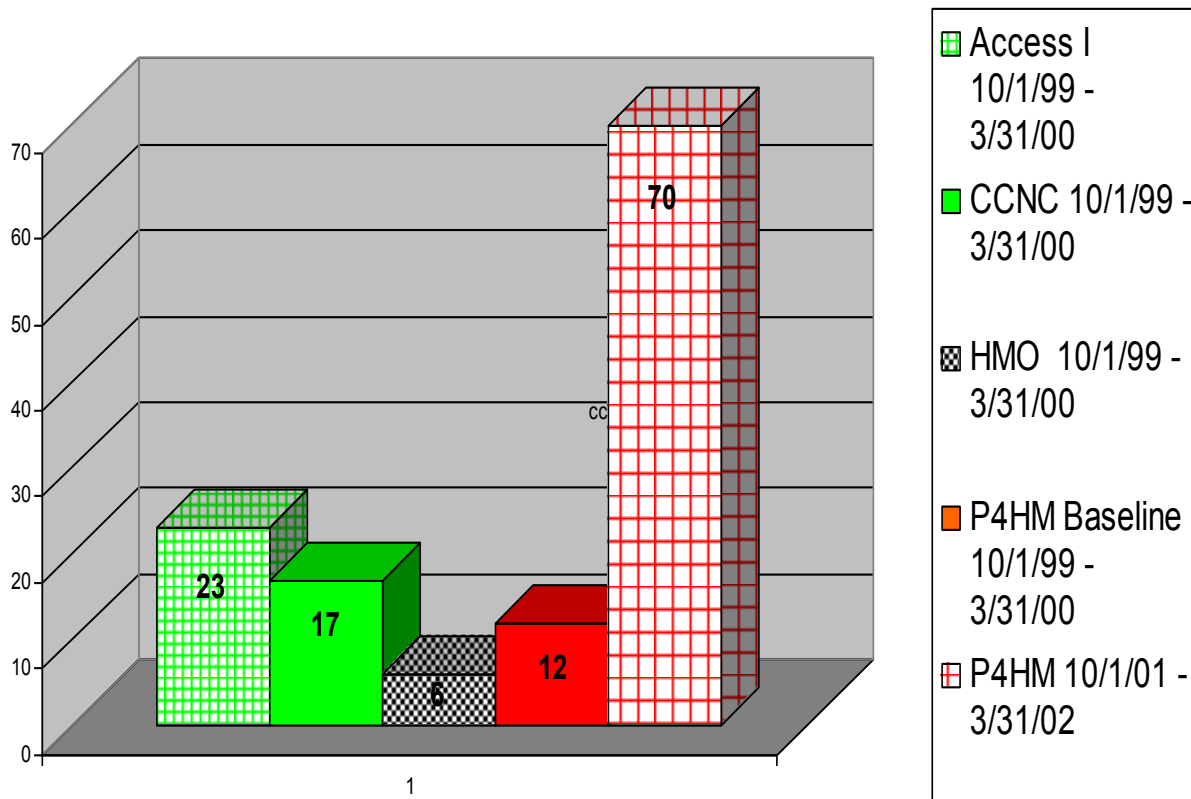
Screening Rates across Medical Delivery Systems

Developmental Screening:

Integrating Developmental Screening & Surveillance into Primary Care Practice

Percentage of 0-24 Month Health Checks with a Screening during a 6 Month Period

(Average across systems...15.3%)



Remember that performance feedback is important regardless of how you collect your data. It gives the staff feedback on how things are progressing and where you can make adjustments to your workflow.