

**Pediatric Living With Illness Screener Data Tables. Adopted from
FACCT LWIM Field Trial Final Report. Sponsored by the National
Committee for Quality Assurance (NCQA) Advisory Group
Foundation for Accountability (FACCT)**

Table 1: Mean number of outpatient visits during past 12 months
(parent self-report / Q#24)

	<i>Mean # of visits</i>	<i>P value</i>
All respondents n = 1626 (100.0%)	2.89	N/A
<i>By chronic condition screener status</i>		
Have chronic condition n = 380 (23.4%)	3.77*	.000*
No chronic condition n = 1246 (76.6%)	2.62*	
<i>By acute condition status</i>		
1 or more acute cond/past 12 mos. n = 914 (56.2%)	3.42**	.000**
No acute conditions/past 12 mos. n = 702 (43.5%)	2.20**	

Table 2: Mean number of parent-reported outpatient visits in the past 12months for children with and without
one or more acute conditions by LWIM chronic condition screener status

	<i>% (n)</i>	<i>Mean # of visits</i>
<u>GROUP 1:</u> YES chronic 1 or more acute conditions	14.4% (n = 232)	4.15*
<u>GROUP 2:</u> NO chronic 1 or more acute conditions	42.4% (n = 682)	3.17
<u>GROUP 3:</u> YES chronic No acute conditions	9.0% (n = 146)	3.16
<u>GROUP 4:</u> NO chronic No acute conditions	34.5% (n = 556)	1.95**
Total	100.0% (n = 1610)	2.89

*Differences btw Grp 1 and Grps 2,3,4 significant at $p \leq .000$ (Tukeys HSD)

**Differences btw Grp 4 and Grps 1,3,4 significant at $p \leq .000$ (Tukeys HSD)

Table 3: Performance value differences by NACHRI and LWI screener status groups
(Displayed as mean scores on item or scale)

	GROUP 1 NACHRI +/LWIM – (dx yes / conseq no) n = 133	GROUP 2 NACHRI +/LWIM + (dx yes / conseq yes) n = 159	GROUP 3 NACHRI -/ LWIM + (no dx / conseq yes) n = 51	F Value from ANOVA, 3 groups
PV 1: Drs who communicate (out of 4 pts maximum)	3.58	3.51	3.46	1.26 (p = .29)
PV 2: Getting care quickly (out of 4 pts maximum)	3.29	3.20	3.13	1.38 (p = .25)
PV 3: Getting needed care (out of 3 pts maximum)	2.97*	2.72*	2.76	7.86* (p = .000)
PV5: Access to specialized services (Medical equip, mental health services, special therapies, home care)	2.67	2.43	2.36	See note below
PV 6: Access to Rx medicines (out of 3 pts maximum)	2.82	2.81	2.85	1.27 (p = .88)
PV 7: Patient education and teamwork				
A) <u>Care by child's personal dr/nurse</u>				
PV7a: PCP understands affect of health condition on child's daily life	2.85	2.79	2.76	0.86 (p = .42)
PV7b: PCP understands affect of child's health condition on family	2.79	2.66	2.60	2.72 (p = .06)
PV7c: PCP asks how child is feeling, growing, behaving	2.87	2.78	2.70	2.79 (p = .06)
B) <u>Care by all child's drs and other providers</u>				
PV7d: Child's drs/providers provide support re: family's care	2.87	2.88	2.72	2.43 (p = .09)
PV7f: Child's drs/providers listen to parent concerns	2.96 ⁼	2.84	2.76	5.37 ⁼ (p = .005)
PV7g: Child's drs/providers make parent feel like a partner in child's care	2.92	2.91	2.78	2.49 (p = .085)
PV7e: Involvement in decision-making	3.00	2.95	2.97	1.23 (p = .295)
PV7h: Child's drs/providers follow up on parent concerns	2.97 ⁼	2.76 ⁼	2.80	7.46 ⁼ (p = .001)
C) <u>Patient/family education</u>				
PV8a: Receive adequate information about child's health condition	2.92	2.87	2.85	1.00 (p = .37)
PV8b: Helpfulness of information in learning to care for child's condition	2.89	2.91	2.91	0.21 (p = .81)
PV 8: Coordination of care				
PV9a: Help coor. child's care with school or daycare	3.00	2.71	2.73	See note below
PV9b: Help coor. child's care among multiple providers	2.70	2.21	2.06	

* PV 3: Difference btw Group 1 and Group 2 significant at $P \leq .000$

= PV7f: Differences btw Group 1 and Grps 2 & 3 significant at $P < .01$

= PV7h: Difference btw Group 1 and Group 2 significant at $P < .01$ (Tukeys HSD)

Citation: Foundation for Accountability (FACCT, 1999). Pediatric Living With Illness Screener Data Tables. Adopted from FACCT LWIM Field Trial Final Report. Sponsored by the National Committee for Quality Assurance (NCQA) Advisory Group. Available at <http://childhealthdata.org/identifying-cshcn>.

NOTE: : The widely different n's among the 3 groups prevent reliable testing for differences. See summary tables that follow for more information.

Table 4: Percentage of children with need for coordination of care or specialized services by NACHRI and LWI screener status groups

	<i>GROUP 0</i> NACHRI – /LWIM – (dx no / conseq no) n = 239	<i>GROUP 1</i> NACHRI +/LWIM – (dx yes / conseq no) n = 133	<i>GROUP 2</i> NACHRI +/LWIM + (dx yes / conseq yes) n = 159	<i>GROUP 3</i> NACHRI –/ LWIM + (no dx / conseq yes) n = 51
Families reporting that child has need for coordination of care with school or daycare	2.9% (n = 7)	6.0% (n = 8)	56.0% (n = 89)	23.0% (n = 11)
Families reporting that child uses multiple providers and/or services	2.5% (n = 6)	15.0% (n = 20)	59.7% (n = 95)	33.3% (n = 17)
Families reporting that child has need specialized services (e.g. medical equipment, special therapy, mental health services,	4.2% (n = 10)	11.3% (n = 15)	57.9% (n = 92)	41.2% (n = 21)

Table 5: Results of LWIM case mix adjustment regression analysis

Dependent Variable	Independent Variables			
	Child's Age 5 age categories by 3 year increments	Gender 0 = male	Chronic 1 = have chronic condition	Acute 1 = 1 or more during past 12 mos.
PV 1: Drs who communicate	$\beta = -.075$ $p = .008$	$\beta = .022$ $p = .42$	$\beta = -.026$ $p = .33$	$\beta = -.051$ $p = .06$
PV 2: Getting care quickly	$\beta = -.028$ $p = .31$	$\beta = .015$ $p = .57$	$\beta = -.040$ $p = .131$	$\beta = -.013$ $p = .63$
PV 3: Getting needed care	$\beta = .017$ $p = .53$	$\beta = .019$ $p = .46$	$\beta = -.197$ $p = .000$	$\beta = -.009$ $p = .74$
PV5: Access to specialized services (Medical equip, mental health services, special therapies, home care)	$\beta = -.041$ $p = .52$	$\beta = .020$ $p = .75$	$\beta = -.230$ $p = .000$	$\beta = .037$ $p = .57$
PV 6: Access to Rx medicines	$\beta = .015$ $p = .65$	$\beta = -.031$ $p = .32$	$\beta = -.076$ $p = .018$	$\beta = -.025$ $p = .45$
PV 7: Patient education and teamwork				
A) <u>Care by child's personal dr/nurse</u>				
PV7a: PCP understands affect of health condition on child's daily life	$\beta = -.026$ $p = .42$	$\beta = .003$ $p = .91$	$\beta = .016$ $p = .61$	$\beta = -.034$ $p = .28$
PV7b: PCP understands affect of child's health condition on family	$\beta = -.038$ $p = .24$	$\beta = -.026$ $p = .39$	$\beta = -.030$ $p = .35$	$\beta = -.047$ $p = .14$
PV7c: PCP asks how child is feeling, growing, behaving	$\beta = -.145$ $p = .000$	$\beta = -.011$ $p = .69$	$\beta = .005$ $p = .87$	$\beta = -.015$ $p = .61$
B) <u>Care by all child's drs and other providers</u>				
PV7d: Child's drs/providers provide support re: family's care	$\beta = -.091$ $p = .001$	$\beta = .007$ $p = .81$	$\beta = .014$ $p = .62$	$\beta = -.066$ $p = .02$
PV7f: Child's drs/providers listen to parent concerns	$\beta = -.028$ $p = .35$	$\beta = .002$ $p = .95$	$\beta = -.141$ $p = .000$	$\beta = -.040$ $p = .18$
PV7g: Child's drs/providers make parent feel like a partner in child's care	$\beta = -.070$ $p = .013$	$\beta = -.008$ $p = .77$	$\beta = .015$ $p = .59$	$\beta = -.036$ $p = .19$
PV7e: Involvement in decision-making	$\beta = -.024$ $p = .55$	$\beta = -.033$ $p = .38$	$\beta = -.068$ $p = .08$	$\beta = .006$ $p = .87$
PV7h: Child's drs/providers follow up on parent concerns	$\beta = -.024$ $p = .43$	$\beta = -.035$ $p = .22$	$\beta = -.134$ $p = .000$	$\beta = -.061$ $p = .04$
C) <u>Patient/family education</u>				
PV8a: Receive adequate information about child's health condition	$\beta = -.026$ $p = .44$	$\beta = -.052$ $p = .12$	$\beta = -.097$ $p = .004$	$\beta = -.062$ $p = .07$
PV8b: Helpfulness of information in learning to care for child's condition	$\beta = .002$ $p = .97$	$\beta = -.044$ $p = .19$	$\beta = -.020$ $p = .56$	$\beta = .029$ $p = .40$
PV 8: Coordination of care				
PV9a: Help coord. child's care with school or daycare	$\beta = -.065$ $p = .40$	$\beta = -.013$ $p = .86$	$\beta = -.108$ $p = .16$	$\beta = -.139$ $p = .07$
PV9b: Help coord. child's care among multiple providers	$\beta = -.045$ $p = .57$	$\beta = -.010$ $p = .90$	$\beta = -.202$ $p = .009$	$\beta = -.020$ $p = .80$

Citation: Foundation for Accountability (FACCT, 1999). Pediatric Living With Illness Screener Data Tables. Adopted from FACCT LWIM Field Trial Final Report. Sponsored by the National Committee for Quality Assurance (NCQA) Advisory Group. Available at <http://childhealthdata.org/identifying-cshcn>.

Citation: Foundation for Accountability (FACCT, 1999). Pediatric Living With Illness Screener Data Tables. Adopted from FACCT LWIM Field Trial Final Report. Sponsored by the National Committee for Quality Assurance (NCQA) Advisory Group. Available at <http://childhealthdata.org/identifying-cshcn>.