

# Measure # 41b: Primary Care Provider Ambulatory Care Experiences Survey (PCP ACES)

## Contact Information:

- For questions regarding this measure and for permission to use it, contact:  
Dana Gelb Safran, ScD  
Senior Vice President for Performance Measurement and Improvement,  
Healthcare Services Division, Blue Cross Blue Shield of Massachusetts  
Associate Professor of Medicine  
Tufts University School of Medicine  
BCBSMA, MS 01/08 401 Park Drive  
Boston, MA 02215  
P: 617-246-2494; F: 617-246-8215  
Email: Dana.Safran@bcbsma.com

## Copyright Details:

- The PCP ACES is the intellectual property of Dana Gelb Safran, Sc.D. The Agency for Healthcare Research and Quality (AHRQ) has a nonexclusive, royalty-free, worldwide license to print a copy of the work in the Care Coordination Measures Atlas Appendix. The copy reprinted here is for viewing purposes only. Atlas users who wish to use the PCP ACES must first contact the copyright holder to request permission for its use. The product may not be changed in any way by any user. The product may not be sold for profit or incorporated into any profit-making venture without the expressed written permission of Dana Gelb Safran, Sc.D.

**YOUR PERSONAL DOCTOR**

1. Our records show that your regular personal doctor is:

Is that right?

- <sub>1</sub> Yes → **Go to Question 2**
- <sub>2</sub> No, my personal doctor is:

\_\_\_\_\_  
(Please write correct name of your doctor.)  
→ **Go to Question 2**

- <sub>3</sub> No, I do not have a personal doctor → **Go to Question 44 on Page 4**

2. How long has this person been your personal doctor?

- <sub>1</sub> Less than 6 months
- <sub>2</sub> At least 6 months but less than 1 year
- <sub>3</sub> At least 1 year but less than 3 years
- <sub>4</sub> At least 3 years but less than 5 years
- <sub>5</sub> 5 years or more

3. In the last 12 months, how many times did you visit this doctor to get care for yourself?

- <sub>1</sub> None → **If None, Go to Question 44 on Page 4**
- <sub>2</sub> 1
- <sub>3</sub> 2
- <sub>4</sub> 3
- <sub>5</sub> 4
- <sub>6</sub> 5 to 9
- <sub>7</sub> 10 or more

**SCHEDULING APPOINTMENTS AND SEEING THE DOCTOR**

4. In the last 12 months, when you called this doctor's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed it?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always
- <sub>7</sub> I did not need care for an illness or injury in the last 12 months.

5. In the last 12 months, when you made an appointment for a check-up or routine care with this doctor, how often did you get an appointment as soon as you thought you needed it?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always
- <sub>7</sub> I did not schedule any check-ups or routine care in the last 12 months.

6. Wait time includes times spent in the waiting room and exam room. In the last 12 months, how often did your visits at this doctor's office start within 15 minutes of your appointment?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always

7. In the last 12 months, when you called this doctor's office with a medical question during regular office hours, how often did you get an answer to your question that same day?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always
- <sub>7</sub> I did not call this doctor's office during office hours in the last 12 months.

8. In the last 12 months, when you called this doctor's office after regular office hours, how often did you get the medical help or advice you needed?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always
- <sub>7</sub> I did not call this doctor's office after regular office hours in the last 12 months.

**MANAGING YOUR CARE**

9. In the last 12 months, how often did this doctor explain things in a way that was easy to understand?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always

10. In the last 12 months, how often did this doctor listen carefully to you?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always

11. In the last 12 months, how often did this doctor give you easy-to-understand instructions about what to do to take care of the health problems or concerns that were bothering you?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always

12. In the last 12 months, how often did this doctor encourage you to ask questions?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always

13. In the last 12 months, how often did this doctor seem to know the important information about your medical history?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always

14. In the last 12 months, how often did this doctor spend enough time with you?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always

15. In the last 12 months, how often did this doctor show respect for what you had to say?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always

### STAYING HEALTHY

16. In the last 12 months, did you and this doctor talk about a healthy diet and healthy eating habits?

- <sub>1</sub> Yes, definitely
- <sub>2</sub> Yes, somewhat
- <sub>3</sub> No, definitely not

17. In the last 12 months, did you and this doctor talk about the exercise or physical activity you get?

- <sub>1</sub> Yes, definitely
- <sub>2</sub> Yes, somewhat
- <sub>3</sub> No, definitely not

### COORDINATING YOUR CARE

18. In the last 12 months, how often did this doctor seem informed and up-to-date about the care you got from specialist doctors?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always
- <sub>7</sub> I did not see any specialist doctors in the last 12 months.

19. In the last 12 months, did this doctor order a blood test, x-ray or other test for you?

- <sub>1</sub> Yes
- <sub>2</sub> No → *If No, go to Question 22*

20. In the last 12 months, when this doctor ordered a blood test, x-ray or other test for you, how often did someone from the doctor's office follow up to give you those results?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always

21. In the last 12 months, how often did you get those results as soon as you needed them?

- <sub>1</sub> Never
- <sub>2</sub> Almost never
- <sub>3</sub> Sometimes
- <sub>4</sub> Usually
- <sub>5</sub> Almost always
- <sub>6</sub> Always

### OVERALL RATING OF DOCTOR

22. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate this doctor?

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

23. Would you recommend this doctor to your family and friends?

- <sub>1</sub> Definitely yes
- <sub>2</sub> Probably yes
- <sub>3</sub> Not sure
- <sub>4</sub> Probably not
- <sub>5</sub> Definitely not

### CARING FOR A CHRONIC CONDITION

24. In the last 12 months, did you have any health problems or conditions for which you took medicine or got care for 3 months or longer?

- <sub>1</sub> Yes
- <sub>2</sub> No → *If No, Go to Question 36 on page 3*

25. For which health condition did you take medicine or get care for 3 months or longer in the last 12 months? (check all that apply)

- <sub>1</sub> Arthritis or joint disease
- <sub>2</sub> Asthma
- <sub>3</sub> Back pain
- <sub>4</sub> Cancer
- <sub>5</sub> Congestive heart failure (CHF)
- <sub>6</sub> Coronary artery disease (CAD)
- <sub>7</sub> Other heart disease
- <sub>8</sub> Depression
- <sub>9</sub> Diabetes
- <sub>10</sub> High cholesterol
- <sub>11</sub> Hypertension or high blood pressure
- <sub>12</sub> Pregnancy or prenatal care
- <sub>13</sub> Other

26. Did you check more than one health condition?
- <sub>1</sub> No  
<sub>2</sub> Yes → *In answering the following questions, please keep in mind the health condition that you feel is most important.*
27. In the last 12 months, was this doctor's office where you usually went when you needed care for this health condition?
- <sub>1</sub> Yes  
<sub>2</sub> No
28. Monitoring a condition can include things like testing your blood sugar, weighing yourself, and taking your blood pressure. In the last 12 months, did you and anyone in this doctor's office talk about how you are monitoring this health condition?
- <sub>1</sub> Yes  
<sub>2</sub> No
29. In the last 12 months, did anyone in this doctor's office work with you to set specific goals for managing this health condition?
- <sub>1</sub> Yes, definitely  
<sub>2</sub> Yes, somewhat  
<sub>3</sub> No
30. In the last 12 months, did you and anyone in this doctor's office talk about the things that make it hard for you to manage this health condition?
- <sub>1</sub> Yes  
<sub>2</sub> No
31. In the last 12 months, did anyone in this doctor's office offer you help for the things that make it hard for you to manage this health condition?
- <sub>1</sub> Yes  
<sub>2</sub> No
32. In the last 12 months, did anyone in this doctor's office give you instructions about how to manage this health condition?
- <sub>1</sub> Yes  
<sub>2</sub> No
33. In the last 12 months, did you and anyone in this doctor's office talk about what was available in your community to help you manage this health condition?
- <sub>1</sub> Yes  
<sub>2</sub> No
34. In the last 12 months, how often did anyone in this doctor's office help you get the community services you needed to manage this health condition?
- <sub>1</sub> Never  
<sub>2</sub> Almost never  
<sub>3</sub> Sometimes  
<sub>4</sub> Usually  
<sub>5</sub> Almost always  
<sub>6</sub> Always

35. In the last 12 months, how often did anyone in this doctor's office help you to learn the skills you needed to manage this health condition?
- <sub>1</sub> Never  
<sub>2</sub> Almost never  
<sub>3</sub> Sometimes  
<sub>4</sub> Usually  
<sub>5</sub> Almost always  
<sub>6</sub> Always
36. In the last 12 months, how much stress did you have in your life?
- <sub>1</sub> None at all → *If None, Go to Question 39*  
<sub>2</sub> A little  
<sub>3</sub> Some  
<sub>4</sub> A lot
37. In the last 12 months, did you talk with anyone in this doctor's office about things in your life that cause you stress?
- <sub>1</sub> Yes  
<sub>2</sub> No → *If No, Go to Question 39*
38. In the last 12 months, did anyone in this doctor's office recommend treatment for your stress such as medications, counseling, a class, or other help?
- <sub>1</sub> Yes, definitely  
<sub>2</sub> Yes, somewhat  
<sub>3</sub> No, definitely not

### OFFICE STAFF

39. In the last 12 months, how often were clerks and receptionists at this doctor's office as helpful as you thought they should be?
- <sub>1</sub> Never  
<sub>2</sub> Almost never  
<sub>3</sub> Sometimes  
<sub>4</sub> Usually  
<sub>5</sub> Almost always  
<sub>6</sub> Always
40. In the last 12 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?
- <sub>1</sub> Never  
<sub>2</sub> Almost never  
<sub>3</sub> Sometimes  
<sub>4</sub> Usually  
<sub>5</sub> Almost always  
<sub>6</sub> Always

### GETTING APPOINTMENTS WITH A SPECIALIST

41. In the last 12 months, did you try to make any appointments to see a specialist doctor?
- <sub>1</sub> Yes  
<sub>2</sub> No → *If No, Go to Question 43*
42. In the last 12 months, when you tried to make an appointment to see a specialist, how often did you get an appointment as soon as you needed it?
- <sub>1</sub> Never  
<sub>2</sub> Almost never  
<sub>3</sub> Sometimes  
<sub>4</sub> Usually  
<sub>5</sub> Almost always  
<sub>6</sub> Always

**OVERALL RATING OF CARE**

43. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate all your health care from all doctors and other health providers that you have seen in the last 12 months?

- 0 Worst medical care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best medical care possible

**ABOUT YOU**

44. In general, how would you rate your overall health?

- <sub>1</sub> Excellent
- <sub>2</sub> Very good
- <sub>3</sub> Good
- <sub>4</sub> Fair
- <sub>5</sub> Poor

45. In general, how would you rate your overall mental or emotional health?

- <sub>1</sub> Excellent
- <sub>2</sub> Very good
- <sub>3</sub> Good
- <sub>4</sub> Fair
- <sub>5</sub> Poor

46. In what year were you born?

Year (Write in)

47. Are you male or female?

- <sub>1</sub> Male
- <sub>2</sub> Female

48. What is the highest grade or level of school that you have completed?

- <sub>1</sub> 8th grade or less
- <sub>2</sub> Some high school, but did not graduate
- <sub>3</sub> High school graduate or GED
- <sub>4</sub> Some college or 2-year degree
- <sub>5</sub> 4-year college graduate
- <sub>6</sub> More than 4-year college degree

49. Are you of Hispanic or Latino origin or descent?

- <sub>1</sub> Hispanic or Latino
- <sub>2</sub> Not Hispanic or Latino

50. Which of the following best describes your race?

- <sub>1</sub> White or Caucasian
- <sub>2</sub> Black or African-American
- <sub>3</sub> Asian
- <sub>4</sub> Native Hawaiian or other Pacific Islander
- <sub>5</sub> American Indian or Alaska Native
- <sub>6</sub> Other

51. What language do you mainly speak at home?

- <sub>1</sub> English
- <sub>2</sub> Spanish
- <sub>3</sub> Some other language (please print)

52. What is your current height (in feet and inches) without shoes on?

feet   inches

53. What is your current weight (in pounds) without shoes or clothes on?

pounds

54. Has a doctor ever told you that you had:

	Yes <sub>1</sub>	No <sub>2</sub>
a. Hypertension or high blood pressure	<input type="radio"/>	<input type="radio"/>
b. Angina or coronary artery disease	<input type="radio"/>	<input type="radio"/>
c. Congestive heart failure	<input type="radio"/>	<input type="radio"/>
d. Diabetes	<input type="radio"/>	<input type="radio"/>
e. Asthma, emphysema, or COPD (Chronic Obstructive Pulmonary Disease)	<input type="radio"/>	<input type="radio"/>
f. Rheumatoid Arthritis, Osteoarthritis, or DJD	<input type="radio"/>	<input type="radio"/>
g. Any cancer (other than skin)	<input type="radio"/>	<input type="radio"/>
h. Depression	<input type="radio"/>	<input type="radio"/>
i. Acid reflux or stomach ulcers	<input type="radio"/>	<input type="radio"/>
j. Migraine headaches	<input type="radio"/>	<input type="radio"/>

Thank you.

When you are done, please use the enclosed prepaid envelope to mail the questionnaire to:  
Center for the Study of Services, PO Box 10820, Herndon, VA 20172-9940