

Measure #13. Primary Care Assessment Survey (PCAS)

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
CARE COORDINATION ACTIVITIES			
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			
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
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

Primary Care Assessment Survey (PCAS)

Purpose: To assess the performance of primary care physicians from the patient perspective.

Format/Data Source: 51-item, self-administered survey assessing primary care across 7 domains: (1) accessibility (organizational, financial), (2) continuity (longitudinal, visit-based), (3) comprehensiveness (contextual knowledge of patient, preventive counseling), (4) integration, (5) clinical interaction (clinician-patient communication, thoroughness of physical examinations), (6) interpersonal treatment, and (7) trust. A 3-step mail survey protocol was used with limited telephone followup. All PCAS items are non-visit specific to emphasize primary care in a sustained clinician-patient relationship. Responses were provided on a Likert scale.

Date: Measure published in 1998.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 35
- **Communicate:**
 - *Between health care professional(s) and patient/family:* 12, 28, 30, 32, 33, 42, 46
 - *Across health care teams or settings:* 27
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* 31, 35
 - Information transfer:
 - *Participants not specified:* 13
- **Facilitate transitions:**
 - Across settings: 24 - 26
- **Assess needs and goals:** 15, 16
- **Monitor, follow up, and respond to change:** 25, 26
- **Support self-management goals:** 17-24, 34

Development and Testing: Through the use of Likert's method, 5 testing assumptions were met, specifically: (1) item-convergent validity, (2) item-discriminant validity, (3) equal item variance, (4) equal item-scale correlations, and (5) score reliability. Test-retest reliability determined stability of responses. Cronbach's alpha coefficients for each subscale substantially exceeded the recommended value.¹

Link to Outcomes or Health System Characteristics: Strong associations are demonstrated between PCAS scales and outcomes such as patients' adherence to physicians' advice, patients' understanding of and ability to manage a chronic health condition, patients' satisfaction with their primary physicians, and patients' self-reported health improvements.¹

Logic Model/Conceptual Framework: The foundation for the PCAS came from the Institute of Medicine's definition of primary care.¹

Country: United States

Past or Validated Applications*:

- **Patient Age:** Adults, Older Adults
- **Patient Condition:** General Population/Condition Not Specific
- **Setting:** Primary Care Facility

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

Notes:

- The original measure did not have individual items numbered. In order to properly reference specific items within this profile, all instrument items found in Appendix A of the source article were consecutively numbered.¹
- This instrument contains 51 items; 49 were provided in Appendix A (2 were screener items); 22 were mapped.

Sources:

1. Safran DG, Kosinski M, Tarlov AR, et al. The Primary Care Assessment Survey: Tests of data quality and measurement performance. *Med Care* 1998;36(5):728-39.
2. Safran DG, Montgomery JE, Change H, et al. Switching doctors: Predictors of voluntary disenrollment from a primary physician's practice. *J Fam Pract* 2001;50(2):130-36.
3. O'Malley AS, Forrest CB. Beyond the examination room: Primary care performance and the patient-physician relationship for low-income women. *J Gen Int Med* 2002;17:66-74.
4. Montgomery JE, Irish JT, Wilson IB, et al. Primary care experiences of Medicare beneficiaries, 1998 to 2000. *J Gen Int Med* 2004;19:991-8.