

Measure #17a. Primary Care Assessment Tool – Child Expanded Edition (PCAT-CE)

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 Tool – Child Expanded Edition (PCAT-CE)

Purpose: To measure pediatric care delivery from the patient/family perspective.

Format/Data Source: Community-based telephone survey (approximately 25 minutes in length). Survey responses are provided by children’s parents and/or guardians. Some questions are designated as specifically related to care coordination. However, other items in other domains may be relevant to care coordination, although they are not explicitly categorized as measuring care coordination. Questions span 4 domains of primary care: (1) longitudinality, (2) accessibility, (3) comprehensiveness, and (4) coordination. Subtopics include: (A) affiliation with place/doctor, (B) first contact – utilization, (C) first contact – access, (D) ongoing care, (E) coordination, (F) coordination (information systems), (G) comprehensiveness (services available), (H) comprehensiveness (services provided), (I) family-centeredness, (J) community orientation, (K) culturally competent, (L) insurance questions, (M) health assessment, and (N) demographic/socioeconomic characteristics. Responses provided on a Likert scale.

Date: Measure published in 1998.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** A3
- **Communicate:**
 - *Between health care professional(s) and patient/family:* E7
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* C4, D1-D4, D6, E8, E12
 - Information transfer:
 - *Between health care professional(s) and patient/family:* E1, F1-F3, I2
 - *Across health care teams or settings:* E10, E11
 - *Participants not specified:* D10
- **Facilitate transitions:**
 - Across settings: B3, E6, E9
- **Assess needs and goals:** D7, D9, E8, I1
- **Monitor, follow up, and respond to change:** C8, E7, E11, E12
- **Support self-management goals:** G1-G15, G25, H1, H2, H14-H18
- **Align resources with patient and population needs:** C1-C12, I3, J1
- **Health care home:** A1-A3, B1, B2, B4, D1
- **Medication management:** D13

Development and Testing: Adequate consistency, reliability, and construct validity established via psychometric testing of the survey on a sample of 450 parents/guardians of pediatric patients. The principal components factor analysis yielded 5 separate factors. These corresponded to the instrument’s subdomains: first contact accessibility; coordination of care; characteristics of the professional-patient relationship over-time; comprehensiveness of services available;

comprehensiveness of services received. Overall, psychometric assessment supported the adequacy of the PCAT-CE for assessing the characteristics/quality of primary care in pediatric settings.²

Link to Outcomes or Health System Characteristics: None described in the sources identified.

Logic Model/Conceptual Framework: Based on a framework of primary care.³

Country: United States

Past or Validated Applications*:

- **Patient Age:** Children
- **Patient Condition:** General Population/Not Condition Specific
- **Setting:** Primary Care Facility

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

Notes:

- All instrument items are available online.¹
- This instrument contains 115 items; 86 were mapped.
- There are 4 expanded versions of this instrument addressing 4 perspectives: (1) child, (2) adult, (3) facility, and (4) physician. There are 4 short versions for each of the 4 perspectives as well.
- Versions of the PCAT tools are also available in Spanish, Catalan, Portuguese, Mandarin Chinese (both People's Republic of China and Taiwan), and Korean.¹
- The PCAT is in the process of being computerized, in administration as well as scoring, for widespread use around the world, including especially Southeast Asia, the Gulf States, several countries in Europe, South Africa, several countries in Latin America (especially Brazil and Uruguay), China and Hong Kong, and others. (B. Starfield, personal communication, September 8, 2010).
- The PCAT includes measures for consumers (i.e. health survey), patients, providers, facility managers and a system tool. All address primary care domains in a comparable way. For further information, please see Appendix IV for contact information or visit the Web site, which provides detailed instructions and implementation use.¹

Sources:

1. Johns Hopkins University Bloomberg School of Public Health. Available at: http://www.jhsph.edu/pcpc/pca_tools.html. Accessed: 20 September 2010.
2. Cassady, Starfield B, Hurtado MP, et al. Measuring consumer experiences with primary care. *Pediatrics* 2000;105:998-1003.
3. Starfield B. *Primary care: concept, evaluation, and policy*. New York: Oxford University Press; 1992.
4. Stevens GD, Shi LY. Racial and ethnic disparities in the quality of primary care for children. *J Fam Pract* 2002;51(6).