

Measure #17b. Primary Care Assessment Tool – Adult Expanded Edition (PCAT – AE)

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 – Adult Expanded Edition (PCAT-AE)

Purpose: To measure primary care quality and the extent to which it meets consumer needs, as identified from the adult patient perspective.

Format/Data Source: Mailed surveys taking approximately 40 minutes to complete. The validated PCAT-AE covers 5 primary care domains: (1) longitudinality, (2) first contact, (3) coordination, (4) comprehensiveness, and (5) derivative. Within the 5 domains are 7 scales: (1) first contact domain – accessibility, (2) first contact – utilization, (3) longitudinal domain – ongoing care, (4) coordination domain – coordination of services, (5) comprehensiveness domain – services available, (6) comprehensiveness domain – services received, (7) derivative domain – community orientation. 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. Responses provided on a Likert scale, and a total score was determined through the summation of values across the 5 primary care domains.

Date: Measure published in 2001.¹

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, I1
 - 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-G25, H1-H13
- **Align resources with patient and population needs:** C1-C12, I3, J1
- **Health care home:** A1-A3, B1, B2, D1
- **Medication management:** D13

Development and Testing: Factor and reliability analyses were conducted for all scales and domains, which were demonstrated to be both valid and reliable. Tests of Likert scaling assumptions (item-convergent validity, item-discriminant validity, equal item variance, equal

item scale correlation, and score reliability) demonstrated that they were met. One-half of respondents reported the maximum score on the first-contact-utilization scale, indicating that a ceiling effect may be present for this scale; there was no evidence of a floor or ceiling effect for other scales. Tests of alpha coefficients and inter-factor correlations demonstrated that each primary care scale made a unique contribution to the instrument.¹

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

Logic Model/Conceptual Framework: Based on a framework of primary care.²

Country: United States

Past or Validated Applications*:

- **Patient Age:** Adults
- **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.³
- This instrument contains 131 items; 80 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.³
- 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.³

Sources:

1. Shi LY, Starfield BH, Xu J. Validating the Adult Primary Care Assessment Tool. *J Fam Pract* 2001;50:161.
2. Starfield B. *Primary care: Concept, evaluation, and policy*. New York: Oxford University Press; 1992.
3. Johns Hopkins University Bloomberg School of Public Health. Available at: http://www.jhsph.edu/pcpc/pca_tools.html. Accessed: 20 September 2010.
4. Shi LY, Starfield BH, Xu J, et al. Primary care quality: Community health center and health maintenance organization. *South Med J* 2003;96(8):787-95.