

## Measure #22a. Continuity of Care Practices Survey – Program Level (CCPS-P)

**CARE COORDINATION MEASURE MAPPING TABLE**

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

## Continuity of Care Practices Survey – Program Level (CCPS-P)

**Purpose:** To evaluate the program-level version of the Continuity of Care Practices Survey (CCPS-P) addressing continuity of care in substance use disorder (SUD) treatment programs.

**Format/Data Source:** The CCPS-P is a 23-item instrument that addresses 4 continuity of care practice subscales from a program-level perspective. These subscales include: (1) provider continuity, (2) maintain contact, (3) connect to resources, and (4) coordinate care. Responses provided on a Likert scale.

**Date:** Measure published in 2004.<sup>1</sup>

**Perspective:** System Representative(s)

### Measure Item Mapping:

- **Communicate:**
  - *Within teams of health care professionals:* 8D, 8E
  - Interpersonal communication:
    - *Within teams of health care professionals:* 8A
  - Information transfer:
    - *Between health care professional(s) and patient/family:* 9.2, 9.3
    - *Within teams of health care professionals:* 8C
- **Facilitate transitions:**
  - Across settings: 4, 5A-6A, 7A-F, 8B, 9.1-9.4,
  - As coordination needs change: 6B
- **Create a proactive plan of care:** 8B
- **Monitor, follow up, and respond to change:** 5A-6B, 8D, 8E
- **Support self-management goals:** 9.1
- **Link to community resources:** 7B-D
- **Care management:** 10A-C, 11

**Development and Testing:** All Veterans Administration (VA) intensive SUD treatment programs were identified through telephone interviews. Questionnaires were mailed to directors of these programs to obtain data necessary to examine the reliability and discriminant validity of the CCPS-P. Internal consistency reliability was demonstrated via Cronbach's alpha coefficients, which were moderate to high for 117 of the 129 SUD programs on psychometric characteristics. Preliminary evidence of discriminant validity was also demonstrated. Predictive validity was assessed through regression analyses using data from both the program level and the individual level. Internal reliability of the CCPS subscales was supported across inpatient/residential and outpatient SUD programs for both the program and individual levels.<sup>1</sup>

**Link to Outcomes or Health System Characteristics:** Patients in outpatient, but not inpatient/residential, programs who received more continuity of care, as measured by the CCPS-P and CCPS-I, remained engaged in continuing care for longer periods of time than patients with

weaker continuity of care scores.<sup>2</sup> Continuity of care practices have also been shown to influence abstinence from substance abuse when mediated through patients' engagement in continuing care.<sup>3</sup>

**Logic Model/Conceptual Framework:** None described in the sources identified.

**Country:** United States

**Past or Validated Applications\*:**

- **Patient Age:** Adults
- **Patient Condition:** Combined Chronic Conditions, Mental Illness & Substance Use Disorders
- **Setting:** Behavioral Health Care Facility

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

**Notes:**

- Instrument was provided by the corresponding author upon request (J.A. Schaefer, personal communication, September 1, 2010).
- This instrument contains 23 items; all 23 were mapped.
- Further application and testing of the CCPS-P is available.<sup>2,3</sup>

**Sources:**

1. Schaefer JA, Cronkite R, Ingudomnukul E. Assessing continuity of care practices in substance use disorder treatment programs. *J Stud Alcohol* 2004;65:513-20.
2. Schaefer JA, Ingudomnukul BA, Harris AHS, et al. Continuity of Care Practices and Substance Use Disorder Patients' Engagement in Continuing Care. *Med Care* 2005;43(12):1234-41.
3. Schaefer JA, Harris AHS, Cronkite RC, et al. Treatment staff's continuity of care practices, patients' engagement in continuing care, and abstinence following outpatient substance-use disorder treatment. *J Stud Alcohol Drugs* 2008;69(5):747-56.