

## Measure #32. Primary Care Multimorbidity Hassles for Veterans With Chronic Illnesses

**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

# Primary Care Multimorbidity Hassles for Veterans With Chronic Illnesses

**Purpose:** To evaluate primary care physicians as well as the health care system for veterans with chronic illnesses.

**Format/Data Source:** 16-item questionnaire that addresses 4 main attributes of primary care: (1) accumulated knowledge of the patient by the clinician, (2) coordination of care, (3) communication, and (4) preference for first contact with their primary care clinician. Responses were provided on a 4-point Likert scale. The items address health care hassles, defined as, “‘troubles’ or ‘bothers’ that patients experience during their encounters with the health care system.”<sup>1</sup>

**Date:** Measure published in 2005.<sup>1</sup>

**Perspective:** Patient/Family

## Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 13
- **Communicate:**
  - *Within teams of health care professionals:* 15
  - *Across health care teams or settings:* 9, 10
  - Information transfer:
    - *Between health care professional(s) and patient/family:* 1-3, 5, 7, 11, 13
- **Facilitate transitions:**
  - Across settings: 7
- **Assess needs and goals:** 2, 3
- **Monitor, follow up, and respond to change:** 13
- **Support self-management goals:** 5, 13
- **Medication management:** 3-6

**Development and Testing:** 16-item survey created through Dillman’s Total Design Methodology. Original 26-item survey was pilot tested; items failing to improve item validity were removed. Several questions were added after a focus group session. Good internal consistency demonstrated (Cronbach's alpha coefficient of 0.94), and construct validity was determined with a principal component factor analysis (PCA) with a promax rotation. The previously validated Components of Primary Care Instrument (CPCI) was also included within the survey. Additional information was collected on demographic characteristics.<sup>1</sup>

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

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

**Country:** United States

**Past or Validated Applications\*:**

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

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

**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 Table 3 of the source article were consecutively numbered.<sup>1</sup>
- This instrument contains 16 items; 12 were mapped.
- Further data analysis on a recent study in over 4,000 Veterans Administration primary care patients is forthcoming (M.L. Parchman, personal communication, September 10, 2010).

**Source:**

1. Parchman ML, Hitchcock, Noël P, et al. Primary care attributes, health care system hassles, and chronic illness. *Med Care* 2005;43(11):1123-29.