

Measure #36. Physician Office Quality of Care Monitor (QCM)

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

Physician Office Quality of Care Monitor (QCM)

Purpose: To accurately measure patient perceptions of care quality in the physician's office.

Format/Data Source: 56-item, mailed survey addressing 4 main dimensions of patient satisfaction: (1) evaluation of medical care in geographical areas, (2) beliefs about physician behavior, (3) reasons for postponing physician visits, and (4) attitudes toward the physician and medical care. The QCM identified 7 distinct scales of physician office care, which include: (1) Physician Care, (2) Nursing Care, (3) Front Office Services, (4) Accessibility, (5) Billing, (6) Testing Services, and (7) Facility Characteristics.

Date: Measure published in 1996.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Communicate:**
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* 36
 - Information transfer:
 - *Between health care professional(s) and patient/family:* 18, 21, 35
- **Monitor, follow up, and respond to change:** 30, 32
- **Support self-management goals:** 31
- **Teamwork focused on coordination:** 33
- **Medication management:** 30, 43

Development and Testing: After reviewing the literature and published questionnaires, items included in the Physician Office Quality of Care Monitor (QCM) were refined based on patient interviews as well as pilot testing via post-visit mailed surveys. The QCM demonstrated strong construct validity through a Promax oblique rotation, and factor analysis yielded sufficient predictive validity. Internal consistency of the scales supported reliability through Cronbach's alpha coefficients, which exceeded respective correlations and met the guidelines.¹

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:** Not Age Specific
- **Patient Condition:** General Population/Not Condition Specific
- **Setting:** Primary Care Facility, Other Outpatient Specialty Care Facility

*Based on the source listed below.

Notes:

- For simplification purposes, in order to properly reference specific items within this profile, all instrument items found in the Appendix of the source article were consecutively numbered.¹
- This instrument contains 53 forced-choice items; 9 were mapped.

Source:

1. Seibert JH, Strohmeyer JM, Carey RG. Evaluating the physician office visit: In pursuit of a valid and reliable measure of quality improvement efforts. *J Ambul Care Manage* 1996;19(1):17-37.