

Measure #39. Health Tracking Household Survey

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

Health Tracking Household Survey

Purpose: To assess whether continuity of care and referral source are associated with better coordination of care from the patient perspective.

Format/Data Source: 3-item telephone survey focusing on 3 major aspects of coordination: (1) whether the primary care physician is informed of care the patient received from an outside specialist, (2) whether the primary care physician discussed with the patient what happened at the most recent visit to the specialist, and (3) whether different doctors caring for a patient's chronic condition work well together to coordinate that care.

Date: Measure administered nationally in 2007.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Communicate:**
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* 2
 - Information transfer:
 - *Across health care teams or settings:* 1
- **Monitor, follow up, and respond to change:** 1,2
- **Teamwork focused on coordination:** 3

Development and Testing: Coordination measures were adapted from validated surveys and underwent cognitive interview testing to ensure that respondents understood and felt capable of answering the items.¹

Link to Outcomes or Health System Characteristics: Higher ratings of care coordination were associated with (1) continuity of visits with the same primary care physician and (2) primary care physician as the referral source.¹

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

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

Notes:

- All instrument items are located in Figure 1 of the source article.¹
- This instrument contains 3 items; all 3 were mapped.

- One item was adapted from the PCAT, originally developed by Cassidy and Starfield (see Measure 17).
- This instrument was developed by The Center for Studying Health System Change (HSC). Information on the broader 2007 survey can be found online.²

Sources:

1. O'Malley AS, Cunningham PJ. Patient experiences with coordination of care: the benefit of continuity and primary care physician as referral source. *J Gen Int Med* 2008;24(2):170-77.
2. Health System Change (HSC) Web Site. Available at: <http://www.hschange.org/CONTENT/1091/>. Accessed: 20 September 2010.