

Measure #40. Adapted Picker Institute Cancer 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

Adapted Picker Institute Cancer Survey

Purpose: To assess patients' experiences with cancer care, health-related quality of life, comorbid illnesses, and sociodemographic characteristics.

Format/Data Source: 34-item telephone interview covering 7 different question domains: (1) coordination of care, (2) confidence in providers, (3) treatment information, (4) health information, (5) access to cancer care, (6) psychosocial care, and (7) symptom control.

Date: Measure published in 2005.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 1,5
- **Communicate:**
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* 9, 13
 - Information transfer:
 - *Between health care professional(s) and patient/family:* 1, 6, 7, 14-23
 - *Across health care teams or settings:* 2-4
- **Facilitate transitions:**
 - Across settings: 16, 24-26
- **Assess needs and goals:** 13,15
- **Create a proactive plan of care:** 7, 28, 29
- **Monitor, follow up, and respond to change:** 3
- **Support self-management goals:** 23
- **Teamwork focused on coordination:** 8

Development and Testing: Questions were obtained from a survey designed by the Picker Institute and were adapted for a telephone interview. The instrument was pilot tested on a sample of 50 patients. Principal factor analysis was conducted to group questions into 6 different domains of care. All domains had moderate to high internal consistency (Cronbach's alpha ranged from 0.55 to 0.82).¹

Link to Outcomes or Health System Characteristics: Worse physical, functional, and disease-specific well-being as measured by the Trials Outcomes Index were found to be associated with higher adjusted problem scores for coordination of care, confidence in providers, and health information.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, Cancer/Oncology
- **Setting:** Inpatient Facility

*Based on the source listed below.

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 the Appendix of the source article were consecutively numbered.¹
- This instrument contains 34 items; 25 were mapped.

Source:

1. Ayanian JZ, Zaslavsky AM, Guadagnoli E, et al. Patients' perceptions of quality of care for colorectal cancer by race, ethnicity, and language. *J Clin Oncol* 2005;23(27):6576-86.