Measure #42. Patient Perception of Continuity Instrument (PC)

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	Patient/Family	*Health Care Professional(s)*	*System Representative(s)*
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility	□		
Communicate			
Interpersonal communication	■		
Information transfer	□		
Facilitate transitions			
Across settings	□		
As coordination needs change			
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

Patient Perception of Continuity Instrument (PC)

Purpose: To measure longitudinal care using patient perceptions.

Format/Data Source: Mailed questionnaire consisting of 23 statements describing various aspects of an ongoing patient-physician longitudinal relationship. Questions cover two main factors: (1) structure of health care delivery (11 items) and (2) interpersonal relationship between physician and patients (12 items).

Date: Measure published in 1988.[1]

Perspective: Patient/Family

Measure Item Mapping:
- **Establish accountability or negotiate responsibility:** 2H, 2K
- **Communicate:**
  - Interpersonal communication:
    - *Between health care professional(s) and patient/family:* 2B, 2C, 2E, 2G
  - Information transfer:
    - *Across health care teams or settings:* 1B, 1G
- **Facilitate transitions:**
  - Across settings: 2J, 2M
- **Assess needs and goals:** 1H
- **Medication management:** 1D

Development and Testing: Face validity of the 23 statements included in the questionnaire was established by a comprehensive review conducted by a group of board-certified family physicians. The Cronbach's alpha was calculated at 0.86, indicating a high degree of internal consistency. A principal component factor analysis was conducted and revealed two main factors (structure of health care delivery and interpersonal relationship between physician and patients).[1,2]

Link to Outcomes or Health System Characteristics: There was no correlation between the PC measure and the calculated Usual Provider Continuity (UPC) and Continuity of Care (COC) values, two commonly used quantitative definitions of provider continuity. Patient perception of continuity, as measured by the PC instrument, was strongly and significantly associated with patient satisfaction, but was not associated with costs.[1]

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

Country: United States

Past or Validated Applications*:
- **Patient Age:** Adults
- **Patient Condition**: General Population/Not Condition Specific

- **Setting:** Primary Care Facility

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

Notes:

- All instrument items are located online.[2]
- This instrument contains 23 items; 12 were mapped.

Sources:

1. Chao J. Continuity of care: Incorporating patient perceptions. Fam Med 1988;20:333-337.
2. Toolkit of Instruments to Measure End-of-Life Care (TIME) Web site. Available at: http://www.chcr.brown.edu/pcoc/CONTIN.HTM#Chao%20scale. Accessed: 13 September 2010.