

Measure #45. Components of Primary Care Index (CPCI)

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

Components of Primary Care Index (CPCI)

Purpose: To measure the major components of primary care from the perspective of the patient.

Format/Data Source: 19-item survey to be completed by the patient immediately following a visit with a physician. The survey covers 7 components of primary care: (1) comprehensiveness of care, (2) accumulated knowledge, (3) interpersonal communication, (4) coordination of care, (5) first-contact care, (6) continuity of care, and (7) longitudinality.

Date: Measure published in 1997.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 1, 14, 19
- **Communicate:**
 - *Across health care teams or settings:* 11
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* 6, 5, 8
 - Information transfer:
 - *Between health care professional(s) and patient/family:* 7
 - *Across health care teams or settings:* 2, 10, 12
- **Assess needs and goals:** 4
- **Monitor, follow up, and respond to change:** 12, 13
- **Health care home:** 18

Development and Testing: A panel of experts consisting of practicing physicians, a health services researcher-biostatistician, a psychometrician-biostatistician, a sociologist, and a nurse administrator evaluated the content validity of the instrument. Revisions to the survey items were based on the panel's discussion and comments. The instrument was pilot tested with a sample of 43 patients from 3 different sites. Factor analysis was conducted and demonstrated good internal consistency reliabilities of 4 factors. The Cronbach's alpha for each factor was: patient preferences for their regular physician (0.74), interpersonal communication (0.68), accumulated knowledge of patient (0.75), and coordination of care (0.79). The validity of the instrument was established by demonstrating that CPCI scale scores are associated with 3 satisfaction measures consistent with theoretically derived hypotheses about the primary care concepts measured.¹

Link to Outcomes or Health System Characteristics: Adjusted linear regressions demonstrated that higher CPCI care coordination scale scores were highly associated with increased continuity of care as measured by the Continuity of Care Index (COC).² Higher CPCI scale scores for primary care communication and coordination of care were associated with lower patient hassle scores as measured by a 16-item health care systems hassles scale.³ CPCI scale scores for interpersonal communication and coordination of care were shown to be significantly associated with the delivery of preventive screening services.⁴ In a population of women veteran patients, CPCI scores were higher for coordination if their provider offered gynecologic services or enrolled patients in a women's clinic.⁵

Logic Model/Conceptual Framework: Survey questions were modeled based on the 1994 Institute of Medicine (IOM) definition of primary care as well as the core elements of the 1978 IOM components of access, continuity, coordination, interpersonal communication, and comprehensive care.

Country: United States

Past or Validated Applications*:

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

*Based on the sources listed below.

Notes:

- All instrument items are located in Table 2 of the source article.¹
- This instrument contains 19 items; 14 were mapped.

Sources:

1. Flocke SA. Measuring attributes of primary care: Development of a new instrument. *J Fam Pract* 1997;45(1):64-75.
2. Christakis DA, Wright JA, Zimmerman FJ, et al. Continuity of care is associated with well-coordinated care. *Ambul Pediatr* 2003;3(2):82-86.
3. Parchman ML, Noel PH, Lee S. Primary care attributes, health care system hassles, and chronic illness. *Med Care* 2005;43(11):1123-8.
4. Flocke SA, Stange KC, Zyzanski SJ. The association of attributes of primary care with the delivery of clinical preventive services. *Med Care* 1998;36(8):AS21-30.
5. Bean-Mayberry BA, Change CH, McNeil MA, et al. Ensuring high-quality primary care for women: Predictors of success. *Womens Health Issues* 2006;16:22-9.