

## Measure #4c. Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Child Primary Care (1.0)

**CARE COORDINATION MEASURE MAPPING TABLE**

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
<b>CARE COORDINATION ACTIVITIES</b>			
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			
<b>BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION</b>			
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

# Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Child Primary Care (1.0)

**Purpose:** To measure consumers' experiences with a specific primary care physician and practice.

**Format/Data Source:** Survey comprised of 30 core items with an additional 17 supplemental items specific to child primary care. Supplemental items focus on additional aspects of care, including: (1) after-hours care, (2) behavioral health, (3) screening items for children with chronic conditions, (4) doctor communication with child, (5) doctor communication, (6) doctor thoroughness, (7) health improvement, (8) Identification of site of visit, (9) prescription medications, (10) provider knowledge of specialist care, and (11) shared decisionmaking. All questions were answered on a 4-point frequency scale. Responses covered experiences in the last 12 months and were compiled into a nationally available database.<sup>1</sup>

**Date:** Measure published in 2008.<sup>1</sup>

**Perspective:** Patient/Family

## Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 2
- **Communicate:**
  - *Between health care professional(s) and patient/family:* 14, 15
  - Interpersonal communication:
    - *Between health care professional(s) and patient/family:* DC1-DC4, SD2, SD4
    - *Participants not specified:* 18
  - Information transfer:
    - *Between health care professional(s) and patient/family:* 10, 12, 22, SD3
    - *Across health care teams or settings:* PK2
- **Assess needs and goals:** DT2, SD1, SD2
- **Monitor, follow up, and respond to change:** 22
- **Support self-management goals:** 17, DC3, HI1
- **Health care home:** 1, 2
- **Medication management:** PM1

**Development and Testing:** Several rounds of revision of the draft instrument (all versions) were based on literature review and feedback from extensive field tests with various health care organizations, cognitive interviews, and stakeholders.<sup>1</sup> The final instrument is endorsed by the National Quality Forum as well as the Ambulatory Care Quality Alliance (AQA).

**Link to Outcomes or Health System Characteristics:** The CAHPS survey questions and data have been used for evaluating patient experiences with care delivery.<sup>2</sup> Measure scores related to communication and care coordination were shown to be higher (more favorable) for patients seen by physicians in large, integrated medical groups compared with other practice settings.<sup>3</sup>

Study populations enrolled in care management programs also showed trends toward higher ratings of patient experience with provider communication via the CAHPS.<sup>4</sup>

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

**Country:** United States

**Past or Validated Applications\*:**

- **Patient Age:** Children
- **Patient Condition:** General Population/Not Condition Specific
- **Setting:** Primary Care Facility

\*Based on the sources listed below.

**Notes:**

- The final survey includes 3 variations of a multi-item instrument: (1) Adult Primary Care 1.0, (2) Adult Specialty Care 1.0, and (3) Child Primary Care 1.0, which has a beta adaptation (Child Primary Care 2.0). Core question items are the same across the non-beta versions, but wording (patient vs. child; primary care physician vs. specialist) changes according to the instrument. All questions are answered on a 4-point frequency scale. Supplemental items focus on additional aspects of care (shared decisionmaking, costs, prescription medications, etc.). The survey also includes questions to obtain health status and demographic data.
- All instrument items are available online.<sup>1</sup>
- The core instrument contains 31 items; 9 were mapped.
- The supplement contains 17 items; 12 were mapped.
- Validated versions are available online for adult and child, in both English and Spanish.<sup>1</sup>
- In addition to the CAHPS Clinical and Group Survey, ambulatory care surveys include: (1) CAHPS Health Plan Survey, (2) CAHPS Surgical Care Survey, (3) ECHO Survey, (4) CAHPS Dental Plan Survey, (5) CAHPS American Indian Survey, and (6) CAHPS Home Health Care Survey.<sup>1</sup>
- Facility Surveys are also available, including: (1) CAHPS Hospital Survey, (2) CAHPS In-Center Hemodialysis Survey, and (3) CAHPS Nursing Home Surveys.<sup>1</sup>

**Sources:**

1. CAHPS Survey's and Tools. Agency for Health Research and Quality. Available at: <https://cahps.ahrq.gov/> Accessed 6 May 2014.
2. Agency for Health Research and Quality CAHPS Web site, CAHPS Bibliography. Available at: <https://cahps.ahrq.gov/> Accessed 6 May 2014.
3. Rodriguez HP, von Glan T, Rogers WH, et al. Organizational and market influences on physician performance and patient experience measures. *Health Serv Res* 2009;44(3):880-901.
4. Isetts BJ, Schondelmeyer SW, Heaton AH, et al. Effects of collaborative drug therapy management on patients' perceptions of care and health related quality of life. *Res Soc Adm Pharm* 2006;2:129-42.