

Measure #6. Client Perception of Coordination Questionnaire (CPCQ)

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

Client Perceptions of Coordination Questionnaire (CPCQ)

Purpose: To measure patient-centered care and care coordination in health care delivery from a consumer perspective.

Format/Data Source: 31-item, written, self-administered survey addressing 6 domains of care coordination: (1) identification of need, (2) access to care, (3) patient participation, (4) patient-provider communication, (5) inter-provider communication, (6) global assessment of care. These six domains spanned 4 areas of health care provision: (1) overall care, (2) general practitioner (GP) care, (3) nominated provider care, and (4) carers. Questions are answered via Likert scale responses.

Date: Measure published in 2003.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 9
- **Communicate:**
 - *Between health care professional(s) and patient/family:* 11, 13
 - *Across health care teams or settings:* 17, 25
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* 19, 27
 - Information transfer:
 - *Between health care professional(s) and patient/family:* 6
 - *Across health care teams or settings:* 5
- **Assess needs and goals:** 16
- **Create a proactive plan of care:** 19, 27
- **Monitor, follow up, and respond to change:** 10
- **Support self-management goals:** 14, 18, 20, 26, 28
- **Align resources with patient and population needs:** 3
- **Teamwork focused on coordination:** 7
- **Medication management:** 4

Development and Testing: The instrument was developed through iterative item generation. Most items achieved excellent completion and comprehension rates, and the instrument was transferable among chronically unwell populations. Six scales were identified based on principle components analysis (acceptability, received care, GP, nominated provider, client comprehension, and client capacity). Construct validity, comprehensibility, and internal consistency were demonstrated for all scales but client comprehension and capacity. Construct validity was further supported by the finding that patients with chronic pain syndromes reported significantly worse experiences for all items. Individual items in the instrument were found to be relevant to care coordination, although authors suggest further testing and possible revisions for the measure. Testing was conducted in association with the Australian Coordinated Care Trials using data from 1193 survey responses.¹

Link to Outcomes or Health System Characteristics: None described in the sources identified.

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

Country: Australia

Past or Validated Applications*:

- **Patient Age:** Adults, Older Adults
- **Patient Condition:** Combined Chronic Conditions, General Chronic Conditions, Multiple Chronic Conditions, General Population/Not Condition Specific
- **Setting:** Primary Care Facility; Other Outpatient Specialty Care Facility

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

Notes:

- All instrument items are located in the Appendix of the source article.¹
- This instrument contains 31 items; 23 were mapped.

Source:

1. McGuinness C, Sibthorpe B. Development and initial validation of a measure of coordination of health care. *Int J Qual Health Care* 2003;15(4):309-18.