

Measure #66. Interpersonal Processes of Care 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

Interpersonal Processes of Care Survey

Purpose: To evaluate patient-reported, multidimensional physician/patient interpersonal processes of care, in a manner appropriate for patients from diverse racial or ethnic groups.

Format/Data Source: A 29-item, telephone-based survey asking patients to report whether their doctor had engaged in particular communication and patient-centered decisionmaking activities, as well as particular aspects of their doctor's interpersonal style over the preceding 12 months. The measure assesses three main aspects of interpersonal processes of care: (1) communication, (2) decisionmaking, and (3) interpersonal style. Survey administration takes approximately 30 minutes. Responses are on a five-point scale, with choices corresponding to never, rarely, sometimes, usually, and always.¹

Date: Measure released in 2007.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Communicate:**
 - *Between health care professional(s) and patient/family:* 6, 7, 16
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* 9, 10, 11, 12
- **Assess needs and goals:** 6, 7, 14
- **Create a proactive plan of care:** 15, 16
- **Support self-management goals:** 13
- **Medication Management:** 11, 12

Development and Testing: Six of the 7 scales met the conventional standard of reliability score >0.70; the lack of clarity (in communication) scale had a borderline reliability score of 0.65. Within-group reliabilities were also high for all four patient groups in which the scales were tested, with a range of 0.65-0.91. The items and instructions were rated at an 8th grade reading level, with the 18-item short form rated at a 5th grade level. Scales were derived through iterative factor analysis.¹

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

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

Country: United States

Past or Validated Applications*:

- **Patient Age:** Adults
- **Patient Condition:** Not Condition Specific
- **Setting:** Primary Care Facility

*Based on the source listed below.

Notes:

- All instrument items are located in table 5 of the source article.¹
- This instrument contains 29 items, of which 10 were mapped.
- A short-form version of this survey containing 18 items is also available.¹
- Spanish versions of both forms of the survey are also available.¹
- This survey is designed to be appropriate for diverse racial and ethnic groups, including African Americans, English- and Spanish-speaking Latinos, and non-Latino whites.¹

Sources:

1. Stewart AL, Napoles-Springer AM, Gregorich SE, et al. Interpersonal processes of care survey: patient-reported measures for diverse groups. *Health Serv Res* 2007;42(3 Pt 1):1235-56.