

Measure #67. Brief 5 A's Patient 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>	<input type="checkbox"/>		
<i>Information transfer</i>	<input type="checkbox"/>		
Facilitate transitions			
<i>Across settings</i>			
<i>As coordination needs change</i>			
Assess needs and goals	<input type="checkbox"/>		
Create a proactive plan of care	<input type="checkbox"/>		
Monitor, follow up, and respond to change	<input type="checkbox"/>		
Support self-management goals	■		
Link to community resources	<input type="checkbox"/>		
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

Brief 5 A's Patient Survey

Purpose: To evaluate patients' experiences in receiving support for managing their health.

Format/Data Source: A 10-item survey asking patients whether their health care team has performed particular self-management support activities. Available response choices are yes, no and don't know.¹

Date: Measure released in 2006.¹

Perspective: Patient/Family

Measure Item Mapping:

- **Communicate:**
 - Interpersonal communication:
 - *Between health care professional(s) and patient/family:* 1
 - Information transfer:
 - *Between health care professional(s) and patient/family:* 2
- **Assess needs and goals:** 5, 6
- **Create a proactive plan of care:** 7, 8
- **Monitor, follow up, and respond to change:** 10
- **Support self-management goals:** 1, 2, 3, 4, 5, 6, 7, 8
- **Link to community resources:** 9

Development and Testing: None described in the sources identified.

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

Logic Model/Conceptual Framework: This survey is based on the "5As" (Assess, Advise, Agree, Assist, Arrange) model of behavior change counseling, which has been applied to self-management support for patients with chronic conditions.^{1,2}

Country: United States

Past or Validated Applications*:

- **Patient Age:** Not Age Specific
- **Patient Condition:** Not Condition Specific
- **Setting:** Not Setting Specific

*Based on the source listed below.

Notes:

- All instrument items are located in Figure 3 of the source article.¹
- This instrument contains 10 items, of which 10 were mapped.

Sources:

1. Glasgow RE, Emont S, Miller DC. Assessing delivery of the five 'As' for patient-centered counseling. *Health Promot Int* 2006;21(3):245-55.
2. Glasgow RE, Goldstein MG, Ockene JK, et al. Translating what we have learned into practice. Principles and hypotheses for interventions addressing multiple behaviors in primary care. *Am J Prev Med* 2004;27(2 Suppl):88-101.