

Measure #8. Breast Cancer Patient and Practice Management Process Measures Surgeon 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

Breast Cancer Patient and Practice Management Process Measures Surgeon Survey

Purpose: To evaluate quality of treatment during the initial course of therapy for breast cancer patients and address variation in patient and practice management processes that may be associated with better outcomes.

Format/Data Source: Mailed, self-administered, 17-item survey addressing 5 measures: (1) multidisciplinary clinician communication, (2) availability of clinical information, (3) patient decision support, (4) access to information technology, and (5) practice feedback initiatives.

Date: Measure published in 2010.¹

Perspective: Health Care Professional(s)

Measure Item Mapping:

- **Communicate:**
 - Interpersonal communication:
 - *Across health care teams or settings:* 1-3
 - Information transfer:
 - *Across health care teams or settings:* 4-6
- **Create a proactive plan of care:** 1-3
- **Support self-management goals:** 7, 8, 10-11
- **Align resources with patient and population needs:** 7-8, 10, 11

Development and Testing: The development of the measures was based on a literature review and prior research conducted by the authors. The items were all pretested on a convenience sample of 10 surgeons, and the scales were piloted on a convenience sample of 34 surgeons. Scale reliability testing was conducted, and each of the scales had a Cronbach's alpha of above 9. Confirmatory factor analysis was also conducted for all of the patient management domain items and confirmed the predominant loading of the items on their hypothesized subdomains.¹

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

Logic Model/Conceptual Framework: The measures were based on the Chronic Care Model and a previously developed framework for cancer care quality measures.²

Country: United States

Past or Validated Applications*:

- **Patient Age:** Not Age Specific
- **Patient Condition:** Combined Chronic Conditions, Cancer/Oncology
- **Setting:** Not Setting Specific

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

Notes:

- The original measure did not have individual items numbered. In order to properly reference specific items within this profile, All instrument items are found in Table 1 and 2 of the source article were consecutively numbered.¹
- This instrument contains 17 items; 10 were mapped.

Sources:

1. Katz SJ, Hawley ST, Morrow M, et al. Coordinating cancer care: patient and practice management processes among surgeons who treat breast cancer. *Med Care* 2010;48(1):45-51.
2. Kahn KL, Malin JL, Adams J, et al. Developing a reliable, valid, and feasible plan for quality of care measurement for cancer. How should we measure? *Med Care*. 2002;40(Suppl):III73-III85.