

About the CAHPS® Patient-Centered Medical Home (PCMH) Item Set

Introduction	1
Assessing the Domains of the Medical Home	1
Contents of the CAHPS PCMH Item Set	2
Using the Results of the CAHPS PCMH Item Set	2
Informing Consumers and Others	2
Providing Feedback.....	4
Improving Quality	4
National Committee for Quality Assurance Recognition in Patient Experiences.....	5
Development of the CAHPS PCMH Item Set	5
References.....	8
<u>Appendix A. Items in the PCMH Item Set</u>.....	6

Introduction

The patient-centered medical home (PCMH) is a model for delivering primary care that is patient-centered, comprehensive, coordinated, accessible, and continuously improved through a systems-based approach to quality and safety. Learn more about patient-centered medical homes at http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483/what_is_pcmh.

Over the past few years, primary care practices throughout the United States have started to implement the medical home model, in some cases as part of demonstration projects. To evaluate the impact of implementing this model, health care organizations and public agencies are investigating how it affects the effectiveness, efficiency, and patient-centeredness of care.

In order to assess how the medical home model affects patients, the CAHPS Consortium has developed a set of supplemental items that, when used in conjunction with the CAHPS Clinician & Group (C&G) Survey, assess patient experience with the domains of the medical home.

This document discusses—

- Assessing the domains of the medical home
- Topics covered by the CAHPS Patient-Centered Medical Home Items
- Ways to use the survey results to inform health care consumers and other stakeholders and to improve the quality of care

Assessing the Domains of the Medical Home

The medical home model represents a promising way to improve health care in America by transforming how primary care is organized and delivered. The American Academy of Pediatrics (AAP) introduced the medical home concept in 1967, initially referring to a central location for archiving a child’s medical record. In its 2002 policy statement, the AAP expanded the medical home concept to include these operational characteristics: accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.

The American Academy of Family Physicians (AAFP) and the American College of Physicians (ACP) also developed their own models for improving patient care, referred to as the “medical home” for AAFP or “advanced medical home” for ACP.^{1,2}

In March 2007, the AAP, AAFP, ACP, and the American Osteopathic Association (AOA) jointly issued the “Joint Principles for the Patient-Centered Medical Home.”³ This consensus statement describes seven principles of a medical home, which include the following:

- Personal physician
- Physician-directed medical practice
- Whole-person orientation

- Coordinated care
- Quality and safety
- Enhanced access
- Appropriate payment

These principles serve as the foundation for how many organizations define the PCMH. Given the growing interest in the medical home model, stakeholders are interested in a standardized survey to assess patients' experiences with care provided by medical homes. The PCMH Item Set was developed to improve the ability of the CAHPS Clinician & Group Survey to assess the domains of the medical home. The item set expands on existing survey domains and adds questions in other domains that were not adequately addressed in the existing survey.

Contents of the CAHPS PCMH Item Set

The PCMH Item Set consists of supplemental items designed for use with the CAHPS Clinician & Group Survey. The items address the following six topic areas:

- Access to care
- Comprehensiveness (adult only)
- Self-management support
- Shared decisionmaking (adult only)
- Coordination of care
- Information about care and appointments

The **Appendix** provides a list of the items in the PCMH Item Set.

A pre-assembled survey that combines the Clinician & Group 12-Month Survey with the PCMH Item Set is available in the *CAHPS Clinician & Group Surveys and Instructions*: <https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-Surveys-and-Instructions.aspx>. You can also find the PCMH items listed in the Supplemental Items for the Adult Clinician & Group Surveys and the Supplemental Items for the Child Clinician & Group Surveys, which can be viewed or downloaded from the same Web page.

Using the Results of the CAHPS PCMH Item Set

Organizations that field the CAHPS Clinician & Group 12-Month Survey with PCMH items can use the results to inform consumers, provide feedback to providers, and spur improvements in patients' experiences with care.

Informing Consumers and Others

Organizations that field the 12-Month Survey with the PCMH items can report results at the level of the medical group, physician practice, or individual clinician. In addition

to the patient experience measures from the 12-Month Survey and the individual questions in the item set, users can calculate and report three composite measures:

- Providers pay attention to your mental or emotional health (adult only) (3 items)
 - Talked about personal or family problem/alcohol or drug use.
 - Talked about worry and stress in your life.
 - Talked about feeling sad or depressed.
- Providers support you in taking care of your own health (2 items)
 - Provider worked with you to set specific goals for your health.
 - Provider asked you if there were things that make it hard for you to take care of your health.
- Providers discuss medication decisions (adult only) (3 items)
 - Provider talked about reasons to take a medicine.
 - Provider talked about reasons not to take a medicine.
 - Provider asked what you thought was best for you regarding medicine.

Please note that these measure labels are provisional; the CAHPS team is testing the labels with consumers and may revise them based on the results of this testing.

Review **Patient Experience Measures from the CAHPS Clinician & Group Survey**:
https://www.cahps.ahrq.gov/Surveys-Guidance/CG/~media/Files/SurveyDocuments/CG/12%20Month/Survey_Results/1309_cg_measures.pdf

For information on calculating scores for composite measures, review the analysis instructions in the *CAHPS Clinician & Group Surveys and Instructions*:
<https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-Surveys-and-Instructions.aspx>

Users can also report items that cannot be rolled up into composite measures:

- Access to care (2 items)^{*}
 - Got needed care on evenings, weekends, or holidays.
 - Days you had to wait for an appointment for urgent care.
- Attention to care from other providers (3 items)
 - Provider's office followed up to give you results of blood test, x-ray, or other test.
 - Provider seemed informed and up-to-date about care you got from specialists.
 - Talked with you about your prescriptions.

^{*} These items are intended to supplement the existing composite measure for access, which can be calculated from the core items in the Clinician & Group 12-Month Survey.

- Information about care and appointments (2 items)
 - Got information about what to do if you needed care on evenings, weekends, or holidays.
 - Received reminders between visits.

Providing Feedback

Health care organizations using this item set can use the composite measures for benchmarking and reporting at the group or practice site level. For example, a health system may report the composite measures listed above to compare performance across provider groups, or a provider group may compare performance across practice sites.

At the level of individual providers, health care organizations may want to provide item-level feedback to help providers better understand the behaviors and actions that improve patients' experiences with the care they receive through the medical home, such as the following:

- Including patients in the decisionmaking process around starting or stopping a prescription medication.
- Providing patients with reminders about appointments.
- Helping patients set health goals and overcome barriers to these goals.
- Providing strong coordination among providers, including specialists.

Improving Quality

This item set is intended to generate data that health care providers can use to improve by the following:

- Identifying specific topic areas for quality improvement.
- Recognizing particular behaviors and actions that inhibit effective coordination of care.
- Measuring the effect of behaviors that promote effective self-management by patients.

Providers can identify their strengths and weaknesses by topic area, as well as for individual items, by analyzing differences in responses. Responses can also be segmented for further analysis to provide more detailed information. Examples of subgroups of interest might include patient health status and length of relationship with providers.

Having identified opportunities for improvement and embarked on quality improvement activities, the providers can then field the items again to evaluate the success of improvement activities.

To learn about quantitative and qualitative analyses useful for identifying improvement opportunities, as well as strategies for improving patients' experiences, explore the **CAHPS Improvement Guide** at <https://www.cahps.ahrq.gov/Quality-Improvement/Improvement-Guide.aspx>.

National Committee for Quality Assurance Recognition in Patient Experiences

Support for the development of the PCMH item set was provided through collaboration with the National Committee for Quality Assurance (NCQA). Practices applying for PCMH Recognition through NCQA may also elect to apply for the Optional Module: Recognition in Patient Experiences. This module will require that practices report the results of patient experiences using the CAHPS Clinician & Group 12-Month Survey with the PCMH Item Set.

Development of the CAHPS PCMH Item Set

The Agency for Healthcare Research and Quality (AHRQ) sponsored the development of the PCMH Item Set through the CAHPS Consortium. The development process included the following steps:

- Interviews with a Technical Expert Panel representing key stakeholders and leaders in the PCMH field
- Literature review
- Exploratory focus groups
- The development of domains and an initial set of items
- Translation of item set into Spanish
- Cognitive testing of items in English and Spanish
- Field testing
- The construction of composite measures

Appendix A. Items in the PCMH Item Set

The following table lists the items in the PCMH Item Set grouped by topic. A survey that combines the Clinician & Group 12-Month Survey with the PCMH items is available at *CAHPS Clinician & Group Surveys and Instructions*: <https://www.cahps.ahrq.gov/Surveys-Guidance/CG/Get-Surveys-and-Instructions.aspx>.

Several of the items are also in the CAHPS Item Set for Shared Decisionmaking. The numbering of these supplemental items is provided below for cross reference.

Number in the Adult PCMH Item Set	Number in the Child PCMH Item Set	Item Wording	Number of corresponding item in other supplemental item sets
Providers Pay Attention to Your Mental or Emotional Health (Adult only)			
PCMH16		In the last 12 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty or depressed?	
PCMH17		In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?	
PCMH18		In the last 12 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?	
Providers Support you in Taking Care of your Own Health			
PCMH12	PCMH8	In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?	
PCMH13	PCMH9	In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your health?	
Providers Discuss Medication Decisions (Adult only)			
PCMH7		When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?	SD2
PCMH8		When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might not want to take a medicine?	SD3
PCMH9		When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?	SD4

Number in the Adult PCMH Item Set	Number in the Child PCMH Item Set	Item Wording	Number of corresponding item in other supplemental item sets
Access to Care			
PCMH1	PCMH1	In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away?	
PCMH4	PCMH4	In the last 12 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?	
Attention to Care from Other Providers			
PCMH11	PCMH7	In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?	
PCMH15	PCMH11	In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines you were taking?	
Information about Care and Appointments			
PCMH2	PCMH2	Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?	
PCMH5	PCMH5	Some offices remind patients between visits about tests, treatment or appointments. In the last 12 months, did you get any reminders from this provider's office between visits?	

References

1. American Academy of Family Physicians. Patient-Centered Medical Home. Leawood, KS:AAFP, 2010. <http://www.aafp.org/online/en/home/membership/initiatives/pcmh.html>. Accessed May 7, 2008.
2. Barr MS. The Need to Test the Patient-Centered Medical Home. JAMA 2008;300(7):834-5.
3. American Academy of Pediatrics – National Center for Medical Home Implementation. Elk Grove Village, IL:AAP; 2010. <http://www.medicalhomeinfo.org/downloads/pdfs/JointStatement.pdf>. Accessed February 8, 2010.