## Thank you for your interest in fielding the Person-Centered Primary Care Measure (PCPCM).

The PCPCM is an 11-item patient-reported measure that assesses primary care aspects rarely captured yet thought responsible for primary care effects on population health, equity, quality, and sustainable expenditures. These include: accessibility, comprehensiveness, integration, coordination, relationship, advocacy, family and community context, goal-oriented care, and disease, illness, and prevention management.

We request those using the PCPCM gather a small set of contextual data points (Common Data) and report back how the measure is being used and preliminary findings using a simple, one-page form, found in this kit. This will allow us to provide updates to interested users, to continue to advance the measure, and provide a robust evidence base regarding the use and utility of the PCPCM in performance assessment, quality improvement, and policy-level decisions.

This PCPCM Fielding Kit can be found for easy download at www.Green-Center.org and includes:
- Cover letter and quick facts regarding the PCPCM
- The PCPCM instrument
- The Common Respondent Data Set (Common Data)
- The PCPCM Collaborative Preliminary Findings Form and Sample Reporting Format

### A few quick facts:
- The Person-Centered Primary Care Measure is now available in 28 languages. Additional languages will be made available at www.Green-Center.org as they are available.
- The PCPCM is a validated measure that was developed by the Larry A. Green Center for the Advancement of Primary Health Care for the Public Good through a three-step process:
  - Crowd-sourced surveys were fielded in 2015 and 2016 to identify quality areas of greatest importance to stakeholders: 525 primary care clinicians, 412 patients, and 85 employers. A multidisciplinary team analyzed over 9,000 individual responses to develop stakeholder-defined quality indicator areas.[1]
  - *Starfield Summit III: Meaningful Measures for Primary Care* (held October 4-6, 2017 in Washington, DC) brought together 70 national and international leaders for a 2½ day conference. Conference discussions advanced further refinement of quality indicator areas based on the crowd-sourced data findings from step 1.[2]
  - An intensive and iterative analysis of datasets from steps 1 and 2 resulted in the creation of the Person-Centered Primary Care Measure. That measure was fielded among patients both online (n=2,229) and at point of care in pediatric and adult population settings (n=323). Statistical analyses demonstrate the validity and reliability of the PCPCM as a measure that parsimoniously assesses the broad scope of primary care.[3]

1. Etz RS, Gonzalez MM, Brooks EM, Stange KC. Less AND More Are Needed to Assess Primary Care. J Am Board Fam Med. 2017; 30(1):13-5.
2. Etz RS, Stange KC. Synthesis of the Starfield Summit III: Meaningful Measures for Primary Care. 2018
3. Etz RS, Zyzanski SJ, Gonzalez MM, Reves SR, O'Neal JP, Stange KC. A new comprehensive measure of high-value aspects of primary care. *Ann Fam Med.* May/June 2019; 17(3): 221-230.

The measure has been used both online and at point of care, among patients of all ages and across all visit types, including use by parents/guardians to report on visits by children. Scores are reported (1 to 4) for each item and a total score is calculated by summing responses to all items and dividing by the number answered.

The fielding of this instrument can be adapted as appropriate to practice workflow and/or research needs and settings. Feel free to field the PCPCM on your own practice or research team letterhead. Please consider adding the eight Common Data items.

## Person-Centered Primary Care Measure

Please circle the response that best fits your experience for each item. Thank you.

| PATIENT'S GENERAL ASSESSMENT OF TODAY'S VISIT | RESPONSE |
|---|---|
| The practice makes it easy for me to get care. | $^4$ Definitely $\quad$ $^3$ Mostly $\quad$ $^2$ Somewhat $\quad$ $^1$ Not at all |
| This practice is able to provide most of my care. | $^4$ Definitely $\quad$ $^3$ Mostly $\quad$ $^2$ Somewhat $\quad$ $^1$ Not at all |
| In caring for me, my doctor considers all factors that affect my health. | $^4$ Definitely $\quad$ $^3$ Mostly $\quad$ $^2$ Somewhat $\quad$ $^1$ Not at all |
| My practice coordinates the care I get from multiple places. | $^4$ Definitely $\quad$ $^3$ Mostly $\quad$ $^2$ Somewhat $\quad$ $^1$ Not at all |
| This doctor or practice knows me as a person. | $^4$ Definitely $\quad$ $^3$ Mostly $\quad$ $^2$ Somewhat $\quad$ $^1$ Not at all |
| My doctor and I have been through a lot together. | $^4$ Definitely $\quad$ $^3$ Mostly $\quad$ $^2$ Somewhat $\quad$ $^1$ Not at all |
| My doctor or practice stands up for me. | $^4$ Definitely $\quad$ $^3$ Mostly $\quad$ $^2$ Somewhat $\quad$ $^1$ Not at all |
| The care I get takes into account knowledge of my family. | $^4$ Definitely $\quad$ $^3$ Mostly $\quad$ $^2$ Somewhat $\quad$ $^1$ Not at all |
| The care I get in this practice is informed by knowledge of my community. | $^4$ Definitely $\quad$ $^3$ Mostly $\quad$ $^2$ Somewhat $\quad$ $^1$ Not at all |
| Over time, this practice helps me to meet my goals. | $^4$ Definitely $\quad$ $^3$ Mostly $\quad$ $^2$ Somewhat $\quad$ $^1$ Not at all |
| Over time, my practice helps me stay healthy. | $^4$ Definitely $\quad$ $^3$ Mostly $\quad$ $^2$ Somewhat $\quad$ $^1$ Not at all |

Please consider including the 8 simple demographic and contextual items below. These items can appear in the format below and on the same page as the PCPCM. Feel free to adjust formatting to enable a single page instrument if using paper forms.

| PLEASE TELL US A BIT ABOUT YOURSELF | |
|---|---|
| How is your health compared to other people your age? | $^5$ Excellent $\quad$ $^4$ Mostly good $\quad$ $^3$ Good $\quad$ $^2$ Fair $\quad$ $^1$ Poor |
| How many years have you known this doctor? | _____ (number of years) |
| Do you consider yourself a member of a minority group? | $^1$ Yes $\qquad$ $^0$ No |
| Gender | $^4$ Female $\qquad$ $^3$ Male $\quad$ $^2$ Trans $\quad$ $^1$ Other |
| Age | _____ (number of years; use decimals for children <6) |
| Was it hard to complete this form? | $^1$ Yes $\qquad$ $^0$ No |
| If your doctor or practice received the answers to these questions, would it help them to understand how you feel about your care? | $^1$ Yes $\qquad$ $^0$ No |
| Do you have a single doctor or practice that you would say handles most of your care | $^1$ Yes $\qquad$ $^0$ No |

## Information from those beginning to use the PCPCM

The sharing of information on this form is voluntary. Your general findings will be made available to others through the Larry A. Green Center website. Contact information will not be shared.

**Please tell us a bit about yourself.** (This information will not be made publicly available.)

| | |
|---|---|
| Name: | Job title/role and employer: |
| Phone: | Address: |
| Email: | Would you like to receive updates to the PCPCM and/or the Collaborative Findings website? ___ Yes ___ No |

**Please provide a few basic details on how you are using this measure.**

| |
|---|
| Briefly, what is the reason or objective for using the PCPCM? |

*For questions below, please check all options that apply, or fill in the answer as requested.*

| | |
|---|---|
| What kind of project is this? | __ [1] Quality assessment  __ [2] Quality improvement <br> __ [3] Patient engagement  __ [4] Other_____ |
| How will you administer the PCPCM? | __ [1] Online  __ [2] At point of care |
| How are data collected? | __ [1] On paper  __ [2] Patient portal  __ [3] Electronically  __ [4] Other |
| Are results shared with clinicians? | __ [1] Yes  __ [0] No |

## General guidance for sharing preliminary findings

The last page of this kit offers a Sample Reporting Format for sharing your preliminary findings. However, you should feel free to share your findings in a manner that best fits your project. If not using this reporting form, please consider the following:

- **If possible, please report the number of eligible patients, the number offered the survey, and the number completing it**, so that response rates can be calculated, and selection bias assessed.
- **Please provide basic demographic information regarding your sample**.
- **For both the PCPCM individual items and the other data elements, please provide item by item means, standard deviations, and range**. Please exclude responses to the PCPCM if fewer than 8 of the 11 items have been answered. If the dataset contains ability to assess associations with other data, please describe those data and associations.

**Here is a form that you can use if it makes it easier to share preliminary findings with us.**

Questions for those administering the PCPCM:

| | |
|---|---|
| Ease of use by practice | ___ [1] hard ___ [2] a little hard ___ [3] fairly easy ___ [4] easy |
| Reception by participants | ___ [1] hard ___ [2] a little hard ___ [3] fairly easy ___ [4] easy |
| Usefulness of findings | ___ [1] hard ___ [2] a little hard ___ [3] fairly easy ___ [4] easy |

Summary of responses from patients competing the PCPCM:

| Person-Centered Primary Care Measure | Sample (N = _____ ) | | |
|---|---|---|---|
| **Item** | **Mean** | **S.D.** | **Range** |
| My practice makes it easy for me to get care. | | | |
| My practice is able to provide most of my care. | | | |
| In caring for me, my doctor considers all of the factors that affect my health. | | | |
| My practice coordinates the care I get from multiple places. | | | |
| My doctor or practice knows me as a person. | | | |
| My doctor and I have been through a lot together. | | | |
| My doctor or practice stands up for me. | | | |
| The care I get takes into account knowledge of my family. | | | |
| The care I get in this practice is informed by knowledge of my community. | | | |
| Over time, this practice helps me to meet my goals. | | | |
| Over time, my practice helps me stay healthy. | | | |

| | | Sample (N = _____ ) | | |
|---|---|---|---|---|
| **Other Data** | | **N** | **Mean or %** | **S.D.** |
| Age | Years | | | |
| Gender | Female | | | |
| | Male | | | |
| | Non-binary | | | |
| Do you consider yourself a member of a minority group? | Yes | | | |
| How is your health compared to other people your age? | Excellent | | | |
| | Very Good | | | |
| | Good | | | |
| | Fair | | | |
| | Poor | | | |
| How many years have you known this doctor? | Years | | | |
| How many years have you known this practice? | Years | | | |
| Was it hard to complete this form? | Yes | | | |
| If your doctor or practice received the answers to these questions, would it help them to understand how you feel about your care? | Yes | | | |
| Does a single doctor or practice that handles most of your care? | Yes | | | |