



# PERSON-CENTERED PRIMARY CARE MEASURE

## EXECUTIVE SUMMARY

Exemplary primary care and family medicine involves being a force for integration in a fragmented system. It involves personalizing care in a system that often is impersonal. It involves prioritizing the most useful care based on knowing the particulars of the person. Exemplary primary care is a relationship, not just a commodity.

Based on extensive development work with patients, clinicians and health care payers, **we have developed a patient-reported measure of exemplary primary care**. The deeply-grounded measure development and resulting strong reliability and validity are described in the May 2019 *Annals of Family Medicine* publication\*. Information regarding the work performed to develop this measure can be found online at [www.green-center.org](http://www.green-center.org).

Measures that focus attention and support on the integrating, personalizing, prioritizing functions that patients and clinicians say are important **may reduce the de-personalization experienced by patients, practice measurement burden, and crisis of meaning** (burnout) experienced by clinicians.

The 11-item Person-Centered Primary Care Measure (PCPCM), shared below, has excellent psychometric properties and is statistically validated as a single domain – this demonstrates the internal coherence of the broad scope of primary care. The PCPCM sheds light on the mechanisms by which primary care affects outcomes. It can be used to focus attention and resource allocation to improve practice and health care system organization. Each item of the PCPCM assesses a single construct, and summing each item into a total score provides a measure of integrated, whole person care.

The 11 constructs assessed by the PCPCM are widely hypothesized to be associated with better personal and population health, equity, quality, and sustainable health care expenditure. These are:

- accessibility,
- a comprehensive, whole person focus,
- integrating care across acute and chronic illness, prevention, mental health, and life events,
- coordinating care in a fragmented system,
- knowing the patient as a person,
- developing a relationship through key life events,
- advocacy,
- providing care in a family context,
- providing care in a community context,
- goal-oriented care, and
- disease, illness, and prevention management.

The items and response categories are shown below:

THE PERSON-CENTERED PRIMARY CARE MEASURE				
The practice makes it easy for me to get care.	Definitely	Mostly	Somewhat	Not at all
This practice is able to provide most of my care.	Definitely	Mostly	Somewhat	Not at all
In caring for me, my doctor considers all of the factors that affect my health.	Definitely	Mostly	Somewhat	Not at all
My practice coordinates the care I get from multiple places.	Definitely	Mostly	Somewhat	Not at all
My doctor or practice knows me as a person.	Definitely	Mostly	Somewhat	Not at all
My doctor and I have been through a lot together.	Definitely	Mostly	Somewhat	Not at all
My doctor or practice stands up for me.	Definitely	Mostly	Somewhat	Not at all
The care I get takes into account knowledge of my family.	Definitely	Mostly	Somewhat	Not at all
The care I get in this practice is informed by knowledge of my community.	Definitely	Mostly	Somewhat	Not at all
Over time, this practice helps me to meet my goals.	Definitely	Mostly	Somewhat	Not at all
Over time, my practice helps me to stay healthy.	Definitely	Mostly	Somewhat	Not at all

\* 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.

