

MEASURING WHAT MATTERS IN PRIMARY CARE: The Person-Centered Primary Care Measure

March 2022

Patient-Reported Outcomes

Comprehensiveness

Accessibility

Integration

Coordination

Relationship

Continuity

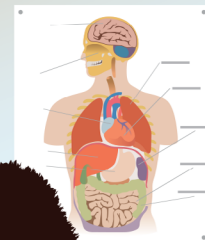
Advocacy

Family
Context

Community
Context

Health
Promotion

Goal-oriented Care



Measuring What Matters in Primary Care: The Person-Centered Primary Care Measure

For many years, efforts to reduce health care costs and improve quality have largely hinged on linking health care payment to performance using broad measures of cost management (e.g., total cost of care, bundled payments built around conditions or procedures), as well as readily available quality measures. To date, quality measures used to evaluate performance have primarily focused on the process of managing specific diseases and performing specific tasks. This has resulted in a multitude of measures and approaches that have become increasingly burdensome on those delivering care. In addition, this piecemeal approach to measurement does not adequately or accurately capture the whole-person, complex nature of primary care.

The American Academy of Family Physicians (AAFP) believes that quality measures, whether used for internal quality improvement or tied to payment, should focus on the unique features of primary care (www.aafp.org/vision-qm). These features are aligned with the functions of advanced primary care (i.e., access and continuity, planned care and population health, care management, patient and caregiver engagement, and comprehensiveness and coordination) and are known to drive better patient outcomes and lower costs.

In 2015, the Larry A. Green Center—a research center focused on advancing primary health care for the public good—undertook the daunting task of developing a new way to measure primary care. The Green Center conducted extensive research, including surveying patients, primary care physicians, and employers. They also engaged experts from across the health care industry. The result is the Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM) (www.green-center.org/pcpcm). Patient-reported outcomes recognize the patient as a knowledgeable informant on many important aspects of primary care and support personalized care, which is valued by patients, physicians, health plans, and employers.

The PCPCM PRO-PM received endorsement from the National Quality Forum (NQF) in 2021. Starting in 2022, it is available as a quality measure in the Merit-based Incentive Payment System (MIPS) and included in the family medicine and internal medicine measure sets. The AAFP is a strong supporter of the measure and advocates for its use with both public and private payers.

What is the PCPCM?

The PCPCM is an 11-item patient-reported assessment of primary care from the patient's perspective that focuses on aspects including accessibility, continuity, comprehensiveness, coordination, advocacy, family and community context, and goal-oriented care.¹ The measure moves beyond disease-specific measures and processes of care to assess aspects of primary care that are associated with better population health, lower costs, equity, and higher quality. The survey evaluates items that are valued by patients and physicians and are unique to primary care.

Why is the PCPCM Important?

The PCPCM can be used by primary care practices for internal quality improvement.² It can also be used by health plans, employers, and other purchasers (e.g., union trusts) for performance measurement in value-based payment (VBP) arrangements.³ AAFP policy states that performance measures should be evidence based, consistent, universal, clearly defined, and transparent.⁴ To avoid unintended consequences, they must meet the highest standards for validity, reliability, feasibility, importance, and risk adjustment. Many performance measures currently used in VBP fail to meet these standards. Research has shown that the PCPCM PRO-PM is concise, reliable, and comprehensive in its assessment of high-value primary care by measuring what matters most to patients, physicians, payers, employers, and health plans.¹

How is the PCPCM Administered?

- Data are collected using the PCPCM patient-reported outcome survey instrument (*Figure 1*). Methods of administration that have been tested and validated include:
 - Paper-based survey mailed to the patient during their birth month (which requires data entry into a spreadsheet for scoring)
 - Patient portal or email invitation sent during the patient's birth month with a unique link for online completion
 - Survey embedded in an electronic health record (EHR) or registry (results should not become part of the patient record)

Who Administers the PCPCM?

- The PCPCM is currently available in the American Board of Family Medicine (ABFM) PRIME Registry. In the future, the measure could be administered by the physician/practice, through a registry, or by another survey vendor. Payers who adopt the PCPCM could also choose to administer the survey.

How Frequently is the PCPCM Administered?

- The PCPCM is administered once a year during the patient's birth month. This timing helps unlink the survey from a visit and allows patients to assess their relationship with their physician overall rather than their satisfaction with a particular encounter.
- Monthly data collection allows practices to receive regular feedback throughout the year. However, performance scores are calculated based on one full year of data collection.

Is There a Cost to Use the PCPCM?

- There are no fees or other requirements to use any aspect of the measure as specified. However, practices that use a registry or survey vendor may incur additional cost.

How is the PCPCM Scored?

- The target population is all of a primary care practice's active patients who have a documented encounter with the practice or an individual clinician within 12 months of the patient's birth month.
- To establish a score for an individual clinician, a minimum of 30 completed surveys must be received. A survey is considered completed if the patient has responded to at least eight of the 11 items.
- If a practice or system is being evaluated and it has more than five clinicians for whom PCPCM surveys are being administered, establishing aggregate practice- or system-level quality or performance scores requires a minimum of 150 completed responses.

Does the PCPCM Replace the Consumer Assessment of Healthcare Providers and Systems (CAHPS)?

- No. The PCPCM assesses the broad scope of primary care. It focuses on the relational foundation of primary care, as well as aspects of person-centered care known to add value to primary care. By contrast, the transactional assessments of CAHPS measures focus on various aspects of a patient's health care consumer experience (e.g., helpfulness of staff).
- CAHPS is still used by payers because it is included in the Healthcare Effectiveness Data and Information Set (HEDIS) and the Medicare Advantage Star Rating System.

Next Steps

The AAFP believes quality measurement should be meaningful, and the PCPCM is a step in the right direction. However, there is still work to be done. The AAFP is educating public and private payers about the PCPCM and advocating for its adoption, as well as stressing the importance of measure alignment and administrative simplification across the health care system. The AAFP also continues to engage with stakeholders to develop measures that capture the “4 Cs of primary care”—comprehensiveness, first contact access, coordination, and continuity. In fact, the AAFP is a participant in The Center for Professionalism & Value in Health Care’s Measures That Matter initiative (<https://professionalismandvalue.org/measures-that-matter>), which is developing clinical quality measures focused on the comprehensiveness, continuity, and value of care. By actively participating on many quality measurement expert panels and committees and serving as a strong advocate for family medicine, the AAFP works to ensure the creation and adoption of more efficient, meaningful approaches to measuring quality.

The figure below is the PCPCM patient-reported outcome survey instrument used to assess patients’ primary care experiences.

Figure 1. Person-Centered Primary Care Measure

HOW WOULD YOU ASSESS YOUR PRIMARY CARE EXPERIENCE?				
My practice makes it easy for me to get care.	Definitely	Mostly	Somewhat	Not at all
My practice is able to provide most of my care.	Definitely	Mostly	Somewhat	Not at all
In caring for me, my doctor considers all 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, my practice helps me to stay healthy.	Definitely	Mostly	Somewhat	Not at all
Over time, my practice helps me to meet my goals.	Definitely	Mostly	Somewhat	Not at all
Optional: How many years have you known this doctor?	_____ (number of years)			

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References

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