Person-Centered Primary Care Measure Project Background and FAQs

About the Project
This project is based on the recognition that 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, the Larry A. Green Center has developed a patient-reported measure of exemplary primary care. The Person-Centered Primary Care Measure (PCPCM) focuses attention and support on the integrating, personalizing, and prioritizing functions that patients and clinicians say are important. A measure based on these principles may reduce both the de-personalization experienced by patients, and the measurement burden, burnout and crisis of meaning experienced by clinicians.

The PCPCM measure, implemented in partnership with the ABFM and the PRIME Registry, is the winner in the Patient-Reported Outcomes category of the National Quality Forum (NQF) Next-Generation Innovator Abstract Award.

The work that the participating practices do will help support efforts to gain NQF and CMS endorsement for use of the PCPCM in payment, certification and regulatory programs.

About the Measure

How will my patients receive the survey?
If the patient’s email address is on file in the EHR, or added via the PRO tool, the PCPCM will be sent as a Patient Survey to each patient once a year in the month of their birth. If the patient is under the age of 18, the survey will be sent to the parent/guardian of that pediatric patient to be completed on their behalf.

Is the survey voluntary?
Yes. The Patient Survey is both voluntary and anonymous. Patients may elect NOT to complete the survey.

How is the PCPCM different from other patient experience surveys out there?
The PCPCM is a patient reported outcome measure that does more than evaluate patient experience. It allows patients to offer a firsthand assessment of important aspects of their care. It allows patients to report whether or not they have received important aspects of primary care known to be the source of its value. It measures those aspects known to be important to delivery of care (integrating, prioritizing, personalizing functions) yet not reducable to typical clinical processes or outcomes (e.g., diagnostic testing, closing of feedback loops, next available visit, medication management). The brief format of the PCPCM means that this measure is much shorter to complete and is less costly to implement than most patient measures.

Is this at the physician level or practice level?
Preliminary analyses suggest this measure is able to roll up and down, from the physician level to the US healthcare system level. Testing of reliability and concurrent validation was done at point of care and asynchronously among a sample of 2200 anonymous patients across the US.
How is this altered for pediatric patients?
It is not. The PCPCM was fielded in a pediatric practice among 100 patients. If 13 years of age or older, patients were given the option to complete themselves. If under the age of 13, adults attending the visit completed the PCPCM on the patient’s behalf. The PCPCM was found to be reliable with concurrent validity in this setting. Over 20 pediatricians were included in the process of measure development.

About testing of the PCPCM
Does this measure disadvantage minority populations or practices?
In fielding of the measure, minority status was non-significant. 20% of patients participating in the online sample of 2200 identified as minority and one of the in-person fielding sites had a 90% Medicaid population.

Is this related to any outcomes? Why would a health system care?
Performance of the measure correlated with the Patient Enablement Index and the What Matters Index. The PEI is a 6-item validated instrument that speaks to a patient’s ability to understand and cope with their health concerns. The WMI has been validated to both retrospectively and proactively speak to cost and utilization of services. Testing with regard to typical MIPS measures begins this spring.

When a physician receives their score, what are they supposed to do with it?
Use it for quality improvement (QI) and research efforts. The PCPCM can be used to understand the mechanisms by which primary care affects outcomes for patients, health care systems and populations. It can be administered after visits to support QI activities, or asynchronously from visits and during patients’ birth month to assess primary care quality and performance. Both the total score and individual items can be used to inform QI activities, cycles of reflection and action by clinicians or by clinicians in conversation with their patients. Focusing on the individual item scores in relation to the total PCPCM score can help the practice or health system to focus attention, energy, time, and systemic support on what matters beyond narrow measures of disease, satisfaction, or care volume.

What gets measured is what gets noticed. Right now, we are measuring quality of care for individual diseases, which makes us ignore the fact that most people seeking care have multiple chronic illnesses, acute complaints, and often mental health and family concerns.

The PCPCM will serve as a force for integration in an ineffective health care system by redirecting attention and resources toward the care of whole people, not just their individual diseases. This is an antidote to care that often is dangerously fragmented and impersonal, and to a health care system whose rising costs are both unsustainable and not justified by the health produced by the system. It can also serve as an antidote to the problem of physician burnout by recognizing the care that patients, clinicians, and health care payers have told us is most important.

Contact Us

Have a question that is not answered here? Please contact us!

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