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**CBE ID**

3568

**Title**

Person-Centered Primary Care Measure PRO-PM

**Endorsement Status**

Endorsed

**Is Under Review**

No

**Next Maintenance Cycle**

Spring 2027

**Previous Endorsement Cycle**

Fall 2020

**Initial Endorsement**

Fri, 07/02/2021 - 00:00

**Steward**

Larry Green Center

**1.0 New or Maintenance**

Maintenance

**1.1 Measure Structure**

Single Measure

**1.3 Electronic Clinical Quality Measure (eCQM)**

No

**1.6 Measure Description**

The Person-Centered Primary Care Measure instrument is an 11-item patient reported assessment of primary care. Patients complete the PCPCM instrument once a year. These instruments are used to calculate a performance score for the participating entity. That entity could be an individual clinician or a practice. The 11 items of the PCPCM assess 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.

The target population of the PCPCM Performance Measure (PRO-PM) is all patients, active in a practice.

Patients are defined as active if they have had a documented interaction with the practice within

12 months of the patient's birth month. In the PCPCM PRO, patients are presented with 11 structured items. After each item, patients are asked to state their level of endorsement. The same scale is used for all 11 items: Definitely, Mostly, Somewhat, Not At All. Active patients receive the PCPCM PRO through mail, email, or patient portal, during the month of their birth (e.g., patients born in January will receive a request to complete the PCPCM PRO in January).

The PCPCM PRO-PM is calculated as a continuous variable on a 0 to 100 point scale, in which a higher value equates to better quality.

The time frame used to evaluate quality with the PCPCM PRO-PM is one year.

Receiving patient responses in the month of their birth allows a practice to receive monthly feedback in between quality reporting periods.

Scoring for the PCPCM PRO-PM is completed through a simple 4 step process using the PCPCM PRO to assess the broad scope of primary care from a patient's perspective.

Step One: Exclude incomplete patient responses.

Any PCPCM PRO instrument for which a patient failed to answer at least 8 of the 11 items is excluded from calculations.

Step Two: Calculate PCPCM PRO item specific mean scores.

Patients choose one of four response options for each item in the PCPCM PRO instrument. In scoring the PCPCM PRO, the first step requires determining an item mean score for each of the 11 items. Since the instrument scale is word based - Definitely, Mostly, Somewhat, Not At All - each response option must be assigned a value. Values are assigned as follows: Definitely = 4, Mostly = 3, Somewhat = 2, Not At All = 1.

Calculating the mean score for each item then requires looking across all PCPCM PRO instruments received for the entity being assessed during the analysis period. For example, if the entity is a clinician, then all completed (see Step One) PCPCM PRO instruments collected for that clinician are included in the calculation. If the entity is a practice, then all PCPCM PRO instruments collected for that practice are included in the analysis.

An entity's score for each PCPCM PRO item is calculated as a mean, i.e., the summary of all responses across PCPCM PRO instruments received for the entity, divided by the number of instruments received. This process leads to 11 item specific PCPCM PRO scores. Means should be reported to two decimal points.

Step Three: Calculate the PCPCM PRO total score.

The PCPCM PRO total score for the entity is calculated by determining the mean of the 11 scored PRO items. This is done by adding the mean scores of all 11 PRO items and then dividing by 11. PRO means should be reported to two decimal points.

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Step Four: Converting PCPCM PRO total scores and to PCPCM PRO-PM performance score.

In order to use the PCPCM PRO as a performance measure for reporting, the 4 point PCPCM PRO scale must be converted to a 0-100 performance scale. To do this, the PCPCM PRO total score for an entity, as calculated in Step Three, is divided by 4 and then multiplied by 100.

Thus, a PCPCM PRO total score of 2.78 (based on a scale of 1-4) becomes a PCPCM PRO-PM performance score of 69.5 (on a scale of 0-100).

The monthly data collection allows for assessed entities to receive regular feedback during the course of the year. However, PCPCM PRO-PM performance scores are calculated based on quality reporting program requirements or a 12-month time frame.

There is no stratification required with the PCPCM.

## **1.7 Measure Type**

Patient-reported Outcome Performance Measure (PRO-PM)

## **1.8 Level of Analysis**

Clinician: Group/Practice, Clinician: Individual

## **1.13 Data Dictionary**

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

## **1.14 Numerator**

The PCPCM PRO-PM allows all patients to report their assessment of the quality of primary care received through responses to PCPCM PRO instrument. The target population is all active patients in a practice during the performance reporting period. A patient is defined as active if the patient has had a documented interaction with the practice within 12 months of the patient's birth month. The PCPCM PRO is the same for all patients, regardless of age. Because the PCPCM PRO applies to all patients and is not particular to a clinical encounter, it is administered once a year to each patient during their birth month. The target population is defined the same, regardless of unit of analysis (clinician or practice). The numerator is the sum of all PCPCM PRO scores for active patients.

## **1.15 Denominator**

The target population for the denominator is the same as for the numerator. The denominator is the total number of complete PCPCM PRO instruments received in the reporting period. A completed PRO instrument is defined as a PRO instrument for which the patient has responded to at least 8 of 11 items.

## **6.1.2 Current or Planned Use(s)**

Public Reporting, Payment Program, Quality Improvement (Internal to the specific organization)

## **6.1.3 Current Use(s)**

Public Reporting, Payment Program, Quality Improvement (Internal to the specific organization)

### **Exclusions**

None.

### **Planned Use**

Public Reporting, Quality Improvement (Internal to the specific organization)

### **Risk Adjustment**

No risk adjustment or risk stratification

### **The measure developer is different from the measure steward**

Yes

### **Steward Address**

Dr. Rebecca Etz  
United States

### **Steward Organization**

Larry Green Center

### **Steward Organization URL**

<https://www.theabfm.org/>

### **Steward POC email**

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