Patient Care Experience Categories ^a	Description	Example measures	Hypothesized to influence other outcomes
^b Satisfaction with support personnel and logistics of care	Appointment and registration personnel were courteous, respectful, and helpful. Facilities/amenities were perceived favorably	Proportion of patients who report the amenities were clean.	Patient satisfaction with these and other aspects of care is one indicator of patient-centered care and therefore considered quality
	(comfortable, clean, etc).	Proportion of patients who report that the wait time to be seen for an appointment	care.
	Wait times to be seen in clinic were reasonable to the patient.	was not too long.	
^b Meeting patient needs & expectations [1]	Patient's perception that expectations are met, needs are addressed, and provider spent enough time with them.	Proportion of persons who report that their health care providers always spent enough time with them.	Meeting patient needs may influence patient empowerment and adherence/self-management.
		Several of these concepts are captured as part of the Genetic Counseling Satisfaction Scale Patient satisfaction with cancer genetic	
		counseling [2] Satisfaction with genetic counseling: dimensions and measurement [3]	
Patient recall and perceptions	Patient reports their provider communicated well.	Proportion of persons who report their health care provider always asked them	Improved recall is expected to increase how informed patients
of provider communication	Patient recalls discussion of certain topics such as: available options (including risks and benefits) or who in the family may also be at risk	to describe how they will follow the instructions.	feel and their perceptions of both the information received and the patient-provider relationship.
	for the genetic condition.	Proportion of persons who report that their health care providers always	If patients don't recall what
	Patient recalls provider asked about patient's preferences, values and opinions. Patient feels that the provider involved them in the interaction.	involved them in decisions about their health care as much as they wanted,	occurred, it may hinder their ability to make quality health decisions or negatively impact
	Patient recalls provider followed up with patient as planned (e.g., called out test results, verified insurance, communicated with other providers)	<u>Perceived involvement in Care Scale</u> (patient involvement subscale) [4]	self-efficacy to take action. Patients' perceptions that staff worked together for their health care is strongly correlated with

Table 2. Patient Care Experience from the Framework for Outcomes of Clinical commUnication Services (FOCUS)

	Patient's perceptions of degree to which clinical providers worked together		overall evaluations of care.
^b Perceptions of patient-provider	Feeling understood and respected by provider	Captured as part of the Genetic Counseling Satisfaction Scale	Patients who positively perceive their relationship with their
relationship [2– 4]	Perceptions of trust and confidence in the provider	Patient satisfaction with cancer genetic counseling [2] Satisfaction with genetic counseling:	provider are more likely to make quality health decisions and adhere to health
	Perceptions of emotional support from the provider	dimensions and measurement [3]	recommendations.
	Perceptions of autonomy support from provider	Patient Reactions Assessment subscale "affective communication" measures patient perceptions of physician's respect and concern for the patient [8]	
		Proportion of persons who report that their health care providers always listened carefully to them.	
		<u>Health Care Climate – patient feels</u> provider supports autonomy [9]	
^b Perceptions of information	Although "experts" can evaluate whether the information is accurate, the patient is perhaps the best person to evaluate information clarity, amount, appropriateness, and relevance for	Patient Reactions Assessment (PRA) subscale, "information" measures patient's perception of physicians' information-giving [8]	Perceptions that information is appropriate and relevant indicate patient-centered care.
	themselves.	Proportion of persons who report their health care provider always gave them easy to understand instructions [or information] about their health condition	Positive perceptions about information may improve how informed patients feel, quality health decision, adherence/self- management, and communication with family.

Table 2. Patient Care Experience from the Framework for Outcomes of Clinical commUnication Services (FOCUS)

^a Patient experience measures reflect patient-centeredness which is one of the six quality health domains

^b Although more specific, these categories may encompass some aspects of what people have referred to as "patient satisfaction".

References

- [1] C. Wang, R. Gonzalez, and S. D. S. D. Merajver, "Assessment of genetic testing and related counseling services: current research and future directions.," *Soc. Sci. Med.*, vol. 58, no. 7, pp. 1427–42, Apr. 2004. <u>http://www.ncbi.nlm.nih.gov/pubmed/14759687</u>
- [2] T. A. DeMarco, B. N. Peshkin, B. D. Mars, and K. P. Tercyak, "Patient satisfaction with cancer genetic counseling: a psychometric analysis of the Genetic Counseling Satisfaction Scale.," *J. Genet. Couns.*, vol. 13, no. 4, pp. 293–304, Aug. 2004. <u>http://www.ncbi.nlm.nih.gov/pubmed/19736695</u>
- [3] S. Shiloh, O. Avdor, and R. M. Goodman, "Satisfaction with genetic counseling: Dimensions and measurement," *Am. J. Med. Genet.*, vol. 37, no. 4, pp. 522–529, Dec. 1990. http://onlinelibrary.wiley.com/doi/10.1002/ajmg.1320370419/abstract;jsessionid=0D869F79210E85EC865859AE4B3F00A8.f03t02
- [4] C. E. Lerman, D. S. Brody, G. C. Caputo, D. G. Smith, C. G. Lazaro, and H. G. Wolfson, "Patients' Perceived Involvement in Care Scale: relationship to attitudes about illness and medical care.," *J. Gen. Intern. Med.*, vol. 5, no. 1, pp. 29–33. <u>http://www.ncbi.nlm.nih.gov/pubmed/2299426</u>
- [5] R. L. Street, G. Makoul, N. K. Arora, and R. M. Epstein, "How does communication heal? Pathways linking clinician-patient communication to health outcomes.," *Patient Educ. Couns.*, vol. 74, no. 3, pp. 295–301, Mar. 2009. <u>http://www.ncbi.nlm.nih.gov/pubmed/19150199</u>
- [6] R. L. Street, "How clinician-patient communication contributes to health improvement: modeling pathways from talk to outcome.," *Patient Educ. Couns.*, vol. 92, no. 3, pp. 286–91, Sep. 2013. <u>http://www.ncbi.nlm.nih.gov/pubmed/23746769</u>
- [7] R. L. Street and R. M. Epstein, *Patient-Centered Communication in Cancer Care: Promoting Healing & amp; Reducing Suffering*. Bethesda, MD: NIH publication, 2007. <u>http://appliedresearch.cancer.gov/areas/pcc/communication/pcc_monograph.pdf</u>
- [8] J. P. Galassi, R. Schanberg, and W. B. Ware, "The Patient Reactions Assessment: A brief measure of the quality of the patient-provider medical relationship.," *Psychol. Assess.*, vol. 4, no. 3, pp. 346–351, 1992. <u>http://doi.apa.org/getdoi.cfm?doi=10.1037/1040-3590.4.3.346</u>
- [9] D. Zohar, Y. Livne, O. Tenne-Gazit, H. Admi, and Y. Donchin, "Healthcare climate: a framework for measuring and improving patient safety.," *Crit. Care Med.*, vol. 35, no. 5, pp. 1312–7, May 2007. <u>http://www.ncbi.nlm.nih.gov/pubmed/17414090</u>