Table 1b. Process Measures from the Framework for Outcomes in Clinical commUnication Services (FOCUS)

Categories of Communication Process Measures[a]	Description	Example Measures[b]
Use of communication skills	Fidelity to a specific counseling or educational technique, approach, or strategy (i.e., extent to which skills were implemented as intended). List of skills and processes that are checked if completed. Samples of processes that could be on a checklist include: 1) Open-ended questions used to elicit patient needs, perspectives, concerns, questions, values, or social context 3) Three- or four-generation family history was completed 4) Patient risk perceptions were elicited 5) Personalized risk information was given (visuals used) 6) Beliefs/emotions about health condition were discussed 7) All reasonable options were considered 8) Patient's attitudes/feelings about options were elicited 9) Anticipatory guidance was provided 11) Discussed implications and risks for family members 12) Provider used active listening skills; few interruptions 13) Provider's statements conveyed empathy versus unsolicited advice and judgmental comments 14) Patient's goals or outcome expectations were elicited 15) "Teach back" used correctly to check understanding 17) Patient's readiness to take action was determined 18) Barriers to the decision or action were identified and ways to overcome them identified 19) Pain was assessed (if applicable)	Rochester Participatory Decision-Making Scale (RPAD) (Shields 2005) measures patient-physician collaborative decision-making (observer coded) [1] Informed decision making coding (Braddock, 1999) measures degree to which physician recommendations satisfy informed decision making (observer coded) [2] Empathic Communication Coding System (ECCS) (Bylund and Makoul 2002) (observer coding) [3] Roter Interaction Analysis System (RIAS) (Roter and Larson 2002) identifies information seeking and information-giving utterances (observer coding) [4] Physician-Patient Verbal Coding Scheme (Gordon, Street, Sharf, and Souchek, 2006) measures physician information giving across several categories (observer coding) [5] The 5-As model (Glasgow, Emont, and Miller 2005) measures 4 steps to physician facilitation of patient health behavior change: ask, advise, assess, assist, and arrange follow-up. [6] Empowering Health Counseling scale (Kettunen 2006) completed by patient & provider [7]

Table 1b: Process Measures

Table 1b. Process Measures from the Framework for Outcomes in Clinical commUnication Services (FOCUS)

Appropriateness of testing and accuracy of results interpretation [8]	Reliable and clinically valid testing was offered (if appropriate). Test results were interpreted accurately by the provider, taking into consideration the medical and family history.	Proportion of cancer patients who have a variant of uncertain significance who are told their family history should determine cancer risk screening and management options (and the test result does not change their risks or management options). Proportion of patients with a variant of uncertain significance result who are inappropriately informed that this result means they are at increased risk for disease Proportion of prenatal patients who are told that results of noninvasive prenatal screening should be confirmed with amniocentesis or CVS.
Appropriateness of informational content	Information provided was up to date, accurate, and culturally appropriate. Information was tailored to the patient's health literacy and education levels as well as the patient's needs and desired amount of detail.	Experts can evaluate information accuracy. Compare patient reported preferences for information to actual information that was provided: Information Styles Questionnaire (Cassileth Zupkis 1980) [9]; Information Preference Scale (Blanchard, et al 1988) [10]; Willingness to discuss psychosocial and physical aspects of health (Street et al 1995) [11]; Preferences for discussing prognostic information (Hagerty 2004) [12].
Patient involvement (e.g., reciprocity of communication and content of patient responses) [13]	Extent to which the patient actively communicated as evidenced by how often the patient talked, asked questions, offered opinions or beliefs, stated preferences, introduced topics for discussion, expressed emotions, and disclosed concerns. Certain content of patient utterances may be predictive of key changes or outcomes.	Analyzing Patient Participation in Medical Encounters (Street and Millay 2001) observer coding [14] Proportion of patients who offer their opinions or state their preferences and values. Motivational interviewing commitment language by the patient (especially at the end of the session) is strongly correlated with behavior change.[15]
Care was coordinated & resources or follow-up provided	Whether and how the provider helped the patient navigate the healthcare system or share information with family members and what support resources, referrals, or written information were provided to patients. Provider followed up as planned in a timely fashion.	AHRQ Care of Coordination Measure Atlas. [16] Proportion of individuals with a new diagnosis who are given information about support or advocacy groups. Proportion of individuals sent a written summary of visit. Timeliness of follow-up task completion by the provider

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Followed professional guidelines and ethical practices [16–18]	Appropriate options and medical management recommendations were discussed in line with professional practice guidelines. Provider behaved ethically (e.g., was honest with the patient; did not push their own values on the patient).	Comprehensive family medical history completed according to standardized nomenclature. [20] Checklist documenting that important points identified in an evidence-based practice guideline were completed. Proportion of patients who meet certain criteria and receive appropriate evidence-based care.
Accurate diagnosis	An accurate diagnosis is necessary for the patient to access appropriate care and make quality health decisions. An inaccurate diagnosis can lead to more costly and inappropriate medical care, which can negatively impact patient health outcomes.	Proportion of patients seen by a genetic counselor who received an accurate diagnosis.

a. Communication process measures, in general, reflect the healthcare services provided to a patient (including what occurred during the communication process and whether strategies were implemented as originally prescribed or intended). Several process measures are expected to influence patient care experiences and may contribute to other changes.

b. Types of process measures include: checklists, chart reviews, observer coding documenting use of communication strategies, and adherence to professional guidelines. Measures can be based on coding by a third party observer during or after the visit (if it is audio recorded) or through medical record checklists completed by providers.

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