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## Original article

## Patient-Assessed Chronic Illness Care (PACIC) scenario in an Indian homeopathic hospital



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## ABSTRACT

Homeopathy research has focused on chronic conditions; however, the extent to which current homeopathic care is compliant with the Chronic Care Model (CCM) has been sparsely shown. As the Bengali Patient-Assessed Chronic Illness Care (PACIC)-20 was not available, the English questionnaire was translated and evaluated in a government homeopathic hospital in West Bengal, India. The translation was done in six steps, and approved by an expert committee. Face validity was tested by 15 people for comprehension. Test/retest reliability (reproducibility) was tested on 30 patients with chronic conditions. Internal consistency was tested in 377 patients suffering from various chronic conditions. The questionnaire showed acceptable test/retest reliability [intraclass correlation coefficient (ICC) 0.57–0.75; positive to strong positive correlations;  $p < 0.0001$ ] for all domains and the total score, strong internal consistency (Cronbach's  $\alpha = 0.86$  overall and 0.65–0.82 for individual subscales), and large responsiveness (1.11). The overall mean score percentage seemed to be moderate at  $69.5 \pm 8.8\%$ . Gender and presence of chronic conditions did not seem to vary significantly with PACIC-20 subscale scores ( $p > 0.05$ ); however, monthly household income had a significant influence ( $p < 0.05$ ) on the subscales except for "delivery system or practice design." Overall, chronic illness care appeared to be quite promising and CCM-compliant. The psychometric properties of the Bengali PACIC-20 were satisfactory, rendering it a valid and reliable instrument for assessing chronic illness care among the patients attending a homeopathic hospital.

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## 1. Introduction

Chronic diseases are major causes of death and disability worldwide with rising prevalence. They pose a significant health threat and an increasing challenge to health care systems.<sup>1</sup> Despite

advances in treatment, patients with chronic diseases do not always receive optimal care.<sup>2</sup> Current care is often event-driven, despite evidence that a structured, proactive approach helps reduce the burden of several chronic diseases.<sup>3</sup> Because the causes of chronic diseases are complex, treatment should be multifaceted, integrated, and tailored to patient needs.<sup>4</sup>

Disease management programs (DMPs) aim to improve the efficiency and effectiveness of chronic care delivery by combining patient-related, professionally directed, and organizational interventions.<sup>2</sup> DMPs are often based on the Chronic Care Model (CCM). The CCM has achieved widespread acceptance and reflects the core elements of patient-centered care in chronic diseases. The

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idea is to transition chronic care from acute and reactive to proactive, planned, and population-based.<sup>5</sup> A recent literature review reaffirms the notion that redesigning care using the CCM leads to improved patient care and better health outcomes.<sup>6</sup> The model provides an organized multidisciplinary approach to care for patients with chronic diseases. Glasgow and colleagues developed the Patient-Assessed Chronic Illness Care (PACIC) to assess patients' perspectives of the alignment of primary care to the CCM measurement of care that is patient-centered, proactive, planned, and includes collaborative goal setting, problem solving, and follow-up support.<sup>7</sup> Since then, PACIC has emerged as a practical, patient self-report, quality-improvement tool to help organizations evaluate the strengths and weaknesses of their delivery of care for chronic illness and identify areas for improvement, and to evaluate the level and nature of improvements made in their system. It has been used both nationally and internationally as an instrument to evaluate the delivery of CCM activities for a variety of chronic health conditions including, diabetes, osteoarthritis, depression, asthma, hypertension, and chronic obstructive pulmonary disease (COPD). A short version called PACIC-11 (or PACIC-s) and a longer version called PACIC-26 for diabetics were also available.<sup>8,9</sup> Very recently, Dutch versions of PACIC-20 and PACIC-11 have also been developed.<sup>4</sup> The paradigm for high-quality chronic illness care now seeks to promote a fuller understanding of the patient's preferences in order to improve self-management abilities and to activate and/or empower patients.<sup>10</sup>

Homeopathy research in humans has focused on various chronic conditions; however, no data are available to date showing the extent to which current homeopathic care in any homeopathic setting is CCM-compliant. Until recently, a considerable amount of homeopathic research has concentrated on patient satisfaction,<sup>11</sup> development of homeopathic prescribing and patient care indicators,<sup>12</sup> patient activation,<sup>13</sup> and patient-centered care.<sup>14</sup> The authors intended to translate and validate

the Bengali version of the PACIC-20 questionnaire and thereafter evaluate the quality of homeopathic chronic illness care in a government homeopathic hospital in West Bengal, India, namely Mahesh Bhattacharyya Homeopathic Medical College and Hospital (MBHMC&H).

## 2. Methods

Ethics clearance was obtained from the institutional ethics committee prior to conducting the study. All participants were provided with patient information sheets in local vernacular Bengali and informed consents were obtained. The survey matter and questions were also explained verbally to the participants by the research assistant to facilitate easy understanding. No identifiable patient information was required, ensuring anonymity and protection of patient privacy. Also the questionnaires that were filled in by the research assistants were concealed by putting them inside opaque envelopes, which were sealed at the survey site. These were sent for data extraction in a specially designed Microsoft Excel master chart that was subjected to statistical analysis in different statistical computational websites.

The six different stages that were needed for the development of the study questionnaire are seen in Fig. 1.

### 2.1. Stage I (forward translation)

For the forward translation from English into Bengali, two independent native Bengali speaking translators translated the English version of PACIC-20 into the target language Bengali ( $T_1$  and  $T_2$ ). One of the translators was a clinician and therefore aware of the concepts that were being measured with the PACIC-20 and the other translator was a language specialist with no medical background.

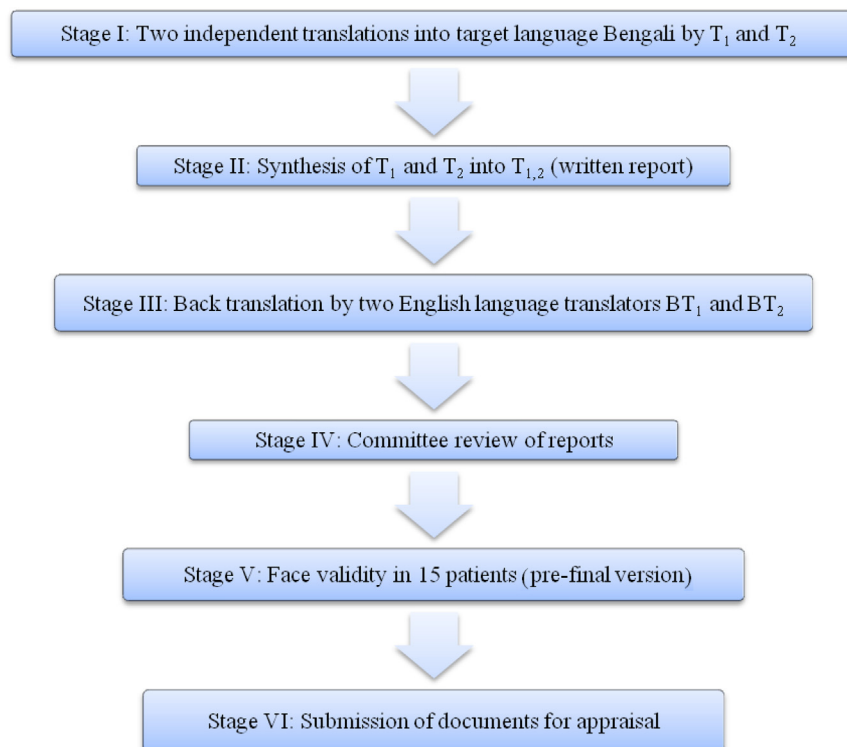


Fig. 1. Translation and cross-cultural adaptation sequence of the Bengali Patient-Assessed Chronic Illness Care (PACIC-20) questionnaire that was used in the study.

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