**Assessing the Quality of Transitional Care: Further Applications of the Care Transitions Measure.**

**Original Article**

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**Abstract:**
Background: The Institute of Medicine has identified care transitions as a priority area for performance measurement.

Objectives: To examine the performance of the Care Transitions Measure (CTM) in more diverse populations and to introduce a 3-item CTM.

Research Design: Cross-sectional study with purposive sampling of traditionally underserved populations. Confirmatory factor analyses, internal consistency reliability analyses, and differential item function tests were performed to explore the stability and performance of the 15-item CTM. Regression assessed the ability of the 3-item CTM to predict the 15-item CTM total score. Analysis of variance tests were conducted to explore CTM performance in different populations with respect to health and demographics.

Subjects: A total of 225 patients age 18-90 who were hospitalized in the past 12 months and were African American, Hispanic American, or rural-dwelling.

Measures: CTM-15, CTM-3, age, gender, education, and health status.

Results: Mplus confirmatory factor analysis supported the CTM-15 factor structure in more diverse population (Comparative Fit Index [CFI] = 0.954). The 3-item CTM explained 88% of the variance in the 15-item CTM score. Differential item function analysis did not reveal any differential item difficulty by age, gender, education, self-rated health, or group (African American, Hispanic American, and rural-dwelling).

Conclusions: Following endorsement by National Quality Forum, findings support use of the CTM in national public reporting efforts. The 3-item CTM closely approximates the 15-item instrument and may be attractive to purchasers and health care organizations that want to assess quality in this area while minimizing cost and response burden.