Abstract

Introduction: The CCAENA questionnaire assesses the three types of continuity of care (relational, informational, managerial) across care levels from the patient's perspective. It had been validated for the Spanish health care context[1].

Objective: To evaluate the psychometric properties of shortened version of the CCAENA scale in the Colombian and Brazilian context.

Methods: Cross-sectional study by means of a population survey in municipalities of Colombia (n=2,163) and Brazil (n=2,167). Data were collected in 2011 using a questionnaire that included 14 items of the CCAENA scale adapted to both contexts (and translated). Construct validity (exploratory factor analysis), internal consistency (Cronbach's alpha) and multidimensionality (Spearman correlation coefficients) were assessed.

Results: As in the original version, the factor analysis showed that the items grouped into three factors: continuity across care levels and patient-primary care provider and -secondary care
provider relationship. Cronbach’s alpha indicated good internal consistency (Colombia: 0.87, 0.91, 0.87; Brazil: 0.86, 0.89, 0.86). The correlation coefficients suggest that the three factors can be interpreted as separated scales (<0.70).

**Conclusion:** Validity and reliability of the shortened version of CCAENA are adequate in both countries – maintaining high equivalence with the original version – thus, is a useful tool to assess continuity of care in these contexts.

**Keywords**

continuity of patient care, questionnaires, delivery of health care