

# Functional Status Assessment Measures using Patient-Reported Outcomes

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# Today

## **Working on performance measures for assessment of functional status for the following**

- Hip and knee replacement
  - Congestive heart failure
  - Asthma, Rheumatoid arthritis
- **Review of current use**
  - **Summary of issues**
  - **Next Steps**

# Complex Chronic Conditions: Heart Failure – Generic Tools

PROM	# of items	Dartmouth-Hitchcock	University of Penn	Cleveland Clinic	Oxford Report¥	Total
PROMIS (global)	10	√	√			2
EQ-5D*	5			√	√	2
SIP	136					0
SF-36*	36				√	1
SF-12*	12				√	0
VR-12	12	√				1

\*Proprietary tools

¥Patient-Reported Outcome Measurement Group, Oxford: A Structured Review of Patient-Reported Outcomes Measures (PROMs) for Heart Failure

# Complex Chronic Conditions: Heart Failure – Condition-Specific Tools

PROM	# of items	Dartmouth-Hitchcock	University of Penn	Cleveland Clinic	Oxford Report	Total
KCCQ*	23	√ <del>X</del>		√	√	3
MLHFQ*	21	√ <del>X</del>			√	2
CHQ‡	16					0
MacNew	23-27					0
PHQ-9	9-10	√	√	√		3
GAD-7				√		1

\*Proprietary tools

‡Interview only

~~X~~Been using MLHFQ but is piloting/considering switching to KCCQ

# Complex Chronic Conditions: Heart Failure – Generic vs. Condition-Specific Tools

PROM	Dartmouth-Hitchcock	University of Penn	Cleveland Clinic	Total
Generic PROM only		√*		1
Condition-specific PROM only				0
Generic and condition-specific PROM	√		√*	2

\*University of Pennsylvania and Cleveland Clinic are also using the PHQ-9, and Cleveland Clinic is using the GAD-7 for anxiety

# Hip Replacement – Condition-Specific Tools

PROM	# of items	NHS (UK)	D-H	Rocky Mt.	Sweden Reg. ¥	CJRR ¥	AJRR ^	Providenc e#	Scott & White#	Maine #	VM #	Total
Oxford Hip Score*	12	√				√	√		√	√		5
HOOS	42			√			√	√X	√X	√X	√X	6
WOMAC*	24					√	√	√X	√X	√X	√X	2
Harris Hip Score	8		√				√	√		√		4
AAOS Lower Limb Scale	7											0

**\*Proprietary tools**

**X Been using WOMAC but is switching to HOOS**

**¥The California Joint Replacement Registry: Selecting a Tool for Evaluating Patient-Reported Outcomes**

**^The American Joint Replacement Registry has not yet started collecting PRO data – these tools are under consideration for when sites begin submitting PRO data**

**#High Value Healthcare Collaborative sites**

# Hip Replacement – Generic vs. Condition-Specific Tools

PROM	NHS (UK)	D-H	Rocky Mt.	Sweden Reg. ¥	CJRR¥*	AJRR^	Providence #	Scott & White#	Maine #	VM#	Total
Generic PROM only				√	√						2
Condition-specific PROM only											0
Generic and condition-specific PROM	√	√	√		√		√		√	√	7

**\*The CJJR recommends three PROM combinations to participating providers: two options include a generic and a condition-specific PROM, one option includes a generic PROM only**

**¥The California Joint Replacement Registry: Selecting a Tool for Evaluating Patient-Reported Outcomes**

**^The American Joint Replacement Registry has not yet started collecting PRO data and has not established requirements for which PROMs will need to be used**

# How Minnesota Community Measurement Calculates Change

- **Change score**
  - Change (absolute) in points pre-op vs. post-op among patients
  - Change (percent) for Oswestry
  - Averaged at clinic level
- **Developing plan for risk adjustment to ensure valid comparisons**



# How the NHS Measures Change

- **Measure PROMs once before and once after surgery (at least six months after for hip and knee replacements)**
- **To add to the value of the PROMs questionnaire data, it is linked routinely with Hospital Episode Statistics (HES) episode-level information**
- **In addition to the presentation of raw data, adjusted post-operative scores and measures of health gain are included together with standard deviations**
  - An adjusted measure has been included to allow the comparison of trusts with national figures based on health gain
  - The adjusted measure, based on models developed by contractors on behalf of the Department of Health, takes into account the fact that organizations deal with patients with a differing casemix
  - Casemix models are applied in this publication in advance of a planned cycle of further refinement to the methodology.

# Key Themes: Functional Status Assessments

- **Experts provided feedback that standardized functional status assessments are of interest, but generally are not used in clinical practice**
  - When they are used, they are not used systematically
  - These instruments are generally calibrated for individual patient assessment
  - We will need consider risk adjustment to achieve equitable population-level evaluation for outcome measures
- **Expert support for pairing process measure with goal setting tied to functional status assessments**
- **Expert recommendation to specify several assessment tools because using a single assessment tool may affect face validity**
- **Issues may be different for assessment of procedures than for use with chronic conditions**
- **Expert discomfort with outcomes at aggregate level**

# Next Steps

- **Explore how to construct outcome measures**
- **Decide on standardized tools**
- **Explore licensing options**
- **Field test**
- **Final specifications final specs for potential inclusion in Meaningful Use Stage 3**