



Methodological Challenge #2

Incorporating routine measurement of patient reported outcomes

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My starting 'suspicion'

Health Technology Assessments (HTAs) tend to over-state the magnitude of efficiency improvements.

That is, when the results of HTAs are implemented in the system, we often fail to see the health gains predicted by the HTA.

The HTA rationale for my 'suspicion'

High quality HTAs include a model-based economic evaluation [A jolly good thing!]

BUT:

There is increasing reliance in coverage decision-making (CDR, NICE etc.) on models developed by manufacturers.

The 'validity' of the model is never (or is very rarely) established.

The system rationale for my 'suspicion'

The health care system in Canada incentivizes volumes (through FFS reimbursement), with the result of over-supply.

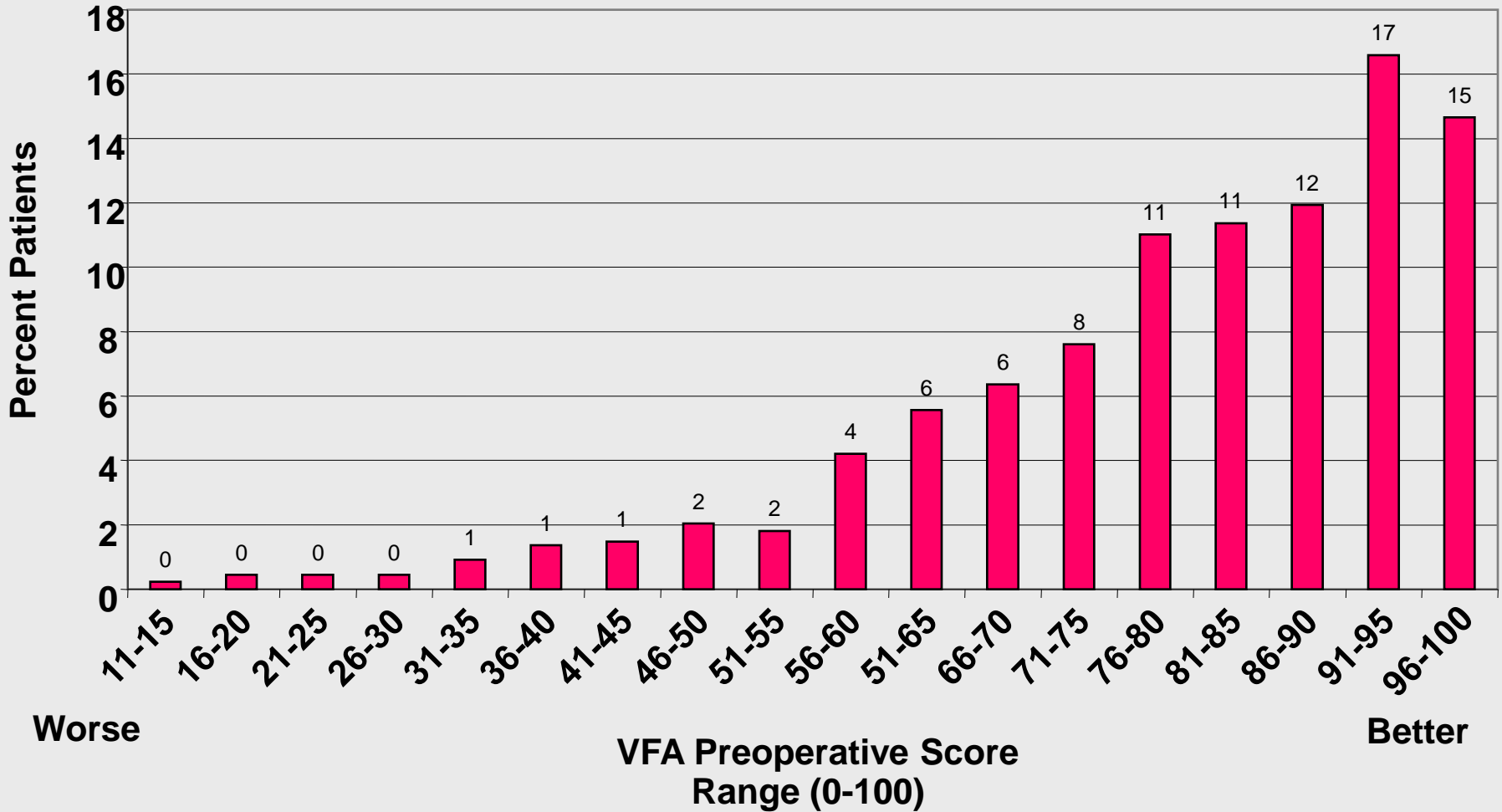
And yet ongoing assessment of the 'performance' of the health technology, once implemented in the system, is not undertaken.

My decisions are
based only on
ETHICS

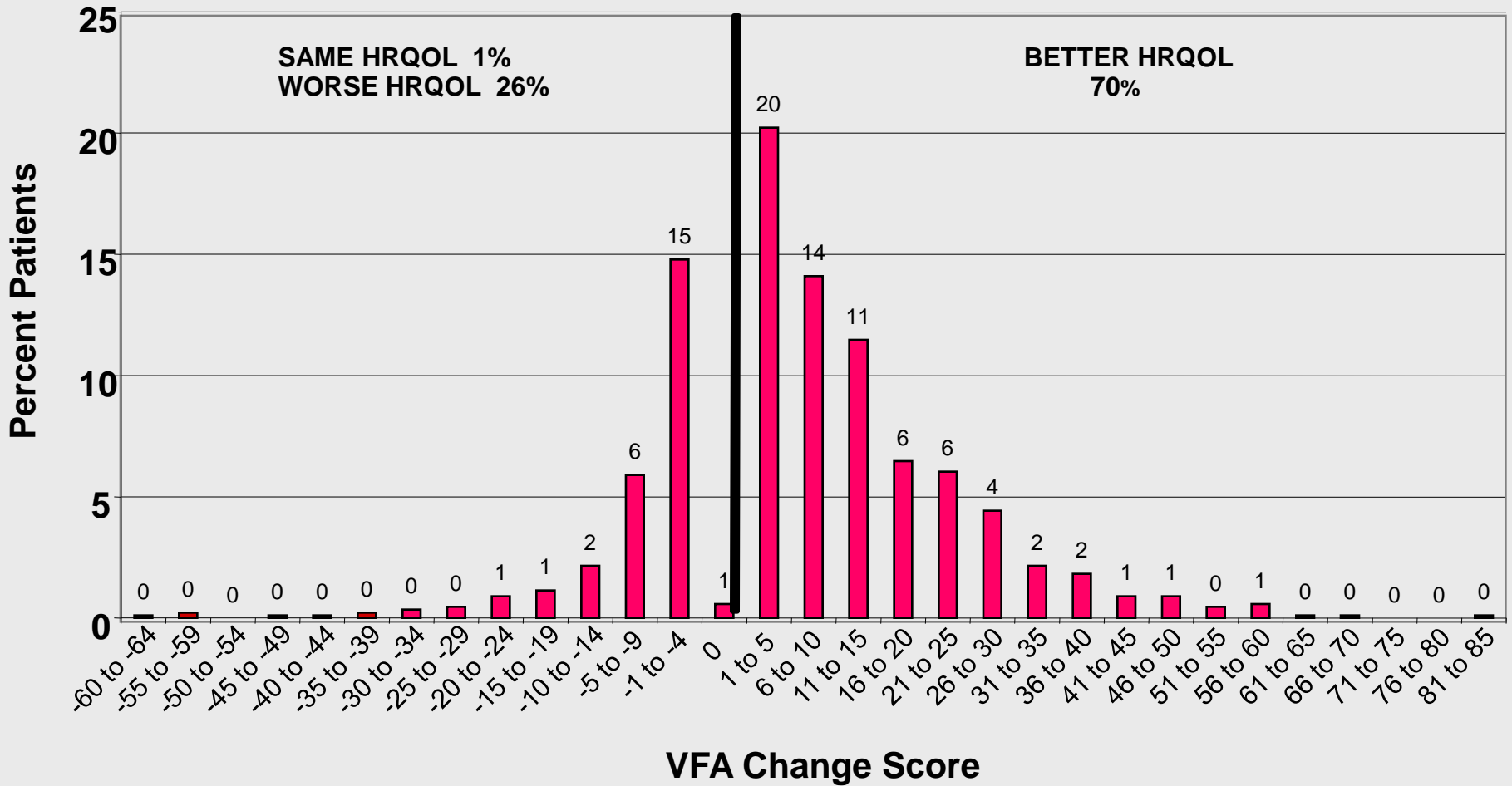


Daniel Mojon

VRHB REGION - CATARACT SURGERY DISTRIBUTION OF PATIENTS BY VFA PREOPERATIVE SCORE



VRHB REGION - CATARACT SURGERY DISTRIBUTION OF PATIENTS BY VFA CHANGE SCORE



A natural response?

Patient-reported outcome measures (PROMs) should be collected as a routine.

The PROMS I am not be talking about!



Tick one box for each group of statements.

Mobility

I have **no** problems in walking about

I have **some** problems in walking about

I am **confined to bed**

Please tick one box

Self-Care

I have **no** problems with self-care

I have **some** problems washing or dressing myself

I am **unable to wash or dress myself**

Please tick one box

Usual Activities

I have **no** problems with performing my usual activities
(e.g. work, study, housework, family or leisure activities)

I have **some** problems with performing my usual activities

I am **unable to perform my usual activities**

Please tick one box

Pain/Discomfort

I have **no** pain or discomfort

I have **moderate** pain or discomfort

I have **extreme** pain or discomfort

Please tick one box

Anxiety/Depression

I am **not** anxious or depressed

I am **moderately** anxious or depressed

I am **extremely** anxious or depressed

Please tick one box

How PROMs can help in HTA

The HTA problem:

- We need a stronger emphasis on establishing model 'validity'.
- Are the health outcomes predicted by the model seen in the routine delivery of care?

The system problem:

- Establishing appropriateness before intervention and monitoring recovery afterwards *'should be a central part of how we do business in health care'*. (Robens-Paradise, personal communication)

But routine PROMs can also help with...

Informing patients:

- Is my recovery post-surgery similar to that of other patients or should I be worried?

Informing clinical judgements:

- Which of my patients are experiencing on-going health problems and might benefit from early clinical review?

Informing health sector managers:

- Which are the high performing clinical teams and what lessons can they offer to other groups?

Informing health service researchers:

- How variable are health outcomes across Canada and what are the main drivers of such variation?

Learning from the work of others

Wright, Chambers, Robens-Paradise (2002)

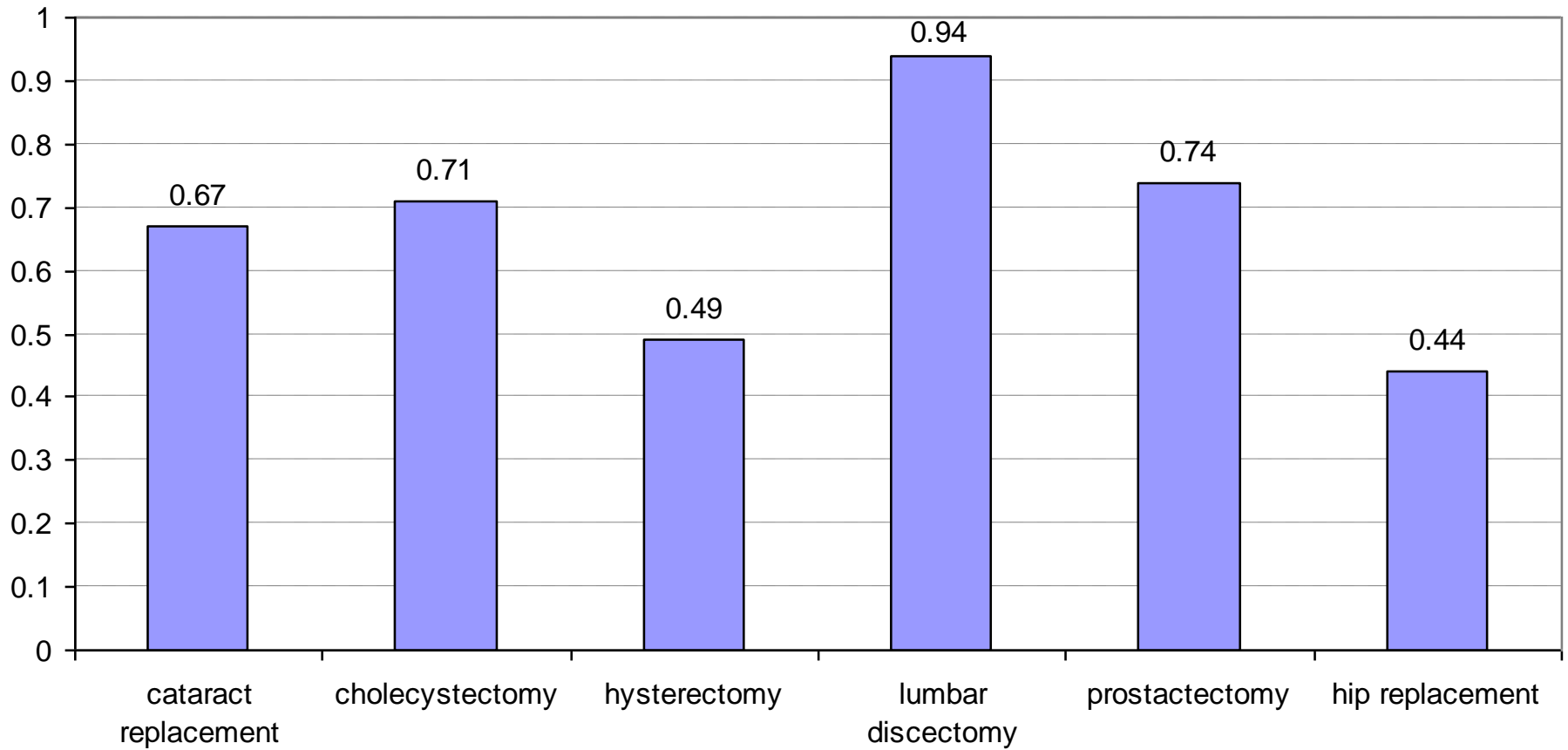
- Sought to determine the feasibility of routine evaluation of indications for and outcomes of elective surgery

Participants

- 138 surgeons and 5313 patients who underwent one of the following: cataract replacement, cholecystectomy, hysterectomy, lumbar discectomy, prostactectomy, hip replacement

Self-reported health-related QoL (before/after)

Proportion of procedures with response (Wright et al, 2002)



Wright's conclusions

“Evaluation of indications for and outcomes of elective surgery could be implemented systematically at reasonable cost and could be included in an accountability framework for health services.”

47% of surgeons said the exercise was of little value and did not wish to continue receiving such information.

“Most surgeons were not enthusiastic about this kind of evaluation.”

Developments in the UK

Guidance on the Routine Collection of Patient Reported Outcome Measures (PROMs)

- 1 The new Standard NHS Contract for Acute Services, introduced in April 2008, includes a requirement in Schedule 5 to report from April 2009 on patient-reported outcome measures (PROMs).
- 2 This guidance sets out national standards for PROMs instruments for elective NHS patients undergoing Primary Unilateral Hip or Knee replacements, Groin Hernia surgery or Varicose Vein procedures and their administration. Adherence to the national standards will ensure comparability of data across the country. They are based on the results of comprehensive research and piloting of PROMs in the NHS.

Why PROMs?

- 3 We know little of the clinical outcomes of NHS services from the patients' perspective. PROMs fill this gap. Their use is strongly supported by clinical opinion and they are already used by non-NHS healthcare organisations.

Some PROM challenges (in no particular order)

Physician engagement and leadership

Cost

Burden on staff and patients

Getting agreement on measures to use

Data integrity

Data ownership, use and access

Privacy and confidentiality

Conclusions

Routine collection of PROMs has the potential to deliver benefits for: researchers, decision-makers, patients, clinicians and policy analysts.

The challenges should not be underestimated but nor should they be an excuse for inaction!