Evaluating Multi-Item Scales



Health Services Research Design (HPM 225B)

January 25, 2016, 1:00-3:00pm CHS 61-269

Iterative Development

Hypothesize Conceptual Framework

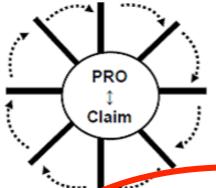
- Outline hypothesized concepts and potential claims
- Determine intended population
- Determine intended application/characteristics (type of scores, mode and frequency of administration)
- Perform literature/expert review
- Develop hypothesized conceptual framework
- Place PROs within preliminary endpoint model
- Document preliminary instrument development

v. Modify Instrument

- Change wording of items, populations, response options, recall period, or mode/method of administration/data collection
- Translate and culturally adapt to other languages
- Evaluate modifications as appropriate
- Document all changes

iv. Collect, Analyze, and Interpret Data

- Prepare protocol and statistical analysis plan (final endpoint model and responder definition)
- Collect and analyze data
- Evaluate treatment response using cumulative distribution and responder definition
- Document interpretation of treatment benefits
 in relation to claim



ii. Adjust Conceptual Framework and Draft Instrument

- Obtain patient input
- Generate new items
- Select recall period, response options and format
- Select mode/method of administration/data collection
- Conduct patient cognitive interviewing
 - Diff tost draft instrument
 - Document con. * validity

iii. Confirm Conceptual Framework and Assess Other Measurement Properties

- Confirm conceptual framework with scoring rule
- Assess score reliability, construct validity, and ability to detect change
- Finalize instrument content, formats, scoring, procedures and training materials
- Document measurement development

Physical Functioning

 Ability to conduct a variety of activities ranging from self-care to running

- Predictor of
 - Hospitalizations, institutionalization, and mortality

 Six physical functioning items included in 2010 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Medicare Survey Because of a health or physical problem are you unable to do or have any difficulty doing the following activities?

- Walking?
- Getting in or out of chairs?
- Bathing?
- Dressing?
- Using the toilet?
- Eating?
 - I am unable to do this activity (0)
 - Yes, I have difficulty (1)
 - No, I do not have difficulty (2)

Medicare beneficiary sample (n = 366,701)

- · 58% female
- 57% high school education or less
- · 14% 18-64; 48% 65-74, 29% 75-84, 9% 85+



% of Medicare beneficiaries (n = 366,701) selecting each response option

Item	Unable to do	Have difficulty	No difficulty
Walking	4	27	69
Chairs	3	19	78
Bathing	4	11	85
Dressing	3	9	88
Toileting	3	6	91
Eating	3	3	94

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Item-Scale Correlations

ltem	Item-Scale Correlations
Walking (0, 1, 2)	0.71
Chairs (0, 1, 2)	0.80
Bathing (0, 1, 2)	0.83
Dressing (0, 1, 2)	0.86
Toileting (0, 1, 2)	0.84
Eating (0, 1, 2)	0.75

Possible 6-item scale range: 0-12 (2% floor, 65% ceiling)

Reliability

Degree to which the same score is obtained when the *target* or thing being measured (person, plant or whatever) has not changed.

- ✓ Internal consistency (items)
 - ✓ Need 2 or more items
- ✓ Test-retest (administrations) correlations
 - ✓ Need 2 or more time points

Reliability

Model	Reliability	Intraclass Correlation
Two-way random	$\frac{N(MS_{BMS} - MS_{EMS})}{NMS_{BMS} + MS_{JMS} - MS_{EMS}}$	$\frac{MS_{BMS} - MS_{EMS}}{MS_{BMS} + (k-1)MS_{EMS} + k(MS_{JMS} - MS_{EMS})/N}$
Two- way mixed	$\frac{MS_{BMS} - MS_{EMS}}{MS_{BMS}}$	$\frac{MS_{BMS} - MS_{EMS}}{MS_{BMS} + (k-1)MS_{EMS}}$
One- way	$\frac{MS_{BMS} - MS_{WMS}}{MS_{BMS}}$	$\frac{MS_{BMS} - MS_{WMS}}{MS_{BMS} + (k-1)MS_{WMS}}$

BMS = Between Ratee Mean Square N = n of ratees

WMS = Within Mean Square

k = n of items or raters

JMS = Item or Rater Mean Square

EMS = Ratee x Item (Rater) Mean Square



Alpha\ Reliability Formulas

Model	Reliability	Intraclass Correlation
Two-way random	 $\frac{N(MS_{BMS} - MS_{EMS})}{dS_{BMS} + MS_{JMS} - MS_{EMS}}$	$\frac{MS_{BMS} - MS_{EMS}}{MS_{BMS} + (k-1)MS_{EMS} + k(MS_{JMS} - MS_{EMS})/N}$
Two- way mixed	$\frac{MS_{BMS} - MS_{EMS}}{MS_{BMS}}$	$\frac{MS_{BMS} - MS_{EMS}}{MS_{BMS} + (k-1)MS_{EMS}}$
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BMS = Between Ratee Mean Square N = n of ratees

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EMS = Ratee x Item (Rater) Mean Square

Internal Consistency Reliability (Coefficient Alpha)

• Coefficient alpha = 0.92(MS_{bms} – MS_{ems})/MS_{bms}

• Ordinal alpha = 0.98

http://support.sas.com/resources/papers/proceedings14/2042-2014.pdf

http://gim.med.ucla.edu/FacultyPages/Hays/utils/

Item-scale correlation matrix ("Multi-trait Scaling")

	Mobility	<u>Basic</u>	
Walk	0.80*	0.20	
Chairs	0.80*	0.20	
Toilet	0.80*	0.20	
Bathing	0.20	0.80*	
Dress	0.20	0.80*	
Eating	0.20	0.80*	

^{*}Item-scale correlation, corrected for overlap.

Item-scale correlation matrix ("Multi-trait Scaling")

	Mobility	<u>Basic</u>	
Walk	0.80*	0.80	
Chairs	0.80*	0.80	
Toilet	0.80*	0.80	
Bathing	0.80	0.80*	
Dress	0.80	0.80*	
Eating	0.80	0.80*	

^{*}Item-scale correlation, corrected for overlap.

Item-scale correlation matrix ("Multi-trait Scaling")

	Mobility	<u>Basic</u>	
Walk	0.74*	0.66	
Chairs	0.81*	0.74	
Toilet	0.69*	0.85	
Bathing	0.78	0.82*	
Dress	0.79	0.87*	
Eating	0.70	0.74*	

^{*}Item-scale correlation, corrected for overlap.

Item Response Theory (IRT)

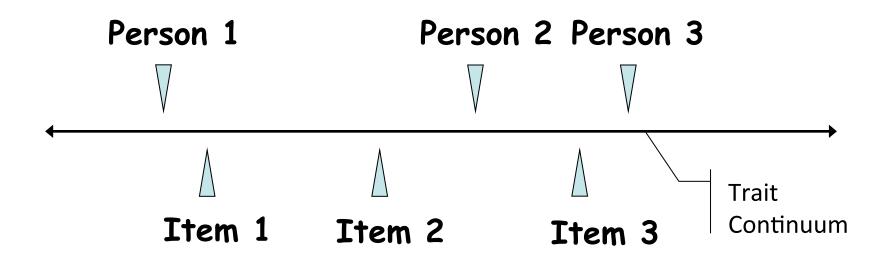
IRT models the relationship between a person's response Y_i to the question (i) and his or her level of the latent construct (θ) being measured by positing

$$\Pr(Y_i \ge k) = \frac{1}{1 + \exp(-a_i\theta + b_{ik})}$$

b_{ik} estimates how difficult it is to have a score of k or more on item (i).

a; estimates the discriminatory power of the item.

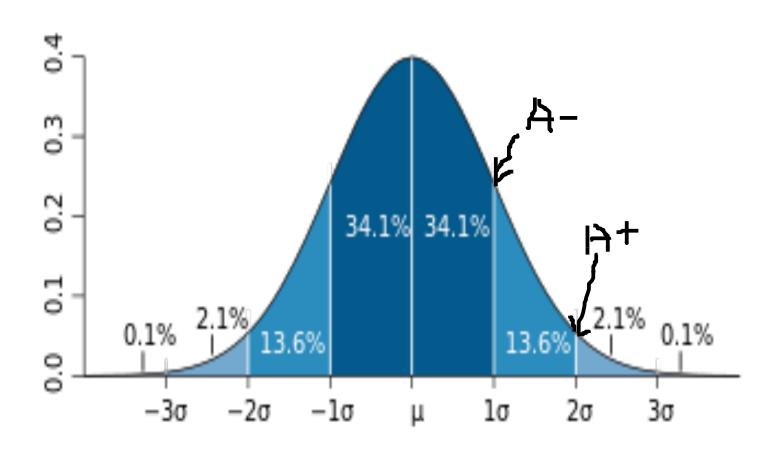
Item Responses and Trait Levels



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Normal Curve (bell-shaped)

z = -1 to 1 (68.2%); z = -2 to 2 (95.4%); z = -3 to 3 (99.6%)



% of Medicare beneficiaries (n = 366,701) selecting each response option

Item	Unable to do	Have difficulty	No difficulty 2
Walking	4	27	69
Chairs	3	19	78
Bathing	4	11	85
Dressing	3	9	88
Toileting	3	6	91
Eating	3	3	94

First Threshold

Item	Unable to do	Have difficulty	No difficulty
Walking	4	17	69
Chairs	3	19	78
Bathing	4	11	85
Dressing	3	9	88
Toileting	3	6	91
Eating	3	3	94
	l		

Second Threshold

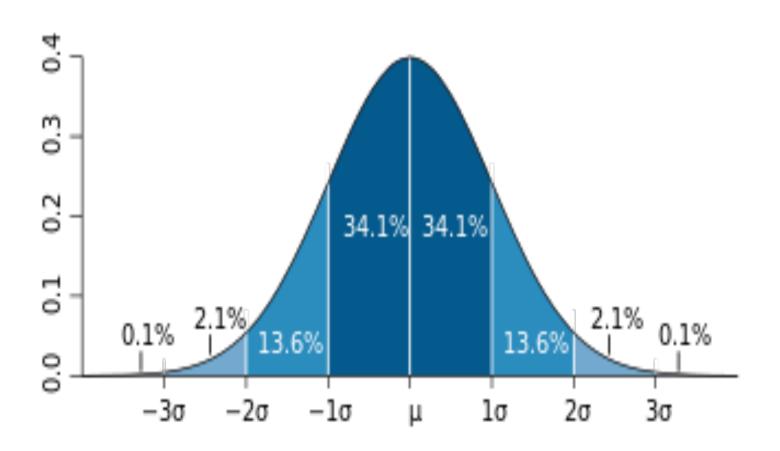
Item	Unable to do	Have difficulty	No difficulty
Walking	4	27	69
Chairs	3	19	78
Bathing	4	11	85
Dressing	3	9	88
Toileting	3	6	91
Eating	3	3	94

Threshold #1 Parameter (Graded Response Model)

Physical Functioning	1 st Threshold <i>Unable to do</i>
Walking	-1.86
Chairs	-1.91
Bathing	-1.72
Dressing	-1.78
Toileting	-1.87
Eating	-1.98

Normal Curve (bell-shaped)

$$z = -1$$
 to 1 (68.2%); $z = -2$ to 2 (95.4%); $z = -3$ to 3 (99.6%)

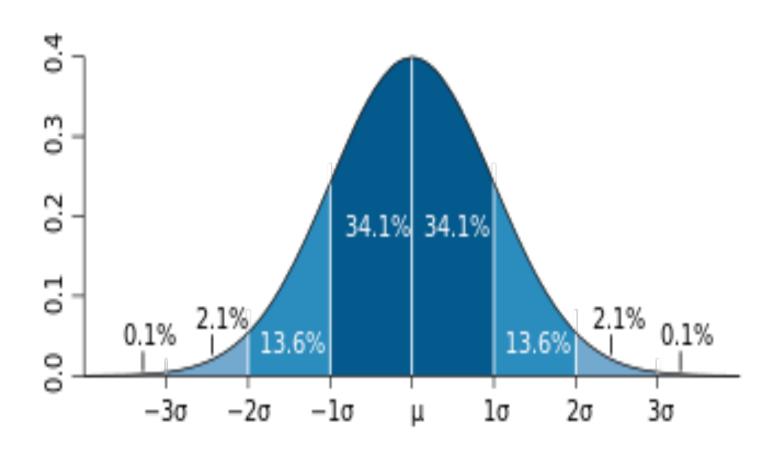


Threshold #2 Parameter (Graded Response Model)

Physical Functioning	2 nd Threshold Unable to do or have difficulty
Walking	-0.55
Chairs	-0.81
Bathing	-1.02
Dressing	-1.10
Toileting	-1.27
Eating	-1.53

Normal Curve (bell-shaped)

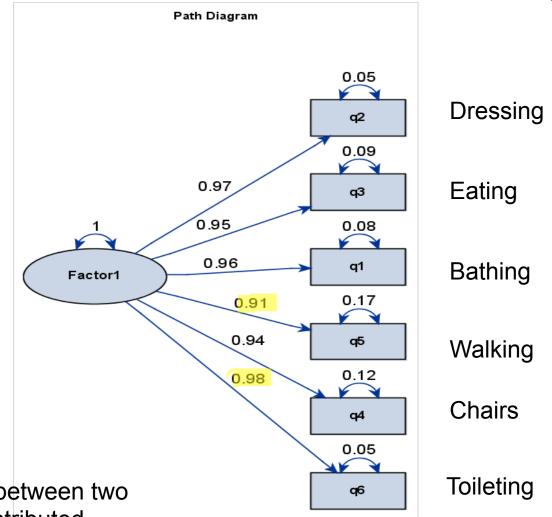
$$z = -1$$
 to 1 (68.2%); $z = -2$ to 2 (95.4%); $z = -3$ to 3 (99.6%)



Item Parameters (Graded Response Model)

Physical Functioning	1 st Threshold Unable to do	2 nd Threshold Have difficulty	Slope (Discrimination)
Walking	-1.86	-0.55	4.63
Chairs	-1.91	-0.81	5.65
Bathing	-1.72	-1.02	6.34
Dressing	-1.78	-1.10	8.23
Toileting	-1.87	-1.27	7.23
Eating	-1.98	-1.53	4.87

Confirmatory Factor Analysis (Polychoric* Correlations)



* Estimated correlation between two underlying normally distributed continuous variables

Residual correlations <= 0.04

Item Characteristic Curves

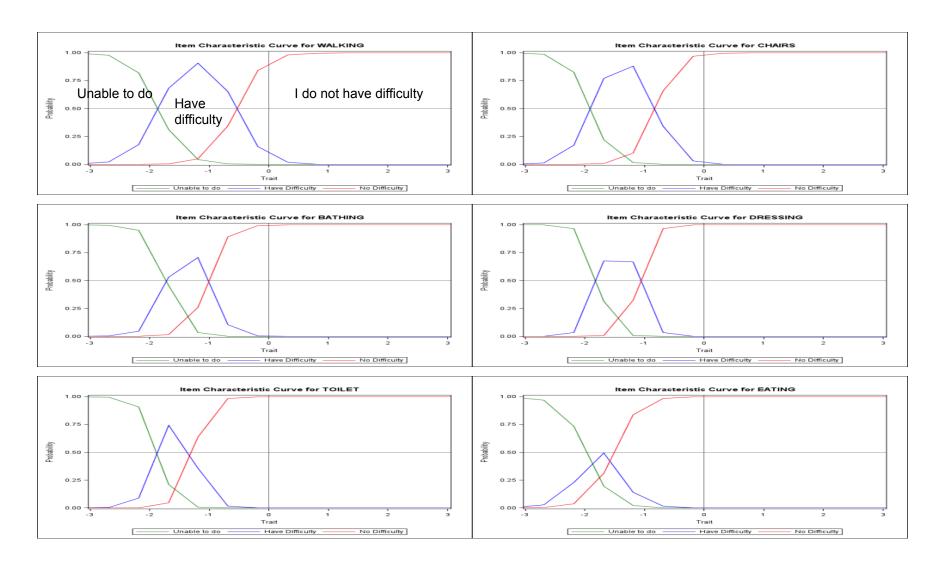
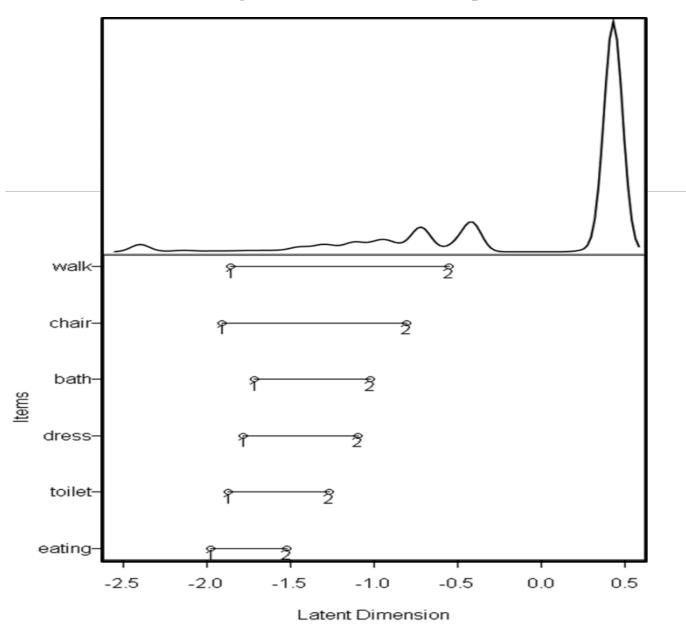
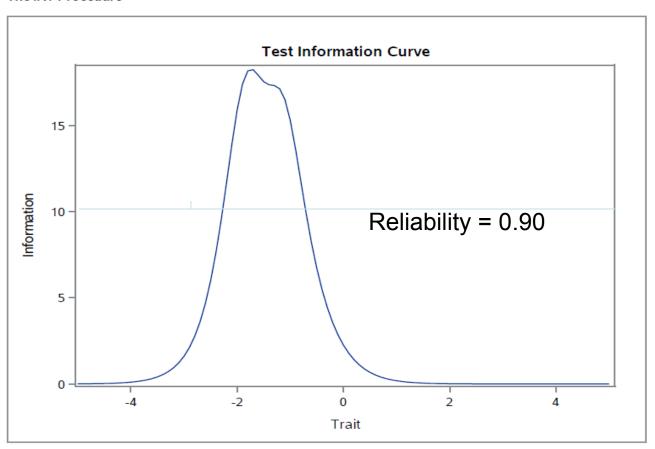


Figure 2. Person-Item Map



Reliability = (Info - 1) / Info

The IRT Procedure



Validity

- Content validity: Does measure "appear" to reflect what it is intended to (expert judges or patient judgments)?
 - Do items operationalize concept?
 - Do items cover all aspects of concept?
 - Does scale name represent item content?
- Construct validity
 - Are the associations of the measure with other variables consistent with hypotheses?

Physical Function Scale Correlations

```
r = 0.39 (self-rated general health)

r = -0.23 (number of chronic conditions)
```

Cohen's rule of thumb for correlations that correspond to effect size rules of 0.20 SD, 0.50 SD and 0.80 SD are as follows:

- 0.100 is small correlation
- 0.243 is medium correlation
- 0.371 is large correlation

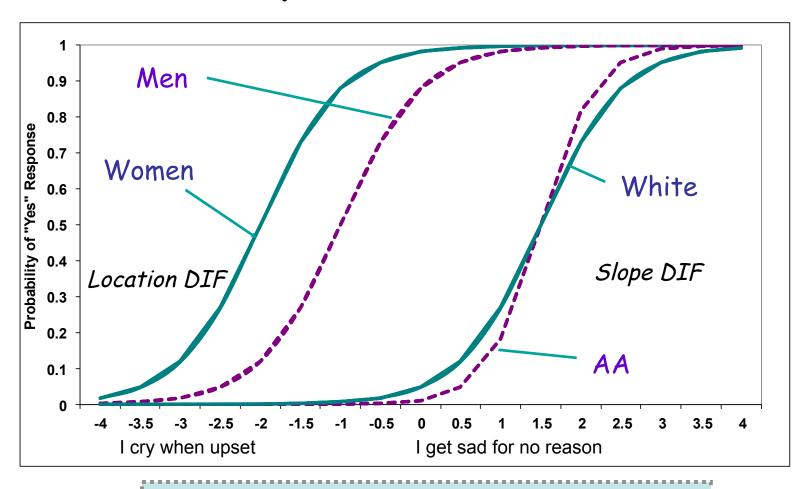
(r's of 0.10, 0.30 and 0.50 are often cited as small, medium and large, respectively).

Differential Item Functioning (DIF)

 Probability of choosing each response category should be the same for those who have the same estimated scale score, regardless of other characteristics

Evaluation of DIF by subgroups

DIF (2-parameter model)



Higher Score = More Depressive Symptoms

Computer Adaptive Testing (CAT)



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Reliability Target for Use of Measures with Individuals

- Reliability ranges from 0-1
 - 0.90 or above is goal
- SE = SD $(1-\text{reliability})^{1/2}$

- Reliability = $1 (SE/10)^2$
 - Reliability = 0.90 when <u>SE = 3.2</u>
 - 95% CI = true score +/- 1.96 x SE

I was grouchy [1st question]

```
- Never [39]
```

Estimated Anger =
$$56.1$$

SE = 5.7 (rel. = 0.68)

I felt like I was ready to explode

```
[2<sup>nd</sup> question]
```

- Never
- Rarely
- Sometimes
- Often
- Always

Estimated Anger = 51.9SE = 4.8 (rel. = 0.77)

I felt angry [3rd question]

- Never
- Rarely
- Sometimes
- Often
- Always

Estimated Anger = 50.5SE = 3.9 (rel. = 0.85)

I felt angrier than I thought I should [4th question]

- Never
- Rarely
- Sometimes
- Often
- Always

Estimated Anger = 48.8SE = 3.6 (rel. = 0.87)

I felt annoyed [5th question]

- Never
- Rarely
- Sometimes
- Often
- Always

```
Estimated Anger = 50.1
SE = 3.2 (rel. = 0.90)
```

I made myself angry about something just by thinking about it. [6th question]

- Never
- Rarely
- Sometimes
- Often
- Always

Estimated Anger = 50.2SE = 2.8 (rel = 0.92) (95% CI: 44.7-55.7)

Recommended Reading

Cappelleri, J. C., Lundy, J.J., & Hays, R. D. (2014). Overview of classical test theory and item response theory for quantitative assessment of items in developing patient-reported outcome measures. <u>Clinical Therapeutics</u>, <u>36</u> (5), 648-662

Thank You!



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