

A Comprehensive Approach to the Measurement of Health Outcomes

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K30 Track II Module

Gonda Building Room 1357

How is the patient doing?

Temperature

Respiration

Pulse

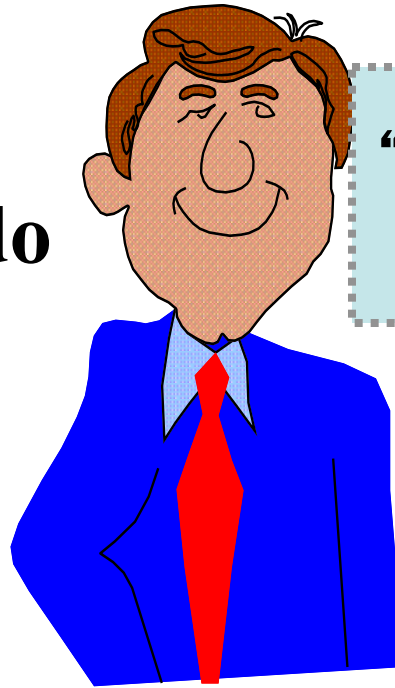
Weight

Blood pressure



Asking her or him about ...

What they are able to do



**“QOL is determined
by its activities”**

Aristotle

And how they feel about their life

Health-Related Quality of Life (HRQOL) focus #1:

What you can DO (*functioning*)

- Physical functioning (self-care -> vigorous activities)
- Role
- Social

Does your health now limit you in walking more than a mile?

No

Yes, limited a little

Yes, limited a lot

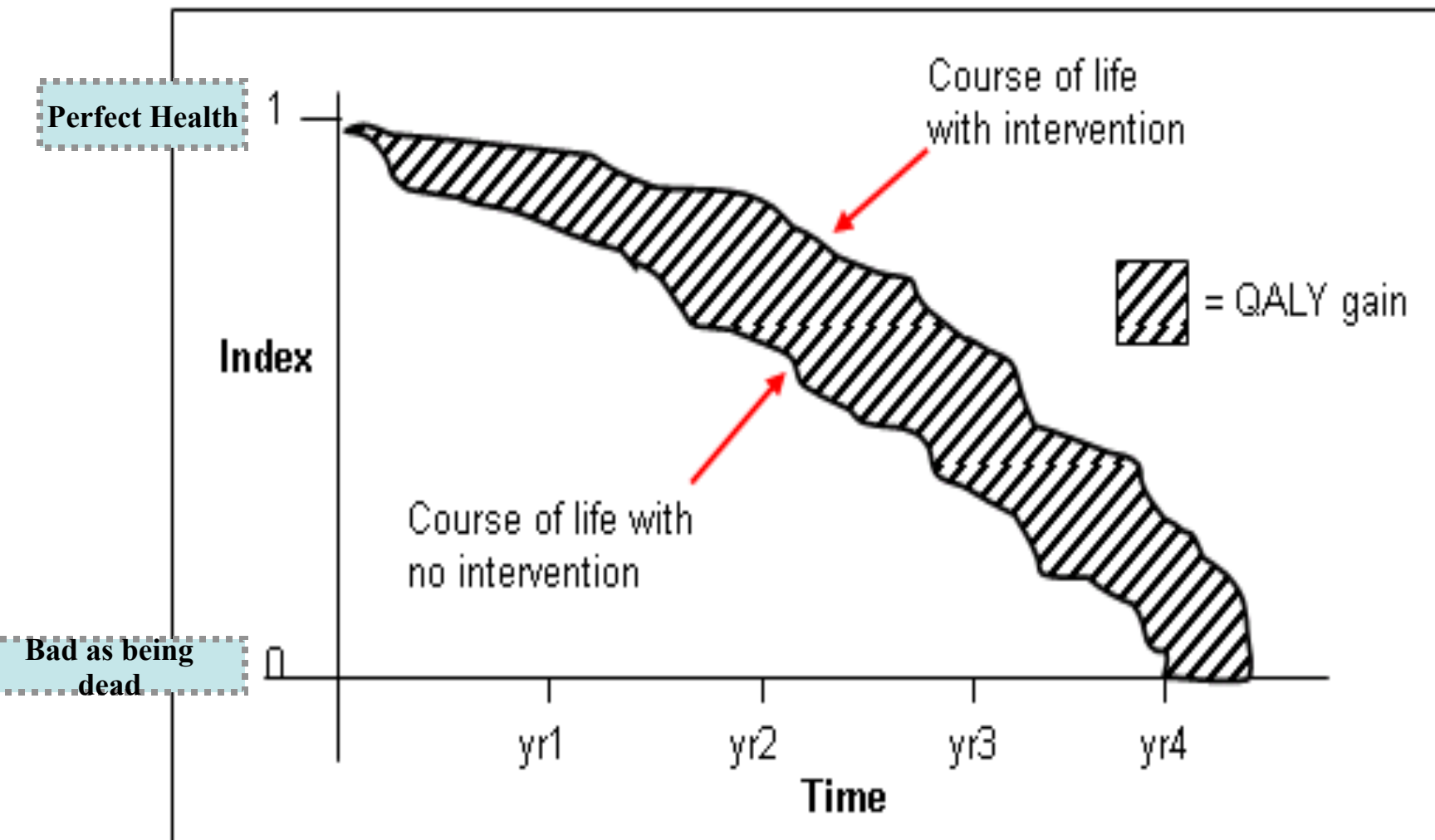
Health-Related Quality of Life (HRQOL) focus #2:

How you FEEL (*well-being*)

- Emotional well-being
- Pain
- Energy

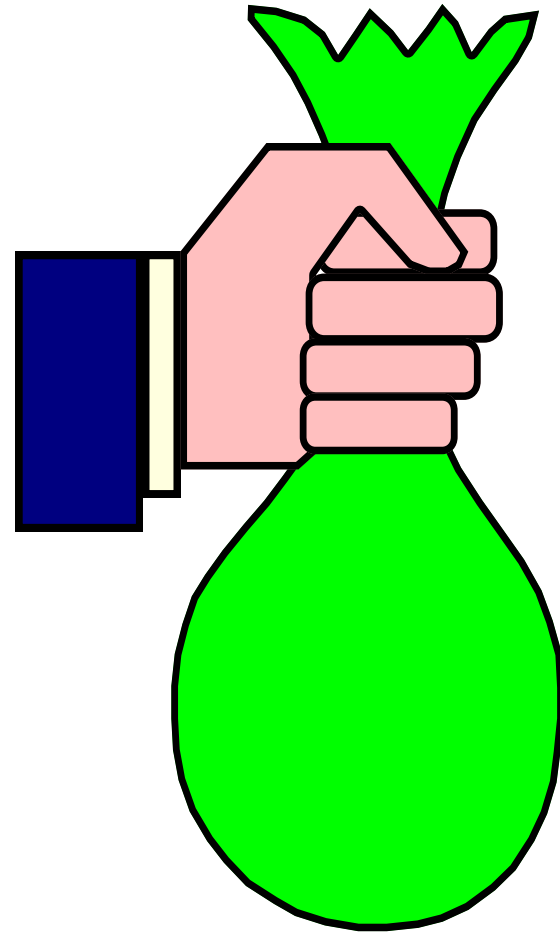
How much of the time during the past 4 weeks
have you been happy?

None of the time to All of the time



HRQOL is Not

- Quality of environment
- Type of housing
- Level of income
- Social Support



Uses of HRQOL Measures

- **Monitoring population (and subgroups)**
- Observational studies
- Clinical trials
- Clinical practice



Address http://www.cdc.gov/hrqol/methods.htm

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How does CDC measure population health-related quality of life?

CDC uses a set of questions called the "Healthy Days Measures." These questions include the following:

1. **Would you say that in general your health is**
 - a. **Excellent**
 - b. **Very good**
 - c. **Good**
 - d. **Fair or**
 - e. **Poor**
2. **Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**
3. **Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**
4. **During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?**

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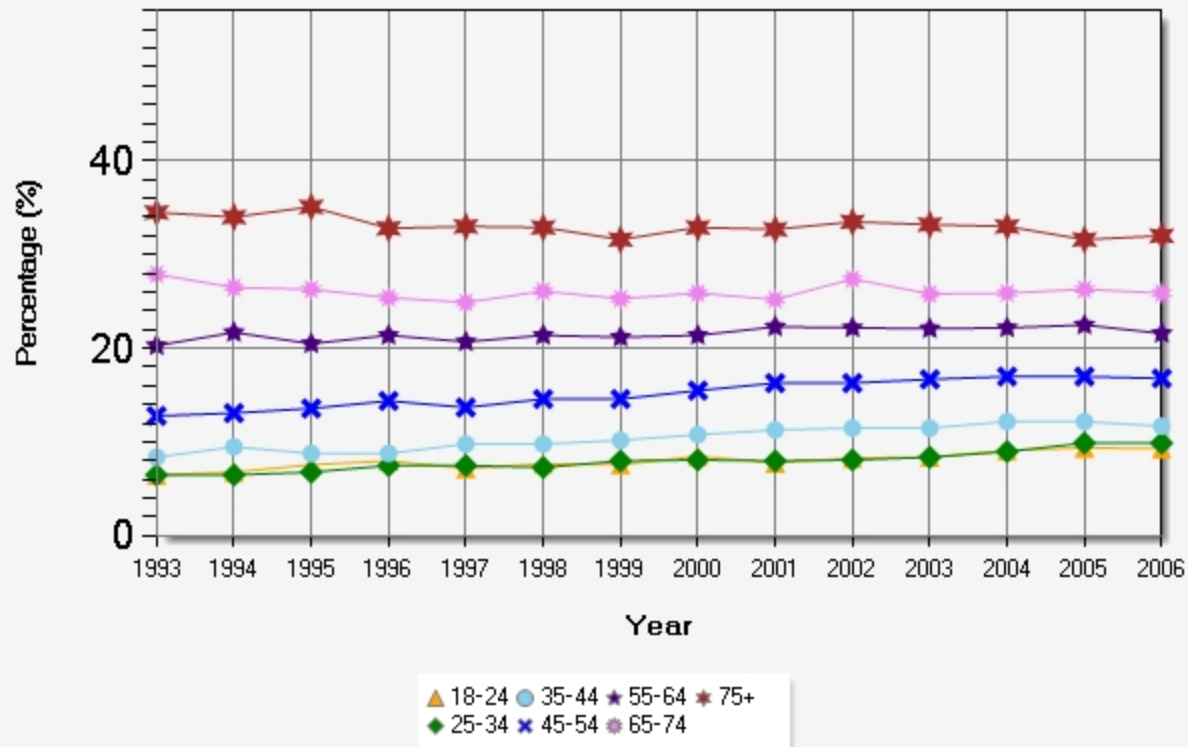
Health-Related Quality of Life Measures

Behavioral Risk Factor Surveillance System (BRFSS)

- Nationwide survey of U.S. adults
- Telephone interview (random digit dialing)
- Percent *poor* or *fair* health about **16%**

Percentage with fair or poor self-rated health

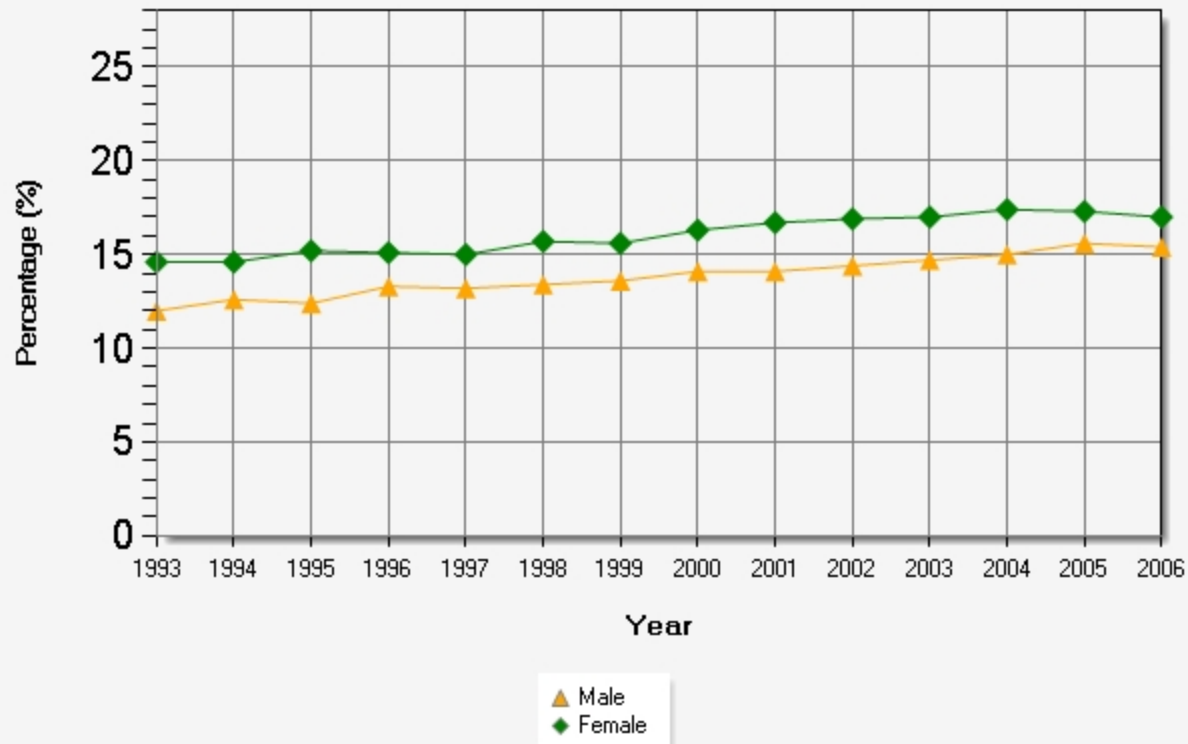
Nationwide trend: Age Group



**Greater % of fair or poor health reported
by older adults (33% for 75+ vs. 9% for 18-24)**

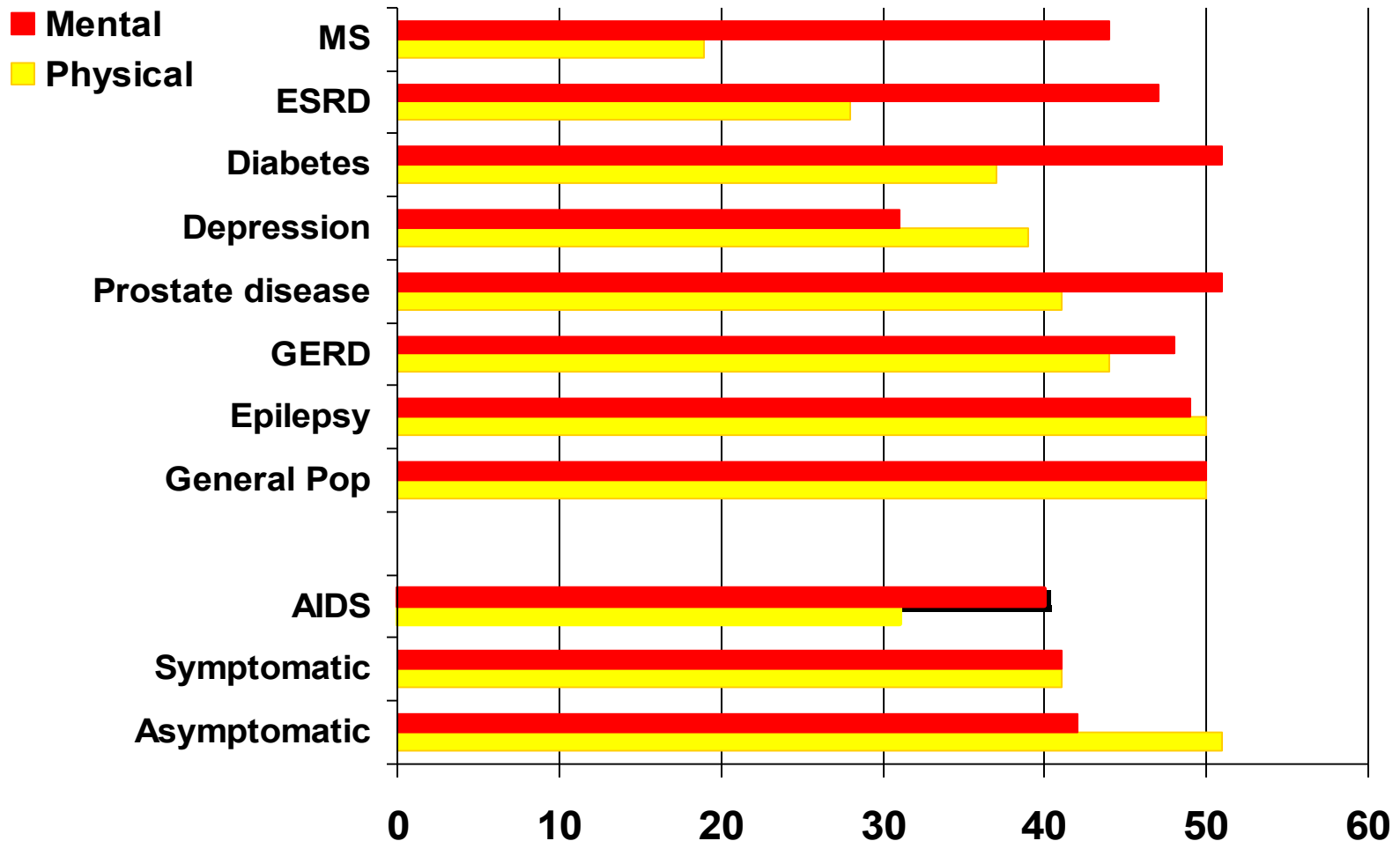
Percentage with fair or poor self-rated health

Nationwide trend: Gender



**Greater % of fair or poor health reported
by females (17%) vs. males (15%)**

Burden of HIV Compared to other Conditions and General Population

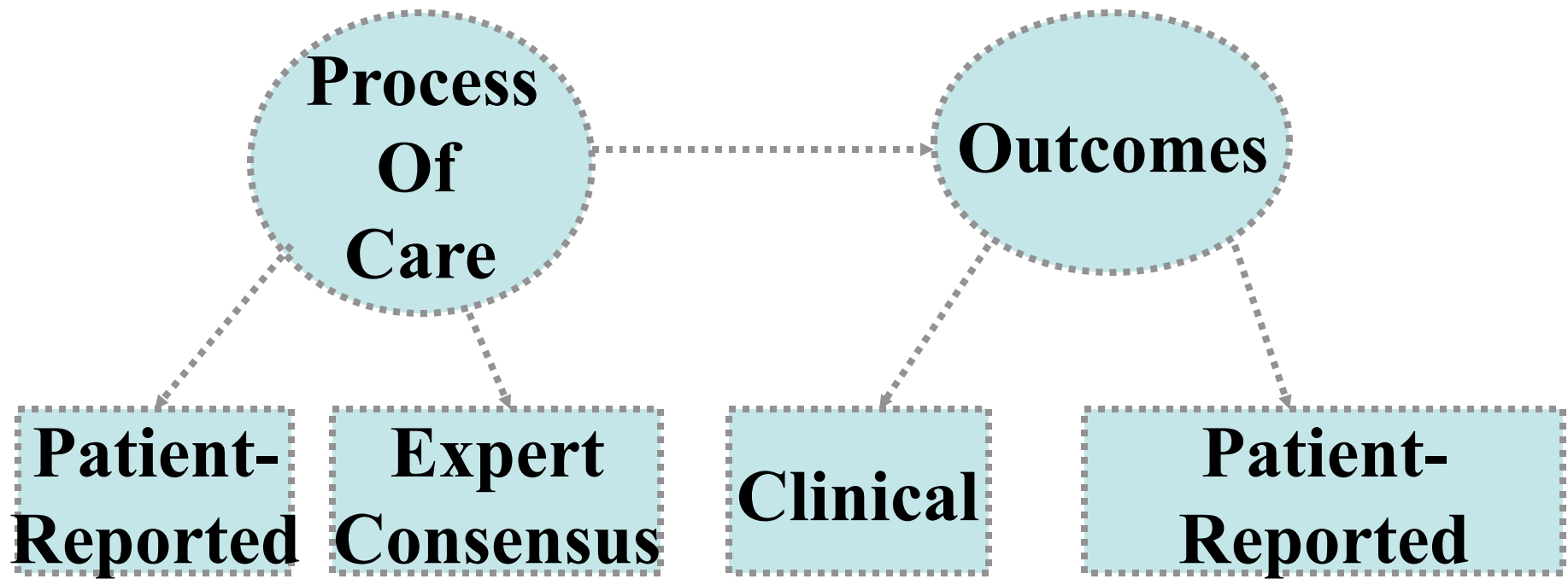


Uses of HRQOL Measures

- Monitoring population (and subgroups)
- **Observational studies**
- Clinical trials
- Clinical practice

Observational Studies





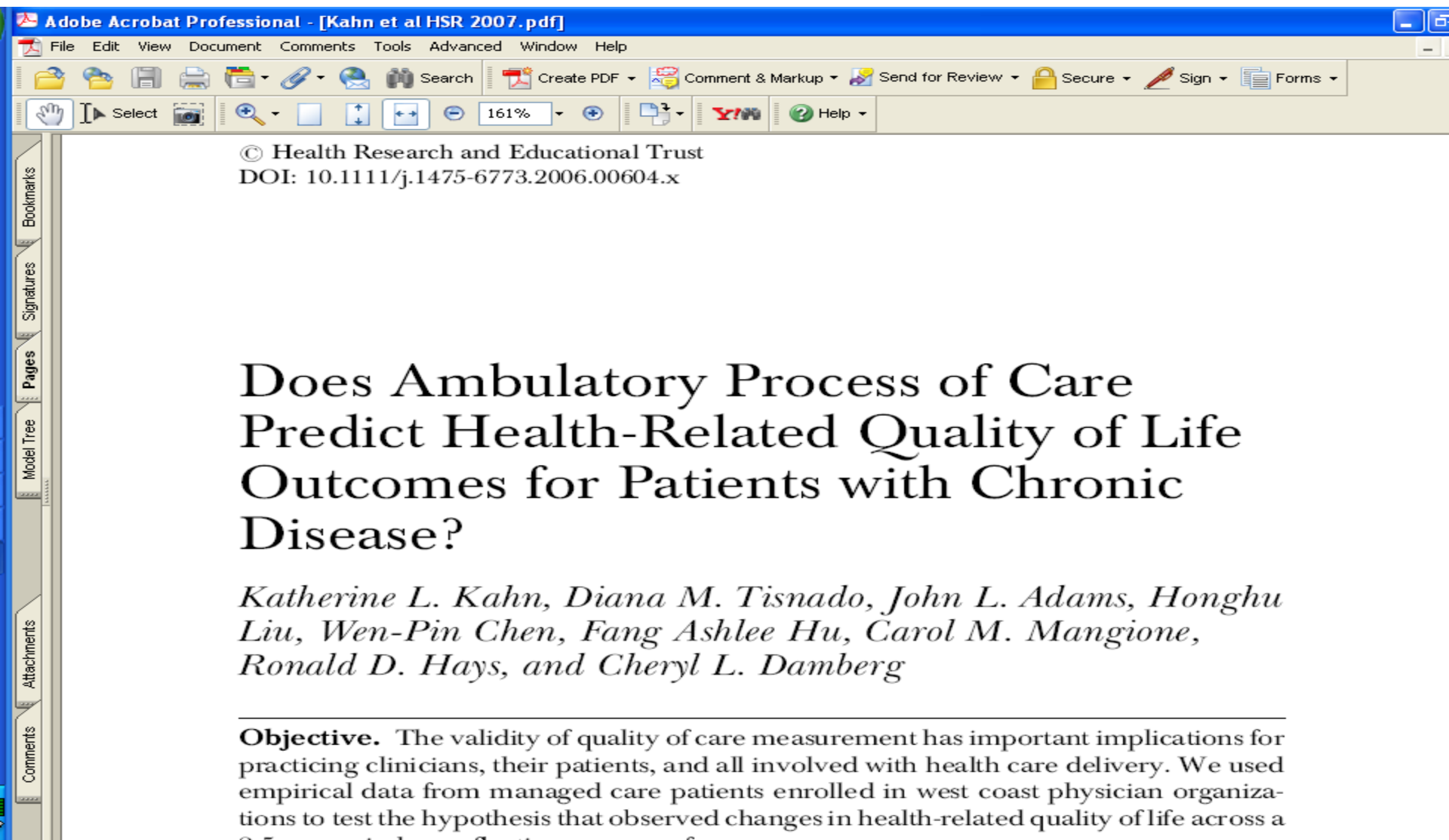
Process of Care

- Expert Consensus
 - Quality of Care “If Then” Indicators
 - % of patients with diabetes with one or more HbA1c tests annually
- Patient reports about communication
 - In the last 12 months, how often did your doctor explain things in a way that was easy to understand?

Outcomes of Care

- Clinical
 - % of patients with diabetes with most recent HbA1c level >9.0% (poor control)
- Patient global rating of health
 - Would you say that in general your health is:
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

Health Services Research 2008 Eisenberg Award



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First RCT of Treatment for Newly Diagnosed Prostate Cancer (NEJM, 2002)

- Radical prostatectomy vs. watchful waiting
- Trend to reduction in all-cause mortality
- (18% versus 15%; RR 0.83, 0.57 to 1.2, $p = 0.31$)

Impact of Surgery on Symptoms

- ↓ Urinary obstruction (weak stream)
 - 44% waiting, 28% prostatectomy +
- ↑ Urinary leakage
 - 49% prostatectomy - vs. 21% waiting
- ↑ Sexual dysfunction
 - 80% prostatectomy - vs. 45% waiting

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HRQOL assessment by providers may

- Facilitate patient-physician communication
- Improve clinician understanding of patients' problems (particularly those of a psychosocial nature)

Detmar SB, Aaronson NK. Quality of life assessment in daily clinical oncology practice: a feasibility study. *Eur J Cancer*. 1998;34(8):1181-6.

Detmar SB, Muller MJ, Schornagel JH, Wever LD, Aaronson NK. Health-related quality-of-life assessments and patient-physician communication: a randomized controlled trial. *J Am Med Assoc*. 2002;288(23):3027-34.

Velikova G, Brown JM, Smith AB, Selby PJ. Computer-based quality of life questionnaires may contribute to doctor-patient interactions in oncology. *Br J Cancer*. 2002;86(1):51-9.

Velikova G, Booth L, Smith AB, et al. Measuring quality of life in routine oncology practice improves communication and patient well-being: a randomized controlled trial. *J Clin Oncol*. 2004;22(4):714-24.



“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

Example 2008 HRQOL Publications

- “The effect of smoking in midlife on health-related quality of life in old age: A 26-year prospective study,” Arch Intern Med
- “Effects of adalimumab maintenance therapy on health-related quality of life of patients with Crohn’s disease: Patient-reported outcomes of the CHARM trial,” Am J Gastroenterol
- “Health-related quality of life issues after cosmetic breast implant surgery in Finland,” Ann Plast Surg
- “Can health-related quality of life predict survival in adults with cystic fibrosis,” Am J Respir Crit Care Med
- “The chronic care model and relationships to patient health status and health-related quality of life,” Am J Prev Med ²⁶

Thank you.

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