Reader's Digest Introduction to Health-Related Quality of Life

Ron D. Hays, Ph.D. UCLA Department of Medicine

April 25, 2008 (Signature Grand)

Nova Southeastern University Health Professions Division Research Day





3 Paracute/4 People Dilemma

• World's Smartest Man



- George Bush
- Pope
- Nova Southeastern University student



How is the patient doing?

Temperature

Respiration

Pulse

Weight

Blood pressure





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



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%**





Burden of HIV Compared to other Conditions and General Population



Hays et al. (2000), <u>American Journal of Medicine</u>

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

<u>Health Services Research</u> 2008 Eisenberg Award



DOI: 10.1111/j.1475-6773.2006.00604.x

Does Ambulatory Process of Care Predict Health-Related Quality of Life Outcomes for Patients with Chronic Disease?

Katherine L. Kahn, Diana M. Tisnado, John L. Adams, Honghu Liu, Wen-Pin Chen, Fang Ashlee Hu, Carol M. Mangione, Ronald D. Hays, and Cheryl L. Damberg

Objective. The validity of quality of care measurement has important implications for practicing clinicians, their patients, and all involved with health care delivery. We used empirical data from managed care patients enrolled in west coast physician organizations to test the hypothesis that observed changes in health-related quality of life across a

Uses of HRQOL Measures

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

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 on Symptoms

- Urinary obstruction (weak stream)

 44% waiting, <u>28% prostatectomy</u> +
- Urinary leakage
 - 4<u>9% prostatectomy</u> vs. 21% waiting
- Sexual dysfunction
 - 80% prostatectomy vs. 45% waiting

Uses of HRQOL Measures

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

IDEAL model of health care

- Identify problem
- Decide on appropriate action
- Explain it to patient
- Action
- Learn about effects (outcomes)

IDEAL

- Identify problem
 Baseline HRQOL
- Decide on appropriate action
 - Needs and preference assessment
- Explain it to patient
 - Patient report about communication
- Action
 - Patient adherence
- Learn about effects
 - Satisfaction with care and change in HRQOL

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 oncologypractice improves communication and patient well-being: a randomized controlled trial. *JClin Oncol*. 2004;22(4):714-24.





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

Thank you.

Ron D. Hays, Ph.D.

UCLA Department of Medicine/Division of General Internal Medicine & Health Services Research 911 Broxton Avenue, Room 110 Los Angeles, Ca 90095-1736 310-393-0411, ext. 7581

hays@rand.org or drhays@ucla.edu http://gim.med.ucla.edu/FacultyPages/Hays/



