



UBC CENTRE FOR
HEALTH SERVICES AND POLICY RESEARCH

Using patient-reported outcomes to value elective surgical procedures: experience from the field

Trafford Crump, Ph.D.

UBC Centre for Health Services & Policy Research

Presentation to:

Department of Population Health Sciences

University of Wisconsin-Madison

February 21, 2013



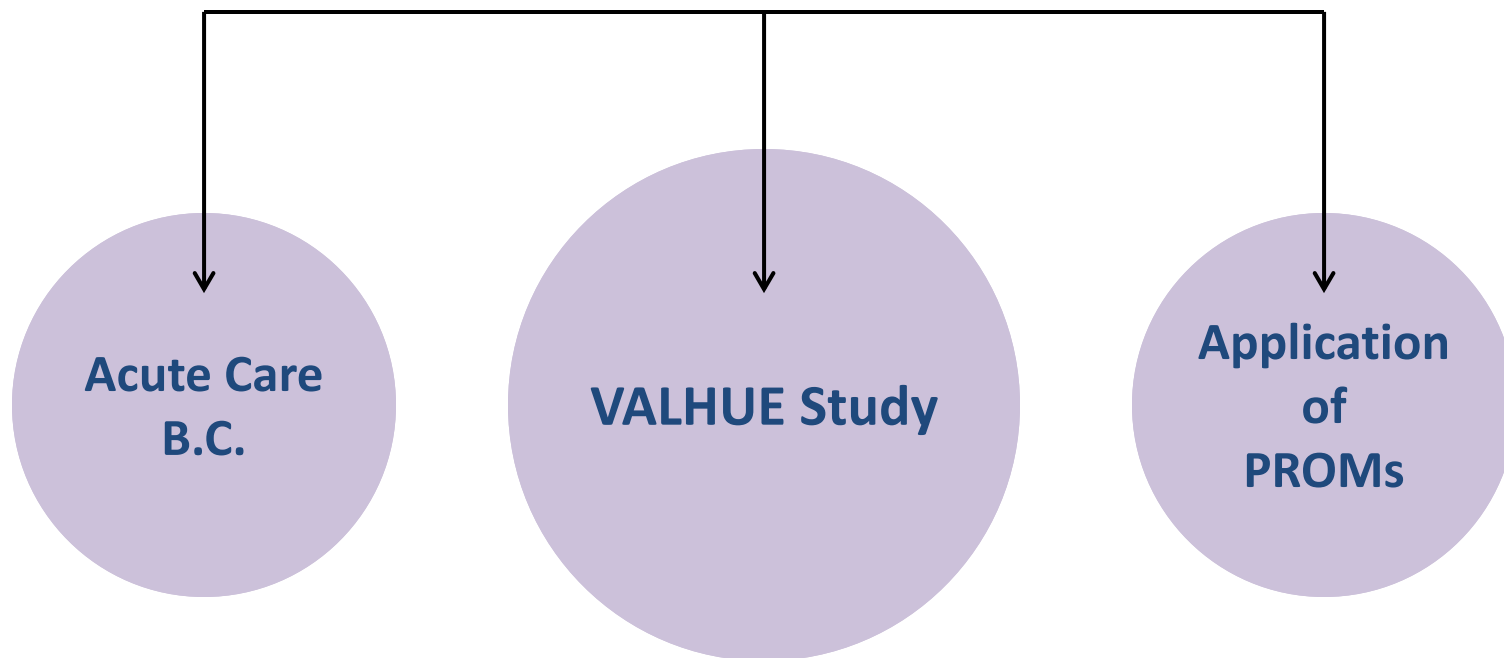
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TODAY'S PRESENTATION



QUESTIONS AND DISCUSSION



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HEALTH

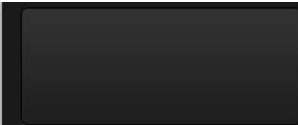
TECHNOLOGY

TRAVEL

JOBS

B.C. doctors blame surgical wait times on operating room availability

BY EVAN DUGGAN, VANCOUVER SUN



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NEWS

B.C. hospital Tim Hortons turned into extended ER



POSTMEDIA NEWS | Mar 1, 2011 2:05 PM ET
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VANCOUVER — The Tim Hortons outlet at Royal Columbian Hospital in New Westminster, B.C., was used as an extension of the emergency room from late Monday night to early Tuesday morning, the Fraser Health Authority says.

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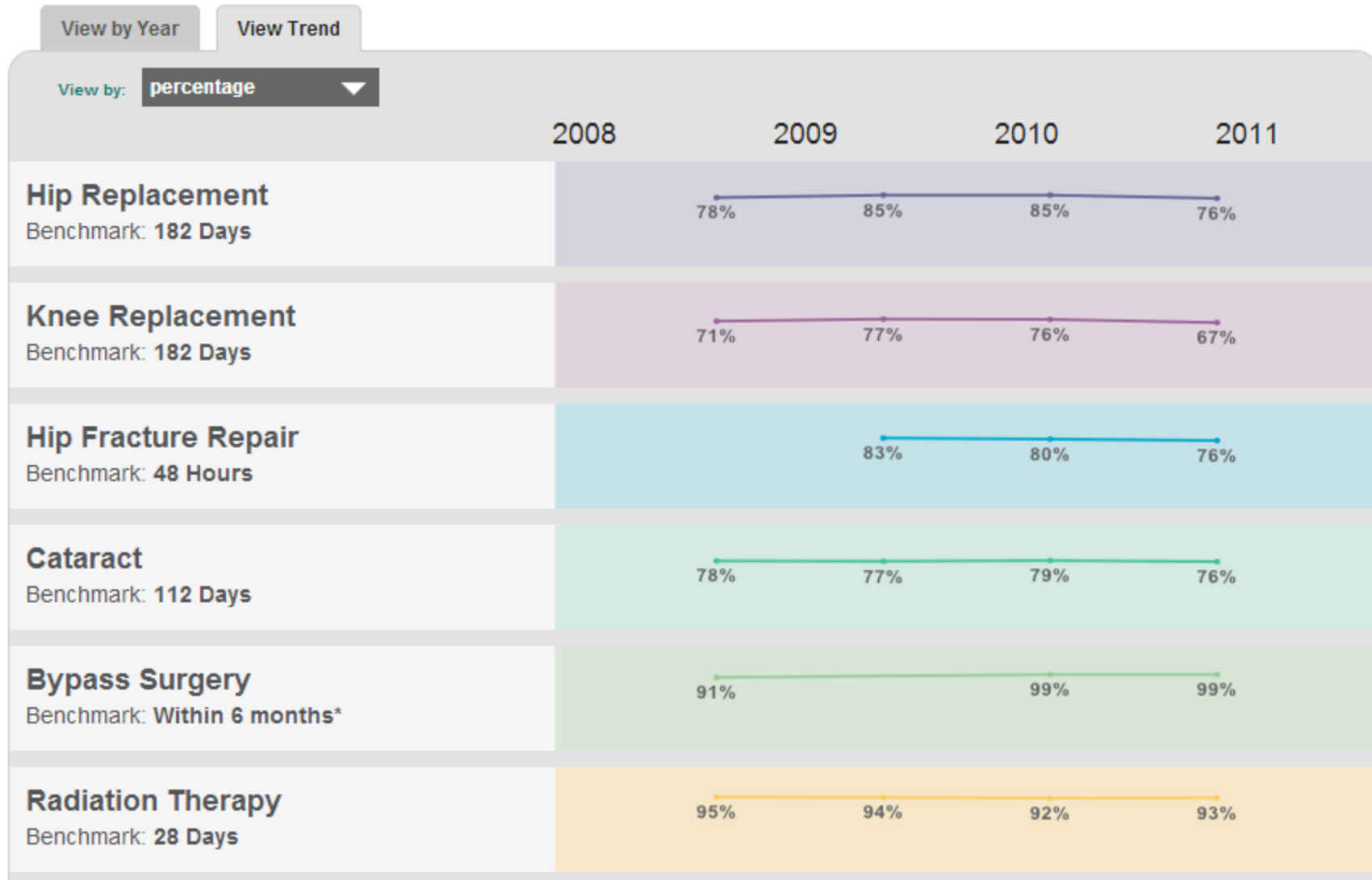
The “Canadian Health Care System”



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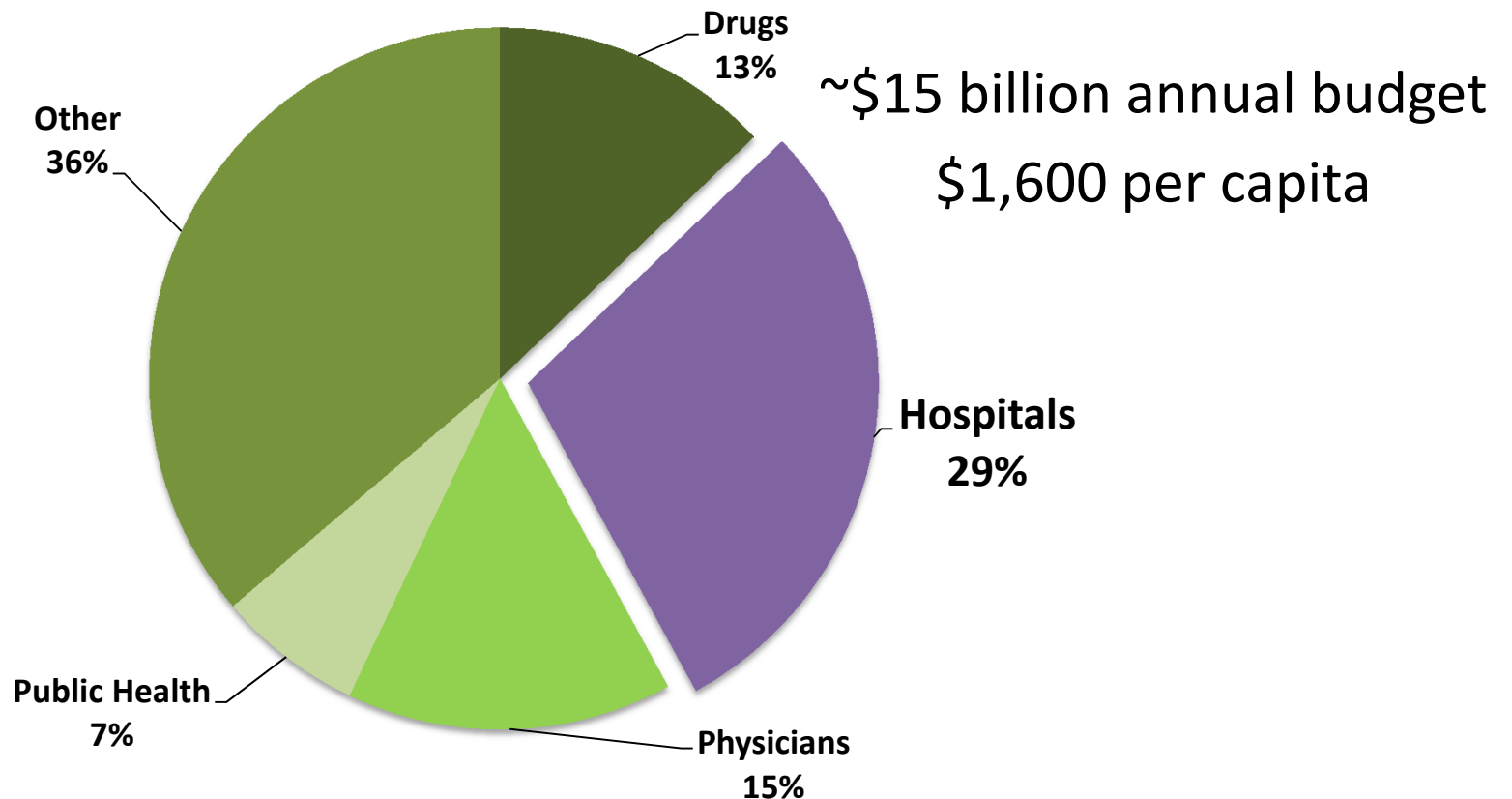
% Patients receiving treatment within the benchmark across British Columbia



Canadian Institute for Health information . Wait time for priority procedures in Canada. (<http://waittimes.cihi.ca/BC>). February 17, 2013.



Allocation of B.C. Health Budget (2012)

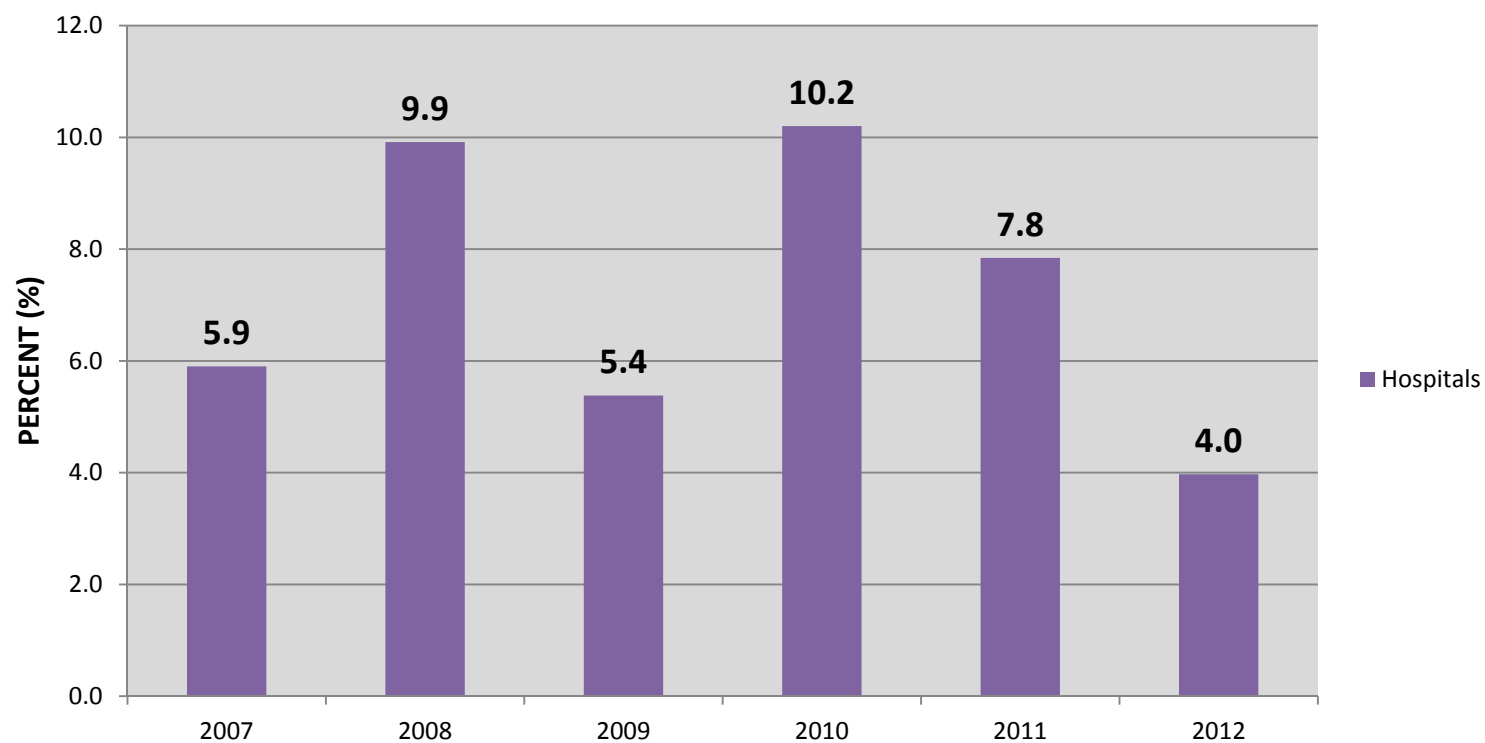


Canadian Institute for Health information . National Health Expenditure Database Run Date: February 17, 2013.



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Percentage Growth in B.C.'s Health Care Spending (2007-2012)



Canadian Institute for Health information . National Health Expenditure Database Run Date: February 17, 2013.



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Patient-Focused Funding

April 2010: B.C. introduces patient-focused funding (activity-based funding)

Supplement the global (capitated) budget

\$250 million to increase selected acute care activity (mostly elective), ~5% of hospital spending

Similar to U.S.' Diagnosis Related Groups (DRG)-based prospective payment system



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Patient complexity premised on a system of classifying diagnoses categories assigned expected service it provides/c

level of resources/costs

= Diagnosis-Related Groups (DRG)

= Resource Intensity Weights (RIWs)



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Patient-Focused Funding

Advantages

- ↑ volume of care
- ↓ lengths of stay
- ↑ efficiency
- ↓ incentives to cream skim
- ↓ mortality (perhaps)

Limitations

- ↑ overall hospital spending
- ↑ procedures with the highest “margins”
- ↑ incentives for unnecessary care

Being evaluated through British Columbia Hospitals: Examination and Assessment of Payment Reform (B-CHeaPR)

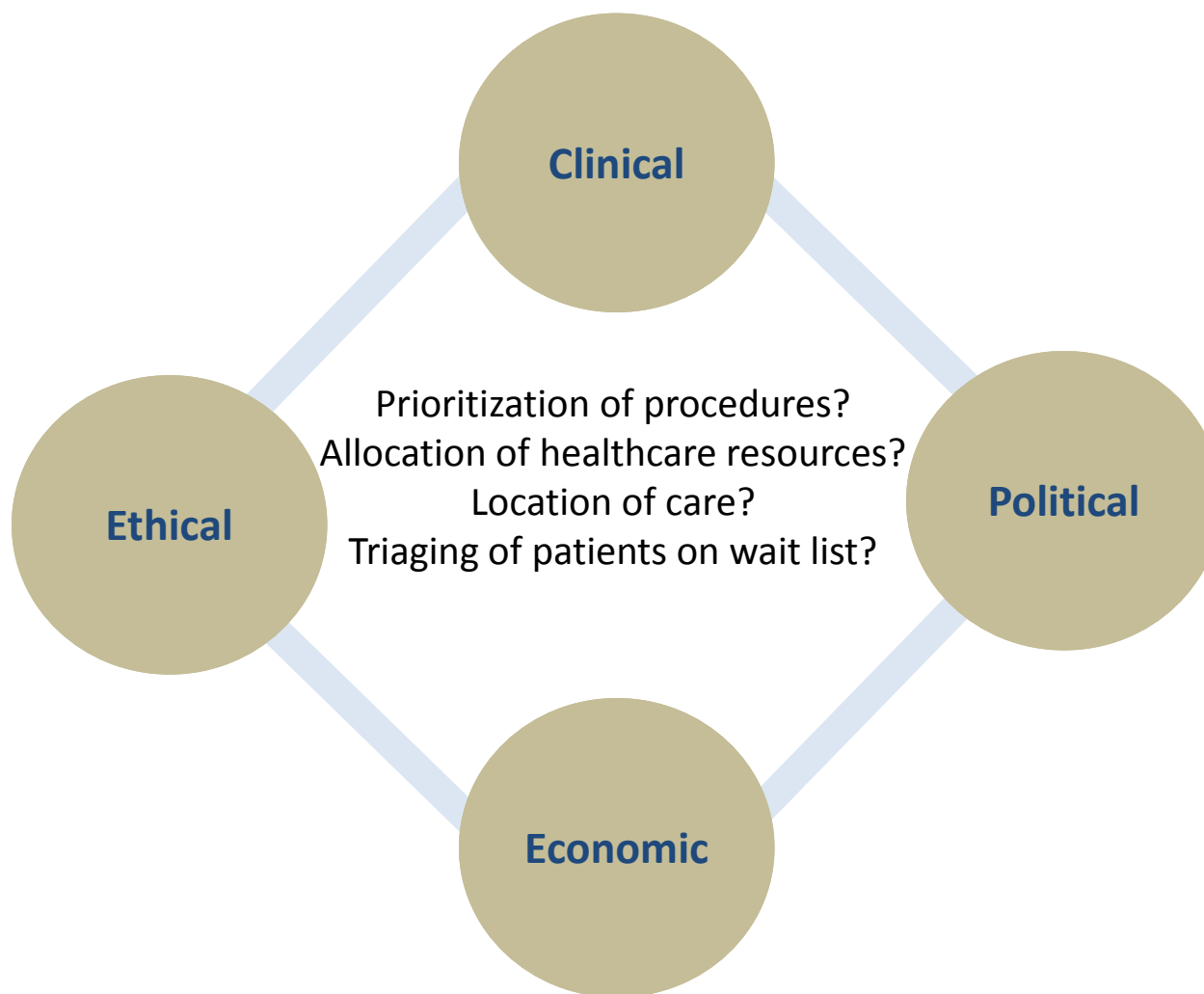


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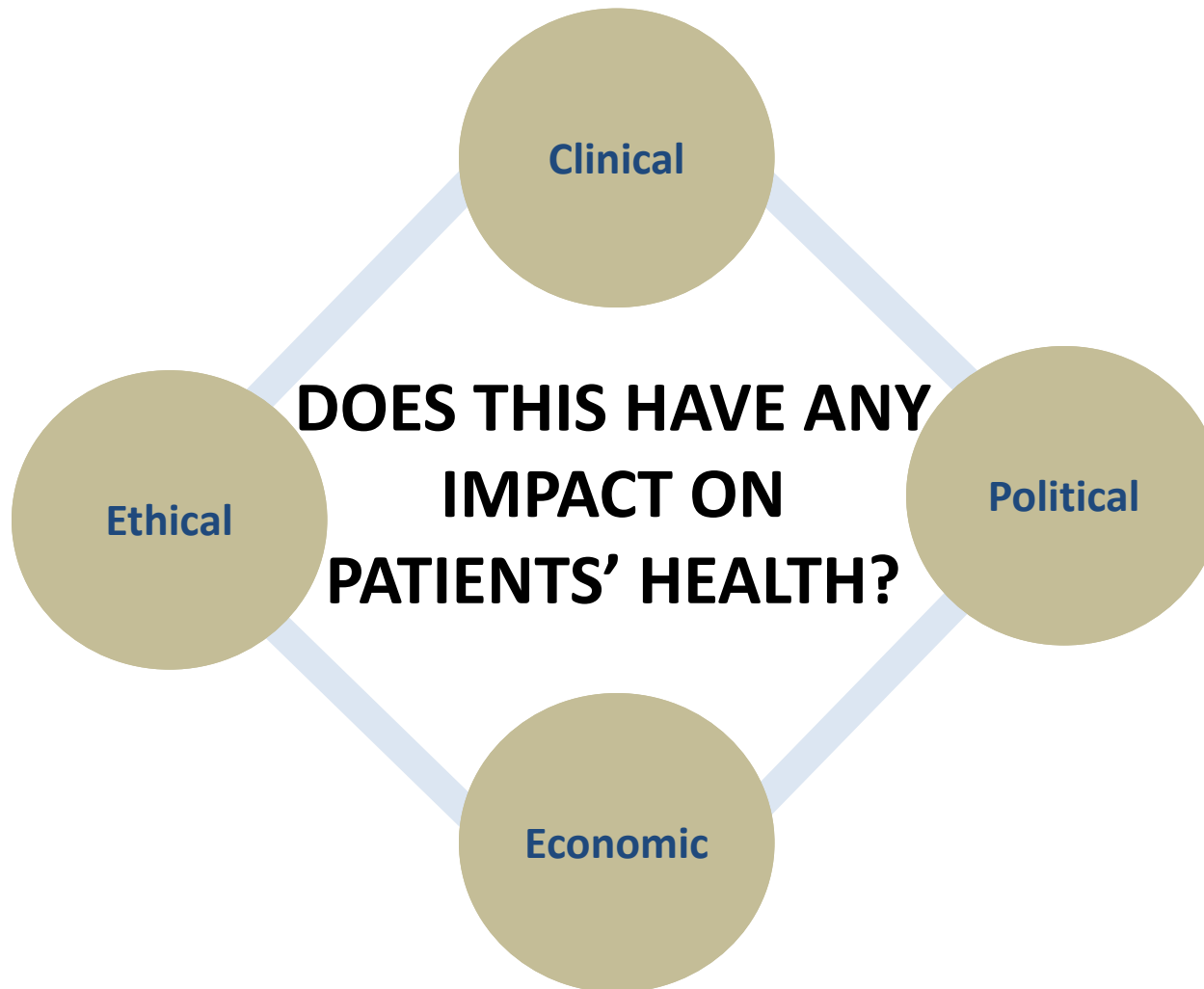


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Objective

Relationship between wait times for elective care and longitudinal health outcomes not well understood.

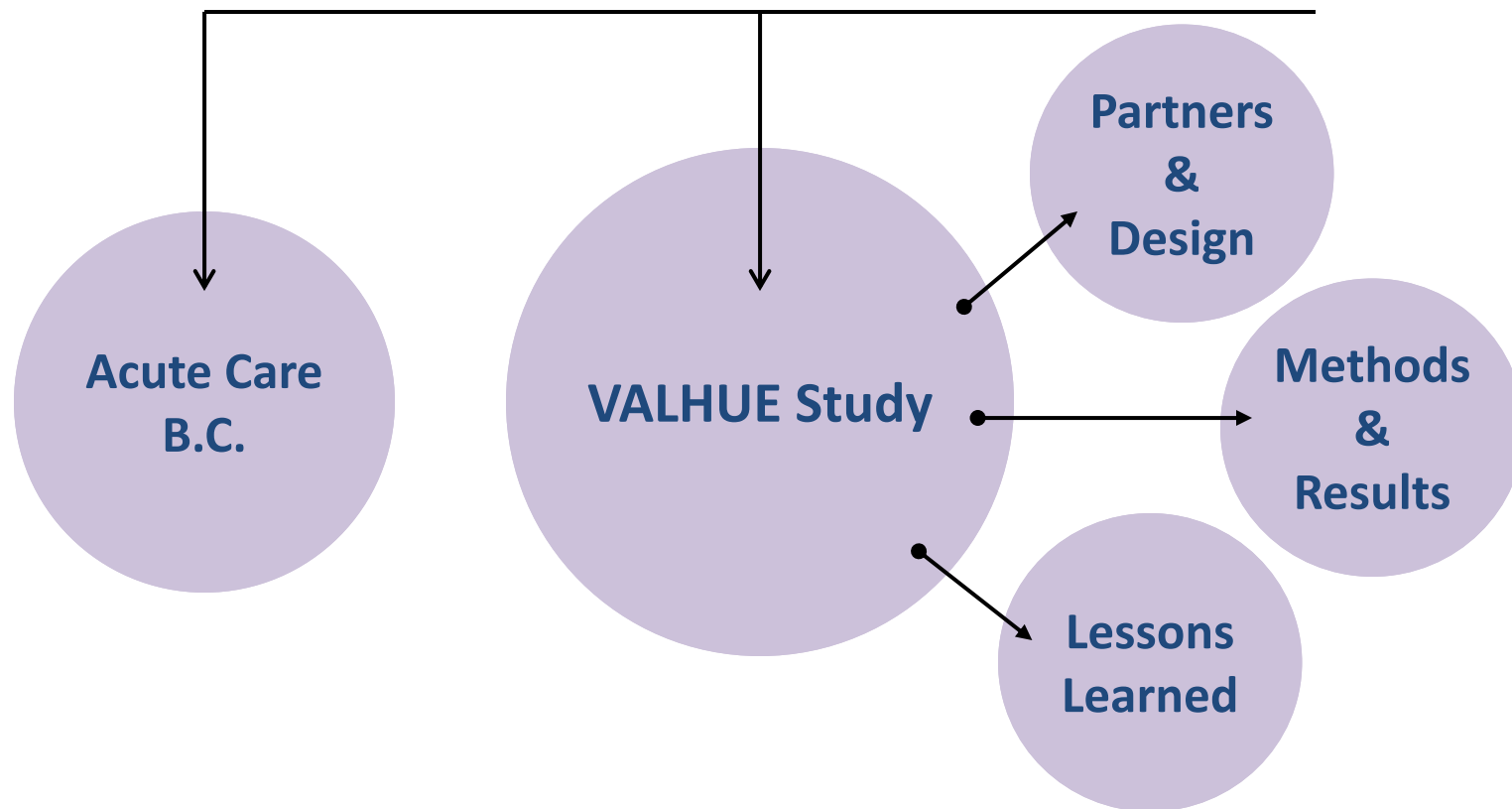
- Delays in seeking care can have long term consequences for clinical outcomes (but this more for chronic conditions) (work by Prentice & Pizer)
- Waits for elective surgical procedures have no measureable effects on outcomes (but may be procedure-specific) (Derrett et al. 1999, Hoogeboom et al. 2009, Hirvonen et al. 2009)
- Very little evidence about the impact of the wait itself on changes in health status

Motivation:

To quantify the impact wait time for elective surgery has on patients' health status

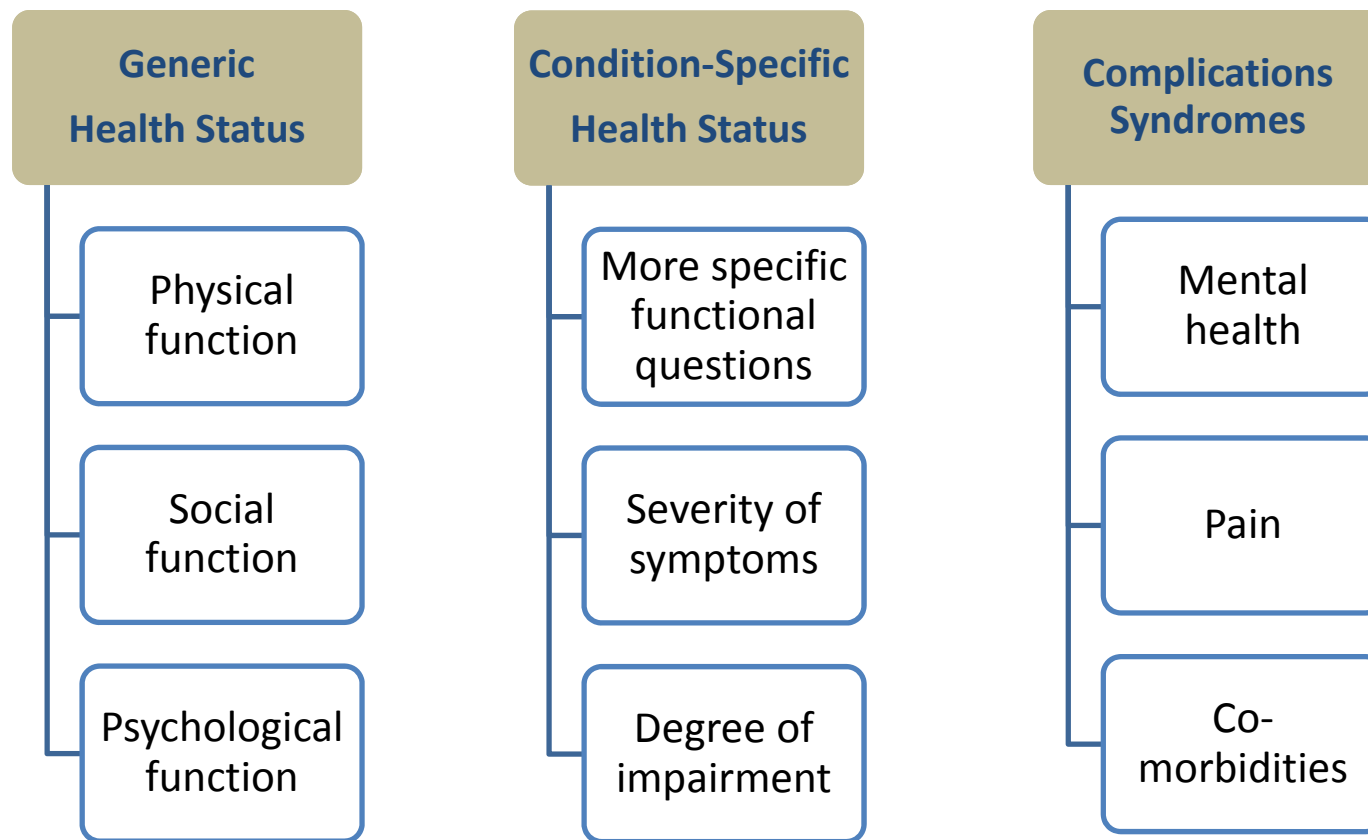


TODAY'S PRESENTATION





Patient Reported Outcome Measures (PROMs)





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Value and Limitations in Hospital Utilization and Expenditures (VALHUE)

Funded October 2011, ~\$200,000/year

3-year operating grant funded by Canadian Institutes for Health Research (CIHR)

Principal investigator: Jason Sutherland

The largest longitudinal PROMs project underway in Canada

Setting:

Vancouver, BC



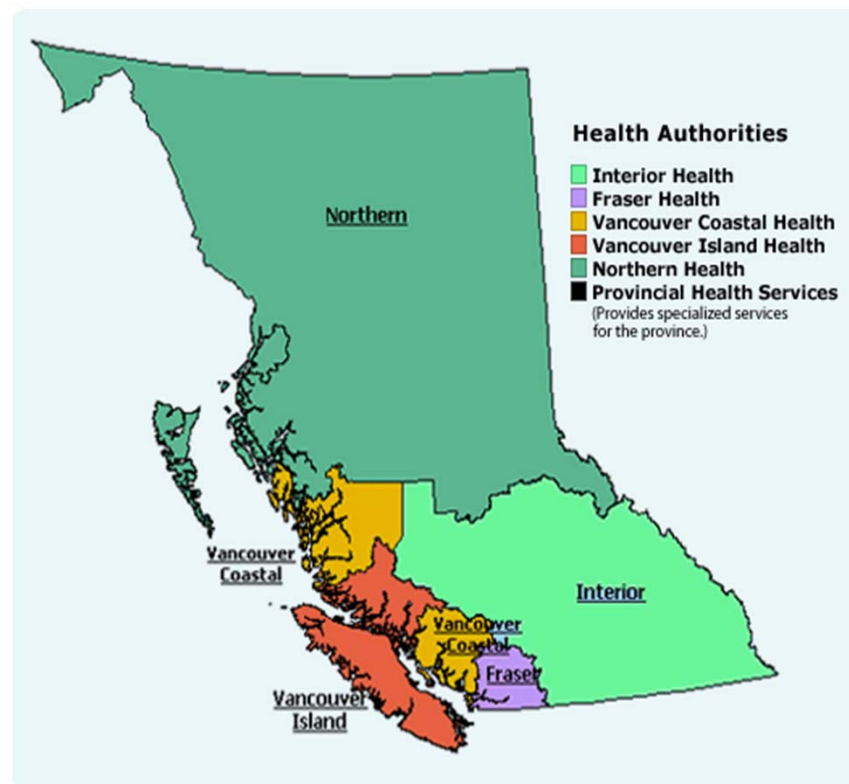
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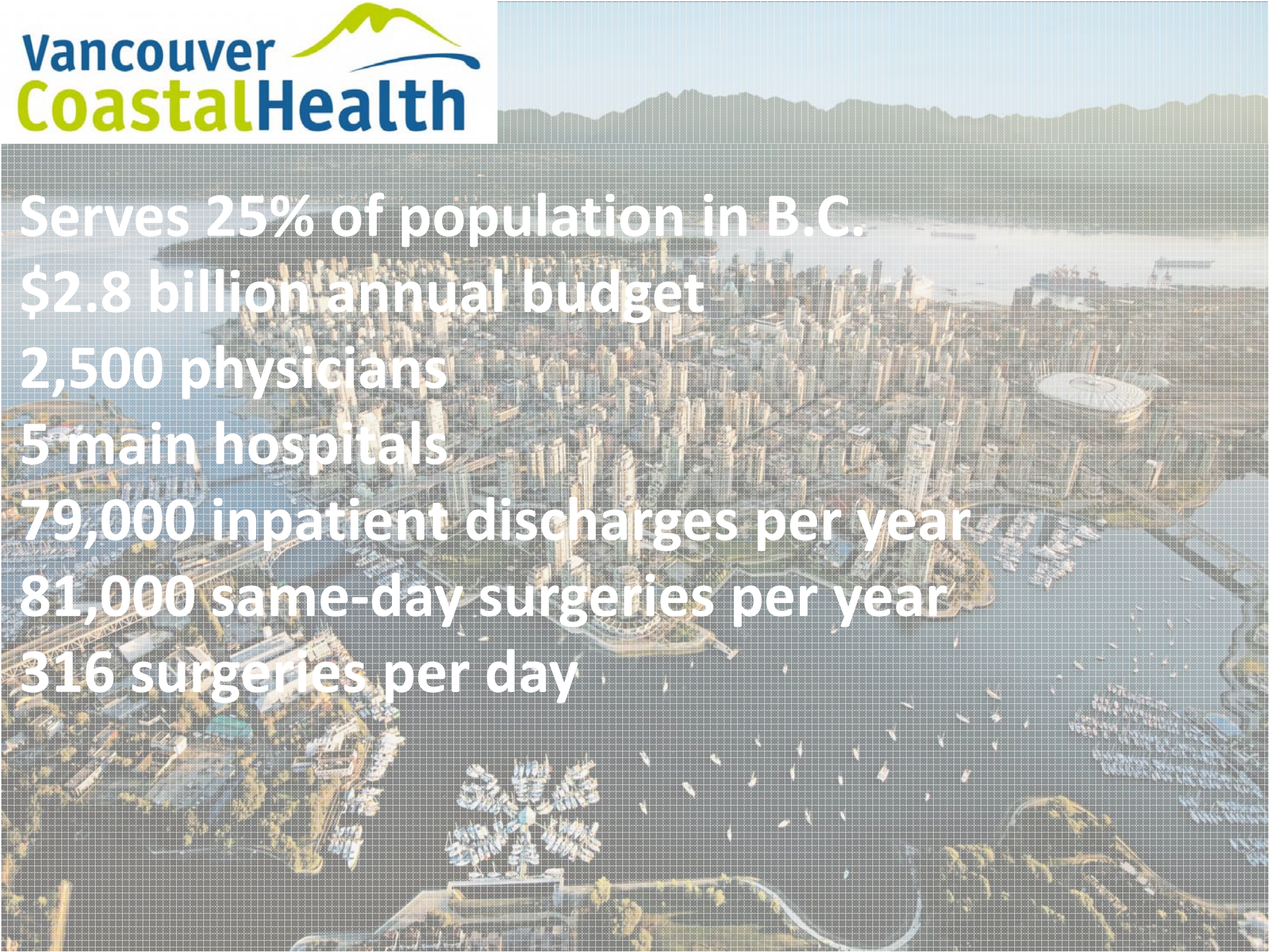
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Vancouver Coastal Health



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The background of the slide is an aerial photograph of Vancouver, British Columbia. It shows the city's dense urban core, including the downtown skyline with numerous skyscrapers, the waterfront area with the Vancouver Convention Centre and other large buildings, and the surrounding water and mountains. The image is overlaid with a semi-transparent grid pattern.

**Serves 25% of population in B.C.
\$2.8 billion annual budget
2,500 physicians
5 main hospitals
79,000 inpatient discharges per year
81,000 same-day surgeries per year
316 surgeries per day**



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VALHUE Study

Design

All patients undergoing one of 641 elective surgical procedures, including those targeted with ABF

General surgery

Gynaecology / obstetrics

Neurosurgery

Orthopedics

Otolaryngology (ENT)

Plastics

Thoracic

Urology

Self-administered (mail) surveys over their episode of care



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VALHUE Study

Design



Wait time registration



Surgical procedure



Recovery

Analysis 1

Analysis 2



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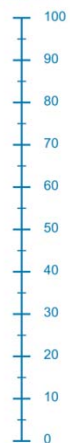
Instructions

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion.

Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Best imaginable
health state



Worst imaginable
health state

Your own
state of
health today

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Providence
HEALTH CARE
How you want to be treated.

Section 1: General Health

Instructions

By placing a tick in one box in each group below, please indicate which statements best describe your own health state **today**.



1. Mobility

- ☐ I have no problems in walking about
- ☐ I have some problems in walking about
- ☐ I am confined to bed

2. Self Care

- ☐ I have no problems with self-care
- ☐ I have some problems washing and dressing myself
- ☐ I am unable to wash or dress myself

3. Usual Activities (e.g., work, study, housework, family or leisure activities)

- ☐ I have no problems with performing my usual activities
- ☐ I have some problems with performing my usual activities
- ☐ I am unable to perform my usual activities

4. Pain/Discomfort

- ☐ I have no pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have extreme pain or discomfort

5. Anxiety/Depression

- ☐ I am not anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am extremely anxious or depressed



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Section 1:

Instructions
By placing a ti
which stateme

1. Mobility

- ☐ No
☐ Yes
☐ I don't know

2. Self Care

- ☐ No
☐ Yes
☐ I don't know

3. Usual Activ

- ☐ No
☐ Yes
☐ I don't know

4. Pain/Disco

- ☐ No
☐ Yes
☐ I don't know

5. Anxiety/De

- ☐ No
☐ Yes
☐ I don't know

9. Cancer diagnosed or treated in the last 3 years

- ☐ No
☐ Yes
☐ I don't know

10. Depression

- ☐ No
☐ Yes
☐ I don't know

11. Post traumatic stress disorder

- ☐ No
☐ Yes
☐ I don't know

12. Generalized anxiety disorder

- ☐ No
☐ Yes
☐ I don't know

13. Traumatic brain injury

- ☐ No
☐ Yes
☐ I don't know

14. Panic attacks

- ☐ No
☐ Yes
☐ I don't know

Section 2: Medical Problems

Instructions

Please indicate if a doctor or another health care worker has diagnosed you with or treated you for one of the following chronic medical problems in the **past 3 years**.

1. Asthma, emphysema, or chronic bronchitis

- ☐ No
☐ Yes
☐ I don't know

2. High blood pressure or hypertension

- ☐ No
☐ Yes
☐ I don't know

3. High blood sugar or diabetes

- ☐ No
☐ Yes
☐ I don't know

4. Arthritis or rheumatism (inflammation of the joints)

- ☐ No
☐ Yes
☐ I don't know

5. Angina, heart failure, or other types of heart disease

- ☐ No
☐ Yes
☐ I don't know

6. Stroke, seizures, Parkinson's disease, or another neurological condition

- ☐ No
☐ Yes
☐ I don't know

7. Liver disease

- ☐ No
☐ Yes
☐ I don't know

8. Kidney or renal disease

- ☐ No
☐ Yes
☐ I don't know

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Providence
HEALTH CARE
How you want to be treated.

Vancouver
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Promoting wellness. Ensuring care.

Providence
HEALTH CARE
How you want to be treated.



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Instructions
To help you
Please place a tick
in the box next to
the statement that
best describes you.

Section 1:

Instructions
By placing a tick
in the box next to
the statement that
best describes you.

1. Mobility

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

2. Self Care

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

3. Usual Activity

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

4. Pain/Discomfort

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

5. Anxiety/Depression

- ☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

Section 2: Medical Problems

Instructions

Please indicate if a doctor or another health care worker has diagnosed you with or treated you for one of the following chronic medical problems in the **past 3 years**.

1. Asthma, emphysema, or chronic bronchitis

- ☐ No
☐ Yes
☐ I don't know

2. High blood pressure or hypertension

- ☐ No
☐ Yes
☐ I don't know

3. High blood sugar or diabetes

- ☐ No
☐ Yes
☐ I don't know

4. Arthritis or rheumatism (inflammation of the joints)

- ☐ No
☐ Yes
☐ I don't know

5. Angina, heart failure, or other types of heart disease

- ☐ No
☐ Yes
☐ I don't know

6. Stroke, seizures, Parkinson's disease, or another neurological condition

- ☐ No
☐ Yes
☐ I don't know

7. Liver disease

- ☐ No
☐ Yes
☐ I don't know

8. Kidney or renal disease

- ☐ No
☐ Yes
☐ I don't know

Section 3: Depression

Instructions

Over the **past 2 weeks**, how often have you bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling asleep, staying asleep, or sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself—or that you're a failure or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite—being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Health Questionnaire (PHQ9) developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues.



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Instructions
To help
ther
you
We
you

Please
to write
or below

Section 1:

Instructions
By placing a tick
which statement

1. Mobility

- ☐ 1
☐ 2
☐ 3

2. Self Care

- ☐ 1
☐ 2
☐ 3

3. Usual Activity

- ☐ 1
☐ 2
☐ 3

4. Pain/Discomfort

- ☐ 1
☐ 2
☐ 3

5. Anxiety/Depression

- ☐ 1
☐ 2
☐ 3

Section 2

Instructions
Please indicate
you for one of

1. Asthma, emphysema, or chronic bronchitis

- ☐ 1
☐ 2
☐ 3

2. High blood pressure

- ☐ 1
☐ 2
☐ 3

3. High blood cholesterol

- ☐ 1
☐ 2
☐ 3

4. Arthritis or other inflammatory condition

- ☐ 1
☐ 2
☐ 3

Section 3: Depression

Instructions

Over the **past 2 weeks**, how often have you bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling asleep, staying asleep, or sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself—or that you're a failure or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite—being so fidgety or restless that you have been moving around a lot more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Health Questionnaire (PHQ9) developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues.



Section 4: Pain

1. What number best describes your pain on average in the **past week**?

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you could imagine

2. What number best describes how, during the **past week**, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you could imagine

3. What number best describes how, during the **past week**, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you could imagine

PEG pain scale developed by Drs. Erin Krebs, Karl Lorenz, Matthew Bair, and colleagues.



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Section 1:

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1. Mobility

☐ 1

☐ 1

☐ 1

2. Self Care

☐ 1

☐ 1

☐ 1

3. Usual Activ

☐ 1

☐ 1

☐ 1

4. Pain/Disco

☐ 1

☐ 1

☐ 1

5. Anxiety/De

☐ 1

☐ 1

☐ 1

Section 2

Instructions
Please indicat
you for one of

**1. Asthma, en
bronchitis**

☐ 1

☐ 1

☐ 1

2. High blood

☐ 1

☐ 1

☐ 1

3. High blood

☐ 1

☐ 1

☐ 1

**4. Arthritis or
(inflammatio**

☐ 1

☐ 1

☐ 1

Section 3:

Instructions
Over the past

1. Little intere

2. Feeling dow

**3. Trouble falli
sleeping too r**

4. Feeling tired

5. Poor appeti

**6. Feeling bad
you're a failure
family down.**

**7. Trouble con
as reading the
television.**

**8. Moving or s
other people c
opposite—bei
you have been
than usual.**

**9. Thoughts th
dead or of hur**

Section 4:

1. What numbe

0 1

No pain

**2. What numbe
your enjoyment**

0 1

No pain

**3. What numbe
your general act**

0 1

No pain

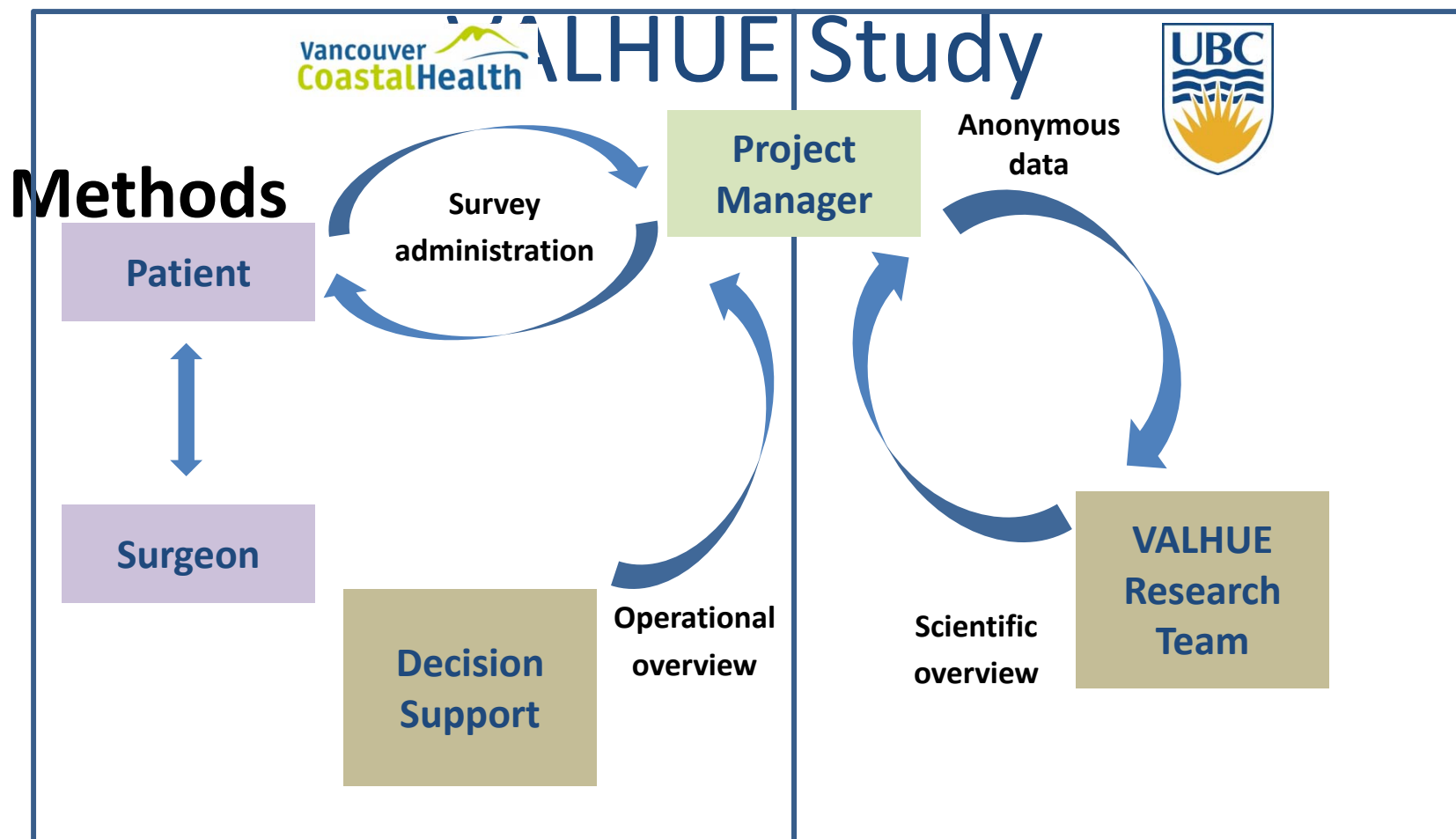
PEG pain scale deve

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CONDITION-SPECIFIC
INSTRUMENT



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VALHUE Study

(Very) Early results

T_0

Called	Verbal consent	Unwilling to participate	Participation rate	Surveys received	Response rate
486	236	90	49%	165	34%

T_1

Mailed	Received	Response rate
22	15	66%



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VALHUE Study

Lessons learned: Ethical

Problem

Underestimated the privacy and confidentiality issue
Identification and recruitment of participants more difficult than anticipated

- Accessing the wait list registry to recruit patients – reveals health information

Solution

Had to come up with a creative project design

- Wait list data considered VCH, can access for Quality Assurance purposes

Lesson

Bring in institutional review board(s) early in the study design



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VALHUE Study

Lessons learned: Methodological

Problem

Identification and selection of PROMs instruments potentially more controversial than the study itself

- Fryback (2010) noted the politics involved in selecting generic health status instruments

Solution

Developed an logical rational and criteria for assessing and selecting instruments

Lesson

Be explicit about the selection of instruments and incorporate stakeholders in the development of the selection process



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VALHUE Study

Lessons learned: Logistical

Problem

Misjudged the interest from all stakeholders involved in this project both directly and indirectly

- Initially only engaged VCH in the conceptualization and operationalization of project
- Led to pushback from surgical groups

Solution

Re-trenched and started to identify and build support from all the stakeholders

Lesson

All stakeholders should be involved from the early stages of the project

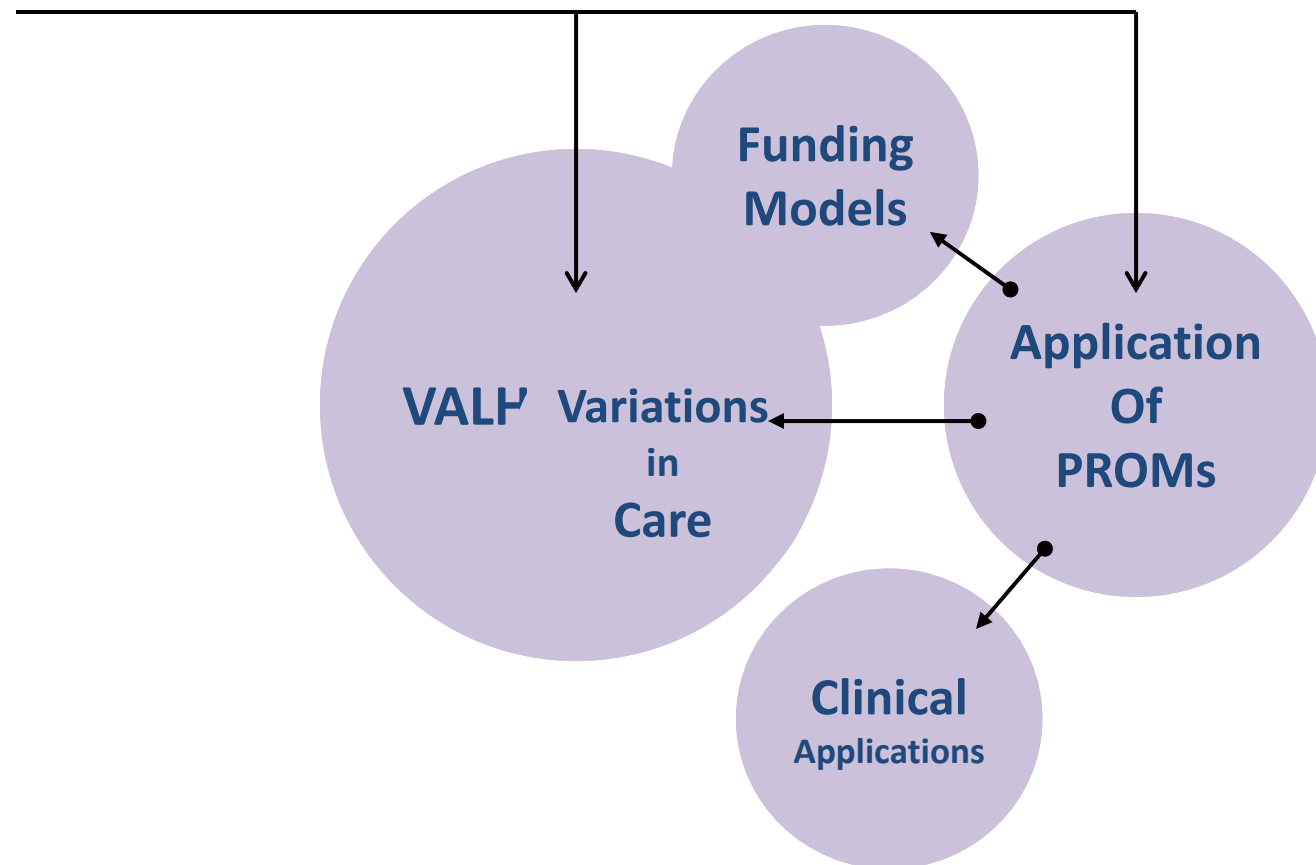


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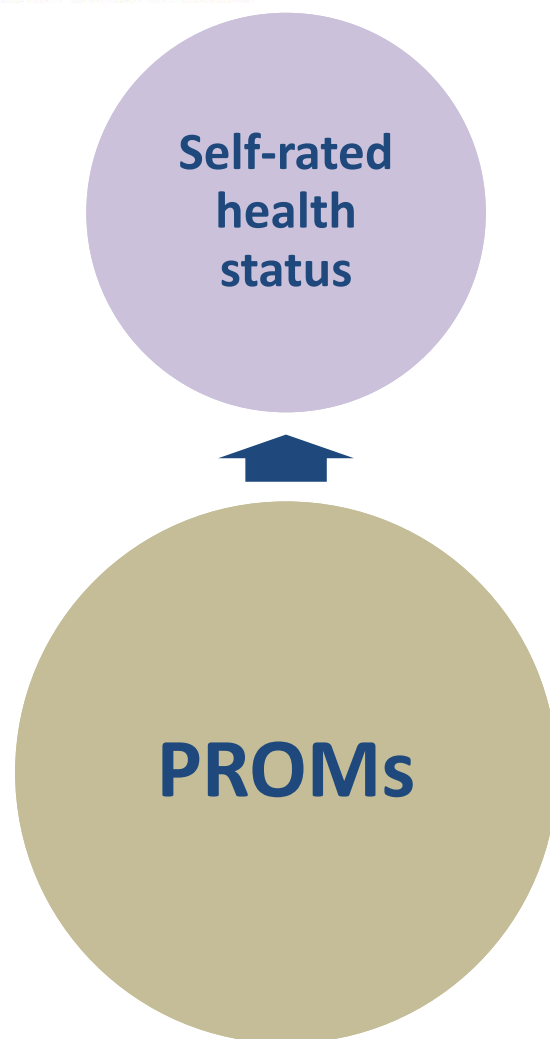


TODAY'S PRESENTATION





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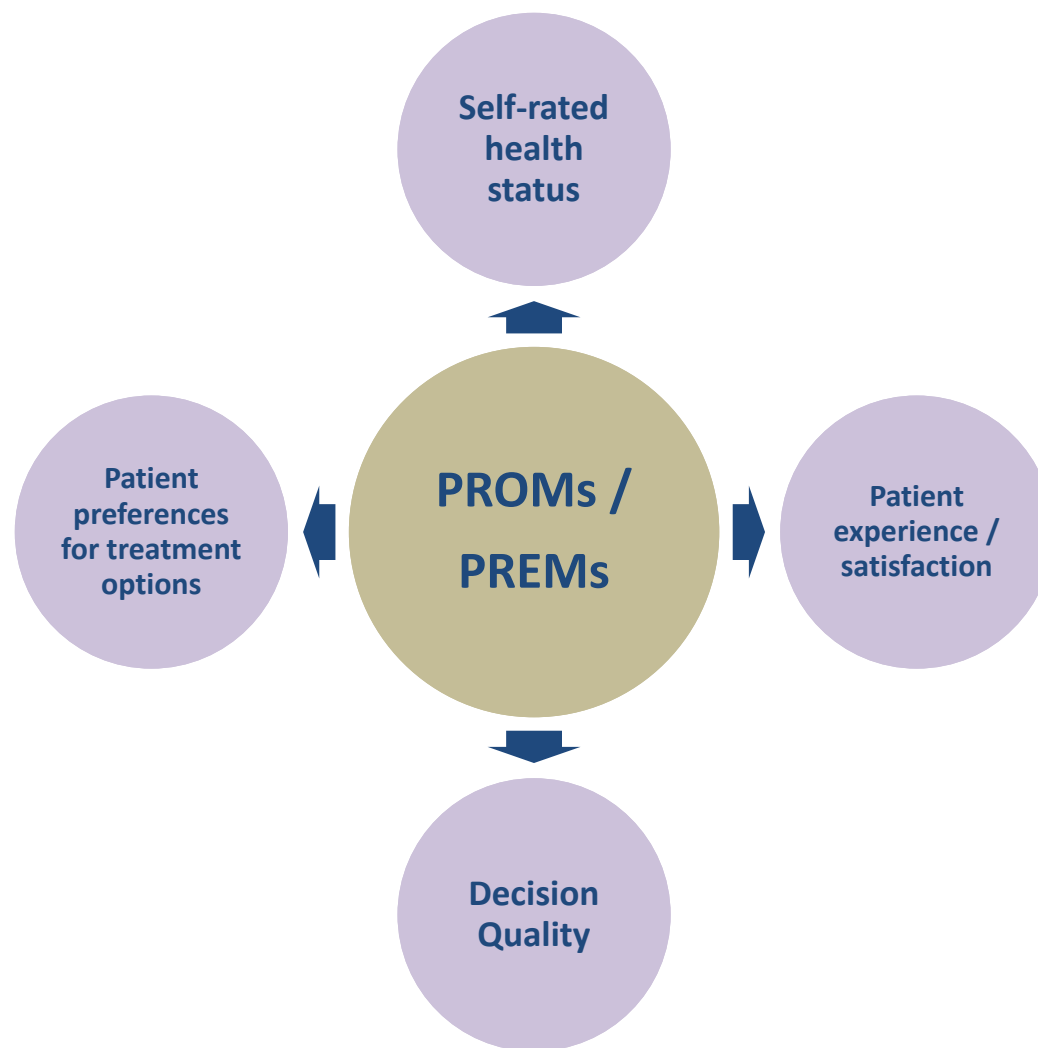


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Potential Application of PROMs

Policy

Funding models are moving towards remunerating care on a longitudinal basis

- Developing “episodes of care” that span across the continuum

Need to better understand how patients’ health and experiences change with different providers across this continuum

Could design a longitudinal study that surveys patients during these episodes to:

- Measure expected changes in health status during the episode
- Characterize deviations from expected clinical pathways
- Inform improvements in the funding model to incent the right behaviors (and not penalize them)



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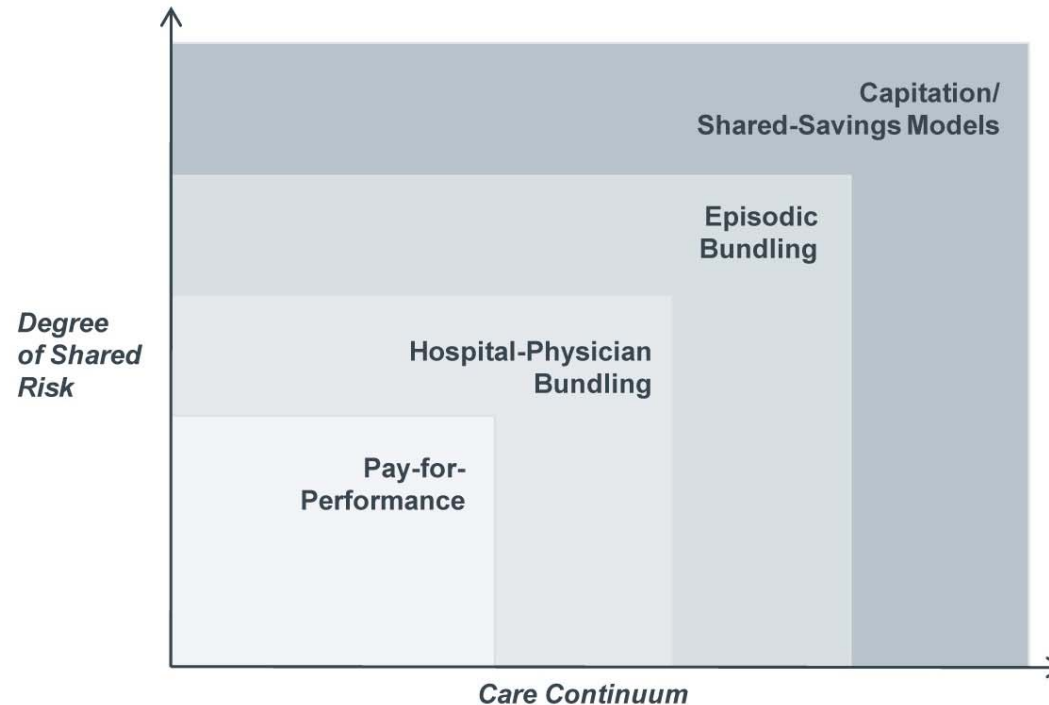


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Potential Application of PROMs

Payment Reform Shifting Risk to Hospitals, Health Systems

Performance Accountability Expanding Across the Care Continuum



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Roades C. The new imperative of patient engagement for hospital and health systems. Feb 15, 2013. <http://goo.gl/L60II>



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Potential Application of PROMs

Methodological

Variations in the utilization of care have been observed across regions

- Particularly pronounced in the area of preference-sensitive care
 - More than one clinical intervention available, neither of which offer potential benefits that overwhelmingly outweigh the potential harms

How do we discriminate between warranted/unwarranted variations in preference-sensitive care?

Could design cross-regional cohort studies using a combination of PROMs and decision quality to characterize the kind of care that's being provided

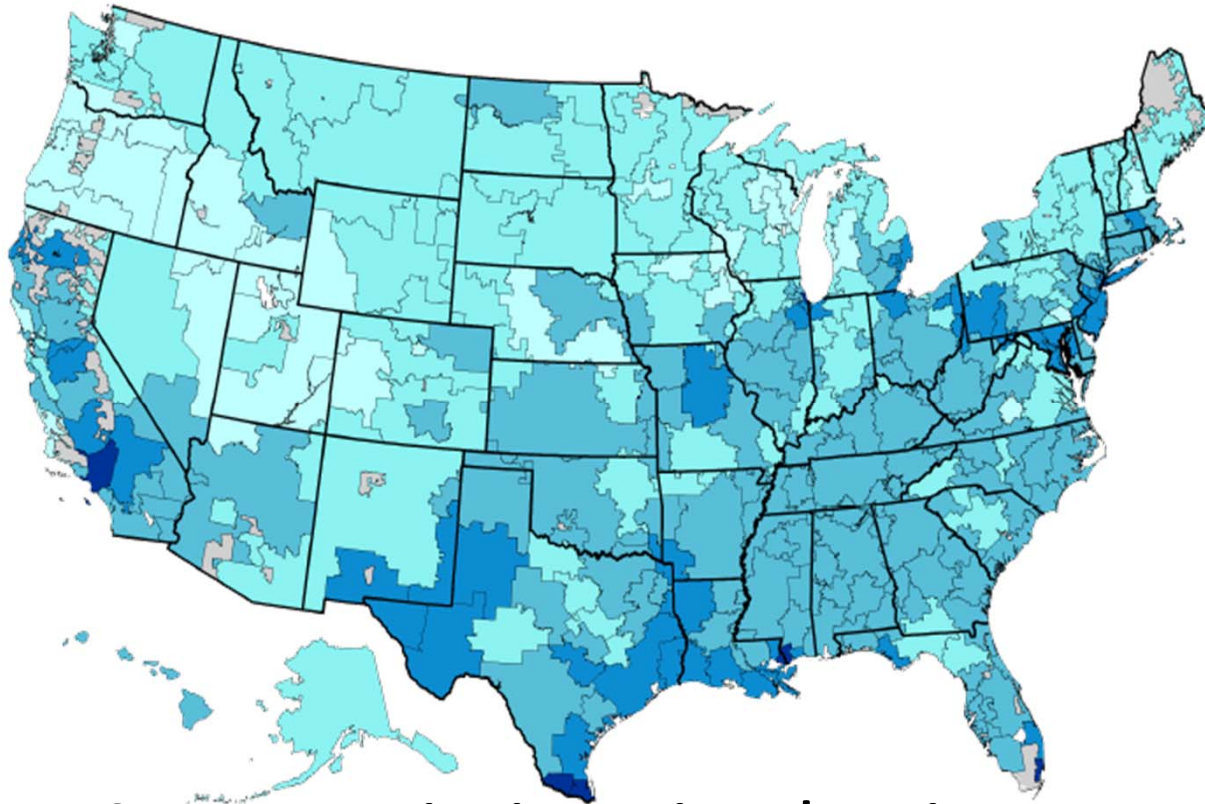


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Some variations in elective care
may be unwarranted.



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Potential Application of PROMs

Clinical

PROMs may have different applications/interpretations in different settings along the continuum of care

Need to better understand what PROMs means (if anything) for these at different settings

-e.g., primary care

Could work closely with different clinical groups to design studies aimed at interpreting PROMs for their practice and the care of their patients



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Wrapping Up

B.C., like other jurisdictions, are rethinking the way they fund health care

PROMs could offer a way to help evaluate and inform these changes

Our study collecting PROMs from a community of patients on a longitudinal basis offer some early lessons

These lessons can be applied to other studies using PROMs to investigate a number of pressing issues



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