

CASEINPOINT

SPECIAL REPORT

Focusing The Lens on Care Management Outcomes



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**The Voice of the Patient:
The Missing Piece of the
Puzzle**



Outcomes From the Mouth of the Patient

By Martha Bayliss, MSc

Who is the expert when it comes to treating a patient? In many ways, it's the patient themselves. They know how they feel, how their condition impacts their life. They can tell you which treatments make them feel better and which ones don't.

All healthcare professionals know this intuitively. The more you know someone, the better you can guide them to better health. Unfortunately, the voice of the patient is too often missing in healthcare. Providers can analyze an X-ray or EKG and case managers can review claims history, but these tools cannot easily measure a person's emotional state or physical pain.

We've all seen it happen. The test results show improvement, but the individual doesn't think things are going well. Something is missing. A special breed of health surveys, called patient-reported outcomes (PROs), can fill in the gaps and provide a unique understanding of what is really happening with a patient. They provide a snapshot of overall health status and point to trends that could signal an important change in a patient's condition.

So, what exactly is a PRO and how does it work? This article takes an in-depth look at this valuable tool and how it can transform healthcare through the following sections:

- Understanding the Tools
- The Power of Information
- Enhancing the Delivery of Care
- Health Surveys and Health Economics
- Patient Engagement
- Moving Forward

Understanding the Tools

Some of the most widely used PROs are the SF™ health surveys from QualityMetric Inc. These tools, including the SF-36v2®, SF-12v2® and the SF-8™ Health Surveys, are scientifically valid and capture practical, reliable and accurate information about functional health status and well-being. Simply put, they measure health in terms that mean the most to patients. How do they feel about their health? Is their condition affecting their work or other daily activities? Has their physical or emotional well-being interfered with social activities? When standardized questionnaires are used to measure these aspects of health—and the results are compared to years' worth of PRO data—we are able to gain invaluable insights about the impact a condition has on someone and the benefits of various treatments. That, in turn, provides a more

Short But Effective

Remarkably, PROs do not need to be long to capture meaningful, in-depth information. That's beneficial for both patients and survey administrators because it simplifies and speeds up the process.

These surveys get a lot of "mileage" out of a short set of questions because the developers have collected an incredible amount of information over the years that can be used as a benchmark for comparing results. For instance, we know from previous studies what the average scores are for the U.S. population, for different age and gender subgroups, for different disease populations, and so on. So, even if a patient has answered just 12 questions, that person's scores can be evaluated in relation to what would have been expected given their age and gender and the presence of medical conditions. So, if a survey tells us Mrs. Smith's functioning is lower than would be expected, that should be followed up by her physician. If her functioning is better than would be expected, great news!

holistic view of the person and their progress.

In general, there are two types of health surveys: generic and disease-specific.

Generic Health Surveys: These surveys are designed to be used across age, disease and treatment groups and are appropriate for a wide variety of applications. They measure overall physical and mental health functioning. For example, QualityMetric's surveys measure eight health domains:

- **Physical Health** - Physical functioning, role-physical (limitations due to physical health), bodily pain, and general health.
- **Mental Health** - Vitality (energy/fatigue), social functioning, role-emotional (limitations due to emotional problems), and mental health.

For these SF health surveys, scores are calibrated so that 50 is the average score, or norm, in the general population. This norm-based score allows comparison among the three surveys and across thousands of clinical, epidemiological and population-based studies published in the past 20 years.

Disease-specific Health Surveys: As you might guess, these surveys focus on a particular condition, such as arthritis, asthma or headaches. They can be used to measure how specific aspects of a condition are impacting a

What's Behind Those Back Problems?

"Patients with back problems are often burdened by comorbidities," says Dr. William A. Abdu, medical director of the Dartmouth-Hitchcock Spine Center in Lebanon, N.H. "So the question arises: Is their back pain a symptom of something else or is the back pain the major problem? In many patients, chronic back pain may be a symptom of other, psychosocial comorbidities: depression, smoking, obesity or other issues. The SF-36 Health Survey allows us to understand this so much more. Those variables, which were previously part of the art of understanding the spine patient, are now part of the science of understanding the spine patient."

Dr. Abdu says that after examining a patient, which includes getting his or her history and reviewing the imaging study, a diagnosis comes to mind. "The next step in determining what treatment options are available to this patient is to look at the SF-36 and the rest of the health survey. That combination of history, physical examination, imaging and health survey gives me a high degree of confidence in determining reasonable options to present to the patient."

person's functional health and well-being. The data that is gathered helps identify patients in need of treatment and assess treatment effectiveness.

The Power of Information

As happens so often with an innovation, healthcare professionals continue to find new ways to use health surveys—and they're employing them throughout the healthcare continuum. The reason is simple. Whatever the application, the information generated by PROs removes guesswork and replaces it with understanding. That allows the survey user to make more informed decisions and to proceed with confidence toward their particular objective.

Want to find out if a health and wellness program is working? Does a treatment increase quality of life enough to justify its cost to the patient and the healthcare system? PROs can provide you with the answers you're looking for. You can probably think of many ways survey information can be utilized to deliver quality healthcare. Here are just a few:

- Identifying health risk.
- Assessing treatment effectiveness.
- Promoting patient/provider communication.

- Measuring health improvement/decline.
- Monitoring population health.
- Evaluating health programs.
- Assessing disease burden.
- Predicting medical expenses.

Let's take a look at four that are particularly important for care management processes: screening for chronic conditions, assessing treatment effectiveness, promoting patient/provider communication, and measuring health improvement/decline.

Identifying Health Risk

One of the keys to treating individuals with a chronic condition such as diabetes, asthma or COPD is to get them into care earlier. In the past, claims data was often used to identify those individuals who pose the greatest health risk. However, that data is sometimes not available until six to 12 months after a claim is submitted. Furthermore, many who don't have a claim in the past year may be a health risk in the near future, but there would be no way of knowing. When time is lost like that, the opportunity to provide the best care and prevent further complications can be lost, too. And that doesn't take into account individuals who have not experienced a claim-producing incident, but who are suffering from a disease nonetheless.

PROs solve this problem by providing an efficient, timely method of identifying people who have—or are at risk for—certain health-related events, such as hospitalizations or need for emergency medical care, all of which can be expensive and cause significant burdens to both patients and providers.

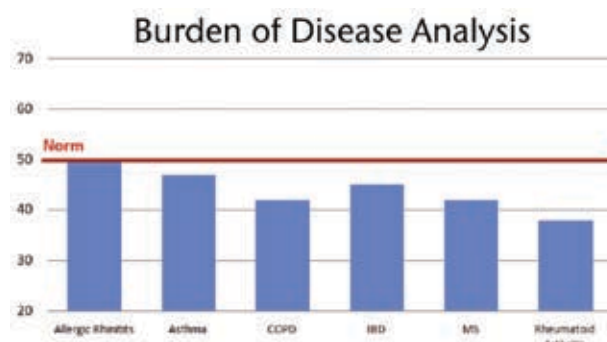


Figure 1

It is not difficult to see how having this information (Figure 1) at your fingertips can be used to engage patients and improve the delivery of quality, cost-effective care. When you make people aware that they are at risk for a poor outcome related to their chronic condition, they can get the help, information or treatment they need. Individuals who already have a condition can be educated

A Tool for Change

U.S. healthcare reform legislation has amplified the need for comparative effectiveness research. American consumers, providers, insurers and policy makers need to understand what treatments are truly effective in the real world so they can make the most intelligent decisions about those treatments and resource usage. PROs are perfect for this type of analysis.

By objectively measuring treatment effectiveness, PROs can promote accountability and transparency, as well as quantify value. They can also provide the information needed to properly allocate the limited resources that are so crucial to the health of our healthcare system.

on the best way to control or treat it. Meanwhile, healthcare providers can intervene early on and make recommendations that can improve health and quality of life.

Assessing Treatment Effectiveness

Does a treatment work? It's a basic question that's not always easy to answer. Without the answer, healthcare professionals are forced to rely too much on observation and instinct. Again, PROs can come to the rescue. By measuring functional health and well-being before and after treatment, health surveys can quantify the benefits of that treatment so that healthcare professionals can make educated choices when mapping a course of action for their patients.

Magellan Health Services, a specialty healthcare manager, uses a customized survey based on QualityMetric's SF-12® Health Survey to analyze the impact behavioral health services have on healthcare consumers. Figure 2 shows some key results thus far. Significant improve-

ment was seen in seven of the eight SF-12 scales and the mental summary scale. The greatest improvement was observed in scales most related to mental health (vitality, social functioning, role-emotional, mental health and mental summary scales). The chart also shows how the survey participants compare to the U.S. general population norm. Through the use of this survey, Magellan is able to demonstrate the value of its services to consumers, payers and providers.

With a survey report in hand, patients and providers can get right to the point and open a dialogue about the way a condition is affecting the patient's life.

Promoting Patient/Provider Communication

Communication between patient and provider is essential to producing positive outcomes. However, there are many barriers to good communication between these two parties. For example, a patient's feelings of fear, embarrassment or intimidation can get in the way, as can time constraints during appointments. With a survey report in hand, patients and providers can get right to the point and open a dialogue about the way a condition is affecting the patient's life, and how to address that with the best possible treatment options.

In many cases, the patient takes the survey in the waiting room with the results available to the doctor for that day's visit. Doctors at Dartmouth-Hitchcock Spine Center and UMass Memorial Medical Center report that having health status information available can help them better triage a problem and explore certain areas in more detail during a patient's visit.

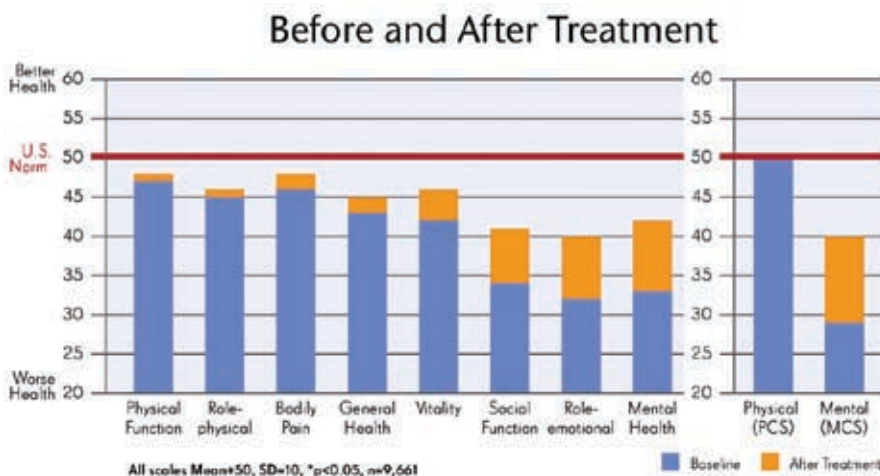


Figure 2

Improving Care, Proving Value

BlueCross and BlueShield of Kansas City (Blue KC) is another forward-thinking organization employing health surveys at the point of care. One reason for this is that employers are asking for more tangible data and specific outcomes information relative to the care management function. Blue KC chose to administer QualityMetric's SF-12v2 MH Enhanced survey in its disease management programs and will soon implement it in its case management function as well. The SF-12v2 MH Enhanced is a modified version of the SF-12 Health Survey that evaluates functional health and well-being, with additional questions added to provide a more in-depth assessment of the severity of psychological distress and depression.

"The SF-12v2 MH Enhanced will give us the concrete, reliable information necessary to show the employers that we have in fact made a difference in the health of their employees," says Tanya Salyer, RN, CDE, manager of care management at Blue KC.

Once the survey is completed by a member, nurses review the survey reports and determine the next steps in the member's care. If the results show that a member is not doing well physically, Blue KC then determines which intervention services, if any, need to be initiated to help the member improve functioning. Members receive improved, targeted care, while Blue KC gets the information it needs to prove the value of its programs.

Measuring Health Improvement/ Decline

Once you begin treating someone, you want to know if their health is moving in the right direction. PROs can tell you by measuring a person's progress and converting it into a set of reliable, easy-to-read scores. Reports can be generated for both the patient and the provider. In Magellan's case, individuals complete the survey upon referral and then at follow-up appointments. After the data is collected and scored, the reports are sent directly to the individual and their healthcare provider.

These customized reports offer a snapshot of how a patient is doing compared to their original starting point, as well as to the U.S. general population. This keeps the patient informed about their progress and helps them take ownership of their health. Meanwhile, the provider can use the results to make decisions about treatment options.

Enhancing the Delivery of Care

At this moment in the history of our healthcare system, improving the way care is delivered is critical. New and innovative ways are needed to provide patients with quality care at a price they can afford. Using PROs at the point of care is one way to move us all toward that goal.

PROs help address one of the biggest issues in healthcare today: spiraling costs.

A Better Way

By administering PROs at certain checkpoints in the care continuum, providers can obtain a scientifically valid view of exactly how a patient is doing. That makes it easier to identify whether or not additional treatment will help a patient or whether it's time to discharge them. It also helps pinpoint which therapies are working and which are not so that patients get the appropriate care in a timely and cost-effective manner.

Valuable tools for tracking the efficiency and quality of care, PROs help address one of the biggest issues in healthcare today: spiraling costs.

A Universal Measure of Health

One company taking this approach is Palladian Health. Palladian is a specialty health benefits management company focused on muscular skeletal health that uses PROs at the point of care to drive clinical decision making, measure treatment effectiveness and track patient progress.

"Using the surveys has helped us evaluate the quality of care provided," says Dr. Simon Dagenais, chief scientific officer at Palladian. "Previously, providers used a variety of region-specific outcomes measures that were time-consuming and did not capture all relevant aspects

A Step in the Right Direction

"Health plans don't want to buy a service that has no demonstrated results," says Mary Ferron, Vice President, Health & Economic Outcomes at Healthways, which runs the SilverSneakers Fitness Program for older adults. "They need to know they're choosing benefits that are not only appealing to their members, but that also deliver results. It's been critical to have data to demonstrate the impact of the program."



Figure 3

of health. Now we have a universal measure of patient health. It saves everyone time and allows us to measure the impact of care more efficiently and effectively.”

Since Palladian began using QualityMetric’s PROs, they’ve been well-received by providers and used on a wide scale. In just six months, they were administered more than 70,000 times. “We have thousands of providers using these surveys, and they really see the value of tracking these outcomes,” reports Dagenais.

The objective nature of PROs can also help providers measure their own performance. They can use the aggregated results for their patient populations to better understand which approaches are returning patients to normal functioning more quickly. This can lead to better, more cost-effective care over the long-term, which is exactly what the system needs.

Health Surveys and Health Economics

Logic says that the more you spend on healthcare, the better the expected outcomes. However, experience tells us that’s not always the case. Sometimes costs can continue to increase without any incremental benefit—patients hit a plateau no matter how much more care is provided. When this happens, resources are being expended that could be used more effectively elsewhere.

By measuring a patient’s improvement over time, health surveys provide healthcare professionals with real-time data that they can use to measure the effectiveness—and worth—of a particular treatment. If a course of action is no longer working, time and resources can be saved by stopping or changing direction. In the case of a particularly arduous treatment that is no longer producing results, the burden

PROs can provide a quick and easy means of identifying those in the enrollment population who are at the greatest risk of utilizing care and services.

What a Site!

Bristol-Myers Squibb (BMS) continually searches for new ways to promote awareness about diseases and treatments. That commitment led them to incorporate a health survey into their RALiving.com site, which provides patients suffering from rheumatoid arthritis (RA) with information and education.

To enhance the understanding patients have about the impact RA can have on their lives, they’re invited to complete a short, eight-question survey. Once they complete the survey, they’re provided with a real-time, printable report of their results, which they’re encouraged to share with their doctor. They’re also encouraged to take the survey again in the future.

In this way, this simple, interactive tool provides patients with increased knowledge about their condition and promotes communication with their healthcare provider. At the same time, it adds value to BMS’ site and helps it fulfill its commitment to its customers.

on the patient can be eased as well. In the end, this will be better for the individual patient as well as the healthcare system as a whole. For example, Palladian manages benefits for muscular skeletal conditions this way—by the “flat of the curve”—in other words, when patients are restored to “normal” functioning, additional visits for care are suspended (Figure 3).

This is just one area of health economics that can be illuminated by PROs. Here are a few more:

Evaluating Health Programs

Just as PROs can assess the value of a particular treatment, they can also be used to evaluate the effective-

ness of a disease management, case management, or wellness program. In this application, program participants typically complete a short survey when they first begin the

program. The results are provided to the individual and the program administrator. Then, at regular intervals, the participants are surveyed again. This allows each participant to see his or her own progress. It also provides the program administrator with a record of both individual performance and overall program results.

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For the participant, the PRO is part of a motivational feedback system that can reward them with positive results or inspire them to work harder. Meanwhile, the program administrator can use the results to prove to providers, employers and health insurers that the program is working.

One program that has used PROs effectively in this way is the SilverSneakers® Fitness Program, which encourages older adults to increase their level of physical activity. SilverSneakers is run by Healthways, a provider of health and care support solutions based in Nashville, Tenn.

“Two-thirds of our members have multiple chronic conditions, such as heart disease and arthritis, yet their physical health status scores don’t decline as you would expect,” says Mary Ferron, vice president, Health & Economic Outcomes at Healthways. “That’s why we know SilverSneakers is an effective program for managing the health of a population. This kind of information sends an important signal to the health plan that SilverSneakers is, in fact, helping manage the health and well-being of its members.”

Predicting Medical Expenses

Insurers want to know which people are more likely to use medical services—and are therefore more likely to incur high medical costs—so they can target them for case management and educational programs. In many cases, taking a proactive approach can help prevent healthcare problems before they occur, thus lowering usage and costs. Traditionally, claims data has been relied upon to identify those who are at the greatest expenditure risk in the future, but PROs can provide a quick and easy means of identifying those in the enrollment population who are at the greatest risk of utilizing care and services. Meanwhile, organizations such as pharmaceutical, biotechnology and medical device companies and health and wellness organizations need cost/benefit information to justify the usage of their products and services. For example, if a pharmaceutical company can demonstrate that its new drug can actually reduce healthcare spending by improving patient health, it can make a strong case for the drug to be included in formularies.

Patient Engagement

As you can see, the data generated by PROs can be very powerful, even a game changer for our healthcare system, but it’s all for nothing unless we can engage the patient and collect the data. Technology continues to propel healthcare forward and with it the use of health surveys. Thanks to the ingenuity and know-how of information technology wizards, health surveys are more

accessible and easier to complete than ever before.

Multiple HIPAA-compliant modes of administration are available through QualityMetric, ranging from traditional to high tech. Surveys are available in multiple language translations (more than 127 translations in all) so that they can be administered to a wide range of patient populations around the world.

Static (Paper/Pencil): Paper/pencil administration allows patients to complete a paper-based version of health surveys. This is important for people who do not have easy access to a computer or are not comfortable working on them.

Fax: This method also allows patients and organizations with limited access to the Internet to use the surveys. Patients complete a specialized, paper-based version of a survey, then fax it to a secure number. The data can be loaded directly into a database for scientifically valid scoring, interpretation and real-time reporting, eliminating the need for time-consuming data entry.

Interviewer Script: When this mode is used, an interviewer follows a script to administer the survey to the patient. This is the method of choice when a patient is unable to complete the survey on their own.

Interactive Voice Response (IVR) – Via Telephone: In this case, patients are provided with a toll-free phone number and access code. After a brief introduction, the system gathers information from the patient using speech recognition and/or touch-tone technology. Once the survey is completed, the data is loaded directly into a database for scoring and reporting in real time.

Online: Online administration allows patients to complete a health survey from any location where Internet access is available, including their home or their provider’s office. This method is a powerful time-saver that can streamline the administration and scoring process. Once an online survey is completed, the data can be submitted electronically and analyzed by scoring software so that reports can be generated in real time. If you like the online option, you can typically have the survey hosted by the survey developer or you can choose to have a customized version seamlessly incorporated into your own website.

eForm: When this mode is employed, the patient completes an electronic version of the static (paper/pencil) survey created in Adobe® Acrobat®. Again, surveys administered via eForm can be completed online from any location where Internet access is available. This method reduces response burden on the patient since it keeps all questions contained to one page.

Personal Digital Assistant (PDA): Handheld devices continue to grow in popularity and usage among medi-

The Voice of the Patient

cal professionals, and PDA administration of health surveys takes advantage of this trend. Once the survey is completed on a PDA, it can be transmitted online to be scored. Summary scores are calculated immediately and returned to the device for review. Survey reports are also provided online.

Moving Forward

From facilitating treatment for an individual patient to contributing to a massive healthcare system overhaul, the impact PROs can have on health is far reaching. We've seen how they can help improve decision making, increase quality of care, and control costs. They can prove value and inspire change. In fact, the uses of health surveys are limited only by the need and imagination of healthcare professionals and survey developers.

Discovery begins by asking a question. So, the next logical one is, "What would you like to accomplish?" Chances are a PRO can help you reach your goal.

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