

## Agency for Healthcare Research and Quality Using QualityMetric's SF-12v2™ Health Survey

*Growing trend in use of SF-36v2™ and SF-12v2™ due to ability to score the eight-domains of health, estimate scores for missing data, increased range and precision of analyses, and comparability of scoring with original SF-36® and SF-12® Health Surveys*

**Lincoln, RI. - September 15, 2003** - QualityMetric Incorporated, a leader in the development and marketing of patient-reported outcomes that measure health-related quality of life, announced today that the Agency for Healthcare Research and Quality (AHRQ) has adopted the SF-12v2™ Health Survey for the Medical Expenditure Panel Survey (MEPS). MEPS is a vital national resource designed to provide policymakers, health care administrators, businesses, and others with timely, comprehensive information about health care use and costs in the United States. MEPS used the original SF-12® before switching to the SF-12v2 in early 2003. The reasons underlying AHRQ's decision to update survey versions from v1 to v2 included:

- The five-fold increase in the range of scores for v2 role functioning scales, which provide more precise measurement
- Comparability of scoring between v1 and v2, which supports trend analyses across different data sets
- The availability of profile scores in v2, which provide a more comprehensive assessment of health

Also noteworthy is AHRQ's decision to take advantage of QualityMetric's Missing Data Estimator (MDE) which makes it possible to calculate scale and summary scores for survey respondents who did not answer every item. MDE is available exclusively through QualityMetric's scoring service, available online at [www.qualitymetric.com](http://www.qualitymetric.com), with the launch of a scoring software product scheduled for early 2004. MDE was first used by AHRQ to maximize the value of their data collected in 2000. In addition to MDE, QualityMetric's scoring service includes:

- Assurance of data quality evaluation
- Scoring capability using norm based algorithms for greater interpretation
- Comparability of scoring between v1 and v2
- Utility index scoring for health economics

"The SF-12v2 is an improved measurement tool over the v1 in several key areas," commented John E. Ware Jr., PhD, chief executive officer and chief science officer of QualityMetric. "Many SF license holders are now switching to v2 and we expect the number to keep rising. Offering health care clients better and more precise measurement tools underscores the mission of this company," Ware continued. "Our SF-36®, SF-12®, and SF-8™ Health Surveys have become the hallmarks of standardized outcomes measurement. Improving those surveys and making them easier to use with services such as data scoring is a logical extension of our efforts to put the voice of the consumer in health care decision-making."

The SF-12v2 is a 12-item subset of the SF-36v2™ survey that measures the same eight domains of health. As a brief, reliable measure of overall health status, the SF-12v2 is the instrument of choice in large population health surveys and has been used extensively as a screening tool. Because of its brevity, it is frequently embedded in longer, condition-specific surveys. Yielding an eight-scale profile and physical and mental summary scores that are comparable with those from the SF-36 in both general and specific populations, the SF-12v2 was developed by QualityMetric to improve on the SF-12 in scoring, item construction, and survey layout. The SF-12v2 can be self-administered, computer-administered, or given by a trained interviewer in person or by telephone to persons ages 14 and older, and usually takes two to three minutes to complete. The survey has been translated and adapted for use in 36 countries.

Additionally, the SF-12v2™ Health Survey User's Manual is available to introduce and thoroughly document the SF-12v2 survey and includes information on the comparability of scoring between the v1 and v2 surveys.

### **About MEPS**

MEPS represents the most recent in a series of national medical expenditure surveys conducted by the federal government since 1977. After a ten-year hiatus in these surveys, MEPS began in 1996 to collect longitudinal information continuously from a national probability sample on the financing and utilization of medical care in the United States. Designed by AHRQ's Center for Cost and Financing Studies, MEPS provides timely, comprehensive information about US health care costs and use to policymakers, health care administrators, health service researchers, and others. Publicly available MEPS files link data health service researchers on health care spending and health insurance with that on demographics, employment, income, health status, and other respondent characteristics. The MEPS sampling frame supports analyses of special populations, such as the poor, elderly, uninsured, and minorities. For more information about MEPS, go to [www.meps.ahrq.gov](http://www.meps.ahrq.gov), or send an email to [mepsd@ahrq.gov](mailto:mepsd@ahrq.gov).

### **About QualityMetric Incorporated**

QualityMetric Incorporated has integrated the consumer's voice into health care decision-making with self-reported generic and disease-specific health outcomes surveys used worldwide to measure health status with scientific validity in clinical practice, disease management, population monitoring, clinical trials, and direct-to-consumer marketing. Founded in 1997 by John E. Ware, Jr., PhD, principal developer of the SF-36®, SF-12®, and SF-8™ Health Surveys, QualityMetric's scientific expertise has dramatically evolved the value and precision of health-related quality of life measurement while our technology applications, including the world's first computerized dynamic health assessments (DYNHA®), have broadened the options for administration.

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