The Validation of Ultra-Brief, Patient Feedback Measures Intended to Improve the Care of Chronic Illnesses in Primary Care

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

1) Describe and explain the importance of psychometric validation studies as the necessary first step in the development of new patient-centered, primary care measures

2) Describe the background and rationale for the measures used in this preliminary investigation and their possible clinical applicability for the treatment of chronic illnesses, along with the role of integrated BH providers

3) Describe the implementation research considerations needed for developing and evaluating a patient-centered feedback measure
Learning Assessment

A learning assessment is required for CE credit. A question and answer period will be conducted at the end of this presentation.


Bibliography / Reference


Healthcare Data Driving Our Research

**Chronic illnesses account for 70% of U.S. deaths** (Danaei et al., 2009)
- Chronic illnesses account for 75% of U.S. healthcare costs (CDC, 2017)

**Determinants of healthcare outcomes** (CDC, 2017 & Schrieder, 2007)
- Health behaviors: 50%
- Genetics: 20%
- Environment: 20%
- Access to healthcare & medical care: 10%

**Current trends in healthcare:**
- A biopsychosocial or “whole person” approach to healthcare
- Patient-Centered Medical Home
- Payment reform’s focus on quality and outcome (Triple Aim)
Privileging the Patient Perspective

Background:
1) How we usually measure patient satisfaction - “Score and store” – not patient or interaction specific, not real-time
2) Evidence based practice (EBP) – it's more that empirically supported treatment (EST) – the other two components are practitioner wisdom & experience and patient values & preferences
3) PCOMS – Partners for Change Outcome Management System
   - Outcome Rating Scale (ORS)
   - Session Rating Scale (SRS)
PCOMS-Behavioral Health: The Basis for PCOMS Health

**Outcome Rating Scale (ORS)**

- **Individually:**
  - (Personal well-being)
- **Interpersonally:**
  - (Family, close relationship)
- **Socially:**
  - (Work, school, friendships)
- **Overall:**
  - (General sense of well-being)

**Session Rating Scale (SRS)**

- **Relationship:**
  - I felt heard, understood and respected
- **Goals and Topics:**
  - We did not work on or talk about what I wanted to work on and talk about
- **Approach or Methodology:**
  - The therapist’s approach is not a good fit for me
- **Overall:**
  - There was something missing in the session today

**Reliable**

**Valid**

**Feasible**

www.heartandsoulofchange.com
Key Points of PCOMS-BH

Two ultra brief, patient feedback measures (ORS & SRS) providing BHPs with real time feedback on the fit and benefit of services
- Brings accountability to BH services
- Aligns with Patient-Centered Medical Home principles and the Triple (Quadruple) Aim

Six randomized control trials (RCT) in specialty MH sites demonstrated significantly improved outcomes
- PCOMS-BH designated as a SAMHSA evidence-based practice
- PCOMS-BH also decreased patient no-shows, cancellations and average length of care
PCOMS-Health: Two Research Phases

Phase 1: Clinical validation study of WRS/PAS
- Peak Vista participated in a multi-site validation study demonstrating reliability & validity of measures
- Recently published in peer reviewed international journal:

➢ Phase 2: RCT study investigating the question:
  “Does real time patient feedback improve outcomes of patients diagnosed with chronic illnesses?”
➢ Planning for a multi-site study to enhance external validity of results
PCOMS: WRS
The Wellness Rating Scale
Validating the WRS: Challenges and Opportunities

1) The Wellness Rating Scale: (HRQoL)
   ◦ First strategy: compare the WRS with the EQ-5D, VAS (visual analog scale) developed in Europe and widely used internationally.
   ◦ Two samples: patients in a primary care practice (n=97), and graduate health professions students (n=122)
   ◦ Second strategy: compare the WRS with the PROMIS (Patient-Completed Health Outcome Measures Information System-Global 10
   ◦ Two samples: patients in a primary care setting (n=305), and health professions students (n=158)
### PCOMS: PAS

Provider Alliance Scale

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#### Provider Alliance Scale (PAS)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Communication</th>
<th>Partnership</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not feel listened to, cared for, or respected.</td>
<td>I felt comfortable asking questions and raising concerns about my health and treatment.</td>
<td>I was not a part of decision-making about my care.</td>
<td>My treatment is not on the right track.</td>
</tr>
<tr>
<td>I felt listened to, cared for, and respected.</td>
<td>I felt comfortable asking questions and raising concerns about my health and treatment.</td>
<td>I was a part of decision-making about my care.</td>
<td>My treatment is on the right track.</td>
</tr>
</tbody>
</table>

Heart and Soul of Change Project: [www.heartandsoulofchange.com](http://www.heartandsoulofchange.com)

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Validating the PAS: Challenges and Opportunities

2) The Provider Alliance Scale
   - Strategy: Compare the PAS with the Patient Physician Working Alliance Scale
   - Two samples: patients in a primary care practice (n=40), and a retrospective sample of health professions students (n=228)
## Wellness Rating Scale: Findings

<table>
<thead>
<tr>
<th>Site and Measure</th>
<th>Overall Mean</th>
<th>Mean by Gender</th>
<th>Mean by Condition</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Women</td>
<td>Men</td>
<td>Chronic</td>
</tr>
<tr>
<td><strong>Peak Vista</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N = 302)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WRS</td>
<td>22.53 (10.06)</td>
<td>21.57 (10.04)</td>
<td>24.62 (9.95)</td>
<td>21.07 (9.93)</td>
</tr>
<tr>
<td>PROMIS</td>
<td>29.21 (7.83)</td>
<td>28.55 (7.58)</td>
<td>32.75 (7.70)</td>
<td>28.79 (7.58)</td>
</tr>
<tr>
<td><strong>Saco, Maine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N = 97)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WRS</td>
<td>26.90 (10.07)</td>
<td>26.93 (10.18)</td>
<td>25.59 (9.99)</td>
<td>25.10 (10.22)</td>
</tr>
<tr>
<td>EQ VAS</td>
<td>75.16 (19.67)</td>
<td>74.29 (18.88)</td>
<td>74.52 (22.65)</td>
<td>71.79 (21.47)</td>
</tr>
<tr>
<td><strong>UNE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N = 122)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WRS</td>
<td>32.70 (4.72)</td>
<td>32.52 (4.49)</td>
<td>33.81 (6.00)</td>
<td>n/a</td>
</tr>
<tr>
<td>EQ VAS</td>
<td>82.61 (12.96)</td>
<td>81.76 (11.51)</td>
<td>82.84 (11.63)</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>UNE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(N = 158)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WRS</td>
<td>31.34 (6.97)</td>
<td>31.54 (6.49)</td>
<td>31.66 (7.25)</td>
<td>n/a</td>
</tr>
<tr>
<td>PROMIS</td>
<td>30.01 (4.78)</td>
<td>30.09 (4.36)</td>
<td>30.43 (4.41)</td>
<td>n/a</td>
</tr>
</tbody>
</table>
## Provider Alliance Scale: Findings

### Table 2
*Means, Standard Deviations, and Coefficient Alphas for the PAS and PPWAF*

<table>
<thead>
<tr>
<th>Site and Measure</th>
<th>PAS</th>
<th>PPWAF</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saco, Maine (N = 40)</td>
<td>37.31 (5.72)</td>
<td>56.54 (5.83)</td>
<td>.94</td>
</tr>
<tr>
<td>UNE (N = 228)</td>
<td>31.71 (7.59)</td>
<td>48.55 (8.91)</td>
<td>.87</td>
</tr>
<tr>
<td></td>
<td>.81</td>
<td></td>
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</tbody>
</table>
Discussion

- The aim of this study was to investigate the psychometrics of two ultra-brief measures, the WRS and the PAS. This study found evidence to support the reliability and validity of both instruments, reporting good internal consistency and moderate to strong concurrent validity. The WRS also differentiated clinical v. nonclinical populations as well as patients with chronic conditions.
- The WRS provides a patient-rated quality of life measure that can be feasibly incorporated into workflow and enable a real-time use of patient preferences to guide treatment.
- The PAS provides a convenient way to center the patient’s perceptions about the alliance, allowing the physician to adjust as needed.
- Both measures intend to engage people in their healthcare as true partners.
- Questions?
Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!