PROMIS - OASIS Comparison: First Steps for Post-Acute Care Data Collection with Patient Reported Outcomes

Jennifer Riggs, PhD, RN³; Sara Galantowicz, MPH³

Background

- Patient-reported outcome (PRO) measures are not currently part of the Home Health Quality Reporting Program (HHQRP). The feasibility of using PRO measures in the home health (HH) environment is largely unknown
- The Centers for Medicare and Medicaid Services (CMS) supported a proof-of-concept study to evaluate the feasibility of home health patient self-administration of the Patient-Reported Outcomes Measurement Information System (PROMIS[®]) v.1.1 10-item Global Health Survey. PROMIS[®] Global 10 was selected because its multidimensional nature provides a holistic approach to PROs
- This study was conducted as part of a larger study that assessed the reliability, validity, and feasibility of current and potential future Outcome and Assessment Information Set (OASIS) items. This pilot of PROMIS in HH was conducted prior to a larger national test in four post-acute care settings

Research Objectives

- Test the feasibility of gathering PROs in a post-acute care setting in a national HH field test
- 2. Compare clinician assessment with PROs
- **3.** Evaluate the feasibility of using PROs collected through PROMIS[®] Global 10 as the basis for PRO measures in HH

Methods

- Data were collected in 12 HH agencies in CO, MA, NC, and OH between August 2016 and July 2017
- Clinician (OASIS) assessments and patient self-reports (PROMIS[®] Global 10) were completed for 150 cognitively intact adult patients; 75 patients at admission, 19 patients at discharge, and 56 patients at both start of care (SOC) and discharge (DC)
- 1. Compute descriptive statistics for patient self-reports at SOC and DC
- **2.** Use Pearson's χ^2 to examine the relationship between clinician assessment and patient self-report
- **3.** Calculate normalized OASIS and PROMIS[®] to compare changes in clinician-assessed and patient-reported activity of daily living (ADL status) for patients with completed clinician assessments and patient self-report at SOC and DC

Patient Self-Report (PROMIS) of Overall Health, Physical Health,



Cross-tabulation of Dyspnea, Anxiety, and Depression at SOC for Selected PROMIS Items

	C	verall h	ealth		Physical health			
	Excellent, very good, good	Fair or poor	χ²	P- Value	Excellent, very good, good	Fair or poor	χ²	P- Value
Dyspnea								
No dyspnea	22	11	101	0.026	21	12	3.89	0.049
Dyspnea	42	53	4.94	0.026	42	54		
Depression								
Not screened/not depressed	58	37	10.70	0.000	58	38	19.27	0.000
Depressed	5	27	19.70	0.000	5	27		

Depression Not screened/not depr Depressed Anxiety Never anxious Ever anxious

Marisa Roczen, PhD¹; Eugene Nuccio, PhD¹; Tara McMullen, PhD, MPH²; Joan Proctor, MS HCA²; Jacqueline Gillis³; Zabrina Gonzaga, MSN, RN⁴;

¹University of Colorado Anschutz Medical Campus; ²Centers for Medicare & Medicaid Services, Division of Chronic and Post-Acute Care (DC-PAC); ³Abt Associates; ⁴Lantana Consulting Group

Results Overview

Poor Fair Good Very Good Excellent

	Mental health				Social satisfaction				
	Excellent, very good, good	Fair or poor	χ²	P- Value	Excellent, very good, good	Fair or poor	χ²	P- Value	
ressed	83	12	20.55	0.000	79	17	0 07	0.003	
	15	16		0.000	18	14	0.07		
	55	7	9.47	0.000	37	8		0.025	
	42	22		0.002	32	20	5.03		

Patients reporting very good or excellent overall or physical health had fewer depressive symptoms, and less dyspnea or urinary incontinence

many patients

SOC

Patients reporting fair or poor mental health or social satisfaction had more depressive symptoms and reported having more anxiety





ADL Status: Clinician Assessment (OASIS) vs. Patient Self-Report (PROMIS)









- Clinicians reported improved ADL for most
- patients (57-79%); few clinicians reported decline in ADL status (0-23%)
- 53% of patients reported improved ADL status; 21% of patients reported a decline in ADL status
- In general, patients self-reported lower rates of improvement and higher rates of decline in ADL status than did clinicians on comparable items

- Both patient-reported and clinician-assessed ADL status improved between SOC and DC
- On average, patientreported ADL status improved by 27% between SOC and DC; clinicianassessed ADL scores improved between 45-77%
- On average, patients perceived their ADL status as considerably lower as compared to clinician assessments at both SOC and DC

Conclusions

- PROMIS[®] Global 10 is a valid approach to patient reported health status
- HH patient self-report and clinician assessments are significantly associated in multiple important health status domains
- Differences in patient and clinician perspectives point to the opportunity for shared decision making and collaborative goal setting
- This CMS sponsored national pilot is a milestone, the first test of patient reported outcomes in post-acute care, providing early evidence that patient reported outcome data may be actionable and usable in quality measures

Limitations

- HHAs were recruited as a convenience sample based on their ability to participate and study team's location
- Findings are based on a small sample size that may not be generalizable to the U.S. HH patient population
- How patients interpret the PROMIS items relating to ADL status and clinicians assess ADL status may be different
- Family caregiver's perspective on the patient's ADL status was not assessed in this study

Implications for **Policy and Practice**

- This study represents a first step to better understanding the efficiency of PROs through assessment-based data collection, and expanded comparisons of patient self-reports with potentially new items across all post-acute care settings
- Enhanced integration of patient voice promotes patient engagement and empowerment to make decisions about their care

Funding Acknowledgement

Funding was received from the Centers for Medicare & Medicaid Services through Contract HHSM -500-2013-130011, Task Order HHSM-500T0002. The views and opinions expressed are solely those of the authors and do not reflect the official positions of the institutions or organizations with which they are affiliated or the views of the project sponsors.