Applying the PRO Findings in Practice: Guidance for Clinicians



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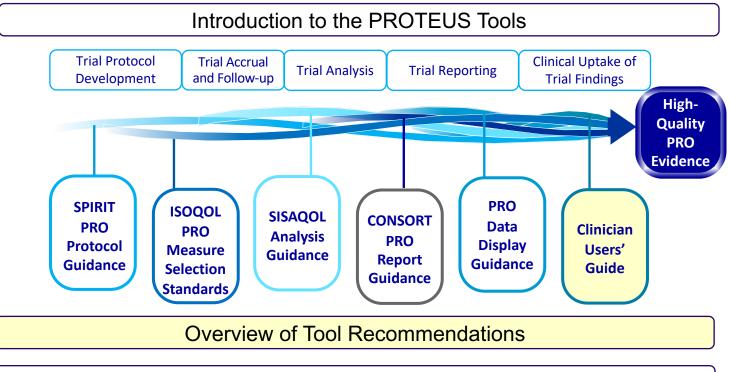
The PROTEUS ConsortiumPatient-Reported Outcome Tools:Engaging Users & Stakeholders



TheProteusConsortium.org

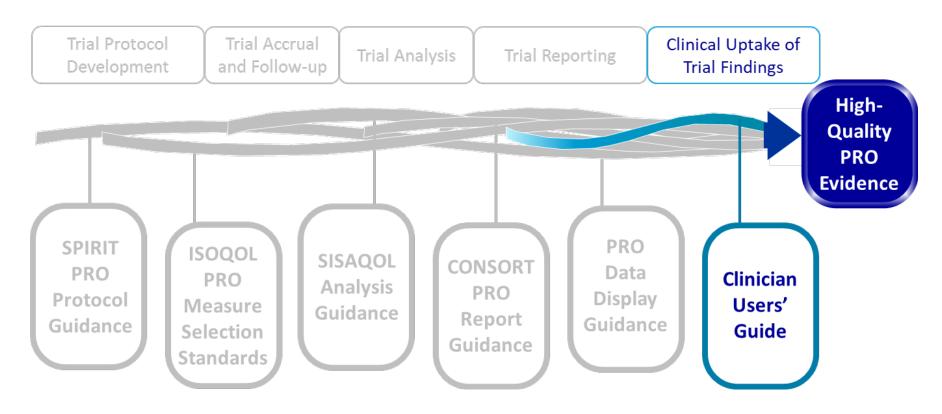
Overview of Presentations

Introduction to PROs and PROTEUS



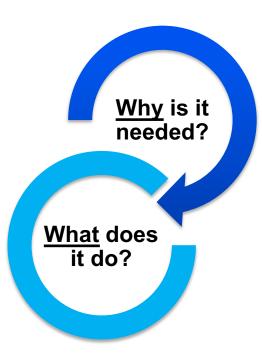
How to Apply the Tools

Applying the PRO Findings in Practice





Applying PRO Findings in Practice



To help clinicians assess the quality of PRO research studies and determine whether findings are useful for clinical practice

Provides a checklist to evaluate the quality of studies that use PROs



Applying the PRO Findings in Practice

Clinician's Checklist for Reading and Using an Article About Patient-Reported Outcomes

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Abstract

Clinicians need evidence-based medicine to help them make clinical decisions with their patients. For many health problems, the goal of treatment is to help the patient to function and feel better. To measure patient functioning, well-being, and symptoms, questionnaires referred to as patient-reported outcome (PRO) measures are often used. Clinicians are generally not trained in survey design, scale development, and questionnaire administration, making it difficult for them to interpret and effectively use PROs as clinical evidence. It is increasingly important that clinicians be able to understand and use outcomes measured from both the clinical and patient perspectives to inform their practice. We aim to provide a "Clinician's Checklist" to help practicing clinicians understand clinical research articles that include PROs so that the information can be used for decision making. This checklist provides an itemization of important areas for the reader to consider in evaluating research articles. We propose that clinicians consider 5 elements when reading a study using PROs: study design and PRO assessment strategy, PRO measure performance, validity of results, context of the findings, and generalizability to their own patient population. Patient-reported outcomes play an increasingly prominent role in clinical research and practice, and this trend has the potential to improve the patient-centeredness of care. Clinicians will need to understand how to use PROs to partner with patients and help them function and feel better. The proposed Clinician's Checklist can help clinicians systematically evaluate PRO studies by determining whether the study design was appropriate and whether the measurement approach was adequate and properly executed as well as by assisting in the interpretation and application of the results to a specific patient population.

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Why Is This Resource Needed?

- In order to use PRO results to inform patient care, clinicians need to be able to evaluate published literature that includes PROs
- Barriers to clinicians applying PRO findings in clinical practice include:
 - lack of education and training on measurement and interpretation of PROs
 - \circ wide variety of PRO measures
 - variation in how PRO findings are reported in the literature



Objective of this Resource

- **Purpose:** To help practicing clinicians apply results of clinical research studies that include PROs in their patient care
- How? By providing a brief <u>checklist</u> to help clinicians review published research studies that include PROs



Methods

- Builds on guidelines published by Guyatt et al 1997
- Wu et al 2014, propose 5 key elements to consider when reading a published study using PROs:
 - 1. Assessment strategy & study design
 - 2. Performance of the PRO tool
 - 3. Validity of results
 - 4. Context of results
 - 5. Generalizability to one's own patient population
- Questions were formulated into a <u>Clinician's</u> <u>Checklist</u> to address each key element

Guyatt et al, JAMA 1997, 277(15), 1232-1237

The Medical Literature Users' Guides to the Medical Literature XII. How to Use Articles About Health-Related Quality of Life Gordon H. Guyatt, MD, MSc; C. David Navlor, MD, MSc, DPhil; Elizabeth Juniper, MCSP, MSc; Daren K. Heyland, MD; Roman Jaeschke, MD, MSc: Deborah J, Cook, MD, MSc: for the Evidence-Based Medicine Working Group CLINICAL SCENARIO vent future morbidity, or make patients how the relative values of items and feel better. The first 2 of these 3 end domains need to be established and how You are a physician following a 35points are relatively easy to measure. these values should be determined. Is it year-old man who has had active Crohn At least in part because of difficulty in enough to know that both dyspnea and disease for 8 years. The symptoms were measurement, clinicians have for many fatigue are important to people with lung severe enough to require resectional surgery 4 years ago, and despite treatment years been ready to substitute physidisease, or does one need to establish ological or laboratory tests for the ditheir relative importance? If establishwith sulfasalazine and metronidazole, the

ing their relative importance is necesrect measurement of the third. In the patient has had active disease requiring last 20 years, however, clinicians have sary, which of the many available aporal steroids for the last 2 years. Rerecognized the importance of direct meaproaches should one use? peated attempts to decrease the predsurement of how people are feeling and In this article, we take a simple apnisone have failed, and the patient has how they are able to function in daily proach. We use HRQL to refer to the required doses of greater than 15 mg activities. Investigators have developed health aspects of their lives that people. per day to control symptoms. You are increasingly sophisticated methods of in general, value, and we are ready to



1. Was the PRO assessment strategy appropriate?

a. PRO hypothesis stated? A priori hypothesis explicit for PROs

- b. PRO measures described?
- c. PRO content appropriate?
- Investigators measured aspects of patients' lives that patients consider important

PRO measures used, and timing/follow-up of subjects

- PRO domains correspond to anticipated effects of disease and treatment
- All important aspects of patient-reported outcomes included



2. Did they measure PROs effectively?

a. Evidence for reliability, validity?
b. Were missing data handled appropriately?
c. Similar number of questionnaires completed by respondents in all treatment groups at every time point
c. Missing data management strategy described
c. Presence of data analysis plan for handling death, if frequent



3. Should I believe the results?

a. Internal validity

- Findings established; observed effects likely to be caused by intervention
- If non-treatment factors affect PRO, risk adjustment needed



4. Were the results placed in a clinical context?

- a. Was the clinical meaning of results explained? •
- b. Will the results help me in caring for my patients?

- of Magnitude of effect on PROs described
 - Clinical importance of observed differences in PRO scores demonstrated
 - Benefits and harms recognized and reconciled, including potential trade-offs between quality and quantity of life
 - Description of what a clinician should do with the results; study information helps clinicians communicate with patients about treatment options; applicability of group results to individual patient



5. Do the results apply to my patients?

a. External validity to clinician's practice

 Study population is similar enough to clinician's patient population to apply to practice



Recap

- The quality of PRO research studies affects the usefulness of the resulting PRO findings for clinical decision making
- The Clinician's Checklist can help clinicians to:
 - determine whether a PRO study was conducted with sufficient rigor for the results to be applied in practice
 - evaluate the relevance of PRO findings for their own patients and practice
- If ✓ PRO results are believable
 - ✓ PRO endpoints are relevant to the specific patient population
 - ✓ The magnitude of the results is clear
- \rightarrow The clinician will be in a stronger position to apply PRO findings in practice



Further Reading

Wu A, Bradford A, Velanovich V, Sprangers M, Brundage M & Snyder C. Clinician's checklist for reading and using an article about patient-reported outcomes. *Mayo Clinic Proc.*89(5):653-661; 2014

Guyatt GH, Naylor CD, Juniper E, Heyland DK, Jaeschke R, Cook DJ. Users' guides to the medical literature, XII: how to use articles about health-related quality of life. Evidence-based Medicine Working Group. *JAMA*. 277(15):1232-1237; 1997

