Evidence Table 21. Outcomes reported in studies addressing quality improvement

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author, year** | **Outcome measures** | **Measures** | **Sample size** | **Disparities**  | **Outcomes: Benefits. Significantly improved**  | **Outcomes: Benefits. Not significantly improved** | **Outcomes: Harms** | **Other key information**  |
| Campion, 20111 |

|  |
| --- |
| Quality of Care |
|
|
|
|
|

 | Pain assessed appropriately before death | 644 sites | **NR** | Sites reporting in multiple periods vs. sites reporting only in Fall 2010 (65.84% vs. 46.89%, p<0.001) |  |  |  |
|  |  | Dyspnea addressed appropriate before death | 644 sites |  | Sites reporting in multiple periods vs. sites reporting only in Fall 2010 (71.37% vs. 60.82%, p=0.005) |  |  |  |
|  |  | Hospice or palliative care discussed | 641 sites |  |  | Sites reporting in multiple periods vs. sites reporting only in Fall 2010 (21.54% vs. 17.00%, p=0.152) |  |  |
|  |  | Hospicepalliative care addressed appropriately | 633 sites |  | Sites reporting in multiple periods vs. sites reporting only in Fall 2010 (65.60% vs. 54.65%, p=0.005) |  |  |  |
|  |  | Hospice or palliative care used | 644 sites |  | Sites reporting in multiple periods vs. sites reporting only in Fall 2010 (52.92% vs. 50.01%, p=0.046) |  |  |  |
|  |  | Hospice enrollment more than 3 days before death | 628 sites |  | Sites reporting in multiple periods vs. sites reporting only in Fall 2010 (40.95% vs. 31.45%, p=0.015) |  |  |  |

Evidence Table 21. Outcomes reported in studies addressing quality improvement (continued)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author, year** | **Outcome measures** | **Measures** | **Sample size** | **Disparities**  | **Outcomes: Benefits. Significantly improved**  | **Outcomes: Benefits. Not significantly improved** | **Outcomes: Harms** | **Other key information**  |
| Detmar, 20022 | Other | Composite communication score calculated by summing all HRQL-related topics that were discussed | 214 | Not reported | Composite score 4.7 (SD 2.3) intervention group, 3.7(1.9) control group (p=0.01) | Physical functioning | None | Physician-level randomization |
| Satisfaction | Patient Satisfaction Questionnaire C |  |  |   | Not significantly improved |   |   |
| QOL Physician awareness of patient's QOL, QOL-related medications and counseling referrals | SF-36 |  |  |   | Not significantly improved |   |   |

Evidence Table 21. Outcomes reported in studies addressing quality improvement (continued)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author, year** | **Outcome measures** | **Measures** | **Sample size** | **Disparities**  | **Outcomes: Benefits. Significantly improved**  | **Outcomes: Benefits. Not significantly improved** | **Outcomes: Harms** | **Other key information**  |
| Meyers, 20113 | Quality of Life | City of Hope Quality of Life Instruments for Patients of Caregivers | 476 | AA: 43 | Caregiver QOL scores in the intervention arm declined at less than half the rate of the control arm (p=0.02) | No difference for patients |  | Effect size: 0.3 standard deviation |
|  | Problem Solving | Social Problem Solving Inventory-Revised |  | AsianPI: 61 |  | Neither patients (p=0.86) nor caregivers (p=0.21) showed any change in problem solving skills  |  |  |
|  | Quality of Life: Psychological | City of Hope Quality of Life Instruments for Patients of Caregivers |  | White: 719 |  | There was no change in psychological well-being among patients (p=0.82) |  |  |
|  | Quality of Life: Social | City of Hope Quality of Life Instruments for Patients of Caregivers |  | Native American: 8 |  | SCEI caregivers scored higher in the social subdomain ( p=0.09) |  |  |
|  | Quality of Life: Physical | City of Hope Quality of Life Instruments for Patients of Caregivers |  | Hispanic: 72 |  | There was no change in phsycial well-being among patients (p=0.97) and caregivers (p=0.61) |  |  |
|  | Quality of Life: Spiritual | City of Hope Quality of Life Instruments for Patients of Caregivers |  |  | Spiritual well-being among caregivers improved in the SCEI group relative to control (p<0.001) |  |  |  |

Evidence Table 21. Outcomes reported in studies addressing quality improvement (continued)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author, year** | **Outcome measures** | **Measures** | **Sample size** | **Disparities**  | **Outcomes: Benefits. Significantly improved**  | **Outcomes: Benefits. Not significantly improved** | **Outcomes: Harms** | **Other key information**  |
| Mills, 20094 | QOL Diary utilization, communication, satisfaction, discussion of problems |   | 115 | None | Palliative Care QOL Index (communication, discussion) | QOL(primary outcome), 45 QOL measurements, satisfaction,  | Clinical deterioration | Most patients gave no feedback to providers- no chance for intervention |
| Rosenbloom, 20075 | Clinical treatment changes |   |   |   |   |   |   |   |
| Taenzer, 20006 | QOL | EORTC QLQ -c30 | 53 | None discussed |   | Significantly different in 3 of 15 function and symptom scales - experimental group better only for dyspnea | None noted | "Clinic staff behavior may have changed since they were aware of the purpose of the study, even before the introduction of the QOL screening reports."; pre-post study, small sample size |
|   | Satisfaction | PDIS-pt satisfaction questionnaire |  |  |   | Not significantly improved |   |   |
| OtherEORTC items addressed during the visit significantly higher for experimental group; no significant difference in medical record audit for number of EORTC categories charted |   |  |  |   |  |   |   |

Evidence Table 21. Outcomes reported in studies addressing quality improvement (continued)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author, year** | **Outcome measures** | **Measures** | **Sample size** | **Disparities**  | **Outcomes: Benefits. Significantly improved**  | **Outcomes: Benefits. Not significantly improved** | **Outcomes: Harms** | **Other key information**  |
| Velikova, 20047; Velikova, 20108 | Quality of care measures |  | 286 | Not reported | Symptom communication: 3.3(SD 1.63) vs. 2.7 (1.53) (p=0.03 ) (# of symptoms in the questionnaire mentioned during encounter) | Communication about other symptoms, issues not significantly improved |   | In general, significant differences with control group but not with the group that had HRQOL measured but no feedback to physicians; attrition rate of 30%; randomized at patient level |
| Quality of life | Functional assessment of cancer therapy-general questionnaire score |  |  | Estimate effect: 8.01 (SE 2.84), p=0.006 (intervention vs. Control) |  |  |  |

Evidence Table 21. Outcomes reported in studies addressing quality improvement (continued)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Author, year** | **Outcome measures** | **Measures** | **Sample size** | **Disparities**  | **Outcomes: Benefits. Significantly improved**  | **Outcomes: Benefits. Not significantly improved** | **Outcomes: Harms** | **Other key information**  |
|  | Satisfaction | Likert scale (2 questions) |  |  |  | Not significantly improved |  |  |
| Other: patient perceptions of communication, continuity and coordination | Medical care Questionnaire |  |  | Significantly Different for 23 subscales -estimate effect - ; communication, 4.51 (p=0.03 ); preferences 3.32, p=0.027 (intervention vs. Control) | Coordination not significantly improved |   |   |

**Abbreviations:** EORTC-QLQ=European organization for research and treatment of cancer quality of life questionnaire; HRQOL=Health related quality of life; PDIS=Patient-doctor interaction scale; QOL=Quality of life; SF-36=Short form health survey with 36 questions

**Evidence Table 21 Reference List**

1. Campion FX, Larson LR, Kadlubek PJ, Earle CC, Neuss MN. Advancing performance measurement in oncology. Am J Manag Care 2011; 17 Suppl 5 Developing:SP32-6.

2. Detmar SB, Muller MJ, Schornagel JH, Wever LD, Aaronson NK. Health-related quality-of-life assessments and patient-physician communication: a randomized controlled trial. JAMA 2002; 288(23):3027-34.

3. Meyers FJ, Carducci M, Loscalzo MJ, Linder J, Greasby T, Beckett LA. Effects of a problem-solving intervention (COPE) on quality of life for patients with advanced cancer on clinical trials and their caregivers: simultaneous care educational intervention (SCEI): linking palliation and clinical trials. (1557-7740 (Electronic). 1557-7740 (Linking)).

4. Mills ME, Murray LJ, Johnston BT, Cardwell C, Donnelly M. Does a patient-held quality-of-life diary benefit patients with inoperable lung cancer? J Clin Oncol 2009; 27(1):70-7.

5. - Rosenbloom SK, - Victorson DE, - Hahn EA, - Peterman AH, - Cella David. - Assessment Is Not Enough: a Randomized Controlled Trial of the Effects of Hqrl Assessment on Quality of Life and Satisfaction in Oncology Clinical Practice. - Psycho-Oncology - 200712; - 16(- 12):- 1069, - 1079.

6. Taenzer P, Bultz BD, Carlson LE *et al*. Impact of computerized quality of life screening on physician behaviour and patient satisfaction in lung cancer outpatients. Psychooncology 2000; 9(3):203-13.

7. Velikova G, Booth L, Smith AB *et al*. Measuring quality of life in routine oncology practice improves communication and patient well-being: a randomized controlled trial. J Clin Oncol 2004; 22(4):714-24.

8. Velikova G, Keding A, Harley C *et al*. Patients report improvements in continuity of care when quality of life assessments are used routinely in oncology practice: secondary outcomes of a randomised controlled trial. Eur J Cancer 2010; 46(13):2381-8.