

**Submission Id:** 4274

**Title**

*Tools to regularly measure function for adult patients in primary care*

**Priority 1 (Research Category)**

Healthcare informatics

**Presenters**

Gregory Cutforth, BSc, DSc (candidate), Catherine Donnelly, PhD, Deanne Taylor, PhD

**Abstract**

Context: Canada is investing in initiatives to improve primary care. To measure their impact, performance measurement systems require a comprehensive set of health indicators. To date, most primary care health indicators measure process of care, disease, and health service utilization, with a gap in measures of health outcomes. Function is a measure of patient health that could measure outcomes. Regularly measuring function in primary care has had limited success. For primary care teams to implement and use measures of function, they need to be appropriate (i.e. timely, meaningful and credible) and to be feasible in primary care.

Objectives: To identify the most appropriate and feasible measures of function, for adult patients, that can be used as health indicator(s) in primary care.

Design: Classic Delphi

Setting: Primary care in Canada

Population Studied: Expert panel: 12 Canadian academic leaders, with expertise/experience in team-based care, primary care, patient function, and/or performance measurement.

Intervention: Rounds 1-3 identified potential measures of function and sought consensus on a finite set of (4-5) measures. Round 4 measured levels of agreement on the appropriateness and feasibility of using 5 patient-reported health measures (SF-36, SF-12, EQ-5D-5L, WHODAS 2.0, and WHOQOL BREF) to measure function in primary care.

Outcome Measures: Round 1-3: Percent of respondents that would keep, modify, or remove a proposed measure with consensus set at 75%. Round 4: The percent of respondents that rated, on a 5-point Likert scale, the appropriateness and utility of the 5 measures, and the percent of respondents who ranked the measures from 1 (best) to 5 (worst).

Results: Round 1-3: 41 potential measures were identified representing the 3 ICF domains. Consensus was reached to remove 13 measures with no consensus achieved for the remaining 28. Round 4: Measures rated the highest for appropriateness were the SF-12 (80%) and the SF-36 (70%). Measures rated the highest for feasibility were the SF-12 (100%) and the EQ-5D-5L (90%). Measures with the highest overall rankings were the SF-12 (90%) and the EQ-5D-5L (60%).

Conclusions: Measuring function is complex with all domains of function deemed important to measure. All 5 patient-reported health measures were deemed at least slightly appropriate and feasible. The SF-12 was shown to be the most appropriate and feasible measure of function that could be used as a health indicator in primary care.