

Identification of PROMs Used for Generic Quality of Life Assessment in Multi-Person, Multi-Sectoral, Multi-National (Mental) Health Economic Evaluations

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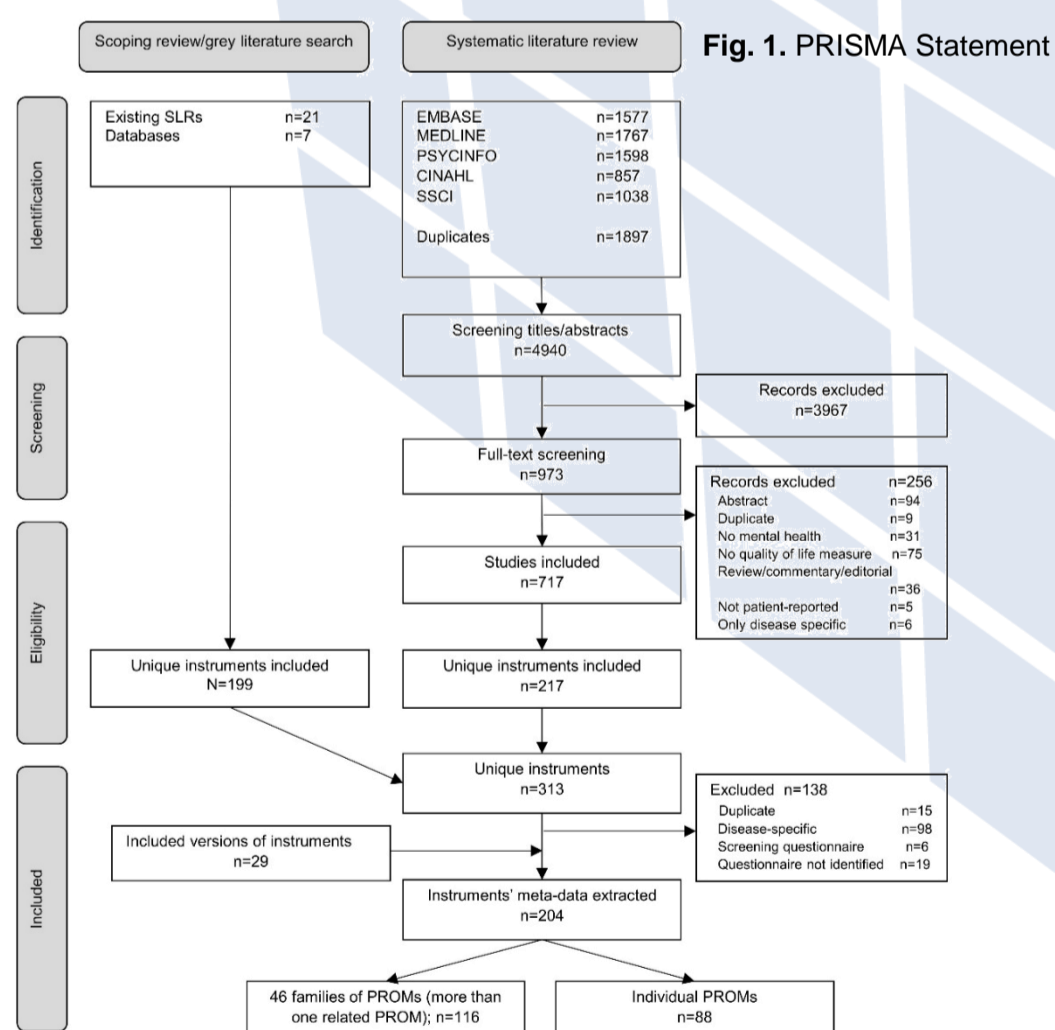
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HIGHLIGHTS

- Increasing European level policy making creates a need for tools and measurements validated across sectors, countries and demographic groups.
- Over the past years several patient-reported outcome measures (PROMs) have been developed to measure (health-related) quality-of-life and well-being, though a systematic approach to their applicability in multi-person, multi-sectoral and multi-national health economic and health services research is lacking.
- This project provides meta-data PROM information, complemented with a special section on their applicability of in economic evaluations.

METHODS

- A systematic literature review with an aim to identify PROMs used in mental health research was conducted in February 2020.
- Selection criteria for individual instruments that: i) are self-reported generic or mental health specific (but not disease-specific), and ii) measure (health-related) quality of life, (capability) well-being, or recovery.



RESULTS

- 204 unique PROMs were identified, of which 88 were individual PROMs (one version available) and 116 scales were grouped into 46 "families" of PROMs (more than one version of the same questionnaire exist) (Fig. 1).
- Table 1 reports on the individual characteristics of these PROMs.

Table 1. Characteristics of the identified PROMs

Characteristics of individual PROMs	n	%
Target age group		
Children or Adolescents	52	26%
Adults	152	74%
Type of measure		
Generic	165	81%
Mental health specific	39	19%
Concept measured		
HR(QOL)/Well-being	186	91%
Capabilities	4	2%
Recovery	14	7%
Year of development		
1960s-1980s	21	10%
1990s	73	36%
2000s	70	34%
2010s	40	20%
Region of development		
North America	88	43%
Asia	6	3%
Europe	91	45%
Australia	8	4%
Other	11	5%

- Four families of PROMs met five assessed criteria (15D, AQoL, ASCOT, EQ-5D); Seven met four criteria: (CarerQoL, CHU9D, HUI, ICECAP, PedsQL, PROMIS, SF-36); Three met three criteria (NHP, CS-Base, TAAQOL); 26 met two criteria; 66 met one criterion; and 28 met none of the criteria (Table 2).

Table 2. Assessment criteria applied to the identified PROMs

Assessment category	Assessment criteria	No. of PROMs
Multi-person	i. Availability of separate adult and child/adolescents versions	16
	ii. Availability of a proxy-completion option	
Multi-sectoral	iii. Feasibility of assessing outcomes beyond health, i.e. capabilities or caregiver/family/ social care outcomes	27
Multi-national	iv. Availability of multiple translations (two or more language versions of the instrument)	11
	v. Availability of preference-based valuations in more than one country	
Economic evaluation	vi. Availability of a preference-based valuation	97

- Meta-data of identified PROMs were extracted alongside six assessment criteria. For Multi-Person we assessed i) availability of separate adult and child/adolescents versions, ii) availability of a proxy-completion option; for Multi-Sectoral we assessed iii) feasibility of assessing outcomes beyond health (i.e. capabilities or caregiver/family/social care outcomes); for Multi-National we assessed iv) availability of multiple translations (≥ 2 language versions), v) availability of preference-based valuations in more than one country; for Economic Evaluation we assessed vi) availability of a preference-based valuation.

CONCLUSIONS

- In the next step, PROM meta-data information will be compiled into an electronic database to inform for Multi-Person, Multi-Sectoral, Multi-National (Mental) Health Economic Evaluations with a specific section on their validity in mental health research.

