COVERAGE OF ASPECTS OF OCCUPATIONAL FUNCTIONING BY HEALTH STATE UTILITY INSTRUMENTS

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BACKGROUND

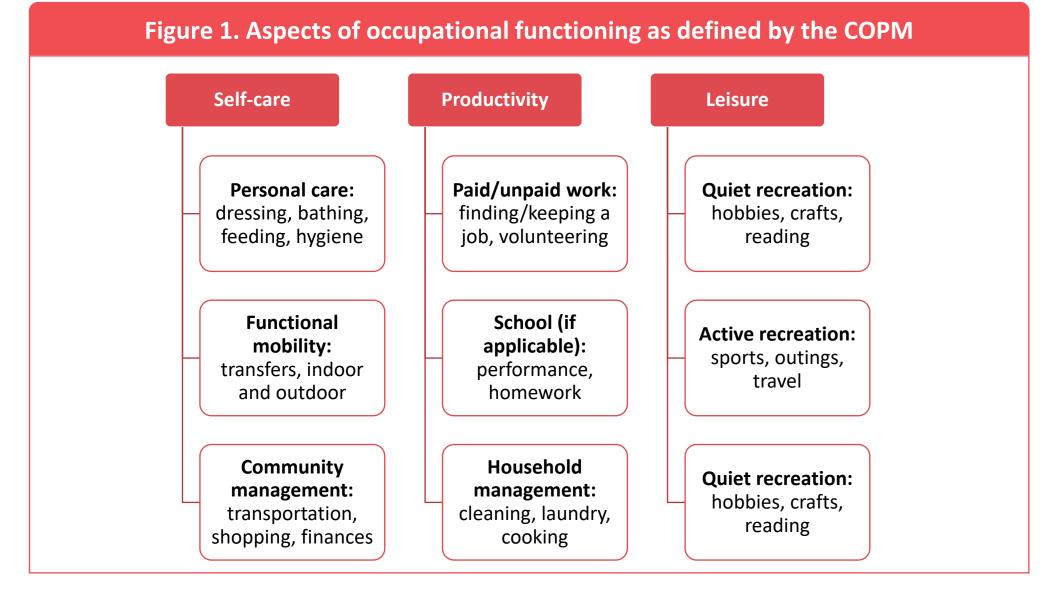
- Generic health state utility instruments (HSUIs) measure healthrelated quality of life (HRQoL) for use in economic evaluation.
- In addition to the widely used EuroQol EQ-5D, Health Utilities Index Mark 2 and Mark 3 (HUI2/3), and Short Form-6 Dimension (SF-6D), notable generic HSUIs include the Quality of Well-Being (QWB) scale, 15 Dimension instrument (15D), and the Assessment of Quality of Life (AQoL).^{1,2}
- While these HSUIs differ conceptually,^{2,3} items related to activities of daily living (ADL) are included in all six.
- Although ADL function is only a component of HRQoL, it is associated with HRQoL.⁴
- For health conditions which impair ADL function, understanding how instruments assesses ADL function is important.⁵
- To better understand ADL function, we can use an occupational therapy lens.
- ADL function assessment is the cornerstone of occupational therapy, which considers self-care, productivity, and leisure to be the key aspects of occupational functioning.^{6,7}

OBJECTIVE

 To evaluate the inclusion of occupational functioning aspects in adult HSUIs.

METHODS

 HSUI items were reviewed against the Canadian Occupational Performance Measure's (COPM) categorization of occupational functioning (Figure 1).8



- HSUI coverage of self-care, productivity, and leisure was classified as definite or potential; and could be specific or broad.
- Definite: The item measures the occupational functioning aspect beyond doubt; e.g., in the EQ-5D, the self-care item explicitly measures personal care (washing and dressing).
- Potential: The item may measure the occupational functioning aspect;
 e.g., in the EQ-5D, the mobility item may indicate functional mobility
 performance for some respondents but not for others (e.g., those who have problems walking but can mobilize with mobility aids).
- Specific: The item measures one aspect of occupational functioning;
 i.e., productivity only.
- Broad: The item measures more than one aspect of occupational functioning; i.e., leisure and productivity together.
- Two researchers (trained occupational therapists; JD and EG)
 initially assessed coverage, KO and SMS reviewed assessments,
 and all authors met to discuss any disagreements.

RESULTS

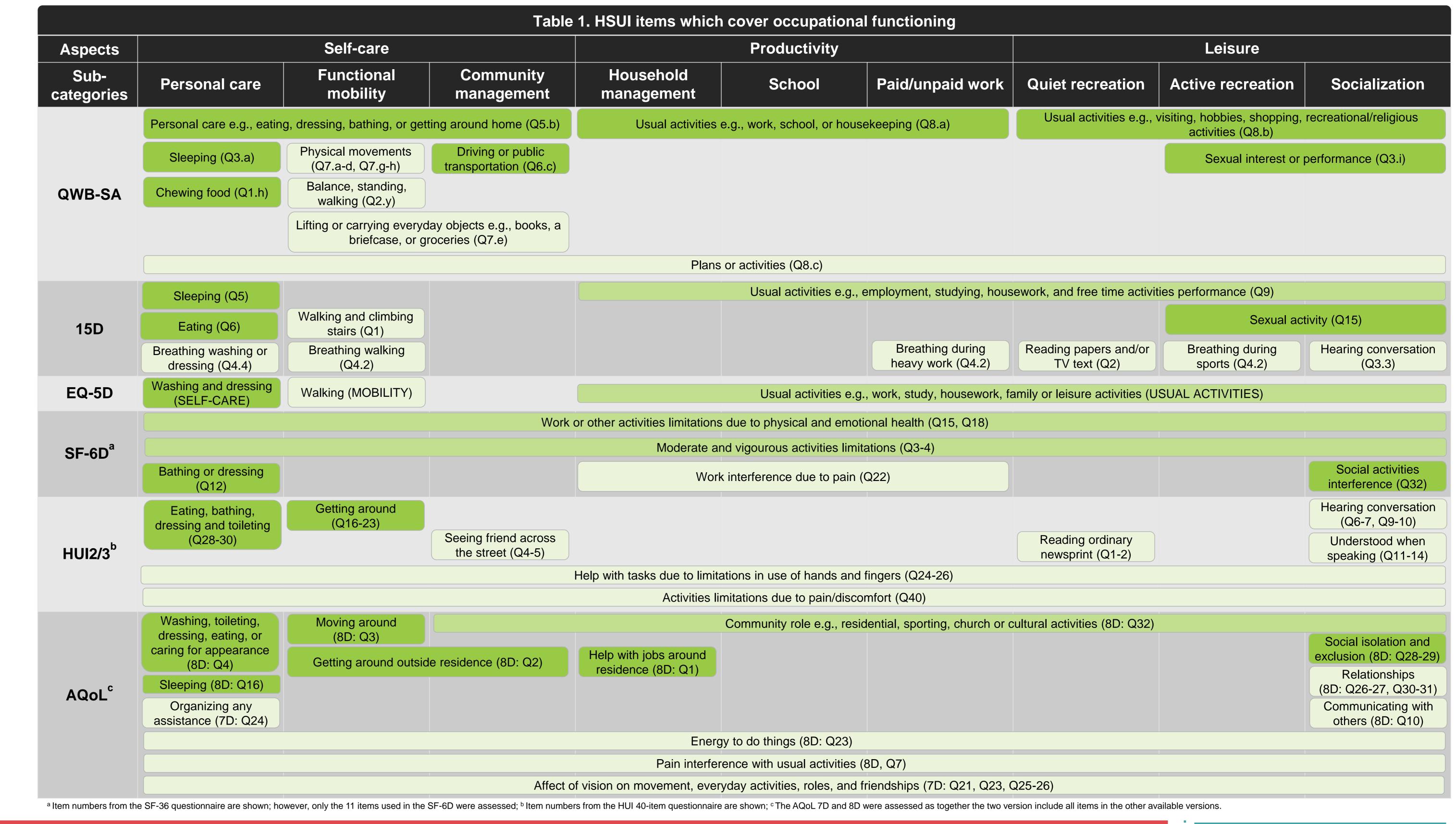
Table 1 shows coverage of aspects of occupational functioning by HSUI: definite and specific coverage (darkest shade green); definite, but broad coverage (medium shade green); and potential coverage (lightest shade green).

Self-care

- Only two HSUIs (QWB and AQoL) have definite and specific coverage of all self-care aspects.
- While all HSUIs have definite and specific coverage of personal care; functional mobility and community management are less frequently covered.
- The SF-6D has definite but broad coverage of functional mobility and community management, but the items (Q3, Q4, Q15, and Q18) also cover productivity and leisure.
- The HUI2/3 have definite and specific coverage of functional mobility, but only potential coverage for community management.
- The 15D and EQ-5D do not cover community management, and only have potential coverage for functional mobility.

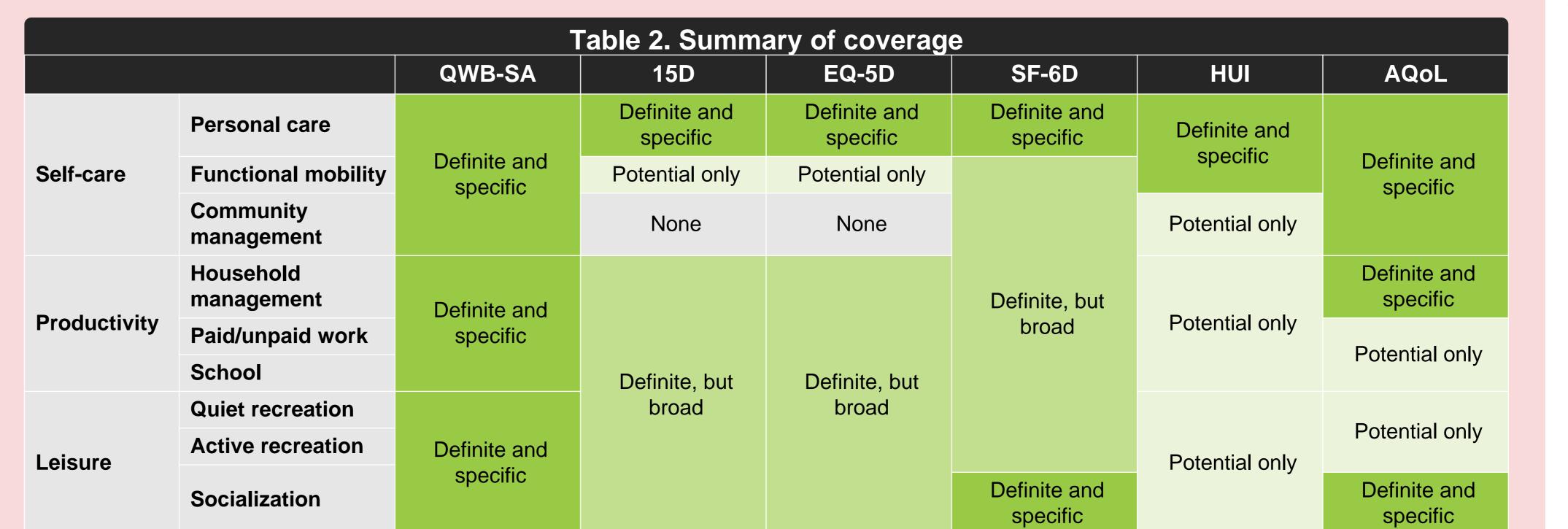
Productivity and leisure

- One (QWB) has definite and specific coverage for both productivity and leisure.
- Three (EQ-5D, 15D, SF-6D) have definite but broad coverage of productivity and leisure.
- The EQ-5D and 15D items ask about "usual activities" which could include both productivity and self-care activities.
- The SF-6D items (Q3, Q4, Q15, and Q18) could cover any of the three aspects of occupational functioning.
- Two (SF-6D and AQoL) include definite and specific items for socialization.
 Additionally, the AQoL has definite and specific coverage for
- household management.
 The HUI2/3 do not have definite coverage of productivity or
- leisure.



DISCUSSION & CONCLUSION

- Only the QWB scale has definite and specific coverage for self-care, productivity, and leisure (**Table 2**).
- Other HSUIs do not definitely or specifically capture all aspects.
 - HSUI items with potential coverage do not holistically capture occupational functioning (as defined in occupational therapy), and resultant utility values may not reflect true level of ADL function.
- Although not a concern for economic evaluation, HSUIs with broad coverage are unable to identify which specific aspect of functioning is impacted.
- These findings may enhance understanding of resultant utility value data in health conditions which impact ADLs; and help inform the choice of HSUI for upcoming research where accurately classifying ADL impact is critical.
- Future HSUIs may consider how function is defined in occupational therapy.
- A similar study of coverage of items related to ADL within child and adolescent HSUIs may help inform instrument selection for future studies.



REFERENCES

- 1. Drummond et. al. 2015. Oxford
- university press.
- Brazier et. al. 2017.
 Pharmacoeconomics, 35(Suppl 1) pp.21-31.
- Pickles et. al. 2019. Soc. sci. med., 240, pp.112560.
- 4. Barile *et al.2012*. *J. Ambul. Care*,
- 35(4), pp.292-303.
 5. Edemekong, 2019. *Activities of daily*
- Larsen et al., 2020. Occup.
 McColl MA et. al. 2000. Can. J.
- Occup. Ther. 67(1), pp.22-30.

 8. Law et al. 1990. Can. J. Occup. Ther., 57(2), pp.82-87.

DISCLOSURES

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