

The NIH PROMIS: Measuring Health Related Quality of Life in Children and Adults with CP

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Brief overview of PROMIS
Preliminary findings: PROMIS validity in CP
Ongoing and future studies



<u>Patient Reported Outcomes</u> <u>Measurement Information System</u>

- Domain focused, not disease focused
- Goal = to be able to measure a feeling, function, or perception (e.g., anxiety, mobility, self-efficacy) across medical conditions and the general population.
- A universal system
 - T-Metric: General US Population <u>M</u> = 50, <u>SD</u> = 10





Measurement Terminology: Item Bank

A large collection of items measuring a single domain
Items cover a wide range
Item banks make computer adaptive test ("smart test") administration possible.









Item Bank Administration

Item Bank

Computer Adaptive Test (CAT)



Short Form







Computer Adaptive Test (CAT)

Selects questions based on person's answers to previous questions

- administers only the most informative items
- a kinder way to measure
- Iteratively estimates a person's score on a domain
 - Administers items until:
 - Reaches maximum number of items allowed
 - Reaches critical standard error

High level of precision with minimum number of items



Computer Adaptive Test (CAT)

Assessment Center – online measure administration and data capture platform

Assessment Center

In the past 7 days

How much did pain interfere with your household chores?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much



Short Form

A static set of items from the item bank Can use PROMIS pre-set short form or select new customized set of items

PROMIS Parent Proxy Short Form v1.0 - Anger 5

Anger – Short Form 5

Please respond to each question or statement by marking one box per row.

	In the past 7 days	Never	Almost Never	Sometimes	Often	Almost Always
Pflangeri	My child felt mad	0			3	4
Pflarger5	My child was so angry he/she felt like yelling at somebody	0				4
Pflarge(3	My child was so angry he/she felt like throwing something	0				4
Pflanger10	My child felt upset	□ ₀				4
Pflanger6	When my child got mad, he/she stayed mad	•		2	3	4



PROMIS Administration

Pediatric: 8-17 years old

- Self-report
- Proxy (parent) report
- Adult: 18+ years old
 - Self-report
- Languages



- Available: English, Spanish, German, French
- Other language development is ongoing.



PROMIS Domain Framework





PROMIS Current (2012)





PROMIS Validation in CP

- There is a need to validate PROMIS measures in clinical populations
- PROMIS Pediatric Mobility Item Bank 23 items developed in sample of typically developing children
 - Mobility CAT
 - administers at least 5 items, up to 12 items
 - Default critical standard error of 0.4
 - Mobility Short Form
 - 8 Items
 - Kratz, Slavin, Mulcahey, Jette, Tulsky, & Haley (under review) <u>An Examination</u> of the PROMIS[®] Pediatric Instruments to Assess Mobility in Children with <u>Cerebral Palsy</u>



PROMIS Validation in CP

- 82 children ages 8-19 (M = 12.70 years); 48% male
- Concurrent validity correlations with (1) self-report, (4) parent-report, and (3) performance-based measures of mobility
- Known-groups validity based on GMFCS

GMFCS	Description of Function	Sample
Level I	Walks without limitations	33 (39.8%)
Level II	Walks with limitations	32 (38.6%)
Level III	Walks using a handheld mobility device	14 (16.9%)
Level IV	Self-mobility with limitations; may use power wheelchair	2 (2.4%)
Level V	Transported in a manual wheelchair	1 (1.2%)



PROMIS Validation Efforts in CP

Pearson Bivariate	Child Sel	f-Report	Parent-Reported				Performance-Based (Examiner-Administered)		
Correlations	2	3	4	5	6	7	8	9	10
	PROMIS	PedsQL	PODCI	PODCI	FAQ	CP-CAT	TUG	GMFM	GMFM
	Mobility	Move	mobility	Sports		LE		Stand	Walk
	CAT								
1. PROMIS Mobility Short Form	.88**	.58**	.52**	.60**	.48**	.54**	30**	.39**	.39**
2. PROMIS Mobility CAT	-	.60**	.39**	.49**	.41**	.38**	16	.21	.19

Concurrent Validity

- Short Form demonstrated small to moderate correlations with comparison measures.
- CAT correlations with comparison measures were weaker than expected, and no correlation with performancebased measures was found.



PROMIS Validation Efforts in CP

Measure	GM	FCS Category N	ANOVA	
	Group I	Group II	Groups III-V	
PROMIS Mobility				
Short Form	45.06	40.53	36.06	<i>F</i> (2,81) = 9.55, <i>p</i> < .001
(n = 33, 32, 17)				
PROMIS Mobility CAT (n = 31, 31, 17)	45.45	42.56	41.09	F(2,78) = 2.90, p = .06

Known Groups Validity

 All measures (including the PROMIS Short Form) discriminated between groups of children with CP with different levels of functioning.

PROMIS Mobility CAT did not.



Question:

- The PROMIS Mobility Short Form seems to function well...
- Why doesn't the PROMIS Mobility CAT show good validity in CP?
 - Look at how the CAT administered items



PROMIS Mobility Items

	Items, arranged from highest to lowest mobility difficulty	Format*
	I could run a mile	CAT Only
More Mobile	**I could do sports and other exercise that kids my age could do	Both CAT/SF
	I have been physically able to do the activities I enjoy most	Both CAT/SF
	I could ride a bike	CAT Only
	I could keep up when I played with other kids	Both CAT/SF
	I could walk more than one block	CAT Only
	I could walk up stairs without holding on to anything	Both CAT/SF
	I could stand on my tiptoes	Both CAT/SF
	I could stand up by myself	Both CAT/SF
	I could get up from the floor	Both CAT/SF
	I could walk across the room	CAT Only
	I could move my legs	Both CAT/SF
	I could carry my books in a backpack	CAT Only
	I could get down on my hands and knees without holding on to something	CAT Only
	I could get in and out of a car	Not Administered
	I could get into bed by myself	Not Administered
	I could bend over to pick something up	CAT Only
Less Mobile	I used a wheelchair to get around	Not Administered
	I used a walker, cane, or crutches to get around	Not Administered
	I could go up one step	Not Administered
	I could get up from a regular toilet	Not Administered
	I could turn my head all the way to the side	Not Administered
	I could get out of bed by myself	CAT Only



Improving Validity of the PROMIS Mobility CAT in CP

- Some Possibilities:
 - Adjust CAT rules
 - Increase number of items administered.
 - Lower standard error stopping rule so additional items are administered.
 - Collect CP-specific data and develop *new* item calibrations.
 - Incorporate strategies to expose children using mobility devices to appropriate items.
 - Screening question
 - Custom Short Form



Recommendations to Researchers

Use PROMIS!

- Consider using thoughtfully-constructed Short Forms.
- When using CATs, consider adjusting stopping rules.
- Consider collaborating with someone who understands how PROMIS works.



Ongoing and Future Work

Ongoing:

- Replication and extension of validity findings in a larger sample of young adults (ages 14-25 years) with CP.
- Examination of other PROMIS instruments (fatigue, pain interference) in the same validation sample

Future:

- Cognitive interviewing of participants with CP when completing PROMIS measures
- Development of a PROMIS parent proxy measure applicable to children age 0-5 years old.



Thank You

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www.nihpromis.org

www.assessmentcenter.net