

NUTRI-ECONOMICS

Modifications de l'Offre Alimentaire et Conséquences sur la Santé

**L'évaluation de l'impact des
interventions nutritionnelles sur la
qualité de la vie :
Pourquoi et comment ?**

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Déclaration d'intérêts

Je déclare n'avoir aucune affiliation ou lien financier avec une organisation commerciale qui constitue un lien d'intérêt avec ma présentation.

FOOD, ECONOMICS, and HEALTH*

HEALTH-RELATED QUALITY OF LIFE

&

PERSONAL REPORTED OUTCOMES

*Alok Bhargava 232 pp, London, UK, Oxford University Press, 2008 ISBN-13: 978-0-1992-6914-3

Plan

1. Qualité de la vie et impact économique
2. Mesure objective de la qualité de la vie
3. Nutrition et qualité de la vie
4. Conclusions

Updated April 16, 2012, 1:32 p.m. ET

The Simple Idea That Is Transforming Health Care

A focus on quality of life helps medical providers see the big picture—and makes for healthier, happier patients

**A very simple question is changing the delivery of medical care:
How is your health affecting your quality of life?**

Compared to people with low well-being, people who scored high in well-being and were tracked for the next 12 months:

- ◆ Were about half as likely to visit the emergency room.
- ◆ Were about half as likely to be admitted to the hospital.
- ◆ Were about 20% less likely to spend money on prescription drugs.
- ◆ Spent approximately 60% less on health care.

Source: Patricia L. Harrison, James E. Pope, Carter R. Coberley, Elizabeth Y. Rula, "Evaluation of the Relationship Between Individual Well-Being and Future Health Care Utilization and Cost"

Determining the Value of Drugs — The Evolving British Experience

Ruth R. Faden, Ph.D., M.P.H., and Kalipso Chalkidou, M.D., Ph.D.

Last fall, the media reported that Britain's National Institute for Health and Clinical Excellence (NICE) was being stripped of its power to decide whether new medicines would be provided by the National Health Service (NHS), since the government pro-

posed to shift its system toward “value-based pricing” of pharmaceuticals, beginning in 2014.¹ Defining “value” in medical care will be central to this transition, and both the process and the ultimate definition may carry implications for U.S. health policy.

In the 1980s and 1990s, decisions about whether British patients could obtain expensive new medications were made locally and often seemed as arbitrary as patients’ postal codes of residence — a phenomenon that came to be known as the postcode

N ENGL J MED 364;14 NEJM.ORG APRIL 7, 2011

1289

PROs Now Comprise 13% of Market Access Budgets

Cutting Edge Information new study projects higher PRO budgets next year. December 02, 2011

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WHO definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

Health-Related Quality of Life

“The subjective perception of
the impact of health status,
including disease and treatment,
on physical, psychological, and social
functioning and well-being.”

Leidy et al. Value in Health Volume 2, Issue 2, 113-127, 1999

Reliability, Validity, Responsiveness

Reliability

- Internal consistency reliability
- Test-retest reliability

Validity

Content validity

- Item coverage and relevance
- Face validity

Criterion validity

- Concurrent
- Predictive

Construct validity

- Clinical/Known-groups
- Convergent validity
- Discriminant validity

Responsiveness

SF-36 - Medical Outcomes Study, Short Form-36

- Fonction physique (10 items)
 - Limitations dues à l'état physique (4 items)
 - Douleur physique (2 items)
 - Etat de santé général perçu (5 items)
-
- Vie et relation avec les autres (2 items)
 - Santé psychique (5 items)
 - Limitations dues à l'état affectif (3 items)
 - Vitalité (4 items)

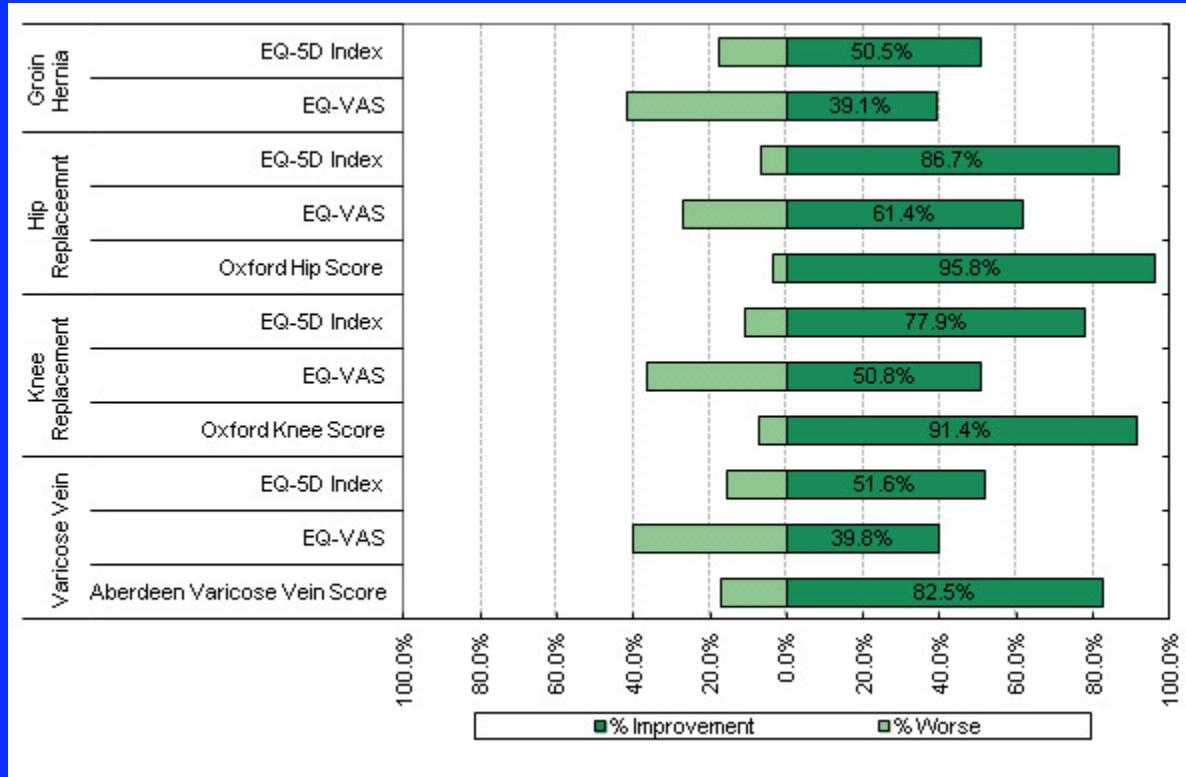
EQ-5D - EuroQOL 5 Dimensions

- **Mobilité**
 1. Je n'ai aucun problème pour me déplacer à pied.
 2. J'ai des problèmes pour me déplacer à pied.
 3. Je suis obligé(e) de rester alité(e).
- **Autonomie de la personne**
 1. Je n'ai aucun problème pour prendre soin de moi.
 2. J'ai des problèmes pour me laver ou m'habiller tout(e) seul(e).
 3. Je suis incapable de me laver ou de m'habiller tout(e) seul(e).
- **Activités courantes**
 1. Je n'ai aucun problème pour accomplir mes activités courantes (e.g. travail, études, travaux domestiques, activités familiales ou loisirs).
 2. J'ai des problèmes pour accomplir mes activités courantes.
 3. Je suis incapable d'accomplir mes activités courantes.
- **Douleurs/gêne**
 1. Je n'ai ni douleurs ni gêne.
 2. J'ai des douleurs ou une gêne modérée(s).
 3. J'ai des douleurs ou une gêne extrême(s).
- **Anxiété/Dépression**
 1. Je ne suis ni anxieux(se) ni déprimé(e).
 2. Je suis modérément anxieux(se) ou déprimé(e).
 3. Je suis extrêmement anxieux(se) ou déprimé(e).

EQ-5D Descriptive system and EQ VAS

Describing your own health today		Valuing your own health today
<p>By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.</p>		<p>To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.</p> <p>We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.</p> <p style="text-align: center;">Your own health state today</p> 
Mobility <input type="checkbox"/> I have no problems in walking about <input type="checkbox"/> I have some problems in walking about <input type="checkbox"/> I am confined to bed		
Self-care <input type="checkbox"/> I have no problems with self-care <input type="checkbox"/> I have some problems washing or dressing myself <input type="checkbox"/> I am unable to wash or dress myself		
Usual activities (e.g. work, study, housework, family or leisure activities) <input type="checkbox"/> I have no problems with performing my usual activities <input type="checkbox"/> I have some problems with performing my usual activities <input type="checkbox"/> I am unable to perform my usual activities		
Pain/discomfort <input type="checkbox"/> I have no pain or discomfort <input type="checkbox"/> I have moderate pain or discomfort <input type="checkbox"/> I have extreme pain or discomfort		
Anxiety/depression <input type="checkbox"/> I am not anxious or depressed <input type="checkbox"/> I am moderately anxious or depressed <input type="checkbox"/> I am extremely anxious or depressed		

Patient Reported Outcome Measures (PROMs) in England

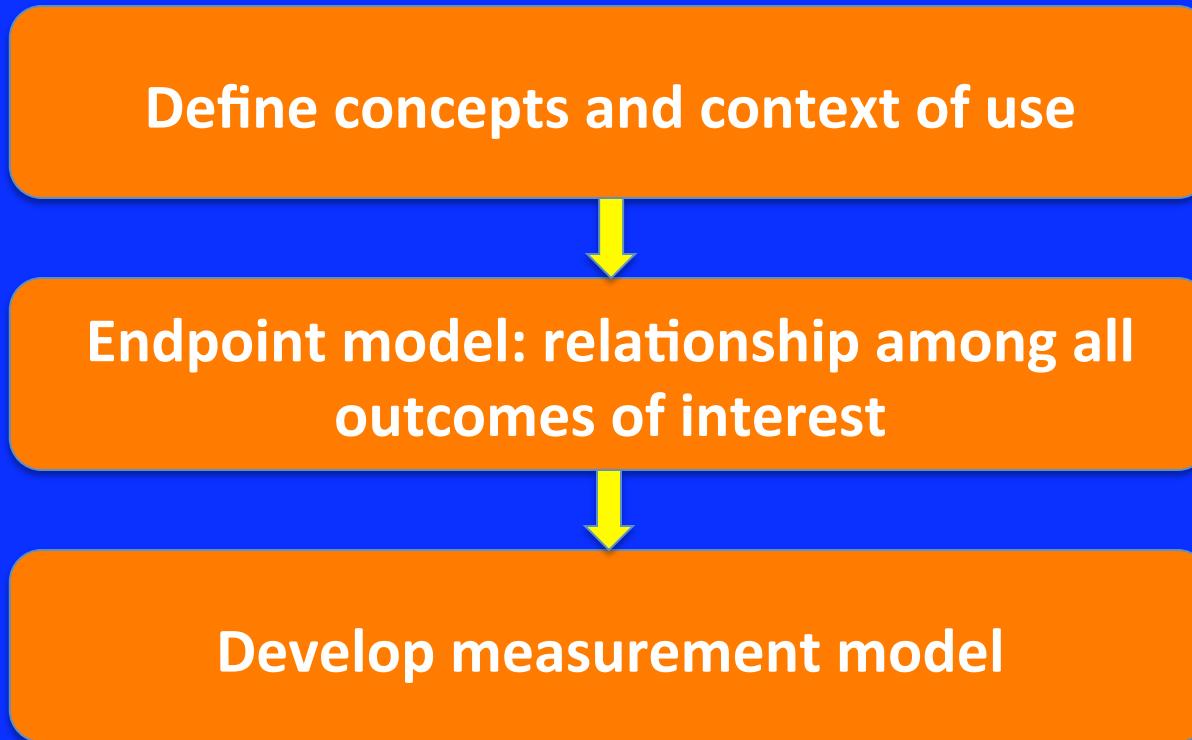


Percentage of scores that have improved for each procedure and scoring mechanism

<http://www.ic.nhs.uk/statistics-and-data-collections/hospital-care/patient-reported-outcome-measures-proms/finalised-patient-reported-outcome-measures-proms-in-england--april-2010-to-march-2011>

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Need for nutrition-specific measurement strategy

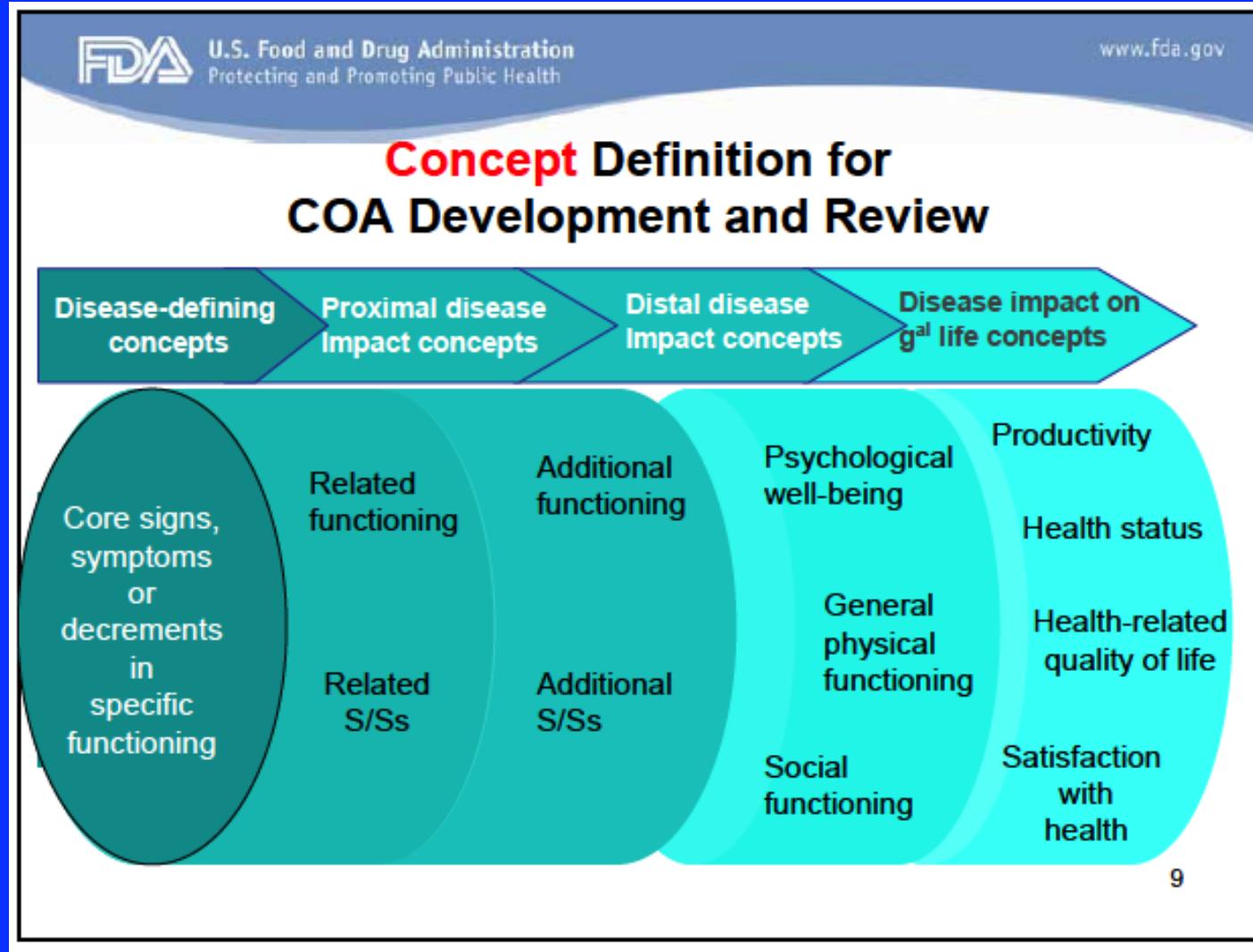


Patient/Personal Reported Outcomes

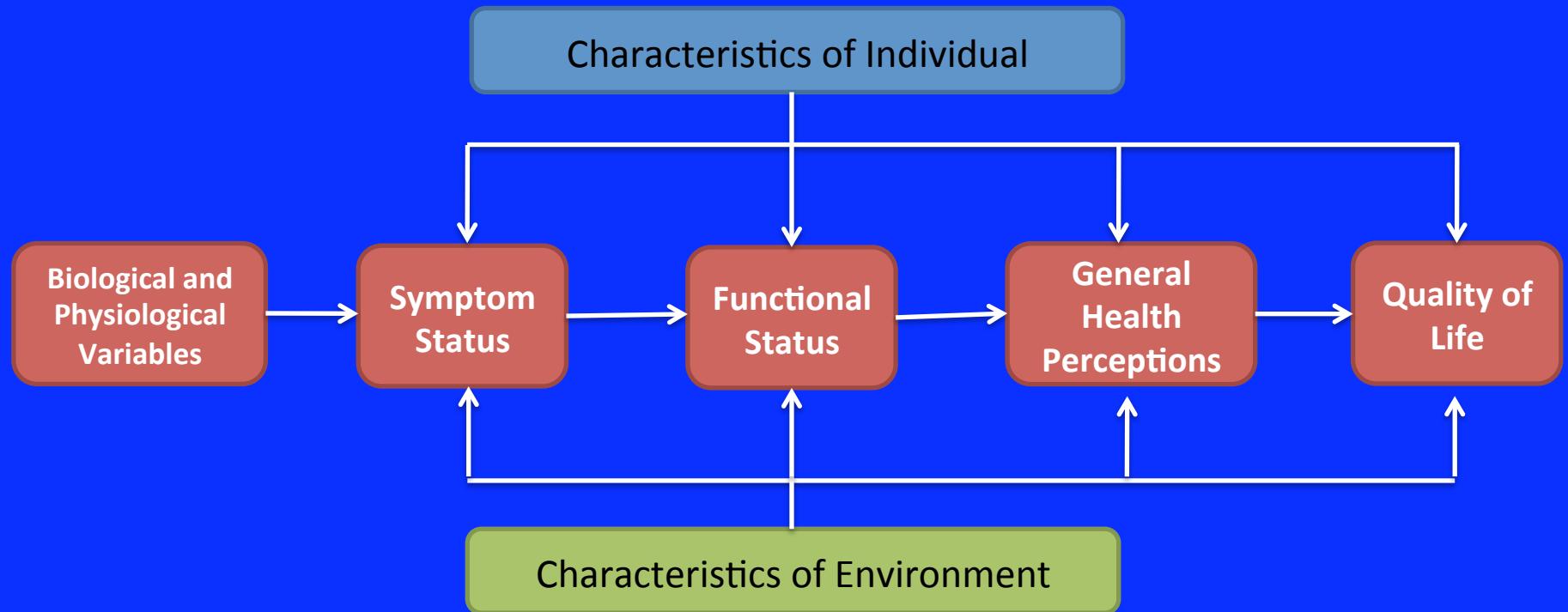
- Health-Related Quality of Life
- Utility/preference based measures
- Functional status
- Symptoms
- Satisfaction with health management
- Adherence to intervention
- ...

Adapted from Acquadro et al. Value in Health Volume 6, Issue 5, 522-531, 2003

Satisfaction with Health



Wilson-Cleary Model of Health Outcomes



Wilson and Cleary, JAMA 1995; 273(1): 59-65

Web-Based PRO Assessment

- Patient can complete the assessment anytime from anyplace with Internet access
- Reminders and decision support can be built in
- Scoring is automatic
- Comparison scores immediately available
- Data is easily accessible (privacy and security issues)
- Summary reports can be generated at the patient level or practice level

Jones et al. Quality of Life Research 2007;16:1407-1417

A Website for Patient-Reported Outcomes Assessment

The screenshot shows the PatientViewpoint website. At the top left is the logo "PatientViewpoint®". To its right, the text "Online Patient Survey" is displayed. On the far right, there is a small image of a doctor and a patient. The main content area has a "Welcome" heading on the left and a "Please Login" section on the right. The "Welcome" section contains a paragraph explaining the purpose of the survey. The "Please Login" section includes fields for "Username" and "Password", a "Login" button, and a link for "Forgot Your Password".

Welcome

PatientViewpoint lets patients give their doctors information about how they are feeling and functioning. This information will help your doctors understand how you are doing and to track your progress over time.

Please Login

Username:

Password:

Login

[Forgot Your Password](#)

Mesurer c'est savoir!



Parce que la gestion de votre budget familial est essentielle!

Votre budget sera respecté, en toute transparence et sans risque de mauvaises surprises.



Contrôler vos consommations d'énergie, c'est une vraie nécessité!

Une gestion d'énergie où tout à chacun est capable de faire des économies



Surveiller sa santé, c'est la maîtriser en toute sérénité!

Un suivi précis de votre état de santé , c'est vous rassurer à tout moment.



Le partenaire culinaire indispensable à la réussite de toutes vos fêtes!

Tout en restant détendu, vous profitez à 100% de la fête , tout comme vos invités.



Une santé optimale pour une meilleure Qualité de Vie !!

Soins chroniques du futur : le patient aux commandes



[https://kce.fgov.be/fr/press-release/soins-chroniques-du-futur-le-patient-aux-commandes-50-points-d'action-pour-une-reforme](https://kce.fgov.be/fr/press-release/soins-chroniques-du-futur-le-patient-aux-commandes-50-points-d-action-pour-une-reforme)

Le patient aux commandes: un avenir numérique pour les soins de santé

Plan d'action:

- Donnant aux patients une position centrale au moyen d'initiatives liées à la gestion personnelle de la santé**

Objectif :

- Améliorer la qualité des soins de santé au profit des patients, de leur permettre de contrôler davantage leurs soins et de réduire les coûts.**

Take home messages

- For Nutrition PRO research to be meaningful, its methodologic foundation must be scientifically sound and person-centered
- All stakeholders should be able to gauge the research's quality and usefulness for decision making

Adapted from S.E. Gabriel and S.-L.T. Normand. N ENGL J MED 367;9 nejm.org august 30, 2012

Take home messages

- Personal Reported Outcomes measures for nutrition (Nutrition-PROs) require valid assessment tools based on the context and the research question
- Nutrition-PRO data are essential for informing evidence-based health policy guidance for nutrition
- Digital media and technology will revolutionize the future role of Nutrition-PROs for personal health awareness and maintenance

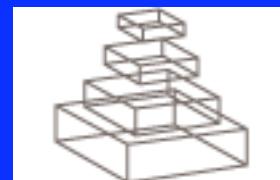
Adapted from I. Lenoir-Wijnkoop et al. (2012). British Journal of Nutrition, 108, pp 1714-1720



THANK YOU !



http://www.frontiersin.org/Pharmaceutical_Medicine_and_Outcomes_Research



IFAPP



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