Author’s response to reviews

Title: Standard Set of Health Outcome Measures for Older People

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Author’s response to reviews:

Dear BMC Geriatrics Editor,

Thank you very much for the feedback provided which has been very helpful in making the resubmitted manuscript much better. I hope it meets with your approval.

Below are the itemised responses to the reviewer comments.

Reviewer 1

1 & 2 – No response applicable

3. These set of outcomes measures were developed for use by healthcare providers and their payers. It was not developed for use in research. This was deliberate as the objective here is to have a set of measures that all parties (payers and providers) can all agree on and track. This has now been made clear in the resubmitted article. The sentence ‘there is lack of robust global health outcomes measures for older people’ has been deleted.

4. All authors read and approved the final manuscript. Older people and carers used personal email addresses. The co-authors provided the named organisations when asked for affiliation. This of course can be pursued if you still require this information.
Simple majority used as due to time zone differences and schedules of participants, it was anticipated that achieving figures of over 60% would delay the project and could have resulted in the set deadline not being met. The project was kindly funded by the NHS England and we had to meet those deadlines.

Experience or satisfaction with care, suffering and distress did come up in literature reviews in quality of life reviews. Triangulating the focus group findings, literature review with the working group discussions we hope would reduce the chances of missing any important theme. We think we have largely achieved this.

The ICHOM framework as displayed in figure 1 together with the Porter three tier hierarcgy were used to guide our outcome concept development. This has been used by ICHOM for several other conditions successfully.

5. We brought together views from older people and their carers, literature reviews, expert panel discussions to ascertain our agreed outcomes. These outcomes were not being designed for research purposes but for practical use by healthcare providers and their carers to track and reduce variation in care. It would be an excellent idea as a next step to develop outcome measures for research purposes and specific subgroups but this was not our objective here. That same viewpoint made us to include polypharmacy, falls and length of stay as outcomes. These from the discussions and focus groups appear to be of key importance to older people and their carers. We accept that polypharmacy and falls can be a nebulous term and as yet not well clarified. Nonetheless we were keen to capture what mattered to older people and if it matters, it is an outcome of interest. We did specify exactly what information one should seek under polypharmacy and falls to guide data collection.

Frailty was one of our most debated topic for all the reasons the reviewer has noted. All agreed it was of importance and a key concept. The panel therefore felt it had to be included as increasingly most healthcare systems are collating this information already and our recommended outcome set would be more relevant with this in it. Frailty as an outcome is useful to a system tracking what proportion are frail even if not much can be done to reverse it. It however allows for forward planning and deployment of resources. Due to various stages of frailty, it was also included as a case mix factor.

SF36 and other tools selected and recommended for this outcome set was done using a criteria of freely available tools that could cover most of the outcome measures of interest to avoid having too many different tools as that would have been too burdensome for healthcare systems. We certainly accept that individually there may not be the best tools, but we were very concerned about having too many tools for each outcome measure.

Disutility of care has been amended by adding in treatment burden in brackets

The outcome set arrived at has been reduced considerably from the original set at the outset of the Delphi exercise. There was a real concerted attempt throughout to keep it manageable and for it to be feasible for use by the intended users. While we acknowledge the reviewers point of this
being lengthy, it is something we were very much aware of and did our very best to produce what in the panel’s opinion was both comprehensive and feasible to be implemented.

6. Abbreviations reduced as recommended.

Life expectancy statements revised as recommended

There are ‘no…’ has been amended to ‘while there are morbidity and mortality outcomes, specific global outcomes that matter to older people and their carers are lacking.’

The statement of free of charge was to raise awareness that these outcome measures are free for anyone to use but this statement has now been deleted.

The repeated material and lack of introducing tier terms has been rectified now.

Discussion amended to follow BMJ style

Spelling amended

Reviewer 2

The recommendations of reviewer 2 have been incorporated and used to amend the points raised. The ending of the background has been amended so that it does not come across as a conclusion, methods more precisely described, results now have the three tiers included and the ‘have’ changed to ‘has’.

Methods – ICHOM works with an expert in core outcome set development in all its projects including this one.

Tables 1 & 2 – As suggested by the reviewer we agree that these tables should be in methods as these are pieces of information provided to the panel.

Results – definition of age for this article was defined by the Delphi consensus panel

Rationale for 3 tiers provided in methods section as recommended

Inserted tier structure to table 3 as recommended

Reviewer 3

ICHOM details provided as recommended

There was one focus group with six attendees facilitated by Age UK. Age UK routinely consult older people and carers. As this was not a research interview the information we have provided on the attendees are all that Age UK gave us.
In table 2 the typo has been corrected

Reviewer 4

Focus group – as above

How the group arrived at the refined list has been clarified and explained as recommended. Details on voting now provided in an additional table as recommended.

The decision result requiring a majority decision to be clearly defined has been explained in response to reviewer 1 comments and the manuscript amended accordingly.

Table 3 to be made clearer with mapping to tiers has been done now.

Instruments or tools recommended for measuring domains – refer to earlier rationale on choosing instruments in reviewer 1 response

Explain variables for case mix adjustment – this has now been done.

Explain why Frailty both outcome and risk factor – refer to earlier explanation for reviewer 1

Yours sincerely

A Akpan on behalf of all authors and the working group

22 October 2017