

POSTER ABSTRACTS

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Chronic Disease 12

Validation of a Self-report Instrument to Assess Comorbidity for Quality of Life Outcomes

Bayliss, EA; Ellis, JL; Steiner, JF

Background: Many persons have multiple chronic medical conditions. Therefore investigations of processes and outcomes of chronic illness care require adjustment for aggregate disease burden or comorbidity. Quality of life (QOL) is an important health outcome for persons with chronic illness in such investigations. However, most measures of comorbidity have been validated against outcomes such as mortality or utilization. We describe the initial validation of a self-report measure of disease burden against QOL outcomes.

Methods: We searched the literature on comorbidity to assess: 1) most common conditions assessed in quantifying comorbidity and 2) validated instruments for measuring comorbidity. We then developed and pilot tested an instrument to assess presence or absence of 21 common conditions (count of conditions) and the impact of that condition on daily activities (disease burden). Finally, we correlated both the count of diseases and the disease burden with 3 other measures of comorbidity (an adaptation of a pharmacy-based tool and 2 chart review-based tools) and with overall health status, physical functioning, a depression screen, social activity and self-efficacy.

Results: Of 156 survey respondents, 146 (94%) reported having 2 or more of these conditions. Both count of conditions and disease burden correlate with other validated instruments that assess comorbidity. Self-reported burden of disease and count of conditions correlate significantly with many QOL outcomes; for example, the correlations of disease burden and disease count with physical activity are -0.653 and -0.498 ($p < 0.001$), respectively. These two measures also correlate significantly with overall health status, depression, self-efficacy and social activity. Correlations are weaker with other QOL outcomes; the correlations of the 2 self-report measures with a scale assessing patient-provider communication are -0.118 ($p = 0.151$) and -0.107 ($p = 0.185$).

Conclusions: For investigations involving QOL outcomes, self-report is a valid method of assessing the impact of comorbidity. For certain outcomes, self-report may be a comparable or even superior method of quantifying comorbidity to the use of existing instruments that were originally validated against other health outcomes and that rely on chart review or administrative data.