

Presentation highlights: Service delivery outcomes

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BIOGRAPHICAL INFORMATION

Dr. Allen Heinemann is Director of the Rehabilitation Services Evaluation Unit at the Rehabilitation Institute of Chicago (RIC), as well as Associate Director of Research at RIC and Professor in the Department of Physical Medicine and Rehabilitation at Northwestern University Medical School. He obtained his PhD in Clinical Psychology at the University of Kansas, focusing on rehabilitation. After interning at Baylor College of Medicine, Houston, he became Assistant Professor of Psychology at Illinois Institute of Technology, before his current affiliations.

Dr. Heinemann serves on the Coordinating Committee for Northwestern University's Institute for Health Services Research and Policy Studies. He has authored more than 90 peer-reviewed articles and is Editor of *Substance Abuse and Physical Disability*. A Fellow of the American Psychological Association (Division 22) and a diplomate in Rehabilitation Psychology (ABPP), he is also a member of the American Congress of Physical Medicine and Rehabilitation, American Counseling Association, and the American Spinal Injury Association, among others. He is on the editorial boards of *NeuroRehabilitation*, *International Journal of Rehabilitation and Health*, *Journal of Outcome Measurement*, *Journal of Head Trauma Rehabilitation*, *Rehabilitation Psychology*, and *Rehabilitation Counseling Bulletin*. He is the recipient of the Division 22 Roger Barker Distinguished Career Award.

His research interests focus on:

- health services research;

- psychosocial aspects of rehabilitation, including substance abuse; and
- measurement issues in rehabilitation.

PRESENTATION

The origins of healthcare quality measurement can be traced to accrediting agencies such as the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF). Healthcare payers initiated a second generation of quality measurement. A nascent third generation, one that is more consumer-focused and consumer-driven is awaited and is in the hands of consumers. Frederick Downs—a nonclinician, nonscientist working at the VA—has led a consumer-focused effort to evaluate and rate prosthetic services.

In prosthetics and rehabilitation in general, outcomes such as functional status, quality of life, and patient satisfaction take primacy along with outcomes more familiar to acute-care providers, such as mortality and morbidity. In many of these areas, there is no universal yardstick. Essentially, there is no common ruler for health outcomes measurement that allows a description of the characteristics of healthcare.

Addressing this chasm has been the aim of recent work with clinicians and amputees, the outcome of which is a 12-page clinical instrument called the Orthotics and Prosthetics Users' Survey, or OPUS. This is a reader-friendly document, with sections for completion by both by patient and clinician, that asks patients how easily they can perform tasks such as getting in and out

of the shower, climbing a flight of stairs, or carrying a plate of food while walking. Health-related, quality-of-life measures focus on emotional states, energy level, and perceptions of others' attitudes. Clinicians are asked to rate functional levels and physical parameters and to supply other observations. The form is designed to track changes over time, from initial visit to long-term follow-up. It can be used for both upper- and lower-limb amputees.

OPUS is being used to describe several aspects of consumer perspective:

- functional status,
- durability of equipment, and
- client satisfaction with services.

Field-testing is underway at several sites. The process of developing a "prototype" database, one that prosthetics clinics can use to collect data from patients and track their progress, is underway.

Further training in use of the instrument at additional sites is necessary to help refine it. Ideally, clinics would input their OPUS data directly to a web site, and one is being developed as part of a project funded by the National Institute on Disability and Rehabilitation Research.

The practical use of this instrument is illustrated by the distribution of the task of information entry to several parties. It will take patients about 15 minutes to complete their section of the form at their first visit, while clinicians will require approximately five minutes beyond the time already invested in documentation of clinical service delivery.

KEY POINTS

- There is a lack of standardized outcome measures in healthcare, especially in rehabilitation.
- In rehabilitation, outcome measures focus on functional status, quality of life, and patient satisfaction, in addition to morbidity and mortality.
- The Orthotics and Prosthetics Users' Survey (OPUS) will integrate measures of impairment, disability, service satisfaction, equipment durability, and cost into a prototype database that clinics can use to collect data and track patient progress.

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