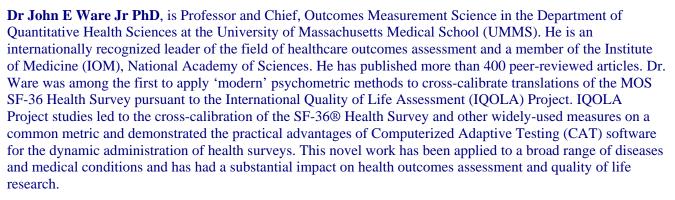


Health Outcomes Seminar Series with Dr John Ware May 2-10, 2011 – Early Notification Flyer



A Morning Seminar (including local speakers) and Afternoon Workshop will be held in:

Sydney 2 May 2011 Canberra 3 May 2011 Adelaide 5 May 2011 Brisbane 6 May 2011

Morning Seminar: 9.45am

Dr John Ware: Advances in Health Outcomes Assessment: Implications for Current Practice

Questionnaires that measure disease burden and treatment benefits have been successfully used in research for decades. In addition to capturing the outcomes that matter to patients, they are among the best predictors of future healthcare costs as well as worker productivity.

Of great practical importance are advances in measurement science that are making questionnaire data collection more practical and score estimation more precise. These advances, and the availability of more practical data collection technologies are making it possible to standardize and compare health and quality of life across well populations, those who are chronically-ill, and before and after treatment in both clinical research and everyday patient care.

Dr. Ware will summarize the similarities and differences between generic and disease-specific concepts and shows how their metrics are being standardized just as thermometers were cross-calibrated so that their results can be meaningfully compared and interpreted. Advances in data collection technology, such as computerized adaptive testing (CAT) software and the Internet and handheld phones will also be demonstrated to show how they can make it easier to measure health outcomes (including health-related quality of life) worldwide.

These advances could hardly come at a better time. Clinicians have less time to spend with their patients and yet they are increasingly being held accountable for the results of their care in terms of the broader health-related quality of life outcomes that matter most to patients. To deal with this paradigm shift, decision-makers need more practical tools to monitor health on a larger scale (as in population health applications and group comparisons) as well as more precise tools that meet the clinical standards of accuracy necessary for individual patient assessment.

In response, not surprisingly, the field of outcomes research appears to be evolving at an increasingly rapid rate. So, what have we learned from our experience with instruments such as the 36-item short form from the Medical Outcomes Study? What should happen next? In this presentation Dr Ware summarizes the problems with today's short-form tools and strategies for maintaining comparability with the best of what we have today while developing the next generation of health status and outcomes assessment tools.

Afternoon Workshop 1pm-3.45pm: The Application and the Interpretation of Patient Reported Health Outcome Measures

This workshop provides an overview of how generic and disease specific measures can be used to assess and interpret health outcomes. Published and unpublished examples will also illustrate the tradeoffs between the

application and interpretation of generic health profiles (eg. SF-36) versus summary measures and the indexes that are often used for economic analyses. Specific examples of the SF-36 and other widely-used tools are presented to illustrate the interpretation of results from population surveys, clinical trials, outcomes research, and individual patient assessments to address the needs of different audiences.

Interpretation guidelines include comparisons with general population norms, disease-specific benchmarks, clinical and other standards of importance, and results from predictive studies (eg. medical expenditures, return to work and work productivity, and mortality). Recent breakthroughs in the integration of generic and disease specific assessment in a number of clinical areas will also be discussed (Arthritis, Asthma, Depressive Disorder, Headache, Heart Disease and Chronic Kidney Disease).

Dr Ware's workshop will provide a more detailed examination as to how health outcome and quality of life metrics are being standardized and cross-calibrated and how applications of modern psychometric methods (Item Response Theory, IRT) are being used to improve both *generic* and *disease-specific* measurement scales.

It will examine how advances in data collection technology such as computer adaptive testing (CAT) software and communication technology (the Internet, hand-held phones) are being used to more efficiently sample and measure health, and how data collection and score estimation methods are being matched to the requirements of different applications (population surveys, observational studies, clinical trials, individual patient care) so that measurement is more efficient and results can be interpreted and compared. Of great practical importance these advances in measurement science are making data collection more practical and score estimation more precise and results directly comparable over a wide range of score levels.

Further Information and Cost

Further information concerning the seminar series is available from Peter Stanley on (02) 62050869 (<u>contact@treonic.com</u>) and Associate Professor Jan Sansoni 02 62917271 (janet.sansoni@grapevine.com.au).

Morning Seminar only: \$180 plus GST = \$198

Afternoon Workshop only: \$250 plus GST =\$275

All Day Registration: \$400 plus GST = \$440

Payments for Canberra, Sydney and Adelaide workshops can be made at www.discoverquick.com

For the Brisbane seminar contact Professor Paul Scuffham on 07 33821367 (or at p.scuffham@griffith.edu.au).

Seminar Convenors

This seminar series is being convened by the Australian Health Outcomes Collaboration, Centre for Health Service Development, University of Wollongong in conjunction with the Centre for Advances in Epidemiology and Information Technology (The Canberra Hospital), and DiscoverQuick.com.

Current Sponsors

Current sponsors and collaborators include Population Research and Outcome Studies, Discipline of Medicine, The University of Adelaide; the Tri State Primary Health Care Research and Evaluation and Development Program PHCRED; the Centre for Applied Health Economics, School of Medicine, Griffith University; the Faculty of Health, Queensland University of Technology and the Centre for Research and Action in Public Health, Faculty of Health, University of Canberra.

