PS2-46:

Validity and Reliability of Health-related Quality of Life Instruments in Teens with Depression

Frances Lynch¹; John Dickerson¹; David Feeny²; Gregory Clarke¹; Alex MacMillan¹

¹Kaiser Permanente Northwest; ²University of Alberta

Background/Aims: Depression is one of the most common mental disorders among adolescents and is associated with substantial impairment, such as difficulties in school, interpersonal relationships problems, substance abuse, and suicide attempt. Understanding the impact of depression in youth and the effectiveness of interventions for this population requires assessments that capture the multiple domains affected by this disorder. In particular, brief measures that are easy to use are critical for research and practice for depressed teens. Brief health-related quality of life (HRQL) measures, which cover multiple life domains, may be one approach valuable for this purpose. In addition, use of generic HRQL measures allows decision-makers to compare the impact of depression to the impact of other health conditions in this population. However, few studies have examined the validity and reliability of HRQL measures in youth with depression. This study examined the validity and reliability of common HRQL measures in teens with and without depression. **Methods:** We interviewed 392 teens with and without depression using diagnostic instruments to determine depression status and seven common HRQL measures. We examined whether or not the HRQL instruments could distinguish between teens who were depressed and those who were not depressed, and whether they could distinguish different levels of severity of depression. We used multiple regression to control for demographic and other characteristics. In addition, interviewers provided qualitative assessment regarding whether or not the instruments seemed understandable and acceptable to teens. **Results:** Preliminary results indicate that all of the HRQL instruments evaluated were able to distinguish between youth without depression and those with depression. Four of the seven HRQL instruments were also able to distinguish between differing levels of severity of depression. **Conclusions:** This study provides one of the only reports of HRQL in teens with depression. Results of this study indicate that common, brief measures of HRQL do a good job distinguishing teens with and without depression. Results of this study can aid future research on HRQL in teens with depression by helping to guide which HRQL instruments are most useful in this population and the results also help to quantify the burden of depression in teens for policy

Keywords: Health related quality of life; Depression

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PS2-47:

Systematic Stakeholder Assessment to Determine Facilitators of and Barriers to SBIRT Implementation in Multiple Integrated Health Systems

Alanna Kulchak Rahm¹; Jennifer Boggs¹; Carmen Martin¹; Arne Beck¹; Marilyn Pearson¹; Thomas Backer²; Brian Ahmedani³

¹Kaiser Permanente Colorado; ²Human Interaction Research Institute; ³Henry Ford Health System

Background/Aims: The US Preventive Services Task Force has identified alcohol and drug use screening as a high priority in primary care. SBIRT is a framework for population based screening and brief intervention with the goal of reducing substance use before it progresses to dependence. There has been limited uptake of SBIRT in any large health system, thus SAMHSA has supported a series of studies, led by Kaiser Permanente Colorado (KPCO), to determine strategies to promote large scale SBIRT implementation. **Methods:** A qualitative examination of SBIRT feasibility and subsequent pilot testing within KPCO primary care guided a series of additional stakeholder interviews at Henry Ford Health System (HFHS) to assess feasibility of SBIRT implementation in additional organizations. Qualitative interviews were conducted with a broad spectrum of HFHS stakeholders using snowball sampling. A total of 28 HFHS stakeholders were interviewed. Interviews were conducted telephonically by trained interviewers from KPCO and lasted approximately 30 minutes. Interviews were digitally recorded and transcribed. After each interview, a detailed summary was generated and

used to create the initial code book for analysis of interview transcripts. **Results:** While current screening, brief intervention, and referral to treatment processes for substance use were noted in HFHS, they were inconsistent and no systematic policies exist. Many facilitators for SBIRT implementation within HFHS were noted including: population, recent implementation of depression screening in primary care, and EMR tools to facilitate documentation. Barriers to SBIRT implementation included time and competing demands for primary care providers, access to treatment, and follow-up processes for positive screens. All stakeholders were supportive of pilot implementation of SBIRT within HFHS with adequate attention to barriers and facilitators. **Conclusions:** This project successfully demonstrated the value of gaining stakeholder perspectives in order to facilitate successful implementation of SBIRT in large integrated health systems and provides a systematic protocol for gathering this data.

Keywords: SBIRT; Dissemination

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Patient Centered Outcomes Research/Member Engagement in Research

B3-1:

Developing a Protocol for Patient Engagement in Research: The HMORN Member Engagement Work Group

Sarah Madrid¹; Leah Tuzzio²; Catherine McCarty³

¹Kaiser Permanente Colorado; ²Group Health Research Institute; ³Essentia Institute of Rural Health

Background/Aims: Integrated health care delivery systems are well positioned to engage patients in research due to their diverse patient populations. Managed care organizations cover 22.5% of the national population, making the establishment of a protocol for patient engagement in research in these settings particularly important. In 2012, researchers from the Institute for Health Research (IHR) identified resources and processes for patient engagement in the Kaiser Colorado region, and synthesized the findings in a Member Engagement Toolkit. After presenting this work at the 2013 HMORN conference the HMORN Member Engagement Workgroup [MEWG] was formed to compile current practices and identify priorities for further exploration. The MEWG aims to create a protocol and standards for member engagement in research and create instruments for measuring the success of engagement efforts in managed care settings. **Methods:** To do this we will conduct an environmental scan of engagement resources and processes currently available in the eight member organizations participating in the MEWG. We will use the IHR's Member Engagement Toolkit as a model to develop a patient engagement toolkit for HMORN organizations that will be generalizable to managed care settings nationally. Using the data from the environmental scan we will identify engagement methods, resources, policies, principles, and logistics for use by research teams embedded in managed care organizations. The scan will catalog best practices and gaps in engagement efforts that can inform the development of standards to guide engagement practices in managed care settings. We will conduct a targeted literature search and interviews with key informants to identify instruments for measuring success, and inform the development of instruments. **Results:** The MEWG will incorporate the findings from the environmental scan, a literature review and interviews with key informants into a toolkit, and present the results of the environmental scan at the 2014 meeting. Findings will also be available on the HMORN website. **Conclusions:** NA

Keywords: Patient engagement; Patient centered outcomes research (PCOR)

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B3-2:

Re-conceptualizing Medical Decisions: How Home Hospice Care Fosters Patient and Family Engagement and Decision-making

EllisDillon¹

¹Palo Alto Medical Foundation Research Institute

Background/Aims: Despite growing acceptance that patient engagement and shared decision-making should be goals of medicine, organizational attempts to support these ideals are limited and larger institutional structures