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## Healthcare satisfaction in older and younger patients with cancer



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### ABSTRACT

**Objective:** Although older patients represent the most rapidly growing segment of the oncology population, clinical care is guided by very little data on patient-reported outcomes, particularly satisfaction with healthcare. Using a large cancer center registry, we sought to describe factors associated with satisfaction with care for older and younger oncology patients.

**Methods:** Data were collected through the University of North Carolina Health Registry Cancer Survivorship Cohort. Satisfaction was measured with the Patient Satisfaction Questionnaire Short Form. Quality of life (QOL) measures included were the Promis Global short form and the Functional Assessment of Cancer Therapy General (FACT-G).

**Results:** A total of 2385 patients were included. 460 (20%) were aged 70 and above (older group). Older patients reported significantly higher levels of satisfaction in domains of time spent with doctor (scores 3.84 versus 3.73  $p = 0.03$ ) and financial aspects (scores 4.03 versus 3.44  $p < 0.001$ ) compared to younger patients. In multivariable analysis, higher QOL scores and higher self-reported ECOG performance status were associated with higher satisfaction scores. African American race was associated with lower satisfaction scores in all age groups. QOL was more closely correlated with satisfaction in older patients compared to younger patients.

**Conclusions:** Older patients with cancer report higher levels of satisfaction with care, in part due to lesser financial burden of care. Better QOL is associated with satisfaction with care in older patients. Use of patient-reported outcomes such as patient satisfaction may help improve patient-centered geriatric oncology care.

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## 1. Introduction

Older patients represent a rapidly growing segment of the cancer population. By 2030, approximately 70% of cancers in the United States will be diagnosed in people over 65.<sup>1</sup> Management of older patients with cancer poses unique challenges including managing multiple comorbidities and their effect on life expectancy, differential response to therapy, and risks of complications. Health services data suggest that older patients are often undertreated in all modalities of oncologic care.<sup>2</sup> However, older patients may have different priorities, such as preservation of functional status rather than absolute longevity, compared to their younger counterparts.<sup>3</sup>

Patient-reported outcomes, including patient satisfaction, have been increasingly used in oncology studies and have been shown to enable improved quality of care.<sup>4</sup> However, even within the geriatric oncology literature, there is a paucity of data examining these outcomes in older patients. Without research which addresses satisfaction with care in the older adult population, it is difficult to know how best to implement measures to maximize quality of care which remain patient-centered in focus. Patient satisfaction with healthcare is an essential patient-reported outcome to transform geriatric services, yet it has not been examined in a broad population of older patients with cancer.

Using data from a large university health center cancer registry that merges patient-reported outcome reports with extensive demographic and clinical data, we sought to describe satisfaction with care in multiple domains for older and younger oncology patients. We also sought to analyze factors associated with patient satisfaction across age cohorts including demographic, clinical, and quality of life (QOL) data.

## 2. Methods

### 2.1. Study Sample

Data were collected through the University of North Carolina Health Registry Cancer Survivorship Cohort (UNC HR/CRC). The UNC HR/CRC is a large hospital-based registry of cancer patients designed to improve care across the cancer spectrum.<sup>5</sup> This study integrates a database of clinical, epidemiological, and interview data with biologic specimens. A global informed consent covers all aspects of participation. The UNC School of Medicine Institutional Review Board (IRB) gave approval for the Registry study and for this substudy.

Eligibility criteria for the Registry include age 18 years of age or older, cancer diagnosis, resident of North Carolina, and have attended an appointment in the University of North Carolina Hospital system. Patients with a new cancer diagnosis are preferentially recruited and enrolled; however, patients may also enroll during treatment or follow-up period. Within 2 weeks of enrollment, patients are asked to complete an interview with data on patient-reported outcomes measured using validated instruments. The complete assessment requires 1–2 hours of patient participation.

For this study, the sample included participants in the UNC HR/CRC registry who completed the Patient Satisfaction

Questionnaire Short Form (PSQ-18) as part of the initial study interview.

### 2.2. Measures

Data were collected from the HR/CSC questionnaire and medical record abstraction. The questionnaire included basic demographic information and a self-report of performance status, using the Eastern Cooperative Oncology Group (ECOG) scale.

Satisfaction with care was measured in the questionnaire with PSQ-18 (Addendum 1). This measure of satisfaction with healthcare has established internal and external validity has been used in various settings.<sup>6–8</sup> It includes 18 items which are categorized into 7 subscales: general satisfaction, technical quality (proficiency), interpersonal manner, communication, financial aspects, time spent with doctor, and accessibility and convenience. Each item is scored on a scale from 1 to 5 with higher scores indicating higher satisfaction. Sub-scale scores represent average scores for items within that domain. Cronbach's coefficient alpha of internal reliability ranges from 0.74 to 0.95 for each subscale score.<sup>6</sup>

Two separate instruments were used as part of the interview questionnaire to measure general and cancer-specific aspects of QOL. The PROMIS Global Health short form is a 10-item general QOL instrument assessing multiple domains. It has been validated in several studies including patients with chronic disease.<sup>9–11</sup> PROMIS has two component scales: Global Physical Health (Promis Physical) and Global Mental Health (Promis Mental) which are scored separately. Higher scores represent better functioning. Raw scores range from 4 to 20 and were subsequently converted to T score values using published methodology. T score distributions are standardized such that a score of 50 represents the mean for the US general population, and the standard deviation around that mean is 10 points. T scores range from 16.2 to 67.7 again with higher scores representing better functioning.<sup>12</sup> The scales have internal consistency reliability coefficients of 0.81 and 0.86 for physical and mental components, respectively.<sup>13</sup>

The Functional Assessment of Cancer Therapy General (FACT-G) is a 27-item cancer-specific QOL measure which has been validated and used in multiple populations.<sup>14</sup> It is divided into subscales of physical well-being, social/family well-being, emotional well-being and functional well-being. Each question is scored on a 5-point Likert-type scale and evaluates QOL during the previous week. Scores from each subscale are added for a total score which ranges from 0 to 108 with higher scores indicating better QOL. Cronbach's coefficient alpha of reliability and consistency is 0.92 for the total score.<sup>14</sup>

As part of HR/CRC, medical record abstraction is completed for each patient after completion of the interview. Information abstracted includes date of diagnosis, initial stage, and first course of treatment. In the HR/CSC sample, approximately 50% of patients had complete medical record abstraction. Prior to analysis in this study, HR/CRC personnel performed additional abstraction of cancer site and initial stage for older patients who had completed the PSQ-18 to further enrich data for this group.

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