Goals and OBJECTIVES: The goals and objectives of the Veterans Health Study (VHS) are: (1) to develop and validate patient-centered measures of health status for the routine monitoring of outcomes of care in VA ambulatory patient populations; (2) to develop short form assessments of health related quality of life (HRQoL), defined in terms of functional status and well-being, that are reliable, valid, and responsive to change in VA populations; and (3) to develop assessments of disease severity and HRQoL specific to common medical conditions as part of a comprehensive set of clinical and patient-based measures for VA patients.

RESEARCH PLAN: The study has accomplished this goal through a combination of psychometric testing and analyses of cross-sectional and longitudinal data Prototypical application of the methodology has been completed in a comparison of patients from the VHS and Medical Outcomes Study (MOS) as well as the development of tools for forecasting trends in health status and in VA utilization and costs of care.

METHODOLOGY: This study is an observational study with a prospective cohort design. Subjects were recruited from a cross-sectional sample of the VA patient population of active users of ambulatory care clinics for a medical visit to one of four VA clinic sites in the greater metropolitan Boston area. A random sample of eligible patients were invited to participate and were given a comprehensive health examination. This examination included identification of study medical conditions, clinical assessments, a medical history process of care measures related to utilization of services and the interpersonal style of care, and both general and disease specific assessments of HRQoL. Six study illnesses (hypertension, diabetes, chronic lung disease, osteoarthritis of the knee, chronic low back pain, and alcoholism) were selected for more intensive study because they are highly prevalent, consume substantial resources and are likely to have dramatic impact on HRQoL in the veteran population. Patients with these conditions were given additional examinations impaneled, followed over time with brief mailed questionnaires completed quarterly for up to 2 years and then annually beyond that for up to 60 months. The VHS was designed to demonstrate the feasibility of a large-scale study of HRQoL outcomes in-patients in VA ambulatory care settings.

FINDINGS: This study has accrued and followed 2425 veterans from 6,829 patients originally screened. A total of 1510 patients (62%) completed the in-person interviews 48 months after enrollment and close to half at 60 months of follow-up. At enrollment patients were diagnosed as follows: hypertension 44.4%, diabetes 22.3%, chronic lung disease 16.3%, osteoarthritis of the knee 21.9%, chronic low back pain 23.8%, and alcoholism 23.7%. On average patients reported having 6 comorbid conditions, suggesting that patients receiving VA care have substantially greater disease burden than those in non-VA patient populations. The Veterans SF-36 (V/SF-36) modified from the Medical Outcomes Studs (MOS) SF-36 with changes to the response choices of the role physical and emotional scales from dichotomized to 5 point ordinal scales, demonstrated marked improvements with 100% improvement to the precision of the role physical scale and 80% improvement to the role emotional scale and about 5% improvement to the physical and mental summaries in longitudinal studies. These results have also been corroborated in a separate sample of veterans who are also Medicare recipients.

Conclusions: The V/SF-36 has been shown to be useful in VA ambulatory populations for purposes of monitoring outcomes for quality improvement. Thus assessment has been previously adopted by the Office of Quality and Performance for purposes of system wide monitoring of health care well over 2 million V/SF-36 questionnaires and a shorter version named. The Veterans SF-12 (V/SF-12) have been administered and are currently used nationally in the VA as part of the SHEP survey. Future applications of the Veterans SF-36 are now being considered by CMS for across system comparisons.

Impact Statement: The use of quality of life assessments that are patient centered are now a part of the Office of Quality and Performance approach for monitoring outcomes of care. The use of the V/SF-36 and V/SF-12 provide an important framework for assessing health outcomes. Future applications include their use in the care of veterans.