



# Patient-Centred Care: The Road Ahead

## Assessing the health-related quality of life among the elderly in preparation for the silver tsunami



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**Patient-centred care has been one of the National Healthcare Group's four key principles.**

**H**ealth Services Research (HSR) is about access to care, at affordable cost and their outcomes. At Health Services and Outcomes Research (HSOR), I was fortunate to have done projects which covered all these aspects of HSR. I would like to briefly share about a study which was a part of the “Marine Parade Elderly Needs Survey” in which we measured health-related quality of life (HRQoL) among the elderly in the community.

► Before we move on to HRQoL, let me explain the linkage between HRQoL and patient-centred care. Patient-centred care has been one of the National Healthcare Group's four key principles. Patient reported outcomes such as health-related quality of life, satisfaction with care, trust, psychological well-being and utility of preferences play a key role in bringing the patient's voice to the patient-centered care. Furthermore, the ageing population and the shift of health care resources from treatment of acute to chronic illnesses have resulted in a need to measure functional status and HRQoL of the elderly in planning interventions.

► Health utilities (HU) are commonly used for assessing HRQoL in evaluation of healthcare interventions such as the cost-utility analyses (CUA). In CUA, a utility score is assigned to the health state on the cardinal scale in which dead = 0 and perfect health = 1, which indicates respondent's preferences for different outcomes. This utility score is incorporated into quality-adjusted life-year (QALYs) which combines life expectancy and quality of life (HU) into a single index.



## Marine Parade Elderly Needs Survey

The Marine Parade Elderly Needs Survey was conducted among a random sample of community-dwelling elderly to assess the health status, HRQoL of individuals aged 60 years and above.

A structured questionnaire was used to collect data on demographic characteristics, chronic disease profile, physical activity, activities of daily living (ADL) and functional ability and health-related quality of life. Quality of life was assessed using EQ-5D. Ordinary least squares (OLS) regression was used to identify independent predictors of health-related quality of life. Independent predictors of HRQoL with greatest decrements in the EQ-5D index and visual analog scores (VAS) were unemployment, self-reported depression, arthritis and osteoporosis and elderly with limitations in ADL for activities such as showering, doing housework and elderly with depressive symptoms (Geriatric Depression Score  $\geq 5$ ).

HRQoL is an important patient reported outcome to guide and promote healthcare. Our study provided valuable information for the planning of potential active ageing interventions in preparation for the looming silver tsunami.