

An analysis of the construct validity and responsiveness of the ICECAP-SCM capability wellbeing measure in a palliative care hospice setting

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iHEA abstract

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Background

To fully capture the outcomes of interventions in social care and end of life care settings, broader measurement of quality of life beyond health-related quality of life may be needed. Increasingly, capability wellbeing-based outcome measures are being used in economic evaluations of health and care to capture broader effects on quality of life. One such measure, the ICECAP-Supportive Care Measure (ICECAP-SCM), was developed to capture what matters to people at end of life and is potentially valuable for economic evaluations in palliative care settings. However, before the ICECAP-SCM can be used to inform decision-making, its ability to effectively measure outcomes within the settings it is intended for must be assessed. The ICECAP-SCM has previously shown face validity and feasibility within hospice care settings, however other psychometric properties have not yet been assessed.

Aims

To explore if the ICECAP-SCM measures both the constructs it intends to (construct validity) and changes in those constructs over time (responsiveness) within a hospice inpatient and outpatient setting.

Methods

Data used in the analysis were collated from two studies that were undertaken through the same hospice organisation. Inpatients and outpatients attending three hospices across the UK were recruited, fifty six of whom were recruited through a study evaluating the use of palliative care day services and twelve through a study examining an educational intervention for managing constipation in hospice patients. Both studies collected outcome data using the ICECAP-SCM and EQ-5D-5L and one also used the MQOL-E, PHQ-2, and POS-S. An analysis of the construct validity of the ICECAP-SCM was carried out which assessed correlations between: (i) its domains and the domains of the other outcome measures, (ii) its final scores and the other measures' domains, (iii) its final scores and the final scores of the other measures. The appropriateness of the other measures for use in responsiveness analysis was assessed based on whether data was collected at both baseline and follow-up timepoints and on their correlation with the ICECAP-SCM unweighted score. The responsiveness of the ICECAP-SCM was then explored, using the appropriate anchor measure to assess whether changes in the ICECAP-SCM final scores corresponded to changes in the anchor measure final score.

Results

The ICECAP-SCM was found to have many associations with the other outcome measures, with correlations being found to be highest with items designed to measure negative psychological feelings such as the *Anxiety/depression* item of the EQ-5D-5L. Strong correlations were found between the ICECAP-SCM and the MQOL-E, a measure designed to capture the impact on general quality of life by a life-threatening illness, which demonstrates supporting evidence of the use of the ICECAP-SCM in this context. The ICECAP-SCM final scores did not strongly correlate with the EQ-5D-5L final score, suggesting they are capturing distinct aspects of quality of life.

Conclusions

Initial supporting evidence for the validity of the ICECAP-SCM within a hospice setting was found, with the potential complementarity of its use alongside the EQ-5D measures.