

Vignette Presentations

VP01 Effect Of Early Life Socioeconomic Status On Trajectories Of Chinese Elders Health

AUTHORS:

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INTRODUCTION:

China, with the largest aging population which is fast increasing, faces great challenges. Increasingly, researchers are looking at the relationship between whole life conditions from birth to death and health status in old age using a life-course approach. Few researchers have paid attention to developing countries like China where early life conditions were worse than those in western countries in the early twentieth century. China has had a complex social and political history in the twentieth century. This study investigates trajectories of aging and the effects of childhood and adulthood Socioeconomic Status (SES) encompassing education, job and family condition, on oldest-elders physical health in China.

METHODS:

The data used in this study was from all seven waves (1998-2014) of the Chinese Longitudinal Healthy Longevity Survey and covered 6,483 respondents aged 80 to 105 years in baseline. Measuring the limitation in activities of daily living represents physical health. Group-based trajectory modeling is used to identify groups of individuals with statistically similar developmental characteristics or trajectories. Multinomial logistic regression is used to compare the differences among trajectory groups.

RESULTS:

Three-group models best fit the data for males and females. Along with increasing age, there was an increase in the limitation in activities of daily living. Some groups changed gradually, while others rose rapidly. Some childhood and adulthood socioeconomic

status characteristics influenced trajectory-group membership. For both genders, group one and two had similar childhood socioeconomic status, while higher adulthood socioeconomic status like jobs were associated with less favorable health status. For group three of males suffering the hardest childhood in regard to education, had stable health status instead.

CONCLUSIONS:

Diversity exists among aging procedure. Childhood and adulthood socioeconomic status influence health conditions of the oldest-elders in complex ways. Education is a remarkably positive factor significantly contributing to better health status.

VP02 Are Journal Editors A Barrier To Publication Of Real World Evidence?

AUTHORS:

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INTRODUCTION:

Health technology assessment (HTA) bodies often rely heavily upon evidence from peer-review publications to inform their recommendations. Since journal editors attitudes likely influence the types of study designs that are accepted through the peer-review process and on to publication, journal editors serve as gatekeepers to translation of evidence, including real world evidence (RWE), into practice. Given past skepticism of RWE study designs, journal editors perceptions of and possible biases toward RWE are important to understand as they may impact dissemination and, therefore, uptake of research findings. The objective of this study was to examine current views of journal editors regarding the: (i) value of RWE studies and (ii) challenges editors face in managing, reviewing, and publishing RWE manuscripts.

METHODS:

Journal editors representing general medicine (GM), specialty medicine (SM), health policy/services research (HSR) were invited to participate in a telephone interview, a survey, and an in-person, roundtable discussion.

RESULTS:

In total, seventy-nine journals were approached, resulting in: 15 interviews (GM = 2; SM = 5; HSR = 8), 17 survey responses (GM = 2; SM = 6; HSR = 9) and 8 roundtable participants. RWE was viewed favorably by interviewed editors (n = 15). Characteristics of high-quality RWE manuscripts included: research question novelty/relevance, rigorous methodology, alignment of data with question, and the extent data-source advantages are optimized. Similar manuscript review processes and challenges were voiced for RWE and other study designs. HSR editors were more likely than SM or GM editors to participate, potentially indicating these researchers are more comfortable or interested in RWE. A possible study limitation was that editors favorable toward RWE may have been more likely to participate.

CONCLUSIONS:

Peer-review journal editors appear to have favorable views regarding RWE studies and can be accelerators to dissemination of RWE findings. However, they do report that studies and processes could be improved. One suggested improvement included a checklist for editors to speed rejections and improve communications with authors.

VP05 Comprehensive Evaluation Of An Evolving Transcatheter Technology

AUTHORS:

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INTRODUCTION:

Our cardiovascular evaluation unit is mandated to evaluate transcatheter aortic valve implantation (TAVI) in the province of Québec. In 2012, it was recommended that only patients at too high risk for surgery receive TAVI. In partnership with our six hospital TAVI programs, we have measured indicators of structure, process and outcomes since 2013. We are collaborating with multidisciplinary clinical experts to update recommendations for optimal use. Herein, we present the evolving portrait of TAVI in Québec and identify priority issues.

METHODS:

Clinical data were collected and analyzed for all TAVI performed from 1 April 2013 to 31 March 2016. Regular site feedback was provided. A systematic review of recent guidelines and randomized trials facilitated the interpretation of “real world” results and formulation of provincial quality standards.

RESULTS:

Provincial TAVI volume increased from 294 in 2013–14 to 340 in 2014–15, and to 360 in 2015–16. Patient age and sex distribution remained relatively constant over time (median age 83 years; 47 percent female). However, the median predicted risk of operative mortality (STS score) decreased in the latest period [6 percent (Interquartile Range, IQR: 4–9) versus 7 percent (IQR: 4–9) versus 4 percent (IQR: 3–7)], suggesting TAVI is increasingly being performed in lower-risk patients. Clinical documentation and processes of care generally improved. Thirty-day mortality decreased (6.1 percent versus 4.1 percent versus 2.8 percent). The literature review identified two central issues: TAVI futility in patients who are too sick and apparent non-inferiority of TAVI compared with surgical valve replacement in medium-risk patients.

CONCLUSIONS:

Our province-wide TAVI evaluation indicates improving processes and outcomes. Patient selection remains the key in our universal healthcare system, with the need to minimize futile and costly therapy and offer TAVI to those most likely to benefit. Continued monitoring of