Determining functional outcome criteria for wait list assessment in head and neck cancer

Genevieve M. Roberts, Dr. Johan Wolfaardt, Dr. Linda Woodhouse, & Dr. Jana Rieger

Background

• Treatment for head and neck cancer often results in the loss of critical structures including teeth (Lam-Tang, Rieger, & Wolfaardt, 2008)
• Negative outcomes associated with tooth loss: speech and swallowing problems, malnutrition, social isolation, financial problems, and depression
• Dental implants can greatly improve patient function and quality of life, but patients have to wait for treatment at the Institute for Reconstructive Sciences in Medicine (iRSM)
• Prioritizing patients with wait list assessment tools can minimize risk to patients, reduce economic consequences, and ensure fairness in accessing health care (Cipriano, Chesworth, Anderson, & Zaric, 2008)
• Based on previous work in the area of wait list assessment, the Jaw Reconstruction Rehabilitation (JRR) tool was created to help prioritize patients
• Subjective clinical ratings of function by maxillofacial prosthodontists on the JRR tool were not significant predictors of urgency for care
• This was unexpected because functional outcomes have been found to be critically important to patients (Tschiesner et al., 2013)

Question: are patient self-report and performance-based measures of function better indicators of urgency than clinician (maxillofacial prosthodontists) ratings?

Methods

Materials:
• Previously completed JRR forms from 112 patients at the iRSM
• Previously collected measures:

Analyses:
• Multiple regression → predicting patient urgency score
• Factor analysis → tool development

Anticipated Outcomes

• Patient scores on the MBS-Imp and C-AIDS are expected to be more significant predictors of patient urgency than subjective clinical ratings
• Utilization of the results of factor analysis to refine the JRR tool for prioritizing patients according to need

References