The Adult Social Care Outcomes Toolkit: A

Systematic Review of Psychometric Properties

Siyue Yu¹, Yingxuan Wang¹, Annie Wai-Ling Cheung^{1,2}, Judy Chu-Dik Sze1¹, Richard Xu Huan³,

Eliza Lai-Yi Wong^{1,2*}

- 1. JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong, China;
- Center for Health Systems and Policy Research, JC School of Public Health and Primary Care, Centre for Health Systems and Policy Research, The Chinese University of Hong Kong, Hong Kong, China;
- 3. Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hong Kong, China.

* Corresponding author

INTRODUCTION

- The aging population and increasing prevalence of age-related chronic conditions worldwide will increase demand for long-term care (LTC), and subsequently pressure public funds. This highlights the need for a tool to measure the quality and cost-effectiveness of LTC services.
- The Adult Social Care Outcomes Toolkit (ASCOT) is the first preference-based instrument of quality of life specially designed for LTC. Although its ٠ psychometric properties have been evaluated in several individual studies, a systematic review using the updated COnsensus-based Standards for Selection of Health Status Measurement INstruments (COSMIN) guidance is needed to evaluate its suitability in different LTC contexts.

METHODS

Study design: a systematic review

Search strategy: ("Adult Social Care Outcome*" OR ASCOT) AND ("valid*" OR "psychometr*" OR "reliab*" OR "factor analys*")

Databases: Medline (via PubMed), Embase (via Ovid), CINAL, Web of Science, Scopus, PsycINFO, and EconLit

Table 1. Summary of review results

Psychometric properties (included studies)	Study quality	Evidence criteria	Evidence quality
Content validity-relevance (n=3)	Adequate	Sufficient	Moderate
Content validity- comprehensiveness (n=3)	Doubtful	Sufficient	Low



Study eligibility

Reported the development of the ASCOT or evaluated at least one of the eight psychometric properties of the ASCOT (i.e., content validity, test-retest reliability, measurement error, hypothesis testing for construct validity including convergent validity and known-group validity, cross-cultural validity and responsiveness) as defined in the COSMIN taxonomy.

Assessment of study quality/risk of bias

- assessed using the latest COSMIN Risk of Bias checklist.
- Each psychometric property was rated on "very good", "adequate", "doubtful" or "inadequate".
- The 'worst score counts' principle was applied to determine the overall methodological quality.

Evaluation of psychometric properties

- the updated COSMIN guideline for good measurement properties.
- The results of each study on psychometric properties were rated as "sufficient", "insufficient" or "indeterminate"

Grading of the quality of evidence

• the modified GRADE approach.

ntification

Ide

reening

ŝ

• The quality of the overall evidence per psychometric property was graded as "high", "moderate", "low" and "very low"

> Records identified through database searching (n=286)

Additional records identified through other sources (n=2)

Content validity- comprehensibility (n=6)	Doubtful	Sufficient	Moderate
Test-retest reliability (n=3)	Adequate	Sufficient	High
Measurement error (n=1)	Adequate	indeterminate	/
Convergent validity (n=5)	Adequate	Sufficient	High
Known-group validity (n=4)	Very good	Sufficient	High

Results and Discussion

Search results: A total of 11 studies with 4923 adults were included in the review (Figure 1).

Study characteristics:

- The studies were carried out across six different countries, most of which were in Europe (n=9), followed by Japan (n=1) and Australia (n=1).
- Sample sizes varied from 10 to 1364 adults aged 18 to 100 years. Eight studies included older adults aged 55 years and over only.

Study results:

The results of this systematic review showed sufficient high-quality evidence for test-retest reliability, convergent validity, known-group validity, moderatequality evidence for relevance and comprehensibility, and low-quality evidence for comprehensiveness.



Acknowledgement

This study was funded by the Hong Kong Health Bureau through the Health and Medical Research Fund (Ref: 18190641).

No information was available for cross-cultural validity and responsiveness. In countries outside the UK, the 'Dignity' and 'Control' items of the ASCOT were commonly reported as poorly understood.

Discussion:

Further validation studies are needed to provide evidence on measurement error, cross-cultural validity, and responsiveness. In addition, its psychometric performance in residential care settings should be tested.

References

Netten A, Burge P, Malley J, et al. Outcomes of social care for adults: developing a preference-weighted measure. Health technology assessment 2012; 16: 1–166. Prinsen CA, Mokkink LB, Bouter LM, et al. COSMIN guideline for systematic reviews of patient-reported outcome measures. Quality of Life Research 2018; 27: 1147–57. Terwee CB, Prinsen CAC, Chiarotto A, et al. COSMIN methodology for evaluating the content validity of patient-reported outcome measures: a Delphi study. Qual Life Res 2018; 27: 1159–70. Mokkink LB, Prinsen C, Patrick DL, et al. COSMIN methodology for systematic reviews of patient-reported outcome measures (PROMs). User manual 2018; 78. Mokkink LB, De Vet HC, Prinsen CA, et al. COSMIN risk of bias checklist for systematic reviews of patient-reported outcome measures. Quality of Life Research 2018; 27: 1171–9. Terwee CB, Prinsen C, Chiarotto A, et al. COSMIN methodology for assessing the content validity of PROMs-user manual. Amsterdam: VU University Medical Center 2018. Guyatt GH, Oxman AD, Schünemann HJ, Tugwell P, Knottnerus A. GRADE guidelines: a new series of articles in the Journal of Clinical Epidemiology. Journal of clinical epidemiology 2011; 64: 380-2.

Malley JN, Towers A-M, Netten AP, Brazier JE, Forder JE, Flynn T. An assessment of the construct validity of the ASCOT measure of social care-related quality of life with older people. Health and Quality of Life Outcomes 2012; 10: 21.

Rand S, Malley J, Towers A-M, Netten A, Forder J. Validity and test-retest reliability of the self-completion adult social care outcomes toolkit (ASCOT-SCT4) with adults with long-term physical sensory and mental health conditions in England. Health and quality of life outcomes 2017; 15: 1–15.

Nakamura-Thomas H, Morikawa M, Moriyama Y, et al. Japanese translation and cross-cultural validation of the Adult Social Care Outcomes Toolkit (ASCOT) in Japanese social service users. Health and quality of life outcomes 2019; 17: 1–16.

Nguyen L, Linnosmaa I, Jokimäki H, et al. Social care-related outcomes in Finland. Construct validity and structural characteristics of the Finnish ASCOT measure with older home care users. Health & Social Care in the Community 2021; 29: 712–28.

Trukeschitz B, Litschauer J, Hajji A, et al. Cross-cultural adaptation and construct validity of the German version of the Adult Social Care Outcomes Toolkit for service users (German ASCOT). Health and Quality of Life Outcomes 2020; 18: 1–19.

van Leeuwen KM, Bosmans JE, Jansen AP, et al. Dutch translation and cross-cultural validation of the Adult Social Care Outcomes Toolkit (ASCOT). Health and Quality of Life Outcomes 2015; 13: 1–13.

van Leeuwen KM, Jansen AP, Muntinga ME, et al. Exploration of the content validity and feasibility of the EQ-5D-3L, ICECAP-O and ASCOT in older adults. BMC Health Services Research 2015; 15:1-10

van Leeuwen KM, Bosmans JE, Jansen AP, et al. Comparing measurement properties of the EQ-5D-3L, ICECAP-O, and ASCOT in frail older adults. Value in Health 2015; 18: 35–43. Kaambwa B, Gill L, McCaffrey N, et al. An empirical comparison of the OPQoL-Brief, EQ-5D-3 L and ASCOT in a community dwelling population of older people. Health and quality of life outcomes 2015; 13: 1-17.

Hackert MQ, van Exel J, Brouwer WB. Valid outcome measures in care for older people: comparing the ASCOT and the ICECAP-O. Value in Health 2017; 20: 936–44. Engel L, Bucholc J, Mihalopoulos C, et al. A qualitative exploration of the content and face validity of preference-based measures within the context of dementia. Health and quality of life outcomes 2020; 18: 1-19.