

Effects of SMART Goal Quality on Patient Activation and Patient Reported Outcome Measures following Total Hip Arthroplasty and Total Knee Arthroplasty

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INTRODUCTION:

Musculoskeletal procedures are prevalent in the United States; however, patients report high levels of dissatisfaction attributable to physical dysfunction, persistent pain, and unrealistic expectations, among other reasons. Traditional care models have not addressed patient values and preferences, prompting a shift toward goal-directed care. While many studies identify patient-generated goals and their impact on patient satisfaction, few have considered goal quality. Patient-generated goals may be poorly defined and thus unhelpful in improving patient care and satisfaction. One framework for generating well defined goals is the SMART criteria, which defines Specific, Measurable, Achievable, Relevant, and Time-bound attributes. Higher quality goals meeting the SMART criteria may improve patient outcomes and satisfaction more so than vague, lower quality goals. This study investigates pre-operative orthopedic patient goal quality, and the relationships between goal quality and patient activation and between goal quality and patient reported outcome measure scores.

METHODS:

In this retrospective observational study, randomly selected surgical patient goals (n=600) across several orthopaedic subspecialties were evaluated using applicable SMART criteria (i.e., Specific, Measurable, Relevant, and Time-bound). Achievability was not assessed as that attribute was evaluated through patient-provider interaction. Two coders utilized a content analysis methodology to evaluate presence of SMART criteria in each goal. Inter-rater reliability was analyzed using Cohen's Kappa for two raters. Ordinal logistic regression was employed to evaluate the relationship between patient activation as measured by the PAM-13 and the number of SMART criteria met on patient-generated goals. Mixed effects linear modeling was employed to evaluate the relationship between number of SMART criteria met and scores on either the PROMIS-10 GPH for all patients and the HOOS-PS or the KOOS-PS for patients that received a Total Hip Arthroplasty or Total Knee Arthroplasty, respectively.

RESULTS:

Of the 600 patient goals assessed, 57.7% were specific (n=346), 84.0% were measurable (n=504), 9.5% were relevant (n=57) and 4.7% were time-bound (n=28). Overall, 12% of goals met 3-4 of the SMART criteria (n=73). Patient activation was not a significant predictor of the presence of any of the applicable SMART criteria. For patients who received a Total Hip Arthroplasty (n=184), meeting three or four of the SMART goal criteria was a significant predictor of PROMIS-GPH score. This relationship did not hold for HOOS-PS, nor did it hold for either of the patient reported measures for patients who received a Total Knee Arthroplasty (n=146).

DISCUSSION AND CONCLUSION:

Patient-generated goals rarely meet most of the SMART criteria and are often not relevant or time-bound. Patient skill, knowledge, motivation, and confidence as encompassed in activation was not predictive of goal quality. However, while goal quality did not appear to impact self-reported recovery measures for Total Knee Arthroplasty patients, it did predict subsequent recovery measure scores for Total Hip Arthroplasty patients. This suggests that developing higher quality goals may be an important focus for improving patient outcomes in a subset of orthopedic patients.

Table 1. Binary Logistic Regression with SMART Criteria as Outcome

	Intercept	PAM Level	SE	95% CI
Specific	1.40	1.00	0.01	0.98 - 1.01 58
Measurable	1.46	1.00	0.01	0.97 - 1.01 25
Relevant	0.15	1.00	0.01	0.97 - 1.02 37
Time-bound	0.07	1.00	0.02	0.96 - 1.02 34

*Patient Activation Measure

Table 2. Random Intercepts and Slopes Mixed Effects Model Predicting PROMIS-10 GPH Outcome Outcome for Total Hip Arthroplasty

Patients	Estimate*	CI	p†
Intercept	23.06	20.34 - 25.79	<0.001
Gender	1.50	1.04 - 1.95	<0.001
Age	0.06	-0.02 - 0.14	0.173
BMF	0.19	-0.17 - 0.56	0.006
CCF [1]	1.26	-0.43 - 2.93	0.142
CCF [2]	-3.31	-1.61 - 4.61	0.001
Gender* (Male)	1.32	-0.44 - 2.08	0.140
Goal Criteria [1]	2.30	-1.09 - 4.30	0.126
Goal Criteria [2]	2.00	-1.09 - 2.90	0.213
Goal Criteria [3]	4.06	0.06 - 8.06	0.047
Time * Goal Criteria [1]	-0.79	-2.41 - 1.03	0.309
Time * Goal Criteria [2]	-0.62	-2.40 - 1.17	0.497
Time * Goal Criteria [3]	-1.51	-3.73 - 0.64	0.165

ICC = 0.17
N cases = 184
Number of Observations = 602
*Unstandardized β coefficients. 95% confidence intervals. Alpha threshold = 0.05. *Pre-op, 6-week, 3-month, and 6-month post-operative windows. †Blyden tests. *Within consistency index reference = 0. †Within gender reference = Female. *Number of goal criteria met reference = 0. †Spearman correlation coefficient. *Number of goal criteria met reference = 0. †Spearman correlation coefficient.

Table 3. Random Intercepts and Slopes Mixed Effects Model Predicting HOOS-PS Outcome Outcome for Total Hip Arthroplasty

Patients	Estimate*	CI	p†
Intercept	51.21	26.65 - 65.96	<0.001
Gender	11.27	11.11 - 11.42	<0.001
Age	0.17	0.02 - 0.31	0.027
BMF	-0.13	-0.28 - 0.13	0.227
CCF [1]	-2.20	-5.24 - 2.85	0.207
CCF [2]	2.64	-0.68 - 5.24	0.006
Gender* (Male)	2.26	-2.79 - 2.25	0.141
Goal Criteria [1]	2.09	-1.06 - 5.23	0.189
Goal Criteria [2]	1.61	-1.09 - 4.30	0.207
Goal Criteria [3]	7.46	-1.12 - 12.24	0.214
Time * Goal Criteria [1]	-1.01	-2.72 - 1.24	0.376
Time * Goal Criteria [2]	-2.20	-4.09 - 2.24	0.324
Time * Goal Criteria [3]	2.43	-0.20 - 5.05	0.101

ICC = 0.11
N cases = 184
Number of Observations = 602
*Unstandardized β coefficients. 95% confidence intervals. Alpha threshold = 0.05. *Pre-op, 6-week, 3-month, and 6-month post-operative windows. †Blyden tests. *Within consistency index reference = 0. †Within gender reference = Female. *Number of goal criteria met reference = 0. †Spearman correlation coefficient. *Number of goal criteria met reference = 0. †Spearman correlation coefficient.

Table 4. Random Intercepts and Slopes Mixed Effects Model Predicting PROMIS-10 GPH Outcome Outcome for Total Knee Arthroplasty

Patients	Estimate*	CI	p†
Intercept	41.45	35.40 - 47.40	<0.001
Gender	2.25	1.01 - 3.49	0.001
Age	0.16	0.06 - 0.26	0.001
BMF	-0.10	-0.24 - 0.03	0.120
CCF [1]	-0.52	-2.29 - 2.48	0.352
CCF [2]	2.44	-0.50 - 5.68	0.001
Gender* (Male)	0.87	-2.72 - 0.97	0.353
Goal Criteria [1]	2.20	-0.38 - 2.79	0.224
Goal Criteria [2]	4.06	-1.18 - 4.08	0.076
Goal Criteria [3]	3.62	-0.60 - 7.84	0.164
Time * Goal Criteria [1]	0.73	-1.06 - 2.51	0.423
Time * Goal Criteria [2]	0.12	-1.57 - 1.81	0.868
Time * Goal Criteria [3]	1.01	-1.03 - 3.05	0.333

ICC = 0.17
N cases = 146
Number of Observations = 612
*Unstandardized β coefficients. 95% confidence intervals. Alpha threshold = 0.05. *Pre-op, 6-week, 3-month, and 6-month post-operative windows. †Blyden tests. *Within consistency index reference = 0. †Within gender reference = Female. *Number of goal criteria met reference = 0. †Spearman correlation coefficient. *Number of goal criteria met reference = 0. †Spearman correlation coefficient.

Table 5. Random Intercepts and Slopes Mixed Effects Model Predicting KOOS-PS Outcome Outcome for Total Knee Arthroplasty

Patients	Estimate*	CI	p†
Intercept	41.45	33.89 - 52.01	<0.001
Gender	4.19	4.06 - 4.32	<0.001
Age	0.29	0.14 - 0.44	<0.001
BMF	0.01	-0.19 - 0.22	0.904
CCF [1]	3.93	-1.36 - 9.21	0.145
CCF [2]	0.05	-2.60 - 2.50	0.972
Gender* (Male)	-2.20	-5.13 - 0.73	0.112
Goal Criteria [1]	2.71	-0.66 - 6.08	0.124
Goal Criteria [2]	0.02	-2.74 - 2.71	0.997
Goal Criteria [3]	1.96	-1.11 - 7.59	0.067
Time * Goal Criteria [1]	1.07	-1.24 - 3.38	0.371
Time * Goal Criteria [2]	-0.17	-4.02 - 3.28	0.842
Time * Goal Criteria [3]	-0.46	-4.09 - 3.18	0.810

ICC = 0.17
N cases = 146
Number of Observations = 607
*Unstandardized β coefficients. 95% confidence intervals. Alpha threshold = 0.05. *Pre-op, 6-week, 3-month, and 6-month post-operative windows. †Blyden tests. *Within consistency index reference = 0. †Within gender reference = Female. *Number of goal criteria met reference = 0. †Spearman correlation coefficient. *Number of goal criteria met reference = 0. †Spearman correlation coefficient.