

# Optimizing quality of care in fracture patients at high risk of new fractures and patients with drug-resistant epilepsy eligible for resective brain surgery

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# Propositions

## Propositions related to subject of thesis

- At the Fracture Liaison Service, a shared decision-making intervention implemented by motivational interviewing on medication adherence, improves patients' experiences with care and is cost-effective, depending on the time required to apply the intervention.
- Simplified language with pictorial representations of fracture risk reduction is insufficient to increase anti-osteoporosis medication persistence among patients with limited health literacy eligible for anti-osteoporosis medication after a recent bone fracture.
- Resective brain surgery improves disease-specific quality of life, reduces seizure frequency, and decreases resource utilization in patients with drug-resistant epilepsy.
- The diversity in determinants of costs after resective brain surgery for drug resistant epilepsy reflect the complexity and variability within patient groups.

## Propositions related to field of expertise

- Model-based economic evaluations should be considered when treatment benefits and consequences extend beyond the trial duration.
- Alongside combining generic and disease-specific quality of life measures, patient-centered aspects such as shared decision-making and patient preferences should also be incorporated when aiming to optimize patient-centered care.
- Stratified analyses based on health literacy should be considered in health economic evaluations of patient-centered interventions and conducted when needed.

## Proposition related to impact of thesis

- Information on patient centeredness, resource utilization, and costs of interventions in clinical care should be an essential part of evaluation of healthcare practices.

## Other

- Peace begins when expectation ends. - Sri Chinmoy