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Suggestions from the private PROMs working group on making PROMs more patient-centric



Patient-Reported Outcome Measures: The private healthcare working group

Contributors included representation from the following organisations

Hospitals

- > Circle Health
- > Cleveland Clinic
- > HCA Healthcare
- > Nuffield Health
- > Ramsay Healthcare
- > Spencer Hospital

Insurers / Commissioners

- > Axa Health
- > Bupa
- > HP Alliance

PROMs system suppliers

- > Amplitude Clinical
- > MSB Consultancy
- > MyClinicalOutcomes

Regulators

- > CQC

and **PHIN**

Putting the patient at the centre of PROMs (1 of 3)

- > Recognition that there are multiple valid ways to do this and at the same time that this can be a challenge, primarily because of the variety of patients and their needs.

Patient focus

- > It's key to explain to patients what PROMs are, the benefits to them and how the PROM can aid their clinical care. Otherwise patients can feel they're getting nothing back for their input.
- > Patients should be able to track their progress, and see how they compare with a relevant population.
- > Show patients what aspects of behaviour may influence better outcomes.
- > Give visualisations of data to patients. Success all comes down to how you frame it and the context – what's relevant to them and their treatment.
- > The patient typically wants to see the % change – the improvement score on its own is not that useful or does not make much sense to the patient.

Putting the patient at the centre of PROMs (2 of 3)

Consultant focus

- A huge deal depends on consultant engagement. Behavioural science suggests simple things:
 - Put the consultant's picture and name on the PROM letter the patient receives, as well as their own name.
 - Refer to the PROM as being part of their treatment.

Patients respond better to communication when it's directly from their consultant. Some patients may be concerned about privacy, but in fact it's very few.

- Clinicians are best-placed to contextualise the data, set out the patients' own comorbidities and aspirations and explain graphs. Note that this can be a challenge, given the different levels of patient motivation and understanding, and the risk of misinterpretation.
- A clinician could highlight 3 areas where a patient is doing well, and 3 areas where they're not. It gives them a focus on where to improve – and something they can take to providers of follow-up care, such as a physiotherapist.
- For clinicians, there is motivation to participate too if they get something back – e.g. show how they perform relative to colleagues. It's essential that the data is accurate. Ideally the measures should be the same used in the NHS and in their private practice.

Putting the patient at the centre of PROMs (3 of 3)

Administration focus

- > Need for an administration person to prompt patients with reminders at the right time to complete PROMs. This should be part of their routine: it's important to get the basics right. It can be handled by PROMs leads at each hospital site, or by central administration. The risk with the local teams is that if an effective local person leaves, it takes time to build up that capability again.
- > A lot comes down to efficient communication and administration, plus flagging non-responders.
- > Digitalisation of processes is the best way forward to handle PROMs, validate and view data at speed – with manual processes this can be very difficult.
- > The system supplier should also clearly explain their role as a 3rd party.