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What's in it for me?

User benefits of Patient-Reported
Outcome Measures (PROMs)

PROMs – what's in it for me?

PROMs are patient-completed questionnaires which can be used to record their health, level of pain, functional ability and overall quality of life before and after treatment. The various impacts of that treatment can then be compared, including on a like-for-like basis.

Some PROMs are generic; others are very specific to a condition or procedure such as heart surgery.

PROMs can have multiple benefits for patients, clinicians, hospitals, insurers and other healthcare organisations. Some of these benefits overlap, whereas others are unique to certain groups and their roles.

Here we want to explain the purposes and benefits for each type of PROMs user.

The focus here is on winning hearts and minds, on value, which is more motivating, rather than compliance or following process.

Procedures and PROMs in the private sector (September 2022)

Also included is whether a licence is attributable

Surgical

1. Cataract surgery (CatQuest-9SF - free)
2. Hip replacement (Oxford score - paid)
3. Knee replacement (Oxford score - paid)
4. Shoulder surgery (Oxford score - paid)
5. Carpal tunnel release (QuickDash - free)
6. TURP (IPSS - free)
7. Septoplasty - nasal surgery (NOSE - free)

Cosmetic

1. Augmentation mammoplasty (Breast-Q - paid)
2. Rhinoplasty (Face-Q – Nose - paid)
3. Liposuction (Body-Q – Lipo - paid)
4. Abdominoplasty (Body-Q – Abdo - paid)
5. Blepharoplasty (Face-Q – Eyes - paid)

Some reasons why patients, consultants or hospitals don't participate

I may look bad compared to my peers

I already completed these questions the first time

I worry that I may get feedback that could be difficult to explain

It makes me feel pressure to perform which could be bad for my patients

It's costly to set up and run

I forgot to complete the survey

We don't have the staff or expertise

It's a hassle to input data; it takes up valuable time for no return

Our organisation has other priorities

No-one's pestering me to do this and no-one else is submitting their data anyway

I fear the data will be incorrectly analysed by not taking into account my unique patients

No one has explained why we need to do this



However, you don't get something for nothing

PROMs benefits for patients and their relatives

Pre-treatment

- > A prompt to question consultant about aspects of treatment and recovery.
- > Opportunity to improve health literacy.
- > Impact or quality as an additional factor to put in the mix when considering clinician, facility, distance.
- > Make informed choice between private healthcare and NHS, or choice of individual provider.
- > See what good quality care and treatment effectiveness actually looks like, and set appropriate goals.
- > See factors which impact on outcomes and then reasons for following recommended treatment plan.

Post-treatment

- > Track progress versus expectations; see how they compare with similar people.
- > Spot any danger signals in advance and speed up their own return to care if necessary.

Note

In studies, patients who had their PROMs tracked performed better than those who didn't.

PROMs benefits for consultants

Pre-treatment

- > See whether patients are within relevant norms for treatment, find any variance; have evidence that this is the right time (i.e. not too soon) to intervene.
- > Explain suitability about treatment plan; manage patient's expectations about practical and emotional aspects of recovery and any consequences.
- > Define what great care looks like alongside realistic outcomes for this patient, focusing on what matters most to them individually.
- > The structured nature of PROMs can help identify any blind-spots (or risks) not otherwise seen by the clinician, inviting new elements to the conversation.
- > Better clinical decision-making by the use of consistent and comparable assessments of patient status.
- > Identify factors which can impact on outcomes and provide motivational evidence on what'll happen if they do / don't follow their rehabilitation plan.

Post-treatment

- > Measure progress of patient towards treatment goals; adjust care process based on reported PROMs.
- > Evidence to then analyse and see any patterns on what was effective and what wasn't, facilitating clinical insight and quality improvement – Hawthorn effect of improving quality.
- > Patient-based evidence for appraisals, accreditation and revalidation.
- > Materials for marketing or promotion of services - confirming that they give an excellent service and that their treatments are effective.
- > Attract more patients from insurers which practise value-based commissioning

PROMs benefits for hospitals

- > Provide tangible evidence of success to patients and insurers, rather than anecdotal.
- > Lightweight assurance versus costly diagnostic technologies such as MRIs.
- > Opportunity to identify service efficiencies e.g. does an additional night in hospital confer longer-term health gain for patient, everything else being equal?
- > Compare existing or assess new treatment techniques with this as evidence base both for clinical and cost effectiveness.
- > Counterbalance financial with quality measures, and inform marketing claims with tangible evidence of quality.
- > Enable clinicians to have a comparable view of their patients' health and identify where these may deviate from expectations.
- > Attract more patients from insurers which practise value-based commissioning
- > An evidence base to justify investments such as purchasing new equipment or measuring its impact.
- > Improve clinical practice and support clinicians' appraisals.
- > Motivate clinical staff with evidence at scale of the tangible difference they make.
- > Compete with peer hospitals on the basis of evidence.
- > Part of good clinical governance and professional standards.
- > Help to reduce harm and minimise hospital (re)admissions; support safety processes and risk identification – cost of poor performance can be punitive (cf. Paterson) as well as in terms of reputation and customer experience.

PROMs benefits for other users

GPs

- > Ensure they are referring patients to quality-assured consultants and treatment centres.
- > Be seen as referring on the basis of evidence, rather than any preferential 'old boy'-type networks.
- > Offer greater choice and better insight to patients in discussions.

Professional bodies and broader healthcare organisations

- > Draw on a superior dataset from the actual world of patients, superior to results from a randomised-controlled trial in the lab.
- > Broadening of evidence base.

Regulators

- > To improve the overall healthcare system and its behaviour, supported by an evidence base of performance.

PROMs benefits for insurers

- > Tangible assurance around provider safety, quality, effectiveness and value. Typically, high quality actually costs less.
- > Decommission ineffective or multiple treatments, which are costly and not good for patients either.
- > Help to reduce risk and avoid scandals e.g. Paterson.
- > See if provider is more quality- or profit-focused; also its direction.
- > Opportunity to reward organisations which collect and report quality data; later, those with demonstrably superior outcomes.
- > Identify consultants or hospitals whose patients are typically not recovering as expected given their case-mix and investigate why.
- > Facilitate increased price competition between consultants and between hospitals. This may broaden the size of 'local' markets, if patients wish to travel further for a proven better-quality provider.
- > Market services based on evidence of effectiveness and that the insurer only works with good providers.
- > With better data, offer more flexible options and packages.
- > Compete with non-outcomes-based commissioners; gain market share.
- > Guidance for corporate clients of insurers for what return they can realistically get for their funding of care.
- > Include quality as factor in provider search technology.
- > Examples of financial (L) and non-financial (R) incentive models, which can combine levels of risk and reward.

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|---------------------------------------|---|
| 1. Quality bonuses | 7. Performance profiling |
| 2. Compensation at risk | 8. Publicising performance |
| 3. Performance fee schedules | 9. Technical assistance for quality improvement |
| 4. Quality grants | 10. Practice sanctions |
| 5. Reimbursement for care planning | 11. Reducing administrative requirements |
| 6. Variable cost sharing for patients | |

PROMs implementation – some considerations

- > What will the clinician or organisation do differently with PROMs data? Need to be clear from outset, otherwise no point proceeding.
- > Consider how you will handle ‘good’ and ‘bad’ outliers. What are the clear processes that are applied and who owns those processes? There should be real consequences for poor clinical performance – this gives a message to everyone else.
- > Case-mix adjustment should be included (processes and skills needed).
- > All patient feedback, including PROMs, needs to be handled carefully and safely. Ensure patient consent about data collection.
- > Critically important is an outcomes culture at all levels of the organisation. Work from common interests to help facilitate trust.
- > Identify factors to encourage patient & clinician motivation – always explain the what and why.
- > Make participation a pre-requisite for patient progress, unless exceptional circumstances render this unhelpful.
- > Hospitals may need to outsource PROMs collection processes.
- > Data needs to be collected separate from the consultant to ensure an unbiased outcome.
- > Need to remember that some patients won’t complete surveys; some patients won’t get better, either.
- > Check data collection systems, resource and processes are in place as well as ability to analyse and draw insights from the data; plus learning processes and relevant communications to the organisation.
- > Private healthcare needs to avoid duplicate PROMs from hospitals, insurers, clinicians and/or professional bodies.
- > Keep it simple, facilitate comparison, use visuals in reporting to increase ease and speed of understanding; explain what the measures mean rather than just see them as numbers.
- > Explain the benefits of PROMs to all parties.

Illustrative examples of possible PROMs analysis and uses

Question	Knee replacement	
	Average pre-treatment value	Average post-treatment value
Confidence	2.4	3.7
Kneeling	1.2	2.0
Limping	1.3	3.4
Night Pain	1.7	3.2
Pain	0.8	2.8
Shopping	2.5	3.6
Stairs	2.3	3.4
Standing	2.0	3.3
Transport	2.5	3.4
Walking	2.4	3.7
Washing	3.3	3.8
Work	1.8	3.4
Grand Total	2.0	3.3

Average of 15,000+ patients' scores

Manage patients' expectations pre- / post-treatment for the different aspects of recovery

Are their priorities different to those of other patients?

Consider whether there is variation and is there a reason for this:

- patient factors, such as age and gender
- comorbidities, such as arthritis & diabetes
- by geography, hospital etc.
- by procedure type or length of hospital stay

Are my patients similar or different
a) before treatment?
b) after treatment?

Is the level of health improvement similar or different to this? What might account for it?

Are patients being treated too soon? Or discharged at the right time?

Sliding scale between:

- 0 (■) – Worst possible health status
- 4 (■) – Best possible health status

Question	Hip replacement	
	Average pre-treatment value	Average post-treatment value
Dressing	1.9	3.3
Limping	0.9	3.6
Night Pain	1.3	3.6
Pain	0.7	3.2
Shopping	2.4	3.7
Stairs	2.3	3.6
Standing	2.1	3.7
Sudden Pain	1.8	3.7
Transport	2.2	3.6
Walking	2.3	3.8
Washing	2.7	3.8
Work	1.7	3.7
Grand Total	1.9	3.6

Average of 18,000+ patients' scores

Last thoughts: On the importance of collection and publication

- *‘For as long as no PROMs data was being published, then data quality and completion didn’t improve’ (NHS)*
- *‘A major lesson is that data should be published. We can’t just collect and not extract value’ (Private hospital group)*

**If you have any questions or would like to discuss these slides
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