Guide for patient-reported experience questionnaire design, validation and implementation in a high-complexity hospital within the Value-Based Healthcare paradigm

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Background & Objectives

Value-based healthcare (VBHC) has triggered several efforts to increase patient-centred care and process-centred management. These two previous coexisting paradigms have shown their importance in supporting VBHC. One of the main existing tools linking patient perspective and care process analysis is the Patient-Reported Experience Measures (PREM - questionnaires) and studies (ethnographic or any other qualitative). It is a complex process, and we understood useful to share our problems and facilitators with other hospitals as a help and developed a guide for PREM implementation that was published in Spanish in May 2022 and will be translated into English shortly.

Materials & Methods

This guide has a sequential development with several intertwined methods: Focal groups with breast and lung cancer patients (on peer review); Delphi study on VBHC key elements (already published); Ethnographic studies in breast and lung cancer patients; Experts individual interviews (Madrilenian Association for Healthcare Quality – AMCA and the Spanish Society of Quality of Care - SECA); Team discussion and expert evaluation (AMCA/SECA). After the field research, a digital PREM solution was chosen to run the questionnaires.
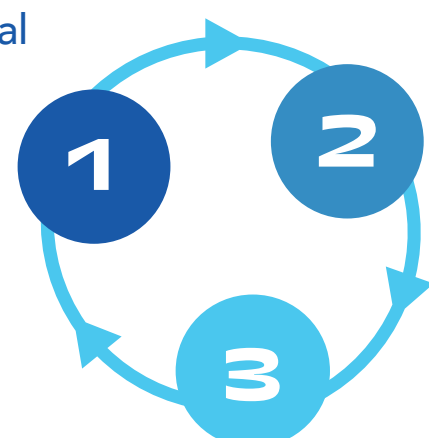
Results

THE ISSUES TO IMPLEMENT PREM IN A COMPLEX INSTITUTION THAT WERE CONSIDERED ESSENTIAL ARE:

● **A shared conceptual frame (chapter 2 to 4) from VBHC to Patient experience**

Is the physical space and the organizational structure adecuated to develop the best posible care? **PREM**

Is the institution able to attend in due time all the people in need for attention? **PREM and (indirectly) PROM**

Does the institution respond to the needs and expectations of patients and citizens adequately? **PREM and PROM**

Healthcare process

1 **Structure** — Is there an adequate Support structure to offer adequate healthcare? – **STRUCTURE INDICATORS** — PREM

2 **Process** — Does our process cover all the organizational needs to attend the needs and expectations of the patients and population? – **PROCESS INDICATORS** — PREM

3 **Result** — Are the results obtained appropriate to the needs and expectations of patients? – **RESULT INDICATORS** — PROM

4 **Legitimation** — Are the process and its results legit for the society to which the institution serves? – **GOOD GOVERNANCE INDICATORS** — PREM

Figure 1. Conceptual fitting of patient experience in the healthcare from a National Health Service perspective within the VBHC paradigm

● **An understanding of outcomes and experience and their different utility for continuous improvement (ch. 6 and 7)**

EXPERIENCE
- Its measure allows to identify process indicators
- Subjective
- Explores emotional and intimate aspects
- More focused in needs
- Longitudinal vocation in the care process.
- Bigger external validity
- Easier interpretability of the results
- A more direct identification of improvement actions
- Identification of critical points in the process and improvement needs (red flags)
- Direct and fast impact on patients

SATISFACTION
- It allows the measurement of results indicators
- Very subjective
- Very influenced by the external context (socioeconomically and cultural)
- Very influenced by expectations
- A high transversal component
- Bigger internal validity
- Results difficult to interpret
- Complex identification of improvement actions
- Alerts on the need for improvement
- Measure result indicators (at least partially)

Patient-Reported Experience Measure (PREM)
- Anonymous
- Aggregated
- Transversal
- High positive impact on patients, caretakers and healthcare professionals
- Local sphere
- Focused on the organization
- Centered in process improvement
- No need for integration on the Electronic Health Record
- Internal organizational decision making around process improvement
- Highly influence by the healthcare condition considered

Patient-Reported Outcome Measure (PROM)
- Nominal
- Personalized
- Longitudinal
- Global sphere
- Focused on the patient
- Centered in the Quality of Life improvement and the effectivity
- Should be integrated in the Electronic Health Record of each patient
- Useful for individual clinical decision making, outcome research and comparability (benchmark)
- Highly dependent on the patient's health condition and state

● **A clear and strict methodological approach in each institution and the necessary use of technological tools:**

0
- Reference conceptual framework
- Items definition
- Expert draft review

1
- Piloting (Content validation)
- Reliability analysis
- Construct and criteria validation

2
- Draft adjustment to a final version
- Metric proprieties analysis

**Advantages of digital PREMs**
- **Can be systematic, independent of professionals' time**
- **Quick and agile. Allowing remote and asynchronous interviews**
- **Easily scalable. Allowing implementation in multiple processes and services**
- **Agnostic. Unbiased results**
- **Major respect for patients' intimacy and time**
- **Automatized results reporting**

Inconveniences of digital PREMs
- **Lack of verbal interaction**
- **Unavailability for doubt answering**
- **Anti-machine bias**
- **Digital gap**

● **A reasonable comprehension of the organizational impact of their implementation and the needs to adapt the PREM to the context**

Discussion
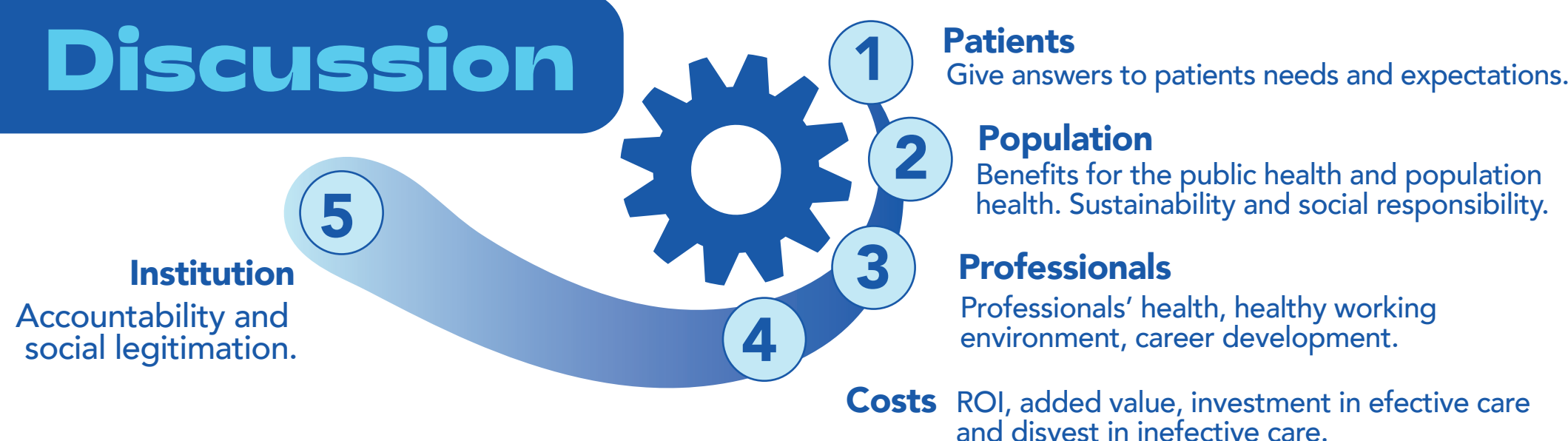
1 **Patients** Give answers to patients needs and expectations.

2 **Population** Benefits for the public health and population health. Sustainability and social responsibility.

3 **Professionals** Professionals' health, healthy working environment, career development.

4 **Costs** ROI, added value, investment in efective care and disvest in inefective care.

5 **Institution** Accountability and social legitimation.

A qualitative approach to value-based healthcare implementation through patient experience studies is valuable to change the culture and favours innovation acceptance. Patient experience is a powerful and high impact tool for process inefficiencies detection and care improvement for patients wellbeing. Measuring PREM digitally has the potential to be more systematic, methodic and agile.