

How to Make PROMs Work: Insights from Leaders at United States Hospitals with Successful PROMs Programs

Colby Hyland, Danny Mou, Azan Virji, Claire Sokas, Barbara Bokhour, Andrea Pusic, Christer Mjåset



Background

- Patient-reported outcome measures (PROMs) and ICHOM sets are being used increasingly in routine clinical care
- Little is known regarding best practices for system-wide PROM program implementation

Methods

- Participants included chief-level executives, PROM program directors, department chairs, PROM data directors
- Qualitative themes categorized according to the consolidated framework for implementation research (CFIR)

Results

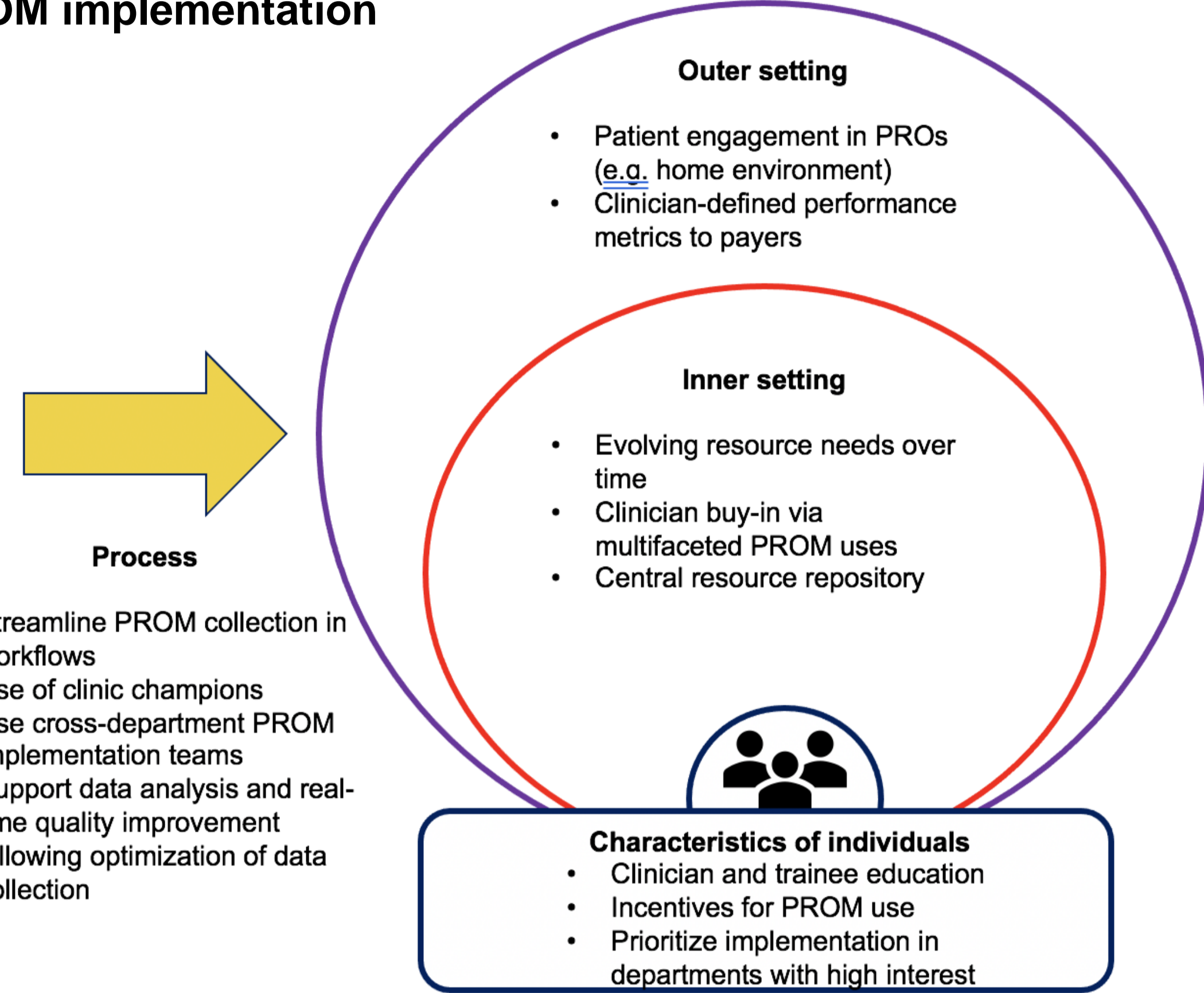
Interviewee characteristics

Role	n
Chief-level executive	11
PROMs director	6
Chair or vice chair of department	9
Data warehouse/analysis director	9
Total	35

Facilitators and barriers to PROM implementation

Intervention characteristics

- Clinician-directed PROMs
- Generic PROMs mixed with disease-specific PROMs per department
- Optimize user-friendly interface and customizability



- Process**
- Streamline PROM collection in workflows
 - Use of clinic champions
 - Use cross-department PROM implementation teams
 - Support data analysis and real-time quality improvement following optimization of data collection

- Outer setting**
- Patient engagement in PROs (e.g. home environment)
 - Clinician-defined performance metrics to payers

- Inner setting**
- Evolving resource needs over time
 - Clinician buy-in via multifaceted PROM uses
 - Central resource repository

- Characteristics of individuals**
- Clinician and trainee education
 - Incentives for PROM use
 - Prioritize implementation in departments with high interest

Domain	Recommendations
Intervention	<ul style="list-style-type: none"> • Clinicians should play major role in PROM selection • Consider providing generic PROMs across clinical departments with disease-specific PROMs for each clinical department • Balance the pros and cons of third-party vendors vs. EMR to optimize user-friendly interface, data visualization, and customizability
Outer setting	<ul style="list-style-type: none"> • Clinicians should play role in defining PRO-PMs used by third-party payers • Adapt PROM data collection systems to patient home environments • Consider automated reports for patients to provide real-time feedback and promote patient engagement and compliance
Inner Setting	<ul style="list-style-type: none"> • Educate clinicians on the multi-faceted uses of PROM data (e.g., improving patient care, enabling research) to promote clinician engagement • Recognize variable access to resources across departments (e.g. orthopedic surgery vs. rheumatology) and consider a centralized resource repository to promote equitable implementation across departments • Anticipate evolving resource needs over time (e.g., initial IT / staff training support, followed by data analysis support, etc.)
Characteristics of individuals	<ul style="list-style-type: none"> • Enhance and implement PROM education earlier in clinician education (e.g., medical school and residency training) to promote awareness and adoption • Given limited resources, prioritize implementation in departments that have significant clinician-driven interest to optimize chance of meaningful adoption and sustained use • Incentivize PROMs use with educational credit, malpractice premium credits, research support, etc.
Process	<ul style="list-style-type: none"> • Leverage clinical champions to support the PROMs program • Recognize the heterogeneity of workflows in clinical environments (e.g., different reporting structures) and adapt accordingly • Establish specialty-agnostic PROM implementation teams that work across clinical departments to support implementation • Recognize the many stages of PROM implementation and understand that PROM data collection is just the tip of the iceberg

Conclusions

- There are common themes for implementation success across multidisciplinary PROM programs in the US
- Drivers of PROM program success rely on factors within and outside the clinical environment
- Future research is needed regarding real-time quality improvement using PROM data

References

1. Foster A, Croot L, Brazier J, et al (2018) The facilitators and barriers to implementing patient reported outcome measures in organisations delivering health related services: a systematic review of reviews. J patient-reported outcomes 2:46. <https://doi.org/10.1186/s41687-018-0072-3>
2. Marshall S, Haywood K, Fitzpatrick R (2006) Impact of patient-reported outcome measures on routine practice: a structured review. J Eval Clin Pract 12:559-568. <https://doi.org/10.1111/j.1365-2753.2006.00650.x>
3. Lavalley DC, Chenok KE, Love RM, et al (2016) Incorporating Patient-Reported Outcomes Into Health Care To Engage Patients And Enhance Care. Health Aff (Millwood) 35:575-582. <https://doi.org/10.1377/hlthaff.2015.1362>
4. Refolo P, Minacorri R, Mele V, et al (2012) Patient-reported outcomes (PROs): the significance of using humanistic measures in clinical trial and clinical practice. Eur Rev Med Pharmacol Sci 16:1319-1323