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What are Patient-Reported Measures and why are they important?

Patient-Reported Measures

The fundamental premise underpinning the field of Patient-Reported Measures (PRMs) is that a patient's view of their own health and experience of healthcare services is important. It is important because it highlights weaknesses and strengths in health services and thus can directly lead to improvement and efficiencies.

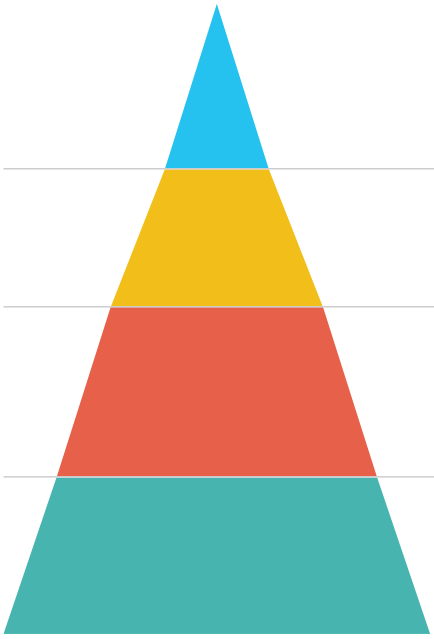
PRMs also shine a light on what matters most to patients allowing health services to better meet patient needs.

There is robust evidence that PRMs, properly implemented, can improve safety, patient health, financial performance and staff culture. They can also save money by avoiding treatments that a patient does not want or that does not achieve patients' goals.

PRMs compliment clinical quality indicators and clinical results but do not replace them.

They are increasingly used right across health systems, from consultations between a patient and their doctor to national policy and service pathway planning.

The role of PRMs across a health system



Governments and insurers	Allocation of resources using value-based mechanisms System level measurement and policy design Regulation and safety
Health services	Service quality monitoring and improvement Care pathway enhancement and efficiency
Facilities	Compliance Improved organisational profitability and performance Service improvement
Patient care	Quality of life Improved health outcomes Better clinical consultation and decision-making

Patient-Reported Experience Measures

Patients have been asked about their experiences of health services for many years but since 2013 there has been significant increase in the systematic use of Patient-Reported Experience Measures (PREMs).

The 2013 Frances Enquiry of the Mid-Staffordshire NHS Foundation Trust found that between 400 and 1200 deaths were avoidable had staff acted on the feedback from patients and their families. This finding led directly to the implementation of the Friends and Family Test (FFT) across the NHS.

More recently, a June 2018 report, the Gosport War Memorial Hospital: The Report of the Gosport Independent Panel, found over 450 avoidable deaths directly resulted from staff administering opioids without proper clinical indication between 1988 and 2000. A key outtake of this report was that authority figures constantly let down relatives who complained about patients' safety and the appropriateness of their care. The conclusion was that patients' stories often provide a better picture of service quality than performance ratings and statistics.

Because evidence strongly supports the use of systematic patient experience programmes as a tool for safety and quality improvement in a public health setting, many governments mandate their use.

In a private health setting, excellent patient experiences have the additional benefit of delivering appealing commercial outcomes.

Research by Accenture in the United States (US) showed that the hospitals performing highly on the widely used HCAHPS patient rating (similar to FFT) significantly outperformed other hospitals on revenue and profit growth, while also being able to invest more in operating expenses.

Evidence strongly supports the use of PREMs. The key to success is how programmes are designed and run, to have demonstrable impact. This is Cemplicity's area of expertise.

2012 to 2013	Top HCAHPA Performers	All Other Hospitals
Margin growth	99%	-4.5%
Patient revenue growth	10.9%	5.8%
Operating expense growth	7.8%	4.2%

Patient-Reported Outcome Measures

A typical Patient-Reported Outcome Measure (PROM) will ask a patient about their health state prior to treatment and then again post treatment. Where PROMs are used to measure outcomes with long term conditions, a person may be surveyed at regular intervals over their lifetime.

The focus of PROMs reporting is on the change in health state over time and using this change as a measure of the effectiveness of the healthcare intervention, and as a tool for improving outcomes (see the case study below).

Expenditure on health services is the largest budgetary item in the public accounts of developed countries. It is generally accepted that current health systems are unsustainable. Budgets cannot increase fast enough to meet demand due to the growth in the number of people living longer, with multiple long-term conditions.

One of the primary strategies to make health systems sustainable is to change from paying for 'services delivered' (e.g. payment per hip replacement) to paying for 'value'. Value is the combination of lower cost and higher quality. Value-based payment systems use PRMs, and particularly PROMs to measure outcomes and the quality of care. Frost and Sullivan estimate that by the end of 2019, 15% of health systems will be tied to some component of value/outcome-based care concepts.

PROMs
reporting is a measure of health state over time to indicate effectiveness

15%
of health systems tied to outcome based care

As well as a measure for value-based funding systems, governments and insurers support the use of PROMs as they provide an objective measure of outcomes from the patient's perspective, allowing benchmarking across surgeons and facilities. The NHS mandates their use across two treatment areas, and they are also mandated for private health providers across the United Kingdom (UK). Around the world we are seeing growing interest in PROMs from the OECD to governments, insurers, providers and clinicians.

PROMs are not new, but new technologies like Cemplicity's are disruptive, particularly because of the wide participation one can achieve with a digital-first

rather than paper approach, and the additional value that can be derived from real-time data capture and reporting.

Benchmarking across facilities

Real-time information

Some of the early adopters of PROMs were clinical registries. By tracking patient and treatment details, clinical outcomes and patient reported measures over many years, registries have contributed to patient pathway improvements, including identifying the most effective medical devices, drugs, recovery treatments, etc. However, clinical registries pay a lot of money to collect PROMs and the process is not timely, so the PROM can only be used in aggregated analysis, not in treatment decisions with individual patients.

There are several types of PROMs, ranging from pan-condition Quality of Life surveys to condition specific surveys and measures. There are also symptom trackers and recently we've been working with a new type called Patient Concern Inventories – a form of prompt list to allow patients to guide consultations.

PROMs is an active, growing market with potential across all developed and developing health systems.

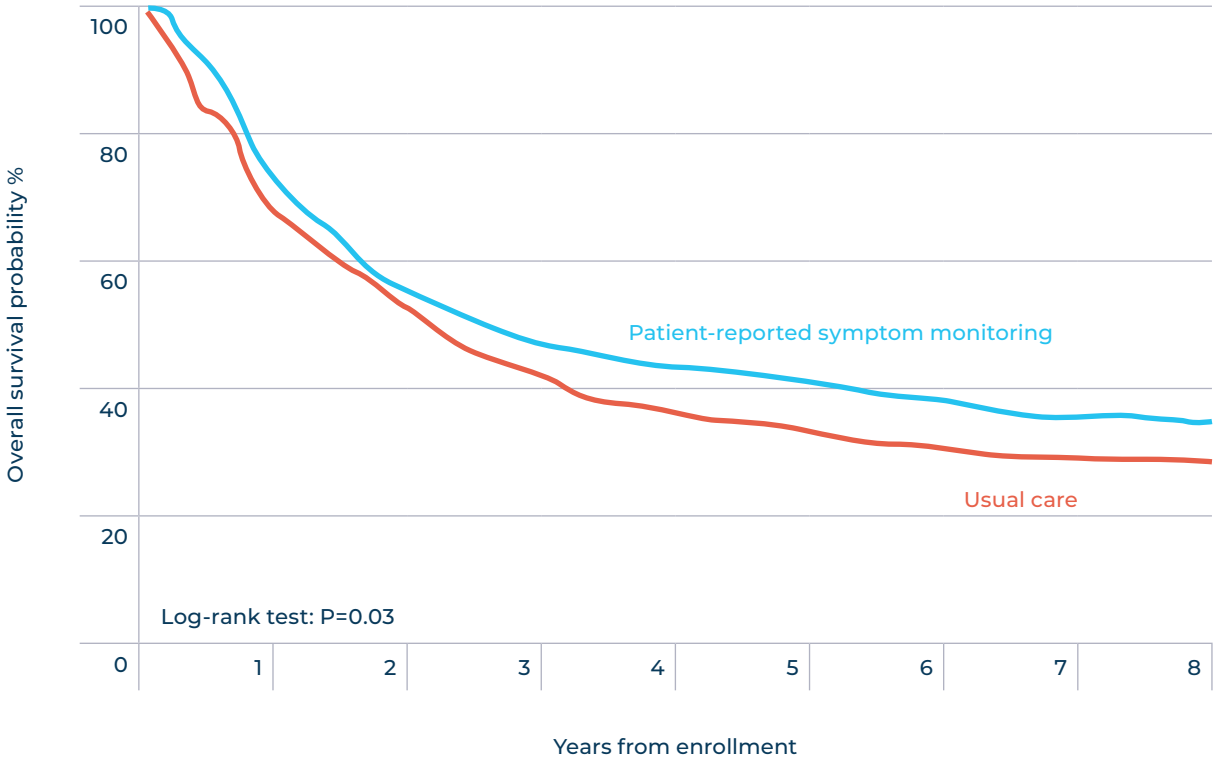
A PROMs Case Study

Overall survival results of a trial assessing patient-reported outcomes for symptom monitoring during routine cancer treatment.

Basch (2017 pp.197-198)[1]

This recent study suggests that it is how you implement PROMs that optimises the impact on outcomes.

This study shows how electronic PROMs for cancer patients can improve patient comfort, unplanned readmissions and other benefits that come from real-time patient feedback programmes. This study also shows that survival rates for cancer patients were increased by 10% by this real-time PROMs approach (see image below), a stronger impact than most new cancer drugs achieve.



Increased survival probability in Patients with Metastatic Cancer assigned to Electronic Patient-Reported Symptom Monitoring vs those receiving normal care during routine Chemotherapy (Basch, 2017).

The Basch study is getting significant attention because of the large patient sample, the length of the study (8 years), the credibility of the sponsoring institute (Memorial Sloan Kettering Cancer Centre in New York), and the reputation of the author, Ethan M. Basch, MSc, FASCO, Professor of Medicine at the Lineberger Comprehensive Cancer Center of the University of North Carolina.

The research enabled 766 patients to report their symptoms electronically, and when they reported an alarming symptom, an automated email alert was sent to the clinical nurse responsible for that patient's care. Importantly, each treating oncologist also had real-time access to each patient's symptom history either prior or during treatment and consultation. The control 'usual care' group discussed symptoms only with their oncologist in the normal manner.

Arguably, the most important aspect of this study is the proof that the patients' symptoms were better managed when the patient had the opportunity to report their own symptoms. Mr Basch commented that "patients receiving chemotherapy often have severe symptoms, but doctors and nurses are unaware of these symptoms up to half of the time".

The timeliness of this PROMs approach and the direct reporting to clinicians was key to the good outcomes achieved in this area of symptom management.

Beyond better patient outcomes, this study also highlighted the benefits at a health service or system level. There were fewer visits by patients to emergency department, fewer unplanned hospital visits generally and fewer unscheduled changes in chemotherapy programmes.

Interestingly, in almost every case that a real-time alert was issued, triggered by patient self-reporting symptoms, the nurse changed something – they either counselled the patient on symptom management, changed medication, or referred the patient to the hospital. Not only did this help the patients feel better, it meant they continued their chemotherapy treatments 33% longer than the control group. This is felt to be a key reason why survival rates went up.

A high level of staff engagement is essential for a successful programme and can be largely achieved through real time alerts.

The Basch study convincingly presents the case for PROMs for cancer patients, as well as valuable insight into how to run an effective programme.

Basch, E.M 'Overall Survival Results of a Trial Assessing Patient-Reported Outcomes for Symptom Monitoring During Routine Cancer Treatment', National Centre for Biotechnology Information, (Accessed: 16 July 2018)

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