PATIENT OUTCOMES MATTER INITIATIVE: ISSUE BRIEF

CHALLENGE

Measurement in the U.S. today often misses the forest for the trees. We build payment and recognition programs on measures of care processes and lab results based on clinical guidelines, and we look at business outcomes like length of stay, readmissions, and utilization. But we aren’t focusing on capturing what actually matters to patients—whether health care is leading to improvements in their quality of life and mental, physical, and emotional health. Process metrics without accompanying outcome measures reveal little about the success of treatment and guide providers to simply “check the box” rather than tailor care to achieve the best result for each patient.

We want to be able to answer patient questions like: “Will I be able to climb stairs without pain after knee surgery?” or “Can this treatment reduce the limitations of my arthritis?” or “Which therapist has the best results in treating recurring depression?”

SOLUTION

PROMs represent changes in patients’ health during the time they receive care, not their opinion of the care experience. Information from PROMs can help providers develop a care plan and measure the success of that plan in terms of the patient’s individual desires, needs, and values. Patients who report PROMs to their providers have better outcomes than those who go to providers that do not use PROMs. The same PROMs data shared between providers and patients can also be statistically summarized to represent the quality of care provided by a doctor, hospital, or health care organization.

Patient-Reported Outcomes Measures (PROMs) are defined by the National Quality Forum as “any report of the status of a patient’s health condition that comes directly from the patient, without interpretation of the patient’s response by a clinician or anyone else.”
**VALUE OF PROMS**

PROMs are being used to drive innovation, evaluate treatments and providers, and create appropriate payment incentives for doctors, hospitals, ACOs, pharma companies, and other suppliers. Research shows that PROMs represent a more rewarding way to evaluate providers and engage patients.¹

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**PATIENTS**

PROMs matter to patients because the measures speak directly to the health concerns they bring to their provider. Research shows that patients who report PROMs to their providers actually achieve better health outcomes—even living longer.²

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**PROVIDERS**

PROMs can save providers time by better understanding their patients and delivering more personalized and impactful care. PROMs provide a systematic way of tracking progress and give providers the ability to demonstrate success to payers and the community.

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**PURCHASERS/PAYERS**

Value-based care initiatives ultimately need PROMs, the only measurement approach that incentivizes integrated care and captures the patient’s own assessment of value.

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**INNOVATORS**

For stakeholders investing in innovations (e.g. policymakers, foundations, pharmaceutical and diagnostic companies), PROMs are the key to measuring the effectiveness of new therapies, clinical designs, and health system programs, including attempts to achieve equitable health outcomes across populations. PROMs allow innovations to be evaluated on a broad range of outcomes, such as symptom alleviation and quality-of-life issues that have traditionally been omitted from clinical and reimbursement assessment processes.

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PROMS IN PRACTICE

Improving Depression Care with PROMs

In California, PBGH is leading a PROMs implementation program for depression care with the Integrated Healthcare Association (IHA). IHA is a multi-stakeholder, regional health care improvement collaborative that includes nine health plans and 200+ provider organizations which encompass an estimated 35,000 physicians and more than nine million HMO and POS enrollees in California. Prior to the project, the regional health improvement collaborative and pay-for-performance programs administered by IHA relied on HEDIS measures—a system designed to measure health plan and system performance and compliance to protocols rather than patient outcomes and patient-centered decision making by providers. Working with PBGH and its purchaser member companies, IHA is integrating PROMs measurement of the PHQ-9 assessment for six-month depression remission into their ACO pay-for-performance accountability program across 20 of the largest provider organizations that have ACO contracts. IHA has embraced this project as a vehicle to demonstrate how to integrate PROMs into community primary care practice across the state. Collectively, this project affects an estimated ten million patients per year. It is likely this work will be scaled to collect PROMs for other conditions and adapted to integrate these measures into IHA’s HMO pay-for-performance program.

PROMs Use in Decision Support and Care Planning: University of Texas at Austin

The University of Texas at Austin (UT Austin) is successfully using PROMs with a homegrown predictive analytics tool—the Shared Decision-Maker—that guides personalized care discussions between physicians and patients in their multi-specialty musculoskeletal disorder clinic network. UT Austin is nearing 100% compliance with patient completion of the necessary electronic questionnaires—PROMIS Global-10 and the PHQ-9 surveys—by the time of the initial consultation with the physician. The analytics tool develops a care options report that serves as a discussion guide with patients. The Decision-Maker assesses the patient’s likelihood of achieving a minimum clinically important difference in pain, functional status, and quality of life with a particular intervention. The tool is used throughout the medical system and is being beta-tested in other systems across the country. The process at UT Austin is unique because they are not only measuring outcomes of treatment but are using the tool as a triage and decision-making support tool. PROMs allow UT Austin to assess a patient’s physical health, mental wellness, and quality of life while understanding how that might influence a patient’s response to certain treatments. The PROMs information, coupled with the decision support tool, enables practitioners and patients to make decisions that are most likely to lead to outcomes consistent with the patient’s values.

“I believe measuring outcomes from the patient’s perspective is probably the most important element of delivering greater value to patients.”
Reducing Risk of Falls: University of Rochester

The University of Rochester is collecting substantial PRO data to improve patient care and catalyze a more patient-centered culture at the institution. PRO data can be viewed in EPIC using a custom-built platform. In the internal medicine department, clinicians use the PROMIS physical function scores as a screening tool to determine which patients are at high risk for falls, recommending to them a physical therapy regimen that improves balance and reduces fall risk. The University of Rochester has also used PRO data in combination with an automated, video-based screening tool that assesses range of motion and frailty to identify employees that are at risk for workers’ compensation claims. High-risk patients are referred to a program that includes physical therapy and a social worker that specializes in behavioral health. Under this program, workers’ compensation claims have significantly decreased at the institution.

ABOUT PATIENT OUTCOMES MATTER

The mission of PBGH’s Patient Outcomes Matter initiative is to measure patient health across the U.S. healthcare system by enabling widespread adoption of PROMs. The goal of our initial phase is to demonstrate feasibility and the impact of PROMs in key regions. We do this through education, implementation support, and stakeholder alignment.

If you are interested in learning more and identifying ways to get involved, please visit www.pbg.org/PROMS or email PBGH PROMs at PBGH-PROMs@pbgh.org.