Using PROMs at individual level (intro, theory, evidence, and primary care)

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Use of PROMs in clinical practice

Used at the clinician–patient interface		Level of aggregation of PRO data	
		Individual	Group
	Yes	Screening	Decision aids
		Monitoring	
		Promoting patient-centred care	
	No	Facilitating communication within multidisciplinary teams	Population monitoring and assessing quality of care

Greenhalgh J. Qual Life Res 2009

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Clinical applications of individual PROMs data

- Supporting decision making in the diagnostic process:
  - Screening
  - Diagnosis
- Informing risk stratification and prognosis (identification of vulnerable patients and patients "at risk")
- Supporting prioritisation and goal setting
- Supporting decision making in indication for treatment (medical/surgical)
- Facilitating monitoring of
  - General health status
  - Response to treatment/management
- Facilitating communication
  - Between patients and health professionals
  - Within teams and between professionals: consistent use along the care pathway

Evidence

- Systematic review of RCT (2008): 28 studies
- Intervention: feedback of PROMs to health professionals (+/- additional interventions) compared to no feedback
- Mental health (50%), generic health status, other
- 65% studies showed some impact on processes (diagnosis, advice/ education/counselling)
- 47% studies showed some impact on outcomes (PROMs)
- Most clear benefit for screening/diagnosis of depression
- More recent additional studies are showing increased impact on outcomes

Valderas JM et al. Qual Life Res, 2008

What seems to work?

- Specific PROMs training (validity, reliability, interpretation)

- Frequent and timely feed-back

- Feed-back process well aligned with routine care

- Information integrated into available information systems

- Information that is linked to specific action

Greenhalgh J, Qual Life Res 2009; Valderas JM et al. Qual Life Res, 2008;

PROMS for Depression in Primary Care

The Quality and Outcomes Framework (QOF) has incentivized General Practitioners to **measure the severity of depression with a validated questionnaire** at the start of treatment in all diagnosed cases (since April 2006) (Recommended tools: PHQ-9, HADS, BDI-II)
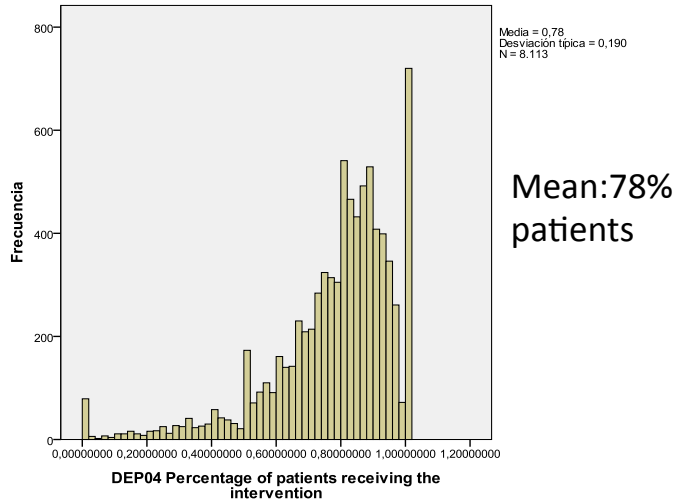
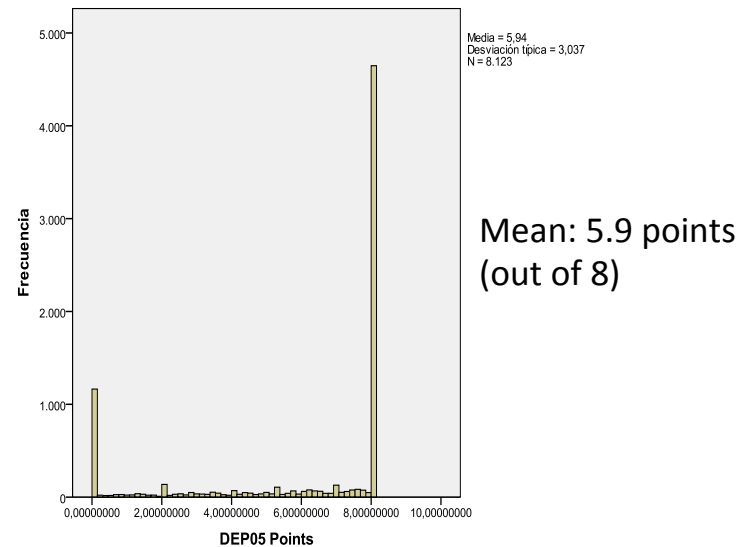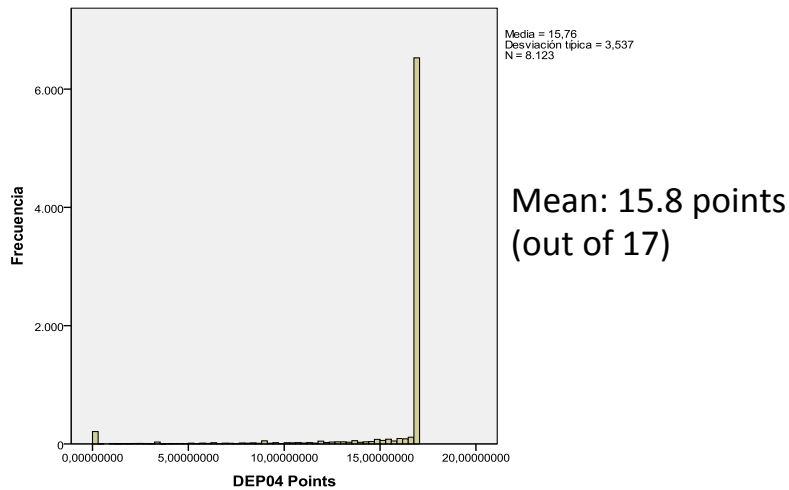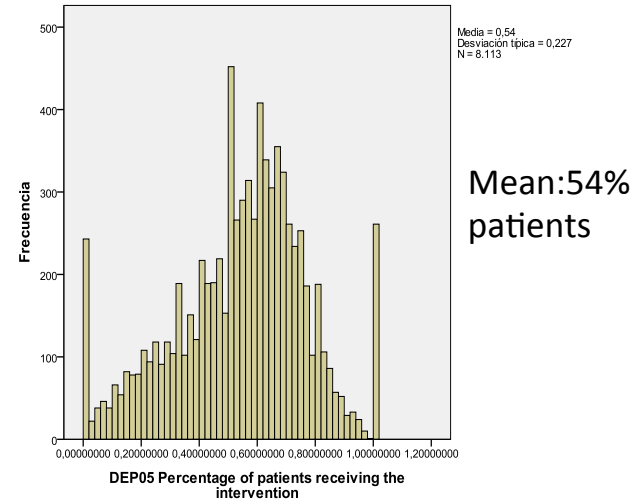|		
DEP 6 In those patients with a new diagnosis of depression, recorded between the preceding 1 April and 31 March, the percentage of patients who have had an assessment of severity at the time of diagnosis using an assessment tool validated for use in primary care.	17	50–90%
DEP 7 In those patients with a new diagnosis of depression and assessment of severity recorded between the preceding 1 April to 31 March, the percentage of patients who have had a further assessment of severity 2–12 weeks (inclusive) after the initial recording of the assessment of severity. Both assessments should be completed using an assessment tool validated for use in primary care.	8	45–80%

PROMS for Depression in Primary Care

DP6

Media = 0,78
Desviación típica = 0,190
N = 8.113

Mean:78% patients

DP7

Media = 0,54
Desviación típica = 0,227
N = 8.113

Mean:54% patients

Media = 15,76
Desviación típica = 3,537
N = 8.123

Mean: 15.8 points (out of 17)

Media = 5,94
Desviación típica = 3,037
N = 8.123

Mean: 5.9 points (out of 8)

8

PROMS for Depression in Primary Care

- Patients **favoured** the measures.

- They saw them as an **efficient and structured supplement** to medical judgment

- They saw them as **evidence** that general practitioners were **taking their problems seriously** through a full assessment.

Dowrick et al BMJ 2009; Leydon et al BJGP 2011

PROMS for Depression in Primary Care

- Both Patients and GPs considered that assessments of severity should be seen as **one aspect of holistic care**.

- They both were aware of the **potential for manipulation** of indicators: for economic reasons (GPs), to avoid stigma or meet expectations for desired outcomes (patients).

Dowrick et al BMJ 2009; Leydon et al BJGP 2011

PROMS for Depression in Primary Care

- GPs were **cautious** about validity and utility and **sceptical** about the real motives behind their introduction.

- **Lack of specific training**.

- PROMs seen as an **intrusion** into the consultation, practical wisdom and clinical judgment more important than objective assessments

- Were concerned that the assessments **reduced** the **human element** of the consultation.

- GP concerns seemed to be shaped by a very **practical concern of precisely how and when a measure should be introduced**, without intruding into the consultation.

- The measure was not viewed as an integrated part of patient assessment and diagnosis.

Dowrick et al BMJ 2009; Leydon et al BJGP 2011

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PROMS for Depression in Primary Care

- GPs managed the questionnaires differently
  - For patients to take away with them
  - For patients to complete in the waiting room
  - Completing them with the patient during the consultation
  - Memorizing answers and completing after the consultation
  - Completing them over the phone
- Pharmacological treatment and referral rates linked to severity but substantial variation within each stratum

Kendrick et al BMJ 2009; Dowrick et al BMJ 2009; Mitchell C BJGP 2011

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Reliability of clinical measures and PROMs

- Height (1.00)
- Weight (0.99)
- SF-36 Physical functioning (0.93)
- Bedside Glucose screening (0.92)
- PHQ 9 (0.85)
- SF-36 Pain (0.80)
- Heart rate (0.68)
- Diastolic Blood Pressure (0.60)
- SF-36 Social functioning (0.60)
- Tachypnea (0.60)

Hahn Mayo Clin Proc, 2007

By placing a checkmark in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

☐ I have no problems in walking about ☐

▨ I have some problems in walking about ☐

■ I am confined to bed ☐

Self-Care

☐ I have no problems with self-care ☐

▨ I have some problems washing or dressing myself ☐

■ I am unable to wash or dress myself ☐

Usual Activities (e.g., work, study, housework, family, or leisure activities)

☐ I have no problems with performing my usual activities ☐

▨ I have some problems with performing my usual activities ☐

■ I am unable to perform my usual activities ☐

Pain/Discomfort

☐ I have no pain or discomfort ☐

▨ I have moderate pain or discomfort ☐

■ I have extreme pain or discomfort ☐

Anxiety/Depression

☐ I am not anxious or depressed ☐

▨ I am moderately anxious or depressed ☐

■ I am extremely anxious or depressed ☐

Selecting the right PROM for clinical practice

- ..., but what if the problem is difficulty hearing? What if chronic cough? What if diabetes?

- ..., but what if there is more than one problem?

- ..., but what if the problem does not bother the patient? What if the problem is minor but impacts on areas of great importance? What if the areas are not even considered (most things that people enjoy doing!)?

Selecting the right PROM for clinical practice

Individualized PROMs give respondents the possibility **to tailor measurement to relevant and meaningful aspects of their life**

- Schedule for the Evaluation of Individual Quality of Life (SEIQOL)

- Patient Generated Index

- MYMOP

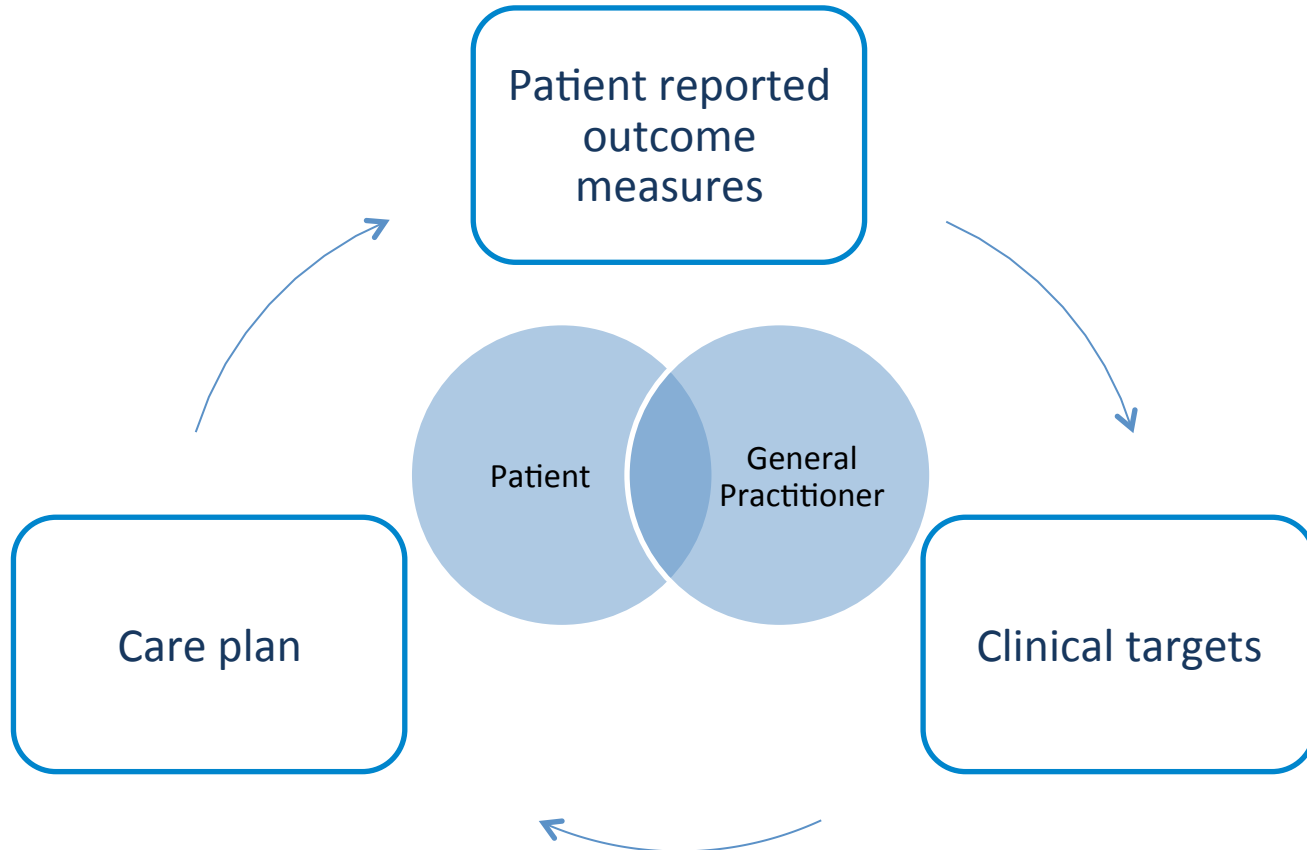- Goal Attainment Scale

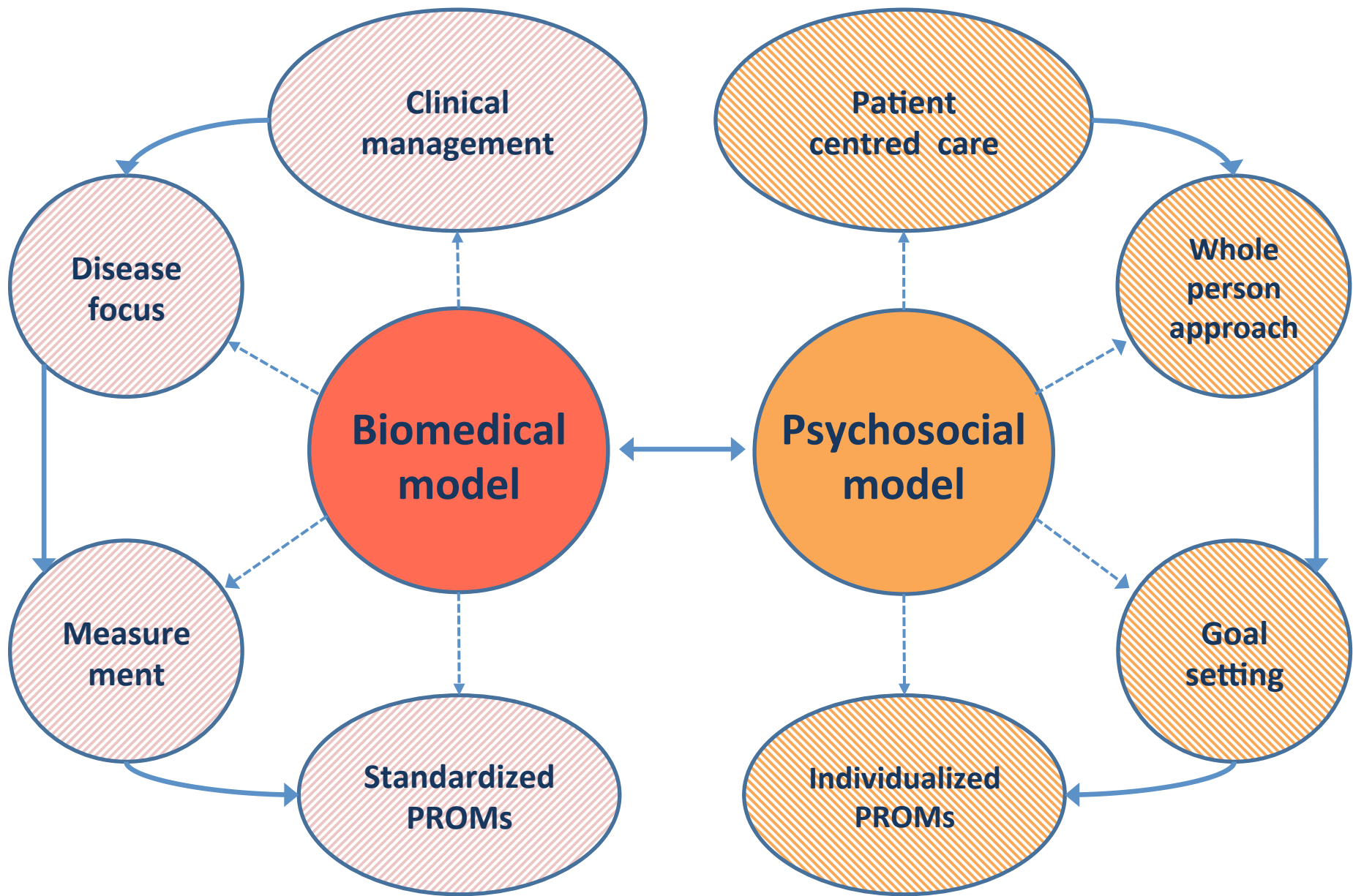| STAGE 1 area/ activity (eg sport)	STAGE 2 score each area/ activity out of 100	STAGE 3 spend your 60 points between the different areas	
			↑
			Total number of points should add up to 60
			↓

100	Exactly as you would like to be
90	Close to how you would like to be
80	Very good but not how you would like to be
70	Good but not how you would like to be
60	Between fair and good
50	Fair
40	Between poor and fair
30	Poor but not the worst you could imagine
20	Very poor but not the worst you could imagine
10	Close to the worst you could imagine
0	The worst you could imagine

Goal oriented care

Patient reported outcome measures

Patient

General Practitioner

Care plan

Clinical targets

Routine clinical use of PROMs in Primary Care

- Primary Care patients with multi-morbidity
- Goal setting and monitoring of care and outcomes
- PROMs
  - Individualized (Patient Generated Index)
  - Standardized (EQ5D VAS and condition specific)
- Part of annual review (Quality and outcomes framework)

Routine clinical use of PROMs in Primary Care
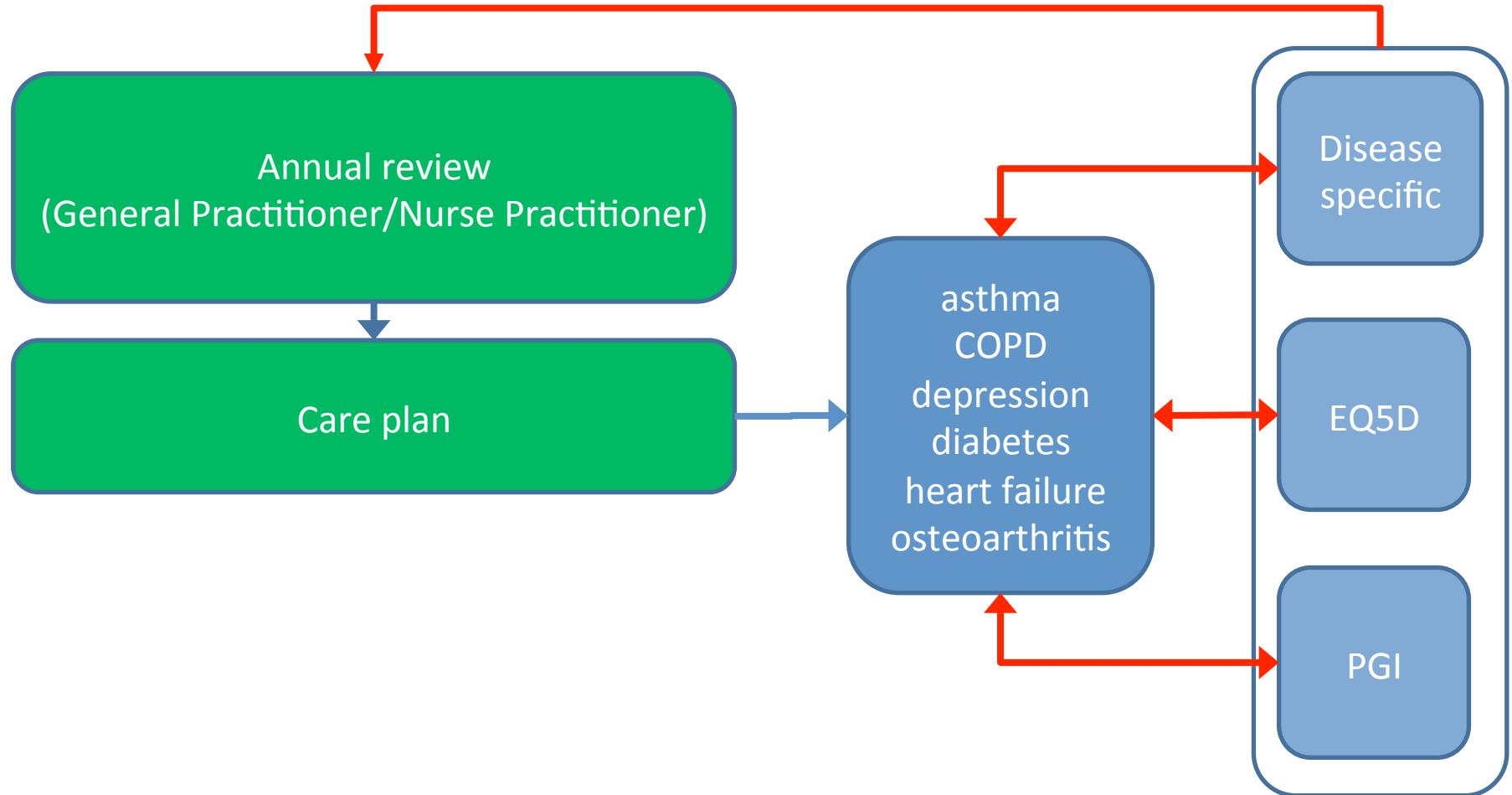
Summary

- PROMs are health measurements elicited from the patients
- PROMs need to demonstrate good psychometric properties along with evidence for acceptability
- There are repositories and standardized tools to assist the identification of the best tool for a given purpose
- PROMs are here to stay
- Individualized measurement is necessary but not sufficient for an efficient use of PROMs in clinical practice