

# A New Approach To PROMS

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1. **What are PROMs?**
2. **Why consider PROMs?**
3. **Current use**
4. **A new approach to PROMs**
  - Challenges
  - Implementation
  - Outcome measures

## What are PROMs ?

- “ Standardised validated instruments used to measure a patients perception of their:
  - **Health**
  - **Functional status**
  - **HRQoL**

## Why consider PROMs ?

- “ **Patient centred approach to:**
  - Improving quality of care
  - Minimising disability
  - Improving HRQoL
  
- “ Lord Darzi review
- “ Central part of the quality agenda
- “ Complement other outcome measures

## Current use of PROMs

### England

- “ Driven by government
- “ Used to compare providers
- “ Informed patient choice
- “ Rewarding performance

### USA/Europe

- “ Driven by clinicians
- “ Used to improve patient care
  - Diagnosis
  - Communication
  - Treatment response
  - Disease monitoring

## Problems with English approach

- “ Challenges of case mix
  - Severity of conditions
  - Co-morbidities
  - Social
- “ PROMs . designed for research and not a comparative tool
- “ No definitive evidence for improvement in quality of care

# A New Approach To PROMs

-Incorporating into Daily Clinical Practice

## Adopt European/US approach

### “ Not a tool for comparing providers/services

- Problems with case mix
- Optimum timing of PROM questionnaire not known
- Long term conditions . multi agency input means difficult to attribute responsibility
- Emergency admissions . PROMs only available after the event

### “ Ongoing Pilots will answer these questions for chronic disease



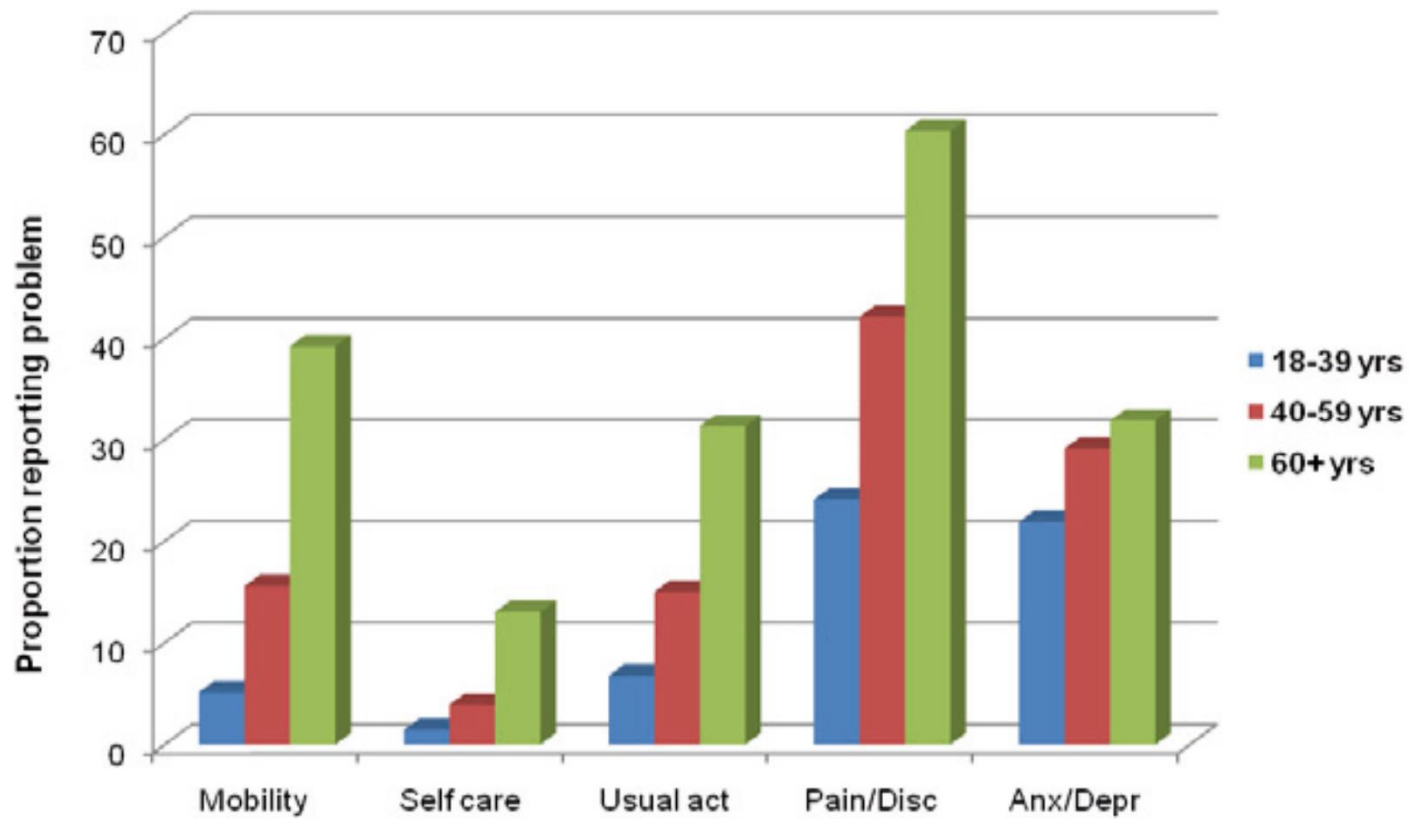
## A tool to use locally to deliver better patient care

### “ Barriers

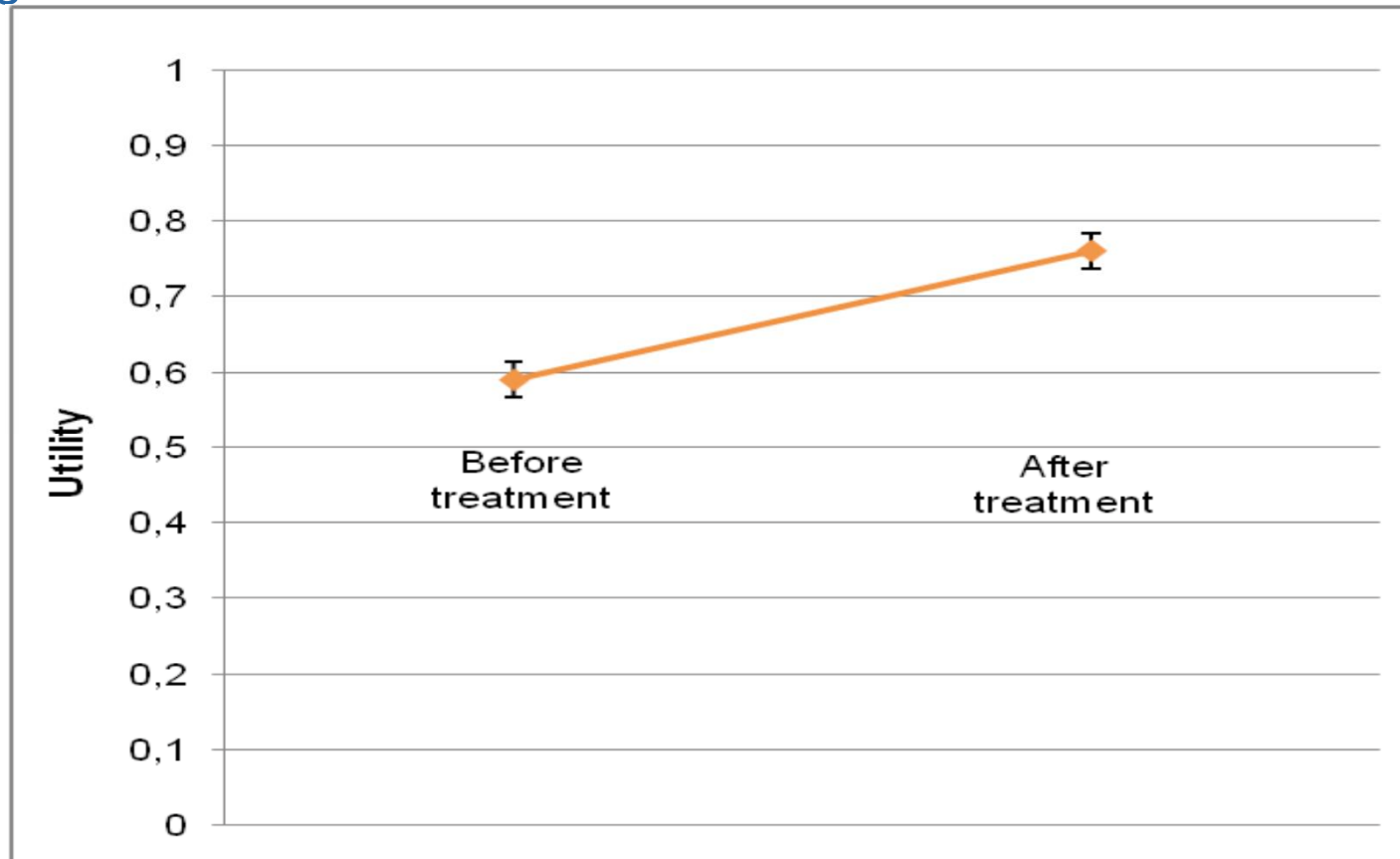
- Survey fatigue
- Engagement/participation of staff
- Patient participation
- Emergency admission
- Long term conditions
- PREM v PROM
- Need for rapid data manipulation and processing
- Scepticism about the validity and potential utility

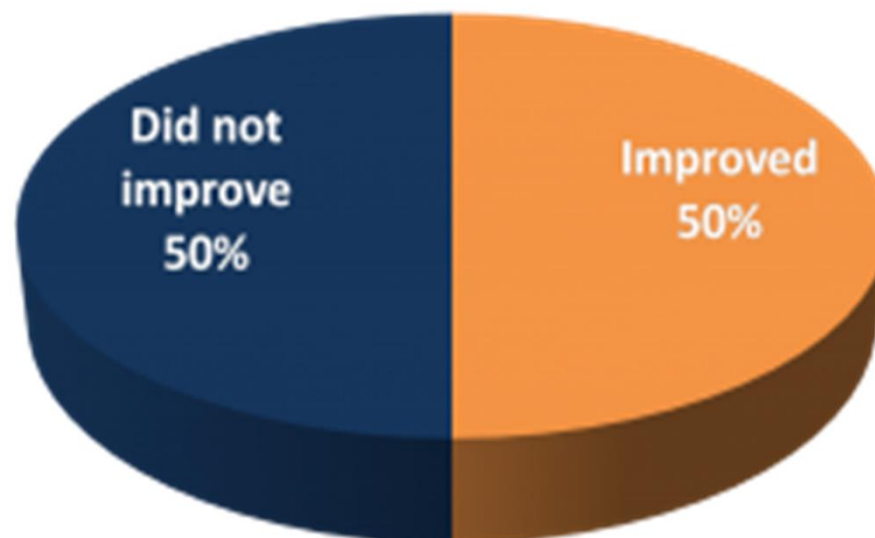
## Implementation

- “ Utilisation of your care matters . EQ-5D
- “ Retrospective completion (retrospective bias)
  
- “ **Pilot – 3 month**
  - Tilgate and Tandridge
  - Dental and Maxillofacial out-patient
  
- “ **Review of results at clinical governance meetings**
  - Lead to changes in delivery of care/services



EQ-5D-5L index values before and after treatment: mean values and 95% confidence intervals





## Pilot Outcomes

- “ Rates of patient completion
- “ Usability . Patient focus group
- “ Clinician participation . survey of staff
  
- “ **Continuous process**
  - Learning and improvement
  - Implement changes
  - Test new services/pilots

## Specific PROMs

- “ Encourage use of condition/specific PROMS
- “ Completed by patients prior to being seen in clinic

### Benefits

- “ Real time feedback
- “ Aligned to routine care
- “ Improved care for individual patient care
- “ Shared decision making
- “ Longitudinal approach

### Already being used by some

- “ Build on and support existing good practice

## Summary

- “ Collection of PROMs data is essential to improve quality of care
- “ PROMs for clinical practice (not performance measurement)
- “ Significant barriers . but can be achieved