

# Outcomes Project Status Report





## Project Goal

With the move towards evidence-based practice in healthcare, outcome measurements provide credible and reliable justification for treatment on an individual patient level. Using Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) can help determine whether the patient has demonstrated change due to their healthcare intervention. Within CheckUP's Commonwealth Department of Health (DoH) funded Eye & Ear Surgical Services (EESS) program, PROMs and PREMs will be used to measure clinical outcomes as well as contribute to building culturally safe service delivery.

## Rational

PROMs and PREMs are questionnaires patients complete on their health and quality of life. The information collected from PROMs & PREMs can help to monitor patient progress, facilitate communication between professionals and patients and/or help to improve the quality and value of health services.

PROMs and PREMs are integral parts of a movement towards patient-centred systems of structuring, monitoring, delivering, and evaluating healthcare. Increasingly, quality is defined by the patient, not just by the clinician. In addition to this, there are increasing calls from governments and health services to enhance the cultural safety of services as one way of removing access barriers and increasing health equity. Currently, there are no critical indicators or systematic methods of measuring cultural safety from the patient's perspective, outside of the hospital setting.

**Patient-reported outcome measures (PROMs)** capture a person's perception of their own health through questionnaires. They enable patients to report on their quality of life, daily functioning, symptoms, and other aspects of their health and wellbeing.

<b>PRO: the evidence</b>	<b>The CAT-PROM5</b>
<p>PROMs provide resource efficient and standardised ways of collecting information on complex outcomes, such as daily functioning.</p> <p>PROMs can be used to compare and benchmark processes and outcomes against selected criteria, such as industry standards or the performance of other healthcare providers. Such comparisons can be used to highlight best practice and to identify areas of potential improvement.</p> <p>Numerous academics have made the point that clinical outcomes alone cannot capture all relevant information about treatment effectiveness; there are some things only a patient can report.</p> <p>Collecting outcomes data from patients may have additional benefits. Response rates are likely to be improved (compared with clinicians), and reporting burdens on clinicians may be reduced.</p> <p>Patient involvement in outcomes reporting may also be health promoting; for example, by improving adherence and allowing patients to monitor changes in their own condition.</p>	<p>A short, psychometrically robust, and responsive PROM suitable for use in high volume surgical environments.</p> <p>The small number of fixed items maintains flexibility by allowing for either pen and paper completion or electronic entry of responses by patients themselves.</p> <p>The questions are broad, which allows patients to map the issues of most relevance to them, avoiding the problem of highly specific questions with limited applicability for some individuals.</p> <p>This five item PROM illustrates performance similar to current 'best of class' longer instruments (Sparrow, et al, 2018).</p> <p>An appropriate and fit-for-purpose tool of sufficient brevity for realistic implementation in surgical services.</p> <p>Recommended measure after consulting with various academics and ophthalmologists.</p>



### *Patient Feedback on the Cat-PROM5 (Cairns)*

During a stakeholder engagement trip to visit patients who had just completed their surgeries, the CAT-PROM5 was tested for acceptability. Most patients found the questions highly acceptable. Each patient appreciated having the tool explained to them, and most chose to answer the questions verbally rather than fill out the forms alone. Follow up trips to ensure data is captured, to measure against the baseline numbers, will be needed.

**Patient-reported experience measures (PREMs)** are used to collect information about the experience of health services, and the outcomes of health services, as described by patients (AIHW, 2018). PREMs are used to obtain patients' views and observations on aspects of healthcare services they have received. This includes their views on the accessibility and physical environment of services, and aspects of the patient–clinician interaction (such as whether the clinician explained procedures clearly or responded to questions in a way that they could understand).

Within this project, our aim is to create a generic PREM, building on previous approaches in the field. The advantage of generic PREMs is that they can be used across health conditions, treatments, and populations. By using generic measures, the relative impact of different health conditions and different treatments, and personal experiences of the healthcare received can be assessed. In Australia, cultural safety is gaining traction in health policies at local, state and national levels. There are frameworks that seek to define cultural safety from a policy and accreditation perspective. Several models seek to conceptualise cultural safety in terms of workforce education and knowledge, however, currently there are no critical indicators or empirical measures of cultural safety from the patient perspective outside of the hospital setting, despite need to develop these having been identified.

Previous research has successfully used factor analysis approaches to conceptualise similarly abstract multidimensional concepts, including cultural competence, empathy, collaboration, trust, and others, demonstrating reliable and valid measurement of these constructs. As such, it would be possible to develop a PREM tool designed to measure cultural safety throughout all levels of care and service delivery.



### *Recommendations for implementing PROM/PREMs*

- Clinician-patient interaction with PROMs needs to be supported adequately with resources for efficiently collecting, reporting and interpreting the data.
- Using PROMs to assess the outcomes of treatment requires patients to complete repeated measurements. This is feasible, but is likely to be more difficult with patients who have chronic conditions where the follow-up measure may be administered a long time after the original measure and seem less relevant, especially if it is not tied to an appointment.
- Patients with disabilities such as limited mobility or visual impairment may find it difficult to complete PROMs and care should be taken in designing systems and measures to ensure they can participate fully.
- Patients with low literacy/health conditions that affect every day functioning will need assistance to complete tools.
- From experience within the Cairns clinic, clinicians and staff will not have the time or resources required to collect and manage the data. Implementation of these tools would have to be undertaken by a dedicated CheckUP staff member, at least in the short-term.
- Relationship building is incredibly important for cultural safety. In the Cairns trial, we were able to sit and yarn and build trust between provider/patient. It was after this that we were able to gather the most useful data in terms of patient experience.
- Qualitative data gathered when testing PREMs with patients was incredibly important and helps demonstrate the patient journey in a way that straight data analysis cannot. Collection of this data is useful both for reporting and for marketing/communications. The collection of this data is timely and needs to be captured appropriately.
- There is scope to ask clinicians to implement the PROM within their first and six week follow up appointments, however the PREM would require a dedicated member of staff to administer this. Suggest that team member will be available for the initial follow up appointment, and then also be able to attend the six week follow up appointments too.



- Initially it was thought that Aboriginal Medical Service (AMS) staff may be able to assist with follow-up surveys, however patients were incredibly dispersed, multiple AMS services were in attendance, and other patients attended themselves.

### Using the data:

Patients and providers have differing views on the kinds of presentations that are most meaningful.

- Clinicians stated they would prefer multiple measures of change in PROMs and were comfortable with quantitative data presentation.
- In contrast, tended to find quantitative data difficult to understand and 'preferred an outcome to be defined in terms of an experience rather than a number'.
- While clinicians focused on the accuracy of the data, patients were primarily concerned with its interpretability. Academics concluded that for patients, it was especially important to use language that made the metrics personally meaningful and linked to familiar scaling (e.g. percentages) and to experiences (Australian Commission on Safety and Quality, 2018).

PROMs/PREMs have the potential to fill a significant gap in current data collection processes, ensuring that the outcomes most important to patients are considered in organisational and system-level decision making.

PROMs/PREMs are an essential input to comparative effectiveness research, providing insights into the factors that contribute to variations in healthcare treatment outcomes. Using the data combined with patient stories, CheckUP will have evidence to show the effectiveness of this service when compared to the 'business as usual' model. The results of the surveys will also be used in monitoring and evaluating the quality of health services provided and to assist in quality improvement activity planning within each facility, especially within any cultural safety domains.