

School of Healthcare

FACULTY OF MEDICINE AND HEALTH



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# Applications of patient reported outcome measures

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Purpose of using patient reported outcome measures (PROs) in clinical practice

Description of the intervention

What applications 'work'?

Where next?

## **Applications we know something about:**

**Screening** – ie detecting and addressing problems – eg mental health screening, functional disability screening

**Monitoring** – ongoing monitoring of problems and/or impact of treatment – eg in cancer care and in psychotherapy

**Needs assessment** – identifying unmet need and developing care plans to meet those needs – eg mental health and cancer care

## **Applications we know little about:**

**Decision aid** - helping clinicians and patients make joint decisions about treatment

**Promoting collaborative care** – enabling patients to be involved in the management of their condition

**Facilitating multidisciplinary working** – helping clinicians from different backgrounds to work together

# What's the intervention?



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## **Completion of instrument**

- Linked to patient visits or not
- Different types of instrument
- Paper or touch screen

## **Fed back to who**

- Mostly medical practitioners, a few nurses
- Sometimes the patient also

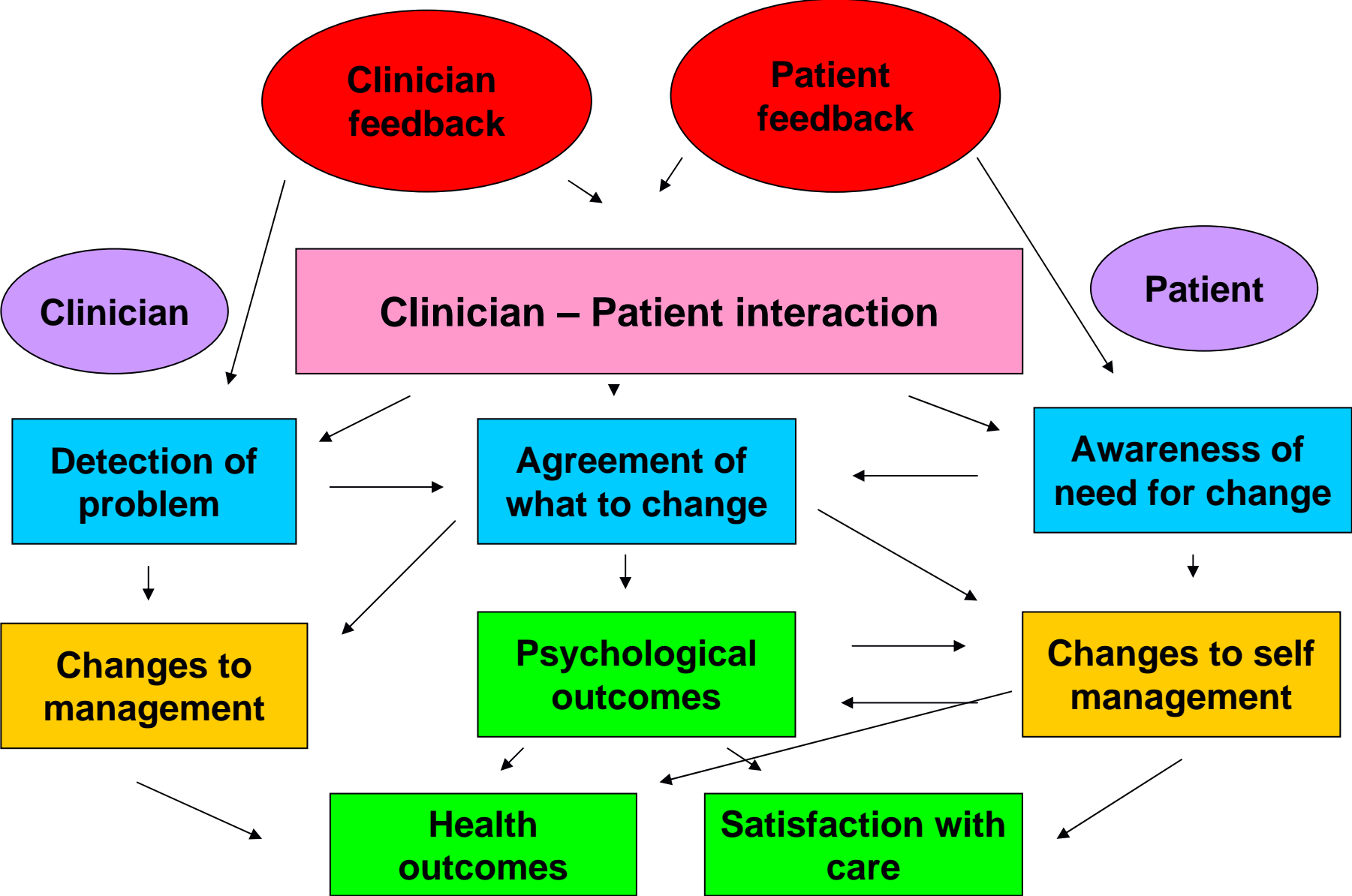
## **Timing of feedback**

- One or several times
- Linked to patient visits or not

## **Format of the feedback**

- Written summaries
- Graphs
- Population or patient norms for interpretation
- Guidelines on management/interpretation

**Possible effects of PROs on the process and outcomes of care**



# Which applications work?



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For each part of the model there are:

Applications we have some evidence that it 'works'

Applications that we have some evidence that it doesn't (yet!) work

Applications that we have not explored

## **What works:**

- Increase in the number of times HRQoL issues are talked about in the consultation, particularly in cancer care (Eg Detmar et al, 2002; Velikova et al, 2004)

## **What we don't fully know about:**

- Do PROs 'give permission' to patients to raise certain issues?
- Do they enable patients to become more active participants in the consultation?
- Do they change the clinician patient relationship?
- Do they help patients make decisions about treatment?
- Do they facilitate communication amongst multidisciplinary teams?

## **What works:**

- Increase clinician's ability to detect problems, particularly in populations with mental health problems (Marshall et al, 2006)

## **What we don't fully know about:**

- Do PROs increase patient's awareness of the problems they are experiencing?
- Only two studies explored clinician and patient agreement about their problems and found no impact

## **What doesn't (yet) work**

- Several reviews have found that PROs have less of an impact on the decisions clinicians make about treatment (eg stopping chemotherapy) or onward referrals, test ordering and prescribing medication

## **What we don't fully know about**

- Does completing PROs help patients manage their own condition?
- Do PROs help teams of clinicians manage patients?

## **What doesn't (yet) work**

- Little impact on longer term health outcomes
- Little impact on patient satisfaction

## **What we don't fully know about**

- Mixed findings about the impact on short term health outcomes  
– may improve well being
- Does the use of PROs increase patient's self efficacy to manage their condition (eg via promoting involvement in decision making?)

Most work has focused on the application of PROs as screening instruments and some work has been done on monitoring

Little research on PROs as a means of promoting collaborative care, decision aid or facilitating communication in multidisciplinary teams

PROs do have an impact on clinician patient communication – what is talked about, but there are many other elements of this interaction that remain unexplored

PROs do help clinicians detect problems, are useful in ‘awareness raising’ but have less influence on patient management

We know little about whether PROs facilitate shared decision making or patient self management

We know little about how multidisciplinary teams use PROs

Is influencing what happens within the consultation the most potentially effective application of PROs ?

Should we focus future research there rather than on distal outcomes?

Are individualised PROs more likely to be of value in promoting involvement in decision making than standardised measures?

Should we be spending more time exploring the patient's view of the value of PROs, including more studies where the information is fed back to them as well as the clinician?

Should we spend more time exploring feedback to clinicians other than just medically trained clinicians?