

Environmental scan of patient-reported outcome measures (PROMs) in Primary Care Networks

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BACKGROUND

The Primary Care Networks (PCNs) use patient-reported outcome measures (PROMs) to support patient-centered care within the patients' medical home. However, there is limited knowledge on what tools are currently being administered across PCNs and how the data is used.

Objectives:

- Identify PROMs currently being administered;
- Understand capacity of using PROMs data effectively;
- Demonstrate how PROMs are currently being reported;
- Explore the feasibility of standardization and consistency of PROMs use across Alberta.

APPROACH

This first phase of the scan focused on mental health programming (MHP). First a search was conducted to describe the current landscape of MHP in PCNs. A literature review was conducted to examine PROMs used in mental health in primary care settings.

From this, a survey was developed for PCN evaluators and leadership to report and examine PROM use specific to MHP.

20/39 PCNs participated in the survey; a mix of urban and rural settings and across all five health zones.

RESULTS

Tools collected

- Most common: EQ-5D-5L, PHQ-9
- Top reason for collection: 'Clinical care' (84%)
- Most common PROM selection factor: 'Evidence-base' (77%)
- Current EMR collection = 4 PCNs
- 100% reported tools were useful or sometime useful

[The EQ-5D-5L] provides a simple understanding of change in physical and mental health status over the course of the workshop [PCN MHP]. It also allows us to compare the scores to other programs and services where it is used, such as with our vulnerable populations.

Reporting PROMs

8 PCNs share data and reports with their staff

5 PCNs
Communicate PROMs to Alberta Health in their *Annual Report*

4 PCNs share reports with their Board of Directors

Standardization of PROMs

There were mixed perspectives on the standardization of PROMs across Alberta.

Benefits:

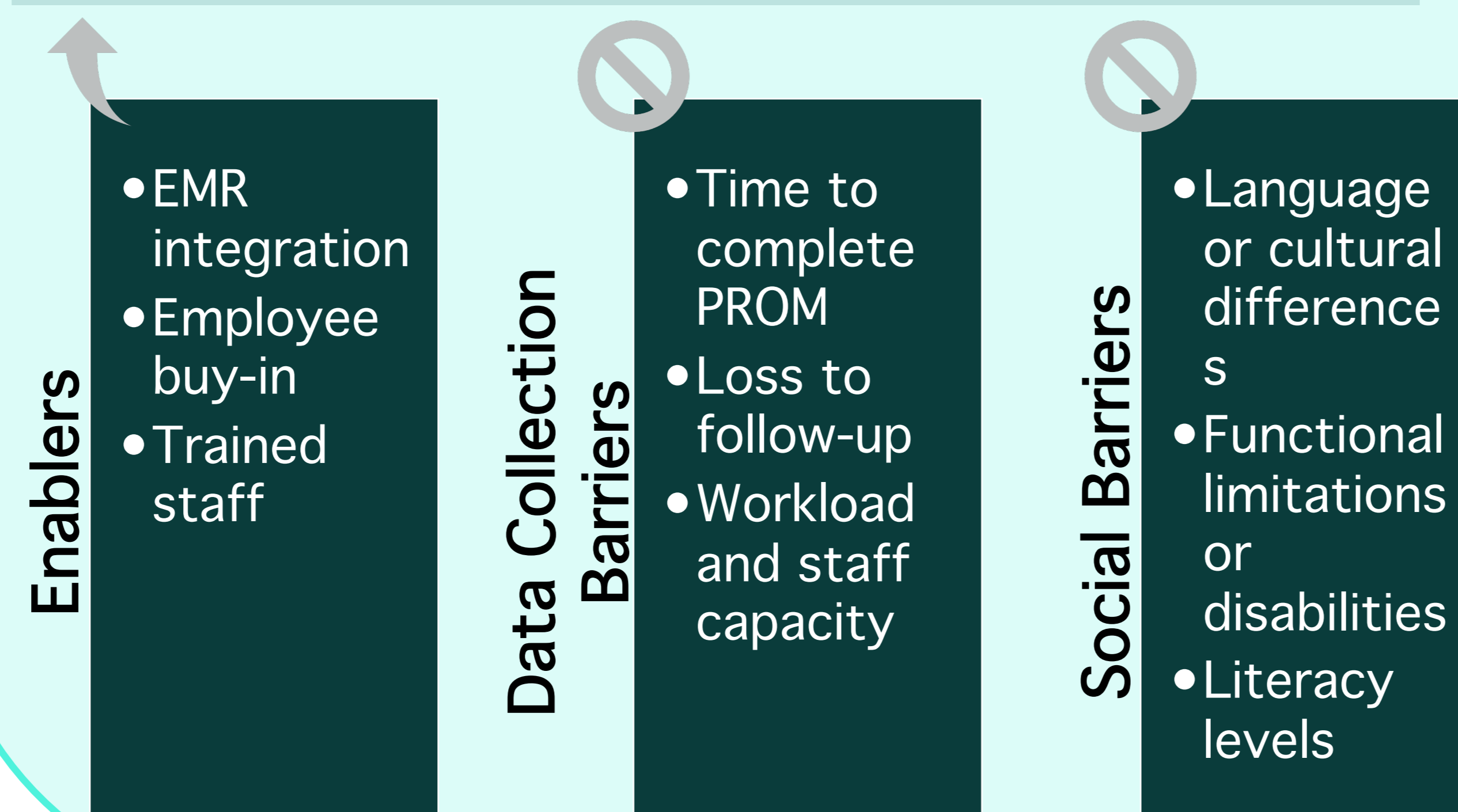
- alignment and consistent measurement of PROMs can be used at provincial program evaluation levels
- ability to provide feedback to clinicians to determine care impacts
- having one system or organization identify appropriate assessments would eliminate the need for each PCN to do that separately

Challenges:

- determining the frequency of administration
- PCNs need support in evaluating PROMs
- the diversity of programming, differences in intervention approaches, and target populations differ across PCNs
- unable to mandate the use of tools in family physician practices

Guidelines on how to capture our PROMs, uniform tools and metrics and provider training. Guidelines on how frequently PROMs should be captured... Alberta wide reporting to see how we compare to others in terms of capturing data and follow up if help is needed to capture data. Follow up for quality control as well.

Capacity to use PROMs



SUMMARY & NEXT STEPS

We have compiled an assessment of the context and use of PROMs in PCNs for MHP. These results provide a comprehensive understanding of the current use of PROMs in PCNs, specifically to MHP, which will be further examined through future narrative conversations. Overall, this study may inform leadership on the current use of PROMs and supports the advancement of PROMs use in Alberta.



For more information, scan above or visit www.apersu.ca

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