

Surgeon Perceptions of the Integration of Patient-Reported Outcome Measures into Clinical Practice

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OR Code to Published

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Background

Patient Reported Outcome Measures (PROMs):

- Come directly from the patient
- Standardized, validated tools
- Report the status of a health condition
- Integrated into clinical practice

PROMs can:

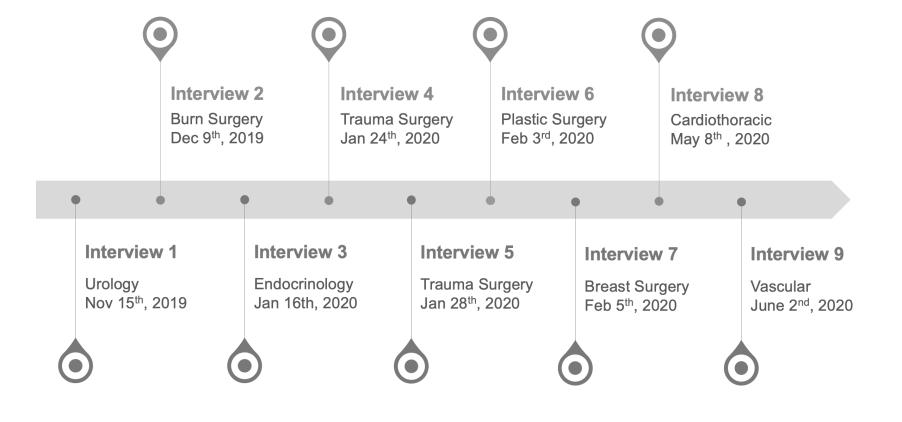
- Supplement existing objective data
- Enable a more holistic approach that emphasizes shared decision making
- Implemented throughout the care continuum
- Previous PROM usage has primarily been in research
- Adoption into clinical surgical practice has been limited

Aim: To develop a better understanding of surgeons' perceptions of integrating patient reported outcomes into clinical practice

Methods

Interviews:

- Semi-structured following Protocol 19-0894
- November 2019 to August 2020
- All interviews were recorded and transcribed verbatim

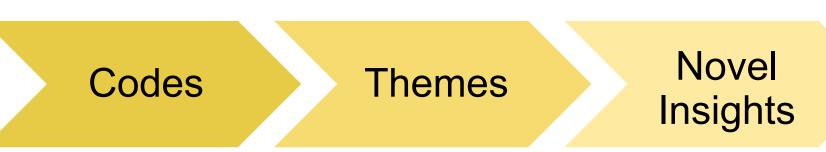


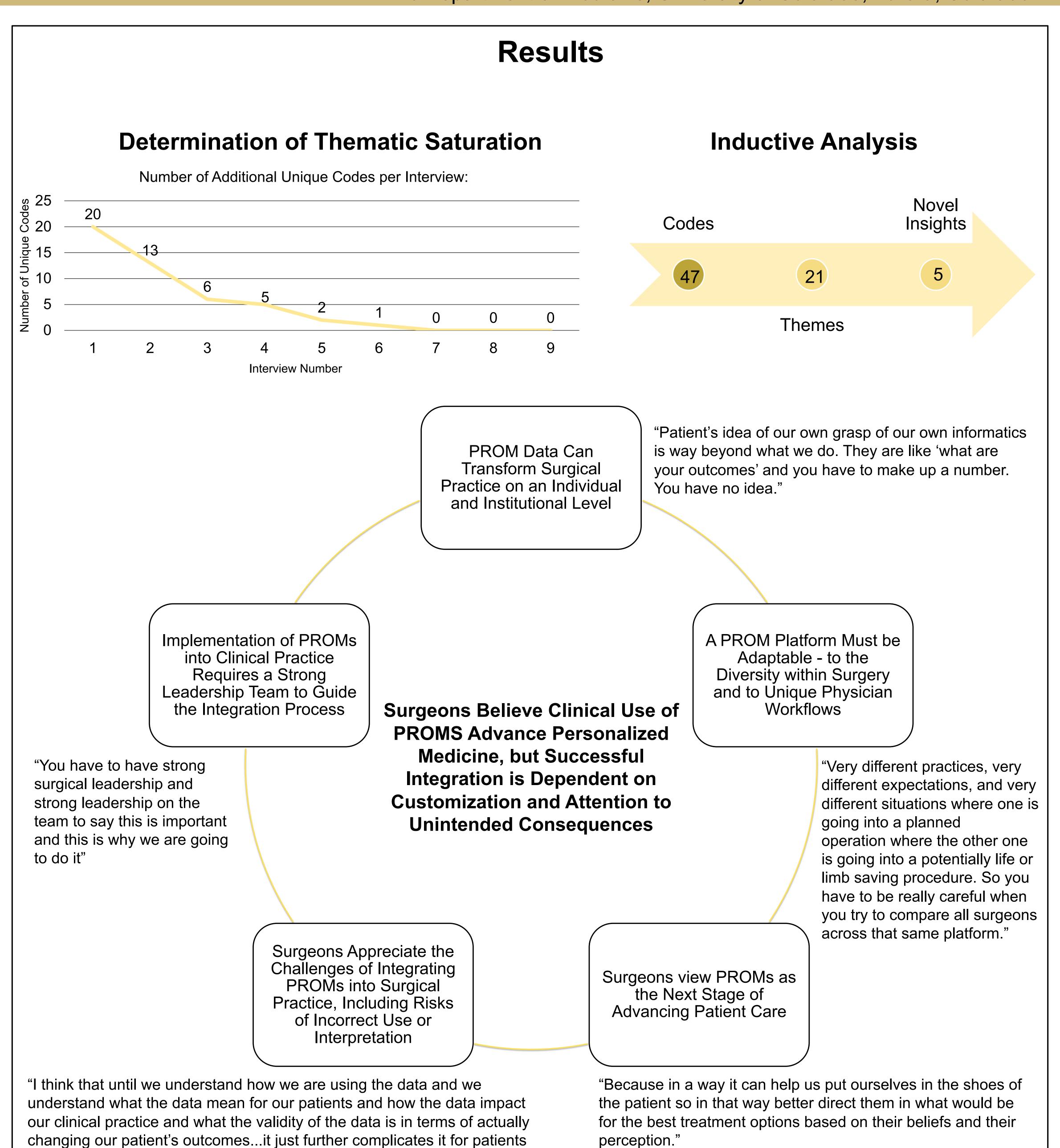
Thematic Saturation:

Defined as three consecutive interviews with no new codes

Qualitative Analysis:

- Inductive approach
- Two independent reviewers transcribed and coded interviews in Atlas.ti
- Codes were compared together to generate themes
- Separate reviewer 'approved' themes based on interview content
- Three reviewers were involved in novel insight generation





Conclusions

PROM integration:

- Improve patient satisfaction, compliance, and ultimately clinical patient outcomes
- Identify at risk patients in the post-operative period
- Better inform patients during pre-operative discussions
- An essential component of advancing patientcentered care

Concrete Recommendations:

- Surgical leaders must be engaged in the change management process of organizational PROM integration
- 2. Collection and reporting of PROM data at the individual patient levels needs to be seamlessly integrated into a routine clinical workflow within the EMR with close attention to human-factor engineering and its impact on clinician workload
- 3. Surgeons need flexibility to determine which PROM questions are relevant to their practice and a strong multidisciplinary referral system to act on the PROM data
- 4. Surgeons need the ability to examine PROM results at population levels with data visualization functionality capable of filtering by individual procedures and patient characteristics
- 5. Data should not be displayed or used in a fashion that could prompt decisions on comparative effectiveness of surgeons or hospitals by patients or payers until additional research has been performed

Next Steps

Pilot Study:

- Implement PROM data with a small group of surgeons
- Follow up with structured interviews of at 3, 6 and 12 months
- Discuss the impact of PROM data with patients

Limitations:

- PROM integration into EPIC
- Surgeons understanding of how to apply the PROM platform and data

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without it being particularly meaningful or helpful for them."