Collecting Patient Reported Outcome Measures in Victoria

The Victorian Clinical Leadership Group on care of older people in hospital (CLG) was established in 2012 and is supported by the Continuing Care branch of the Department of Health and Human Services. The group brings together experts who provide care for older people including senior clinicians, consumers, academics and researchers. Its purpose is to achieve optimal clinical outcomes, improve experience and provide safer care for older people in hospital. The CLG draws on the best available evidence and uses the National Safety and Quality Health Service Standards as leverage to highlight key strategies that hospitals can implement to improve the quality of care provided to older people. Similar to other Clinical Networks, the CLG provides expert clinical advice to guide and inform policy and program development. The CLG is committed to working together to improve outcomes for older people and sharing their knowledge and experience across Victoria.

People over the age of 65 years are the largest users of health services in Victoria. Older people are often viewed as a homogenous group when in fact much diversity exists amongst the population. Older people often experience a range of comorbidities and their needs cannot be considered from just a single disease perspective. The effective and appropriate assessment of need and outcomes of health care in this diverse population represents a challenge for the health system.

The Victorian health system of the future should consider broader measurement of outcomes, moving from metrics focusing on key performance indicators that assess process to understanding the experience of the person and the outcomes that matters most to them. \(^1\) Patient reported outcome measures (PROMs) and experience measures provide an opportunity to collect quantitative data and patient stories that give more qualitative insight into the patient’s experience. PROMs have the “potential to enable improvement by providing information that can bridge the gap between the clinical reality and the patient world, triggering learning as well as the right next action”. \(^2\) Furthermore, any measures need to be incorporated into clinical care – the burden of measurement should not take clinicians away from providing care ‘at the bedside’.

PROMs must be co-developed with older people and their carers, in particular they should play a role in determining what should be measured. Understanding patients’ expectations for care is also crucial when considering the measurement of outcomes. Whilst some PROMs have been developed with service user input, Kroll et al suggest that “most of them reflect professionally defined clinical priorities rather than what patients may define as meaningful or relevant outcomes at any given point.” \(^3\)

Consideration will also need to be given for how older people and their carers are enabled to participate in the collection of PROMs. It has been shown that difficulties with completion of PROMs increase with age, deteriorating health status and declining cognitive ability. \(^4\)
Rather than excluding these groups from measurement altogether, it is important that efforts are made to adapt and accommodate outcome measures for older people and ensure they are appropriately validated for this population group. The use of a proxy to complete the tool on behalf of an older person may not be the answer, however ensuring customised measures are used to capture outcomes specifically from carers may be an alternative.

The choice of specific PROM tools and instruments for use in Victoria will be challenging, particularly for older people. Many of the disease specific tools will not be suitable for older people with multiple comorbidities. Generic tools such as quality of life measures will be required however they may not adequately get to the heart of many issues for older people particularly geriatric syndromes like functional decline, falls and delirium. The International Consortium for Health Outcomes Measurement (ICHOM) has recently released the Standard Set for Older Person. A measure such as this would provide an opportunity for international benchmarking, however further understanding of the utility of the Standard Set for Older Person is required.

The challenges for the future era of healthcare laid out by Don Berwick include reducing mandatory measurement, focusing on quality, using improvement science, ensuring complete transparency and most importantly, empowering patients and families. The CLG believes that PROMs will be an important part of this future and it is hoped that the needs of older people will be given the utmost consideration in the establishment of a Victorian patient outcomes collection.

References