

**Avaluació dels resultats en salut pels pacients
(Patient-Reported Outcomes)**

2. PROs: Aplicacions i iniciatives internacionals actuals

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Mèdiques)



Institut Hospital del Mar
d'Investigacions Mèdiques

Barcelona, 13 de juny de 2019

Aplicaciones de los PROs

- Evaluación (transversal) de la salud de la población general o de grupos específicos de población

- Monitorización (longitudinal) de la salud de la población general o de grupos específicos de población

A NIVEL POBLACIONAL

- Evaluación del impacto de intervenciones de salud y/o de políticas sanitarias

- Evaluación de la eficacia y efectividad de las intervenciones

INVESTIGACIÓN

- Evaluación económica de las intervenciones sanitarias

- Análisis de la calidad de las intervenciones sanitarias

GESTIÓN SANITARIA

- Cribado de problemas de salud

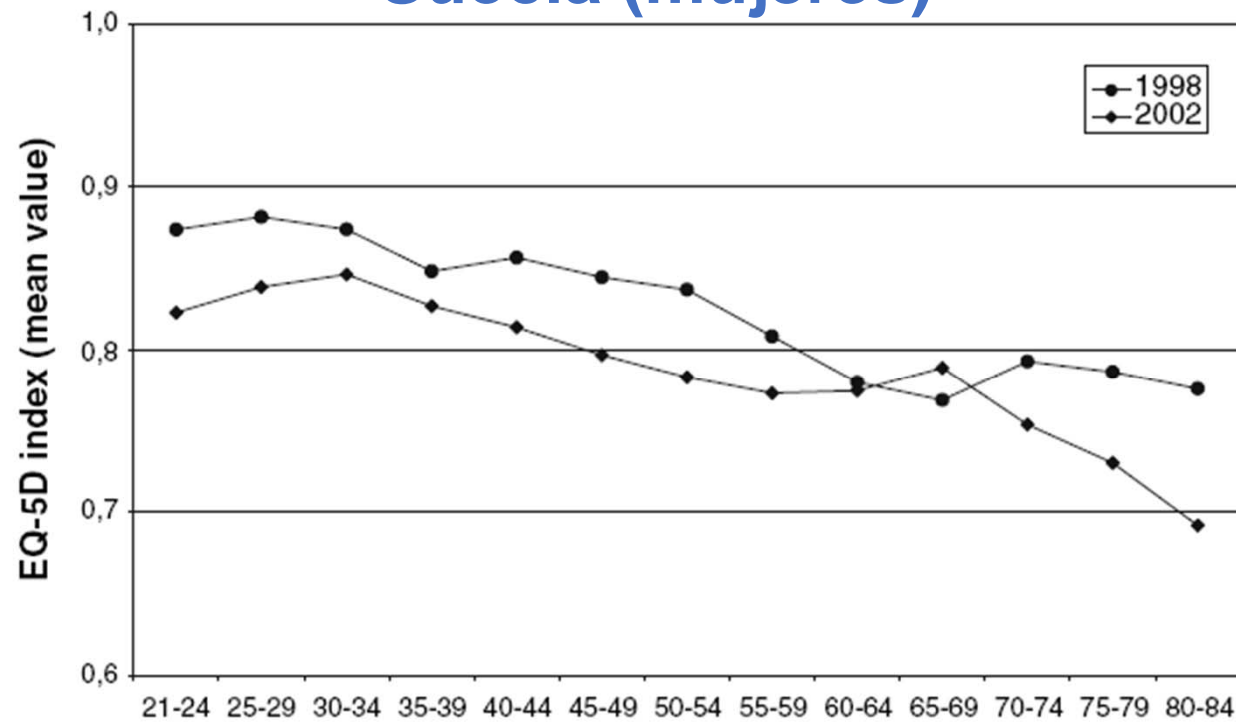
- Diagnóstico de problemas de salud

- Monitorización del estado de salud individual

PRÁCTICA CLÍNICA

Scientific Advisory Committee of the MOT. Quality of Life Research 2002; 11: 193-205.

Monitorizaci3n de los cambios en la salud de la poblaci3n general: Suecia (mujeres)



Burstr3m et al. Qual Life Res (2007) 16: 1547–1553

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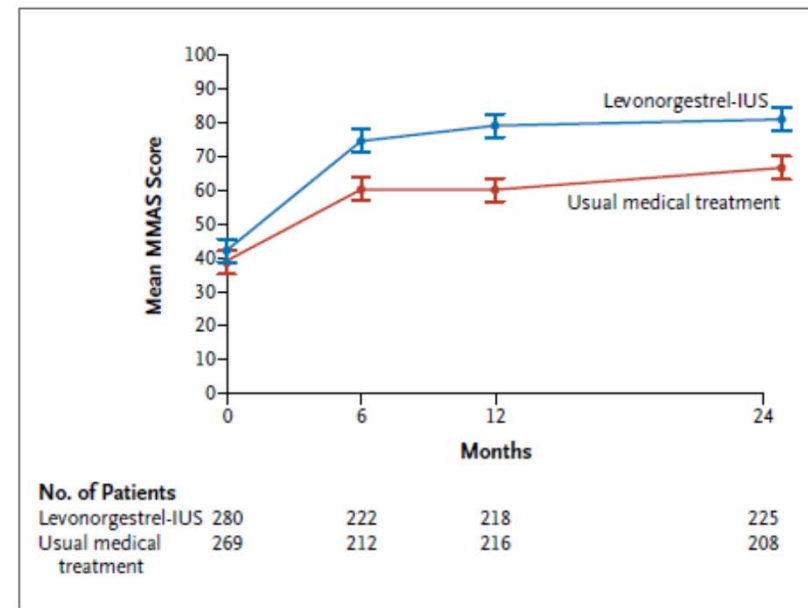
ORIGINAL ARTICLE

Levonorgestrel Intrauterine System versus Medical Therapy for Menorrhagia

Janesh Gupta, M.D., Joe Kai, M.D., Lee Middleton, M.Sc., Helen Pattison, Ph.D.,
 Richard Gray, M.Sc., and Jane Daniels, M.Sc.,
 for the ECLIPSE Trial Collaborative Group*

Figure 3. Primary Outcome in the Two Treatment Groups.

The primary outcome was the score on the Menorrhagia Multi-Attribute Scale (MMAS) (scores range from 0 to 100, with lower scores indicating greater severity). Mean MMAS scores are shown for the two groups at 6, 12, and 24 months. I bars indicate 95% confidence intervals. Overall, the average difference in scores between the women treated with the levonorgestrel-IUS and those treated with the usual medical therapy was 13.4 points (95% confidence interval, 9.9 to 16.9; $P < 0.001$).



Gupta et al. N Engl J Med. 2013 Jan 10;368(2):128-37.

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Evidencia en el uso rutinario de PROs en atención clínica en contexto oncológico

Escala de + + + + Máximo efecto positivo a ---- máximo efecto negativo

IMPACTO	Dirección y fortaleza de la evidencia
Comunicación Paciente/Profesional	+++
Mejora Satisfacción del Paciente	+++
Monitorización Respuesta Tratamiento	++
Detección de problemas no identificados	++
Cambios en el manejo del paciente	+
Mejoría en los resultados	+/-0
Cambios en las conductas del paciente	sin datos
Mejoría de la calidad de la atención	sin datos
Aumento de la transparencia/accountability	sin datos
Mejor funcionamiento del sistema en general	sin datos

Chen J et al. BMC Health Serv Res. 2013;13:211.

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Patient reported outcome measures could help transform healthcare

Nick Black *professor of health services research*

London School of Hygiene and Tropical Medicine, London WC1H 9SH, UK

BMJ

BMJ 2013;346:f167 doi: 10.1136/bmj.f167 (Published 28 January 2013)

Box 3: National PROMs programme in England for elective surgery

From April 2009 it has been mandatory for all providers (NHS hospitals, independent sector treatment centres, private hospitals) treating NHS patients for any of four elective procedures to participate in the national PROMs programme. All patients undergoing a hip or knee replacement, groin hernia repair, or varicose vein surgery should be invited to complete a questionnaire before surgery, either at the pre-assessment clinic or on the day of admission.

The preoperative questionnaire collects data on the patient's sociodemographic characteristics, the duration of their condition, their general health, any comorbidities, and whether they are undergoing a repeat/revision procedure. In addition, they are asked to complete a disease specific PROM (Oxford Hip Score, Oxford Knee Score, or Aberdeen Varicose Vein Score; there is no available instrument for hernia repair) and a generic PROM (EQ-5D Index and EQ-Visual Analogue Scale).

Black N. BMJ 2013; 346:f167.

RESEARCH

Application of patient-reported outcome measures (PROMs) data to estimate cost-effectiveness of hernia surgery in England

Coronini-Cronberg et al. J R Soc Med 2013; 106: 278-287.

Sophie Coronini-Cronberg^{1,2} • John Appleby¹
• James Thompson¹

¹The King's Fund, London, W1G 0AN, UK; ²Imperial College London, Department of Primary Care and Public Health, Charing Cross Hospital Campus, London W6 8RP, UK

Correspondence to: Sophie Coronini-Cronberg. Email: s.coronini-cronberg@imperial.ac.uk

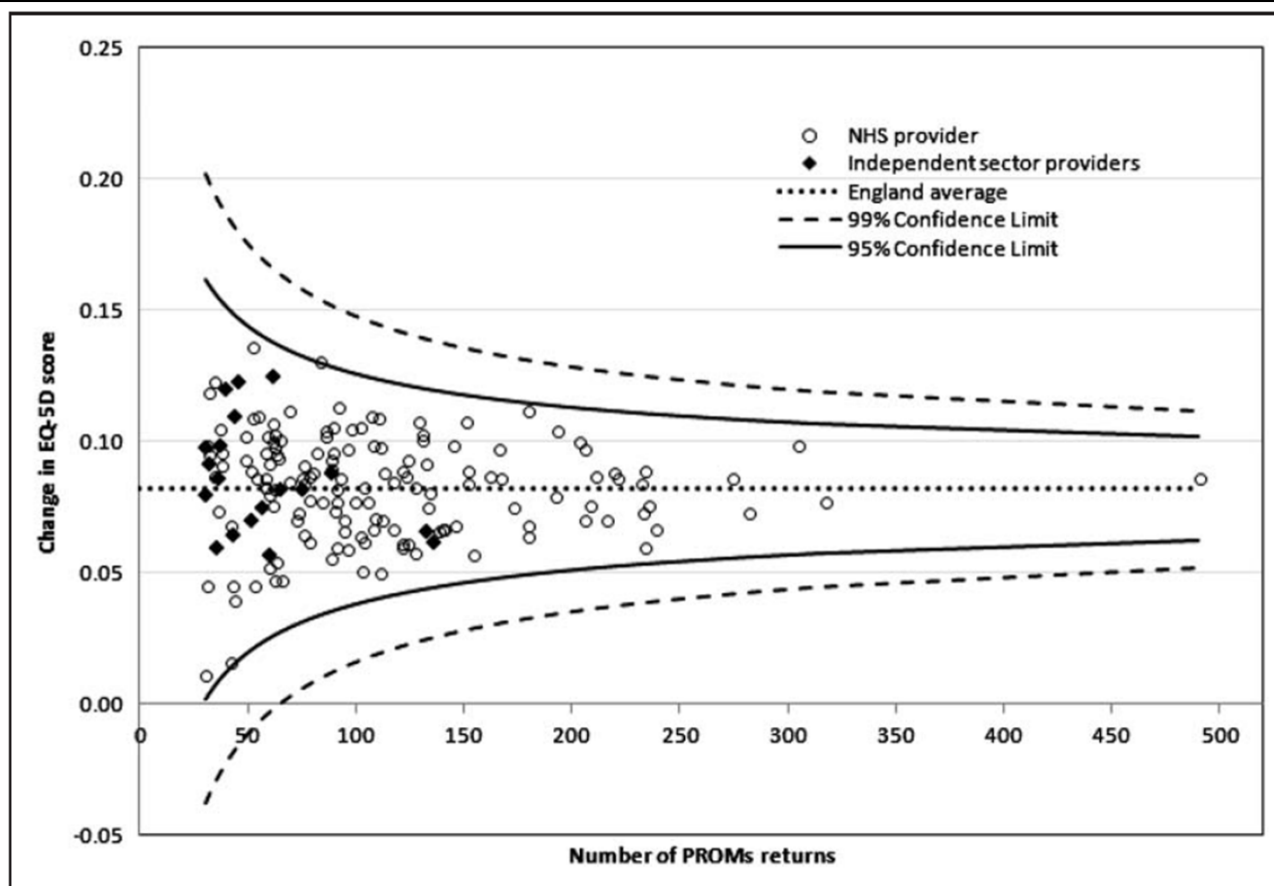


Figure 2 Funnel plot of adjusted EQ-5D change against number of PROMs returns (min. $n=30$) received from NHS ($n=145$) and independent sector ($n=19$) hospitals providing hernia surgery for NHS patients in 2009–2010, with 95% and 99% upper and lower confidence limits, respectively

Coronini-Cronberg et al. J R Soc Med 2013; 106: 278-287.

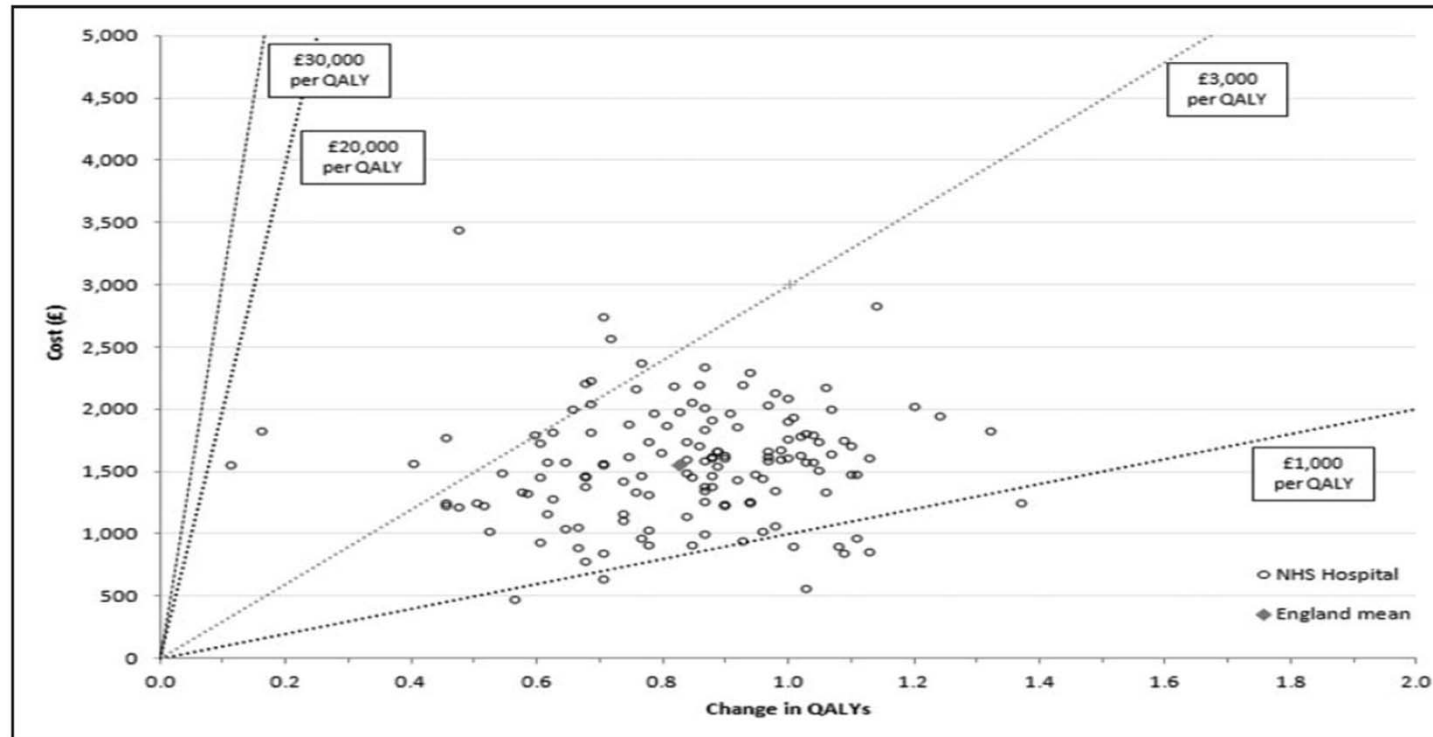


Figure 4 Cost-effectiveness plane showing discounted (at 3%) and degraded (over 25 years) mean QALYs change after hernia surgery, and associated average cost among NHS providers ($n=145$) with ≥ 30 PROMs returns, 2009–2010

Coronini-Cronberg et al. J R Soc Med 2013; 106: 278-287.

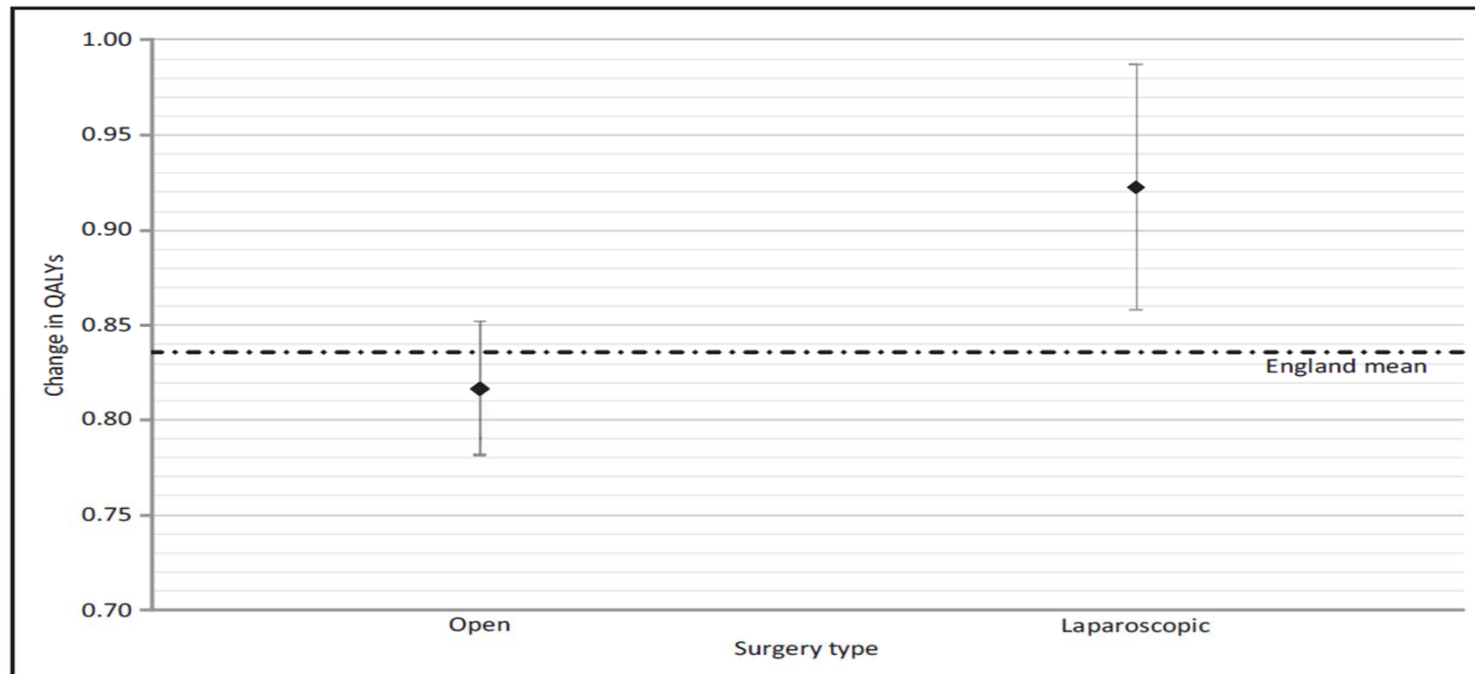


Figure 5 Mean change in discounted (at 3.5%) and degraded (over 25 years) QALYs with 95% confidence intervals by type of surgery

Coronini-Cronberg et al. J R Soc Med 2013; 106: 278-287.

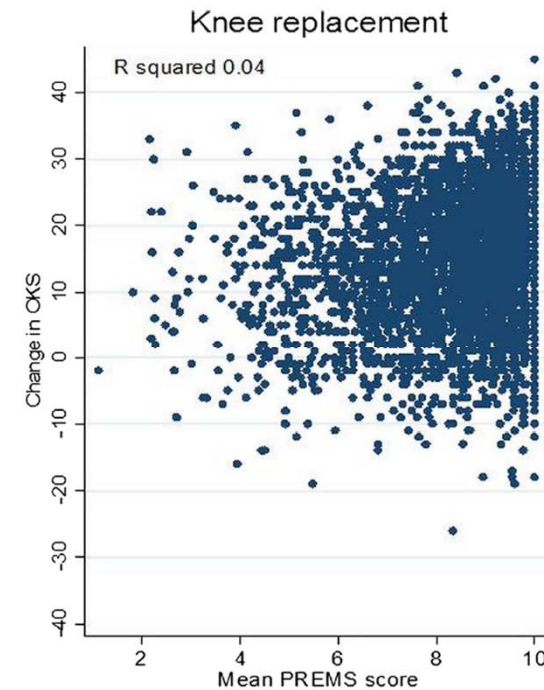
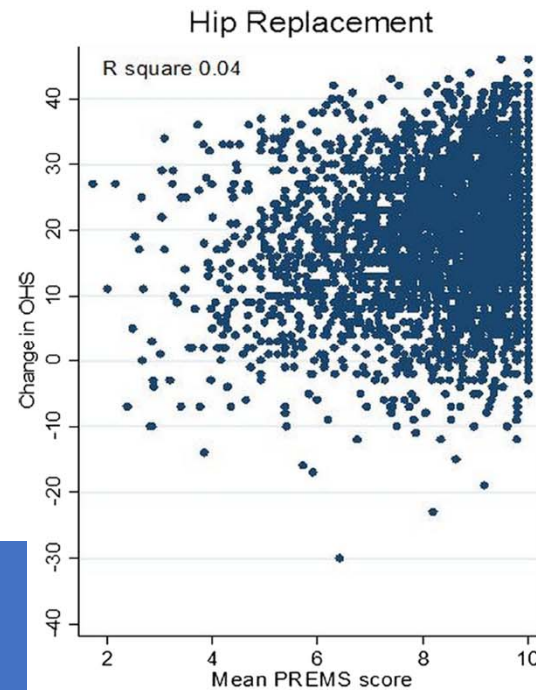


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Relación entre PROMs y PREMs

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Sessions Tècniques del Consorci 2019

**Patient
Reported
Experience**



Black N et al. BMJ Quality & Safety. 2014;23:534-542.



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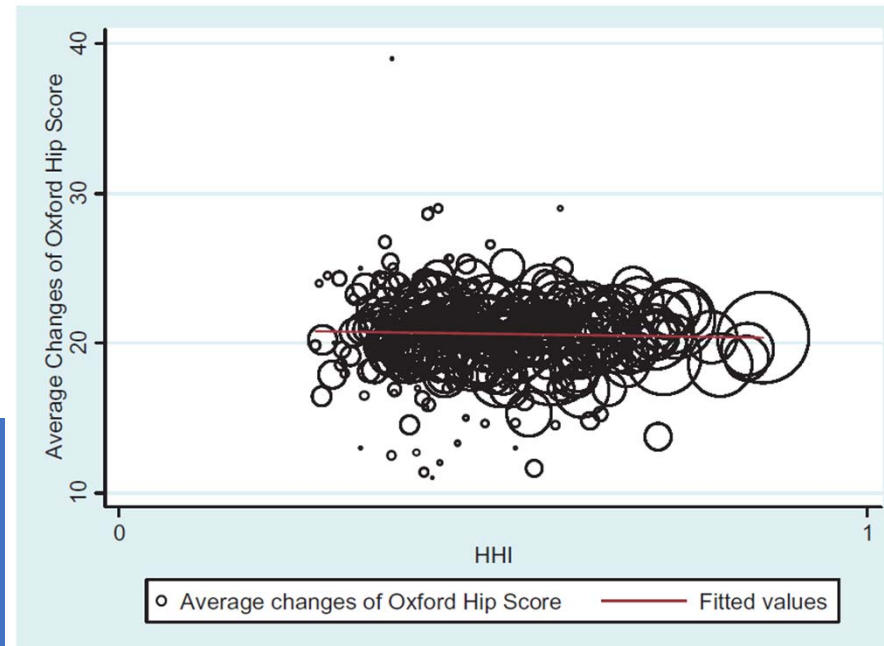
Original Research

Association between market concentration of hospitals and patient health gain following hip replacement surgery

Journal of Health Services Research & Policy
2015, Vol. 20(1) 11–17
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sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/1355819614546032
jhsr.sagepub.com
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Feng Y et al. J Health Serv Res Policy. 2015;20(1):11-7.

Patient reported outcome measures could help transform healthcare

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Sessions Tècniques del Consorci 2019

BMJ

Abstract

BMJ 2013;346:f167 doi: 10.1136/bmj.f167 (Published 28 January 2013)

Routine use of patient reported outcome measures (PROMs) has the potential to help transform healthcare, **says Nick Black**. Not only can PROMs help patients and clinicians make better decisions, but they can also enable comparisons of providers' performances to stimulate improvements in services

Patient reported outcome measures (PROMs) can drive the changes in how healthcare is organised and delivered. Key to this will be to link doctors' use of PROMs in the treatment of their patients with collection and aggregation of the data for assessing and comparing the performance of providers—all to improve healthcare quality.

Black N. BMJ 2013; 346:f167.



International Consortium for Health Outcomes Measurement (ICHOM)



ICHOM comes from



Three organizations with the desire to unlock the potential of value-based health care founded ICHOM in 2012:



ICHOM is a **nonprofit**

- Independent 501(c)3 organization
- Ambitious yet achievable goals
- Global focus
- Engages diverse stakeholders

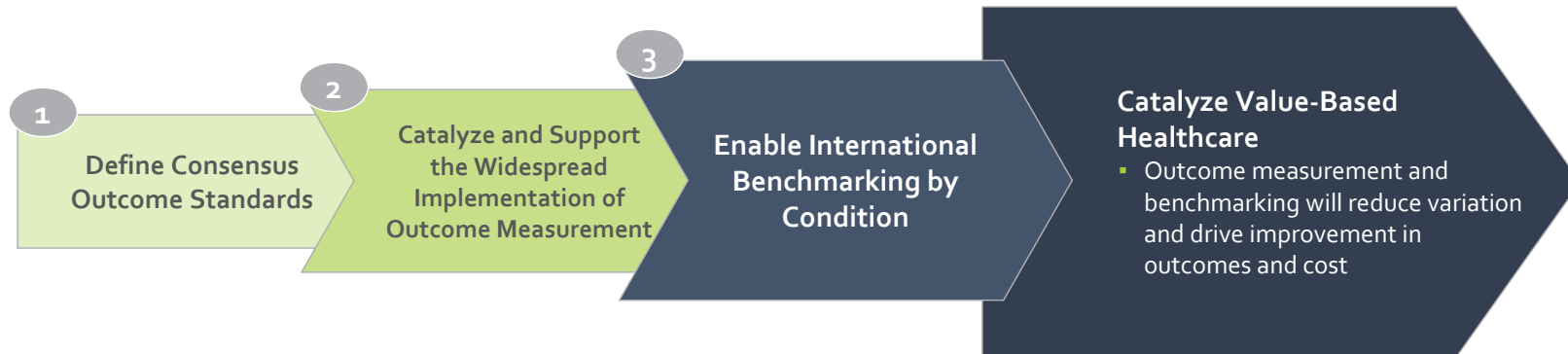
ICHOM was formed to drive health care systems towards value-based health care by defining standards for global

Mission

Unlock the potential of value-based health care by **defining global Standard Sets of outcome measures that really matter to patients** for the most relevant medical conditions and by **driving adoption and reporting** of these measures worldwide

$$\text{Value} = \frac{\text{Patient health outcomes achieved}}{\text{Cost of delivering those outcomes}}$$

International Consortium for Health Outcomes Measurement (ICHOM)



M Porter et al. Standardizing Patient Outcomes Measurement. New England Journal of Medicine, 2016.



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ICHOM Standard Sets freely available online



2017-2018 commitments

- Oral health
- Overall adult health
- Overall Paediatric health
- Congenital Heart disease
- Hand and wrist conditions
- Mental Health: in Children and young adults
- Neonatal health

In discussions to launch

- Pediatric epilepsy
- Paediatric Diabetes
- Craniosynostosis
- Children and Young Persons Cancer



EDITORIALS

Angela Coulter

Nuffield department of population health, University of Oxford.


Measuring what matters to patients

OECD Health ministers commit to patient reported measures of performance



We need to invest in measures that will help us assess whether our health systems deliver what matters most to people.¹ So said the health ministers from various Organisation for Economic Co-operation and Development (OECD) countries at a recent meeting in Paris. Reliance on mortality rates and clinical indicators gives only a partial view of the value of health care, they concluded. What people really care about is its impact on their wellbeing and their ability to play an active role in society, so that's what we should be measuring. And, of course, the only way to do this is to ask patients themselves.


This groundbreaking ministerial statement endorsed plans for a major programme of work on patient reported indicators of health system performance.² Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) seem set to become the new currency for comparative



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