

Vision
What is the vision for PRMs?

The health system will be organised to support the provision of value-based health care, centred on what matters most to patients. Patient Reported Measures will transform the health system - improving outcomes, experience and quality of care.

Purpose
What will PRMs be used to achieve?

Individual level
Understand, evaluate and enhance interactions between patients and clinicians

- PRMs will be used by **patients and carers** to help decide their choice of treatment, provider or facility, and to improve their ability to manage the quality of care received as relevant to their health care needs.
- PRMs will increase the level of **engagement between patients and clinicians**, helping to deliver personalised, appropriate and integrated care in a timely manner.
- PRMs will support **evidence-based care** by using real-time patient-reported measures at point of care.

Service level
Understand factors that influence health outcomes e.g. comparative effectiveness research

- PRMs can be used by services to **monitor effectiveness** and impact of intervention and care over time.
- Aggregated PRMs can be used for **evaluation and research** to understand patient needs, preferences and adherence or impact of treatment and care.
- PRMs will enable better **benchmarking** between services and interventions for continuous quality improvement in health care service delivery.

System level
Help decision makers within the broader system establish and evaluate policies to benefit whole populations

- PRMs will provide **transparency** for a patient across their episode of care.
- Having a **patient reported data source** will inform service planning, investment decisions, research and evaluation, and benchmarking all care settings.
- PRMs will ensure care **promotes equity** and is more **appropriate** and **value-based**
- Improve **integration and continuity of care** across the health system.
- Improve health literacy** across the population.

Definitions
What are PRMs?

Patient Reported Measures (PRMs) are distinct types of metrics to capture patients' perspective of their care and are integral to building a patient-centred system of structuring, monitoring, delivering and financing health care.

Outcomes (PROMs) – directly reported by the patient without interpretation by a clinician or anyone else and pertains to the patient's health, quality of life, or functional status associated with health care or treatment.

Experience (PREMs) – asks patients to describe, rather than simply evaluate, what happened during their encounters with health services.

Guiding principles
What are the guiding principles within which PRMs operate?

- 1. Patient-centred** – PRMs and associated processes are patient-centric and give patients a greater say in their care.
- 2. Iterative co-design approach** – designed with input from patients, carers, clinicians, and decision makers.
- 3. Integrated** – PRMs cover the whole patient journey across all care settings and are integrated to allow a holistic view.
- 4. Fit for purpose and meaningful** – PRMs need to be valued and useful for diverse groups of patients, carers, clinicians, and decision makers.
- 5. Trusted and reputable** – the tools need to be evidence-based, culturally appropriate and easily understood.
- 6. Consistency** – the information collected and systems used allow for comparisons across dimensions of care (core functionality, symptoms and quality of life) and allow flexibility for tailoring to local needs.
- 7. Universal coverage** – PRMs are universal, but need to have adequate variation to distinguish between cohorts.
- 8. Sustainability** – ensure that PRMs support a sustainable health system that delivers effective and efficient care into the future.
- 9. Transparency** – data is available in real time and accessible at multiple levels of the system.
- 10. Staged implementation approach** – supports the incremental adoption of PRMs and ensures adequate change management and resourcing.

Where to next
What are the important things that need to be in place to achieve the vision?

Design

- Cohort segmentation
- Co-designed
- Agree on measures
- Considered across care settings
- Delivery organisations

Capacity and capabilities

- Clarity of roles and responsibilities
- Data literacy and analytics
- Patient education and health literacy

Enablers

- Strong clinical and corporate leadership
- Governance
- Processes e.g. cultural change
- Information
- Infrastructure e.g. technology

Horizons
What is the approach for a phased approach

1 year

Short term: Establish the state-wide collection with testing of the IT platform in defined cohorts. Enable real-time feedback.

3 years

Medium term: Expansion to additional cohorts across the districts. Linking to other data sets to measure value.

5 years +

Longer term: Collection and use of PRMs across all sectors of the NSW health system to allow benchmarking.