Patient Reported Measures Framework

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.

**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.

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**Definitions**
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.

**Purpose**
- **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**
- **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

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

**Horizons**
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.

**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

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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.