

Driving Value Through Standardized Measurement of Patient-Reported Outcomes

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Over the last decade, health-adjusted life expectancy has plateaued despite unrelenting increases in spending.¹ This trend has accelerated global, system-wide shifting toward value-based healthcare (VBHC), a transformative patient-centered healthcare delivery model that pays healthcare providers based on value, defined as outcomes per unit cost, rather than volume of procedures or services.² Such an approach emphasizes a primary driver: optimizing overall health outcomes important to patients. While patient-centered measures are often used that acknowledge patient preferences and needs in their care journey, a crucial step in value creation involves employing patient-reported measures. Such measures provide direct quantitative insights to evaluate the results of care and can inform refinement of treatment pathways.

Patient-centered health system transformation efforts have tended to emphasize Patient-Reported Experience Measures (PREMs), which examine patient perspectives of and satisfaction with their healthcare processes, over Patient-Reported Outcome Measures (PROMs), which assess care effectiveness on health outcomes by measuring the patient's perceived symptoms, health status, and well-being over time with data not interpreted by clinicians or others³ (Figure 1).

While both patient-reported experience and outcomes are important to the patient's health journey, a sole focus on measuring experience-related processes hampers the ability to identify best pathways and strategies to improve patient health. We propose that patient organizations, healthcare providers, and payers deepen their efforts to ensure that both health outcomes and experiences of care are measured meaningfully and consistently. Doing so requires standardized collection of outcomes that holistically reflect what matters to patients: outcomes related to survival, disease control, and indeed patient-reported outcomes.

Standardization of outcomes measurement facilitates credible and fair comparisons of care across time and place and enables generation of actionable insights that can drive improvement of outcomes and care journeys. The International Consortium for Health Outcomes

Measurement (ICHOM) is a U.S. founded, globally focused nonprofit that acts as a catalyst in defining such standardized Sets of Patient-Centered Outcome Measures ("Sets"). Importantly, ICHOM Sets emphasize PROMs and other measures that are important to patients. International Consortium for Health Outcomes Measurement involves global experts and patient representatives collaborating through a structured and rigorous consensus process to determine which outcomes matter most to patients and defines how and when to collect them in a standardized manner. Throughout this process, careful consideration is given to psychometric performance and feasibility, ensuring the Sets can be effectively adopted across diverse healthcare settings. To date, our work has mapped outcome measures for conditions that account for over 60% of the global disease burden, and we continue to expand to new conditions.

Perhaps more critical to achieving VBHC on a global scale is collaboration to implement standardized outcomes measurement, with greater emphasis on outcomes important to patients. Early adopters that have proactively embraced healthcare innovation by implementing new methodologies to increase value for patients include the Martini Klinik in Germany⁵ and Erasmus Medical Center in the Netherlands, who are collecting and reporting based on ICHOM Sets. They do so transparently as a core principle of their practice, thereby not only demonstrating the positive impacts for patient treatment but also establishing benchmarks for

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Domain	Description ^a
PROM^b	
HRQoL ^c	Measures the HRQoL of the respondent
Physical function	Measures the extent to which the illness affects the physical function of the respondent
Social function	Measures the extent to which the illness affects the social function of the respondent
Emotional function	Measures the extent to which the illness affects the emotional function of the respondent
Cognitive function	Measures the extent to which the illness affects the cognitive function and disease perception of the respondent
Health literacy	Measures the respondent's ability to avoid, alleviate, or live with a disease
Side effects	Measures complaints caused by therapeutic measures
Adherence	Measures the active role of the patient in the implementation of a therapy
PREM^d	
Treatment	Deals with the experience of the medical component of a telemedical intervention
Technology	Deals with the experience of the technical component of a telemedical intervention
Satisfaction	Measures the general or overarching satisfaction with the telemedical intervention; satisfaction does not specifically target the medical or technical components of a telemedical intervention

^aThe domain contains outcome measurement instruments.
^bPROM: patient-reported outcome measure.
^cHRQoL: health-related quality of life.
^dPREM: patient-reported experience measure.

Figure 1. Differences between Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs).⁴
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others in the healthcare community to compare against. Such initiatives are demonstrating the multifaceted gains from delivering VBHC, and regulators and policymakers globally are following suit.

Integrating measurement of both patient experience (PREMs) and health outcomes (including PROMs) is essential to patient value, and to more clinically- and cost-effective health care. With increased global attention and demand for policy and payment solutions that deliver value, there has never been a greater need to fully embrace standardized measurement of health outcomes as a cornerstone of patient-centered, equitable care. International Consortium for Health Outcomes Measurement is a ready partner and a catalyst for such change.

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