Role of Patient Self-Reported Outcomes

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A Shift in Focus

One size does not fit all… Without patients there is no health care system; however, the focus of medicine in recent years has been provider-centered, with an emphasis on the evaluation and treatment of an injury or illness, as opposed to the patient as an individual (Sacristán, 2013). This directly defies health care continuing education and evidence-based practice. While clinicians treat injuries and illnesses in the appropriate manner in which they are educated, best practices continually evolve because of clinical research. In addition, no two patients or their recoveries are identical. Consider two patients diagnosed on the same day with the same diagnosis, such as an anterior cruciate ligament tear. While both patients may have the same physical limitations and both undergo a surgical repair, their experiences will vary (Parsons & Snyder, 2011).

Injury, illness, and recovery contain subjective components, not just objective measures. The total impact of an injury or illness on an individual is greater than just its physical manifestations. Every injury or illness has the potential to affect the psychological, social, and even spiritual aspects of life. If we ignore the health-related quality of life (HRQoL) measures during clinical assessment, we are not treating the whole patient.

Health Care Accountability and Patient Outcome

Currently, as a result of legislative and regulatory initiatives, most significantly the Affordable Care Act (ACA), health care in the United States is placing a greater emphasis on quality of care, value-based reimbursement, and patient engagement in an effort to improve health care outcomes and contain costs. (Jensen et. al., 2015). The table on page four of this document illustrates the six domains that the ACA requires be addressed, monitored, and improved, as well as the current and future measurement methods for each (Conway, Mostashari, & Clancy, 2013). Health systems are incentivized to ensure compliance with these measures.

One example of the Obama Administration's efforts to increase efforts to improve outcomes and reduce costs is the Centers for Medicare and Medicaid Services' (CMS) Value Based Purchasing (VBP) program, which relies on withholdings to above average performing hospitals (Kazley et. al., 2015). Patient satisfaction accounts for thirty percent of the total score employed when determining which hospitals qualify for redistribution of pooled withholdings; therefore, delivering patient-centered care and treating the patient as a consumer is vital (Carrus et. al., 2015; Kazley et. al., 2015). Components of patient satisfaction include patients' expectations, timeliness of care, appropriate care processes, interpersonal communication with providers, and clinical-care outcomes (Kazley et. al., 2015).

The future measure of clinical care involves patient-centered and patient-reported outcome (PRO) measures (Conway, Mostashari, & Clancy, 2013). There are several acronyms for these measurements: patient-centered outcomes (PCOs), PROs, patient-reported outcome measures (PROMs), and patient self-reported outcomes (PSROs), to name a few. Whatever the terminology, each refers to the same measurement: a patient's self-stated status based on the patient's perceptions of his/her own health conditions (Hung et. al., 2015).

There are two types of PSRO measures: specific and general (Black, 2013). Specific PSRO measures evaluate one body region or joint and are tailored to address the symptoms and function of a specific injury or illness (Black, 2013). General PSRO measures evaluate the health status or HRQoL of the patient (Black, 2013). HRQoL includes how a person's health affects his or her ability to carry out normal social and physical activities, such as work, hobbies, and social interactions (Black, 2013; Parsons & Snyder, 2011).

Benefits and Barriers

PSRO measures enhance the communication between the clinician and the patient as well as the clinician and other health care providers (Valier et. al., 2014). As clinicians educate their patients, patients are afforded the opportunity to play a more active role in the treatment process, resulting in informed decisions and better guidance in the plan of care (Black, 2013; Valier et. al., 2014). PSRO measures also eliminate observer bias and aid in the efficiency of the examination process (Black, 2013; Valier et. al., 2014). Having the patient assess oneself provides accurate information of unobservable feelings and function in a document format, which saves the clinician time as well as provides previously unknown insight. Another benefit of PSRO measures is the public accountability of the health services as well as the health care professional (Black, 2013; Valier et. al., 2014). Improved patient outcomes lead to improved HRQoL, which leads to greater patient satisfaction and reimbursement incentives.

With any new process, there are barriers to accompany the benefits. One significant barrier comes in the form of implementation (Black, 2013; Jensen et. al., 2015; Valier et. al., 2014). Time is a valuable commodity, not only to the busy health care professional, but also to the patient; therefore, efficiency is necessary, such as obtaining PSRO information within the clinical workflow (Black, 2013). For example, using technology to minimize the burden on the patient as well as limiting staff involvement (Jensen et. al., 2015). Further, building time into the schedule for PSRO documentation at the onset of an appointment as well as ensuring the readability is appropriate for the demographic will aide in completion with few complications or delays (Jensen et. al., 2015).

Looking Ahead

Utilizing PSRO measures as an athletic trainer in any setting is vital to the advancement of the profession in order to improve patient outcomes and clinical performance. Furthermore, as our profession seeks recognition in the form of third party reimbursement, we must adjust our practice to mirror that of those already receiving reimbursement by following the guidelines outlined by CMS and private insurers. As indicated, health care in the United States is moving to pay for performance with a focus on quality and patient outcomes; therefore, implementing PSRO measures will aide in this transition. Finally, by using PSRO measures as an athletic trainer, you obtain essential information on the value of your clinical efforts, which can aid in current and future conversations with third party payors regarding the case for reimbursement for services provided by athletic trainers.

Table. National Quality Strategy Domains: Current and Future Measure Examples

Quality Dimension[a]	Examples	
	Current Measures	Future Measures
Safety	Central-line infections; claims-based health care–acquired conditions	All-cause patient harm including clinical data
Care coordination	Care transitions measure (3-item patient report); hospital readmissions	Readmissions across settings; care transition composite; patient-reported care coordination across settings
Clinical care	Seting-specific clinical process of care measures by condition	Patient-centered and patient-reported outcome measures; outcome measures for patients with multiple chronic conditions
Population and community health	Smoking; immunizations	Determinants of health; reduction in disparities
Patient experience and engagement	Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys	Multimodal collection of patient experience; shared decision making and engagement
Cost and efficiency	Cost for individual episodes around hospitalization	Costs across episodes with shared accountability; total cost of care for populations

[a] Adapted from the US Dept of Health and Human Services.[1]

(Conway, Mostashari, & Clancy, 2013)

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