Dartmouth Experience: Proudly Collecting Patient Reported Outcomes

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Panel: PROs in Clinical Care

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The Big Idea

The Challenge

Health conditions could be more effectively co- or self-managed with information and data provided by patients themselves.

The Gap

If we are to improve VALUE to consumers of health care it is critical that we enable them with tools to capture, use and share data pertinent to their health condition.

Key Question

Can we integrate the patients voice into “usual” care processes in a way that:

1) informs individual treatment decisions?
2) quantifies outcomes?
Envision seamless integration of PROs into practice
Our PtQ Journey in Brief

Technology
- Our PtQ journey has taken us across several IT platforms and funding sources
- Over 75,000 questionnaires completed in last 12 months (double prior year)

Operations
- Governance structure helps organize, align with strategic priorities and optimize resources
- 12 steps to success: 6 basic and 6 advanced
- Care teams and patients have new workflows
- Teams progress through the 12 steps at different speeds
- Mature programs have sustainable, high rates of Q completion

Culture
- Leaders must create conditions for this work to flourish
Our PtQ journey has taken us across several IT platforms

In 1997 opened the Spine Center with electronic capture of PRMs

1997-2004 piloted electronic capture in several other clinical programs and on 2 different IT platforms

2005-2010 partnered with Dynamic Clinical Systems to capture PGHD across 18 clinical conditions
Over 75,000 questionnaires are completed annually

We have built into our EMR:
4,300 individual items
440 scoring Qs
…assembled into
70 questionnaire sets
…for
36 health conditions
…and
75,000 Qs are completed annually
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**STEERING COMMITTEE**
- Set Strategy & Standards
- Prioritize Work
- Collaborative Learning

**IT**
- Build Item Bank
- Customize Questionnaire Sets
- Design Documentation Tools & Reports

**OPERATIONS**
- Workflow
- Training
- Customer Support
12 steps to success: basics

1. Inquiry
2. Application
3. Consultation
4. Build: Q, reports, documentation tools
5. Pilot trial one provider, one patient
6. Use principles of agile design

- Patient co-design opportunities
- Choosing the right PRO
- Avoid redundancy in the health system
- Understanding “roles” of the local care team
- Exploring implications for workflow changes
- Education on EHR functionality, shortcuts
12 steps to success: advanced

7. Build rules for auto queuing

8. Who does what with results?

9. Build best practice advisories

10. Are new resources needed to manage abnormal results?

11. Performance feedback to providers/care team

12. TIME FOR REVIEW
Care Team workflows are redesigned

Patient’s have a new workflow too!

Scheduler
Nurse
Receptionist
Flow staff
Provider

Access portal

Arrive early to complete Q

Spend more time talking about your goals
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**Culture**
Teams progress through the 12 steps at different speeds

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<thead>
<tr>
<th>Condition</th>
<th>Inquiry</th>
<th>Application</th>
<th>Consultation</th>
<th>Build Q</th>
<th>Pilot</th>
<th>Scale Up</th>
<th>Refine queueing</th>
<th>Managing Results</th>
<th>BPAs</th>
<th>New Resources</th>
<th>Registry</th>
<th>Performance</th>
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[Image of Dartmouth-Hitchcock Medical Center logo]
Mature programs have sustainable, high rates of Q completion

<table>
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<tr>
<th>Service</th>
<th>Q Completion</th>
<th>Completion Rate</th>
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<td>Primary Care</td>
<td>13,210</td>
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<tr>
<td>Dartscreen (pediatrics)</td>
<td>5269</td>
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<td>Joint replacement</td>
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<td>Epilepsy</td>
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<td>Spine</td>
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<td>OB screening tools</td>
<td>1077</td>
<td>97%</td>
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Leaders must create the conditions for this work to flourish?

- Help socialize the idea
- Ensure sufficient resources within the IT team
- Advocate at senior leadership level
- Build as part of overall “Value” strategy
- Support FTEs dedicated to this work
- Use in their own practice
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