



Understanding The Use of Patient-Reported Measures in Albertan Pediatric Health Systems: A Multiphase Mixed-Methods Study



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Introduction

- Patient-Reported Outcome Measures (PROMs) evaluate patients' health status and are most useful for tracking treatment progress and outcomes.¹⁻³
- Patient-Reported Experience Measures (PREMs) assess patients' experiences receiving care and are typically used for quality improvement and experience research.^{4,5}
- PROMs and PREMs, collectively referred to as patient-reported measures (PRMs), provide a valuable tool for facilitating patient and family-centered care (PFCC) by ensuring the patients are placed at the heart of clinical decision-making.⁶
- Despite widespread support for PRMs in driving healthcare innovation, the implementation of these measures in pediatrics across Alberta has been inconsistent, potentially lagging behind international uptake.
- The current lack of PROM and PREM uptake in pediatric settings is restricting the ability for care teams to gauge patient care priorities and incorporate their perspectives into health service evaluations.

Objective

To explore how PRM utilization in Alberta is consistent and/or discordant from international use, through the application of a PFCC framework illustrating the primary roles of PRMs.

Methods

Phase 1:

- Two systematic reviews were performed to identify the degree to which PROMs and PREMs are being utilized in pediatric healthcare settings internationally. The PROM review searched for articles between 2000 and 2020, while the PREM review searched between 2000 and 2021.
- Peer-reviewed sources were searched through MEDLINE, EMBASE, PsycINFO, Cochrane Library, and CINAHL databases.

Phase 2:

- Two environmental scans were conducted to capture how PRMs are being utilized in the Albertan pediatric context, one occurring in Fall of 2021, and the subsequent in the Summer of 2022.
- Participants included anyone familiar with the use of PROMs and PREMs in pediatrics in Alberta.

E.g., Health care providers, clinical and health system researchers, non-academic and/or research specialists, and health administrators.

38 TOTAL PARTICIPANTS	3 AHS Administrators	11 Researchers
12 Clinician Scientists	7 Allied Health Professionals	5 Evaluation Specialists

Phase 3:

- The international and provincial findings were compared using Santana *et al.*'s framework (see figure 3).

Due to spatial restrictions, only pediatric PREM systematic review findings are presented in this poster. For additional PROM information, please use the QR code provided to access the relevant published article.

Results

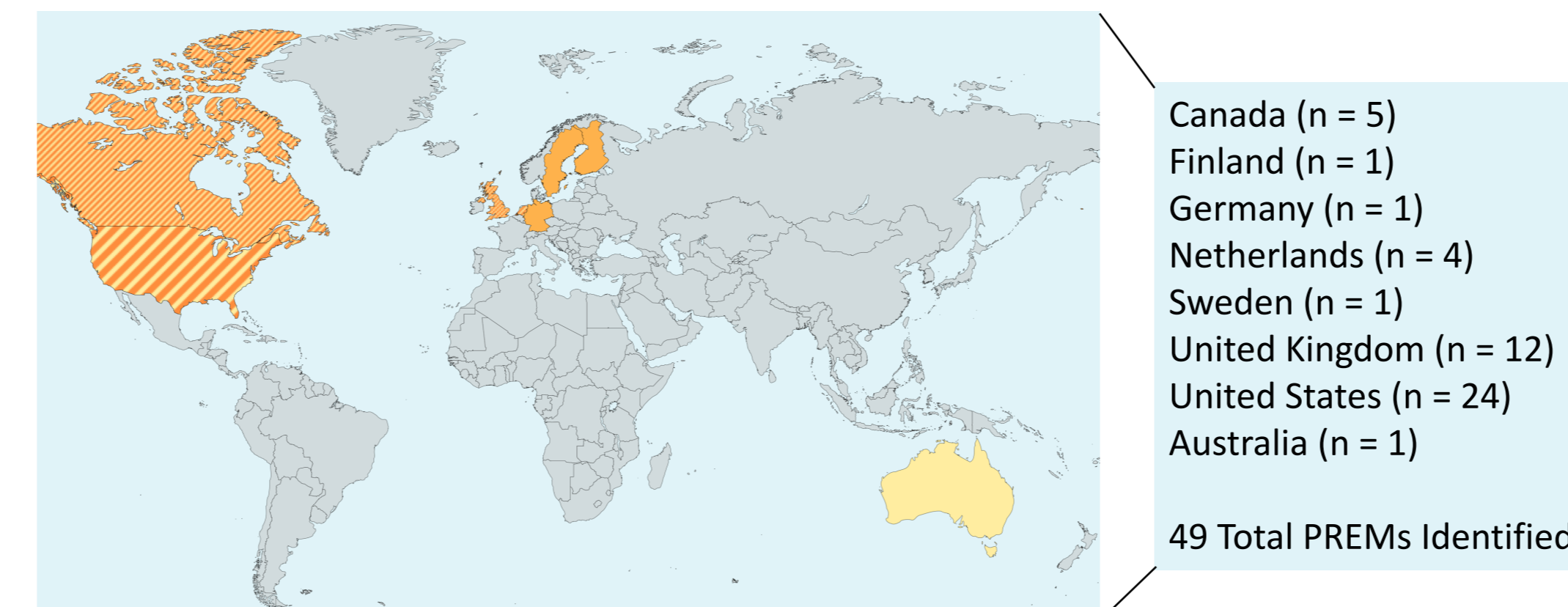


Figure 1. Geographical distribution of PREM validation studies identified in the PREM-specific systematic review (orange) and grey literature search (yellow).

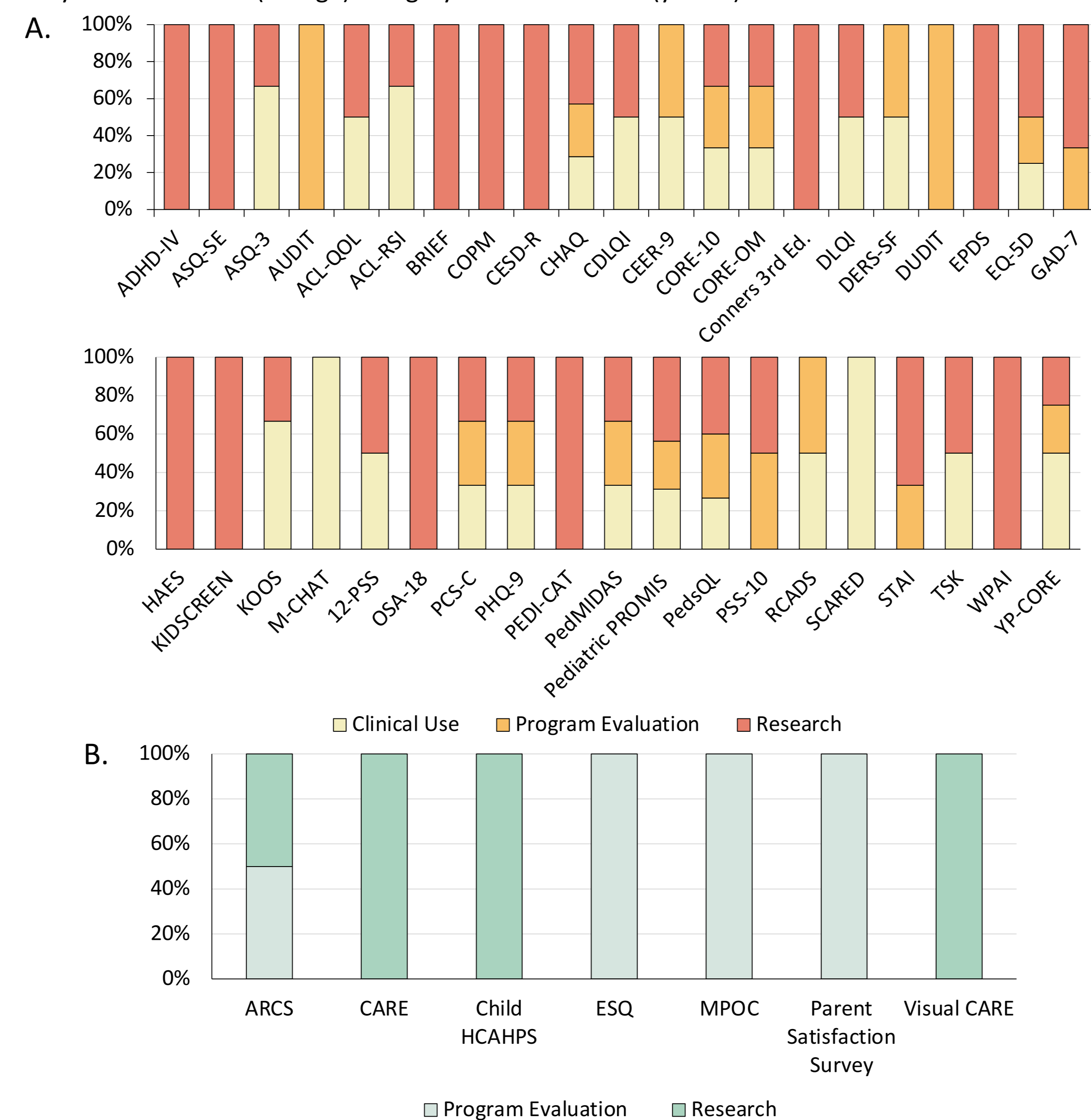


Figure 2. Bar chart illustrating the different PROMs (A) and PREMs (B) used across Albertan pediatric healthcare settings, as well as their applications in clinical care, quality improvement, and patient-centered outcome research.

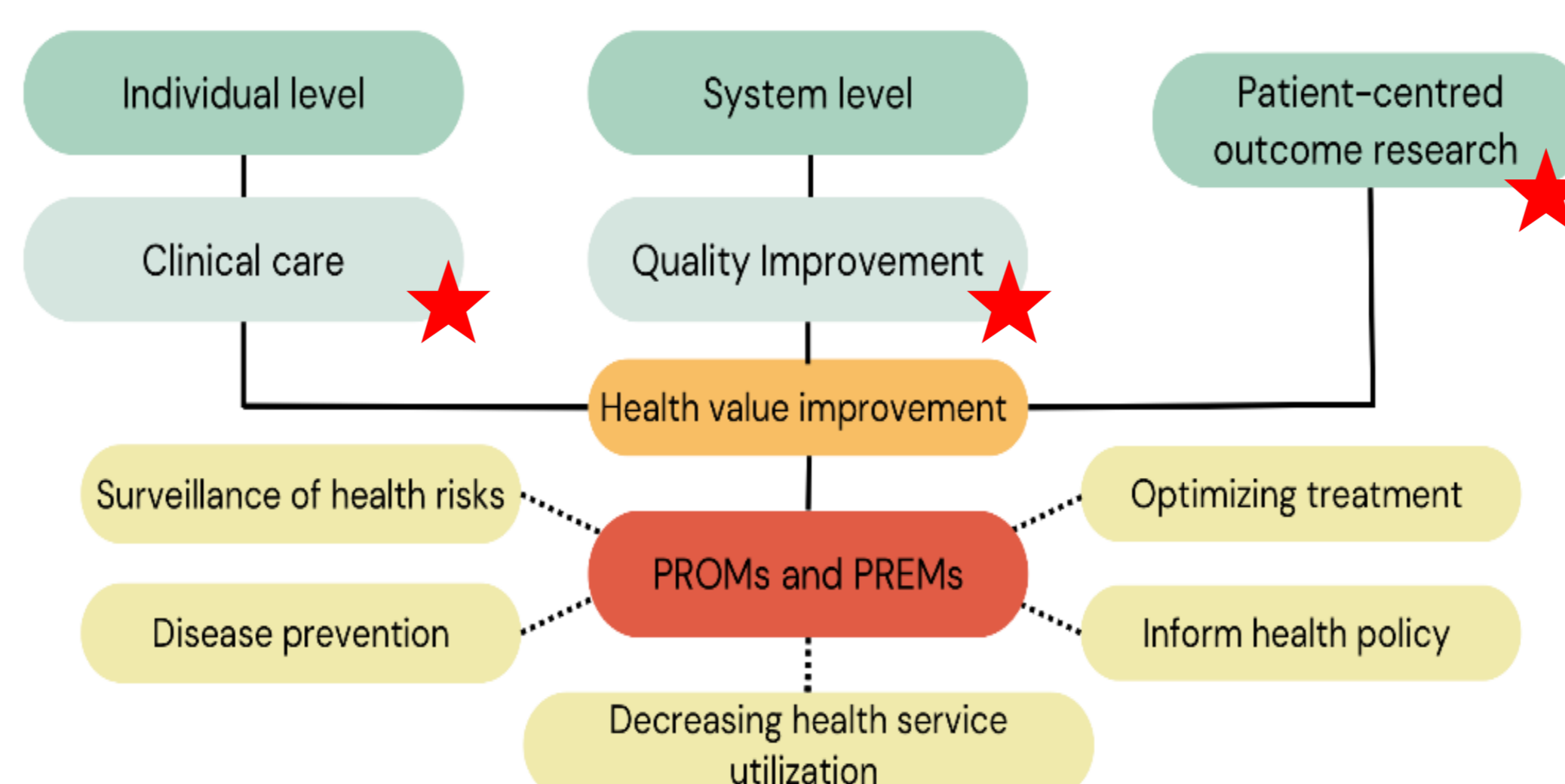


Figure 3. Santana *et al.*, framework for PROM and PREM utilization at the micro (clinical care), meso (quality improvement), and macro (patient-centered outcome research) level.

Key Findings

Phase 1:

- The PREMs systematic review identified 39 pediatric-specific measures, with 10 additional measures identified via grey literature hand searching.

Phase 2:

- The environmental scans revealed that while Alberta's pediatrics health settings have implemented a range of PROMs (n = 41), they have been slow to use PREMs (n = 8).
- Whether the small number of reported PREMs in our sample is an indicator of underutilization, low survey response rates, or poor PRM literacy is unknown. Future research is needed to better understand why there appears to be a lag in pediatric PREM use in Alberta.

Phase 3:

- When assessing participant rationales for use, there was a relatively even split in PROM use across the three dimensions of clinical care (32%), quality improvement (23%), and research (45%).
 - This differs significantly from participant rationales for PREM use, with participants primarily using PREMs for program evaluation (67%) relative to research (33%).

EDI & SGBA+ Integration/Consideration

- The entirety of this research was guided by our team's north star of improving equity in patient-physician interactions.
- Recognizing the potential implications of this work, ample forethought was given to the composition of the research team and participant pool to promote perspectival diversity.
 - Members of the research team were of different genders, cultural backgrounds, academic training, and research expertise.
 - The participants sampled in the environmental scan were, similarly, of different sociodemographic positioning and occupations.

Discussion

- Research has repeatedly demonstrated how PRMs provide invaluable tools to document patients' and families' interactions within the health care system.
- While the findings from these studies do suggest a growing interest across Albertan pediatric settings to examine how care is impacting patients' wellbeing outside of the hospital, more work is needed.
- Lastly, despite possible latent, or subconscious, skepticism towards the efficacy of PRMs, by first documenting their uptake in Alberta, we hope to be able to subsequently examine where these apprehensions are rooted and explore potential solutions.

I would like to **acknowledge** the time and energy dedicated to this project by all the authors and participants involved in this study.

To read the published articles!

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