

What You Need To Know Before Requesting Patient-Reported Outcomes in Your Electronic Health Record

Some electronic health records (EHRs) enable clinicians to order patient-reported outcome measures (PROs). If you want to implement an assessment using this existing functionality, you will need to assemble detailed information about your request. This document highlights some of the information an individual clinic or clinician should have at the time of first contacting the local EHR team. This document aims to help facilitate the initiation of a collaboration between care providers, administration, and EHR teams.

1. Is there an oversight body related to EHR-embedded PROs within your organization?
 - Some organizations have a process for coordinating PRO assessments across the institution. This can reduce redundant assessments and over-burdening patients. For example, there may be limits on the number of PROs a patient can be asked to complete at one time or a restriction on what PROs can be used within an organization. Before you get too far in identifying what implementation you want, find out if your organization has an oversight committee and what guidelines exist for PRO assessments.

2. What PROs do you want to use?
 - Some EHRs include a library of PROs. Contact your local EHR team to learn what measures are already available to you.
 - If the measure you want to use is not part of your EHR's library, you will need to find out if it can be implemented. Assemble the following information:
 - Specific name of the measure and who holds the copyright for the measure
 - Applicable licensing fees for use or other restrictions (this may affect your organization's ability to use the measure)
 - A copy of the measure as it is to be displayed to a patient. This should identify questions and responses.
 - Administration instructions (e.g., administer items sequentially, skip some questions that are not relevant)
 - Identify if the measure uses images, audio, a slider on a scale, or other non-numeric or text responses. These types of measures may or may not be supported by your system.
 - Scoring instructions
 - Score interpretation if available (e.g., scores assigned to labels like "within normal limits" or "severe")

3. What population of patients should complete the PRO(s) of interest?
 - Describe who you would like to complete a specific assessment team. Your local EHR team will work with you to refine this description. Some example populations include:
 - Patients with an appointment with a specific clinician or in a specific clinic
 - Patients with a specific procedure code
 - Patients with a specific diagnostic code
 - Patients with a specific order (e.g., pre-hip replacement surgery order set)
 - Generate a description. Examples:
 - *All adult patients scheduled for an appointment with a medical oncologist in the Robert H. Lurie Comprehensive Cancer Center. This includes new and established patients.*
 - *All adult patients who have order placed for a total hip replacement, total knee replacement, revision hip surgery, or revision knee surgery.*

4. What triggers a PRO assessment?
 - Describe when PROs should be made available to respondents. Different types of triggers exist. For example:
 - Always prior to a specific type of appointment
 - Ad hoc as determined by a patient's care provider
 - On a fixed schedule (e.g., 2 weeks, 1 month, 3 months after intervention)
 - What triggers the schedule to start? (e.g., date of surgery, date of discharge from hospital)
 - Recurrent (e.g., every 6 months)
 - Is there any event that changes the schedule?
 - What is the "availability window" around each assessment? For example:
 - Assessment available 7 days before and 2 days after a specific type of appointment
 - 2-week post-surgery assessment is available starting 12 days after surgery and is closed 17 days after surgery
 - Ad hoc assessment remains available for 21 days after it was ordered

5. Where do you expect the patient is physically located when completing a PRO assessment?
 - Organizations have different approaches to where and how PROs are completed. Your local EHR team can clarify what is available to you. For example:
 - Patient completes assessment at home
 - on a computer
 - via mobile device
 - Patient completes an assessment in a specific clinic
 - on a tablet
 - at a kiosk

6. Are notifications about PRO scores required?

- PRO scores are available in the EHR after a patient completes an assessment. Sometimes, there may be an interest in pushing a notification about a specific score to a provider. For example, this is sometimes seen with scores indicating severe depressive symptomatology.
- Is there a specific score or score threshold for a measure that should generate a notification? What notification? To whom? This is another area where your local EHR team can share what options are available within your organization. Here is one example for illustration:
 - Scores above 80 on measure Z indicate severe depressive symptoms. The social work team within our clinic should be notified of the score indicating severe depressive symptoms. The social work team has a protocol in place for addressing patients' depressive symptoms.

Different organizations have different processes and policies regarding PRO implementation in the EHR. Work with your local EHR team to review your desired implementation. EHR vendors are usually happy to work with your organization's EHR support analysts to explore the array of technical configuration options available to meet your organization's needs.