Patient Reported Measures: On the Ground Collection, Implementation and Workflows

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Rationale

For clinical, regulatory and research purposes, collecting and using patient reported data is both imperative and viable. The challenges to doing so are not about available brief validated measures, whether they are valued by clinicians and patients, or whether such activity is viable in practice, but rather administrative support, and workflows for collection, integration of data into electronic records, and clinical workflows for use of the data.

Background

The author has been involved in collecting patient reported psychiatric symptom data in primary care settings since the precursor of the PHQ, the Prime-MD. While a significant body of literature has critiqued the limited utility of such measures in primary care, their use is ubiquitous. Patients report that what is most important to them is function and quality of life. Both theoretically and on the ground the task must start with de-implementation of such measures and consideration of alternatives. We have developed a strong relationship with John Ware Ph.D. who has spent a career focusing on patient reported Quality of Life (Qol) measures, and, developed a brief 1-3 minute QoL measure designed to both have research integrity and have direct clinical utility. This presentation will report on two projects, one in Arizona and the other in Colorado, focusing on identifying and intervening with patients with and without the COVID virus, who are at significant risk of decreased function and QoL, potentially resulting in poorer outcomes and greater system expense.

We will describe use of Dr. Ware's QoL measures in combination with EHR data to identify such high-risk patients and adaptations to work flow.

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