CONFERENCE ABSTRACT

Patient Reported Measures: Delivering Outcomes and Experiences that matter to patients in NSW

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Introduction: The NSW Ministry of Health acknowledged delivering truly Integrated Care as a clear direction for the future delivery of healthcare in NSW. The Agency for Clinical Innovation (ACI) is responsible for leading the development and implementation of Patient Reported Measures (PRMs). PRMs is a critical component to achieving the NSW Health vision for Integrated Care focusing on transforming how we deliver care to improve health outcomes and experiences for patients and reduce costs derived from inappropriate and fragmented care, across hospital and primary care services.

Short description of practice change implemented: ACI partnered with ten proof of concept sites across NSW, inclusive of consumers, clinicians and managers across Local Health Districts and Primary Healthcare. The program has been co-designed, tested, refined and implemented with significant input and advice from clinicians and consumers. The program is inclusive of Patient Reported Outcome Measures (PROM) and Patient Reported Experience Measures (PREM)

Aim and theory of change: The Patient Reported Measures (PRMs) program aims to Enable patients to provide direct, timely feedback about their health related outcomes and experiences to drive improvement and integration of health care across NSW

Whilst clinicians may have collected PRMs in the past across NSW, we know that the routine collection and use of PRMs for routine clinical care, improving health outcomes and driving service improvement is greenfields in NSW. It is often not consistent for numerous reasons including limited knowledge around access to information and support in beginning the process, IT systems and cultural barriers.

Targeted population and stakeholders: Patients living with a chronic or complex condition across NSW. All administrative, clinical and managerial staff across Hospitals and Primary healthcare in NSW

Timeline: Officially launched in October 2015, the program commenced collecting measures in January 2016 implementing PRMs as business as usual and will be formally evaluated in early 2017 to determine sustainability and scalability across the health system to drive improved health outcomes and service improvement.

Highlights: The PRM program is designed to meet local patient cohorts, clinical and operational flow processes and their setting- incorporating PRMs as business as usual.
The PRM program has developed a capability development program for all staff involved with the PRM program. The program is accredited through the Royal Australian College for General Practitioners (RACGP) – meaning GPs receive Quality Improvement points for participating. We are currently working with other accrediting organisations.

**Conclusion:** Early results have identified that this is a new routine practice and way of working for most clinicians, managers and consumers. It has been a large cultural and behavioural to move towards a more customer centric model, away from the transactional (medicinal) model. Where the program has been modelled in the proof of concept sites there is early adoption of collecting and using PRMs routinely, this will be discussed during the presentation.

**Keywords:** patient-outcomes; patient-experience; local innovation; co-designed