

# Caution in the use of patient-reported outcome-based performance measures

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In a new paper released today, the American College of Physicians (ACP) acknowledges the potential for patient-reported outcome-based performance measures that are methodologically sound and evidence

based to assess and improve patient-centered care, but recommends caution in how they are used. The paper, "Recommending Caution in Patient-Reported Outcome–Based Performance Measurement," was published in *Annals of Internal Medicine*.

The paper describes several key challenges faced when developing and implementing patient-reported outcome–based performance measures.

The ACP Performance Measurement Committee used its published criteria for assessing performance measures. In the case of patient-reported outcome–based performance measures, certain aspects take on greater importance.

The paper says that data are needed demonstrating that patient-reported outcome–based performance measures improve quality of care and are an effective tool to accurately compare [physician](#) performance and, as a result, can be used for accountability purposes. Additionally, patient-reported outcome-based performance measures should be based on the same rigor of evidence as any other performance measure. Challenges in developing and applying measures include:

- The number of physician-, system-, and patient-related factors tied to the successful management of multiple chronic conditions—as is done in both ambulatory and hospital-based internal medicine;
- Some patient-reported outcome-based performance measures are highly dependent on patient factors (e.g., access to care, family and [community support](#));
- Studies have demonstrated limited correlation between some patient-reported outcome–based performance measures scores and individual physician performance, citing factors that are not under the influence of the individual physician.

Because of these challenges, the paper states that patient-reported outcome–based performance measures should not be used to measure individual [physician performance](#) unless there is evidence to show an association between the patient-reported outcome measure and the care provided by the physician. The paper says that a risk-adjustment strategy is paramount to account for patient and population characteristics that are proven to affect outcomes, independent of treatment, and details additional considerations related to usability and feasibility.

The paper advises that caution is warranted before widespread adoption into ambulatory and hospital-based internal medicine until patient-reported outcome–based performance measures are developed in a rigorous manner and physicians can seamlessly integrate patient-reported data collection into practice. In their current state, the measures are not optimal for improving patient outcomes.

"We should always look for ways to improve care for our patients," said George M. Abraham, MD, MPH, FACP, President, ACP. "So, while there is promise in the development and implementation of evidence-based, valid and meaningful performance measures, we must take great care in order to utilize them in the appropriate manner."

The [paper](#) states that measure developers and public and private payers should adopt a rigorous method for assessing the validity of patient-reported outcome–based performance measures before including them in quality and reimbursement programs.

**More information:** Amir Qaseem et al. Recommending Caution in Patient-Reported Outcome–Based Performance Measurement, *Annals of Internal Medicine* (2021). [DOI: 10.7326/M19-3603](https://doi.org/10.7326/M19-3603)

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