

# How will PRO data be acted upon?

## *Question 9*

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# Questions Addressed

Should providers be required to "accept" the data?

"Does clicking "accept" provide value?"

Should different kinds of notifications be used?

WHEN TO NOTIFY: "When to use standard notification, when to use "alerting" (closed-loop or open-ended), and when not to notify."

What modality of alert should be used?

HOW TO NOTIFY: "The advantages and disadvantages of email, clinical messages, or SMS/page."

Who should be notified?

WHO TO NOTIFY: "When to notify the PCP vs. another provider vs. the patient."

Should PRO Results Drive Clinical Decision Support in the EHR?

"In which cases are we ready for clinical decision support?"

# Should providers be required to “accept” the data?

“Does clicking “accept” provide value?”

## Arguments in favor:

- Providers must be aware of results in order to care for the patient, particularly poor results
- Providers must have the opportunity to correct erroneous entries
- Reviewing the data allows for action preventing legal liability

## Arguments against:

- It's too much data to review
- Alert Fatigue
- Flag the data as “patient-entered”
- Smart notification or alerting of poor results is preferable.

# Should different kinds of notifications be used?

WHEN TO NOTIFY: “When to use standard notification, when to use “alerting” (closed-loop or open-ended), and when not to notify.”

1. No notification – **may be acceptable in most circumstances.**
2. Standard notification – notify with every response, usually will be done by “non-urgent” modalities (e.g. clinical message). **Good for low-volume settings.**
3. “Alert” (conditional) notification – depends on answer (e.g. chest pain, suicide). Closed-Loop requires provider to perform an action.
  - a. Open-Ended: **Good for results that have immediate consequences.**
  - b. Closed-Loop: Potentially burdensome, but **may be used in cases where you are trying to ensure a particular workflow**

# Passive Results View is Foundational

## Elements to Present:

1. Current State
2. Labels/Context
3. Trend

## Information must be in the EHR alongside:

- Vital signs
- Meds
- Labs

	Range	Last 2 scores		7/13/2016-9/14/2016	
		Previous	Latest		
PROMs PROMIS Pain Intensity Short Form 3a Score	30-72	67.4	57.5		Normal < 60
PROMs PROMIS Physical Function SF10a	0-62	32.7	55.3		Normal > 40
PROMs Anxiety Score (PROMIS Short Form 4a)	40-82	40.3	40.3		Normal < 61
PROMs Depression Score (PROMIS Short Form 4a)	41-80	41	41		Normal < 61
PROMs Pain Interference Score (PROMIS Short Form 4a Score)	41-76	75.6	52		Normal < 61
PROMs PROMIS Global Health Short Form Score (Physical)	16-68	26.7	57.7		Normal > 40
PROMs PROMIS Global Health Short Form Score (Mental)	21-68	43.5	67.6		Normal > 41

# Legal Liability

1. Be sure to check processes with your general counsel.
2. Notifying the patient to take action is an important step for care and defense against liability:

*Your provider may not see these results in a timely manner. If you feel you are in danger of harm to yourself or others, please call your provider's office, call 911, or go to your nearest emergency room immediately.*

3. Notify or alert for life threatening issues to augment care.  
(suicidality/mental health crisis and maybe chest pain)

# What modality of alert should be used?

HOW TO NOTIFY: “The advantages and disadvantages of email, clinical messages, or SMS/page.”

1. Email – **Don’t use email notification unless you can’t do Clinical Messaging. May be useful with non-integrated PRO systems.**
2. Clinical Messaging – **Almost always the right choice unless it’s an Alert**
3. Page / Text Message / Secure Text Message – **Good for Alerts that require urgent action.**

# Who should be notified?

WHO TO NOTIFY: “When to notify the PCP vs. vs. another provider vs. the patient.”

1. PCP – **When the PCP wants the information (only)!**
2. “Ordering Provider” – **Usually the best choice (if applicable): the person who assigned the PROM usually wants the answer.**
3. “Appointment Provider” – **If there is no ordering provider and someone (but not the PCP) needs to know, notify the person they’re about to see.**
4. Navigator/Administrator – **Great when there is a “program” with which the PRO is associated.**
5. The Patient / Patient Choice – **Likely a good idea in addition to a provider.**

# Local Governance for Notification and Alerting

Different circumstances call for different choices:

- When to notify?
- Who to notify them?
- How to notify them and how urgently?

## Governance

- There likely does not to be one set of rules nationally or even for all uses cases in a single system
- **Systems should set up a governance process to make decisions on a case by case basis to determine what is appropriate for a given PROM**

# Should PRO Results Drive Clinical Decision Support in the EHR?

Helping providers take action is an ultimate goal for PROs.

Some examples:

- Poor mobility scores recommend an order for physical therapy
- Poor asthma control scores asks providers to consider a change in medication and suggests the next medication in an algorithm
- Poor mental health scores provide a table suggesting possible treatment options for the current level of depression.

Unfortunately, the implications of many PROMs are not understood well enough to be able to put this kind of Clinical Decision Support in place yet.

**Use Clinical Decision Support when we *know* what the right thing to do is.  
(this will grow over time)**