The digital collection and use of patient-reported measures

A guide for clinicians

MAY 2025

Patient-reported measures (PRMs) are vital to ensure healthcare remains focused on what matters most to patients. This fact sheet outlines the benefits, key steps and considerations to support clinicians with the digital collection and use of PRMs.

PRMs involves gathering feedback from patients about their healthcare experiences and outcomes. This information is collected via surveys and used to inform their ongoing care and improvements in health service delivery.

While PRMs surveys were initially paper-based, technology has evolved to support the digital collection and use of PRMs. The information in this fact sheet can be applied to all technology related to the digital collection and use of PRMs; however, it focuses on the use of the NSW Health Outcome and Patient Experience (HOPE) platform.

The HOPE platform

The <u>NSW PRMs-HOPE platform</u> is designed to collect PRMs at the point of care using personal computers, tablets or smartphones. It automatically scores responses and analyses data in real time. This helps clinicians to understand what matters to consumers and promotes shared decision making about a person's care, treatment and health interventions.

Benefits of digital PRMs

Higher completion rates: increased engagement through automated reminders, intuitive design and ease of access improves response rates.

Access real-time data: automated scoring and analysis provide instant insights, helping clinicians understand what matters to a consumer.

Enhanced care coordination: PRMs data is accessible to all members of a consumer's healthcare team through their electronic Medical Record (eMR), improving collaboration and continuity of care.

Consumer empowerment: consumers can communicate key health information at the point of care; select their preferred completion method and language; and access their PRM data any time.

Efficiency and cost saving: The HOPE platform can streamline data collection; reduce duplication; minimise administrative burden; and reduce paper-related costs, leading to long-term cost savings.

Secure storage: Digital PRMs are securely stored and backed up.

"The integration of HOPE into the eMR and the technology available has significantly streamlined our clinical workflow. I used to collect PRMs on paper, but now the process is much more efficient, allowing us to seamlessly incorporate PRMs collection into our clinic."

- Physiotherapist, South Eastern Sydney Pulmonary Rehabilitation Service



Agency for Clinical Innovation

Clarifying misconceptions about digital PRMs

"Older patients can't use technology"	HOPE has been co-designed in collaboration with consumers, clinicians and health managers across NSW, in partnership with the Agency for Clinical Innovation (ACI), eHealth NSW and the Ministry of Health. This ensures the digital experience is user-friendly and accessible for consumers of all ages. Offering all consumers, regardless of age, the option to engage with the platform with individualised support, ensures a smooth and seamless experience.
"Digital PRMs take too much time"	Once implemented, digital PRMs save time by automating data entry and seamlessly integrating consumer responses into their eMR. Automated reminders minimise manual follow-ups on incomplete forms, streamlining data collection for clinicians. HOPE further enhances workflow with automated scoring and advanced reporting tools. This provides actionable insights to support clinical care and service development.
"Paper is more reliable"	Digital PRMs offer greater accuracy by eliminating transcription errors and manual data entry mistakes. Unlike paper records, which can be lost, damaged or misplaced, digital PRMs are securely stored and backed up, ensuring data integrity. They also provide real-time access, allowing clinicians to quickly retrieve and analyse information for more informed decision making. Automated processes, such as reminders, help reduce missed responses; while strict security measures ensure compliance with health regulations.
"Digital collection and use of PRMs does not support a personalised approach to care"	Digital collection and use of PRMs provide real-time data about a consumer's symptoms, needs and treatment preferences. This allows clinicians to tailor care plans more effectively and engage in shared decision making that reflects the consumer's individual needs.
"Transitioning to digital PRMs requires extensive training and IT support"	The HOPE platform is designed to be user-friendly and intuitive, requiring minimal training. However, training sessions for clinicians and managers can be provided by a PRM lead within your NSW local health district or specialty health network. Quick reference guides are available within HOPE to help users navigate the platform.
"Digital PRMs compromise patient data privacy"	The HOPE platform is designed with robust security features to ensure data is securely stored, including encryption; secure logins; and compliance with NSW Health regulations. These measures make digitally collected data just as secure, if not more secure, than paper forms, which are vulnerable to loss, unauthorised access and damage.

Implementing digital PRMs

Key steps

- Secure sponsorship: engage a local manager or executive to champion the adoption of digital PRMs, remove obstacles and celebrate successes.
- 2. Define workflows and roles: establish clear processes for assigning PRMs; reviewing results at the point of care; and managing data. The use and collection of digital PRMs should align with existing service workflows.
- **3. Build capability:** provide training for managers, clinicians and administrative staff to ensure effective platform use and compliance with data governance requirements.
- **4. Plan for go-live:** coordinate with the sponsor, local PRM lead and HOPE users to ensure readiness prior to kick-off.
- **5. Review and refine:** regularly evaluate the collection and use of digital PRMs, addressing challenges and optimising workflows to enhance efficiency and long-term success.

Considerations

- **Consumer choice:** allow consumers to select their preferred mode of completion (digital or paper-based). This ensures greater engagement and accommodates individual preferences.
- **Consumer engagement and usability:** consumers may need support initially as they adapt to using digital PRMs; but confidence and efficiency will improve over time. Ongoing support and feedback mechanisms can further enhance usability and platform improvements.
- **Consumer ability:** a consumer's physical and cognitive abilities, and their level of digital literacy, may impact their ability to use devices and engage effectively with digital PRMs. Assess these factors and make necessary adjustments to support engagement.
- **Technology access:** limited access to devices or a reliable internet connection may present barriers for some consumers and services, slowing the transition to digital PRMs.

- **Overcoming resistance to change:** some clinicians or consumers may hesitate to transition to digital PRMs. Address this with clear communication about the benefits, training and support.
- **Continuous quality improvement:** implement strategies to maintain engagement, improve retention and ensure consistent data collection.
- **Consent and data privacy:** inform consumers about how their personal health information will be collected, stored and used. Consent must be recorded digitally in HOPE and retained in the patient's eMR. This ensures individuals have control over their data and understand their rights under NSW privacy legislation.

When to use paper-based surveys

The collection of paper-based PRMs may still be needed in the following circumstances.

- **Group settings:** paper surveys can be easily distributed and collected in group settings, eliminating the need for multiple devices and helps to streamline the process.
- **Consumer preference:** some consumers prefer paper-based surveys for comfort and familiarity. Supporting flexibility of choice can lead to higher response rates and increased satisfaction.
- Limited access to technology: some consumers can't access digital devices or may not have a reliable internet connection.
- **Digital literacy and accessibility:** some consumers may prefer paper-based surveys due to limited familiarity with digital technology or accessibility challenges. Where possible, provide support to enhance their skills, empowering consumers to engage with digital PRMs more confidently over time.

Checklist: collecting paper-based surveys using HOPE

Action	Complete	Notes
Consent documentation How will consent to record consumer data in HOPE be obtained, documented and stored? Is the consent form printed and presented to the consumer?		
Survey transcription Who will be responsible for transcribing surveys into HOPE?		
Timely transcription Within what timeframe should surveys be transcribed into HOPE?		
Transcription accuracy How will you ensure transcription into HOPE is accurate?		
Managing clinical risk How will you manage clinical risk when surveys are scored on HOPE retrospectively?		
Security and privacy How will you maintain the security and privacy of consumers' information collected through paper-based surveys?		
Version control How will you ensure paper-based surveys are kept up to date with those available on HOPE?		
Environmental impact In what ways can you reduce the environmental impact of paper-based surveys, e.g. using recycled paper, secure recycling?		
Secure disposal Do you have a secure disposal process for paper-based surveys and consent forms that adheres to relevant privacy regulations?		

Bibliography

- Agency for Clinical Innovation. Drivers for the collection and use of digital patient-reported measures (unpublished). Sydney: ACI; 2025.
- Gibbs D, Toop N, Grossbach AJ, et al. Electronic versus paper patient-reported outcome measure compliance rates: A retrospective analysis. Clin Neurol Neurosurg. Mar 2023;226:107618. DOI: 10.1016/j. clineuro.2023.107618.
- Kodama K, Konishi S, Manabe S, et al. Impact of an Electronic Medical Record-Connected Questionnaire on Efficient Nursing Documentation: Usability and Efficacy Study. JMIR Nurs. 25 Sep 2023; 6:e51303. DOI: 10.2196/51303.
- Nguyen MP, Rivard RL, Blaschke B, et al. Capturing patient-reported outcomes: paper versus electronic survey administration. OTA Int. 8 Sep 2022; 5(3):e212. DOI: 10.1097/OI9.0000000000212.
- Yu JY, Goldberg T, Lao N, et al. Electronic forms for patient reported outcome measures (PROMs) are an effective, time-efficient, and cost-minimizing alternative to paper forms. Pediatr Rheumatol Online J. 3 May 2021; 19(1):67. DOI: 10.1186/s12969-021-00551-z.

Title	The digital collection and use of patient-reported measures – A guide for clinicians			
Published	May 2025			
Next review	2030			
Produced by	ACI Patient Reported Measures team			
Preferred citation	NSW Agency for Clinical Innovation. The digital collection and use of patient-reported measures – A guide for clinicians. Sydney: ACI; 2025.			
Ref ACI/D25/926	SHPN (ACI) 250441	ACI_11699		

© State of NSW (Agency for Clinical Innovation) CC-ND-BY