

# Patient-reported measures change and adoption strategy

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## At a glance

The aim of the NSW Patient Reported Measures (PRMs) Program is to enable patient and carers to provide direct, timely feedback about their health-related experiences and outcomes to drive improvements in care across the NSW health system. PRMs are surveys which help assess experiences and outcomes of healthcare according to patients.

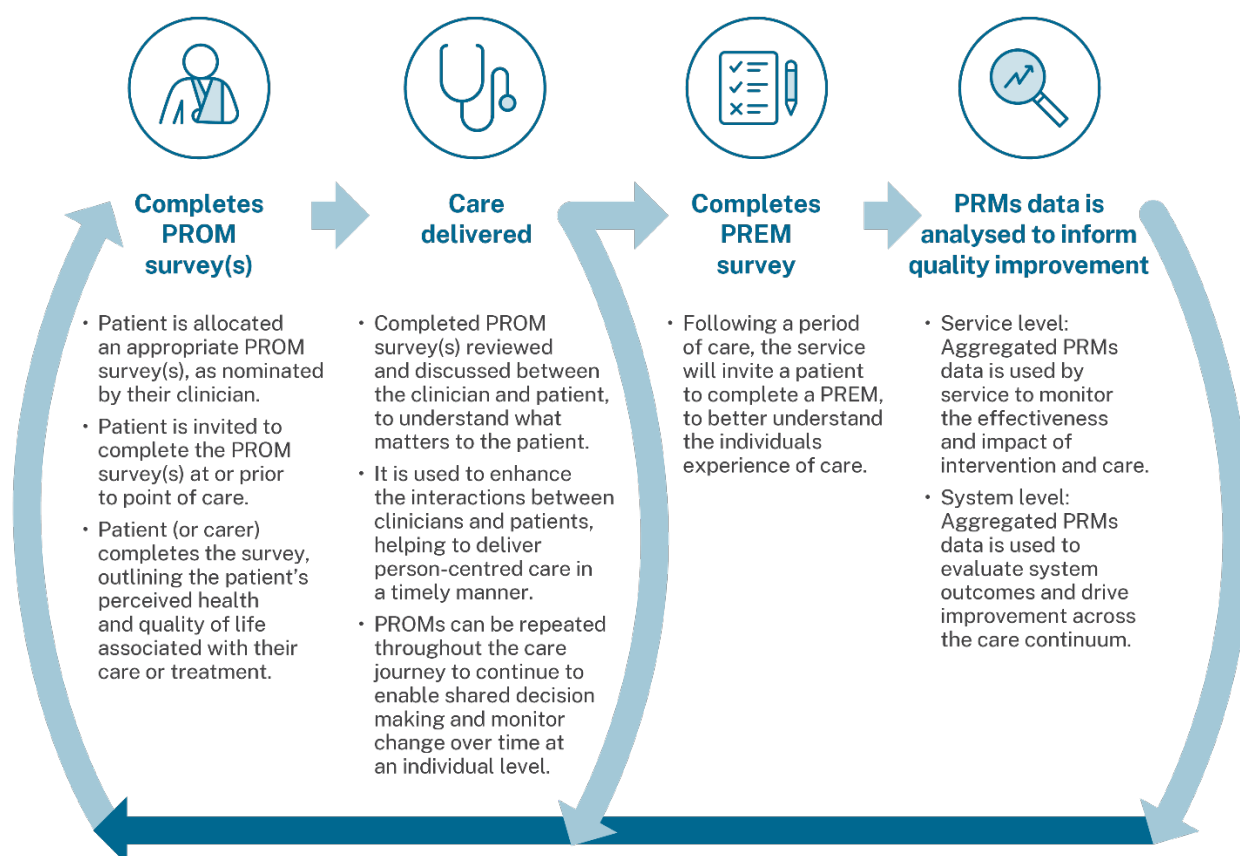
The program is designed to:

- enhance individual patient and carer outcomes and experiences of care
- improve clinical practice
- inform improved models of care, referral pathways and partnerships
- provide value-based healthcare and a more efficient and sustainable health system.

PRMs can be grouped into two distinct categories:

- **Patient-reported outcome measures (PROMs)** - capture the **patient's perspectives about how illness or care impacts on their health and wellbeing**. PROMs can relate to the patient's generic quality of life or can be condition-specific, related to aspects of their health issues.
- **Patient-reported experience measures (PREMs)** - capture the patient's perception of their experience with healthcare or services.

## Patient journey with patient-reported measures



# Introduction

## Background

NSW Health's vision in the Commissioning for Better Value Strategy 2021-25 is to deliver a "sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled."<sup>1</sup> To deliver on this vision and the objectives of [Future Health](#), we need to know and measure what matters most to patients, carers, the community and staff, and the degree to which the health system improves these outcomes and experiences.<sup>2</sup>

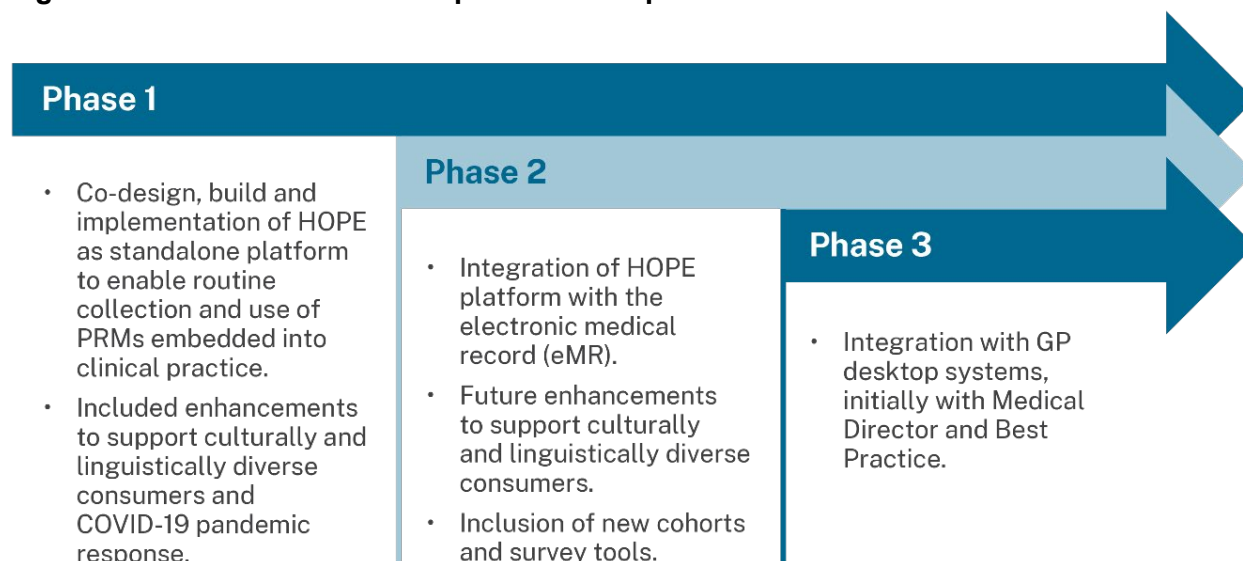
The NSW Patient Reported Measures (PRMs) Program supports and enables several objectives in Future Health, including "patient and carers have positive experiences and outcomes that matter", "people are healthy and well", "our staff are engaged and well supported" and "digital advances inform service delivery".<sup>2</sup> The NSW PRMs Program is also an enabler of [Regional Health Strategic Plan 2022-2032](#)<sup>3</sup> and the [NSW Health and NSW Primary Health Networks: Working together to deliver person-centred healthcare](#)<sup>4</sup>. These documents support a one health system approach.

The aim of the NSW PRMs Program is to enable patient and carers to provide direct, timely feedback about their health-related experiences and outcomes to drive improvements in care across the NSW health system. Patient-reported measures (PRMs) are surveys which help assess experiences and outcomes of healthcare according to patients. The program is designed to enhance individual patient and carer outcomes and experiences of care, inform improved models of care, referral pathways and partnerships and strengthen the health system to provide value-based healthcare and a more efficient and sustainable health system.

The Health Outcomes and Patient Experience (HOPE) platform is designed to enable the digital collection and reporting of PRMs across the system. The HOPE platform enables the delivery of PRMs surveys to patients and their carers. It provides access to individual patient data and aggregated data among clinicians, across services and the health system.

The PRMs HOPE platform was developed as a minimum viable product (MVP) and is subsequently being implemented in phases:

- Phase 1 involved the enhancements to MVP, specifically introduction of a patient and carer portal, additional surveys, and translations of surveys into 10 community languages.
- Phase 2 enabled the HOPE platform to be integrated with NSW electronic medical record (eMR).
- Phase 3 is intended to integrate the HOPE platform with general practice management systems.

**Figure 1: The HOPE Platform implementation phases overview**

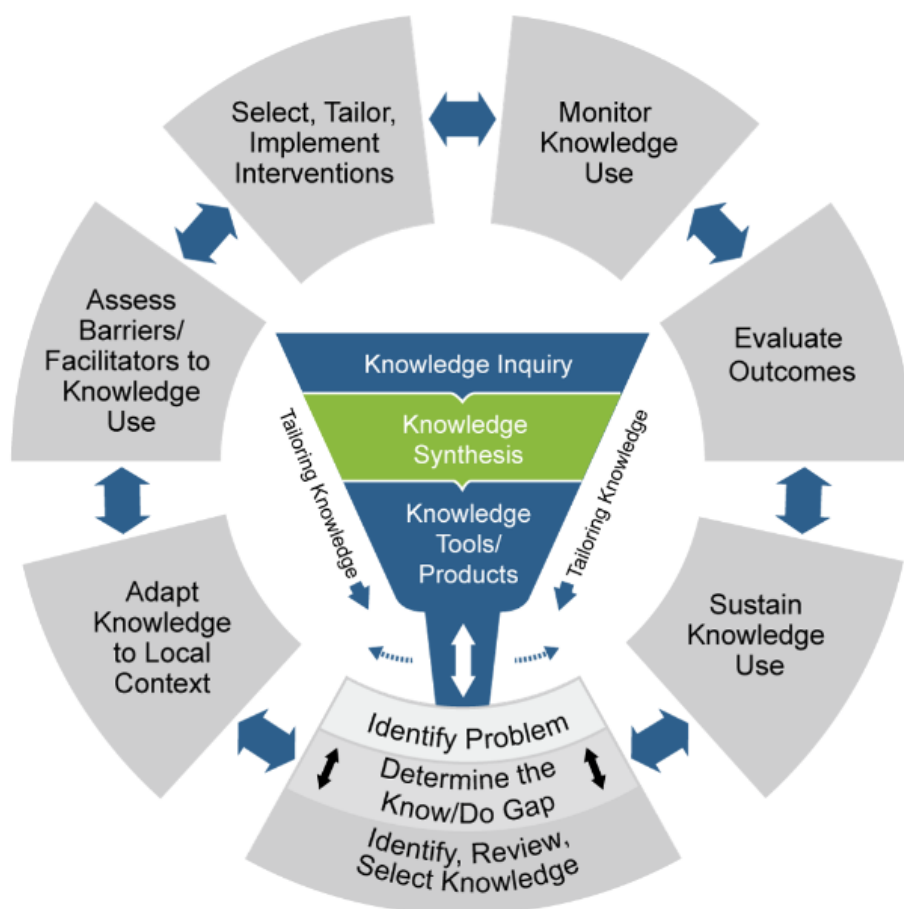
### This document

The PRMs Change and Adoption Strategy (the strategy) outlines the required implementation planning and support needed to shift people's behaviours, putting into practice the desired change of collecting and using PRMs in clinical care (at point of care) and shared decision making.

- The strategy:
- outlines the implementation approach for successful adoption of the NSW PRMs Program
- outlines the monitoring framework to ensure the Program is meeting the intended objectives
- supports consumers, clinicians, managers, executives, and policy makers across care settings in NSW to embed PRMs into business as usual
- sits across the care continuum and should be applied to all care settings to ensure an integrated person-centred approach to value-based healthcare.

Notably, scale and sustainability of large system change is challenging; leveraging from and strengthening existing connections across the care continuum is required to ensure the full benefits can be realised and achieved.

The [Knowledge to Action](#) implementation model was used to develop the strategy, refer to the diagram at Figure 2.<sup>5</sup> Knowledge to Action is a process model to guide identification and selection of implementation strategies based on evidence and theory.

**Figure 2: Knowledge to Action Model**

The strategy follows the designed program logic for the NSW PRMs Program to achieve a vision of a health system organised to achieve value-based healthcare, centred on what matters most to patients (see Appendix 1: PRM program logic).

### Intended audience

This strategy is intended for all stakeholders who are impacted by the NSW PRMs Program across the care continuum. Key stakeholders include PRMs Program Leads, clinicians, clerks, PRMs Program sponsors, service and network managers. These roles are critical agents, sponsors, champions and targets.

## Guiding principles

This strategy supports the broader NSW Health [Patient Reported Measures Framework](#), including the following guiding principles:<sup>6</sup>

1. **Patient-centred** – PRMs and associated processes are patient-centric and give patients a greater say in their care.
2. **Iterative co-design approach** – designed with input from patients, carers, clinicians and decision makers.
3. **Integrated** – PRMs cover the whole patient journey across all care settings and are integrated to allow a holistic view.
4. **Fit for purpose and meaningful** – PRMs need to be valued and useful for diverse groups of patients, carers, clinicians and decision makers.
5. **Trusted and reputable** – the tools need to be evidence based, culturally appropriate and easily understood.
6. **Consistency** – the information collected, and systems used allow for comparisons across dimensions of care (core functionality, symptoms and quality of life) and allow flexibility for tailoring to local needs.
7. **Universal coverage** – PRMs are universal but need to have adequate variation to distinguish between cohorts.
8. **Sustainability** – ensure that PRMs support a sustainable health system that delivers effective and efficient care into the future.
9. **Transparency** – data is available in real time and accessible at multiple system levels.
10. **Staged implementation approach** – supports the incremental adoption of PRMs and ensures adequate change management and resourcing.



## Program governance

The NSW PRMs Program governance is critical in supporting decision making, managing risk and improving efficiencies across the NSW PRMs Program. The NSW PRMs Program governance structure is outlined in Appendix 2.

### Strategic direction

Collecting and using self-reported information from patients, carers, the community and staff is a critical component of the objectives of the [Future Health](#).<sup>2</sup> The NSW PRMs Program supports and enables several objectives across all strategic outcomes of Future Health, particularly Strategic Outcome 1: patients and carers have positive experiences and outcomes that matter (Figure 3).

To ensure NSW Health's approach to the collection and use of self-reported information, including PRMs, is coordinated to achieve these outcomes, the NSW PRMs Program is aligned with overarching system governance, as outlined in Appendix 2.

**Figure 3: Future Health Strategic Objective 1**

**Patients and carers have positive experiences and outcomes that matter:**

- Partner with patients and communities to make decisions about their own care
- Bring kindness and compassion into the delivery of personalised and culturally safe care
- Drive greater health literacy and access to information
- Partner with consumers in co-design and implementation of models of care.

### Self-Reported Information Steering Committee

The purpose of the Self-Reported Information (SRI) Steering Committee is to provide strategic direction, decision making and oversight of the coordination, implementation and optimal collection and use of self-reported information across the NSW health system.

### Coordination and engagement

#### HOPE Steering Committee

The HOPE Steering Committee is responsible for:

- ensuring the HOPE platform effectively meets statewide user needs
- understanding the technical implications of different tools and processes to meet the strategic goals of the program.

## Coordination and Engagement Working Group

The purpose of the Coordination and Engagement Working Group is to:

- provide a consultative and collaborative forum to share information and learnings
- develop consistent approaches to the collection and use of self-reported information where appropriate
- undertake joint work as directed by the Self-Reported Information Steering Committee
- consider the implications of cross-collection of data
- improve coordination and alignment of survey collection with a shared focus on end-users.

## Implementation and monitoring

Governance groups detailed in Implementation and monitoring section of the NSW PRMs state-level program governance in Appendix 2, are required to:

- provide guidance on the implementation of the HOPE platform, ensuring it is suitable for use across the supported clinical contexts and care settings in the health system
- advise on the education, training and change management approach to support the successful adoption of the HOPE platform across the health system
- advise on education, training and change management approaches to support the effective use of PRMs in clinical practice.

At a local organisation level, PRMs Program governance is required to support the effective change and adoption of PRMs enabled by the HOPE platform. It is the responsibility of each local organisation to establish and maintain PRMs local program governance specific to their local health district (LHD), primary health network (PHN) or specialty health network (SHN) needs. Local governance should be aligned with statewide PRMs governance.

## Implementation methodology

The NSW PRMs Program uses the [Accelerated Implementation Methodology \(AIM\)](#)<sup>7</sup> to ensure that local sites across the care continuum are implementing the long-term collection and use of PRMs at the point of care, enabled by the HOPE platform.

The NSW PRMs Program approach to implementation enables:

- a one system approach and vision of PRMs across NSW
- promotion and awareness of the HOPE platform
- establishment and maintenance of a compelling platform for change throughout LHDs, SHNs, PHNs and primary care
- teamwork and collaboration with healthcare providers to help them move through the change and adopt PRMs and the HOPE platform
- champions to be identified to promote, educate and distribute key messages throughout the change
- open communication channels to enable cross-collaboration and feedback.

PRMs Stakeholder Engagement and Communications Framework contains more information on this approach.

AIM is a flexible, business-disciplined framework for managing organisational changes, including transformational change, through to full return on investment. It is an integrated system of operationalised principles, strategies, tactics, measurement analytics and tools, supported by certification and learning programs.

## Stakeholders enabling implementation of PRMs

A CAST of stakeholders that each play a pivotal role in the implementation and adoption of PRMs have been identified, in alignment with the AIM approach. The CAST of stakeholders includes Champions, Agents, Sponsors and Targets. The below (Table 1) shows each CAST role, what this includes and the PRMs stakeholder who is accountable accordingly. Each PRMs stakeholder is not exclusive to one CAST role, as shown below.

**Table 1: CAST roles for PRMs implementation stakeholders<sup>8</sup>**

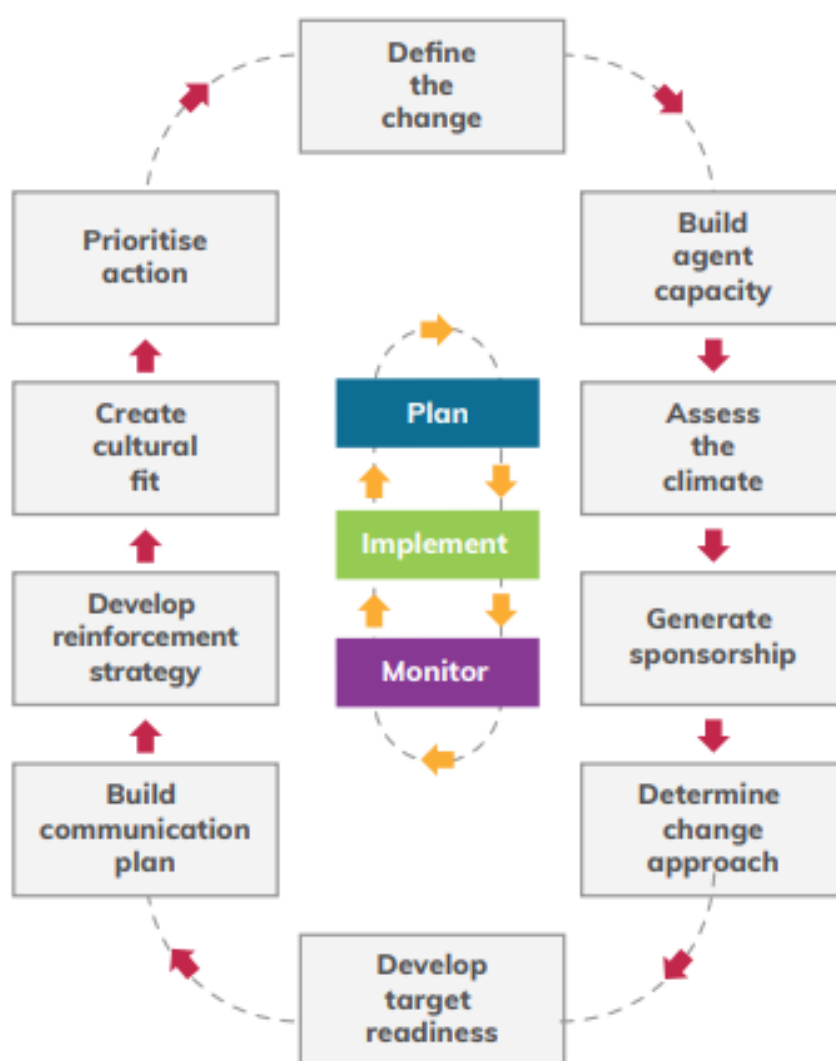
CAST	AIM definition	PRMs stakeholder
Champions	Believe in and want the change and attempt to obtain commitment and resources for it. Implementation is accelerated when the other roles are also champions.	Administration support officers Clinicians Network and Service Managers
Agents	Implement the change. They have responsibility in planning and executing implementation, and their performance is evaluated and reinforced on the success of implementation.	PRMs Program Lead
Sponsors	Authorise, legitimise, and demonstrate ownership by driving change. They possess the authorisation and/or influence to instigate the deployment of resources and reinforce change at a local level. Sponsorship is the single most important factor in ensuring rapid and successful implementation.	PRMs Program Sponsors (authorising) Network and Service Managers (reinforcing)
Targets	Change behaviour, emotions, knowledge, perceptions.	Administration support officers Clinicians Consumers

## Sponsorship model

The sponsorship model for the NSW PRMs Program follows the cycle of change management as detailed in Figure 5. A distributed leadership model at all stages of the sponsorship model ensures transparency and manages risk and issues for implementation. It also improves fidelity of the implementation methodology and aims to accelerate capability in the CAST to implement PRMs at point of care.

As defined in the NSW PRMs Capability Development Framework, education, training and developing the capacity of the targets in the program is a cornerstone of the sponsorship model. Specifically, sponsors authorise, enable and reinforce the conditions, resources and culture required for the successful change and adoption activities.

**Figure 5: AIM Sponsorship model**



## Stages of change

Stages of change in human behaviour and attitude are evident during each phase of the implementation of PRMs and the HOPE platform and follow a readiness (awareness, desire, understand), change (use) and adoption (embed) pathway. It is important to note that each individual stakeholder will move along this pathway at various speeds, and some may relapse to previous behaviours and require proactive support.

Table 2 below outlines in more detail the human behaviour anticipated, as well as the activity required to support transition and the change lead responsible for implementing.

**Table 2: Stages of change pathway**

	Readiness (awareness)	Change (enablement)	Adoption (participation)
Stage of change	<p><b>Aware (precontemplation)</b> People in this stage have not begun to think about changing and tend to defend their current patterns.</p> <p><b>Desire (contemplation)</b> People in this stage can consider the possibility of change but feel ambivalent about taking the next step.</p> <p><b>Understand (preparation)</b> People see the cons of continuing as outweighing the pros and are less ambivalent about taking the next step. They can take some small steps towards changing behaviour. They believe that change is necessary and that the time for change is imminent. Equally, some people at this stage decide not to do anything about their behaviour.</p>	<p><b>Use (action)</b> Actively involved in taking steps to change their usual behaviour and making greater steps towards notable change. Ambivalence is still highly likely at this stage. May try several different techniques and are also at greatest risk of relapse.</p>	<p><b>Embed (maintenance)</b> Able to avoid any temptations to return to usual behaviour. Have learned to anticipate and handle temptations and employ new ways of coping. Can have a temporary slip, but do not tend to see this as failure.</p>
Activity	Provide <b>information, training and education</b> opportunities to healthcare providers to raise awareness of PRMs and the HOPE platform.	<p><b>Access and use</b> of the HOPE platform to enable digital collection and use of PRMs at the point of care.</p> <p>They will also explain the benefits of PRMs and support patients and carers on their PRMs journey and empower their voice to support the care continuum.</p>	Use of PRMs in <b>everyday practice</b> to inform clinical care, treatment and drive service improvement and service delivery.

## Monitoring and evaluation

A continuous cycle of monitoring and evaluation of the components of the strategy, targets, program logic and outputs of the program enable the program to be responsive to the needs of key stakeholders while continuing to deliver objectives of the [Future Health](#).<sup>2</sup> Monitoring and evaluation of the PRMs program is vital to ensure it is fit for purpose and appropriately aligns with statewide strategic direction.

The Monitoring and Evaluation Plan for the ACI PRMs Program details:

- the approach to understand if the program is being delivered as planned and achieving the changes and outcomes at the individual, service, and system level
- the intended outcomes of the program
- how dashboard monitoring, process evaluation and outcome evaluation will be employed to assess implementation, effectiveness, efficiency, and net benefits of the PRMs Program.

The intended outcomes of the ACI PRMs Program are expected to be progressively realised over time at three levels: individual (clinicians, patients and carers), service, and system levels (Table 3). These three levels are not mutually exclusive but overlap with interdependencies. For example, routine PRMs collection and use at the individual level will support aggregate data analysis and use at the service and system level such as for comparative analysis, benchmarking, cohort monitoring and evaluating value in terms of cost effectiveness.

**Table 3: Intended outcomes of the ACI PRMs Program**

Individual	Service	System
<ul style="list-style-type: none"> <li>• PRMs inform patients about their health and improve their health literacy.</li> <li>• PRMs increase clinician understanding of patients' needs and preferences.</li> <li>• PRMs enhance patient and clinician interactions and discussions, support shared decision making and, in turn, improve health literacy.</li> <li>• PRMs lead to more holistic care aligned with needs and preferences of patients.</li> <li>• PRMs elevate the experience of patients and clinicians.</li> </ul>	<ul style="list-style-type: none"> <li>• PRMs inform measurement of service effectiveness and inform service delivery changes.</li> <li>• PRMs enable benchmarking between services, cohorts, teams, and interventions to inform improvements.</li> </ul>	<ul style="list-style-type: none"> <li>• PRMs inform service planning, investment, evaluation, and benchmarking.</li> <li>• PRMs inform measurement that care is value-based.</li> <li>• PRMs generate new knowledge and evidence about achievement of outcomes.</li> <li>• PRMs support delivery of an efficient and sustainable NSW health system.</li> </ul>

The intended outcomes for the ACI PRMs Program (Table 3) shows how the change and adoption activities, and the use of HOPE platform are expected to lead to the changes and outcomes at individual, service and system levels.

Monitoring and evaluation for the ACI PRMs Program will incorporate program monitoring via the dashboard, process evaluation and outcome evaluation, including an economic component (Table 4). The outcome and economic evaluation are outlined in this plan at a high level, with proposed evaluation questions and sub-questions.

**Table 4: Monitoring and evaluation phases and focus**

Program monitoring	Process evaluation	Outcome or economic evaluation
<b>Monitoring via HOPE platform dashboard</b>  <b>Timing:</b> Throughout implementation  <b>Purpose:</b> Inform local LHD, SHN and primary care adjustments to implementation  <b>Evaluation focus:</b> <ul style="list-style-type: none"> <li>• Patient and clinician level</li> <li>• Is PRMs uptake progressing as planned?</li> </ul>	<b>Mixed methods evaluation</b>  <b>Timing:</b> Point in time during implementation  <b>Purpose:</b> Inform system level program improvements  <b>Evaluation focus:</b> <ul style="list-style-type: none"> <li>• Patient and clinician level</li> <li>• How is implementation progressing?</li> <li>• Are early changes and outcomes being achieved?</li> <li>• What is helping and hindering implementation?</li> <li>• What are the costs and benefits so far?</li> </ul>	<b>Mixed methods evaluation</b>  <b>Timing:</b> When program is embedded, and use settles at service and system level  <b>Purpose:</b> Assess overall impact  <b>Evaluation focus:</b> <ul style="list-style-type: none"> <li>• Service and system level</li> <li>• Are end stage outcomes and benefits being achieved?</li> <li>• Are there any unexpected outcomes?</li> <li>• What are the economic impacts?</li> </ul>

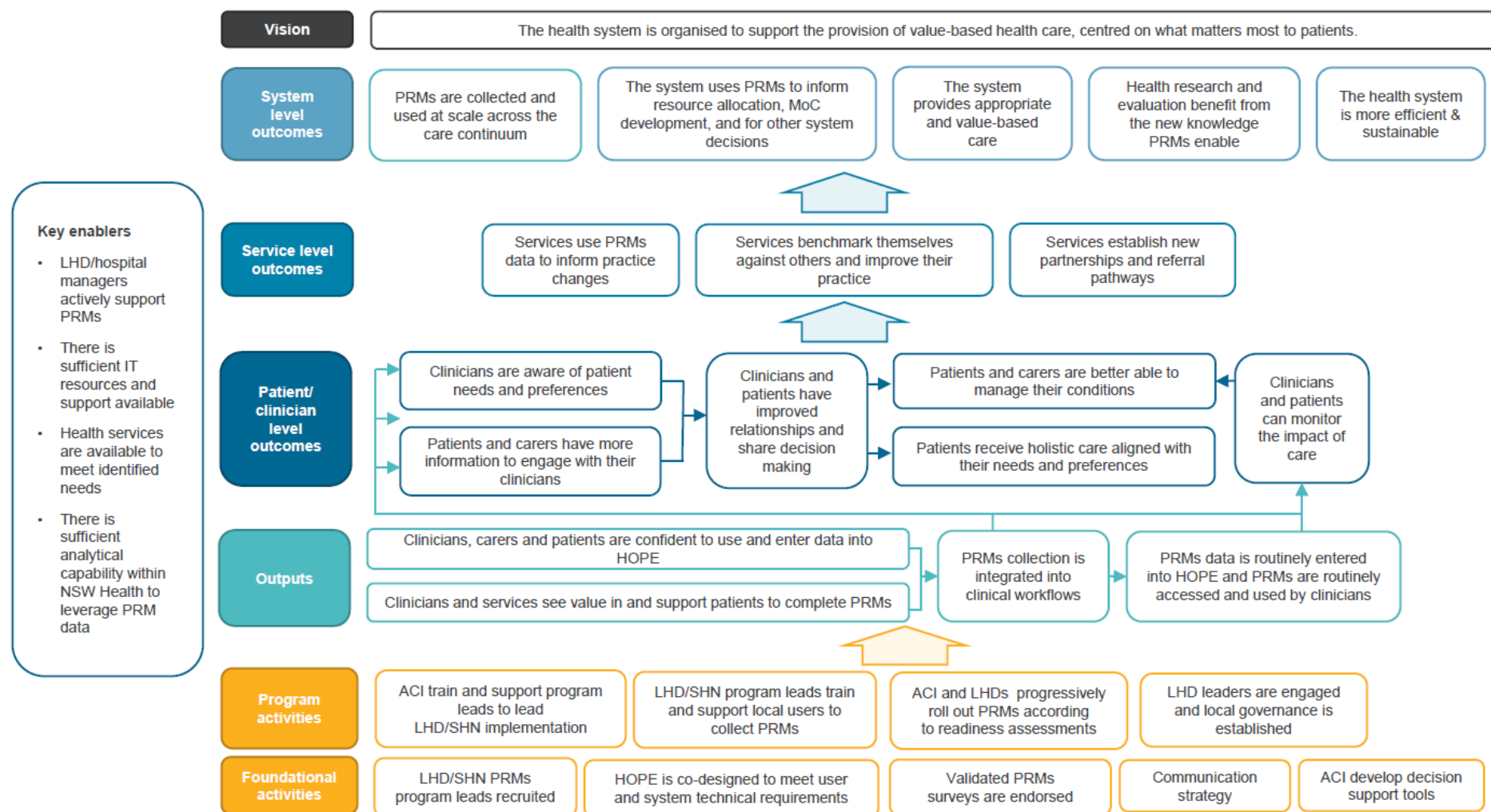
The Change and Adoption Strategy is intended to be iterative and responsive to the outcomes of monitoring and evaluation, and feedback from all stakeholders. As demonstrated in the PRMs program logic (Appendix 1) and following the Knowledge to Action model, the program activities, key enablers and sponsorship will achieve improved individual, service and system outcomes.



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## Appendix 1: PRMs program logic



## Appendix 2: NSW PRMs state level program governance

