

**Using patient reported outcome measures in
Primary Care: evidence and challenges**

Jose M Valderas
Professor of Health Services & Policy Research
General Practitioner

What are PROMs

- Quality of Life
- Health Related Quality of Life
- Functioning
- Symptoms
- Health perceptions
- Health status
- EQ5D, SF-36, Oxford Hip Score

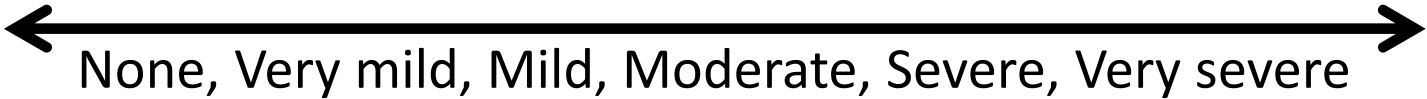
What are PROMs

- “Any measurement of a patient health status that comes directly from the patient”

What are PROMs

- “Any measurement of a patient health status that comes directly from the patient”
- Any health measurement that comes directly from the patient

What are PROMs

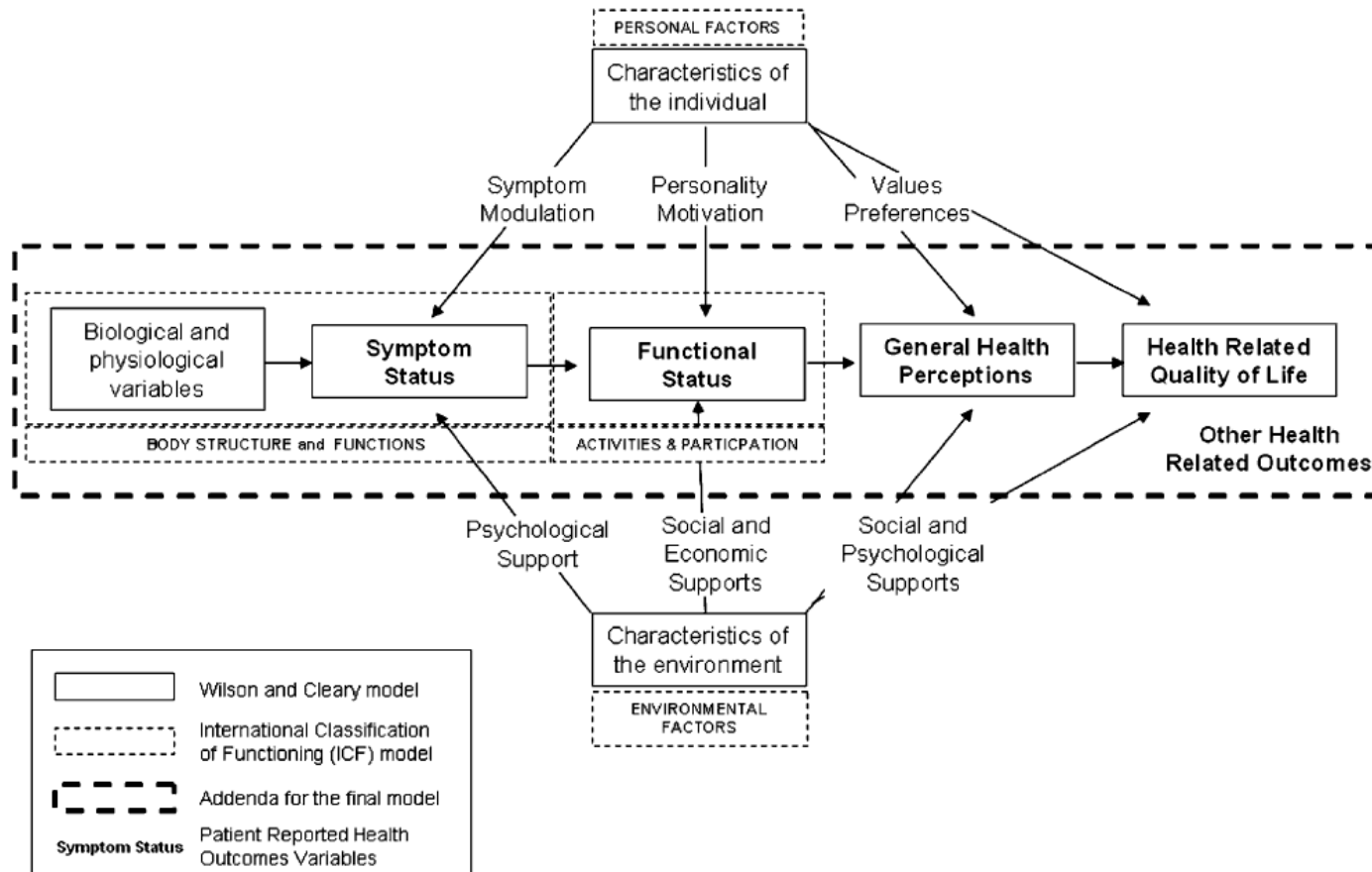
- Stimulus (item):
How much bodily pain have you had during the past 2 weeks?
- Response (scale)


None, Very mild, Mild, Moderate, Severe, Very severe
- Scoring (domains, weights)
Bodily pain domain (% , t-score)
Physical Health Summary

What are PROMs

- Self reported health status: *“In general, how would you rate your health?” Excellent, very good, good, fair, poor*
- Medical Outcomes Study short-form health surveys (SF-36, SF-12, SF-6D)
- EuroQol (EQ-5D)
- McGill Pain Questionnaire
- KIDSCREEN
- Patient Health Questionnaire (PHQ-9)
- Schedule for the Evaluation of Individual Quality of Life (SEIQoL)

What are PROMs



Types of PROMs

- Construct:
 - Symptoms: patient's perception of an abnormal physical, emotional or cognitive state
 - Functional status: ability of the individual to perform tasks
 - Health perceptions: subjective integration of information related to symptom status and functional status
 - HRQoL
 - Other
- Population: age, gender, condition, culture
- Measurement:
 - Metric: psychometric, econometric, clinimetric
 - Dimensionality: index, profile
 - Adaptability: standardized, individualized

PRO measure	A. Construct (item level)	B. Population*	C. Measurement
MOS SF36	A.1. <i>Symptoms (F00-F99, R00-R99)</i> A.2. <i>Functional Status</i> A.3. <i>Health perceptions</i> A.4. <i>Quality of Life</i>	B.1.d. <i>Adults</i> B.2.a. <i>All genders</i> B.3.u. <i>All diseases</i>	C.1.c. <i>Index & Profile</i> C.2.a. <i>Psychometric</i> C.3.a. <i>Completely standardized</i>
Sickness Impact Profile	A.1. <i>Symptoms (F00-F99, R00-R99)</i> A.2. <i>Functional Status</i>	B.1.d. <i>Adults</i> B.2.a. <i>All genders</i> B.3.u. <i>All diseases</i>	C.1.a. <i>Index</i> C.2.a. <i>Psychometric</i> C.3.a. <i>Completely standardized</i>
Nottingham Health Profile	A.1. <i>Symptoms (F00-F99, R00-R99)</i> A.2. <i>Functional Status</i> A.3. <i>Health Perceptions</i>	B.1.d. <i>Adults</i> B.2.a. <i>All genders</i> B.3.u. <i>All diseases</i>	C.1.a. <i>Profile</i> C.2.a. <i>Psychometric</i> C.3.a. <i>Completely standardized</i>
EORTC QLQC30	A.1. <i>Symptoms (F00-F99, R00-R99)</i> A.2. <i>Functional Status</i> A.3. <i>Health perceptions</i> A.4. <i>Quality of Life</i>	B.1.d. <i>Adults</i> B.2.a. <i>All genders</i> B.3.c. <i>Neoplasms: C00-D48</i>	C.1.b. <i>Profile</i> C.2.a. <i>Psychometric</i> C.3.a. <i>Completely standardized</i>
EuroQol	A.1. <i>Symptoms (F00-F99, R00-R99)</i> A.2. <i>Functional Status</i>	B.1.d. <i>Adults</i> B.2.a. <i>All genders</i> B.3.u. <i>All diseases</i>	C.1.a. <i>Index</i> C.2.b. <i>Econometric</i> C.3.a. <i>Completely standardized</i>

Where to find PROMs

- Repositories
 - Catalogues:
 - I McDowell 2006
 - A Bowling 2004 and 2001
 - S Salek 1999
 - On-line libraries:
 - PROQOLID
 - PROMs group, Oxford
 - BiblioPRO
- Ad hoc literature search



PROQOLID

Patient-Reported Outcome and Quality of Life Instruments Database

[About ProQolid](#)
[Demo](#)
[Subscribe to ProQolid](#)
[Authors](#)
[ProQolid e-Newsletter](#)
[Contact us](#)
[Links](#)

[Alphabetical list](#)
[Generic](#)
[Pathology / Disease](#)
[Population](#)
[Author's name](#)
[Search engine](#)


Developed by [MAPI Research Institute](#) and managed by [MAPI Research Trust](#) (Lyon, France), ProQolid aims to identify and describe PRO and QOL instruments

to help you choose appropriate instruments and facilitate your access to them.

Free access

This level is available to all ProQolid visitors at no charge. For each instrument in the database, you will find 14 categories of basic information (e.g., author, objective, mode of administration, original language, existing translations, pathology, number of items, etc.). [Search](#)

Advanced access (members only)

This level presents a greater degree of practical information on each instrument, most notably the author's details and contact information, conditions of use, psychometric properties, etc., and, when available, a review copy of the original instrument, its translations, and a user manual. [Login](#)

Highlights

Free two-week trials of ProQolid are available upon request

Please [contact us](#) for more details



ProQolid online subscription now available on an easy and secure platform

Database

ProQolid currently contains

- Descriptions of **706** instruments
- **540** review copies of original instruments
- Review copies of **1293** translations
- Review copies of **177** user manuals
- Descriptions of **82** databases

NB: ProQolid's content is based on information taken from literature and/or validated by the authors of the instruments. The adequacy of study methodology and psychometric properties is not evaluated.

On-going developments

Include

- **On-going update** in collaboration with the instruments' developers: complete description of the **content validity documentation** (previously named methodology of development)

- **13** new instruments added in 2011

Instruments recently added

- » [Asthma Control Diary \(ACD\)](#)
- » [Nocturnal Rhinoconjunctivitis Quality of Life Questionnaire \(NRQLQ\)](#)
- » [European Organization for Research and Treatment of Cancer Quality of Life Questionnaire - Cervical Cancer Module \(EORTC QLQ-CX24\)](#)
- » [More](#)



Access to the disease-specific instruments by pathology/disease

The term "pathology" refers to a large therapeutic area and can cover several diseases. On the other hand, the term "disease" refers to a specific, precisely defined condition

- | | | |
|---|--|--|
| » Bacterial infections and mycoses | » Hemic and lymphatic diseases | » Pathological conditions signs and symptoms |
| » Cardiovascular diseases | » Immune system diseases | » Psychiatry/psychology |
| » Congenital, hereditary, and neonatal diseases and abnormalities | » Male genital diseases | » Respiratory tract diseases |
| » Digestive system diseases | » Musculoskeletal diseases | » Skin and connective tissue diseases |
| » Disorders of environmental origin | » Neoplasms | » Stomatognathic diseases |
| » Endocrine system diseases | » Nervous system diseases | » Surgical Procedures, Operative |
| » Eye diseases | » Nutritional and metabolic diseases | » Urologic diseases |
| » Female genital diseases and pregnancy complications | » Otorhinolaryngologic diseases | » Virus diseases |

Choose a pathology

[↑ Top](#)

Musculoskeletal diseases

d) the key requirements for instruments, administration and information management for successful implementation
(Diseases of the muscles and their associated ligaments and other connective tissue and of the bones and cartilage viewed collectively)

Disease(s)	Abbrev.	Full name	Author(s)
Generic for musculoskeletal diseases	FIM™ instrument	FIM™ instrument	Granger Carl V Hamilton Byron B Keith Robert Allen et al.
	PASI	Patient-Specific Index	Wright James G
	SAT-16	SAT-16	Benevolo Emilio Franchignoni Franco, MD Ottonello Marcella et al.
	WeeFIM® instrument	WeeFIM® instrument	Granger Carl V McCabe Margaret A
	WORC	Western Ontario Rotator Cuff index	Alvarez Christine, MD, FRCSC Griffin Sharon, CSS Kirkley Alexandra, MD, MSc
	WOSI	Western Ontario Shoulder Instability Index	Griffin Sharon, CSS Kirkley Alexandra, MD, MSc
Acromegaly	10-item ICD-QOL	10-item Implantable Cardioverter Defibrillator Quality of Life Questionnaire	Chevalier Philippe
	AcroQoL	Acromegaly Quality of Life questionnaire	Badia Xavier Prieto Luis Webb Susan
Arthritis, Gouty	OHS	Oxford Hip Score	Dawson Jill Fitzpatrick Ray
	OKS	Oxford Knee Score	Dawson Jill Fitzpatrick Ray
Arthritis, Rheumatoid	AIMS2	Arthritis Impact Measurement Scales	Meenan Robert F
	ASQoL	Ankylosing Spondylitis Quality of Life Questionnaire	Galen Research
	BASDAI	Bath Ankylosing Spondylitis Disease Activity Index	Calin Andrei
	BASFI	Bath Ankylosing Spondylitis Functional Index	Calin Andrei
	CHAQ	Childhood Health Assessment Questionnaire	Singh Gurkirpal
	FFI	Foot Function Index	Budiman-Mak Elly Conrad Kendon J Roach Kathryn E
	JAQQ	Juvenile Arthritis Quality of Life Questionnaire	Duffy Ciaran M
	MACTAR	McMaster Toronto Arthritis Patient Preference Disability Questionnaire	Tugwell Peter
	OES	Oxford Elbow Score	Dawson Jill

Musculoskeletal diseases

d) the key requirements for instruments, administration and information management for successful implementation
(Diseases of the muscles and their associated ligaments and other connective tissue and of the bones and cartilage viewed collectively)

Disease(s)	Abbrev.	Full name	Author(s)
Generic for musculoskeletal diseases	FIM™ instrument	FIM™ instrument	Granger Carl V Hamilton Byron B Keith Robert Allen et al.
	PASI	Patient-Specific Index	Wright James G
	SAT-16	SAT-16	Benevolo Emilio Franchignoni Franco, MD Ottonello Marcella et al.
	WeeFIM® instrument	WeeFIM® instrument	Granger Carl V McCabe Margaret A
	WORC	Western Ontario Rotator Cuff index	Alvarez Christine, MD, FRCSC Griffin Sharon, CSS Kirkley Alexandra, MD, MSc
	WOSI	Western Ontario Shoulder Instability Index	Griffin Sharon, CSS Kirkley Alexandra, MD, MSc
Acromegaly	10-item ICD-QOL	10-item Implantable Cardioverter Defibrillator Quality of Life Questionnaire	Chevalier Philippe
	AcroQoL	Acromegaly Quality of Life questionnaire	Badia Xavier Prieto Luis Webb Susan
Arthritis, Gouty	OHS	Oxford Hip Score	Dawson Jill Fitzpatrick Ray
	OKS	Oxford Knee Score	Dawson Jill Fitzpatrick Ray
Arthritis, Rheumatoid	AIMS2	Arthritis Impact Measurement Scales	Meenan Robert F
	ASQoL	Ankylosing Spondylitis Quality of Life Questionnaire	Galen Research
	BASDAI	Bath Ankylosing Spondylitis Disease Activity Index	Calin Andrei
	BASFI	Bath Ankylosing Spondylitis Functional Index	Calin Andrei
	CHAQ	Childhood Health Assessment Questionnaire	Singh Gurkirpal
	FFI	Foot Function Index	Budiman-Mak Elly Conrad Kendon J Roach Kathryn E
	JAQQ	Juvenile Arthritis Quality of Life Questionnaire	Duffy Ciaran M
	MACTAR	McMaster Toronto Arthritis Patient Preference Disability Questionnaire	Tugwell Peter
	OES	Oxford Elbow Score	Dawson Jill

[Home](#)

[About us](#)

[Reports and Publications](#)

[Instrument Selection](#)

[PROM Bibliography](#)

[Links](#)

[The Oxford Orthopaedic Scores](#)

Reports and Publications

The following reviews are available from this website.

The reviews were intended to inform Department of Health choices about PROMs that might be further tested for possible use in the NHS.

Currently a study is in progress which is to evaluate the feasibility of using PROMs in Long-term conditions (Asthma, COPD, Diabetes, Epilepsy, Heart Failure and Stroke) in Primary Care. For more information click [here](#).

All files are in Adobe PDF format, to save them, please right-click and choose to save to your computer.

Reviews

Long-term conditions



Asthma
2010 review

2006 review



Epilepsy
2010 review

2006 review



Heart Failure
2010 review

2006 review



Stroke
2010 review

2006 review



Chronic Kidney Disease
2010 review



PROMS and Children
2009 review



Chronic Obstructive Pulmonary Disease (COPD)
2009 review

2006 review



Diabetes
2009 review

2006 review

CANCER Reviews



Breast Cancer
2010 review



Colorectal Cancer
2010 review



Lung Cancer
2010 review



Prostate Cancer
2010 review

Elective procedures



Elective Cardiac Procedures
2010 review



Gynaecological Procedures
2010 review

Quality of PROMs

- **Psychometric properties:**
 - **Validity (*strength*):** does the PROM measure really what it is expected to measure?
 - **Reliability:** is the variation in measurements of the same phenomenon as low as possible?
 - **Sensitivity to change:** can the PROM detect real differences?

Quality of PROMs

- **Interpretation**: What does this score mean?
 - Norms: population
 - Anchors (external): e.g., mortality
 - Content (internal): performance
 - Magnitude: Minimal Important Difference (MID), Standard Error of Measurement (SEM)
- **Ease of use**
 - Administration burden on patients
 - Administration burden on professionals
- **Adaptation**

Quality of PROMs

- Ad hoc evaluation
- Systematic comparisons
 - Ad hoc methods
 - Standardized methods:
 - EMPRO
 - COSMIN

Use of PROMs in clinical practice

		Level of aggregation of PRO data	
		Individual	Group
Used at the clinician–patient interface	Yes	Screening Monitoring Promoting patient-centred care	Decision aids
	No	Facilitating communication within multidisciplinary teams	Population monitoring and assessing quality of care

Impact of PROMs in clinical practice (individual use)

- Systematic reviews of randomized controlled trials, 2008 (1966-2007)
- 28 studies
- USA (21), UK (5), Canada (1), The Netherlands (1)
- Primary Care (19), Other settings (9)
- Generic (Short Form SF-36), Condition specific (Mental health, Neoplasms)
- Huge variation in instruments, patients, randomization, analyses

Impact of PROMs in clinical practice (individual use)

- In most trials, impact was limited.
- Changes in processes of care:
 - Increase in rates of advice, education, counselling, notations, diagnoses
 - Improvement of outcomes (health status)
 - Little evidence for change in consultations or referrals
- Non conclusive evidence for benefit

PROMs in the UK

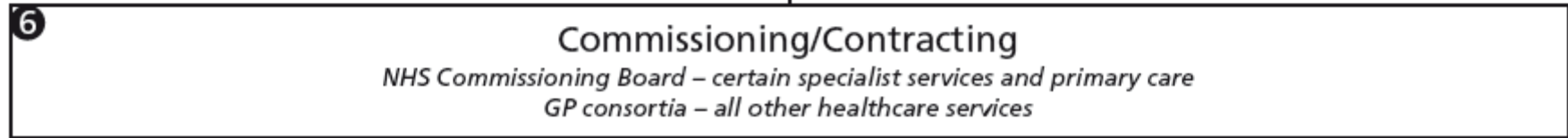
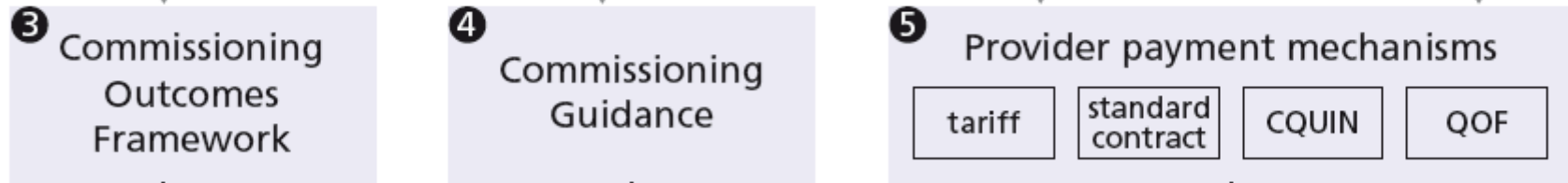
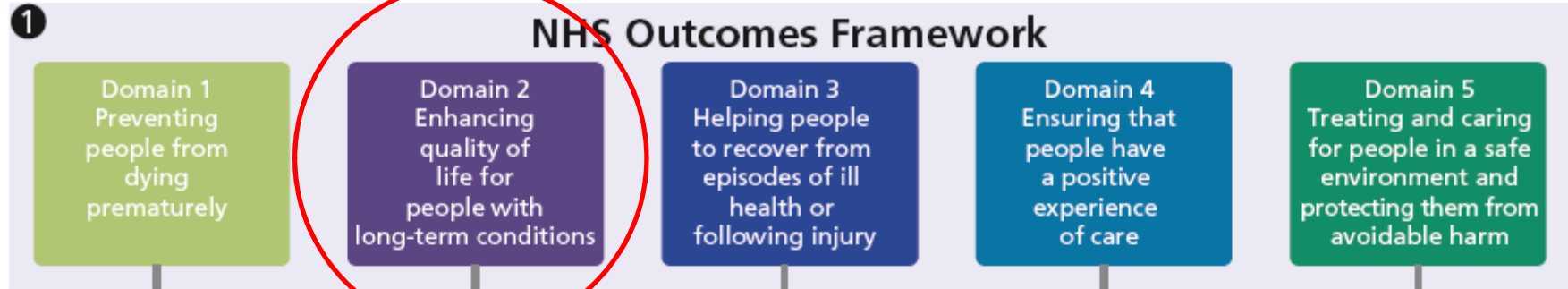
- Routine use of PROMs for patients undergoing elective surgery:
 - hip replacements: EQ5D + Oxford Hip Score
 - knee replacements: EQ5D + Oxford Knee Score
 - Hernia: EQ5D
 - Varicose veins: EQ5D + Aberdeen Varicose Vein Questionnaire
- All NHS patients, all hospitals
- Objectives:
 - To assess the relative clinical quality of providers of elective procedures
 - To research what works
 - To aid demand management.

Use of PROMs in clinical practice

		Level of aggregation of PRO data	
		Individual	Group
Used at the clinician–patient interface	Yes	Screening	Decision aids
		Monitoring	
		Promoting patient-centred care	
	No	Facilitating communication within multidisciplinary teams	Population monitoring and assessing quality of care

Duty of quality

7



Duty of quality

Duty of quality

Duty of quality

Overarching indicator

2 Health-related quality of life for people with long-term conditions (EQ-5D)**

Improvement areas

Ensuring people feel supported to manage their condition

2.1 Proportion of people feeling supported to manage their condition***

Improving functional ability in people with long-term conditions

2.2 Employment of people with long-term conditions

Reducing time spent in hospital by people with long-term conditions

2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)

2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers

2.4 Health-related quality of life for carers (EQ-5D)**

Enhancing quality of life for people with mental illness

2.5 Employment of people with mental illness

Use of PROMs in clinical practice

		Level of aggregation of PRO data	
		Individual	Group
Used at the clinician–patient interface	Yes	Screening Monitoring Promoting patient-centred care	Decision aids
	No	Facilitating communication within multidisciplinary teams	Population monitoring and assessing quality of care

Clinical applications of individual PROMs data

- Screening
- Diagnosis
- Risk stratification and prognosis
- Goal setting
- Indication for treatment (medical/surgical)
- Monitoring
- Improving communication
 - With patients
 - Within teams and between professionals: consistent use along the care pathway

Evidence

- Systematic review of RCT (2008): 28 studies
- Intervention: feedback of PROMs to health professionals (+/- additional interventions) compared to no feedback
- Mental health (50%), generic health status, other
- 65% studies showed some impact on processes (diagnosis, advice/ education/counselling)
- 47% studies showed some impact on outcomes (PROMs)
- Most clear benefit for screening/diagnosis of depression
- More recent additional studies are showing increased impact on outcomes

What seems to work?

- Specific PROMs training (validity, reliability, interpretation)
- Frequent and timely feed-back
- Feed-back process well aligned with routine care
- Information integrated into available information systems
- Information that is linked to specific action

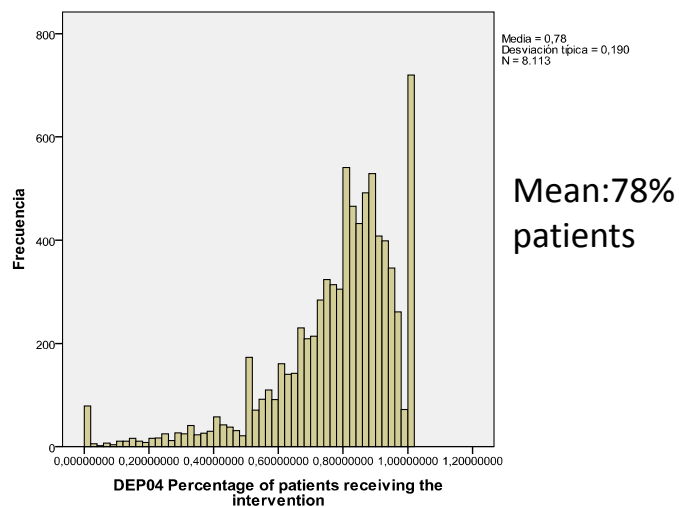
PROMS for Depression in Primary Care

The Quality and Outcomes Framework (QOF) has incentivized General Practitioners to **measure the severity of depression with a validated questionnaire** at the start of treatment in all diagnosed cases (since April 2006) (Recommended tools: PHQ-9, HADS, BDI-II)

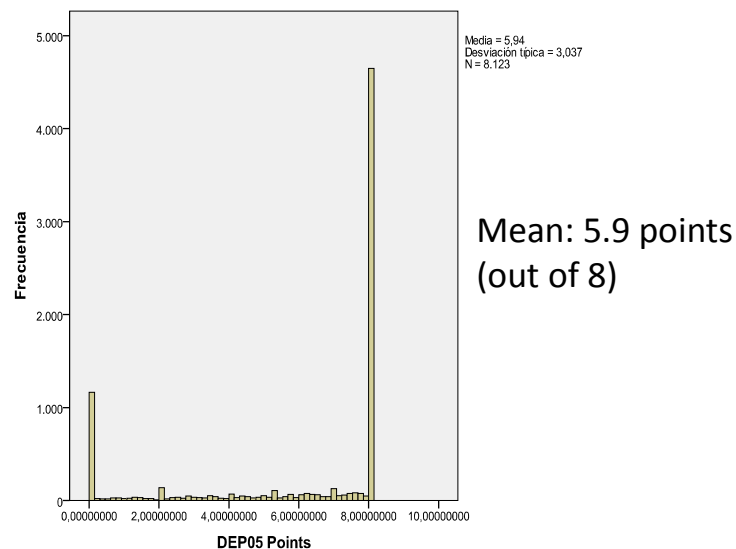
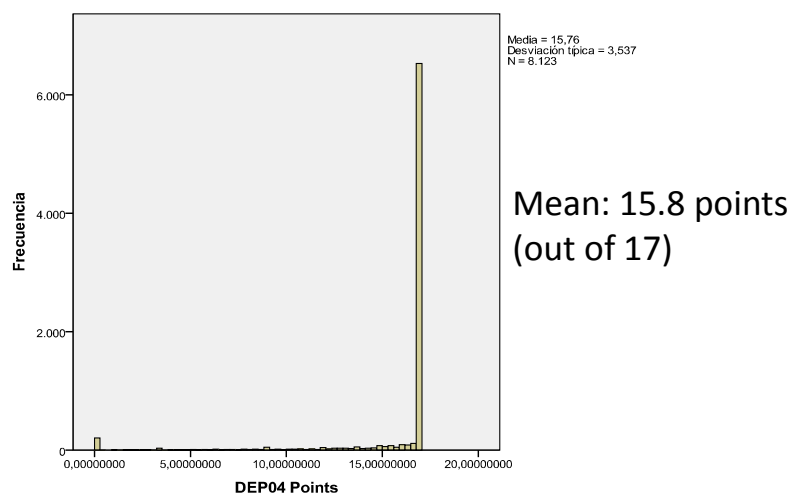
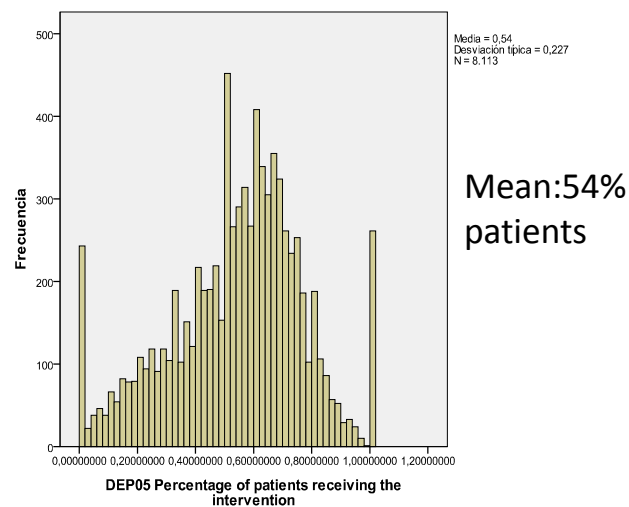
DEP 6 In those patients with a new diagnosis of depression, recorded between the preceding 1 April and 31 March, the percentage of patients who have had an assessment of severity at the time of diagnosis using an assessment tool validated for use in primary care.	17	50–90%
DEP 7 In those patients with a new diagnosis of depression and assessment of severity recorded between the preceding 1 April to 31 March, the percentage of patients who have had a further assessment of severity 2–12 weeks (inclusive) after the initial recording of the assessment of severity. Both assessments should be completed using an assessment tool validated for use in primary care.	8	45–80%

PROMS for Depression in Primary Care

DP6



DP7



PROMS for Depression in Primary Care

- Patients **favoured** the measures.
- They saw them as an **efficient and structured supplement** to medical judgment
- They saw them as **evidence** that general practitioners were **taking their problems seriously** through a full assessment.



PROMS for Depression in Primary Care

- Both Patients and GPs considered that assessments of severity should be seen as **one aspect of holistic care**.
- They both were aware of the **potential for manipulation** of indicators: for economic reasons (GPs), to avoid stigma or meet expectations for desired outcomes (patients)



© HitToon * www.ClipartOf.com/434758

PROMS for Depression in Primary Care

- GPs were **cautious** about validity and utility and **sceptical** about the real motives behind their introduction.
- **Lack of specific training.**
- PROMs seen as an **intrusion** into the consultation, practical wisdom and clinical judgment more important than objective assessments
- Were concerned that the assessments **reduced** the **human element** of the consultation.
- GP concerns seemed to be shaped by a very **practical concern of precisely how and when a measure should be introduced**, without intruding into the consultation.
- The measure was not viewed as an integrated part of patient assessment and diagnosis.



© HitToon * www.ClipartOf.com/434758

PROMS for Depression in Primary Care

- GPs managed the questionnaires differently
 - For patients to take away with them
 - For patients to complete in the waiting room
 - Completing them with the patient during the consultation
 - Memorizing answers and completing after the consultation
 - Completing them over the phone
- Pharmacological treatment and referral rates linked to severity but substantial variation within each stratum

Kendrick et al BMJ 2009; Dowrick et al BMJ 2009; Mitchell C BJGP 2011

What seems to work?

- Specific PROMs training (validity, reliability, interpretation)
- Frequent and timely feed-back
- Feed-back process well aligned with routine care
- Information integrated into available information systems
- Information that is linked to specific action

What seems to work?

- ~~Specific PROMs training (validity, reliability, interpretation)~~
- ~~Frequent and timely feed-back~~
- ~~Feed-back process well aligned with routine care~~
- ~~Information integrated into available information systems~~
- Information that is linked to specific action

Reliability of clinical measures and PROMs

- Height (1.00)
- Weight (0.99)
- SF-36 Physical functioning (0.93)
- Bedside Glucose screening (0.92)
- PHQ 9 (0.85)
- SF-36 Pain (0.80)
- Heart rate (0.68)
- Diastolic Blood Pressure (0.60)
- SF-36 Social functioning (0.60)
- Tachypnea (0.60)

By placing a checkmark in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- | | | |
|--------------------------|---------------------------------------|--------------------------|
| <input type="checkbox"/> | I have no problems in walking about | <input type="checkbox"/> |
| <input type="checkbox"/> | I have some problems in walking about | <input type="checkbox"/> |
| <input type="checkbox"/> | I am confined to bed | <input type="checkbox"/> |

Self-Care

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | I have no problems with self-care | <input type="checkbox"/> |
| <input type="checkbox"/> | I have some problems washing or dressing myself | <input type="checkbox"/> |
| <input type="checkbox"/> | I am unable to wash or dress myself | <input type="checkbox"/> |

Usual Activities (e.g., work, study, housework, family, or leisure activities)

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | I have no problems with performing my usual activities | <input type="checkbox"/> |
| <input type="checkbox"/> | I have some problems with performing my usual activities | <input type="checkbox"/> |
| <input type="checkbox"/> | I am unable to perform my usual activities | <input type="checkbox"/> |

Pain/Discomfort

- | | | |
|--------------------------|------------------------------------|--------------------------|
| <input type="checkbox"/> | I have no pain or discomfort | <input type="checkbox"/> |
| <input type="checkbox"/> | I have moderate pain or discomfort | <input type="checkbox"/> |
| <input type="checkbox"/> | I have extreme pain or discomfort | <input type="checkbox"/> |

Anxiety/Depression

- | | | |
|--------------------------|--------------------------------------|--------------------------|
| <input type="checkbox"/> | I am not anxious or depressed | <input type="checkbox"/> |
| <input type="checkbox"/> | I am moderately anxious or depressed | <input type="checkbox"/> |
| <input type="checkbox"/> | I am extremely anxious or depressed | <input type="checkbox"/> |

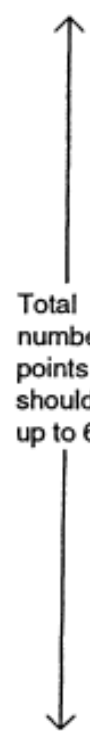
Selecting the right PROM for clinical practice

- ..., but what if the problem is difficulty hearing? What if chronic cough? What if diabetes?
- ..., but what if there is more than one problem?
- ..., but what if the problem does not bother the patient? What if the problem is minor but impacts on areas of great importance? What if the areas are not even considered (most things that people enjoy doing!)?

Selecting the right PROM for clinical practice

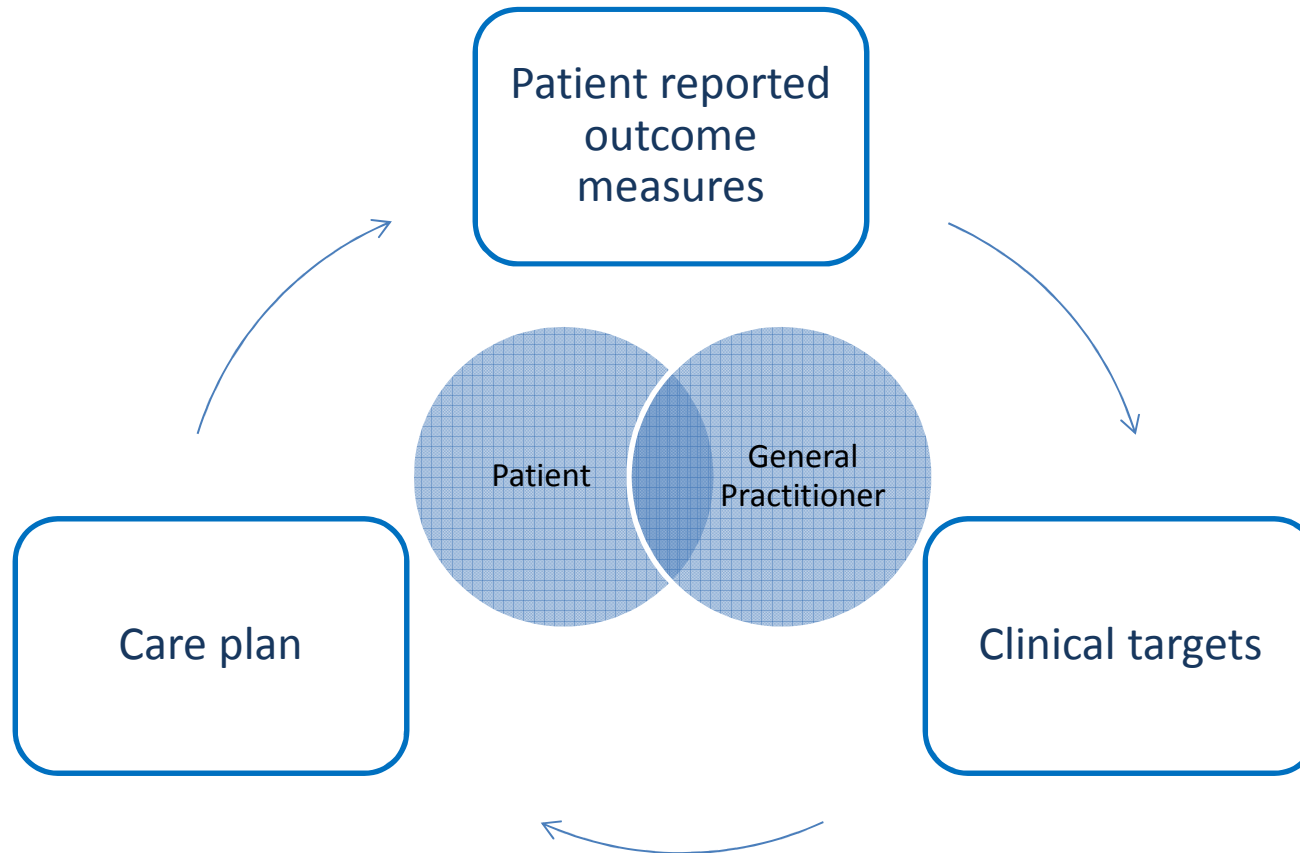
Individualized PROMs give respondents the possibility **to tailor measurement to relevant and meaningful aspects of their life**

- Schedule for the Evaluation of Individual Quality of Life (SEIQOL)
- Patient Generated Index
- MYMOP
- Goal Attainment Scale

STAGE 1 area/ activity (eg sport)	STAGE 2 score each area/ activity out of 100	STAGE 3 spend your 60 points between the different areas	 <p data-bbox="1523 558 1680 718">Total number of points should add up to 60</p>

- 100 Exactly as you would like to be
- 90 Close to how you would like to be
- 80 Very good but not how you would like to be
- 70 Good but not how you would like to be
- 60 Between fair and good
- 50 Fair
- 40 Between poor and fair
- 30 Poor but not the worst you could imagine
- 20 Very poor but not the worst you could imagine
- 10 Close to the worst you could imagine
- 0 The worst you could imagine

Goal oriented care



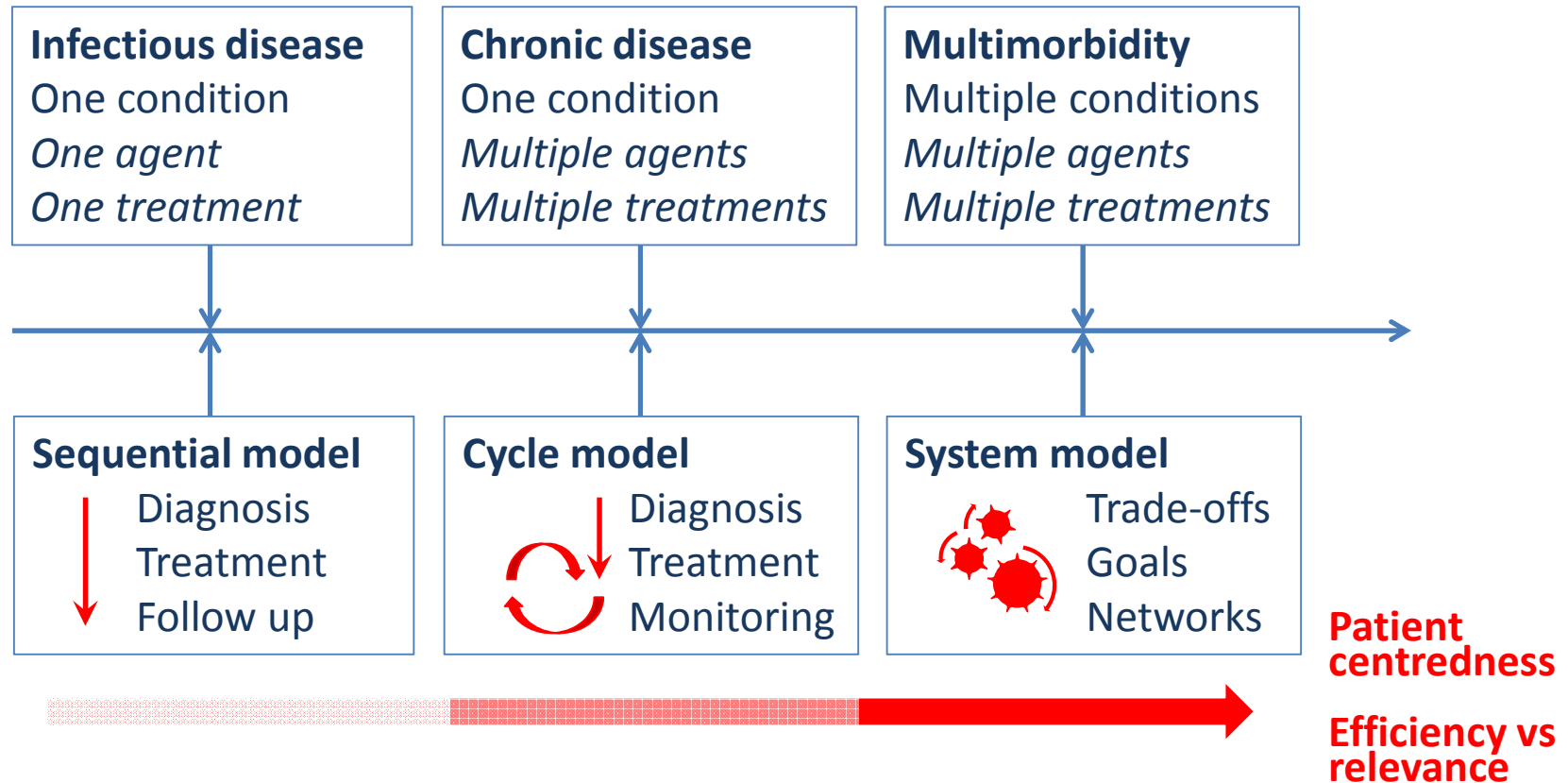
Research needs

- Testing different clinical applications of available tools: screening, diagnosing, risk stratification and prognosis, indication for treatment, monitoring, consistent use along the care pathway
- Identifying best methods for data collection
Home vs HC settings, electronic data collection (item banks), timing, response shift
- Identification of best methods for feedback and interpretation
- Training needs of professionals
- Impact of feedback to individual patients

Routine clinical use of PROMs in Primary Care

- Funded by NIHR (2011-2016)
- Primary Care patients with multi-morbidity
- Goal setting and monitoring of care and outcomes with individualized and standardized (generic and condition specific) PROMs
- Refinements of the Intervention (published evidence, qualitative research and stakeholders involvement)

Disease models



Medical care models

Summary

- PROMs are health measurements elicited from the patients
- PROMs need to demonstrate good psychometric properties along with evidence for acceptability
- There are repositories and standardized tools to assist the identification of the best tool for a given purpose
- PROMs are here to stay
- Individualized measurement is necessary but not sufficient for an efficient use of PROMs in clinical practice