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Patient-Identified Barriers and Facilitators to Pre-Visit Patient-Reported Outcomes Measures Completion in Patients With Hip and Knee Pain

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ABSTRACT

Background: Although patient-reported outcomes measures (PROMs) provide valuable health information and aid medical decision making for patients with hip and knee arthritis, survey completion rates remain low. The purpose of this study is to elucidate patient preferences regarding location of completion, delivery method, and barriers or facilitators to pre-visit completion.

Methods: Patients with hip and/or knee pain who were asked to complete pre-visit PROMs at 2 urban arthroplasty clinics were recruited. In-person, semi-structured, audio-recorded interviews were conducted, transcribed, and coded for thematic analysis. Codes were developed using a data-driven approach.

Results: We analyzed 51 interviews. The mean age was 57 years, 57% were women, and 45% had private or Medicare insurance. Prevalent themes regarding location preferences were convenience and communication preferences. Thirty-four patients stated a preference for completing pre-visit PROMs at home, 19 for in-office completion, and 10 stated no preference. Prevalent themes around delivery methods included technology access and familiarity. Of the 43 patients asked to select their preferred pre-visit PROM delivery method (phone call, email, text message, or postal mail), 31 (72%) preferred email or text messaging. Barriers to completing pre-visit PROMs were technological issues, recognizing the message was healthcare-related, and being too busy or forgetting. Twenty patients identified no barriers.

Conclusion: Electronic PROM collection is favored by many patients, but alternative methods for patients without access to or familiarity with technology remain important. Clear recognition that the message is from a physician's office and physician communication of the utility of PROMs in clinical decision making may increase pre-visit completion.

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The concept of value in healthcare, defined as health outcomes that matter to patients per dollar spent [1], is becoming ever more prevalent. According to a goal established by the Department of

Health and Human Services, 50% of Medicare fee-for-service payments will be tied to value by 2018 [2], aided by the Medicare Access and CHIP Reauthorization Act, under which physicians must report metrics related to quality, resource use, clinical practice improvement, and the use of health information technology. In orthopedics, the Centers for Medicare and Medicaid Services has continued the expansion of value-based payments with the Comprehensive Care for Joint Replacement Model, mandating bundled payments for hip and knee arthroplasty in 67 metropolitan statistical areas, affecting approximately 800 hospitals [3].

Patient-reported outcomes (PROs) are considered the gold standard for outcomes measurement as the information elicited

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about a patient's health condition comes directly from the patient, without interpretation by a third party [4]. More importantly, PROs can be used in clinical decision making; by quantifying patients' symptoms and improvements, providers can engage patients in a higher value discussion about treatment options in line with patients' goals, preferences, and values [5]. Although patient-reported outcomes measures (PROMs) provide valuable health information and aid in medical decision making, overall completion rates remain low, with rates varying from 10% to 90% [6,7]. Research has shown that factors that correlate with response rate may include age, male gender, race/ethnicity, pain level, procedure type, and socioeconomic status [8–11]. However, to our knowledge, the existing literature lacks consensus as to the behaviors driving PROM completion.

In our practice, PROM collection prior to appointments is standard. When contact information is available, patients are sent PROMs up to 1 week prior to their scheduled appointment by email and/or text message. If patients do not complete the PROMs pre-visit, or if PROMs were not sent, they are given the same set of PROMs on an electronic tablet in clinic before the visit begins. Providers review all scores before seeing patients. Pre-visit completion rates varied and were lower than desired. Recognizing that our hypotheses regarding barriers to pre-visit completion probably contained biases and inaccuracies, we sought to understand the patient experience by asking patients directly how pre-visit PROM completion fits within the context of their daily life. The purpose of this study is to elucidate patient preferences around location of completion, method of delivery, and barriers or facilitators to pre-visit PROM completion. Qualitative methodologies, including structured and semi-structured interviews, direct observation, and focus groups, play an important role in understanding sociological and cultural factors that shape health outcomes. As such, a qualitative approach allows us to design a study that is uniquely centered around the patient experience and perspective. For this study, we employed a multidisciplinary framework that included insights from surgery and anthropology.

Methods

After our institution's Institutional Review Board approved this study, patients were prospectively enrolled from 2 urban arthroplasty clinics from February 2017 to March 2017. PROMs administered as part of clinical care include the PROMIS Global Health measure [12] and condition-specific measures such as the Hip Disability and Osteoarthritis Outcome Score—Joint Replacement [13] and Knee Injury and Osteoarthritis Outcome Score—Joint Replacement [14].

Study participants included a consecutive sample of patients with chief complaints of hip and/or knee pain. Each participant was approached following their clinic visits and provided verbal, informed consent to participate in this study. We prospectively defined 3 sub-groups and sought to achieve adequate enrollment in each: patients who were sent and completed pre-visit PROMs, patients who were sent but did not complete pre-visit PROMs, and patients who were not sent PROMs. Two researchers conducted individual in-person, audio-recorded interviews. A novel semi-structured interview guide was developed consisting of open-ended and closed-ended questions to elicit preferences for method and location of completion, and barriers or facilitators to pre-visit completion (Appendix 1). At the end of the interview, participants were asked to select their top 3 barriers to pre-visit PROM completion from a list of 7 barriers determined through researcher consensus.

We piloted the interview guide with 10 patients. Few changes were made and the pilot interviews were included in the full

Table 1
Patient Demographics.

Characteristic	Value
Interviews in sample (n)	51
Age (y), median (IQR)	57 (50-63)
Women (%)	57%
Race/ethnicity	
White	57%
Hispanic/Latino	25%
Black	14%
Asian	2%
Declined to state	2%
Insurance status	
Private	27%
Medicare	18%
Medicaid	12%
Exchange	6%
MAP coverage	35%
None	2%

IQR, interquartile range.

analysis. Interviews were transcribed, and transcripts were coded for thematic analysis by 2 researchers. Codes were developed using a data-driven approach, and coded interviews were cross-checked for coding consistency. Any inconsistencies were discussed and a final decision was agreed upon by both researchers. Analysis was conducted in Microsoft Excel.

Of the 68 patients approached, 53 consented to be interviewed; reasons for declining participation in this study included lack of interest or time constraints. All interviews were conducted in English. Two patients were excluded from analysis due to concerns regarding language fluency and/or comprehension. Of the 51 patients included for analysis, 17 were sent and completed pre-visit PROMs, 20 were sent but did not complete pre-visit PROMs, and 14 were not sent PROMs.

Results

Of 51 patients interviewed (57% female, mean age 57 years), 57% were White, 25% Hispanic/Latino, 14% Black, and 1 declined to state race/ethnicity (Table 1). Payers included private/Medicare (45%), Medicaid (12%), exchange plans (6%), and the county medical access program (MAP) for low-income, uninsured patients who do not qualify for Medicaid (35%). Of the 37 patients whom we could contact and send PROMs, 46% completed them pre-visit.

Location of Completion

Thirty-four patients stated a preference for completing pre-visit PROMs at home rather than in the office. A common theme was convenience, including the desire to save time during appointments (Table 2). When asked why they preferred to complete PROs prior to their clinic visits, participants offered statements such as the following:

Before, 'Cause then that way you already know, and I know y'all are busy and that way you can read it out, it's done, he [the provider] comes in and has an understanding ... he doesn't have to play catch-up.

– Participant #50, 42-year-old female, MAP coverage

Many patients mentioned that there would be less time pressure if they were to complete PROMs at home, which would allow them to provide more accurate answers:

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