

PRMS IN PRACTICE

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What Works Well Webinar Series #2

PRMs in Practice

Theme: Scaling PROMS in Real-World Settings

Feb17th, 2026

TODAY'S EVENT: From Insight to Impact - Scaling PROMs into Real-World Cancer Care

Presenters:



Prof. Maria Santana
Patient and Family Centered Care Scientist
Provincial Lead, Patient Engagement, Alberta SPOR
University of Calgary, Canada



Dr. Arthur Burnett
Patrick C. Walsh Distinguished Professor of Urology
The Johns Hopkins Medical Institutions
Baltimore, Maryland, USA

Moderator:



Rebecca Dabbs
Director, Program Implementation - Cancer
Movember

Host:



Deman Mohamud
Program Manager, Personalized Cancer Care
Movember

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PRMS IN PRACTICE

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PROF. MARIA SANTANA

Measurement-based Care: Implementing Patient-reported Outcome Measures in Clinical Care

Maria J. Santana, MPharm, PhD
Cumming School of Medicine



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Measurement-based Care: Implementing Patient- reported Outcome Measures in Clinical Care

Maria J. Santana, MPharm, PhD

Cumming School of Medicine



The importance of
Measurement-Based Care
(MBC) within
healthcare delivery

Role of Measurement-Based Care (MBC) in Clinical Care

MBC enhances person-centred care by ensuring that clinical decisions are guided not only by clinician judgment but also by **systematic, ongoing, and meaningful information about the individual's own experiences, goals, and outcomes.**

The core benefit of MBC is the **routine, systematic use of validated measures, PROMs**, to provide timely data, which enables clinicians and patients to make collaborative, data-informed decisions and adjust treatment plans when progress is not achieved.



Evidence on MBC impact in health care

Review

> *Psychiatr Serv.* 2017 Feb 1;68(2):179-188. doi: 10.1176/appi.ps.201500439.

Epub 2016 Sep 1.

A Tipping Point for Measurement-Based Care

John C Fortney¹, Jürgen Unützer¹, Glenda Wrenn¹, Jeffrey M Pyne¹, G Richard Smith¹,
Michael Schoenbaum¹, Henry T Harbin¹

Fortney et al. (2017) analyzed 51 RCTs and found that trials consistently using MBC showed significantly improved patient outcomes

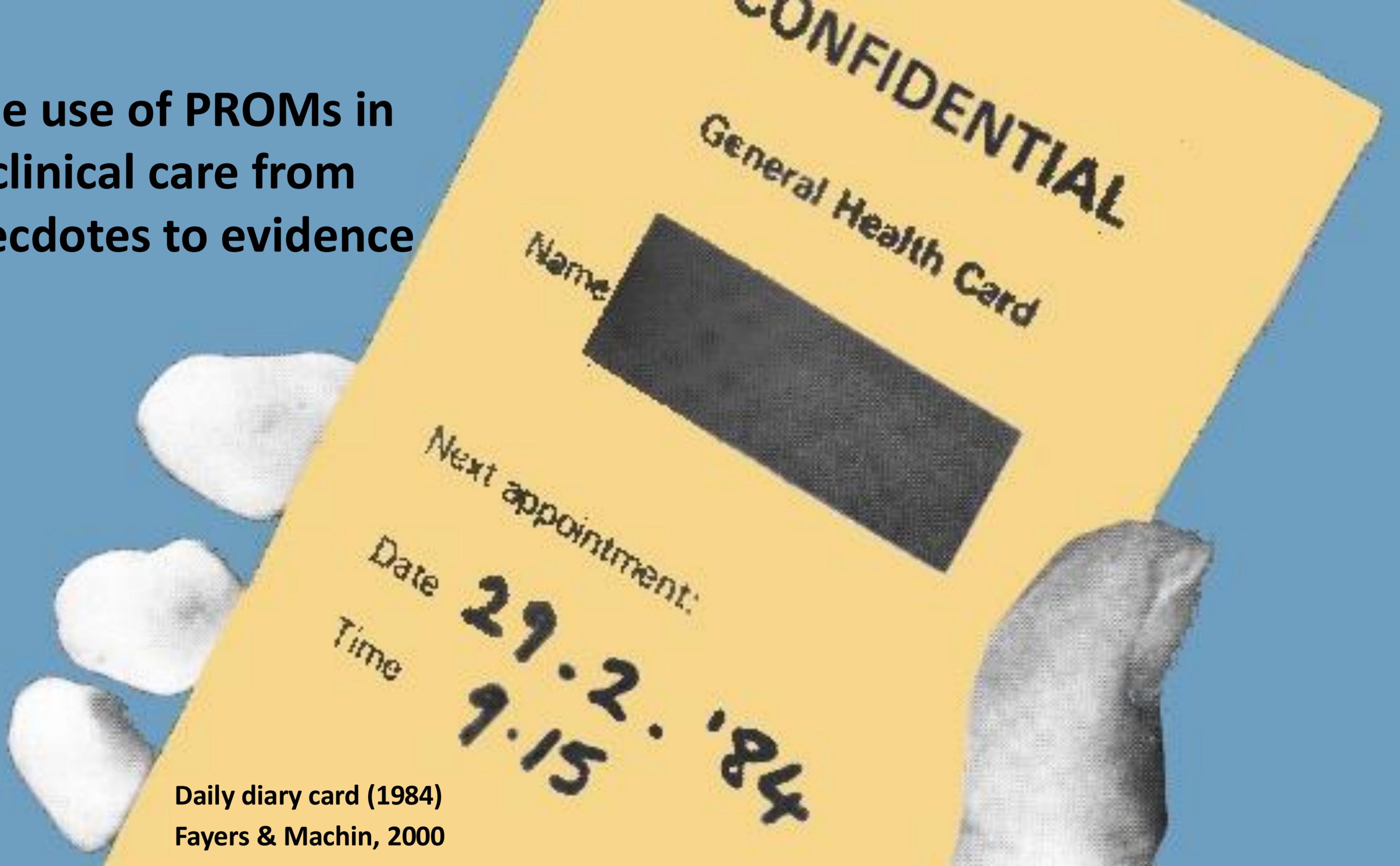
What are PROMs?

“a report coming directly from patients about how they feel or function in relation to a health condition and its therapy without interpretation by healthcare professionals or anyone else”

(Patrick et al, 2008)

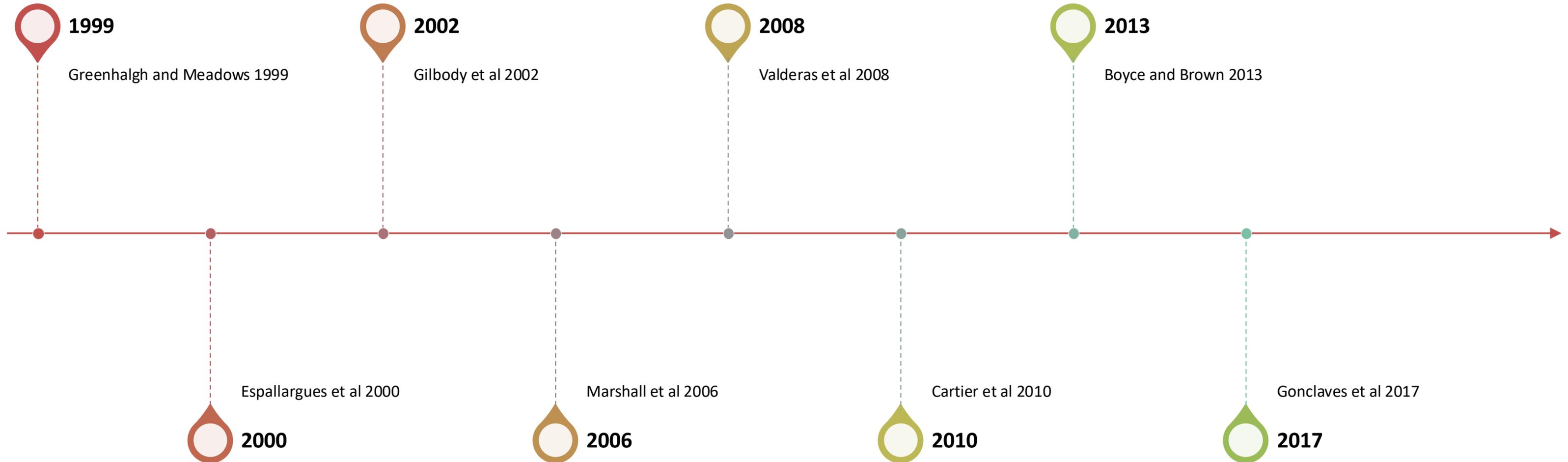
PROMs measure health status directly from patients at different points in time, allowing outcomes to be assessed based on the patients’ own experience with the progression of the disease(s) and treatment.

The use of PROMs in clinical care from anecdotes to evidence



Daily diary card (1984)
Fayers & Machin, 2000

What is the evidence?





Framework to assess the effects of using patient-reported outcome measures in chronic care management

Maria-Jose Santana ¹, David Feeny

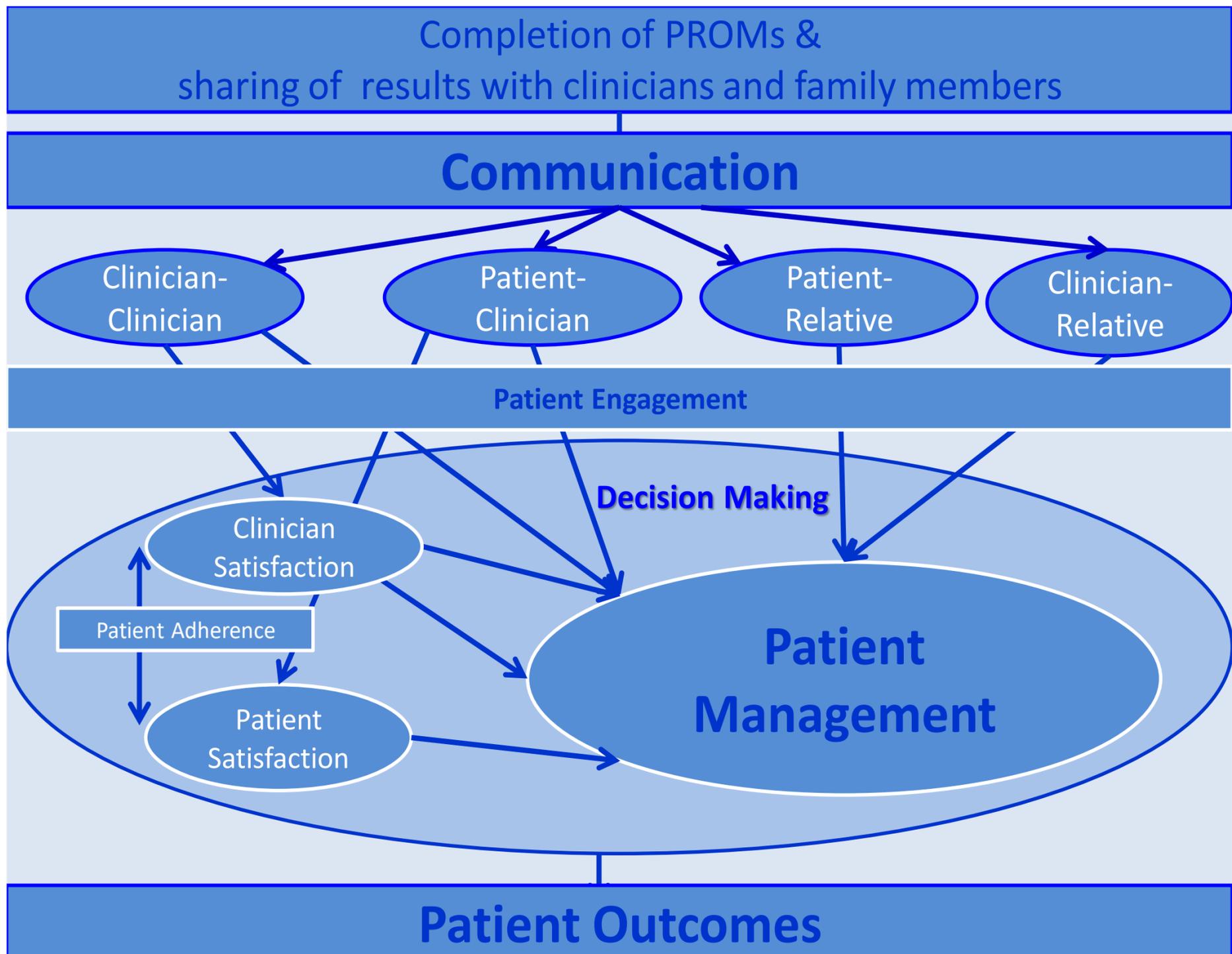
Enhancing & Supporting Clinical Decision-Making

Evidence consistently suggests improvements in **clinical processes** and **patient-clinician communication**

PROMs make patients' priorities and subjective experiences visible

Improving communication between patients and clinicians, helping to align treatment choices with the outcomes most valued by patients while increasing patient engagement and may lead to more personalized care plans

Monitoring Treatment Response and Disease Progression



What is the evidence? 2004-2010

Clinical Trial > [J Clin Oncol.](#) 2004 Feb 15;22(4):714-24. doi: 10.1200/JCO.2004.06.078.

Measuring quality of life in routine oncology practice improves communication and patient well-being: a randomized controlled trial

Galina Velikova¹, Laura Booth, Adam B Smith, Paul M Brown, Pamela Lynch, Julia M Brown, Peter J Selby

Randomized Controlled Trial > [Eur J Cancer.](#) 2010 Sep;46(13):2381-8.

doi: 10.1016/j.ejca.2010.04.030. Epub 2010 Jun 1.

Patients report improvements in continuity of care when quality of life assessments are used routinely in oncology practice: secondary outcomes of a randomised controlled trial

Galina Velikova¹, Ada Keding, Clare Harley, Kim Cocks, Laura Booth, Adam B Smith, Penny Wright, Peter J Selby, Julia M Brown

PROMs use in routine oncological care showed improvements in quality of life and symptom control, enhanced communication and shared decision-making during consultations, and a reduction in unplanned hospital admissions due to proactive symptom management.

What is the evidence? 2017

Research Letter

FREE

Overall Survival Results of a Trial Assessing Patient-Reported Outcomes for Symptom Monitoring During Routine Cancer Treatment

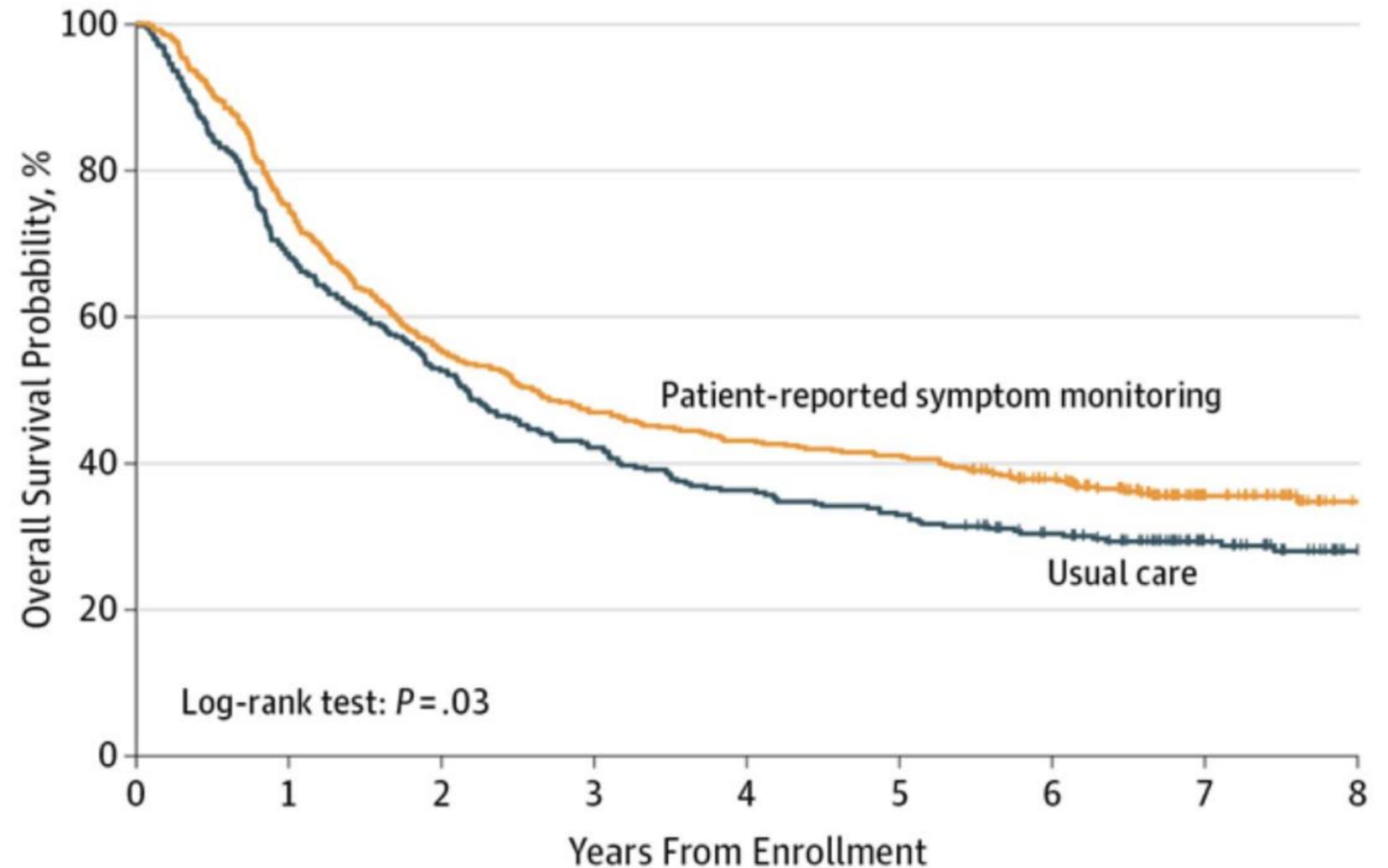
Ethan Basch, MD, MSc^{1,2}; Allison M. Deal, MS¹; Amylou C. Dueck, PhD⁴; et al

Highlighting that early responsiveness to patient symptoms preventing adverse downstream consequences

Nurses responded to symptom alerts 77% of the time with discrete clinical interventions including calls to provide symptom management counseling, supportive medications, chemotherapy dose modifications, and referrals

doi:10.1001/jama.2017.7156

Figure. Overall Survival Among Patients With Metastatic Cancer Assigned to Electronic Patient-Reported Symptom Monitoring During Routine Chemotherapy vs Usual Care



No. at risk	0	1	2	3	4	5	6	7	8
Patient-reported symptom monitoring	441	331	244	207	190	181	148	65	33
Usual care	325	223	171	137	118	107	89	50	27

What is the evidence? 2024



[Home](#) | [JAMA Network Open](#) | [Vol. 7, No. 8](#)

Original Investigation | Oncology



Patient-Reported Outcome Measures in Cancer Care An Updated Systematic Review and Meta-Analysis

Amaris K. Balitsky, MD, MSc^{1,2,3}; Daniel Rayner, BHSc⁴; Joanne Britto, MD^{1,2} ;
Anath C. Lionel, MD, PhD¹; Lydia Ginsberg, MD⁵; Wanjae Cho, MD⁶; Ann Mary Wilfred, BHSc⁷;
Huda Sardar, BHSc⁸; Nathan Cantor, MD, MSc⁶; Hira Mian, MD^{1,2,3}; Mark N. Levine, MD, MSc^{1,2}; Gordon
H. Guyatt, MD, MSc^{4,9}

doi:10.1001/jamanetworkopen.2024.24793

The findings of this study suggest that the integration of PROMs into cancer care improve overall survival and quality of life



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**Key strategies and processes
involved in implementing MBC
in healthcare settings**

Implementing patient-reported outcomes assessment in clinical practice: a review of the options and considerations

Claire F. Snyder · Neil K. Aaronson · Ali K. Choucair ·
Thomas E. Elliott · Joanne Greenhalgh · Michele Y. Halyard ·
Rachel Hess · Deborah M. Miller · Bryce B. Reeve · Maria Santana

Accepted: 18 October 2011
© Springer Science+Business Media B.V. 2011

Abstract

Purpose While clinical care is frequently directed at making patients “feel better,” patients’ reports on their functioning and well-being (patient-reported outcomes [PROs]) are rarely collected in routine clinical practice. The International Society for Quality of Life Research (ISOQOL) has developed a *User’s Guide for Implementing Patient-Reported Outcomes Assessment in Clinical Practice*. This paper summarizes the key issues from the *User’s Guide*.

Methods Using the literature, an ISOQOL team outlined considerations for using PROs in clinical practice; options

for designing the intervention; and strengths, weaknesses and resource requirements associated with each option.

Results Implementing routine PRO assessment involves a number of methodological and practical decisions including (1) identifying the goals for collecting PROs in clinical practice, (2) selecting the patients, setting, and timing of assessments, (3) determining which questionnaire(s) to use, (4) choosing a mode for administering and scoring the questionnaire, (5) designing processes for reporting results, (6) identifying aids to facilitate score interpretation, (7) developing strategies for responding to issues identified by the questionnaires, and (8) evaluating the impact of the PRO intervention on the practice.

Conclusions Integrating PROs in clinical practice has the potential to enhance patient-centered care. The online version of the *User’s Guide* will be updated periodically.

This paper is produced on behalf of the International Society for Quality of Life Research (ISOQOL). All authors are members of ISOQOL. All authors participated in writing the paper and reviewing the drafts. The manuscript was reviewed and approved by the ISOQOL Board of Directors as an ISOQOL publication and does not reflect an endorsement of the ISOQOL membership.

Guide to implementing PROMs in daily clinical practice



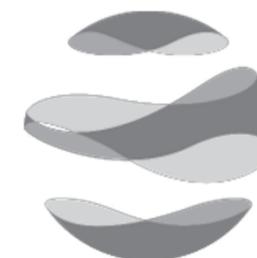
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User’s Guide to Implementing Patient-Reported Outcomes Assessment in Clinical Practice

Version 2: January 2015

*Produced on behalf of the
International Society for Quality of Life Research by
(in alphabetical order):*

Neil Aaronson, PhD
Thomas Elliott, MD
Joanne Greenhalgh, PhD
Michele Halyard, MD
Rachel Hess, MD
Deborah Miller, PhD
Bryce Reeve, PhD
Maria Santana, PhD
Claire Snyder, PhD



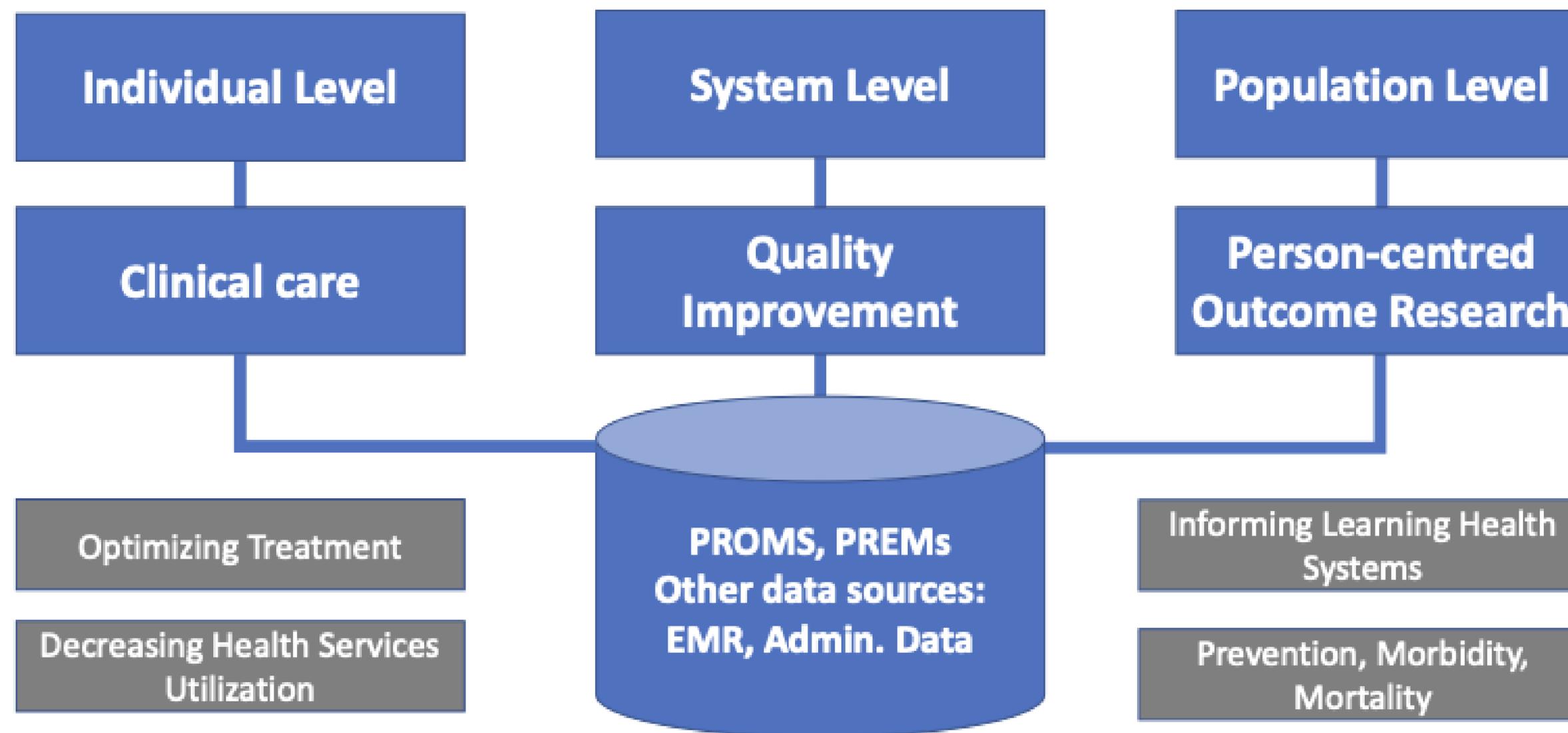
ISOQOL
INTERNATIONAL SOCIETY FOR QUALITY OF LIFE RESEARCH

A review of the options and considerations

- Identifying the goals for collecting PROs in clinical practice
- **S**electing the patients, setting, and timing of assessments
- **D**etermining which measure(s) to use
- **C**hoosing a mode for administering and scoring the questionnaire

- **D**esigning processes for reporting results
- **D**eveloping strategies for responding to issues identified by the questionnaires
- **D**eveloping training in the interpretation of results
- **E**valuating the impact of the PRO intervention on the practice

Identifying the purpose for collecting PROs



Informing Value-based Healthcare and Healthcare Policy

Selecting the type of Measure

- ..., but what if the problem is difficulty in hearing?
- Deficit in cognition?
- ..., but what if there is more than one problem?
- What if the problem is minor but impacts on areas of great importance? Like most things that people enjoy doing

Setting?

- Acute care
- Ambulatory care
- Chronic care-out-patient clinics

Type of measure	
Generic	Specific
Profile – SF-36 Preference-based – Health Utilities Index, Euroqol - EQ-5D, SF-6D	Hospital Anxiety and Depression Scale (HADS), Chronic Respiratory Questionnaire (CRQ)

Selecting the type of Measure

Stakeholder engagement, including patients, is recommended in the selection process

Bajgain et al. *Journal of Patient-Reported Outcomes*.....(2024).8:20.
<https://doi.org/10.1186/s41687-024-00694-z>

Journal of Patient-Reported
Outcomes

RESEARCH

Open Access

Prioritizing Patient Reported Outcome Measures (PROMs) to use in the clinical care of youth living with mental health concerns: a nominal group technique study



Kalpana Thapa Bajgain¹, Justino Mendoza², Farwa Naqvi¹, Fariba Aghajafari³, Karen Tang³, Jennifer Zwicker^{4,6} and Maria-Jose Santana^{1,5,7*}

Selecting the type of Measure

The challenge of using patient reported outcome measures in clinical practice: how do we get there?

Commentary | [Open access](#) | Published: 21 March 2024

Volume 8, article number 35, (2024) [Cite this article](#)

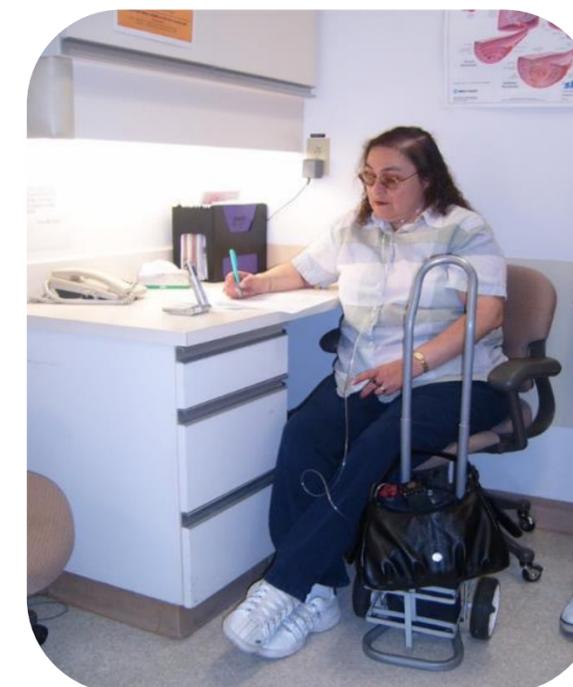
“Find a measure that is relevant to your clinical area and use it routinely. Discuss with your patients and discover how their self-report can augment other clinical data”



Modes of administration of PROMs

Table 2 Modes of administration: options, advantages, and disadvantages

Mode & setting	Advantages	Disadvantages
In person		
Paper	Have low technology requirements so can be implemented at relatively low cost	May not be appropriate for all patients (e.g., low literacy, visual disabilities) Potentially higher rate of missing data Require personnel to coordinate questionnaire completion, and assist when necessary Require personnel for data entry
Interview	More personal Enable more in-depth questioning Largely circumvent issues of literacy and/or visual handicap	Relatively expensive May create problems with socially desirable responses
Computer	Efficient data collection Immediate scoring and simultaneous data entry into statistical database Enable adaptive testing Facilitate graphic score presentation Possibility of linking with electronic medical record Potential for automated reading and voice response	Require personnel to manage the process Software needed to collect and report the PRO data Involve higher upfront costs to develop/purchase and maintain the PRO system



Outside clinic

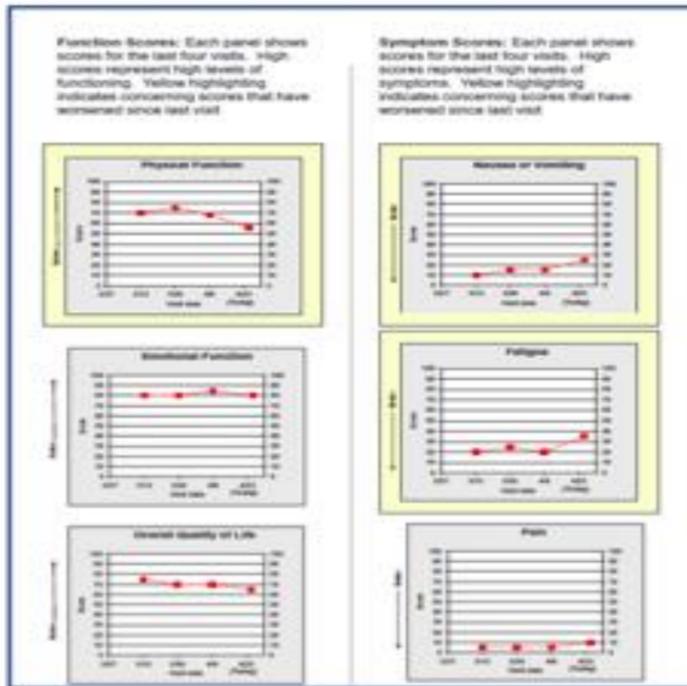
Mail	Low technology requirements Comparatively low cost	Require personnel to manage the mailing and score instruments Potentially high nonresponse rate Difficult to respond promptly if the patient reports serious problems Cannot ensure patients complete questionnaires alone
Telephone	Can be conducted by a live interviewer, which is more personal, or through an automated system Circumvent issues with literacy and physical challenges to completing questionnaires Can be more convenient	Live interviews are resource intensive, requiring both a skilled interviewer and data entry and may create problems with socially desirable responses Automated systems have higher upfront costs to develop/purchase and manage a validated, efficient tool and may be impersonal and off-putting to patients Patients may require training on the automated systems
Internet	Efficient because of immediate scoring and simultaneous data entry Enable adaptive testing Facilitate graphic score presentation Allow real-time feedback of results to clinicians Enable flexible timing and can be more convenient Possibility of linking to electronic medical record	Needs upfront investment to design the data collection system Require personnel to manage data collection over time Must ensure data security and privacy Patients may require training on how to use the system Not all patients have Internet access

Designing processes for reporting results



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(a)



(b)

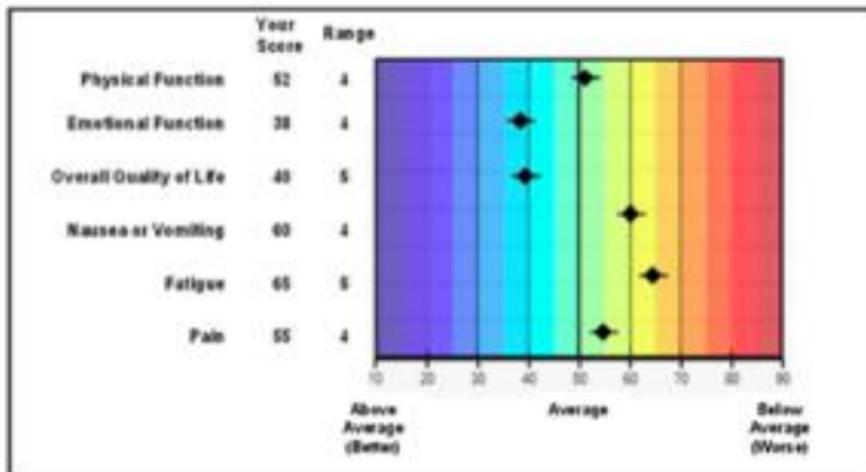
	Scores on Each Visit Date				Comments
	Date	Mar 12	Mar 26	Apr 9	
Physical Function	70	75	68	56	Low function scores noted
Emotional Function	80	80	85	80	
Overall Quality of Life	75	70	70	65	
Nausea or Vomiting	30	35	35	25	High symptom scores noted
Pain	5	5	5	30	
Fatigue	20	25	20	35	High symptom scores noted

Qual Life Res. 2015 October ; 24(10): 2457–2472. doi:10.1007/s11136-015-0974-y.

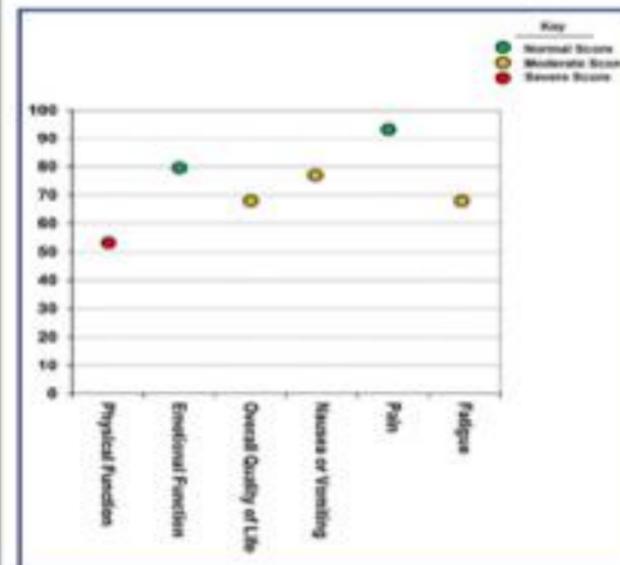
Communicating patient-reported outcome scores using graphic formats: results from a mixed-methods evaluation

Michael D. Brundage¹, Katherine C. Smith^{2,3}, Emily A. Little⁴, Elissa T. Bantug², Claire F. Snyder^{2,3,4}, and The PRO Data Presentation Stakeholder Advisory Board

(c)



(d)



Developing training in the interpretation of results



Training clinicians in how to use patient-reported outcome measures in routine clinical practice

Maria J. Santana, Lotte Haverman, Kate Absolom, Elena Takeuchi, David Feeny, Martha Grootenhuis & Galina Velikova

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ISSN 0962-9343





Implementation Flow
&
Evaluation

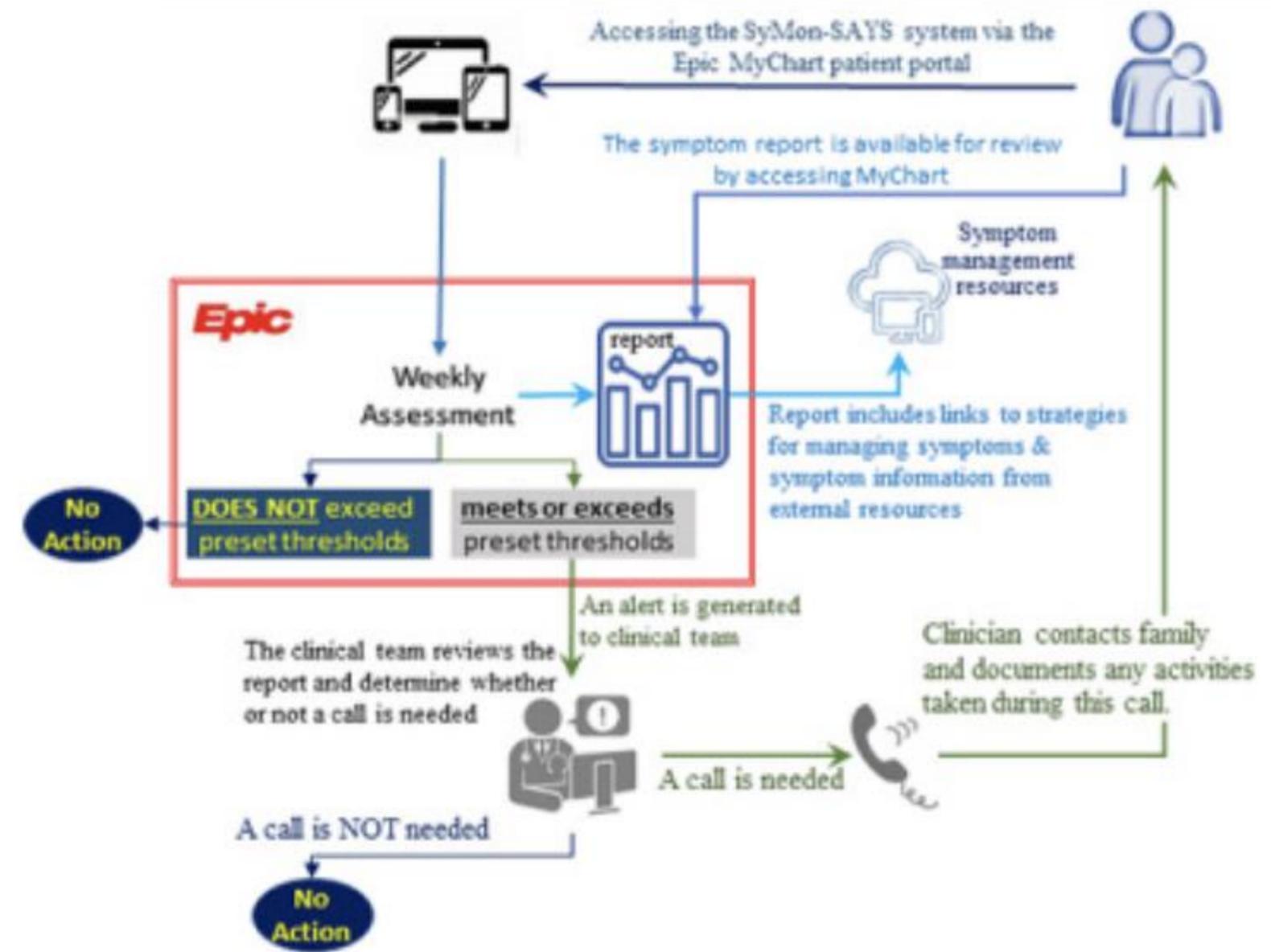


Using IT to Improve Outcomes for Children Living With Cancer (SyMon-SAYS): Protocol for a Single-Institution Waitlist Randomized Controlled Trial

[Jin-Shei Lai](#)^{1,2,∞}, [Sally E Jensen](#)¹, [John Devin Peipert](#)^{1,2}, [Sandra A Mitchell](#)³, [Sofia F Garcia](#)^{1,2}, [David Cella](#)^{1,2},
[Stewart Goldman](#)^{4,5}, [Alicia Lenzen](#)^{2,6}

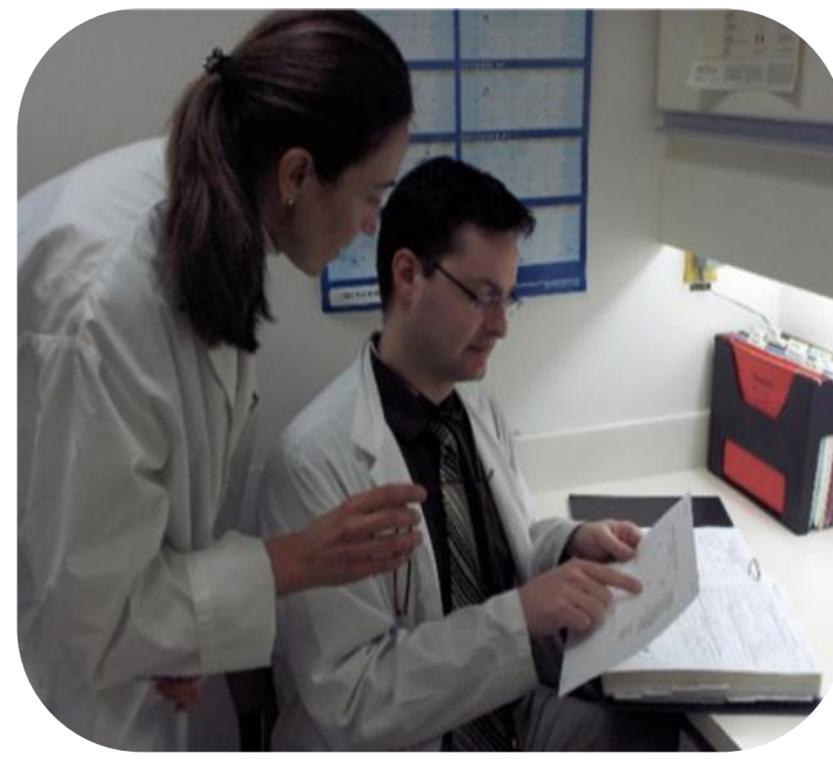
“The Symptom Monitoring and Systematic Assessment and Reporting System in Young Survivors (SyMon-SAYS) system administer, score, interpret, and display the results of symptom assessments weekly using PROMs presented via the EHR portal between clinic visits in oncology ambulatory settings.

This study is testing a digital system for routine symptom surveillance that includes EHR-based reports to clinicians and alerts for severe symptoms.”



Lung Transplantation Outpatient Clinic

University of Alberta Hospital



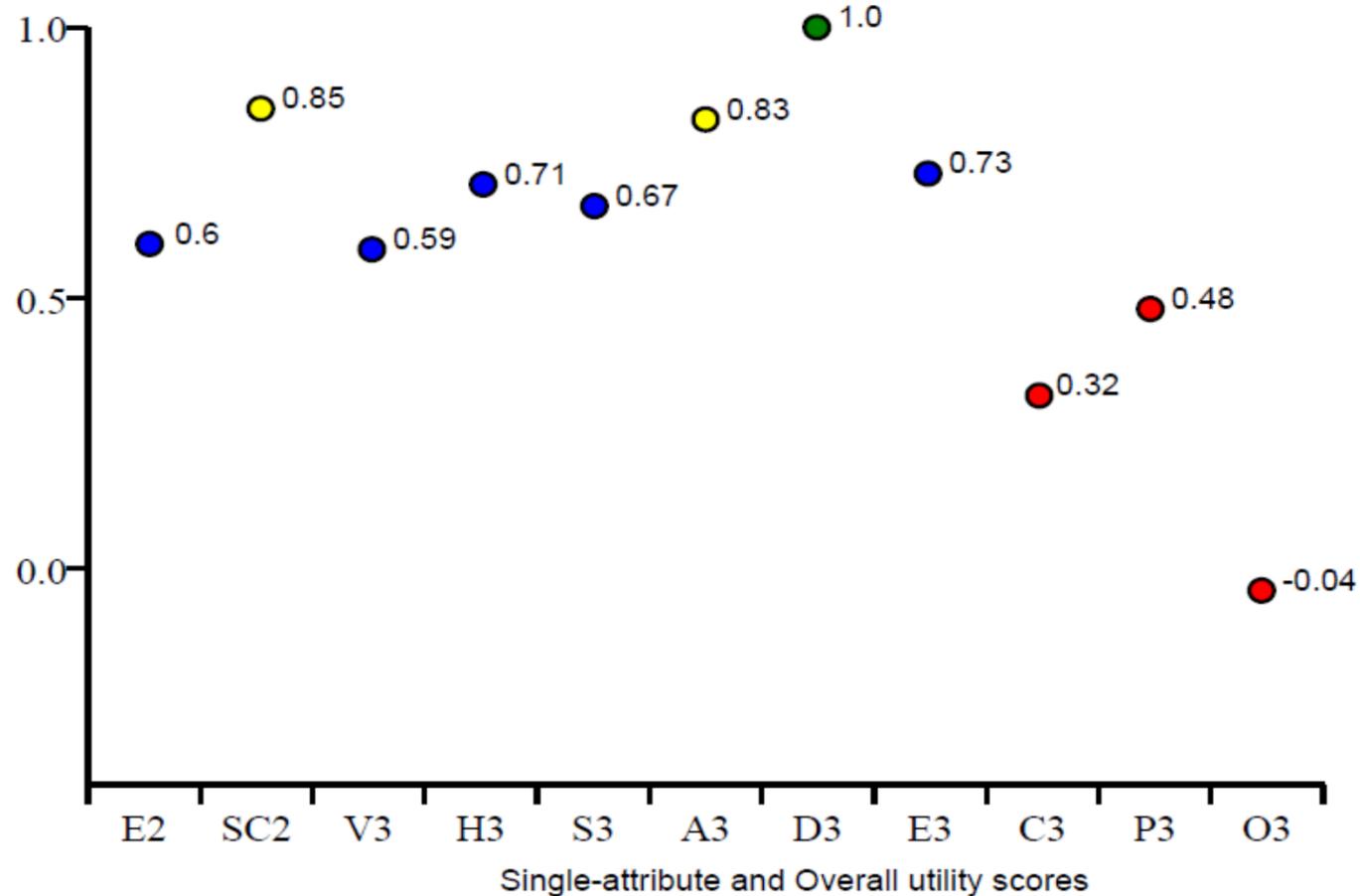
Santana, Maria J., and David Feeny, "Using the Health Utilities Index in Routine Clinical Care: Process, Feasibility, and acceptability. A Randomized Controlled Trial" *The Patient: Patient-Centered Outcomes Research*, Vol. 2, No. 3, September 1, 2009, pp 159-167

Santana, Maria-Jose, David Feeny, Jeffrey A. Johnson, Finlay A. McAlister, Daniel Kim, Justin Weinkauf, and Dale C. Lien, "Assessing the Use of Health-Related Quality-of-Life Measures in the Routine Care of Lung-Transplant Patients." *Quality of Life Research*, Vol. 19, No. 3, April, 2010, pp 371-379.

Identification of preventable safety issues

HRQL Results

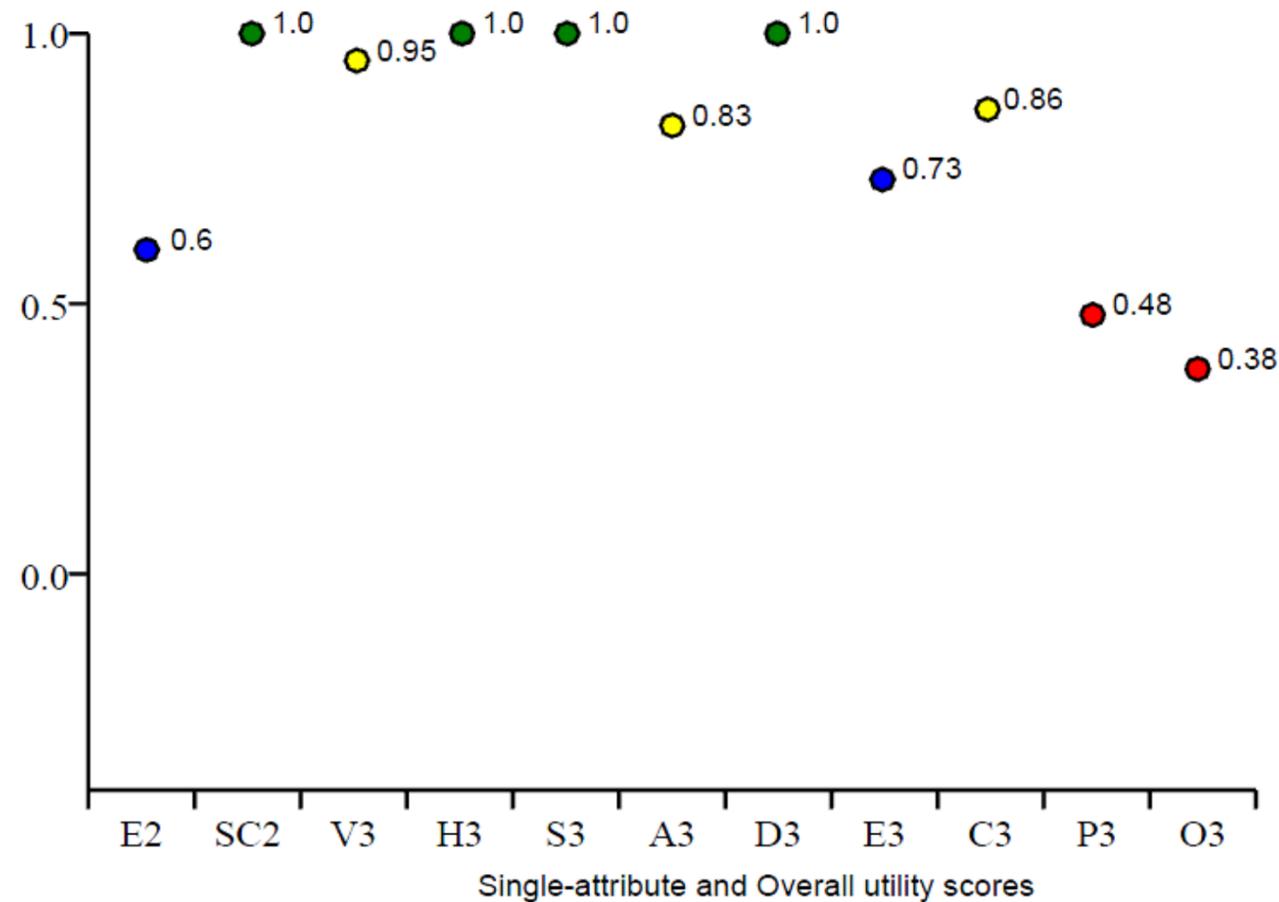
HUIsc



First visit to the out-patient clinic
after Tx

HRQL Results

HUIsc



Second visit to the out-patient
clinic after Tx

Clinical Interpretation of Results

HUI

Single-attribute utility scores:
differences of ≥ 0.05 are
important.

Overall utility score:
differences of ≥ 0.03 are
important.

PH = Perfect Health
E2 = HUI2 Emotion
SC2 = HUI2 Self-care
V3 = HUI3 Vision
H3 = HUI3 Hearing
S3 = HUI3 Speech
A3 = HUI3 Ambulation
D3 = HUI3 Dexterity
E3 = HUI3 Emotion
C3 = HUI3 Cognition
P3 = HUI3 Pain
O3 = HUI3 Overall

Legend:

- = Normal
- = Mild
- = Moderate
- = Severe

PROM scores and FEV1% pred vs. transplant time

Early Detection of Clinical Deterioration



Evaluation



ORIGINAL RESEARCH ARTICLE

Patient 2009; 2 (3): 159-167
1178-1653/09/0003-0159/\$49.95/0

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Using the Health Utilities Index in Routine Clinical Care: Process, Feasibility, and Acceptability

A Randomized Controlled Trial

Maria-Jose Santana¹ and David H. Feeny²

¹ University of Alberta Hospital, Edmonton, Alberta, Canada

² Kaiser Permanente Northwest, Portland, Oregon, USA

Abstract

Background and objective: Using measures of health-related quality of life (HR-QOL) in routine clinical practice has the potential to improve the

Evaluating the implementation of measurement-based care in child and adolescent mental health services as part of a learning health system

November 2024

DOI: [10.21203/rs.3.rs-5390833/v1](https://doi.org/10.21203/rs.3.rs-5390833/v1)

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Erin Melissa McCabe · Bishnu B Bajgain · Whitney Hindmarch · [Show all 11 authors](#) · Maria Jose Santana

> [BMJ Open](https://doi.org/10.1136/bmjopen-2023-073260). 2023 Nov 9;13(11):e073260. doi: 10.1136/bmjopen-2023-073260.

Implementing paediatric patient-reported outcome measures in outpatient asthma clinics: a feasibility assessment study

Sumedh Bele¹, Elizabeth Oddone Paolucci^{2 3}, David W Johnson^{4 5}, Hude Quan², Maria-Jose Santana^{2 4}

Affiliations + expand

PMID: 37945296 PMID: [PMC10649366](https://pubmed.ncbi.nlm.nih.gov/PMC10649366/) DOI: [10.1136/bmjopen-2023-073260](https://doi.org/10.1136/bmjopen-2023-073260)

McCabe *et al.*

Journal of Patient-Reported Outcomes (2023) 7:24
<https://doi.org/10.1186/s41687-023-00563-1>

Journal of Patient
Reported Outcomes

RESEARCH

Open Access

Factors affecting implementation of patient-reported outcome and experience measures in a pediatric health system

Erin McCabe^{1,2*} , Sarah Rabi³, Sumedh Bele⁴, Jennifer D. Zwicker^{1,5} and Maria J. Santana^{2,3,4}



Evaluation



Wolff et al. *Journal of Patient-Reported Outcomes* (2025) 9:77
<https://doi.org/10.1186/s41687-025-00911-3>

Journal of Patient-Reported
Outcomes

Unni et al. *Journal of Patient-Reported Outcomes* (2024) 8:113
<https://doi.org/10.1186/s41687-024-00745-5>

Journal of Patient-Reported
Outcomes

RESEARCH

Open Access

Enhancing provider adoption of patient-reported outcome measures (PROMs) through implementation science: insights from two international workshops



Angela C. Wolff^{1*}, Kate Absolom², Sara Ahmed^{3,4}, Susan J. Bartlett⁵, Maria Jose Santana⁶, Angela M. Stover⁷ and Elizabeth J. Austin⁸

Given the increasing evidence base supporting the role of PROMs in patient-centered care, it is imperative to understand the mechanisms and best practices for increasing provider adoption of PROMs.

This work offers a roadmap for understanding determinants more important to HCPs and systematically selecting theory informed implementation strategies that may increase the likelihood of HCP adoption of PROMs.

COMMENTARY

Open Access

Educating patients about patient-reported outcomes—are we there yet?



Elizabeth Unni^{1*}, Maud M. van Muilekom^{2,3,4}, Kate Absolom⁵, Bishnu Bajgain⁶, Lotte Haverman^{2,3,7} and Maria Santana⁸

Our symposium at the 2023 ISOQOL conference brought together a range of experiences and learning around patient-centered PROMs educational activities used in the Netherlands, Canada, and the UK.

This commentary is aimed to describe the lay of the land about educational activities around the use of PROMs in clinical care for patients, recognizing the gaps, and posing questions to be considered by the research and clinical community.



Describe how MBC influences
quality of patient care



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Patient Safety and Quality of Care

- PROMs enhance both **patient safety** and **quality of care** by improving detection of problems, supporting communication, guiding clinical decisions, and enabling service evaluation.
- PROMs integration into clinical flow via EHR systems and used effectively - not as a stand-alone solution - PROMs are a powerful component of safer, higher-quality, and more patient-centred healthcare.

Effects on Patient Safety

Early Detection of Clinical Deterioration

Routine use of PROMs can improve patient safety by enabling systematic monitoring of symptoms and functioning

Patients often report subtle deteriorations (pain, fatigue, or psychological distress) earlier than they appear in clinical indicators

PROMs therefore act as an **early warning system**, allowing clinicians to intervene sooner, potentially preventing complications or adverse events.

Reduction of Diagnostic Oversight

PROMs can make visible conditions that might otherwise be under-recognised, such as depression, anxiety, or treatment side-effects.

PROM feedback improves the **identification of preventable safety issues**, including unmanaged symptoms or medication-related problems. This reduces diagnostic oversight and mitigates risk.

The Effect of PROMs on Quality of Care



Enabling Performance Comparison and Quality Improvement

Aggregated PROM data can be used to compare outcomes across providers, identifying unwarranted variation

PROMs provide a direct measure of the effectiveness of care by depicting health improvements attributable to treatment

Stimulating Service Redesign

By highlighting gaps between expected and observed outcomes, PROMs can drive redesign of clinical pathways and help healthcare systems shift toward **value-based care**, where payment and service planning are guided by outcomes that matter to patients

Providing Real-World Evidence for Policy and Research

Routine PROM datasets offer a rich source of population-level outcome data, supporting evaluations of interventions and policy changes in real-world settings contributing to evidence-based policy

Conclusion

PROMs represent a foundational tool for MBC.

Effective integration of PROMs improve communication, enhance and support shared decision-making, and enable systematic evaluation of provider performance.

The greatest impact on quality of care emerges when PROM data are used not only at the individual patient level but also at the system levels to inform quality improvement and value-based healthcare.

PRMS IN PRACTICE

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DR. ARTHUR (BUD) BURNETT

**Scaling Patient Reported Measures
in Real World Settings**

Scaling Patient Reported Measures in Real-World Settings

Arthur L. (Bud) Burnett, M.D., M.B.A., F.A.C.S.
Patrick C. Walsh Distinguished Professor of Urology
The James Buchanan Brady Urological Institute
Johns Hopkins Medicine
Baltimore, Maryland

Objectives

- To present the intent and value of patient reported (outcomes) measures (PRMs) in the field of sexual medicine
- To discuss their applicability in clinical settings as well as considerations that favor their use
- To suggest ways to implement PRMs into clinical practice

Erectile dysfunction and stress urinary incontinence can affect quality of life

Studies have shown that people suffering from ED and SUI

- Are more depressed
- Psychologically distressed
- Emotionally disturbed
- Socially isolated



Patient Reported Measures in Sexual Medicine

- “Metrics”
 - to describe the condition
 - to track outcomes for success
- Useful for a variety of sexual medicine conditions, recognizing their “bother” and possibly psychosocial impact (quality of life outcomes emphasis)
- May complement other diagnostic tools, such as objective tests

Describing the Condition

- Specify the condition
 - Definition, e.g., ED = “inability to attain and maintain a penile erection that is satisfactory for sexual intercourse”
 - Circumstances, e.g., factor that provoke priapism
 - Severity (mild, moderate, severe)
- Does not necessarily identify the cause of the condition

Tracking Outcomes

- Baseline assessment of function
- Results after intervention
- Degrees of “minimally clinically important difference” (MCID)
 - Caveat: derived from validated investigation
- Basis to explore alternative treatments

Erectile Dysfunction Measurement Tools

- International Index of Erectile Function
- Erectile Function Domain (IIEF-6 or IIEF-EFD)
- Sexual Health Inventory for Men (SHIM or IIEF-5)
- Erection Hardness Score
- Sexual Encounter Profile- 2 and -3

Urinary Incontinence Measurement Tools

- International Prostate Symptom Score (IPSS)
- International Consultation on Incontinence Questionnaire – Urinary Incontinence Short Form (ICIQ-SF)
- Overactive Bladder Symptom Score (OABSS)

Validation of PRMs: Domain Considerations

■ Populations

- Gender minorities

■ Sexual activity

- Non-penetrative sexual activity

■ Sexual orientation and roles

- Transgender and gender non-conforming individuals

■ Sexual satisfaction

- Variable qualifications

Utility of PRMs

- **Clinical trials**
 - Controlled
 - Comparator/preference
- **New therapeutics**
 - Pharmaceuticals
 - Devices?
- **Guideline statements**
 - Validation typically necessary
- **Clinical practice**

Recommendations for Using PRMs in Clinical Practice

- Highly acceptable
- Relevant to sexual issues
- Easy to understand
- Simple to complete
- Appropriately phrased (health literacy, cultural sensitivity)

Take Home Messages

- Patient reported measures (PRMs) offer an important adjunct tool in the evaluation and management of patients with health conditions including sexual dysfunctions.
- PRMs center on defining the condition precisely and tracking outcomes of intervention meaningfully.
- PRMs may continue to be useful in many clinical settings including the real world, provided that they address the domain of concern and meet requirements for application.

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THANK YOU FOR ATTENDING



patientoutcomesinitiative@movember.com



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