

FEATURE

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Physician opinion: Who should pay for patient-reported outcomes?

While most in healthcare agree patient-reported outcomes (PRO) that measure the quality of life are valuable, the big question remains, who should pay for them? [Answer the survey.](#)



Ready to share your thoughts? [Answer the survey now.](#)

According to the National Quality Forum, patient-reported outcomes (PRO) are defined as “any report of the status of a patient’s (or person’s) health condition, health behavior, or experience with healthcare that comes directly from the patient, without interpretation of the patient’s response by a clinician or anyone else.”¹

PROs are different from clinical quality measures (CQMs) that track mortality, readmissions, hospital-acquired infections (HAIs), and other quantifiable metrics related to treatment outcomes.²

They also differ from CAHPS surveys and patient satisfaction measurements that narrowly examine patient-provider communication and the patient experience at a healthcare facility.²

What has long been missing from outcomes measurement is the patient’s feedback on their overall quality of life and well-being:

- Did a surgical procedure make walking their dog easier?
- Can they enjoy playing outside with their grandkids again because they’re no longer in pain?

At the end of the day, these are the most meaningful outcomes.

It’s the reason most of us became clinicians in the first place.

Who’s responsible for PROs?

Across the healthcare continuum, there’s widespread support for collecting the data.

However, already stretched-too-thin health systems and physician practices can’t take on the technical and operational burden—nor should they.

Further, even insured patients struggle to pay for healthcare³:

- 46% report difficulty affording out-of-pocket costs
- 1 in 4 (27%) report difficulty affording their deductible

Asking patients to take on the additional burden is simply not realistic.

Health insurance plans need to step up


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I believe that health insurance plans should take the lead in adopting, implementing, and yes—covering the costs—for patient-reported outcomes.

Here’s why:

1. Health insurance plans stand to gain the most financially.
2. Health insurance plans have the financial and technical resources to undertake the project.
3. Health insurance plans have the infrastructure and business plan to utilize the data at scale across patient populations.

Tell us, who should pay for PROs? [Answer the survey.](#)



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As the demand for patient-reported outcomes (PROs) increases, the big question is who should pay for them? Answer below! 🙌

Who should pay for patient-reported outcomes (PROs)?

The author can see how you vote. [Learn more](#)

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