

## **Title (150)**

OUTCOME MEASURE MOTIVATION: FOCUS ON THE INDIVIDUAL

## **Summary (300)**

Outcome measures offer benefits to patients and healthcare providers. To maximize these benefits, routine outcome measurement is needed, but known barriers have limited implementation. Reinforcing a new practice habit each time an outcome measure is collected may help reinforce this new routine.

## **Introduction (1000)**

In the field of prosthetic rehabilitation, outcome measures have been identified for a variety of clinical purposes [1]. Routine outcome measurement, a process of careful selection, consistent administration, analysis of results, and use of results to inform clinical practice [2], has faced frequently reported barriers. Recently, lack of valid or reliable instruments and lack of consensus about which outcome measures are most appropriate pose less of a barrier. Meanwhile, time availability, lack of perceived benefit, and feasibility of interpretation and use of outcome measure results in busy practice settings pose the biggest barriers today [3,4].

## **Methods (1000)**

Building from evidence that “greater perceived value appears to increase uptake” [4], an outcome measure program may focus on using outcome measures to “inform on the individual or system level” [3]. Adoption is likely to be enhanced by harnessing the “power of the habit” and identifying the Cue-Routine-Reward cycle [5]. In this case, maximizing the immediate impact of data interpretation each time outcome measure data is collected in the clinic setting will reinforce the new routine. When outcome measure data was not useful to clinicians or took too long to operationalize, outcome measure collection has been abandoned [3]. Conversely, support for outcome measures has been shown to increase when used to support payment or increase efficiency of patient evaluations [3].

## **Results (1500)**

Based on experience adapting and supporting routine outcome measurement, a new outcome measure program and digital solution were designed for a network of O&P practices. Focus group meetings were held to identify the clinical decisions that mattered most to clinicians. A database solution was selected and customized to allow collection of outcome measures at the point of clinical care provision. Additional IT solutions allow a report to be immediately generated to compare outcome measures to reference data and meaningful thresholds.

This solution made it feasible to routinely collect outcome measures digitally at consistent timepoints, inspect individual patient centered reports, and use actionable data to inform care decisions (r.e. Collect-Inspect-Direct). Within each patient encounter that outcome measures were collected, the data was available as the “reward” to positively reinforce the new “routine”.

The solution meets protected health information (PHI) requirements, and aims to support integration with clinical records, generation of aggregate reports, and connections to national registries. It is possible to combine outcome measure across time, patients, practitioners, practices, and across a network, to evaluate and compare trends for benchmarking and to disseminate the newly generated

knowledge back to the clinicians and stakeholders contributing to routine outcome measure collection (r.e. Collect-Aggregate-Evaluate-Disseminate).

### **Discussion (1500)**

Efforts to select and routinely collect outcome measures in clinical practice will continue to be limited by well-known barriers. By reinforcing the new practice routine/habit and immediately increasing the perceived value of outcome measure collection, routine outcome measurement will become better accepted by clinicians. This follows the recommendation that, "routine outcome measurement at the clinical level should ensure data collection is valuable to clinical practice, makes use of IT solutions and has all important organizational buy in." [3]

Buy in from clinicians and practice managers comes from focusing on the impact to the individual patient, such as increasing patient motivation, informing insurance funding/coverage requests [4], identifying functional deficits or activity limitations, establish goals, guide treatment [1], measuring rehabilitation progress [4], or classify patients and predict future rehabilitation status based on reference data and/or predictive models [1]. Once the routine outcome measurement is reinforced, future efforts to perform Continuous Quality Improvement (CQI) or benchmarking activities and retrospective research with Real-world Data (RWD) are all possible. However, in order to address the barrier to adoption, it is important to first increase the perceived value of outcome measures by reinforcing the routine on the individual patient level.

### **References (1000)**

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[2] Robinson, et al. "You've heard about outcome measures, so how do you use them? Integrating clinically relevant outcome measures in orthotic management of stroke." *POI* 37.1 (2013): 30-42.

[3] Ostler, et al. "From outcome measurement to improving health outcomes following lower limb amputation-making outcome measurement work from a clinical practice perspective." (2020).

[4] Duncan, et al. "The barriers and facilitators to routine outcome measurement by allied health professionals in practice: a systematic review." *BMC health services research* 12.1 (2012): 1-9.

[5] Duhigg. *The power of habit: Why we do what we do in life and business*. Vol. 34. No. 10. Random House, 2012.