

Using PROMs & PREMs to Impact Clinical Care

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W21C Board Room

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Disclosure

- ❖ ABJHI receives funding from:
 - Bone & Joint Health Strategic Clinical Network
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 - Alberta Innovates-Health Solutions
 - Restricted & unrestricted industry donations
 - Private health clinics
 - Philanthropy
- ❖ Data presented is real

PROMs & PREMs in Elective Total Joint Arthroplasty

Captured routinely:

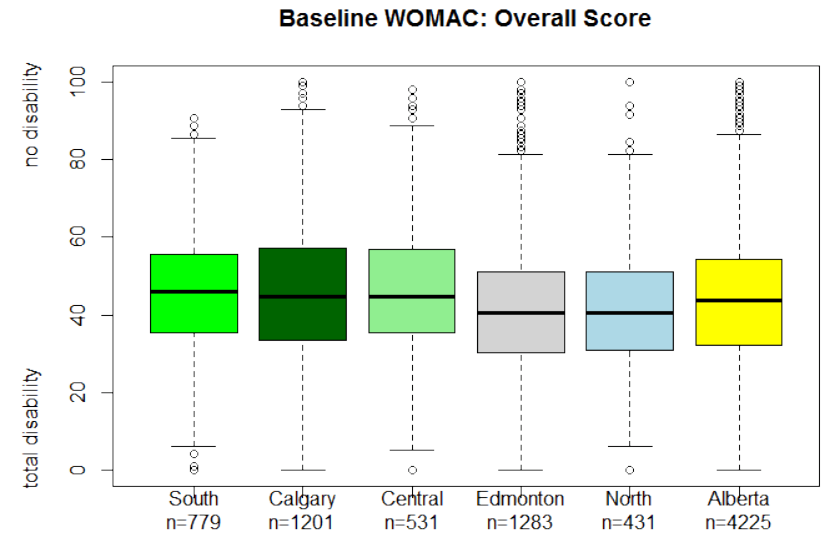
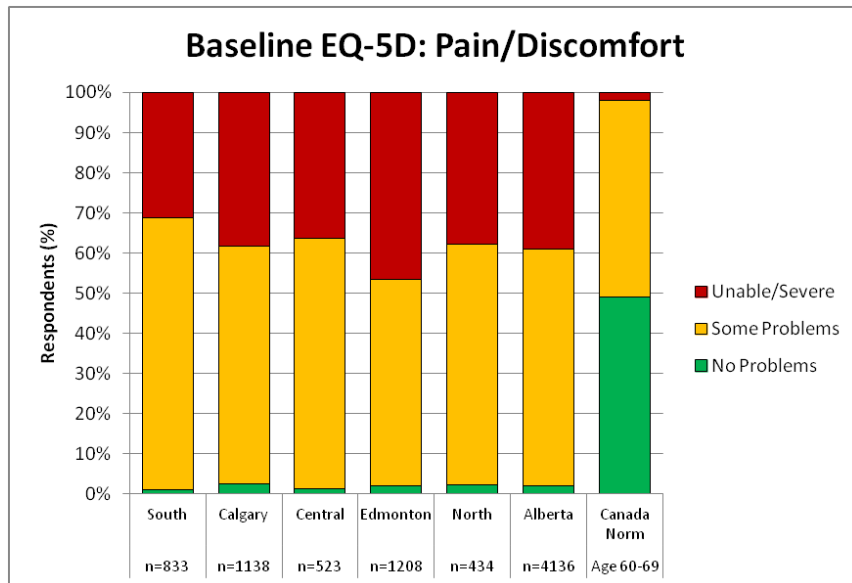
- ❖ WOMAC: Functional status
- ❖ EQ-5D: Quality of life
- ❖ Patient feedback

Often used:

- ❖ QOL:
 - SF-12/36
 - HUI-3
- ❖ Functional status:
 - Harris Hip Score
 - Knee Society Score
 - HOOS & KOOS
- ❖ Hospital Experience:
 - HAPSQ

Application of PROMs

❖ To describe



Goals are but progress markers along the journey of betterment; improvement should have no end

Application of PROMs

❖ To inform

Figure 21. Pre- and post-surgery WOMAC scores (Site X)

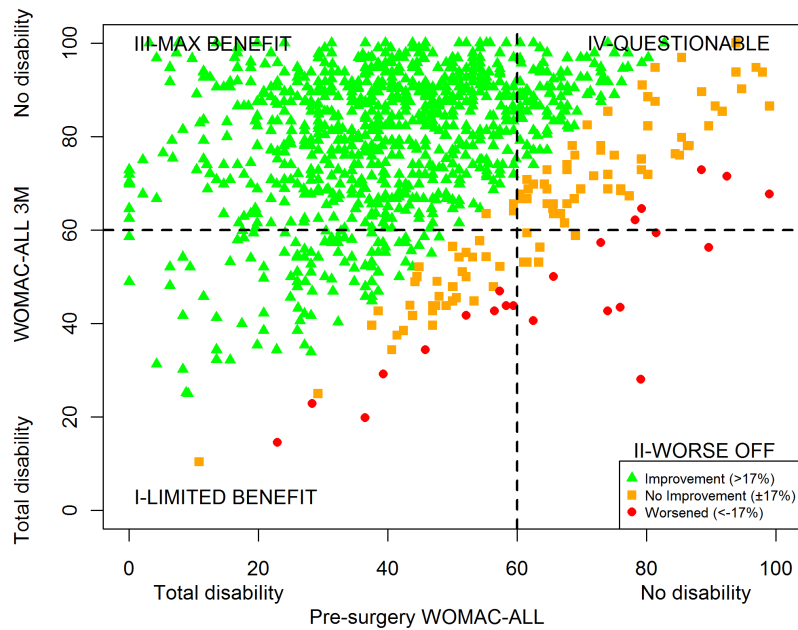
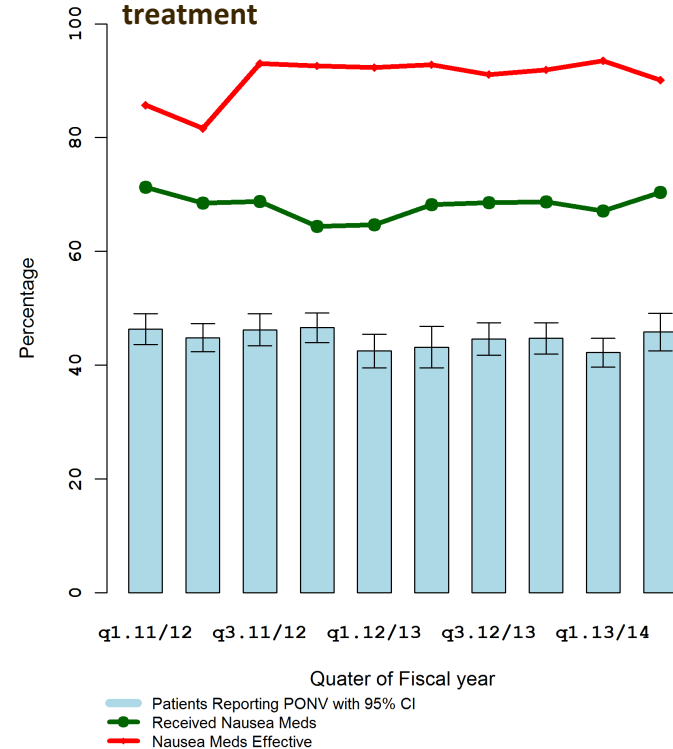


Figure 19. Incidence of PONV and effectiveness of treatment



All change in healthcare should be supported by evidence that it improves the quality of care

Application of PROMs

❖ To predict

Table 1. Relationship between obesity and pre- and post-surgery WOMAC scores

WOMAC Score (n=2761)	Non-Obese (BMI <30)	Obese (BMI ≥30)	p-value
Pre-surgery (avg):	43.3	41.5	0.003
3 months post-op (avg):	77.6	75.7	0.003
Point change (avg):	31.7	32.9	0.335
3 mos post-op ≥ 90 (%)	25.8	20.3	0.001

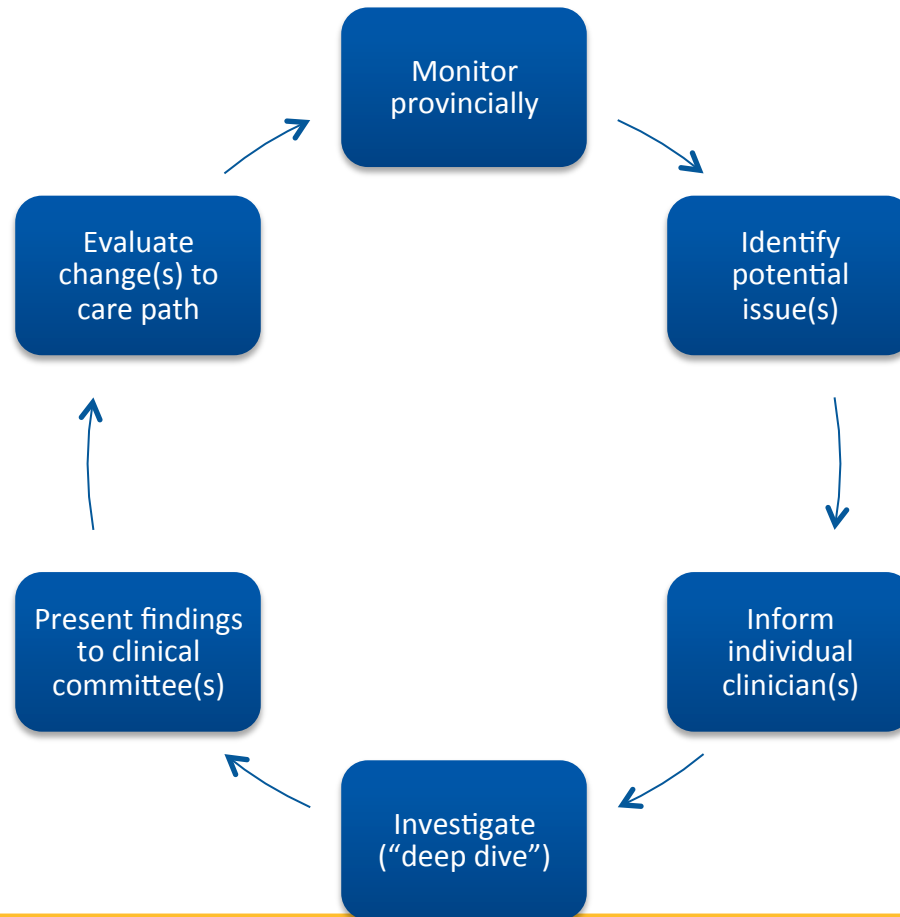
Application of PROMs

❖ To predict

Table 2. Logistic regression predicting WOMAC 3 months post-op

WOMAC Score @ 3 Months	Coefficient	Std. Err.	t	P>t	[95% Conf. Interval]	
Obese (Y vs N)	-0.16	0.89	-0.18	0.860	-1.90	1.59
Pre-Surg WOMAC	0.21	0.02	9.31	<0.001	0.17	0.25
Age	0.01	0.04	0.22	0.824	-0.08	0.10
Male vs. Female	1.47	0.87	1.68	0.092	-0.24	3.17
Knee vs. Hip	-6.97	0.89	-7.86	<0.001	-8.70	-5.23
1 Pre-Surg Risk Factor vs. 0	-0.70	0.99	-0.70	0.483	-2.65	1.25
2+ Pre-Surg Risk Factors vs.0	-1.47	1.10	-1.33	0.182	-3.62	0.69

Closing the Quality Loop



Questions?

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