



Frequently Asked Questions

1 What are Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs), and how do they differ?

PROMs capture patients' perspectives on their general health status, symptoms, functioning, and quality of life often using tools. These tools allow patients to reflect on their health and well-being directly.

PREMs, on the other hand, gather insights on patients' experiences with care delivery such as communication with providers, wait times, and overall satisfaction.

Both PROMs and PREMs are completed by patients themselves and are never interpreted by clinicians; they represent the patient's voice directly.

2 Which PROMs and PREMs are most used in primary care, and how do we choose the right ones?

PROMs (like the EQ-5D-5L, PHQ-9, GAD-7) and PREMs (like the PREOS-PC, GPPS, HQCA patient experience survey) are widely used. It's important to choose tools that fit your clinic's goals, patient needs, and ability to handle data. Always pick tools that have been tested, are easy to use, and clearly match your needs. For more help choosing the right tools, visit APERSU and HQCA resources.

3 How can PROMs and PREMs support care at different levels?

Macro: Aggregated data at the population level can...

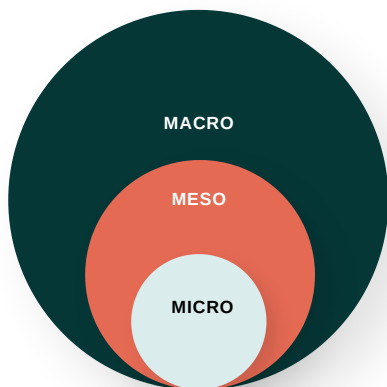
- Support policy decisions and system improvements
- Enable comparisons across time, regions or populations
- Inform funding, resource allocation, and service planning based on patient priorities

Meso: PROMs data from a group of patients can...

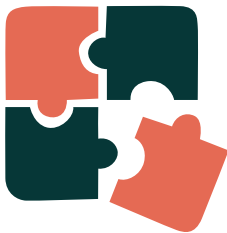
- Identify outcomes or symptoms in a panel of patients or at a given clinic or treatment site, and identify gaps in care
- Help evaluate program performance or monitor outcomes within clinics

Micro: PROMs data at the patient/clinician level can...

- Help patients provide input and perspective into their own care
- Enhance communication and helps tailor care decisions and improve care management
- Track changes in a patients' health over time and flags concerns early



- 4 What are the common challenges PCNs face in implementing PROMs and PREMs, and how can they be addressed?



Workflow Integration: These tools can feel like “extra work”.

- Start small with pilot implementations, use digital platforms (when possible) and identify champions within the team to help embed the tools into routine care.

Staff Training & Buy-In: Clinical and administrative staff may be unfamiliar with the purpose and utility of these tools, leading to inconsistent use.

- Offer hands-on training to connect PROMs/PREMs to patient care and outcomes.

Data Management: Primary Care Networks may lack infrastructure to collect, analyze or store PROMs/PREMs data.

- Use existing tools/platforms (like EMRs or MS Office) and collaborate with data analysts or quality improvement teams to ensure data is actionable and accessible.

Sustaining Momentum: Even if initial uptake is strong, maintaining long-term use can be difficult without regular feedback and visible impact.

- Create feedback loops where PROMs and PREMs data is routinely reviewed and discussed by care teams. Share successes and stories of impact with both staff and patients to build continued enthusiasm.

- 5 How do we meaningfully engage patients in the collection and use of PROMs and PREMs?



Co-designing process with patients builds trust, health literacy, and cultural safety. Showing how patient input leads to real changes in care is critical for fostering trust and participation.

- Create advisory groups or partner with patients who reflect the community you serve
- Test the tools and processes with a small group of patients before broader rollout to check for clarity and accessibility
- Share stories of how PROMs and PREMs data helped change care pathways or informed new programming
- Offer staff support and/or visual aid with guided instructions to complete the tools. Ensure assistance is non-judgemental and doesn't influence responses
- Explain clearly how data will be used, stored and protected, and always honour a patient's choice to opt out

Glossary

EQ-5D-5L - EuroQol Research Foundation tool to measure general health-related quality of life, 5-level

PHQ-9 - Patient health questionnaire to measure depressive symptoms

GAD-7 - Generalized anxiety disorder tool to measure symptoms of anxiety

PREOS-PC - Patient-reported experiences and outcomes of safety in primary care

GPPS - GP patient survey

HQCA - Health Quality Council of Alberta