**ePROs Project Intake Checklist**

This document is intended to guide users seeking to implement ePRO project into their clinical workflow. This checklist includes questions and considerations that can guide a project team in assessing the scope of a new ePRO project. Each item of the checklist asks users to describe the factors that will inform the development, deployment, return, response and review of ePROs.

**PROJECT INTAKE CHECKLIST**

## **PRO Project Scope**

### Owner

Designate the clinical champion of this ePRO project. Responsibilities include: signing off on design, determining clinic workflow, communications, change management, training, performance monitoring, enhancement requests, etc. Please provide the champion’s name, role, email, and phone.

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| *Examples: Clinic manager, Nurse manager* |

### Project Name

Indicate an easily identified name for the questionnaire that corresponds to the PRO purpose and patient population of interest.

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| *Examples: Lumbar Fusion, Total Knee Replacement, Low Back Pain* |

### Clinical Need & Purpose

Provide a brief description of your ePRO project request. Explain the problem statement and why the project is needed. Include a description of a typical scenario that indicates the primary purpose for using PRO data in clinical practice.

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| *Examples: Screening, treatment planning, treatment evaluation, research project* |

### Patient Population

Describe the patient population of interest. Include context of the clinical purpose of the PRO measure for this population and the anticipated volume of ePRO requests that will result from project. Specify the inclusion criteria for identifying eligible patients, including discrete documentation in EHR that identifies the patients who should receive the ePRO (e.g., visit type, diagnosis code, procedure code, prior PRO score). If specific inclusion criteria are not yet known, characterize the general reach from the options below:

* ePRO is applicable to all patients in the clinic with common visit type
* ePRO is applicable to a subgroup of patients with common Dx/Tx
* ePRO is applicable to individual patients identified by clinic staff

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### Existing Process

Indicate if the PRO is already being collected and describe the existing process.

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### Current Support of ePROs

Describe how you have or will demonstrate provider buy-in and clinic commitment to the project.

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### Timeline

Determine the desired start date and end date (if applicable) of the project.

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### ePRO Questionnaire Features

Provide the names of all ePRO questionnaires that will be used, and indicate whether the ePRO(s) are general or condition-specific. Please also include with the request:

* A full version of the measure(s)
* Length and anticipated patient response time
* Licensing copyright requirements and fees
* Include the scoring process published with the instrument, if available.

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1. ePRO Integration Approach

Describe what systems the ePRO will need to integrate with. For ex: does the ePRO data needs to be pushed to other reporting systems, does the ePRO integrate with a third party app for data collection.

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## **Data Collection & Submission**

### Initiating the ePRO Collection Request

Determine the approach for how the ePRO survey will be deployed to patients (i.e., how will the questionnaires be sent out, by whom, etc.). ePRO questionnaire requests can be initiated in a manual, semi-automated (processes, or automated manner (refer to the table below for more details).

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| **Manual Order** | **Semi-Automated** | **Automated** |
| PRO questionnaire will be sent manually as an attachment to a secured patient portal message  *Example: PHQ-9 sent to patient prior to follow-up appointment to track depression symptoms* | PRO questionnaire will be linked to existing clinical processes, such as a pre-surgical Order Set. Applies to series-questionnaires only.  *Example: joint replacement outcomes assessment ordered by clinic staff when surgery is scheduled* | PRO questionnaire will be deployed automatically based on discrete data available in EHR (i.e., visit type, diagnosis code, health maintenance logic, etc.)  *Example: health risk assessment questionnaire becomes live in patient portal 7 days prior to a patient’s annual wellness visit* |

### Collection Frequency

* Determine how soon in advance of a visit the ePRO should be sent
* Identify the frequency of ePRO data collection (i.e. monthly, annually, pre-set intervals, etc.)
* Indicate the shortest interval the patient would need to be resurveyed (for ePRO series)
* Indicate whether the ePRO will continue indefinitely or if the questionnaire should have discontinuing logic

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### Scoring

Determine if there are clinical interventions or follow-up that will be identified based on specific score (with alert, or color coding in report). Provide the scoring logics, validation needs, and instructions for clinical actions to scores requiring follow-up. Consider the messaging that patients should receive, indicating who they should call for additional assistance (e.g. 9-1-1) and what the clinic team’s response will be.

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## **Review and Documentation**

### Data Access

Describe how you envision clinical staff accessing and reviewing the ePRO data. If known, indicate where the clinical team will access the PRO data and/or receive report for e.g. in EPIC using Flowsheet, Synopsis view, or Encounter Report. Consider the need for staff messages/ alerts for PROs with patient safety risks (e.g., items assessing suicidality). Describe if the data is collected and/stored in other places in the EHR/third party tool.

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### Clinical Review

Describe how PRO data should be displayed to support clinical decision-making. (For more information, refer to checklist on designing and using ePRO reports). Examples include:

* Display cumulative score
* Access to individual items required
* Review current and past PRO responses side-by-side
* Tabular displays that highlight clinical values above or below a threshold

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### Regulatory Reporting requirements

Identify any regulatory requirements around PRO documentation and reporting, which may include the following:

* Documentation of cumulative score and/or individual ePRO responses in clinical note
* Documentation that assessment was reviewed by specified clinical role (for external/contractual reporting requirements)
* Accessibility needs for other clinical teams to access and update the ePRO score (i.e., flowsheet needed)
* Other obligations or regulatory or contractual reporting

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**REVIEW OF PROJECT INTAKE CHECKLIST**

1. [**PRO Project Scope**](#_Project_Overview)
2. Designate a clinical owner of the ePRO project
3. Define a title for the ePRO project
4. Determine the clinical purpose for use of ePROs in practice
5. Characterize the patient population and identification criteria
6. Assess existing workflows
7. Obtain provider and clinic commitment
8. Establish a timeline for the project implementation
9. Provide details about the ePRO instrument and administration
10. [**Data Collection & Submission**](#_Data_Collection_&)
11. Determine approach for initiating the ePRO collection request
12. Define time intervals of collection frequency
13. Provide scoring logic and needs for clinical follow-up
14. [**Review & Documentation**](#_Review_and_Documentation)
15. Determine approach for ePRO access in EHR or other tool
16. Define content needed for clinical review
17. Define regulatory or contractual reporting needs