

## COMMENTARY

# Outcomes or Experiences — What Do Patients Value More When Evaluating Medical Teams?

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Vol. 5 No. 7 | July 2024

DOI: 10.1056/CAT.24.0086

As quality-based payment proliferates worldwide, patient outcomes and patient experience measures are increasingly prioritized. However, little is known about whether patients value outcomes or experiences more when choosing a medical team. In a survey of patients across four European countries — France, Italy, Spain, and the United Kingdom — 998 patients with diagnoses of breast cancer, diabetes, inflammatory bowel disease, depression, or arthritis rated the importance of patient-reported outcome measures (PROMs) validated by the International Consortium of Health Outcomes Measurement relative to patient-reported experience measures (PREMs), which lack a standard instrument across Europe. The authors randomized the order of questions on PROMs and PREMs, and they further randomized the order of 10 indicators of outcomes and experiences to blunt priming effects. Although patients considered both outcomes and experiences important, on average 83.0% of patients considered PROMs more important than PREMs for choosing a medical team, with PROMs more important among 86.9% of the breast cancer sample, 82.6% in diabetes, 80.8% in inflammatory bowel disease, 79.4% in depression, and 86.7% in arthritis. Older patients were more likely to consider outcomes more important than experiences. These results suggest that outcomes and experiences are not viewed as the same by patients and that PROMs may need to be integrated to a larger extent into current payer efforts involving incentives to improve quality; these efforts could include value-based payment models that reward or put payments at risk based on quality performance.

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Shared knowledge between nations on the design of quality improvement efforts remains limited. Evidence developed in the United States on value-based payment models has been used by other countries, particularly in Europe; however, the European advancements in patient-reported measures of quality have received little exposure in the United States, despite containing potential insights for U.S. payers and policy makers who are increasingly considering patient-reported data.<sup>1,2</sup>

A fundamental question germane to the United States is whether patient-reported outcome measures (PROMs) or patient-reported experience measures (PREMs) should receive higher priority in quality measurement. PROMs typically evaluate patients' functional status and quality of life in daily activities,<sup>3</sup> whereas PREMs assess satisfaction with care, including comfort and communication with the medical team.<sup>4</sup> Although mounting evidence in the United States highlights limitations of process measures, such as diverting clinician attention away from intrinsic aspects of quality<sup>5</sup> — and early accountable care organization models have prioritized outcome and experience measures<sup>6</sup> — an enduring uncertainty is how patients value their clinical outcomes relative to their experiences in assessing or choosing clinicians. Both influence patients, but their relative importance remains unexplored.<sup>7</sup> The current article presents survey data to address this question, using results from a survey we developed and deployed in four European countries.

Patients in the United Kingdom, France, Italy, and Spain were randomly invited to evaluate the relative importance of outcomes versus experiences in a survey via the online patient platform Carenity. This online community comprises patients seeking interactions with other patients with shared conditions. Patients with five common and heterogeneous diagnosed conditions — breast cancer, diabetes (types 1 and 2), inflammatory bowel disease (IBD), depression, and arthritis — were randomly sampled.

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The survey was fielded in English, French, Italian, and Spanish, with no financial incentives for participation. Before dissemination in June 2019, the survey underwent iterative cycles of psychometric validation for 7 weeks. It was user tested with 10 patients in clinical settings for each of the five conditions in each of the four languages. Participants provided explicit informed consent. PROMs were validated by the International Consortium of Health Outcomes Measurement ([ICHOM](#)), with PREMs analogously constructed (the survey instrument is provided in the [Appendix](#)).

PROMs are sometimes considered to be the gold standard for patients' subjective outcome measurement because the information comes from standardized validated surveys and directly

reflects the perspective of patients and their clinical concerns. Since the early 2000s, many PROMs have been developed, and their role in clinical practice has increased significantly. PREMs derive from patient perceptions of the care experience, including elements such as communication by providers, respect for patient preferences, and the timeliness of care. PREMs are designed to capture, from the patient's perspective, what happened during an episode of care and how it happened.<sup>8-10</sup> PREMs generally do not consider the clinical outcomes of care but rather focus on how the process of care influenced the patient's experience.

We first randomized the order of questions on PROMs and PREMs. Second, we randomized the order of 10 indicators of outcomes and experiences to blunt priming effects. Our primary outcome was a dichotomous variable measuring whether patients considered outcomes more important than experiences. Secondary outcomes indicated whether patients found outcomes and experiences very important. Independent variables included age, sex, and comorbidities. We used a linear probability model adjusted for comorbidities and country-level fixed effects with robust standard errors. In sensitivity analyses, we examined logit specifications. All analyses used Stata version 15.1 (StataCorp).

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Across the four countries, this survey was distributed to 54,163 patients (55.8% in France, 26.3% in the United Kingdom, 12.8% in Italy, and 5.1% in Spain), with 1,301 completed responses from 998 unique patients; those with multiple conditions submitted a response for each one. Among the respondents, 37.8% lived in France, 22.6% lived in the United Kingdom, 21.6% lived in Italy, and 17.9% lived in Spain. Respondent age averaged 55.7 years, and 72.6% of respondents were women. The prevalence of each condition was as follows: breast cancer, 20.6%; diabetes, 36.9%; IBD, 21.4%; depression, 28.8%; and arthritis, 22.6% (Table 1). Overall, 19.4% of patients had more than one of these conditions.

On average, 83.0% of respondents considered outcomes more important than experiences for evaluating or choosing clinicians, with outcomes more important among 86.9% of those with breast cancer, 82.6% with diabetes, 80.8% with IBD, 79.4% with depression, and 86.7% with arthritis (Table 2). In our adjusted analysis, each additional year of age was associated with an increase in the reported importance of outcomes over experiences (0.4 percentage point change;  $P < .001$ ).

In absolute terms, 69.9% of patients considered outcomes very important, while 58.1% rated experiences very important. Adjusted for age, comorbidities, and country, women were 19.6 percentage points more likely than men to consider experiences very important and 17.0 percentage points more likely to rate outcomes similarly ( $P < .001$ ). Notably, disease type and comorbidities were not associated with the importance of outcomes or experiences, although this finding may not generalize to other conditions.

Table 1. Characteristics of the Study Population

Characteristic	All	United Kingdom	France	Italy	Spain
Number of Respondents	998				
Number of Answered Surveys	1,301	341	484	254	222
<b>Demographic Characteristics</b>					
Sex, % female	72.6	73.9	77.3	62.6	79.3
Age ± standard deviation, y	55.7±12.6	58.2±10.6	57.2±12.3	57.4±12.9	49.5±11.2
<b>Pathologies, %</b>					
Breast cancer	20.6	14.7	28.3	19.7	18.9
Arthritis	22.6	46.6	35.3	16.1	16.2
Diabetes	36.9	37.2	39.5	55.9	35.1
Inflammatory bowel disease	21.4	21.1	24.2	15.0	33.3
Depression	28.8	63.0	25.6	26.4	42.3
<b>Importance in Evaluating or Choosing Medical Team, %</b>					
Outcomes very important	69.9	71.8	73.6	56.7	77.9
Experiences very important	58.1	58.9	65.1	42.1	63.5
Prefer outcomes over experiences	83.1	85.0	80.4	79.9	89.2

Patients were randomly invited to evaluate the importance of outcomes and experiences in a survey via the online patient platform Carecity, with no financial incentives for participation. The survey was fielded in English, French, Italian, and Spanish in 2019. The order of the questions on outcomes and experiences was randomized. In addition, the order of 10 response choice indicators of outcomes and experiences was randomized to blunt priming effects. Overall, the sample gathered 1,301 distinct surveys from 998 individuals. For instance, patients affected by two conditions responded to two questionnaires (e.g., diabetes and depression). The distribution of pathologies exceeds 100% because of patients affected by comorbidities. Source: The authors

“ *These data suggest that, perhaps at times, the priorities of payment model design, insurers, and, indeed, perhaps clinicians are less completely aligned with what matters most to patients.*”

These data from a random sample of patients across four European countries reveal an important insight into what matters for patients in quality measurement. In essence, they suggest that, on average, patients generally considered outcomes to be more important than experiences when evaluating or choosing a medical team. This is not to say that patients undervalue experiences with care or that patient experience is unimportant. Rather, these data suggest that, perhaps at times, the priorities of payment model design, insurers, and, indeed, perhaps clinicians are less completely aligned with what matters most to patients.<sup>1</sup>

Measurement of quality and financial incentives attached to performance are central to most alternative payment models in the U.S. delivery system today. Early evidence suggests that when patients have some freedom to select health care providers, patient choices can be

**Table 2. Patient-Reported Importance of Outcomes and Experiences in Choosing a Medical Team**

Characteristic	PREMs over PROMs, %	PROMs over PREMs, %
<b>By Disease Cohort</b>		
Arthritis	13.3	86.7
Breast cancer	13.1	86.9
Depression	20.6	79.4
Diabetes	17.4	82.6
Inflammatory bowel disease	19.2	80.8
Total	17.0	83.0
<b>By Country of Residence</b>		
France	19.6	80.4
Italy	20.1	79.9
Spain	10.8	89.2
United Kingdom	15.0	85.0
Total	17.0	83.0

Results are based on a survey deployed via the platform Carenity. Percentages are based on 1,301 disease-specific responses from 988 unique patients. PREM = patient-reported experience measure, PROM = patient-reported outcome measure. Source: The authors

sensitive to quality.<sup>11</sup> However, current systems of quality measures, particularly process measures, suffer from well-described limitations — including focusing provider attention on extrinsic objectives that may not reflect intrinsic dimensions of what matters most to patients or clinicians.<sup>12,13</sup> As payers in the United States increasingly focus on nonprocess measures of quality — with a substantive policy debate concerning expanding the number of measures or narrowing to the most salient, meaningful measures — our findings suggest that outcomes and experiences are not viewed the same by patients and that PROMs may need to be given more consideration in current public and private payer efforts to use incentives to improve quality. This may encompass traditional fee-for-service contracts with a pay-for-performance component or value-based payment models with a portion of the provider payment at risk based on quality performance. The precise weighting of PROMs relative to PREMs remains an important area of future inquiry.

These results were limited by the cross-sectional nature of the survey and by the lack of risk adjustment between respondents. The findings also may not generalize to clinical conditions outside of the five represented here or to other populations, including patients in other countries. Nevertheless, they offer a glimpse into personal reflections of what mattered more to patients through their journeys in the health care systems of their countries.

In 2023, an initiative led by *Newsweek* and Statista brought survey data on PROMs into hospital rankings, specifically *Newsweek's* World's Best Specialized Hospitals and World's Best Hospitals.<sup>14</sup> This consumer-facing effort to bring hospital rankings informed by PROMs to the public, in the United States and globally, likely represents an opening chapter of a longer story that aims to shift the emphasis toward what matters most to patients.

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**Appendix**

[Survey Instrument](#)

**Acknowledgments**

We thank alumni of the Chair of Value in Health at the Université Paris Cité Medical School for their contribution in developing the patient surveys without compensation, especially Clara Bardin, Lenny Dahan, Alba Nicolas Boluda, Alfredo Pulini, and Dragos-Florin Trifan.

*Disclosures: Gregory Katz, Rosalind Bell-Aldeghi, Lise Radoszycki, Damien Testa, and Peter Pitts have nothing to disclose. Zirui Song received personal fees from the Research Triangle Institute for work on U.S. Department of Health and Human Services/U.S. Centers for Medicare & Medicaid Services risk adjustment; from Google Ventures for academic lectures outside of this work; and for providing consultation as an expert in legal cases outside of this work. This study was funded by the Chair of Value in Health at the Université Paris Cité Medical School; the Office of the Director, National Institutes of Health (Grant DP5-OD024564); and Arnold Ventures (Grant 20-04402).*

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