Cost-Benefit Brief

PROM collection requires investments in staff, technology, and workflow development, but it can also create opportunities to support quality improvement, value-based care initiatives, and outcomes assessment. This document explores both the costs of implementing PROMs and the potential financial, operational, and strategic implications of not collecting them.

What does it cost to collect PROMs?

Implementing a PROMs program requires investments in people, processes, and technology. While costs vary based on practice size, patient volume, and collection methods, most expenses fall into two categories: direct program costs and operational support costs.

Direct Program Costs

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- PROM collection platforms, survey administration tools, and reporting solutions may involve licensing or vendor fees.
- Practices that use enhanced collection methods (automated outreach combined with manual follow-up) may incur additional per-patient costs but often achieve higher completion rates.[5]
- Organizations may also invest in data analytics, reporting tools, or third-party PROM management services depending on program goals and reporting requirements.[10]

Operational Support Costs

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- Staff time for survey deployment, patient education, monitoring completion rates, and follow-up outreach.[4]
- Technology and IT support for implementation, EHR integration, maintenance, and reporting.[10]
- Workflow development and training to establish collection schedules, define responsibilities, and integrate PROMs into routine clinical practice.[1,4]
- Longitudinal follow-up activities required for programs that collect data before treatment and at designated post-treatment time points.[4]

What does it cost NOT to collect PROMs?

1. Reimbursement risk

- CMS has implemented PROM-based reporting requirements for total hip and total knee arthroplasty through the THA/TKA Patient-Reported Outcome-Based Performance Measure (PRO-PM).[3,7] Hospitals that do not meet reporting requirements may be subject to reductions in their Annual Payment Update (APU) under the Hospital Inpatient Quality Reporting (IQR) Program.[8] Depending on Medicare volume, these reductions may result in significant lost reimbursement for hospitals.[8]

2. Missed revenue opportunities

- PROMs are increasingly incorporated into value-based care programs that link reimbursement to quality and outcomes reporting. Practices and health systems that are unable to collect and report PROM data may have fewer opportunities to participate in these initiatives.[2,4]
- PROMs can support participation in bundled payment models and other alternative payment arrangements that emphasize patient outcomes and value-based performance.[3,4]
- As payers place greater emphasis on outcomes measurement, the ability to demonstrate value through PROM data may become increasingly important in contracting, reporting, and incentive programs.[2,3]

3. Missed Quality Improvement Opportunities

- PROMs can help practices evaluate outcomes across procedures, providers, and patient populations to identify trends and opportunities for improvement.[1,6]
- Monitoring PROM data over time may help identify patients who are not recovering as expected, supporting earlier intervention and potentially reducing unnecessary follow-up visits or avoidable utilization of healthcare resources.[1,9]
- Aggregated PROM data can support quality improvement initiatives, benchmarking efforts, and data-driven decision-making related to care delivery and resource allocation.[1,6]

4. Competitive and Strategic Disadvantage

- PROMs are increasingly used to benchmark performance across providers, practices, and health systems, helping organizations understand how their outcomes compare with peers.[1,6]
- PROM data can help practices and health systems communicate the value of care delivered to patients, employers, payers, and other stakeholders.[1,2]
- Organizations that collect PROMs may be better positioned to demonstrate the value of care delivered and participate in emerging quality, outcomes, and value-based initiatives.[1,2]
- Practices that do not collect PROMs may have fewer opportunities to showcase outcomes, participate in collaborative initiatives, and distinguish themselves in an increasingly outcome-focused healthcare environment.[1,2]

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