Staffing & Time Considerations for PROMs Collection

Successful PROMs programs require planning, coordination, and ongoing operational support. This document explores common staffing considerations, resource needs, and program models that practices may use to support sustainable PROM collection and reporting efforts.

Why Staffing Matters

PROMs collection extends beyond survey administration. Successful programs require staff time to educate patients, manage survey distribution, monitor completion rates, conduct follow-up outreach, and support data reporting and quality improvement activities.[1,4,5]

As PROMs reporting requirements and expectations continue to expand, practices may need dedicated resources to support these activities and maintain high-quality data collection.[1,2,3]

Growing patent volumes and long-term follow-up requirements can place additional demands on clinical and administrative staff, making clearly defined ownership and adequate support essential for program success.[1,4,5]

Where is Staff Time Spent?

BEFORE THE VISIT

Staff may be responsible for:

- Identifying eligible patients
- Assigning surveys
- Providing language-appropriate materials
- Answering patient questions
- Troubleshooting technology issues[1,4,5]

DURING THE VISIT

Staff may assist with:

- In-office survey completion
- Addressing incomplete questionnaires
- Reinforcing the purpose of PROMs
- Ensuring surveys are completed on time[1,5]

AFTER THE VISIT

Longitudinal follow-up often requires:

- Monitoring completion rates
- Sending reminders
- Contacting non-responders
- Managing reporting requirements
- Tracking outcomes over time[1,4,5]

BEYOND PATIENT INTERACTIONS

Successful PROMs programs also require staff time for activities that occur outside of direct patient care, including:

- Troubleshooting survey delivery, technology, and workflow issues.[5,7]
- Reviewing and analyzing PROM data.[1,2]
- Interpreting results and identifying opportunities to improve patient care.[1,2]
- Supporting quality improvement, benchmarking, and reporting initiatives.[1,5]
- Coordinating with payers, registries, health systems, and regulatory agencies when applicable.[3,5,6]

Consider Staffing and Program Models

There is no single approach to PROMs collection. The most effective model depends on practice size, patient volume, available resources, and program goals.



Small Practices

Typical model: Internal staffing

- Responsibilities may be shared among medical assistants, nurses, front-office staff, or a designated PROM champion.
- Lower direct cost but greater reliance on existing staff and workflows.
- May be best suited for practices with lower patient volumes or limited reporting requirements.[1,5]



Medium-Sized Practices

Typical model: Hybrid approach

- Internal staff oversee PROM collection while leveraging automation tools for survey distribution, reminders, and reporting.
- Balances operational oversight with improved efficiency.
- Can help reduce administrative burden while maintaining clinician engagement and data quality.[1,4,5]



Large Practices and Health Systems

Typical model: Dedicated or outsourced programs

- May include a dedicated PROM coordinator, outcomes manager, population health specialist, or quality improvement staff member.
- Some organizations utilize third party PROM vendors or managed services to support data collection, follow-up, and reporting
- Higher direct costs but potentially lower operational burden and more consistent data capture across large patient populations.[1,4,5,7]

Key Considerations: Regardless of the model used, clearly defined ownership and accountability are essential for maintaining completion rates, data quality, and long-term program sustainability.[1,5]

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