



# What Are Patient-Reported Measures?



Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs) are both important tools for measuring and improving quality of care.

- PREMs focus on patients' experiences with healthcare services.
- PROMs focus on patients' self-reported health status and quality of life.

Together, they offer a complementary view of patient care, highlighting the relationship between patient experiences and health outcomes. Using PREMs and PROMs can be used to improve patient care and population health.

## Patient-Reported Experience Measures (PREMs)

Healthcare organizations—including hospitals and medical offices—can gather feedback about various aspects of patients' care experiences using PREMs, such as CAHPS surveys. PREMs assess a wide range of patient experiences, including communication with clinicians and staff, courtesy and respect, access to care, and care coordination. Healthcare organizations can use PREMs to monitor and evaluate the quality of care provided, identifying strengths and areas for improvement.

One challenge with using PREMs is the need to collect information on a broad range of topics with minimum burden to patients who complete the surveys. AHRQ's CAHPS Program is conducting research to address this challenge by developing new and revised surveys with fewer questions, developing optional supplemental items, and testing modern and potentially less cumbersome approaches to survey administration (such as web-based surveys), as well as using natural language processing to analyze open-ended, narrative responses.

## Patient-Reported Outcome Measures (PROMs)

PROMs assess patient health outcomes like pain, fatigue, mobility, or depression. These measures are often used to assess the effectiveness of treatments—like knee or hip replacements or spine surgery—from the patient's perspective. PROMs can also provide evidence on which treatments are most effective for specific patient groups, ultimately helping to achieve positive health outcomes efficiently.

PROMs may ask about general health or condition-specific symptoms. Widely used PROMs include the 36-item Short Form Health Survey (SF-36)<sup>1</sup> (<https://www.ahrq.gov#notes1-3>) for collecting self-reported quality-of-life measures and the Patient Health Questionnaire (PHQ-9)<sup>2</sup> (<https://www.ahrq.gov#notes1-3>) for tracking depression and anxiety symptoms. In addition, there are more than 300 PROMIS® (Patient-Reported Outcomes Measurement Information System)<sup>3</sup> (<https://www.ahrq.gov#notes1-3>) measures, with translations available in Spanish and other languages.

Despite their potential, PROMs are not as widely used as PREMs in clinical practice. The lack of standardization in PROMs, unlike CAHPS surveys, makes it difficult to compare data across organizations, which restricts widespread use. Limited resources, challenges in engaging clinicians to use PROMs, and getting patients to respond, further limit the adoption of PROMs. Integrating PROMs into existing data collection processes can help reduce costs and improve their use.

Overcoming these barriers requires promoting the value of PROMs to clinicians and health system leaders, and integrating these measures into routine clinical practice to enhance shared decision-making and patient-centered care. Patients also need to be informed about PROMs results and how this information will influence decisions about their care.

## How PREMs and PROMs Work Together

Healthcare organizations can significantly enhance patient-centered care by integrating assessment of PREMs and PROMs into the healthcare process. Efforts to standardize and align these measures across different payers, including federal agencies such as the Centers for Medicare & Medicaid Services (CMS), are important to enable comparisons. It is also important to collect data from many different patient populations and to offer measures in multiple languages.

By focusing on what matters most to patients, clinicians and healthcare leaders can drive learning and improvement in how they provide care. The key is to use measures that are practical, simple, accessible, and easy to understand. Ultimately, PREMs and PROMs are tools that support patient-centered care and inform a learning health system.

Learn more about PREMs and PROMs by reading [a summary of presentations \(https://www.ahrq.gov/cahps/news-and-events/research-meetings/index.html\)](https://www.ahrq.gov/cahps/news-and-events/research-meetings/index.html) that took place at the September 2024 CAHPS Research Meeting on PREMs and PROMs in Research and Clinical Practice. ([https://www.ahrq.gov#\\_msocom\\_2](https://www.ahrq.gov#_msocom_2)).

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1. 36-item Short Form Survey (SF-36). Available at [https://www.rand.org/health-care/surveys\\_tools/mos/36-item-short-form.html](https://www.rand.org/health-care/surveys_tools/mos/36-item-short-form.html) ([https://www.rand.org/health-care/surveys\\_tools/mos/36-item-short-form.html](https://www.rand.org/health-care/surveys_tools/mos/36-item-short-form.html)) .
  2. Patient Health Questionnaire (PHQ-9). Available at <https://www.phqscreeners.com/select-screener> (<https://www.phqscreeners.com/select-screener>) .
  3. PROMIS® (Patient-Reported Outcomes Measurement Information System.) Available at <https://www.healthmeasures.net/explore-measurement-systems/promis>.

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