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## PROMs in Clinical Practice: Impacting Treatment Decisions

### Announcer:

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### Dr. Elwing:

This is CME on ReachMD, and I'm Dr. Jean Elwing.

We're going to be talking about PROMs. Let's start with a quick definition. PROMs are standardized tools that capture a patient's perspective on their symptoms, physical function, and emotional well-being, and that's incorporated into their overall health-related quality of life.

They provide a structured, quantifiable way to understand the patient's experience directly from the source—the patient. In PAH, we commonly use several validated PROMs, including EmPHasis-10, the Living with Pulmonary Hypertension Questionnaire (LPHQ), CAMPHOR, and, more recently, PAH-SYMPACT. Each tool differs in its insights.

EmPHasis-10 is a concise, 10-question tool focused on daily life impacts. The LPHQ explores physical, emotional, and social domains in greater detail. CAMPHOR provides a comprehensive assessment across symptoms, activities, and quality of life. And PAH-SYMPACT is unique in its daily structure, collecting patient responses over 7 consecutive days to track trends and fluctuations in symptom burden.

Some PROMs give us point-in-time snapshots, while others reveal how symptoms evolve and can be compared over time. Regardless of the tool, the true value lies in how we apply these insights. PROMs are not just for research; they are clinical instruments that can guide real-life treatment decisions and enhance personalized care.

When we incorporate PROMs into our clinical workflow, we move closer to truly personalized medicine. These tools allow us to identify subtle shifts in symptom burden, functional status, or emotional well-being that may not surface during the standard visit. It's important to know the structure of the PROM that we're using, what domains the PROM covers, and what the scores mean and how they relate to clinical targets. For instance, one PROM may emphasize physical limitation, while another may focus on emotional or social impacts. As clinicians, we can tailor the choice of the PROM and use these tools to match our patient population and individual care needs.

How do we make this practical? The goal is to start simple. You can embed a brief PROM into your pre-visit intake process or send it via an electronic health record system request days before the appointment. Over time, patterns will emerge in results that can help guide escalation, de-escalation, or a change in care strategy. It is important to be aware that some of these PROMs, in clinical practice or in research, may require appropriate licensing or permission from the developers or copyright holders. Please be sure to be in compliance with that when you implement these important tools.

When we implement PROMs, there may be challenges. There could be workflow barriers, staff training needs, or digital limitations, but the upside is worth it. PROMs offer a bridge between subjective symptom reporting and objective clinical data. For example, if a patient

consistently scores higher in fatigue or shortness of breath over several visits, even if their walk distance or their hemodynamics look stable, it's a red flag. It opens up a conversation, and that's where shared decision-making really comes in. By reviewing PROM results with patients, we validate their experience. We give them a voice in the decision-making process. We create care plans that not only are clinically appropriate but also align with their lived experiences and their priorities. When we integrate PROMs effectively, patients feel heard, and we gain another layer of insight that helps us manage their disease proactively.

The takeaway from this session is that PROMs help transform patients' symptoms into actionable items. When used effectively, they enhance shared decision-making and allow for more targeted, personalized interventions in PAH management.

Thank you for joining me. I hope this discussion gives you a practical lens for incorporating PROMs into your clinical PAH

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