

# Using Patient-Reported Outcome and Experience Measures to Identify Quality Gaps in Chronic Liver Disease Care at a Tertiary Care Hospital

Presented By

**S Krishnapriya**

Assistant Manager — Healthcare Operations

**Amrita Institute of Medical Sciences**

Kochi, Kerala, India

CO-AUTHORS:

Anagha Nandakumar, Dr Priya Nair, Dr Dinesh Nair

*"Bridging the gap between  
experience and outcomes"*



10<sup>TH</sup> EDITION

**CAHOCON**

20  
26

# Clinical scores $\neq$ Patient reality



## Study Aim

To evaluate patient-reported outcomes and experiences among CLD patients undergoing endoscopic procedures and to identify factors influencing quality of life.

# Methodology

## Study Design & Setting

Prospective observational study  
Conducted over 3 months  
Dept. of Gastroenterology & Hepatology

## Study Population

Adult CLD patients (>30 years) undergoing endoscopy

**Sample size:** 245 CLD patients

ICU patients  
Altered mental status

## Assessment Tools

**PROMs:** Liver-specific questionnaire

**PREMs:** CAHO questionnaire

Structure: 43 items | 4 domains

## Data Collection

Face-to-face interviews

Telephonic interviews

## Statistical Analysis

SPSS Version 29

Correlation analysis

Quality of Life (QOL) vs clinical variables

# Results: Patient Profile & Correlations

## 👤 Patient Demographics



Mean Age  
**60.6**  
Years



Gender Dist.  
**82.6%**  
Male



Comorbidities  
**84%**  
At least one

## 🔗 Key Correlations with QOL



### Age

↓ Lower Quality of Life

$r = -0.128, p = 0.032$



### Comorbidities & Complications

↓↓ Major Impact on QOL

$r = -0.221 \text{ to } -0.300, p < 0.001$

### Negative Correlation Strength (r-value)



# Key Findings: Drivers of Quality of Life

## What Drives Poor QOL?



### Vulnerable Groups

#### Older Patients

Poorer QOL with advancing age

#### Multiple Comorbidities

Significant decline in well-being



### Impact of Complications

Markedly affect daily functioning and reduce QOL scores:

Hepatic Encephalopathy

Ascites

AKI/HRS



## Key Takeaways

- ▶ QOL depends on comorbidity burden
- ▶ Clinical scores  $\neq$  Well-being
- ▶ Target vulnerable groups

## Comparative Insights



### Inpatient vs. Outpatient Disparity

**Outpatients reported significantly better QOL.** This is likely due to earlier disease stages and fewer active complications compared to hospitalized patients.




### The Clinical-Patient Disconnect

**Child-Pugh class is not always aligned with QOL.** Clinical severity scores do not capture the full picture of patient-perceived well-being and daily struggles.

# The Paradox & Quality Gaps

## The Paradox



>95%  
PREM Satisfaction

VS

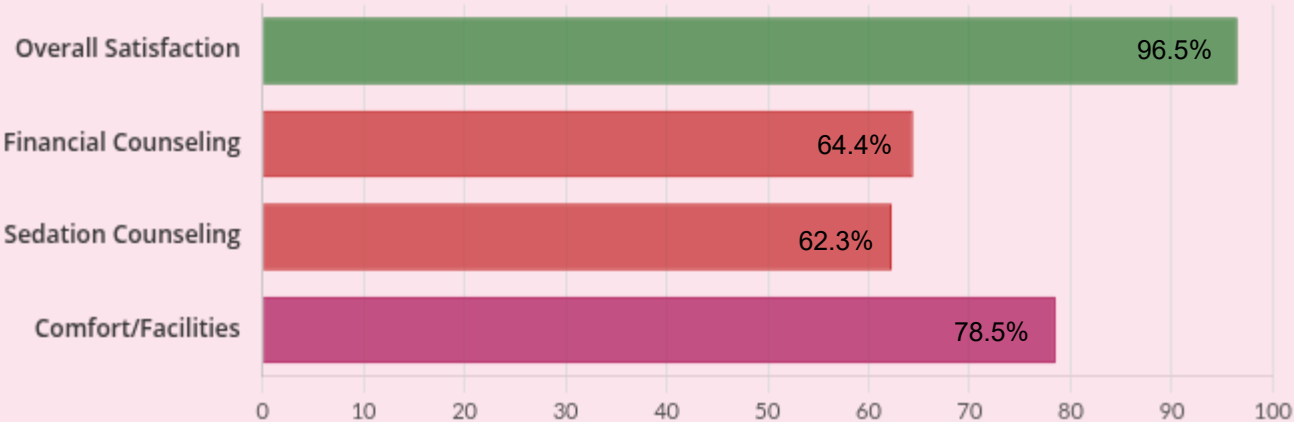


POOR  
Quality of Life

"No correlation observed between high satisfaction scores and patient-reported outcomes."

## Quality Gaps Identified (PREM)

Patient Experience Ratings by Domain



### Targeted Gaps

Despite high overall satisfaction, specific domains show room for improvement:

**Financial Counseling:** Only 64.4% positive response

**Sedation Counseling:** Only 62.3% positive response

Lower ratings in **Comfort** & Facility Services

# Conclusion & Future Directions

## ☰ Key Conclusions



### Primary Drivers of QOL

Quality of Life is significantly driven by **advancing age** and high **comorbidity burden** rather than demographics alone.



### Multidimensional Measurement

PROMs (Outcomes) and PREMs (Experience) measure different but essential dimensions of care quality. Both are required.



### Clinical Utility

Routine integration identifies high-risk patients early and guides targeted interventions for supportive care.

## 🚩 Final Takeaway

“

**"Integrate PROMs & PREMs into routine CLD pathways."**

Systematic measurement uncovers hidden needs, prioritizes vulnerable patients, and closes the gap between clinical success and patient well-being.



**Patient  
Centered**

Moving from "Treating the Disease" to  
"Treating the Person"

10<sup>TH</sup> ED

CA

# Thank You

---

“

*“If we don't ask patients how they feel, we may never know where care is failing.”*



10<sup>TH</sup> EDITION

CAHOCON

20  
26