Nursing research on PREMS and PROMS is key to measure the right data to inform patient outcomes. The nursing research data stay isolated and often not shared in open platforms, even when it comes to European projects on clinical practices and pathways. The new protocols on PEHR can therefore be a huge step forward to move away from silo research to open platform research taking into account the specifications of the new GDRP legislation, which is key to make progress. As such nursing research will gain importance in developing value based healthcare systems and the design of nursing sensitive indicators leading to better outcome date (PREMS and PROMS –cfr PaRis project OECD). The management of healthcare data will change thanks to PEHR and integration with cross-border PEHRs.

With PREMS and PROMS, supplemented with a very short list of nursing sensitve indicators, of which pain as indicator of quality of life, including palliative care, respectng the GDRP rules, PEHR will un-lock data, currently storing up mainframes of data which are never used by the clinicians and in fact use a lot of their time to collect, driving the nurses and doctors away from the bedside. PEHR will play a central role in making the data follow the patients and giving nurses access to continuity of care, at the spot of the delivery of care, data that are needed to improve patient outcomes, and as such reimbursement models which are currently only focussd on volume. Add to the equation prevention data (such as vaccination indicators, of lifestyle indicators), it is key to move for a typical medical DRG system towards a more value based health and social ecosystems in which the PEHR, will empower the patient/citizens and facilitate the provider services continuity of care, leading to integrated care. As such, pain management, often led by nurses in clinical practices, becomes a key outcome indicator in value-based healthcare ecosystems.

Paul De Raeve

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