

## **P82 Electronic patient-reported outcome measures (ePROMs) for triaging and scheduling outpatient appointments: A systematic review**

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**Objective:** With healthcare resources increasingly constrained, there is a growing need for value-based strategies that ensure efficient resource utilisation. Current models for outpatient follow-up appointments in chronic disease care rely on fixed scheduling, often misaligned with patients' evolving condition. This leads to unnecessary visits for stable patients and delayed care for those deteriorating. Electronic Patient-Reported Outcome Measures (ePROMs) provide a potential solution by offering real-time insights into patient symptoms, enabling more personalized appointment scheduling and healthcare delivery. This systematic review aims to evaluate the effectiveness of ePROMs to triage and schedule appointments for adult patients with chronic medical conditions.

**Methods:** A structured search was implemented in electronic databases for randomized controlled trials that compared use of ePROMs to facilitate flexible scheduling of appointments (intervention) with conventional scheduling practices (control) in adult outpatients with chronic medical condition. The primary outcome was the difference in healthcare utilization, measured by the number of outpatient physical appointments. Secondary outcomes include disease control and implementational outcomes. A meta-analysis using random effects modelling was performed.

**Results:** The search strategy yielded 3769 citations and 1 additional article from hand search. 17 randomized controlled trials (6469 patients) were included. Most studies focused on cancer (n=9) or rheumatoid arthritis (n=3). 6 out of 10 studies comparing the number of physical appointments showed that ePROMs significantly reduced the mean number of physical appointments, while 1 study reported increased appointments. A meta-analysis of six studies with sufficient data for pooling indicated that the ePROMs group had fewer appointments, with a mean difference of -1.12 (CI -1.87, -0.37). Among 10 studies evaluating disease control, 2 showed improved disease control with ePROMs, 2 reported improved survival in cancer patients, while 6 found no significant differences.

**Conclusions:** Current evidence supports the feasibility and acceptability of incorporating ePROMs in outpatient visit scheduling, with a reduction in physical appointments without compromising disease outcomes. ePROMs can be used to support and guide decisions regarding outpatient appointment scheduling. Further studies are required to determine the implementation outcomes including cost-effectiveness of such a system, as well as to assess the long term health outcomes and sustainability.