

Community-based Organizations and Value-based Care Partnerships: Leveraging PROMIS for Client-centered Outcome Assessment

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OBJECTIVE

The Metropolitan Area Neighborhood Nutrition Alliance (MANNA) is a community-based organization (CBO) that provides nutrition services, including medically tailored meals and counseling, to individuals with critical illness in the Philadelphia, PA region. CBOs, like MANNA, seek valid and efficient methods of outcome assessment to ensure program efficacy, elevate client voice, and show value when partnering with health systems and insurers. Previous research has shown that availability of secondary health data is limited. The objective of this research was to evaluate the feasibility and use of PROMIS in CBO outcome assessment.

METHODS

The PROMIS Scale v1.2 – Global Physical 2a (Figure 1) was incorporated into MANNA's client assessment process at program intake (start) and exit (end) between 2020 and 2022. Survey questions were administered by phone and results were uploaded to HealthMeasures Scoring Service to produce T-scores standardized to the U.S. population. Wilcoxon signed-rank test was used to assess change in median T-score and interquartile range (IQR) among clients who completed intake and exit assessments.

Figure 1. PROMIS Scale v1.2 - Global Physical 2a

Please respond to each question or statement by marking one box per row.					
	Excellent	Very good	Good	Fair	Poor
Global03 In general, how would you rate your physical health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	4	3	2	1
	Completely	Mostly	Moderately	A little	Not at all
Global06 To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	4	3	2	1

Among clients starting MANNA's program in poor health, there was **significant improvement** in the distribution of **physical health scores** from program start to finish.



PROMIS tools can be used as an **efficient, client-centered method** of **health outcome assessment** for **community-based organizations** seeking **value-based care partnerships**.

RESULTS

Of the 2,667 newly enrolled clients who completed at least 2 months of services, 1,959 (73%) completed the intake assessment process. Of those, 862 (44%) completed the exit assessment process. The subsample of clients who completed both intake and exit assessments (analytic sample, Table 1) was similar in demographics and diagnoses to the sample that only completed the intake assessment.

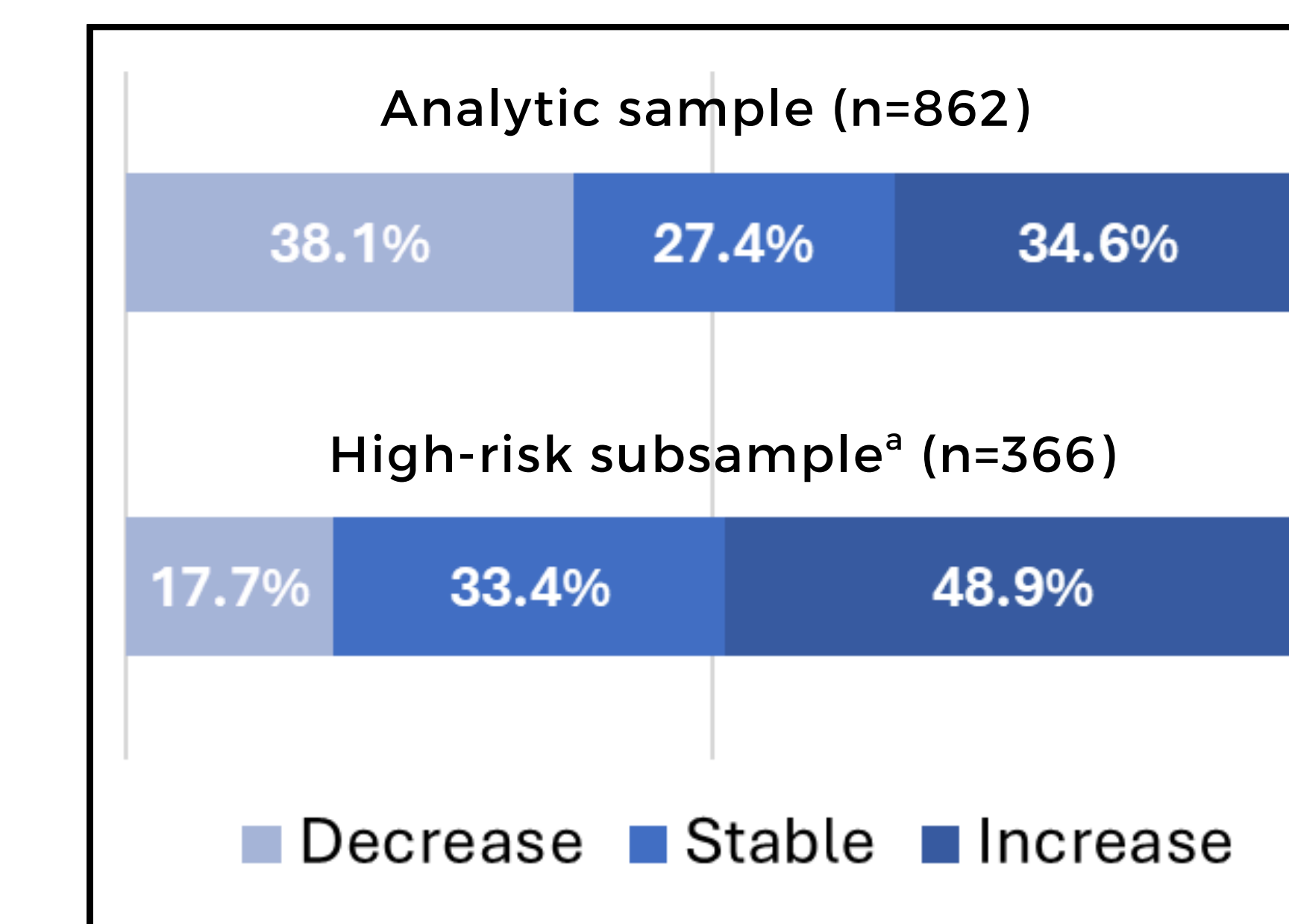
The median T-scores of the analytic sample was 37 (IQR=33-41) at program intake and exit, indicating most clients had fair to poor health during program enrollment. Among the subsample of high-risk clients (n=366), defined as having poor health at intake (T-score <35), there was significant improvement in T-score distribution from intake (median=33, IQR=28-33) to exit (median=33, IQR=28-37) (p<.001), though scores remained in the fair to poor health range (Figure 2).

Table 1. Baseline characteristics of analytic sample (n=862)

Demographics	
Age 65+	52.0% (448)
Female	54.2% (467)
Black	63.9% (551)
Hispanic/Latino	7.7% (66)
Medicaid	32.8% (283)
Diagnoses (not mutually exclusive)	
HIV/AIDS	6.8% (59)
Cancer	27.6% (238)
Diabetes	43.2% (372)
Kidney disease	24.8% (214)
CVD	60.0% (517)
Nutritional status	
Food insecure ^a	68.0% (586)
Malnourished ^b	53.8% (464)
PROMIS Physical Health Category ^c	
Poor	42.7% (368)
Fair	37.4% (322)
Good	13.0% (112)
Very good / Excellent	7.0% (60)

^aClients who responded "sometimes true" or "often true" to one or both statements of the Hunger Vital Sign. ^bMalnutrition Screening Tool score ≥2. ^cPROMIS Scale v1.2 – Global Health Physical 2a T-score categories: excellent (T-score >58), very good (50-58), good (42-49), fair (35-41), and poor (<35).

Figure 2. Within-person change in T-scores from program start to finish, analytic sample vs. high-risk subsample



Note: Threshold for clinically significant change over time is a 2-point change in T-score. ^aHigh-risk subsample = PROMIS T-score < 35 at program intake

Figure 3. PROMIS Global Physical Health T-Score Cut Points^a



^aBased on Hays RD, Spritzer KL, Thompson WW, Cella D. U.S. General Population Estimate for "Excellent" to "Poor" Self-Rated Health Item. J Gen Intern Med. 2015 Oct;30(10):1511-6. doi: 10.1007/s11606-015-3290-x. Epub 2015 Apr 2. PMID: 25832617; PMCID: PMC4579204.

CONCLUSIONS

Implementation of PROMIS tools can be an efficient method of health-related, client-centered outcome assessment for CBOs that have limited access to health data and seek value-based healthcare partnerships. PROMIS tools focused on health-related quality of life, such as Global Health surveys, may yield more robust data than traditional clinical measures when quantifying the value of these partnerships. Phone-based survey administration may introduce response bias and limit completion rates among time-constrained staff. These barriers may be overcome using self-administered online surveys.