

Outcomes Strategy & Foundations Guide

A four-phase strategic framework for rolling out Patient-Reported Outcomes

Overview

This guide is organized around the ACES framework — four phases that move an organization from leadership decision to standard-of-care for Patient-Reported Outcomes.

A

Align

Establish the why

C

Clarify

Define the operational model

E

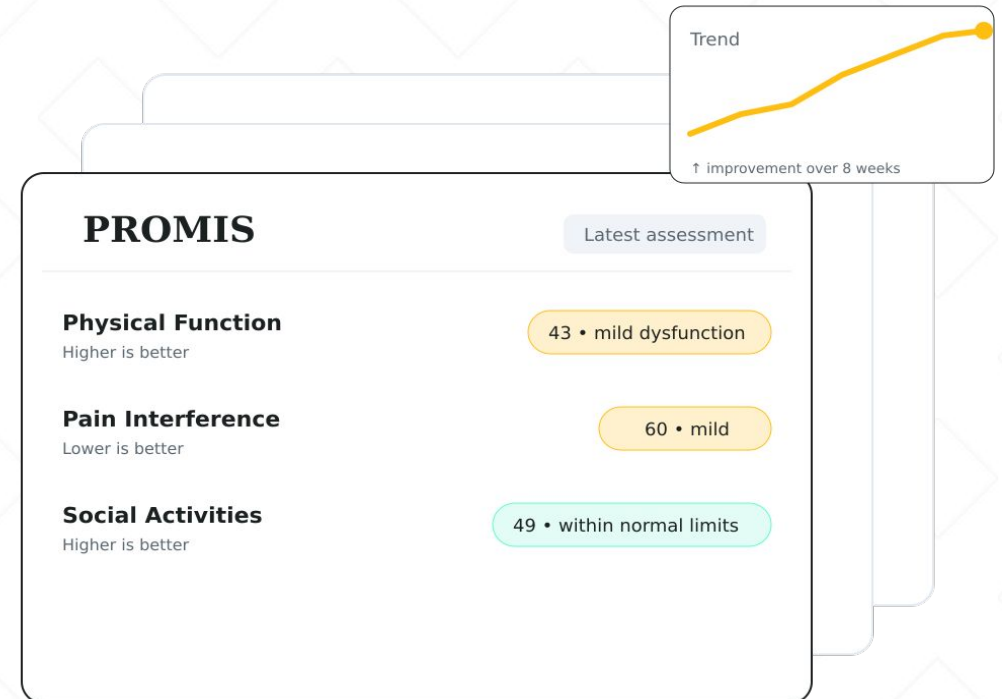
Enable

Tools, training, and standards

S

Sustain

Measure, report, and reinforce



A · ALIGN

Establish the Why

Before any rollout begins

Why It Matters by Level

PROs deliver a different kind of value at every level of the organization. Here's what each audience actually gets.



PATIENT

They see themselves improving.

Functional progress becomes visible in real time, lifting engagement and adherence.



CLINICIAN

They catch what patients don't say.

Score plateaus surface before patients verbalize them, signaling when to change the plan.



DEPARTMENT

What works spreads faster.

Trends reveal which teams hit MCID consistently, so leadership can scale the workflows behind their numbers.



ORGANIZATION

Outcomes become a negotiating asset.

Risk-adjusted data strengthens payer contracts, referral relationships, and MIPS reporting.

Organizational Readiness Before Launch

Organizations that skip the readiness phase experience the highest rates of clinician resistance and early program abandonment. Complete these steps before any clinic goes live.



Executive Sponsor

Assign a VP or Director of Rehabilitation Services, Clinical Quality, or Clinical Education to own the initiative and tie it to concrete organizational objectives — payer contract renewals, referral growth, MIPS compliance, and clinician performance management.



Clinical Champions

Appoint one to two clinical champions per region or clinic cluster. Champions should be respected clinicians who can model best practices and troubleshoot peer concerns. An on-site, well-trained champion dramatically shortens the initial clinician-burden window.



Standardize Measure Selection

Use the Medbridge PRO Library to configure standardized outcome measures by treatment category at the organizational level. Clinicians receive guidance on which assessments to assign — measure choice is not a per-patient decision.

Defining Success: Target Metrics

Three metrics define the program. Year 1 targets are achievable floors for new programs; mature programs aim higher as workflows take hold.

Outcome Assignment Rate

YEAR 1

80%

of evaluations

MATURE PROGRAM

≥ 90%

of evaluations

% of new evaluations with a PRO assigned. Measures whether outcomes are entering routine workflow.

Completion / Capture Rate

YEAR 1

60%

with 2+ captures

MATURE PROGRAM

≥ 75%

with 2+ captures

% of patients with a baseline plus at least one follow-up. This is the minimum for MCID analysis.

Clinical Improvement Rate

YEAR 1

Establish

baseline

MATURE PROGRAM

Track

vs MCID

% of patients significantly improved per MCID threshold. The ultimate measure of program value.



The second capture is the critical number. A baseline PRO without a follow-up produces no outcomes data. Everything in Clarify and Enable is designed to drive this number.

C · CLARIFY

Define the Workflow

How care actually happens today

The Clinician-Led Model

Medbridge currently supports a Clinician-Led PRO collection model. The therapist owns the full workflow: assignment, patient communication, and follow-up.

1

Assign

Therapist assigns the PRO alongside the HEP at evaluation, selecting the appropriate measure based on organizational guidance.

2

Communicate

Therapist explains the purpose and importance of the outcome measure to the patient at the point of care, using "we" language that connects to the patient's own care.

3

Follow Up

Therapist checks at each subsequent visit whether the follow-up PRO has been completed and prompts if not. Securing the second data point is the most important action in the workflow.

How Clinicians Introduce a PRO

Patient completion is won at first assignment, by how the clinician frames what the PRO is and why it matters. Proactive framing is the lever.



Name it clinically

Frame the PRO as a treatment tool, not paperwork. "A quick check-in I use to see how things are going."



Connect it to their care

Use "we" language and tie the assessment to treatment decisions. "I use this to know what to adjust in your plan."



Preview the cadence

Set the follow-up expectation upfront. "I'll send another in two weeks so we can track your progress together."

SAMPLE INTRODUCTION

"As part of your treatment plan, I'm going to send you a quick check-in. It takes about 5 minutes and asks how things are going. I'll use it to see what's working and what we need to adjust, and I'll send another in two weeks so we can track your progress together."

The Workflow - What Clinicians Do at Every Visit

The clinician owns the full PRO loop. As automation develops, the collection steps become passive and the review step becomes the clinical value-add.

1

Open the patient profile

Review the HEP and outcomes data in the Medbridge patient record.

2

Check assessment status

Confirm whether the current PRO assessment is completed or outstanding.

3

Prompt if outstanding

If incomplete, have the patient complete it during the visit via QR code or SMS/email link.

4

Review and act on data

Assess PRO trajectory, check whether MCID has been met, and review this data with the patient to inform treatment decisions and documentation.

E · ENABLE

Tools & Training

Make it stick

Training Your Team

Successful PRO programs train across four areas. Each is mapped to the roles who need it, and all materials live in the Outcomes Help Center.



Workflow

All clinicians + clinic leaders

How the PRO lifecycle works, from assignment at evaluation through follow-up at every visit.



Communication

All clinicians

How to introduce PROs proactively to patients with clinical framing and "we" language.



Assignment

Clinicians + front desk

Which measures to select for each treatment category, when to assign, and how to set patient expectations.



Monitoring

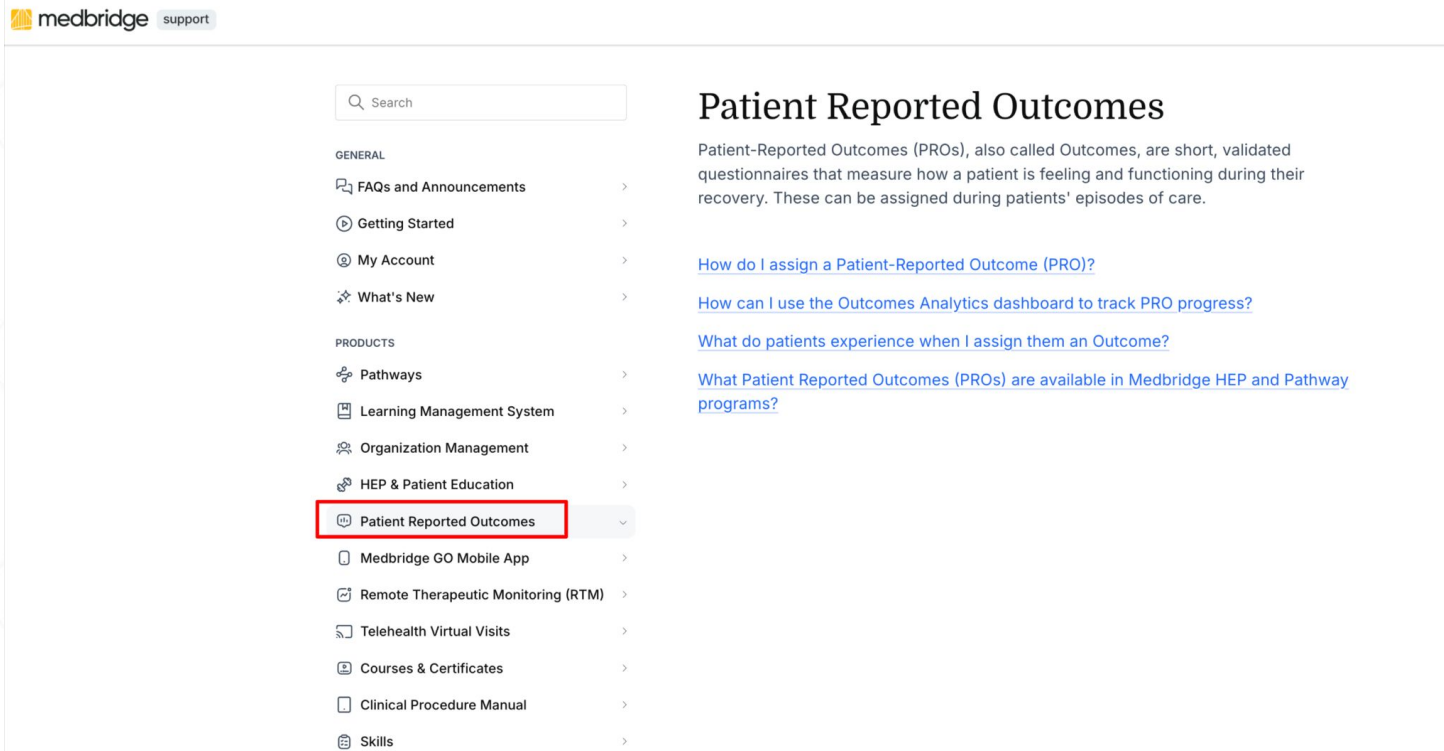
Clinical leaders + department heads

Reading the Outcomes dashboard, interpreting trends, and acting on signals.

Help center articles, job aids, and quick-start guides are organized to match these four pillars.

Tools - Outcomes Help Center

Your team's one source for PRO training, support articles, and product guidance. Always current as the product evolves.



The screenshot shows the Medbridge Support website interface. At the top left, the 'medbridge support' logo is visible. Below it is a search bar. A navigation menu on the left lists various categories: GENERAL (FAQs and Announcements, Getting Started, My Account, What's New), PRODUCTS (Pathways, Learning Management System, Organization Management, HEP & Patient Education, Patient Reported Outcomes, Medbridge GO Mobile App, Remote Therapeutic Monitoring (RTM), Telehealth Virtual Visits, Courses & Certificates, Clinical Procedure Manual, Skills). The 'Patient Reported Outcomes' item is highlighted with a red box. The main content area on the right is titled 'Patient Reported Outcomes' and contains a description of PROs and several blue hyperlinks: 'How do I assign a Patient-Reported Outcome (PRO)?', 'How can I use the Outcomes Analytics dashboard to track PRO progress?', 'What do patients experience when I assign them an Outcome?', and 'What Patient Reported Outcomes (PROs) are available in Medbridge HEP and Pathway programs?'.

SCAN OR VISIT



[Medbridge Support](#) → Patient Reported Outcomes

Bookmark this section

 **Always current** Updated with every release

 **All in one place** Articles, job aids, best practices

 **Searchable & shareable** Send a link or embed in LMS

S · SUSTAIN

Measure, Report & Reinforce

Ongoing success

Phased Rollout Timeline

Don't roll out across every clinician and clinic simultaneously. Each phase has a defined goal that gates the next.

Phase 1

Weeks 1-4

Early Adopter Pilot

GOAL

Refine communication scripts and follow-up workflow

- Identify 2-3 early adopter clinicians
- Enroll their active MSK patients
- Daily monitoring, weekly champion check-ins

Phase 2

Weeks 4-8

Pilot Clinic Expansion

GOAL

All pilot clinicians assigning PROs at episode creation

- Expand to other clinicians at pilot clinic(s)
- Share early wins and completion data with the team
- Enable clinician-level dashboard visibility

Phase 3

Months 3-6

Multi-Clinic Rollout

GOAL

All clinics enrolling PROs and leaders monitoring outcomes

- Expand to additional clinic locations
- Broaden to all patient populations with available measures
- Establish outcomes completion as standard of care

Phase 4

Month 6+

Full Deployment & Strategic Use

GOAL

Outcomes data driving strategic conversations

- Use aggregate data in clinician performance reviews
- Apply analytics to payer negotiations
- Leverage data in referral relationships

Monthly Leadership Dashboard

Clinical leaders should review these four metrics every month. Communicate proactively to the team — don't make them available on request only. Each metric is available at clinician, clinic, and organization levels in the Medbridge Outcomes dashboard.

Monthly Patient Volume

Total Visits

Total evaluations in the period

Assignment Rate

% of Evals

% of patients with a PRO assigned at evaluation

2+ Completion Rate

$\geq 75\%$

% of patients with baseline plus follow-up — target

Improvement Rate

% met MCID

% significantly improved by MCID threshold

Build these touchpoints into the operational rhythm:

- Department information boards displaying current completion and improvement rates by team
- Monthly reports that name high-performing clinics and the workflows behind their numbers
- Outcomes completion as an agenda item in leadership rounding, not a quarterly review topic
- Annual performance evaluations that include clinician-level completion rates alongside other quality metrics

Closing the Loop with Education

Outcomes data is most valuable when it drives action — and Medbridge connects the two natively.



Step 1

Outcomes data reveals underperformance

Aggregate PRO data surfaces a treatment category, condition, or team that's not hitting MCID at expected rates.



Step 2

Targeted CE assigned from the library

Leadership assigns continuing education content directly from the Medbridge CE library, matched to the gap identified in the data.



Step 3

Insight becomes action at the point of care

Clinicians complete the targeted education and apply it to the next patient — closing the loop between data and clinical practice.