

Search for cost-effective strategies to collect long-term trauma outcomes continues

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In their 2016 report on trauma care, the National Academies of Science, Engineering, and Medicine recommended the development of mechanisms for incorporating long-term patient-centered functional outcomes into existing trauma registries.¹ Nearly a decade later, this goal remains elusive. Although there has been considerable progress in analyzing *which* long-term outcomes to measure,² the main barrier remains *how* trauma registries should routinely collect such outcomes in a cost-effective manner.

The article by Baird and colleagues³ examined the feasibility of using automated phone calls to collect postdischarge patient-reported outcomes in a subset of patients with trauma. Despite a well-developed phone call script and a concise questionnaire, half of the respondents hung up, and half of those who initiated the survey did not complete it. Additionally, only 56% of those who completed the survey agreed to participate in future calls. The challenge lay not in getting patients on the phone but in getting them to complete the survey. Indeed, the reported “no answer” rate in this study aligns closely with previous studies on this patient population.⁴ This points out the automated calling method as the likely culprit. As the authors stated well, individuals often avoid engagement with unsolicited “robocalls” and concluded that automated, scripted phone calls were ineffective for collecting long-term trauma outcomes.

Despite the negative results, this article offers valuable insights for future research in the field. It may indicate that focusing on data collection mechanisms that provide value to the patient may yield better results. Electronic patient-reported outcome platforms or mobile health (mHealth) applications offer an interesting approach.⁵ These platforms enable patients to conveniently report their outcomes using digital interfaces accessible via smartphones, tablets, or computers. Additionally, they can enhance patient engagement and retention through features such as progress tracking, goal setting, and personalized feedback. However, such platforms have not yet been tested in trauma, a population with unique challenges in long-term outcomes data collection.

To date, the best method available is likely a combination of approaches, including telephone surveys, email, and text messages. However, we should continue our quest to find a better, more cost-effective approach. Failing to collect, integrate, and share trauma care data across the care continuum, including long-term outcomes, will continue to hinder efforts to improve performance at the frontline of care.

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