



## A call for routine outcome monitoring in Iran

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Assessment is a crucial part of randomized clinical trials (RCTs) that give us evidences for decision making in clinical evidence-based practice. However, the process of evaluation does not end with results of a trial. Clinicians should use similar assessments to evaluate treatment modalities and to improve the quality of the care in routine practice. There has been a growing notice for feedback systems similar to assessment technology developed for RCTs. Such a system should not only evaluate the patient at the end of treatment, but also provide information on severity of pathology prior to treatment, as well as feedback on progress made in treatment.<sup>1</sup> Evaluations can involve both symptoms and (social) functioning.

Routine outcome monitoring (ROM) refers to the assessment of treatment outcome at regular intervals, setting up a feedback loop to improve the clinical process. A comprehensive ROM-assessment can be successful in several domains<sup>2</sup> and should meet the following criteria. The very first aim is to be positively effective in (i) clinical process by continually optimizing treatment decisions using repeated assessments. This feedback system can give accurate information about treatment progress<sup>1</sup> by systematic evaluation of patients' response during the treatment. Most importantly, it can pick up signals to identify patients that do not show a favorable response.<sup>3</sup> This regular feedback could also improve the quality of practice by professionals.<sup>4</sup>

From a (ii) managerial perspective, a

comprehensive ROM provides an orderly appraisal for all patients receiving the care and yielding valuable information for managers to optimize strategic choices.<sup>5</sup> Data are gathered by standard assessment tools which will be available for both professionals and patients to improve transparency and generate information for external (iii) accountability for parties, such as insurance companies and policy makers. An inclusive ROM takes account of all eligible patients and uses valid and proper instruments. ROM-data can add value to care-consumption data by giving insight in who is profiting from the care provided and who is not.<sup>2</sup> Finally, a good ROM should contribute to (iv) research by providing naturalistic "real-world" data about disorders, needs of care, and outcome.<sup>6</sup>

Hurdles are to be expected in the implementation of ROM. Standard tools leave little room for personal treatment aims. Monitoring and comprehensive assessment can be time consuming and very costly. The referral process -where patients are referred back and forth between primary, secondary, and tertiary care centers- challenges the continuity of the monitoring system; especially for those care systems that advocate general practitioners to provide low intensity care to eligible patients. Confidentiality might also be an issue. Clinician may criticize the process of ROM as a burden for patients.

In the field of somatic diseases like diabetes, there have been long standing monitoring initiatives such as Mayo Clinic

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Health System, which have shaped the daily clinical practice.<sup>7</sup> For psychiatry, ROM has been implemented in several countries, but not all of them could overcome these difficulties. Pharmacotherapy Monitoring and Outcome Survey (PHAMOUS) is a good example of ROM that was started in 2006 to improve the quality of care for patients with psychotic disorders in the Northern Netherlands.<sup>8</sup> PHAMOUS is focusing on disease management aiming to improve care for this vulnerable patient group. It has a secured ROM position in clinical practice ever since and supports the primary process of decision making.<sup>9,10</sup> It provides useful information for both healthcare planning and economics and has built a robust infrastructure for of research projects with

different approaches. Similar projects are also successful for patients with anxiety and depression (De Beurs or Leiden).

Iran has already built an extensive health care network with several achievements, such as integration of mental health into the primary health care system.<sup>11</sup> This structure makes Iran a good candidate for successfully implementing ROM. Recently, an initiative started in East Azerbaijan province entitled Azeri Recent onset and Acute phase psychosis Survey (ARAS). This will be the first study in Iran using ROM structure. This approach can also be valuable for other diseases, outside psychiatry. Hopefully, such research efforts will have additive value to clinical practice.

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