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POSTER ABSTRACT

Co-designing an interprofessional PROMs-based digital platform for hypertension care in Swiss primary care: challenges and preferences

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Background: Effective hypertension control requires sustained patient engagement. In Switzerland, over 50% of treated patients remain above recommended targets, highlighting the need for more effective, patient-centred strategies. Patient-reported outcome measures (PROMs) have the potential to empower patients, align care with patient needs, and generate value by enhancing consultation efficiency. Within interprofessional collaboration, PROMs could strengthen earlier identification of struggles and more targeted support.

The International Consortium for Health Outcomes Measurement (ICHOM) has developed a PROMs set for evaluating hypertension management. In this study, we conducted a co-design process to incorporate the ICHOM PROMs set into an interprofessional digital platform. On a mobile app, patients complete PROMs, receive feedback, and track blood pressure, while providers access the data via a web interface.

Approach: Between March and December 2024, we conducted an iterative three-phase participatory co-design process, where each phase informed the next, involving patients with hypertension, pharmacists, and general practitioners (GPs). Each round involved 4 to 7 end-user representatives. In the first phase, we explored participants' opinions about the ICHOM PROMs set for hypertension.
The second phase focused on designing the PROM's feedback and in the third we tested the full prototype. Patients joined semi-structured interviews, while healthcare providers (HCPs) participated in online interviews and focus-group discussions. Some participants joined multiple rounds. All sessions were recorded and transcribed. Preferences and challenges were identified by inductive thematic analysis and used to inform ideal app and web-platform features and characteristics.

Results: Participants identified several challenges and preferences related to PROMs-based digital tools. Challenges included HCPs' concerns about unreliable responses and patients' scepticism about the usefulness of PROMs not requested by clinicians. Patients emphasized the importance of lay-language wording and avoiding a patronizing tone. Preferences included personalized, clearly presented feedback relevant to the individual's health journey without peer comparisons.

Based on these insights, we designed PROMs feedback as a combination of color-coded graphs and tailored text, applying Ancker's framework for communicating numbers and health data. We applied two functional categories from this framework: behaviour-triggering and status-recognition PROMs.
Patients also valued seamless sharing of blood pressure and medication lists with providers. Finally, integration with existing health information systems was perceived as a practical solution.

Implications: These findings suggest that patients' acceptance of PROMs relies less on the tool itself and more on how feedback is personalized and integrated into their care. Support for seamless data sharing across GPs, pharmacists and potentially wider care teams illustrates how digital interprofessional platforms can support continuity, reduce fragmentation, and strengthen integrated care pathways. These design principles are transferable to other chronic conditions, suggesting broader utility for PROMs based interprofessional digital health platforms. Although developed with a small sample, the final prototype is currently being evaluated in a larger-scale pilot to test feasibility in real-world settings.