# EHR integration is the foundation of PRO success

WHY INTEGRATION COMES FIRST

## A questionnaire is not a program

Most healthcare organizations already have technology that can send a patient a questionnaire. That does not mean they have the infrastructure to run a patient-reported outcomes (PRO) program at scale. A successful program puts the right measure in front of the right patient at the right point in care, brings the response back to where providers work, and keeps collecting for months after a procedure, when patients have fewer scheduled visits.

The electronic health record (EHR) is where scheduling, procedures, diagnoses, and clinical workflows already live, which makes it the natural foundation for outcomes collection. It also explains why programs that sit outside it tend to start strong in a pilot and then quietly degrade.

> This guide covers why EHR integration matters, how PatientIQ embeds into existing clinical workflows, and what this looks like in Epic, the EHR so many health systems run on.

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THE BUSINESS CASE

# Outcomes programs fail quietly

Collecting a questionnaire is the easy part. Building a process that captures useful data consistently, and puts it to work across an organization, is much harder. Programs rarely fail because clinicians did not want the data. They fail because they added one more system, one more login, and one more task at the end of a busy clinic day.

### Every step creates manual work.

Take a patient scheduled for a total joint replacement. They need a baseline assessment before surgery and more measures at set intervals through recovery. If the surgery date moves, the schedule has to move with it. Staff must then identify patients, assign measures, chase missing responses, and find results for providers, across every specialty and location.

### Standalone collection drifts outside the workflow.

When a survey lives outside the EHR, a separate system sends the link, someone reconciles responses by hand, and someone else exports a report that does not match how the EHR structures data. Collection falls, staff burn out on follow-up, and results never reach the point of care.

### Native tools can run out of room at scale.

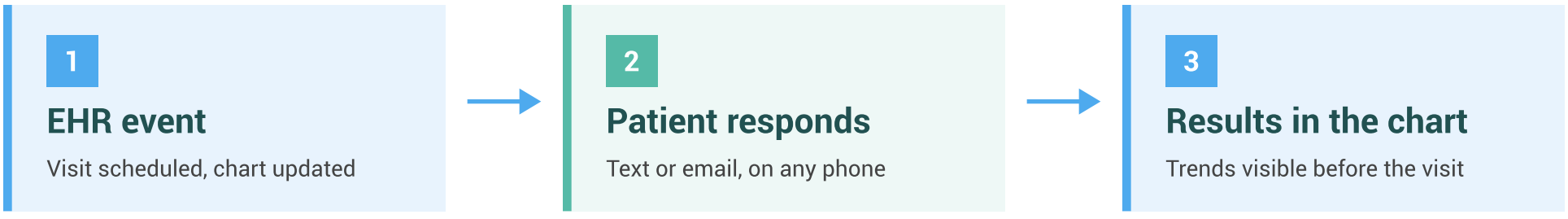
EHR questionnaire tools work well for focused use cases. Scaling across specialties is harder. Orthopedics may use HOOS or KOOS for joint replacement while spine relies on the Oswestry Disability Index, each with its own eligibility rules and schedules. Follow-ups at 3, 6, and 12 months also land long after regular visits have ended.

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HOW IT WORKS

# Built into the workflow, not beside it

PatientIQ integrates directly with 20+ unique EHR systems, including Epic (50+ deployments to date), Oracle Health, and Athenahealth. Direct integration means the connection is bidirectional and event-driven, so outcomes measurement becomes part of the existing clinical workflow instead of a parallel process that competes with it.




The cycle repeats at every follow-up timepoint, automatically.

1

## The EHR event starts the workflow

When a visit is scheduled and the chart is updated, PatientIQ detects the event automatically. No one has to remember to enroll the patient, and no one manages the collection schedule by hand.

- Patient enrolled in the right care pathway automatically
- Surveys assigned by procedure or condition
- Schedules change automatically when the procedure date moves
- Automated follow-up continues long after the encounter ends

2

## Patients respond on the device they already use

The patient receives a text or email and completes the survey on a phone. There is no app to download, no portal login, and no staff intervention required.

- One-tap links that work on any phone
- Automated reminders by text and email
- No need to chase missing surveys at the front desk

3

## Results land where clinicians work

When the response comes back, it appears directly in the clinician's EHR workflow. The care team does not need to toggle between systems, and a surgeon can see a PRO trend before a visit versus days later in a report.

- Scores and trends available at the point of care
- Outcomes visible alongside EHR-documented clinical variables
- No separate login and no manual entry

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THE DATA IMPACT

# Integration changes the data itself

**76M+**
**Outcomes collected**
Real-world data at scale

**20+**
**Unique EHR integrations**
Epic, Oracle Health, and more

**870+**
**Organizations**
on the PatientIQ platform

A blended collection rate of 80%+, captured without adding staff burden, is a different asset from a dataset full of gaps. Collection rates of 30 to 50%, common in manual or standalone environments, cannot support the analysis clinical leaders need to act on.

INTEGRATED VS. STANDALONE

# Where the work goes

Integration changes who does the work. The same PRO program, run inside and outside the EHR, looks very different on an ordinary clinic day.

| Step | Outside the EHR | Integrated with PatientIQ |
|---|---|---|
| Enrollment | Staff identify and enroll patients | **Triggered by the scheduled visit** |
| Assignment | Measures assigned manually | **Set by procedure or condition** |
| Patient access | Separate link, portal, or login | **Text or email, no app, no login** |
| Follow-up | Staff chase missing responses | **Automated reminders at each interval** |
| Results | Exports and manual reconciliation | **Back in the clinician's EHR workflow** |
| IT lift | Custom builds and middleware | **No custom development by the provider** |

Every new clinical tool carries an integration cost. PatientIQ is designed to keep it small: no custom development on the provider side, implementation that fits within existing IT project structures, and minimal staff training because teams keep using the systems they already know.

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BEYOND COLLECTION

# Collection is only the starting point

Once an organization wants to expand PROs across specialties, automate longitudinal follow-up, benchmark performance, or support research, the requirements change. The EHR stays central to clinical workflows. A purpose-built platform extends it and turns PRO data into a shared resource.

COLLECT AND ACT

### ClinicalPRO

Automates PRO collection and brings outcomes into the clinical workflow, so providers see symptoms, function, and recovery at the point of care.

STUDY

### ResearchPRO

Electronic data capture and patient engagement for studies and publications, backed by a network of 870+ healthcare organizations.

BENCHMARK

### DataPRO

Real-world outcomes from across the PatientIQ network, so teams can compare results and find meaningful variation in performance.

EVALUATING PLATFORMS

# Four questions to ask any PRO vendor

- ☐ **Can it assign measures automatically based on clinical events?**
  If staff enroll patients by hand, the program depends on someone remembering.
- ☐ **Can it manage follow-up outside routine visits?**
  Follow-ups at 3, 6, and 12 months often land long after patients stop coming in.
- ☐ **Can it handle different measures and schedules across specialties?**
  Orthopedics, spine, and other service lines each use their own measures and timelines.
- ☐ **Does it put outcomes information where providers already work?**
  Results in a separate system rarely reach the point of care.

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EPIC IN PRACTICE

# Epic-first, with PatientIQ inside the chart

Native Epic tools are a strong starting point. But as a program scales, the build, upkeep, and measure updates fall to IT. As a result, response rates tend to run lower, and each new service line waits its turn. PatientIQ is designed to complement Epic, not replace it.

## WHAT THIS LOOKS LIKE INSIDE EPIC

### Epic stays your system of record and front door. PatientIQ powers the PRO program inside the chart.

#### No extra login required

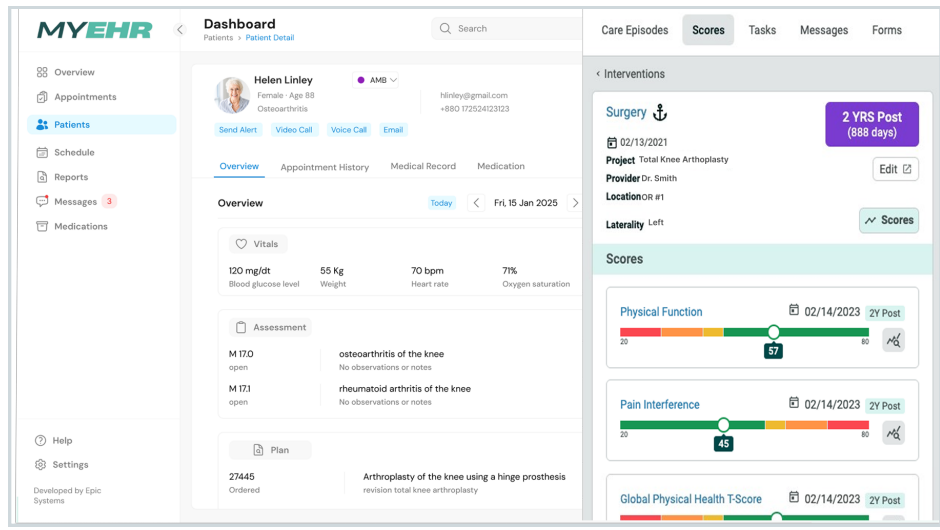
Providers open PatientIQ inside Epic. Patients get a text or email link, finish the survey, and are routed back to MyChart.

#### Same flowsheet fields

Results can write back to the same Epic flowsheet fields, with depth scoped during implementation. No competing portal.

#### PatientIQ owns the build

PatientIQ maintains the integration and tracks changes to CMS measures, so your IT team doesn't have to.




Illustrative view with sample data.

#### A chart view clinicians use

A SMART on FHIR app in the chart shows score trends, so clinicians can review outcomes without leaving Epic.

> "Collecting patient outcomes data is only the beginning. Its value comes from putting patients' responses directly into clinicians' hands at the point of care. Integrating PatientIQ with Epic helps us do that while reducing costs and manual work for our teams."
>
> **Dr. Deryk Jones, Chair of the Orthopedic and Sports Medicine Service Line, Sutter Health**

## BY THE NUMBERS

| 80%+ | ~30% | 50+ |
|---|---|---|
| **Blended collection rate** | **Native MyChart response** | **Epic deployments** |
| Average across all timepoints | Published rate, for comparison | Live at health systems |

Sources: PatientIQ network data; Horn et al., BMC Health Services Research, 2021

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THE BOTTOM LINE

# Start with a solid foundation

## The right PRO technology solves today's collection needs without limiting what your organization can do next.

When PRO collection is triggered by the EHR, delivered on the patient's phone, and returned to the chart, outcomes measurement becomes part of the clinical workflow instead of a project that competes with it.

That's the foundation PatientIQ has built across 20+ unique EHR integrations, including 50+ Epic deployments, so your staff can focus on patients while the program runs in the background.

KEY TAKEAWAYS

- Integration starts the workflow from the clinical event, so no one enrolls patients by hand.
- Results return to the chart, where care decisions are made.
- A purpose-built platform extends the EHR across specialties, research, and benchmarking.
- In Epic, PatientIQ lives inside the chart with no extra login for providers or patients.

## Let's talk about your EHR integration.

Talk to a PRO expert about how outcomes collection fits into your existing workflows.

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