

We are delighted with the BMJ's continued efforts to keep PROMs on the healthcare agenda, and read with great interest Calvert and colleagues' helpful *Analysis* article on patient reported outcomes measures (PROMs). We support the authors' position that PROMs have the potential to be an important component of healthcare decision making when used appropriately¹. However, we believe the article omitted some important considerations, which perhaps could have been included in their Box 1 (*Current Challenges in PROM assessment*). One drawback is that the majority of currently available PROMs were originally developed and validated for use in group-level research studies. Thus, their use at the individual patient-level cannot be justified. The reasons for this are well documented²⁻⁵ and include issues relating to design⁶, methodology⁵, statistics⁷ and clinical interpretability⁸. Importantly, newer psychometric methods⁹ can help overcome the limitations of traditional methods used to develop PROMS¹⁰, and can deliver defensible individual-level patient measurement¹¹. A second consideration is that, although there are good examples of the use of PROMs cited in the *Analysis* article, it has been argued that providing PROMs feedback to individual users (both clinicians and patients) can be complex and not easy to implement¹²⁻¹⁴. Thus, these multi-level complexities need to be factored into planning large scale implementation of PROMs.

Ultimately, PROMs have huge potential. But the consideration that many existing PROMs are ready for use in high stakes clinical decision making may be premature¹⁵. Innovation is required if they are to be leveraged into a central role in healthcare systems articulated through evidence-based measurement and better dialogue between policy makers, regulators, clinicians, patients, and psychometric methodologists.

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