Developing Sustainable Funding for Electronic Patient-Reported Outcome Measures (ePROMs) in Cancer Care: Lessons from International Experience

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Background

Digital health innovations are increasingly recognised as an important component of cancer care, yet funding remains a challenge to widespread adoption.

Among these, electronic patient-reported outcome measures (ePROMs), have a **strong evidence base with over 15 years of research demonstrating improved patient outcomes, reduced healthcare utilisation, and prolonged survival**.

Despite endorsement by international clinical guidelines and inclusion in cancer strategies, **implementation remain fragmented, with funding identified as a major barrier.**

This study examined international approaches to funding ePROMs to identify recurring principles and derive practical considerations for sustainable implementation.

Methods

Review
Used peer-reviewed literature, government policy documents, and reimbursement guidance

International exemplars
Purposively selected to represent different healthcare financing and government arrangements

Data extraction
Information extracted using predefined policy domains relating to implementation approach, funding responsibilities, evidence required, and mechanisms supporting long-term responsibility.

Synthesis
Findings were synthesised thematically to identify recurring principles, from which practical considerations for sustainable funding of ePROMs were derived.

Results

Three international approaches to funding ePROMs:

Health system-led

Who pays?
Government/public health agency

What is funded?

Programme infrastructure | Implementation support | Governance and evaluation

Strength

- Coordinated implementation at scale
- Standardisation and more equitable access

Limitations

- Local providers still need to redesign workflows and provide the workforce

Examples: New South Wales, Australia; Ontario, Canada

Payer-led

Who pays?
Healthcare payer or insurer

What is funded?

Digital technologies | Remote monitoring activities or defined clinical services

Strength

- Explicit payment pathways that incentivise adoption

Limitations

- Reimbursement often covers only part of the ePROMs service

Examples: France; United States (Medicare)

Provider-led

Who pays?
Individual healthcare organisations

What is funded?

Technology procurement | Workforce and implementation | Service delivery

Strength

- Flexible and responsive to local clinical priorities

Limitations

- Depends on local resources and leadership, leading to variation in access and long-term sustainability

Examples: England

Three common principles across different systems:

1 Funding the whole service
Implementation requires investment beyond digital technology, including workforce, workflow redesign, and organisational change

2 Funding must evolve
Funding evolves as services mature, progressing from research or charitable funding towards routine reimbursement or commissioning.

3 Evidence beyond effectiveness
Alongside clinical effectiveness, decision-makers require organisational and health economic evidence to support routine funding.

Six practical considerations for sustainable funding:

1. **Organise** — How will implementation be organised?
2. **Invest** — Which service components require investment?
3. **Allocate** — How should funding responsibilities be allocated?
4. **Evidence** — What evidence is needed to support funding decisions?
5. **Transition** — How will services move from initial implementation to routine funding?
6. **Equity** — Will the funding model support equitable implementation?

Conclusion

Recognising ePROMs as a service innovation, rather than simply a digital technology, is essential to achieving sustainable funding. Achieving this will require coordinated contributions from stakeholders across government, healthcare, research, and industry to align investment, evidence generation, and service delivery.

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