

2015

The electronic Persistent Pain Outcomes Collaboration - results from the first year

Hilarie Tardif

University of Wollongong, hilarie@uow.edu.au

Megan B. Blanchard

University of Wollongong, mblancha@uow.edu.au

Follow this and additional works at: <https://ro.uow.edu.au/ahsri>

The electronic Persistent Pain Outcomes Collaboration - results from the first year

Abstract

Introduction: The electronic Persistent Pain Outcomes Collaboration (ePPOC) is a program that aims to improve services and outcomes for patients experiencing chronic pain through benchmarking of care and treatment.

Keywords

electronic, collaboration, persistent, results, first, year, pain, outcomes

Publication Details

H. Tardif & M. Blanchard "The electronic Persistent Pain Outcomes Collaboration - results from the first year", 40th Annual Scientific Meeting of the New Zealand Pain Society, Largs Hotel, Auckland, New Zealand, 25-29 Mar 2015, (2015) <http://www.nzps2015.org.nz/page/free-paper-abstracts/the-electronic-persistent-pain-outcomes-collaboration-results-from-the-first-year>



PAIN THROUGH THE AGES

children with strategies to better articulate and communicate their pain in a way that parents, teachers and health professionals can recognise. The Child Life Therapist also works with parents, helping them to better recognise their child's pain behaviours and providing appropriate coping strategies for their child.

Results: Over a 12 month period, the Child Life Therapist was involved with 4 families of 1-6 year olds attending the Chronic Pain clinic. Observational feedback demonstrated the importance of visual tasks, with young children responding well to picture activity books. Both parents and teachers found the development of pain books to be highly beneficial in recognising pain intensity and selecting appropriate activities to aid their child's coping. Optimal results were achieved when parents and teachers continued to support pain management strategies.

Conclusions: Child life therapy assists in teaching young children to understand and cope with chronic pain. It is critical that the strategies taught are developmentally appropriate and uniquely designed to reflect the individual's interests and pain experience.

1400-1415

Poonam Mehta*,
L. S. Claydon**, **P. Hendrick*****,
R. Mani*, and **G. D. Baxter***

*Centre for Health, Activity, and Rehabilitation Research, University of Otago, Dunedin, NZ

**Department of Allied Health and Medicine, Anglia Ruskin University, Chelmsford, UK

***Division of Physiotherapy Education, University of Nottingham, Nottingham, UK

The Short Form Screening of Activity Limitations and Safety Awareness Questionnaire: Reproducibility in a Chronic Neuropathic Pain Population

Introduction and Aim: The short form Screening of Activity Limitations and Safety Awareness (sSALSA) Questionnaire is a validated questionnaire, developed to measure self-reported activity limitation in persons affected with peripheral neuropathy. This questionnaire is widely used in the diabetic- and leprosy-induced neuropathic pain population as an outcome measure (OM). The reliability (a key measurement property of an OM) of this questionnaire has been well established in the leprosy population. However to our knowledge, this questionnaire has never been tested for its

reproducibility in the diabetic peripheral neuropathy (DPN) population. Therefore this study was conducted to investigate reproducibility of the short form sSALSA questionnaire in the DPN population.

Methods and Results: The sSALSA questionnaire [20 items] was administered twice to 38 individuals with chronic (pain ≥ 3 months) DPN 12 weeks apart. All patients were previously diagnosed as diabetic by their general physician and all self-reported their neuropathic pain (scored ≥ 12 on self-completed Leeds Assessment of Neuropathic Symptoms and Signs scale). The Intraclass Correlation Coefficient (ICC_{2,1}), smallest real difference (SRD) and SRD% were calculated to determine the extent of variability between two measurement sessions, and measurement error due to chance variation respectively. Results demonstrated a good level of reproducibility of the sSALSA questionnaire (ICC = 0.83) with SRD = 12.49 units. Unacceptably high SRD% (>30%) were found for this questionnaire.

Conclusions: The sSALSA questionnaire showed good reproducibility for a group of DPN patients with high levels of measurement error. Thus, baseline and follow up scores of the sSALSA questionnaire must be interpreted with caution in randomized controlled trials (aiming to assess the effectiveness of rehabilitation interventions) or longitudinal cohort studies (targeted to capture the natural progression of DPN induced activity limitation).

1415-1430

Hilarie Tardif, K Eagar,
M Blanchard, N Fenwick,
C Blissett

Australian Health Services Research Institute, University of Wollongong, NSW, Australia

Measuring Outcomes in Chronic Pain: The Electronic Persistent Pain Outcomes Collaboration

Introduction: Pain management services currently collect a wealth of information about their patients, however this information often varies across services making it difficult to compare outcomes and identify best practice.

Aims: This paper will describe the electronic Persistent Pain Outcomes Collaboration (ePPOC), an Australasian initiative whereby participating pain

management services collect a standard set of information about their patients and outcomes. The aim of ePPOC is to improve outcomes and services for people experiencing chronic pain through analysis, reporting and benchmarking of data.

Methods: The initial phase of ePPOC's development involved gaining agreement on a standardised dataset for adult and paediatric pain services and defining a protocol for collection of the data. The agreed dataset evaluates outcomes over a number of domains, including pain intensity, physical disability and activity, work status, mood and cognition, healthcare utilisation, medication use, service intensity and interventions received. This phase also included the development of epiCentre, a software program purpose-built for collection and use of the ePPOC data.

Results: ePPOC was successfully piloted in eight adult pain management services who trialled the assessment tools, process and software. Nearly 30 adult and five paediatric pain management services have now joined the collaboration. Reports to data-submitting services have been provided, comparing a service's data to aggregated information from all other services. Tools to assist with the quality, utility and ease of collection of ePPOC data have also been developed, including an opioid equivalence calculator and a clinically-significant change calculator for the adult assessment tools.

Conclusions: ePPOC has been successfully implemented in a number of pain management services. The focus for 2015 will be continued implementation in services throughout New Zealand and Australia, refinement of the ePPOC dataset and creation of benchmarks for the sector.

1430-1445

Hilarie Tardif, M Blanchard

Australian Health Services Research Institute, University of Wollongong, NSW, Australia

The Electronic Persistent Pain Outcomes Collaboration – Results from the First Year

Introduction: The electronic Persistent Pain Outcomes Collaboration (ePPOC) is a program that aims to improve services and outcomes for patients experiencing chronic pain through benchmarking of care and treatment.

SPEAKER ABSTRACTS

Aims: ePPOC was launched in 2013 and over 30 specialist pain management services have now joined the collaboration. This paper presents the data from the adult pain management services who participated during the first year.

Methods: Data was submitted by twelve specialist pain management services in NSW – seven located in Sydney and five in other regions. Submissions included information collected from the start of their participation in ePPOC until 30 June 2014 (between 1 and 9 months). Scores on the Brief Pain Inventory, Depression Anxiety Stress Scale, Pain Self-Efficacy Questionnaire, Pain Catastrophising Scale, as well as demographic, medication, and service-related data were analysed.

Results: Data for 2,853 patients were received. Over 40% identified their back as the main source of pain, and almost 50% had experienced pain for more than five years. 89% indicated that their pain was always present. Two thirds were using opioid medication on more than two days a week and depression and/or anxiety were the most commonly reported comorbid conditions. Average pain was in the moderate-high category and patients reported severe levels of pain catastrophising and moderate-severe pain self-efficacy. While outcome data is limited at this stage, early results indicate that many patients make clinically significant gains as a result of treatment.

Conclusions: The data submitted to date are a rich source of information describing the patients referred to specialist pain management services. Over time and with the rapidly expanding number of services participating, this dataset will grow to provide valuable information regarding patient outcomes, and allow identification of best practice, the setting of benchmarks and strategic research into pain management.

Saturday 28 March — Conference Day Two Plenary Sessions

1515-1600

Prof Christopher Eccleston,

*Director, Centre for Pain Research,
University of Bath, UK*



Evidence Based Psychological Medicine? Moving into the Light

The randomized controlled trial is king. There are a lot of randomized controlled trials for psychological treatments of people with chronic pain. I review the evidence; briefly. Forty years of evidence based psychological medicine have taught us much about what is important to quality, how to manage bias, and how to measure success and failure. The lessons are considered for what they can tell us about the next generation of trials. In particular I discuss why it is important to go beyond the average and explore individual experience. But has psychological therapy got stuck? Is it still relevant in an age of easy and plentiful advice on behaviour change? I argue that psychology has only just begun to develop its methods and thinking. What we want from healthcare is changing, and psychological therapy – the science of clinical behaviour change – has an opportunity to lead. I explore what that leadership could look like.

1600-1630

Diane Henare, *Occupational Therapist,*

*Active Intervention Management Ltd (AIM),
Whangarei, NZ*

The Challenge of Delivering Pain Services in a Rural Setting

Authors *Henare, D., Priestley G., Brar, K.,* Rogers, M., Perkins, D
Active intervention Management Ltd, Northland

Introduction: Delivering multidisciplinary pain management programmes away from large city catchment areas can

provide a number of challenges. These challenges have been met through a Northland provider delivering the ACC suite of Comprehensive Pain Assessments and Activity Focused Programmes (AFP) from Wellsford to Henderson Bay in the Far North, with positive outcomes.

Aims: The presentation will discuss the process of pain management service delivery in a geographically spread out area of New Zealand highlighting the challenges and advantages of developing and delivering this service to this population and providing some data on outcomes of the Activity Focussed Programme component of the service.

Methods: Over four years, approximately 62 Comprehensive Pain Assessments were completed, resulting in 39 adults participating in an Activity Focussed treatment Programme (AFP). Treatment comprised a 12 week program delivered by a multidisciplinary team, via Active Intervention Management Ltd, to adults living in the community (age range from 20-75). The processes developed were monitored and reviewed. Outcomes of the AFP programme were measured using a battery of questionnaires pre and post-treatment.

Results [slightly adjusted]: Good client engagement resulted in all programmes being completed. Anecdotally, clients and therapists reported significant goal achievement and increased function. Team members reported value in participating in a team delivered approach. Analysis of questionnaire data demonstrated statistically significant gains in reduced disability as measured by the Pain Disability Index, increased self-efficacy measures as measured by the Pain Self Efficacy Questionnaire, and reduced depression with marginal improvement in stress, as measured by the Depression Anxiety and Stress Scales.

Conclusion: Multidisciplinary pain management services can be successfully provided to geographically challenging locations by a multidisciplinary team with good engagement and results.