

2015

## **Measuring outcomes in chronic pain: the electronic Persistent Pain Outcomes Collaboration**

Hilarie Tardif

*University of Wollongong, hilarie@uow.edu.au*

Kathy Eagar

*University of Wollongong, keagar@uow.edu.au*

Megan B. Blanchard

*University of Wollongong, mblancha@uow.edu.au*

Nicholas Fenwick

*University of Wollongong, nfenwick@uow.edu.au*

Cheryl M. Blissett

*University of Wollongong, cherylp@uow.edu.au*

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

---

## Measuring outcomes in chronic pain: the electronic Persistent Pain Outcomes Collaboration

### Abstract

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.

### Keywords

chronic, collaboration, outcomes, persistent, electronic, measuring, pain

### Publication Details

H. Tardif, K. Eagar, M. Blanchard, N. Fenwick & C. Blissett "Measuring outcomes in chronic pain: the electronic Persistent Pain Outcomes Collaboration", 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/measuring-outcomes-in-chronic-pain-the-electronic-persistent-pain-outcomes-collaboration>



## 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  $\geq 3$  months) DPN 12 weeks apart. All patients were previously diagnosed as diabetic by their general physician and all self-reported their neuropathic pain (scored  $\geq 12$  on self-completed Leeds Assessment of Neuropathic Symptoms and Signs scale). The Intraclass Correlation Coefficient (ICC<sub>2,1</sub>), 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.