

KEY DECISIONS
ELECTRONIC PERSISTENT PAIN OUTCOMES COLLABORATION (EPPOC)
MANAGEMENT ADVISORY GROUP (MAG)/SCIENTIFIC AND CLINICAL ADVISORY
COMMITTEE (SCAC) MEETING
THURSDAY 12 APRIL 2018

| Agenda Item | Discussion/Decision |
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| <p>Amalgamation of SCAC and MAG</p> | <p><u>Background:</u></p> <p>The ePPOC SCAC and MAG having been in operation for over three years and the Terms of Reference for the two committee’s specifying a three year term for members, it was considered timely to review membership and focus. ePPOC presented a paper for members approval of a new governance structure for ePPOC, through amalgamation of the Scientific and Clinical Advisory Committee (SCAC) and the Management Advisory Group (MAG).</p> <p><u>Discussion/Decision:</u></p> <p>Members approved the amalgamation and the new Terms of Reference which listed the new Committee name as the ePPOC Clinical and Management Advisory Committee (CMAC). Membership is to be sourced from former SCAC and MAG members with a review of membership to be undertaken in 2019.</p> |
| <p>Factors affecting benchmark performance</p> | <p><u>Background:</u></p> <p>At the November 2017 SCAC meeting members discussed issues raised on benchmarking and the proposal to report benchmarking data using funnel plots.</p> <p>A number of these issues were considered ‘developmental’, with possible improvement as ePPOC matured and services were able to collect more complete data. Other issues related to valid and transparent comparisons between services and presentation of the ePPOC data.</p> <p>There was agreement that the current benchmarks should not be altered, or apply differently to peer groups or subsets of services. However there should be further investigation into variables that might be causing differences between services in performance against the benchmarks.</p> <p>It was agreed that ePPOC would present the SCAC with benchmark data comparing public vs private services; large vs small services; services that offer group vs individual vs mixed treatment pathways; outcomes by episode length/intensity; and compensable status.</p> <p>ePPOC would also investigate reporting the benchmarking data in other chart formats.</p> <p><u>Discussion/Decision:</u></p> <p>Members discussed the work undertaken by ePPOC to investigate factors/variables that may affect a service’s performance against the benchmarks. Members agreed that none of the variables investigated with the exception of wait time in public vs private services, cause systematic differences between services in performance against the benchmarks.</p> <p>Discussion then turned to benchmarking graphs and presentation of data in other chart formats. A comparison between scatter plots and wave graphs led</p> |

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| | <p>members to agree that wave graphs are easier to interpret as they don't require as high a level of numeric skills as do the scatter graph.</p> <p>Members were presented with the results of the questionnaire emailed to pain services on 15 March 2018, the purpose of which was to ascertain the representativeness of the data provided for the 2017 ePPOC Annual report. The results of this questionnaire showed that 75% of responding pain services submitted a complete or substantially complete representation of their total patient population. The reasons given by those services submitting less representative data did not indicate systematic omissions that would influence outcomes.</p> |
| <p>ePPOC questionnaire short version</p> | <p><u>Background:</u></p> <p>The ePPOC mini was developed several years ago but has not been approved for general use because its validity has not been established compared with the existing tool.</p> <p>NSW ACI have been trialling the shorter version of the questionnaire for vulnerable groups. It has been used to assess minority groups who currently aren't being reported on. The shorter version questionnaire is more appealing to these groups as it is brief and requires less support to complete. This trial has been undertaken outside of the ePPOC system and software.</p> <p><u>Discussion/Decision:</u></p> <p>Members discussed the comparative analyses of the data obtained from the full and short version. Results from the short version were presented in two forms – prorated and weighted. The analyses compared a patient outcome report, the benchmark results and the likelihood of misclassification of individual patient severity using the short compared to complete assessment tools.</p> <p>Members agreed services continue using the full version of the assessment tools and NSW ACI continue trialling the ePPOC mini for vulnerable communities.</p> |
| <p>Recording of medication information – addition of 'z' drugs to the benzodiazepine drug group</p> | <p><u>Background:</u></p> <p>There is increasing concern regarding the prescription of Z drugs in place of benzodiazepines, patients with chronic pain may be prescribed Z drugs as a 'more acceptable alternative' to benzodiazepines however their actions and negative side effects are similar.</p> <p>Z drugs are not currently captured in ePPOC data as only benzodiazepines are included in the 7 drug groups. If Z drugs were included in the benzodiazepines group they would be captured to accurately represent sedative type drug use in chronic pain.</p> <p><u>Discussion/Decision:</u></p> <p>Members approved pain services including Z drugs in the benzodiazepines group when recording medication information. Services are to use the new drug tool until the name of the drug group can be changed to 'sedatives' in V3 of epiCentre.</p> |

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| <p>Recording of medication information – oMEDD weekly vs. daily use</p> | <p><u>Background:</u></p> <p>Opioid calculators calculate opioid dose as an oral morphine equivalent daily dose (oMEDD). In ePPOC however, patients note the number of days they take each of the medications, so there is the opportunity to collect the oMEDD averaged over a particular week.</p> <p>It is believed that pain management services have been reporting a daily dose however some services have queried whether they should be calculating weekly use.</p> <p>In 2017 this issue was presented to the SCAC and the ePPOC Medication Working Group (eMWG) who endorsed the reporting of oMEDD averaged over the week. ePPOC therefore developed a modified oMEDD calculator so that pain services could more easily calculate an oMEDD weekly average.</p> <p>This decision was endorsed by the SCAC and sent to MAG members for endorsement. A number of members had further queries regarding this issue and no resolution was reached.</p> <p><u>Discussion/Decision:</u></p> <p>Members approved participating services reporting weekly average oMEDD use by way of the modified opioid conversion tool which has now been emailed to services and made available on the ePPOC website. Services are to download the tool to their computers until it can be included in the next version of epiCentre.</p> |
| <p>IASP Multicomponent Treatment definitions</p> | <p><u>Background:</u></p> <p>The International Association for the Study of Pain (IASP) Council in October 2017 approved new definitions aimed at clarifying terminology for different multicomponent treatment approaches, following the recommendations of a Presidential Task Force on Multimodal Pain Treatment.</p> <p><u>Discussion/Decision:</u></p> <p>Members discussed the IASPs approval of new definitions for different multicomponent treatment approaches for chronic pain and agreed to the recommendation that services self-define using these definitions - unimodal, multimodal, multidisciplinary and interdisciplinary.</p> |
| <p>Other business – Further analysis of ePPOC data to examine episodes that involve procedural intervention</p> | <p><u>Background:</u></p> <p>A member raised the issue for the requirement of further analysis of ePPOC data to examine episodes that involve procedural intervention.</p> <p><u>Discussion/Decision:</u></p> <p>Members discussed collection and analysis of episodes that involve procedural interventions and agreed that outcomes for patients undergoing procedures should be included in ePPOC and reported in epiCentre. It was acknowledged that the current list of service events may not adequately capture the procedures performed and that this may need to be amended in V3 of the dataset.</p> <p>Further discussion is to occur at the next CMAC meeting where ePPOC will provide a list of procedural service events in V2 of the dataset and analysis of the episodes that involved a procedure.</p> |

