

KEY DECISIONS
electronic Persistent Pain Outcomes Collaboration (ePPOC)
Clinical and Management Advisory Committee (CMAC) meeting
Thursday 11 April 2019

Agenda Item	Discussion/Decision
Clinical and Management Advisory Committee (CMAC) membership	<p><u>Background:</u></p> <p>The ePPOC Scientific and Clinical Advisory Committee (SCAC) and Management Advisory Group (MAG) were amalgamated in 2018, with the first meeting of the Clinical and Management Advisory Committee (CMAC) held on 12 April 2018. At that meeting members agreed that the CMAC membership would be made up of the former SCAC and MAG members, with review of committee membership to be undertaken after a year.</p> <p>In the past year, there have been a number of resignations from the CMAC and its subcommittee the Data Access Working Group (DAWG).</p> <p><u>Discussion/Decision:</u></p> <p>Current stakeholder and service representation was reviewed and members agreed to begin the process of recruiting new members to the CMAC and the DAWG.</p>
Developing a community of practice – sharing data with other services	<p><u>Background:</u></p> <p>At a previous meeting of the SCAC, members suggested that they would like greater sharing of information with other services, enabling the creation of ‘communities of practice’ for quality improvement.</p> <p>Therefore, a paper was tabled suggesting that ePPOC provide an additional report to services who choose to share their benchmarking results. These reports would be considered commercial-in-confidence and not shared outside the pain services receiving them.</p> <p><u>Discussion/Decision:</u></p> <p>Members remained committed to facilitating data and knowledge sharing amongst pain services. Rather than implementing the suggested reports and consent forms, it was agreed that ePPOC investigate other options for pain management services to share data and knowledge.</p>
Wait time benchmark	<p><u>Background:</u></p> <p>At the CMAC meeting held 1 November 2018, members proposed an option for the Time benchmark – changing the time period from 92 days (3 months) to 8 weeks as per the International Association for the Study of Pain (IASP) recommendations on wait times. Analysis on this time period was carried out and circulated to members in November 2018.</p> <p>The time benchmark in the 2018 Annual reports used the 3 month time period.</p>

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<p>Wait time benchmark (continued)</p>	<p><u>Discussion/Decision:</u></p> <p>Members agreed to keep the current wait time benchmark of 92 days (3 months) and trial a wait time indicator of 8 weeks.</p> <p>ePPOC will include an 8 week wait time indicator in future ePPOC reports, and discuss an 8 week wait time benchmark at the 2019 ePPOC benchmarking workshops.</p>
<p>Additions to ePPOC reports</p>	<p><u>Background:</u></p> <p>The ePPOC data collection has included postcode, height and weight since implementation.</p> <p><u>Discussion/Decision:</u></p> <p>Members agreed to the inclusion of graphs and/or tables describing socioeconomic disadvantage and BMI at referral in the next report. ePPOC to investigate inclusion of BMI as an outcome in future reports.</p>
<p>Procedural service events</p>	<p><u>Background:</u></p> <p>There have been some inconsistencies in reporting procedural services events in epiCentre.</p> <p><u>Discussion/Decision:</u></p> <p>Members agreed that ePPOC update the business rules regarding procedural service events and circulate to participating pain services. A revised list of procedural service events will be incorporated once there is clarification from the Faculty of Pain Medicine.</p>
<p>ICD-11 classification of chronic pain</p>	<p><u>Background:</u></p> <p>A new classification of chronic pain has been developed by a task force of the IASP. A series of papers detailing this classification was published in the January 2019 volume of PAIN.</p> <p>In the proposed classification, chronic pain is classified as ‘chronic primary pain’, where pain is the leading or sole issue and therefore a health condition in its own right, or ‘chronic secondary pain’ where pain is secondary to another complaint (e.g. cancer, headache, posttraumatic pain).</p> <p>The definition of chronic primary pain is that it:</p> <ul style="list-style-type: none"> ▪ persists or recurs for ≥ 3 months AND ▪ is associated with significant emotional pain-related distress and/or functional disability. <p>The proposed classification of chronic pain has implications for the ePPOC dataset, which the CMAC will consider in future meetings.</p> <p><u>Discussion/Decision:</u></p> <p>Members noted that ICD-11 classification of pain is to be ratified at the May 2019 WHO meeting. Members agreed to keep a watching brief on the ICD-11 classification.</p>