KEY DECISIONS

ELECTRONIC PERSISTENT PAIN OUTCOMES COLLABORATION (EPPOC)

CLINICAL AND MANAGEMENT ADVISORY COMMITTEE (CMAC) MEETING

THURSDAY 1 NOVEMBER 2018

Agenda Item	Discussion/Decision
Review of procedures currently captured in ePPOC	**Background:** At the April 2018 MAG/SCAC meeting members agreed that outcomes for patients undergoing procedures should be included in ePPOC and recorded in epiCentre. However 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 Version 3 of the dataset. **Discussion/Decision:** Members noted that a number of pain management services report procedural interventions, however, there are inconsistencies in the coding of these procedures especially in the use of 'non-implant' and 'other' categories. Members were advised of the FPM Procedures Working Group and agreed that the work of this group should be used to inform changes to the procedures captured by ePPOC, and to assist with the development of business rules regarding entry of the data into epiCentre.
The ePPOC benchmarks and benchmarking performance	**Background:** The ePPOC benchmarks and indicators were first introduced in the 2016 Annual report. The benchmark thresholds were to be aspirational rather than representing average performance, i.e. benchmarks were set so that 20-30% of services met the benchmark. **Discussion/Decision:** Members noted that an increasing number of services are meeting the benchmarks. Taking into account feedback received at the recent benchmarking meetings, members agreed to increase the benchmark thresholds for the following - Average pain from 30% to 40%; Pain interference from 50% to 70%; Depression from 60% to 70%; and Pain catastrophizing from 60% to 70%. The definitions underlying each benchmark would not be changed, for reasons of comparability across periods and in the absence of an agreed alternative. The Opioid Use (high dose) Indicator shows the percentage of patients on 40mg or more OMEDD at referral who report a reduction of at least 50% at episode end. This is currently reported as an indicator and after discussion members agreed that Opioid Use (High dose) be reported as a benchmark with a threshold of 60%.

Agenda Item	Discussion/Decision
Episode referral source – proposed new business rules	**Background:** The ePPOC item relating to referral source has several possible response options. Questions have arisen regarding how this item should be completed, particularly in instances where the referral has come from a specialist practitioner working within a hospital or ED. **Discussion/Decision:** CMAC members discussed the current response options and agreed that clarification is required to aid services in selecting an episode referral source. Members approved the following business rules for episode referral source with changes in **bold**: ❖ General practitioner/nurse practitioner *(where the client was not an admitted patient at a public/private hospital at the time of referral)* ❖ Specialist practitioner *(where the client was not an admitted patient at a public/private hospital at the time of referral)* ❖ Other pain management service ❖ Public hospital *(where the client was an admitted patient at the time of referral – including the emergency or outpatient department)* ❖ Private hospital *(where the client was an admitted patient at the time of referral – including the emergency or outpatient department)* ❖ Rehabilitation provider/private insurer ❖ Other
Deleting data in epiCentre	**Background:** In order for the ePPOC dataset held at UoW to accurately match data at each pain service, a means of identifying data deletions needs to be implemented. **Discussion/Decision:** The ePPOC team provided members with a recommended option to add another file to the standard data extract from epiCentre which will describe any deletions made. Members agreed to this option, which will be included in the next minor release of epiCentre, in the first half of 2019. This change will involve services extracting and submitting six files instead of five at reporting time.

Agenda Item	Discussion/Decision
Corporate sponsorship of ePPOC	**Background:** In 2017 the MAG were asked to consider the option of corporate sponsorship of ePPOC from pharmaceutical companies. Members decided this was not appropriate at the time. **Discussion/Decision:** Members confirmed the previous decision that corporate sponsorship of ePPOC as a program is not desirable due to perceptions of external influence. Sponsorship of a research scholarship may however be appropriate, provided the research area is determined by ePPOC and not by the sponsor. The APS has a sponsorship model that ePPOC may be able to use for this purpose.