

**KEY DECISIONS**  
**ELECTRONIC PERSISTENT PAIN OUTCOMES COLLABORATION (EPPOC)**  
**CLINICAL AND MANAGEMENT ADVISORY COMMITTEE (CMAC) MEETING**  
**WEDNESDAY 21 APRIL 2021**

Agenda Item	Discussion/Decision
<p><b>National Strategic Action Plan for Pain Management</b></p>	<p>Both ePPOC and CMAC members will work in partnership to determine the details of a series of infographics that could be provided to General Practitioners to promote the work and outcomes of specialist pain management services.</p>
<p><b>Research</b></p>	<p>CMAC supports ePPOC’s intention to promote the opioid reduction paper published in the Medical Journal of Australia over the next year, and to disseminate information about trans-Tasman difference in opioid use. The results of this study will be of interest to our stakeholders and within Government.</p>
<p><b>Changes to clinical representation on CMAC</b></p>	<p><b>Background:</b>  ePPOC member services have grown in number, type and location, therefore it is timely to review clinical service representation to ensure a diverse and equitable clinical representation.  It was agreed that CMAC membership should strike a balance between continuity and renewal, adhering to the three principles of having adequate numbers, being strategically representative, and in a process of gradual renewal over time.</p> <p><b>Discussion/Decision:</b>  The process of ensuring appropriate representation will begin in 2021. A list will be produced describing the specific areas CMAC members are representing.</p> <p>The South Australian Department of Health will be invited to nominate a CMAC member.</p> <p>Expressions of Interest (EOIs) will be sought in 2021 for two paediatric and three Australian adult CMAC Clinical Representatives. Expressions of Interest (EOIs) will be sought in 2023 for one PHN and two New Zealand adult clinical representatives.</p> <p>The Terms of Reference (ToR) for the Data Access Working Group are to be updated.</p> <p>The Terms of Reference (ToR) for clinical representation on CMAC are to be amended to clearly define a clinical representative CMAC membership term, and where an initial limited CMAC representative period is stated, this falls within the total CMAC membership term.</p>
<p><b>Nutrition</b></p>	<p>ePPOC and CMAC will seek to gain further information about the role of nutrition in persistent pain, CMAC will investigate the development of a standard set of information regarding nutrition and pain for patients.  Inclusion of BMI is to be investigated as an outcome in future reports.</p>

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<p><b>ePPOC update</b></p>	<p>A Research Letter was accepted by the Medical Journal Australia by Chris Hayes, Sam Allingham and Hilarie Tardif. The research found that opioid cessation is associated with reduced pain and improved function in people attending specialist chronic pain services:  <a href="https://www.mja.com.au/journal/2021/214/9/opioid-cessation-associated-reduced-pain-and-improved-function-people-attending">https://www.mja.com.au/journal/2021/214/9/opioid-cessation-associated-reduced-pain-and-improved-function-people-attending</a></p> <p>The paper titled “<i>Psychosocial characteristics of cancer-related pain in patients attending specialist pain clinics in Australia and New Zealand</i>” by Paul Glare, Daniel Costa and Michael Nicholas has been published in Psycho-Oncology:  <a href="https://onlinelibrary.wiley.com/doi/10.1002/pon.5474">https://onlinelibrary.wiley.com/doi/10.1002/pon.5474</a></p> <p>A study titled “<i>Are there ethnic disparities in outcomes from NZ chronic pain services?</i>” was published the NZ Medical Journal: <a href="https://assets-global.website-files.com/5e332a62c703f653182faf47/607637ecede905730e76d3ce_4870%20-%20final.pdf">https://assets-global.website-files.com/5e332a62c703f653182faf47/607637ecede905730e76d3ce_4870%20-%20final.pdf</a> A pre-publication draft was reviewed by CMAC, the results showed discrepancies in the impact of pain and clinical outcomes by ethnicity, particularly in mental health and pain beliefs.</p> <p>Aggregated data provided by ePPOC to the team from Geriatric Medicine at St Vincent’s Hospital (Vic) suggests that “advanced age and age-related health problems are not insurmountable barriers to benefitting from attendance at multidisciplinary pain clinics”. A poster is being prepared for the IASP conference and a manuscript is in preparation. A pre-publication draft will be forwarded to CMAC prior to submission.</p> <p>Sam Allingham (ePPOC statistician) is completing a Masters in Biostatistics and is using the ePPOC data to investigate the relationship between responses on the Global Rating for Change and the other patient-reported outcome measures.</p> <p>An ePPOC paper is underway investigating whether there are typical ‘patterns’ of patient outcomes following pain management in adult pain services – preliminary results suggests approximately one third improve across all domains, one third do not improve on any, and the remainder have mixed results.</p>
<p><b>Annual report 2020 – comparison of results to previous years + COVID analysis</b></p>	<p><b><u>Background:</u></b></p> <p>In 2020, COVID-19 impacted both society and health services across Australia and New Zealand in different ways. The recent release of the 2020 annual ePPOC reports allowed the impact of the virus and associated ‘lockdowns’ to be investigated.</p> <p><b><u>Discussion/Decision:</u></b></p> <p>Overall there was a large uptake in telehealth use (telehealth criteria was broadened to include telephone calls, webinars, teleconferences) which coincided with the first instances of COVID-19 and lockdowns. The difference between countries was noticeable, as New Zealand had an upturn in telehealth</p>

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	<p>use over March-April, which fell from May onwards. Whereas Australia had more sustained usage of telehealth over the COVID-19 period in 2020, this reflects the different experiences the two countries had.</p> <p>By state (NSW, VIC, QLD) there were different rates at which they ‘ramped up’ telehealth use, however this was notably higher and more sustained in Victoria.</p> <p>Initially there was a decrease in the number of, with the largest decrease occurring in April 2020. Following this, we saw an increase to referral questionnaires completed by patients greater than those seen in the previous two years, this was largely sustained over a four-month period. This could be linked to services addressing a backlog of patients who were not able to access care, and/or related to the TGA guidelines/PBS changes to opioid prescribing.</p> <p>Pain severity, pain interference, stress, depression, anxiety and catastrophising did not change significantly relative to the pre-COVID-19 period.</p> <p>However, there was a significant decrease in pain self-efficacy (most evident in Victoria), which was not evident in New Zealand.</p> <p>Increased volatility of median wait times during the initial stages of the COVID-19 period settled down towards the end of 2020. It should be noted that wait times are calculated from the time the pain service receives the referral to the first clinical contact. Therefore, if the patient has not yet had their first clinical contact wait time cannot be calculated, and this may be masking lengthy COVID-19 related wait times.</p> <p>Pain journals are currently seeking COVID-19 related articles, and this binational study may be of interest.</p>
<p><b>Primary Health Network participation in ePPOC</b></p>	<p><b><u>Background:</u></b></p> <p>Primary Health Network (PHN) participation is due for review as the initial PHN trial has concluded, and an increasing number of PHNs are joining ePPOC. Their data continues to be compared to, but not included in, All Services data in the ePPOC biannual reports.</p> <p><b><u>Discussion/Decision:</u></b></p> <p>CMAC considered what the model for measuring outcomes in primary care should be, including whether PHN data should be included in All Services data. CMAC discussed the changing scope of ePPOC, from specialist pain management services to services that specialise in, or focus on, chronic and persistent pain, regardless of sector.</p> <p>CMAC supports including PHN data in ‘All Services’ data, and the principle of constructing peer groups, as required. Subsequently, discussions with the Commonwealth regarding chronic and persistent pain are to be revisited over the next 12 months.</p>
<p><b>Reporting of new medications in ePPOC</b></p>	<p><b><u>Background:</u></b></p> <p>New subcutaneous (SC) opioid depot injection medications are being used by some patients, including two new long acting SC Buprenorphine medications</p>

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	<p>(brand names: Buvidal and Sublocade), which have been approved for use in the treatment of opioid dependence.</p> <p>For the new SC opioid depot injection medications, there was no current guidance for calculating an oral Morphine Equivalent Daily Dose (oMEDD).</p> <p><b><u>Discussion/Decision:</u></b></p> <p>CMAC agreed that an oMEDD should not be calculated for opioids that are used for the treatment of opioid dependence, and endorses a new business rule for the recording of SC opioid depot injections.</p> <p><b><u>New Business Rule:</u></b>  <i>If a patient reports using a SC opioid depot injection, this information should be recorded in epiCentre as follows:</i></p> <ol style="list-style-type: none"> <li>1. <i>In the questionnaire's 'Office use only' section enter all other patient-reported medication information as per standard processes.</i></li> <li>2. <i>When selecting the drug groups check the box to indicate that the patient is taking an opioid.</i></li> <li>3. <i>In this instance an oMEDD calculation is <b>NOT</b> required – do not enter '0' simply leave it BLANK.</i></li> <li>4. <i>Select 'Yes' for the item 'Opioid medication &gt;2 days/week'.</i></li> <li>5. <i>Select 'Yes' for Opioid replacement/substitution program.</i></li> <li>6. <i>Indicate whether the Office Use Only section is now complete.</i></li> </ol>
<p><b>Future meetings</b></p>	<p><b><u>Background:</u></b></p> <p>It was agreed to adapt CMAC meetings from a biannual in-person format, to three shorter videoconferences and one in-person meeting attached to existing ePPOC benchmarking workshops (dependant on COVID-19 restrictions).</p> <p><b><u>Discussion/Decision:</u></b></p> <p>The next CMAC videoconference meetings will be held around July and September 2021. The face-to-face CMAC meeting will be attached to a benchmarking workshop in November 2021 where time and travel restrictions allow.</p>