

ePPOC ADULT BENCHMARKS: 2025 INTERIM REVIEW SUMMARY

Benchmarking drives continuous quality improvement by comparing performance against established standards. ePPOC’s benchmarks were developed through a collaborative consensus to identify core domains and set aspirational targets for pain services. The table below summarises the seven ePPOC benchmarks included in this review and highlights key points for ongoing discussion.

Benchmark (BM) Domain	Assessment Tool	Definition of Clinically Significant Improvement	BM Target	Summary
Average Pain	Brief Pain Inventory (BPI)	≥30% reduction from baseline for patients with moderate to severe pain	40%	The ePPOC average pain benchmark is challenging for services to achieve. Due to the low valid completion rate of the item, and the difficulty patients have estimating ‘average’ pain, alternative measures—such as worst pain, pain frequency, or composite scores—may provide a more reliable reflection of treatment impact. Additionally, due to accumulating evidence that pain severity outcomes are influenced by baseline characteristics, benchmarking in the pain severity domain may require a more nuanced or case-mix adjusted approach.
Pain Interference	Brief Pain Inventory (BPI)	≥30% reduction from baseline for patients with moderate to severe interference	70%	Given its stable patient-level outcomes, high prevalence at episode start and strong valid completion rate, the pain interference measure remains robust, and no changes are proposed to its use as a core ePPOC benchmark.
Pain Catastrophising	Pain Catastrophising Scale (PCS)	≥6-point reduction and shift to lower severity category	70%	There has been a recent decline in pain catastrophising outcomes, which is evident at both the service- and patient-level. ePPOC will continue to monitor this trend. This review also recommends removing the required change in severity category from the current definition of clinically significant improvement for this benchmark. Simplifying the definition of improvement to a reduction of 6 or more points on the PCS scale, regardless of start and end category, may result in more consistent assessment.

Pain Self-Efficacy	Pain Self-Efficacy Questionnaire (PSEQ)	≥7-point increase and shift to a less severe category	60%	Service- and patient-level outcomes show no consistent trends across the reporting periods assessed. No changes to the domain or benchmark target are proposed, however the definition of clinically significant improvement warrants revision. Specifically, the required change in severity category may limit recognition of meaningful improvement.
Depression	DASS-21 Depression subscale	≥5-point reduction and shift to lower severity category	70%	Psychological distress is assessed in ePPOC using the DASS-21, which includes subscales for depression, anxiety, and stress. Clinically significant improvement is defined as a ≥5-point reduction in subscale score, accompanied by a shift to a less severe category. As with pain self-efficacy and catastrophising, this categorical requirement may warrant revision.
Anxiety	DASS-21 Anxiety subscale	≥5-point reduction and shift to lower severity category	50%	Among the sub-domains, anxiety and stress warrant close, ongoing monitoring and more detailed statistical assessment. Anxiety results show a consistent downward trend at both service and patient levels, while stress results have declined more recently. In contrast, while depression outcomes show no clear trend, the proportion of services meeting this benchmark is low. Feedback from services will be sought at the 2025 Benchmarking Workshop to inform whether the depression benchmark target should be reduced to a more achievable level.
Stress	DASS-21 Stress subscale	≥5-point reduction and shift to lower severity category	60%	

The 2025 ePPOC Australasian Benchmarking Workshop, scheduled for 12 November, will provide a forum to discuss these findings with member services. Structured discussions will focus on:

1. Domain-specific discussion

- a. Average pain
- b. Anxiety

2. Methodological discussion

- a. Review of the original benchmark-setting criteria and the definition of ‘good practice’
- b. Review of the definitions of clinically significant improvement

These discussions will guide the finalisation of this review, ensuring it reflects the collective insights and priorities of the network.