Pain, Patient reported outcomes and policy

SIP

Societal Impact of Pain

2017

Structured Cooperation between Health Care Systems tackling the societal impact of pain!

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Disclosure Statement of conflict of interest in the context of the subject of this presentation

Within the past 12 months, I or my spouse/partner have had following financial interest/arrangement(s) or affiliation(s)

- **Support for travel**   **Grünenthal (SIP)**
- **Honoraria for lectures**   **………………….**
- **Honoraria for advisory board activities**   **Grünenthal…...…**
- **Participation in clinical trials**   **………………….**
- **Research funding**   **Pfizer……………**
- **Financial shares and options**   **………………….**
- **…………………………...**   **………………….**

Patient-reported outcomes (PROs)

Why PROs?

Which PROs?

Policies and PROs

Patient-reported outcomes (PROs) – why?

- <u>Structure</u>: Existence of APS, pain nurses, PCA devices, SOPs…

- <u>Process</u>: Number of staff trainings, patients with pain assessment, preop.

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- „Outcomes, by and large, remain the ultimate validators of the effectiveness and quality of medical care" (Donabedian)

Patient-reported outcomes (PROs) – why?

- PROs mirror outcomes from patients' (subjective) perspective.

- Pain is a subjective experience.

- Thus, a holistic view of quality of pain management can not be obtained without PROs.
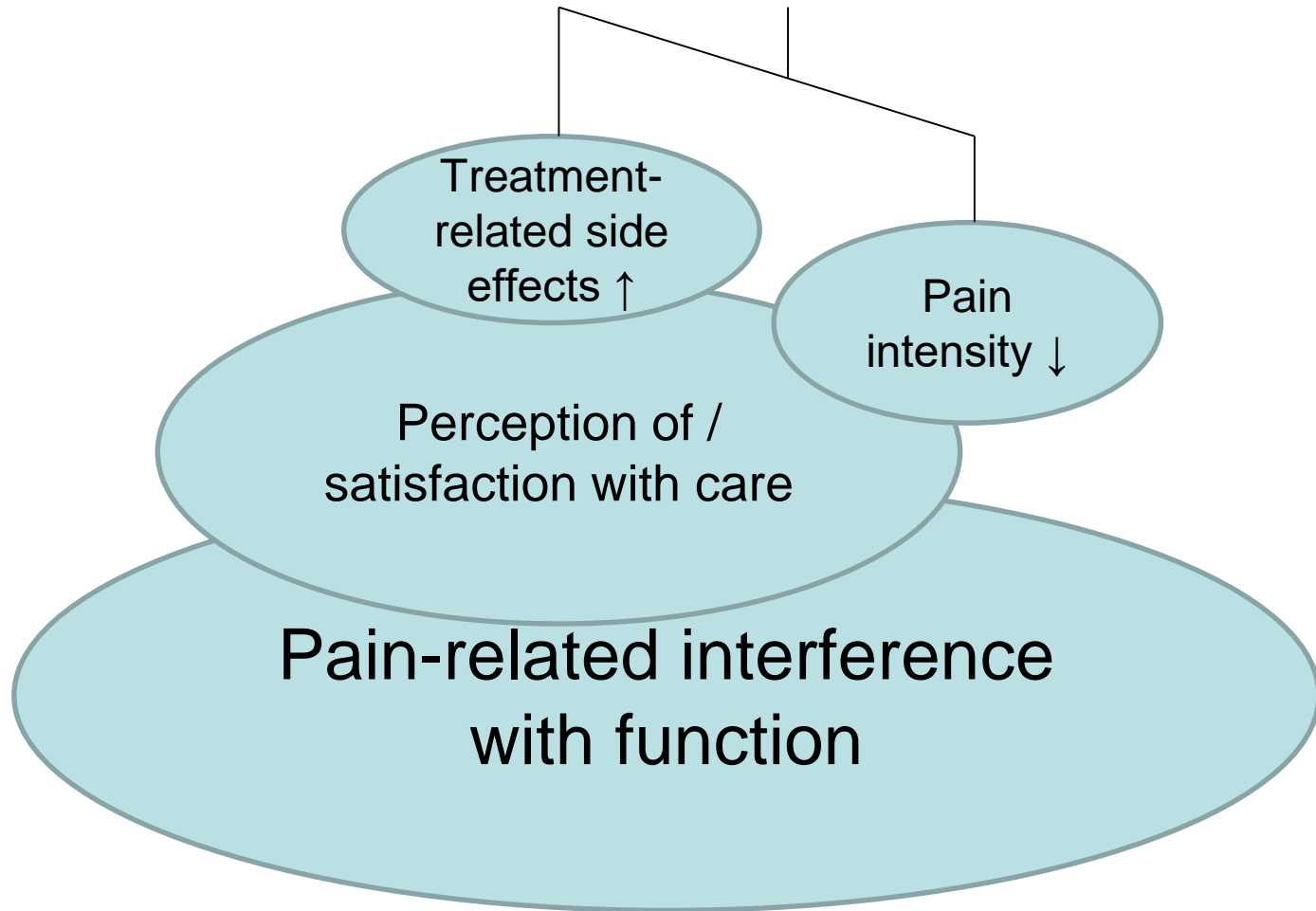
However – what is "good quality"?

- Low pain intensity?

- Less functional interference?

- Low side effects/complications?

- Early rehabilitation?

- Low costs?

- No chronic pain?

Early recovery, discharge and return to normal life of a satisfied patient

Patient-reported outcomes (PROs) – which?

Treatment-related side effects ↑

Pain intensity ↓

Perception of / satisfaction with care

Pain-related interference with function

Patient-reported outcomes (PROs) – which?

Why not pain intensity?

- Measurement not standardized

- Risk of interviewer bias

- No absolute "cut-off"

- Low association with functional outcome

- Low association with satisfaction

- No linear association with good quality

- Might trigger overtreatment

NRS 9

Intensity of Chronic Pain — The Wrong Metric?

Jane C. Ballantyne, M.D., and Mark D. Sullivan, M.D., Ph.D.

Commentary

PAIN®

Getting personal: the role of individual patient preferences and characteristics in shaping pain treatment outcomes

Asimina Lazaridou, Robert R. Edwards

Flipping the Paradigm

From Surgery-specific to Patient-driven Perioperative Analgesic Algorithms

Chad M. Brummett, M.D., Daniel J. Clauw, M.D.

Letters

Postoperative Opioid Prescribing and the Pain Scores on Hospital Consumer Assessment of Healthcare Providers and Systems Survey

In 2012, the Centers for Medicare & Medicaid Services (CMS) implemented the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) to capture key elements of patient satisfaction, including pain management. HCAHPS surveys are administered to patients 48 hours to 6 weeks after discharge, and scores are used to determine hospital payments.[1] However, patients complete surveys during a time when many are filling postdischarge opioid prescriptions. This timing has raised concerns that HCAHPS measures could inadvertently incentivize clinicians to overprescribe opioids after discharge to ensure satisfactory ratings and reimbursement.[2,3] Citing these concerns, CMS announced it will remove pain management from its determination of hospital payments beginning in 2018, even though little is known regarding the potential correlation between HCAHPS scores and postdischarge opioid prescribing.[3] We sought to evaluate the association

At least 3 elements:

- Pain intensity / reduction

- Side effects

- Pain-related functional interference: Restriction of

  - ambulation

  - sleep

  - respiration

  - …

PROs and policies

- Strength of PROs is clinical use and quality management on institutional level

- If used as a formal Quality Indicator, methodological requirements are high

Summary: PROs

- PROs are the ultimate tool to obtain patients' perspectives

- Strength of PROs is clinical use and quality management on institutional level

- If used as a formal Quality Indicator, PROs have to proof their validity and feasibility