



SIP

Societal Impact of Pain

2017

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

What can be expected from
Quality Indicators in 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 have had the following financial arrangement(s).

- **Support for travel** **BPS, HCUK**
- **Honoraria for lectures** **HCUK.....**
- **Participation in clinical trials** **SCOPE (UK).....**
- **Research funding** **SG.....**

Couple of interesting facts for you....

- There are more people alive today than have ever died. **FACT**
- Eating sugar makes children overactive. **FACT**

For both of those facts...

- Utter rubbish!
- But believable if presented well, and convincingly
- Not borne out in the data at all
- Highlights the need for good QUALITY data....
-and good USE of the data

Quality Indicators

- Quality Indicators (QIs) are measures of health care quality that make use of readily available patient administrative data.

- Can assist in quantifying disease/condition numbers in communities at international, national and local level

- The QIs can be used to:
 - highlight potential quality concerns,
 - identify areas that need further study and investigation,
 - track changes over time.

Examples in practice – NHS Scotland

- 12 Domains
- Measureable
- Comparable

Care Experience
Emergency Admissions
End of Life Care
Healthcare Associated Infection (HAI)
Healthy Birth-weight
Hospital Standardised Mortality Ratios (HSMR)
Personal Outcomes
Premature Mortality
Self-assessed General Health
Employee Engagement
Resource Use
Safe Care

Quality Indicators in Pain – Are they important?

- Chronic Lower Back Pain is the single greatest cause of disability in the UK, affecting **1 in 5** adults
- HIV and diabetes are closely associated 4.6 million appointments/year (≡ 793 full-time GPs)

Prevalence and severity increases with age

- High deprivation, particularly associated with indicators in education, housing, and employment.

➤ **Mortality**

- 10-year mortality increased (x1.4 for any pain; x1.8 for “severe” chronic pain) – particularly heart and respiratory disease

➤ **Productivity**

- 60% of working-age with “severe” chronic pain are unable to work

➤ **Disability**

- In Scotland, and across the world, chronic pain is the greatest cause of disability [2].



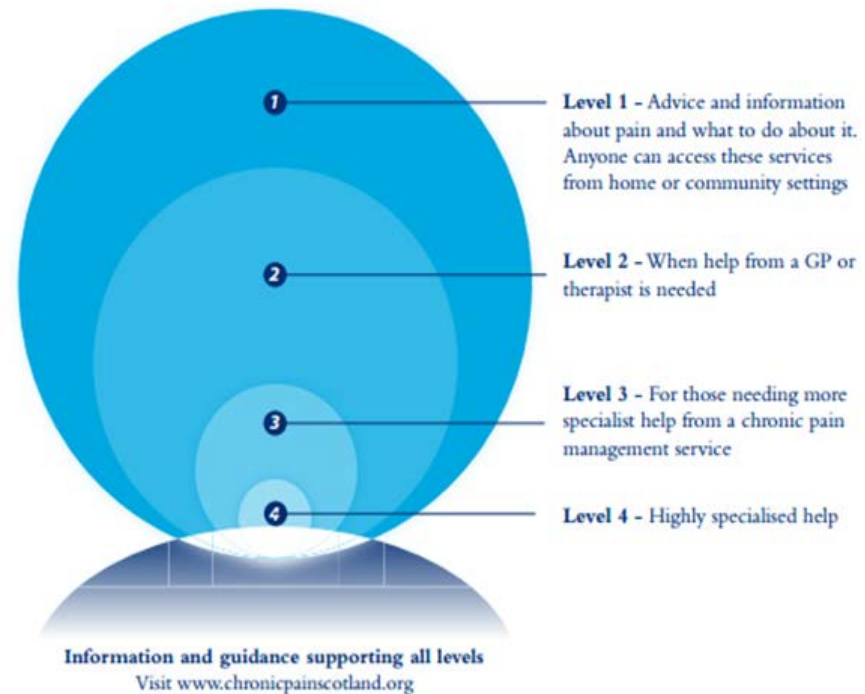
Approx. **800,000** people
in Scotland

Development of Quality Indicators

- Information collated from health boards, systematic reviews of available evidence, and consultation with professionals.
- Utilised to develop recommendations for service improvement.
- Project started to draft Quality Performance Indicators for chronic pain provision in Scotland.
- Each QPI corresponds to a level of the Scottish Service Model for Chronic Pain.

Figure 2: Scottish Service Model for Chronic Pain

Most people get back to normal after pain that might come on after an injury or operation or for no apparent reason. Sometimes the pain carries on for longer than 12 weeks despite medication or treatment – this is called chronic or persistent pain.



Draft Quality Indicators - Pain

QI	Target
Prospective patients should have access to qualified advice and information provided by the Pain Service.	Satisfaction rate – 90% found the sessions useful.
GPs should provide patients with relevant advice and information regarding their pain and various available treatment pathways within the NHS.	90% of patients satisfied with information provided by GPs
Patients should be administered outcome measures at the beginning and end of their treatment.	90% of patients administered all required outcome measures, with their results accurately and promptly recorded
Pain management programmes should be evaluated at least on an annual basis	90% of patients attest some benefit from having participated in a pain management programme.
Patients with chronic pain should have prompt access to specialist advice from a physiotherapist if required.	90% of patients who required physiotherapy had an initial appointment with a physiotherapist within three months of GP referral.
Patients with chronic pain should have their medication reviewed regularly by their GP or Pharmacist	90% of patients should receive an annual medication review.
Patients should be provided with advice to improve their exercise uptake and should be signposted to a relevant service to improve adherence to exercise.	90% of patients were provided with information regarding exercise therapy.

Draft QPI- Medication Review



Title:	Patients with chronic pain should have their medication reviewed regularly by their GP or Pharmacist.
Description	A review of the medication a patient is prescribed, for pain, should be undertaken, in person with their designated clinician at least annually.
Rationale and Evidence:	It has been found that involving patients in their medication review can improve patient's knowledge, satisfaction and the identification of drug related problems [1]. SIGN 136 [2] states that an individual's success in pharmacological treatments is dependent on regular, scheduled re-assessment of pain relief and side effects. It has also been found that if an individual has not responded to treatment after two to four weeks after titration to an adequate dose, then they are unlikely to develop a response thereafter [2] which is why a regular review is important.
Specifications:	<p><u>Numerator:</u> Number of chronic pain patients prescribed mediation having at least one review annually</p> <p><u>Denominator:</u> All patients with chronic pain who are prescribed medications.</p> <p><u>Exclusions:</u> Patients with chronic pain who are not prescribed medications.</p>
Target:	[90%] patients who are being prescribed medication to manage their pain should receive an annual medication review.
References:	<ol style="list-style-type: none"> 1. Willeboordse, F., et al., <i>Patient participation in medication reviews is desirable but not evidence-based: a systematic literature review</i>. Br J Clin Pharmacol, 2014. 78(6): p. 1201-16. 2. SIGN 136, <i>Management of chronic pain</i>. Scottish Intercollegiate Guidelines Network, 2013.

So...

- Do you think Quality Indicators are useful?
- How do we make internationally recognised standards to suit all?
- How would you implement & regularly evaluate?

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