



SIP
Societal Impact of Pain

Disclosures (2008-2013):

1. Employment: Heidelberg University
2. Advisor: Allergan, Astellas, Astra-Zeneca, Boehringer Ingelheim, Galderma, Glaxo Smith Kline, Grünenthal, Lilly, Merz, Merck-Sharpe & Dohme, Pfizer, Sanofi, Schwarz-Pharma/UCB
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Quality Indicators in Chronic Pain Management

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Topics



SIP Road Map For Action 2011:

6. Establish an **EU platform** for the exchange, comparison and benchmarking of **best practices** between member states on pain management and its impact on society.

7. Use the EU platform to monitor trends in pain management, services, and outcomes and provide **guidelines to harmonize** effective levels of **pain management** to improve the **quality of life of European Citizens**.

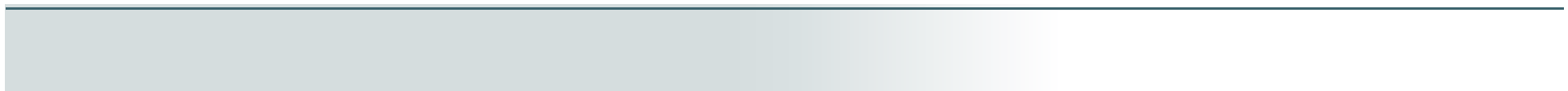
Pain as quality indicator for healthcare systems.

(e.g. France, Italy, Portugal)

vs.

Quality indicators for pain management.

(Acute pain, chronic cancer pain, chronic non-cancer pain)



Quality indicators for chronic non-malignant pain management.

- Starting point: Plataforma SinDolor
 - Ranking of 32 Spanish indicators
 - Suggestion of additional indicators
 - Rating and selection of indicators

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Recommendations for quality indicators in chronic non-malignant pain management



Category	Name of Indicator	Average score by Experts	Existing evidence
I. STRUCTURE INDICATORS			
A. GENERAL			
A.1	Existence of a national pain strategy	=4,125	IASP ²¹ Italy – Law 38/10 on Pain and Palliative Care 19b ^{22, 23}
A.2	Existence of national guidelines for diagnosis and treatment of different chronic pain disorders	= 4,375 = 4,625	Robert A. Moore, et all 2013 ²⁴
A.3	Multidisciplinary approach to treating chronic pain	~4,77	Royal College of Anaesthetists 2011 ²⁵ IASP Declaration of Montreal ²⁶

Recommendations for quality indicators in chronic non-malignant pain management



Category	Name of Indicator	Average score by Experts	Existing evidence
II. PROCESS INDICATORS			
B. GENERAL			
B.1	Multidimensional (bio-psycho-social) pain-oriented clinical assessment (including quality of life scale)	4 / 5 / 4.77 = 4,59	Spanish Pilot Project ²⁷ Turk DC, Monarch ES. ²⁸ Guilford, 2002. ²⁹ Engel GL, 1987. ³⁰ Shorter E., 2005. ³¹
B.2	Communication with other health care providers and patients: A letter summarizing result of the full pain-oriented assessment, as well as multi-modal treatment proposals, to be sent to GP, patient and other caregivers involved.	=4,25	HAS 2008 ³²
B.3	Time between onset of pain and commencement of adequate treatment is according to IASP guidelines	~4,1	IASP guidelines ³³

Recommendations for quality indicators in chronic non-malignant pain management



Category	Name of Indicator	Average score by Experts	Existing evidence
II. PROCESS INDICATORS			
C. HEADACHES			
C.1.	Screening substance misuse and anxiety and depression.	~4,22	Spanish Pilot Project ³⁴ NICE CG 150 ³⁵
D. NON-SPECIFIC LOW BACK PAIN			
D.1	Education is provided for patients with non-specific low back pain on return to normal activity.	5/4.62 = 4,81	Spanish Pilot Project ³⁶
D.2	Patients with non-specific low back pain with appropriate analgesic treatment	=4,25	Spanish Pilot Project ³⁷
E. RHEUMATOID ARTHRITIS			
E.1.	Assessment of disease activity in patients with rheumatoid arthritis.	~4,05	Spanish Pilot Project ³⁸
E.2	Analgesic treatment in patients with rheumatoid arthritis.	=4,26	Spanish Pilot Project ³⁹
F. FIBROMYALGIA			
F.1.	Assessment of disease impact (i.e. social, family, work, psychological impairment) in patients with fibromyalgia	~4,56	Spanish Pilot Project ⁴⁰
F.2	Aerobic exercise treatment for patients with fibromyalgia	~4.02	Spanish Pilot Project ⁴¹ Eccleston C, Williams AC, Morley S., 2009. ⁴²

Recommendations for quality indicators in chronic non-malignant pain management



Category	Name of Indicator	Average score by Experts	Existing evidence
II. PROCESS INDICATORS			
G. NEUROPATHIC PAIN			
G.1	Analgesic treatment in patients with neuropathic pain for different indications: 1. diabetic neuropathy 2. post-herpetic neuralgia 3. trigeminal neuralgia 4. post-amputation pain	Combined from 4 neuropathic pain indicators all rated >4.0	Spanish Pilot Project ⁴³
H. PREVENTION of CHRONIC PAIN and ASSOCIATED DISABILITY			
H.1	Screening for risk factors for disability using a structured questionnaire	Not rated	Main CJ, Sowden G, Hill JC et al. ⁴⁴ Kendall NAS, Lington SJ, Main CJ, 2004. ⁴⁵

Recommendations for quality indicators in chronic non-malignant pain management



Category	Name of Indicator	Average score by Experts	Existing evidence
III: OUTCOMES INDICATORS <i>REQUIRED: FURTHER DEFINITION OF INDICATORS FOR MESUREMENT!</i>			
I.1.	Pain Relief	~4,42	Dworkin et al. 2009. ⁴⁶
I.2.	Quality of life (e.g. to be measured by SF 12, SF 36)	~4,3	

Suggestions for SIP Focus Group 1



Structural Indicators

... inform about what kind of infrastructure, tool, service, etc. is available to provide health care services.

e.g. numbers of inhabitants per inpatient pain service/per outpatient pain service, pain education programmes for physicians/psychologists/physiotherapists, board certification for pain medicine possible, national pain plan, national guidelines for neuropathic pain, back pain, headache, cancer pain

Process Indicators

... inform about what kind of action is being taken to provide health care services.

e.g. measuring pain as 5th vital sign, implementing & using pain registries, measurement of patient activity after pain assessment, educating patients

Outcome Indicators

... inform about the result from delivering the health care service.

This type of indicator is of particular relevance to patients, as they give information on whether or not a specific health care service was successful.

e.g. pain relief, quality of life, return-to-work

Specific national SIP Recommendations



National Quality Indicators	F	D	I	NL	P	UK
Structure						
existence of national action plan against pain	X	X	X		X	X
core curricula on pain	X	X				
number of physicians with pain diploma	X	X				
certified pain teams	X	X				X
number of new patients per year	X					X
Process						
standardized assessment		X	X		X	
practice recommendations	X	X			X	X
existence of multidisciplinary team	X					X
number of patients with ICD code "chronic refractory pain"	X	X				
quality contract between pain centers and payors		X				
reimbursement of multidisciplinary pain treatment, in-patients		X				
Outcome						
waiting times		X				X
pain outcome				X		X
Quality of life						X