

Patient Outcomes in Pain Management

Enterprise One Pain Management Service 2017 Mid Year Report 1 July 2016 – 30 June 2017





About the electronic Persistent Pain Outcomes Collaboration (ePPOC)

ePPOC is a program which aims to help improve services and outcomes for patients experiencing chronic pain through benchmarking of care and treatment. ePPOC is an initiative of the Faculty of Pain Medicine, and has been further developed in recent years by the Faculty and the wider pain sector.

ePPOC involves the collection of a standard set of data items and assessment tools by specialist pain services throughout Australia and New Zealand to measure outcomes for their patients as a result of treatment. This information is being used to develop an Australasian benchmarking system for the pain sector, facilitating better outcomes and best practice interventions for patients experiencing chronic pain. The information will also enable development of a coordinated approach to research into the management of pain in Australasia.

Participation in ePPOC is voluntary and aims to assist pain management service providers to improve practice. epiCentre (the software purpose-built for ePPOC) helps to achieve this by;

- providing clinicians with an approach to systematically assess individual patient experience
- defining a common clinical language to streamline communication between pain management providers
- facilitating the routine collection of Australasian pain management data to drive quality improvement through reporting and benchmarking

The ePPOC dataset includes the following assessment tools: Brief Pain Inventory (BPI)ⁱ, Depression, Anxiety and Stress Scale (DASS)ⁱⁱ, Pain Self-Efficacy Questionnaire (PSEQ)ⁱⁱⁱ and Pain Catastrophising Scale (PCS)^{iv}.

The ePPOC team is located within the Australian Health Services Research Institute at the University of Wollongong. If you would like more information about ePPOC please visit our website at http://ahsri.uow.edu/eppoc/index.html, email us at eppoc@uow.edu.au or phone (02) 4221 4411.



Executive Summary for Enterprise One Pain Management Service

Demographic information

	Enterprise One	All services
Active patients	582	21433
Gender (female)	61.7%	57.3%
Average age (years)	53.8	50.5
Interpreter required	0.6%	5.1%
Communication assistance required	5.5%	9.2%
Indigenous status	6.3%	3.9%

Service provision

	Enterprise One	All services
Days from referral to start of episode (median)	29.0	55.0
Treatment pathways provided (%)		
Group program	21.0	23.2
Individual	75.9	66.1
Concurrent	2.1	9.4
One-off	1.0	1.3

Patient profile at referral

Enterprise One received 475 completed referral questionnaires in this period

Assessment tool scores	Enterprise One	All services
Pain Severity	6.2	6.2
Pain Interference	6.9	6.9
Depression	19.5	19.7
Anxiety	13.1	13.8
Stress	20.1	20.9
Pain Catastrophising	27.7	28.5
Pain Self-Efficacy	21.3	21.2

	Enterprise One	All services
Average number of pain sites	3.7	3.8
Average number of comorbidities	2.4	2.2
% of patient using opioids > 2 days/week	55.7	57.9
Average daily morphine equivalent (mg)	74.2	69.1
Average number of drug groups used	2.3	2.5
% of patients unemployed due to pain	24.4	34.3
% of patients experiencing pain >5 years	45.9	41.2

Ext. severe Severe Moderate/High

Normal/Minimal

Patient outcomes

Number of outcomes reported	Enterprise One			All services		
	This period	Last report	% increase	This period	Last report	% increase
Pathway outcomes	51	33	54.5	3588	2481	44.6
Episode outcomes	47	33	42.4	2801	1810	54.8
Post-episode follow-up	10	3	233.3	1289	747	72.6

Percent of patients making clinically significant improvements from referral to episode end

Enterprise One	Domain	All services
46.5	Average pain rating	26.4
71.8	Pain interference	58.1
60.0	Depression	53.6
18.2	Anxiety	41.8
63.2	Stress	54.5
63.0	Pain catastrophising	52.6
57.1	Pain self-efficacy	48.6

Note: reported for patients experiencing at least moderate symptoms. If there are less than 10 episode outcomes please interpret this table with caution.



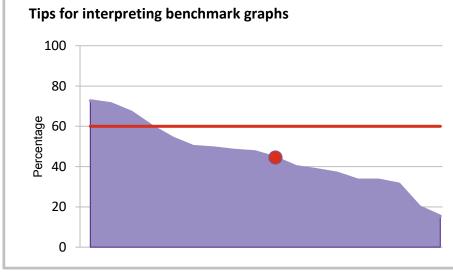
Benchmark and Indicator Summary for Enterprise One Pain Management Service

Benchmark (BM) Description	ВМ	BM met?	Your service	All services	See page
1. Average pain Patients with moderate or severe average pain at referral have made clinically significant improvement at episode end	30%	Yes	46.5%	26.4%	14
2. Pain interference Patients with moderate or severe pain interference at referral have made clinically significant improvement at episode end	50%	Yes	71.8%	58.1%	15
3. Depression Patients with moderate, severe or extremely severe depression at referral have made clinically significant improvement at episode end	60%	Yes	60.0%	53.6%	16
4. Anxiety Patients with moderate, severe or extremely severe anxiety at referral have made clinically significant improvement at episode end	50%	No	18.2%	41.8%	17
5. Stress Patients with moderate, severe or extremely severe stress at referral have made clinically significant improvement at episode end	60%	Yes	63.2%	54.5%	18
6. Pain catastrophising Patients with high or severe pain catastrophising at referral have made clinically significant improvement at episode end	60%	Yes	63.0%	52.6%	19
7. Pain self-efficacy Patients with impaired self-efficacy (moderate or severe) at referral have made clinically significant improvement at episode end	60%	No	57.1%	48.6%	20
8. Waiting time Episodes start within 3 months of the referral being received	80%	Yes	82.5%	68.2%	30

Opioid Use Indicators	Your service	All services	See page
1. oMEDD† is reduced by 50% or more for patients taking 40mg+ at referral	na	38.3%	31
2. oMEDD† is reduced by 50% or more for all patients taking opioid medication at referral	45.2%	44.0%	32

toMEDD= oral morphine equivalent daily dose

^{&#}x27;na' is shown for the benchmarks and indicators where less than 10 referral to episode end outcomes are reported



- The red line indicates the level at which the benchmark is set
- The vertical axis shows the percentage of patients who met the benchmark
- The purple region shows the national profile for this benchmark. It contains all services that contributed to this benchmark, ordered from the highest score to the lowest score
- The dot indicates your position relative to the benchmark and the other contributing services
- If there is no red dot on your graph this indicates that your service reported less than 10 outcomes for this benchmark



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Introduction

ePPOC aims to assist services to improve the quality of the pain management they provide through the analysis and benchmarking of patient outcomes. In this report, data submitted for patients active during the period 1 July 2016 to 30 June 2017 are summarised to enable participating services to assess their performance and compare this with outcomes achieved by other services.

This report is broken into three sections:

- Section 1 provides a summary of the data and outcomes included in this report
- Section 2 presents detailed analyses of the outcome measures and benchmark comparisons
- Section 3 provides descriptive analysis at each of the patient, episode and pathway data levels

The figures reflect all pain management services who submitted data during the reporting period. Data from 60 adult services are included in this report.

In each of the sections, data and analysis for Enterprise One Pain Management Service is presented alongside those for all services for comparative purposes. This process of reporting and benchmarking against other services provides opportunities to understand the services that are provided to patients, the outcomes patients experience and to demonstrate and address variations in practice and outcomes.

Data in the tables in this report are determined by a data scoping method. This defines what data are included and can vary from table to table. Patients in each of the time points are not necessarily the same. More information about data scoping can be found in Appendix A.



Section 1 – Summary of data and outcomes included in this report

1.1 Data summary

Sixty services provided information on 21433 patients. In total, these patients had 16575 episodes of care and 10933 pain management pathways in this reporting period.

The services providing data for this report are shown in Appendix D.

The following table includes data based on activity during the reporting period.

Table 1 Number and percentage of patients, episodes, pathways and questionnaires

	Enterprise One	All Services
Number of active patients	582	21433
Number of episodes	497	16575
Number of pathways	286	10933
Number of questionnaires returned	588	25018
Average number of pathways per episode*	0.8	0.9
Response rate to questionnaires (%)†	81.2	83.4

^{*} Average number of pathways per episode is only calculated for closed episodes that ended within the reporting period.

The relationship between the different levels of information collected under ePPOC (patient, episode, pathway, service event and questionnaires) is shown in Appendix B.

The number and type of questionnaires received by Enterprise One is shown in the following table.

Table 2 Number of questionnaires completed in the reporting period by questionnaire type

	Enterprise One	All Services
Referral	475	14904
Pathway start	41	2678
Group program start (concurrent pathways only)	0	215
Pathway review	0	823
Group program end (concurrent pathways only)	3	243
Pathway end	53	3267
Post episode follow-up	13	1230
Ad hoc	3	1658

[†] The number of questionnaires completed as a percentage of the number sent



1.2 Patient reported outcome measure summary at referral

Patients' average scores across the assessment tools for referral questionnaires received in the reporting period are shown in Table 3. Non-valid scales and subscales have been excluded from this table.

Table 3 Average outcome measure scores at referral

0	Enterprise One	All Services
Outcome measure	n=475	n=14904
BPI		
Severity [§]	6.2	6.2
Interference	6.9	6.9
DASS		
Depression	19.5	19.7
Anxiety	13.1	13.8
Stress	20.1	20.9
PCS		
Total	27.7	28.5
PSEQ*		
Total	21.3	21.2

[§] The severity score is an average of the four severity items

See Supplementary Data 1 for more information on the volume and proportion of missing responses. See Supplementary Data 2 for more information on changes in outcome scores for patients who have completed both a referral and pathway start questionnaire. Further information on assessment tools and subscales can be found in Appendix C.

^{*} Note: For the PSEQ assessment tool, higher scores reflect greater confidence in ability to perform activities despite the pain.



Section 2 – Patient outcomes

Four standardised assessment tools have been chosen to measure patient outcomes (see Appendix C for more information). In addition, pain frequency, the patients' ability to work, health service use and time from referral to first contact have also been included as outcomes. Patients must have valid start and end scores for the outcome measure to be included in the tables below – therefore where the response is not stated they have been excluded from the calculation of percentages in this section. See Supplementary Data 1 for information on the proportion of missing responses.

2.1 Standard assessment tools

The assessment tools used in ePPOC are:

- Brief Pain Inventory (BPI)
- Depression, Anxiety, Stress Scale (DASS)
- Pain Catastrophising Scale (PCS)
- Pain Self-Efficacy Questionnaire (PSEQ).

Change in these assessment tools is reported for completed pathways, completed episodes and at 3-6 months following a completed episode.

2.1.1 Change from pathway start to pathway end

This section examines changes from the beginning to the end of the patient's treatment pathway. Enterprise One Pain Management Service reported data for 51 patients who completed a questionnaire at both the start and end of a pathway.

The average change in scores on the assessment tools is shown in Table 4. Note that the number of patients may differ from those in Table 2, as other questionnaire types may be used in place of Pathway Start and End questionnaires. For example, if a pathway has ended and a Pathway End questionnaire has not been received, a recent, related questionnaire may be used instead.

As patients do not always complete all items within an assessment tool, this table also reports the number of validly completed assessment tools. This is calculated by dividing the number of validly completed tools by the number of patients. Please see Appendix C for further information regarding the number of responses required for each outcome measure.



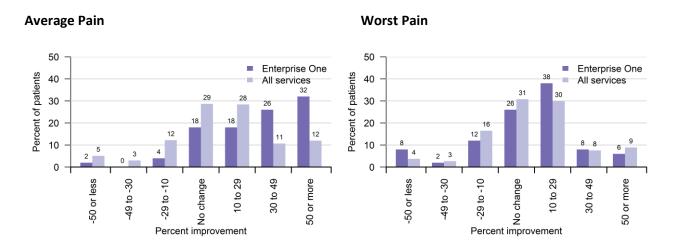
Table 4 Assessment tools - Change from pathway start to pathway end

		Enterpr n=			All Services n=3588				
Assessment tool	Score at	Average	Valid	Valid	Score at	Average	Valid	Valid	
	pathway	change	outcomes	outcomes	pathway	change	outcomes	outcomes	
	start		(number)	(%)	start		(number)	(%)	
BPI									
Worst pain	7.8	-0.5	50	98.0	7.7	-0.7	3483	97.1	
Least pain	3.9	-1.0	50	98.0	4.1	-0.6	3447	96.1	
Average pain	7.1	-2.5	51	100.0	5.9	-0.7	3454	96.3	
Pain now	6.3	-2.5	51	100.0	5.8	-0.8	3459	96.4	
Interference	6.5	-2.1	51	100.0	6.6	-1.2	3489	97.2	
DASS									
Depression	15.9	-4.4	49	96.1	18.2	-3.7	3444	96.0	
Anxiety	11.6	-0.7	48	94.1	12.7	-1.5	3428	95.5	
Stress	17.4	-2.5	48	94.1	20.0	-2.9	3425	95.5	
PCS									
Rumination	8.6	-3.0	49	96.1	8.6	-2.0	3314	92.4	
Magnification	4.4	-1.5	51	100.0	5.1	-1.1	3343	93.2	
Helplessness	10.9	-3.0	48	94.1	11.9	-2.8	3273	91.2	
Total	23.7	-7.7	51	100.0	25.7	-5.9	3380	94.2	
PSEQ*									
Total	27.6	8.0	49	96.1	23.5	6.2	3452	96.2	

^{*} Note: For the PSEQ assessment tool, a positive movement in score is an improvement in how confident patients are in their ability to perform activities despite the pain.

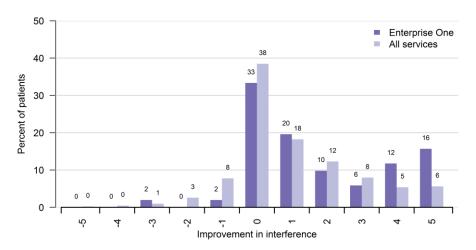


Figure 1 BPI Pain Severity - Change from pathway start to pathway end



As noted in Appendix C, a change of \geq 10% represents minimally important change, \geq 30% moderate clinically important change and \geq 50% represents substantial clinically important change.

Figure 2 BPI Pain Interference - Change from pathway start to pathway end

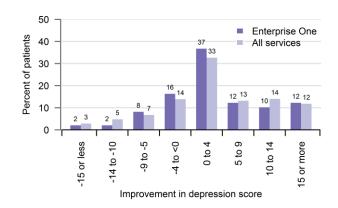


The IMMPACT recommendation for assessment of clinically significant change on the BPI interference scale is a change of 1 point over the average of the 7 items.

Clinically significant change for patients with moderate or worse interference	Enterprise One	All Services		
Improvement (%)	68.3	52.7		
No improvement (%)	31.7	47.3		



Figure 3 DASS Depression - Change from pathway start to pathway end



Clinically significant change for patients with moderate or worse depression	Enterprise One	All Services		
Improvement (%)	40.7	48.6		
No improvement (%)	59.3	51.4		

Figure 4 DASS Depression – Severity at pathway start and pathway end

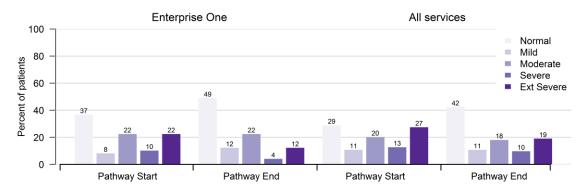
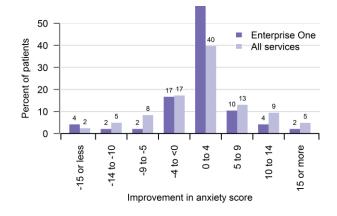


Figure 5 DASS Anxiety - Change from pathway start to pathway end



Clinically significant change for patients with moderate or worse anxiety	Enterprise One	All Services
Improvement (%)	21.7	37.5
No improvement (%)	78.3	62.5

Figure 6 DASS Anxiety – Severity at pathway start and pathway end

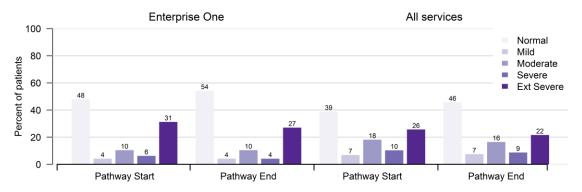
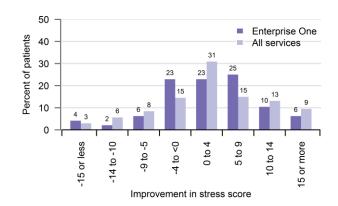




Figure 7 DASS Stress - Change from pathway start to pathway end



Clinically significant change for patients with moderate or worse stress	Enterprise One	All Services		
Improvement (%)	60.0	49.7		
No improvement (%)	40.0	50.3		

Figure 8 DASS Stress - Severity at pathway start and pathway end

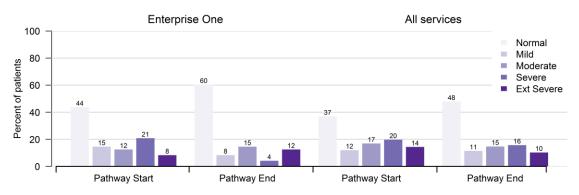
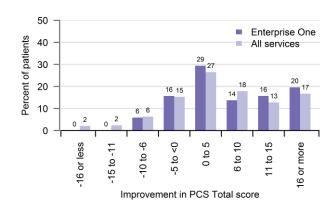


Figure 9 PCS Total - Change from pathway start to pathway end



Clinically significant change for patients with high or worse catastrophising	Enterprise One	All Services		
Improvement (%)	61.3	47.5		
No improvement (%)	38.7	52.5		

Figure 10 PCS Total – Severity at pathway start and pathway end

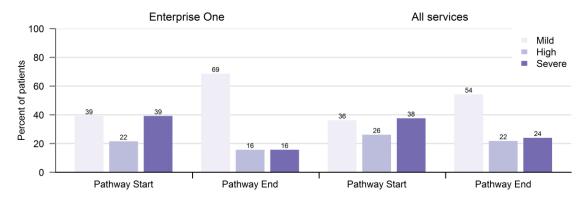
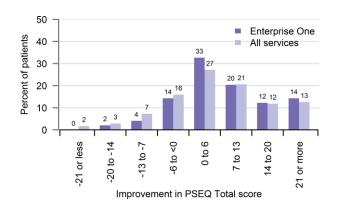


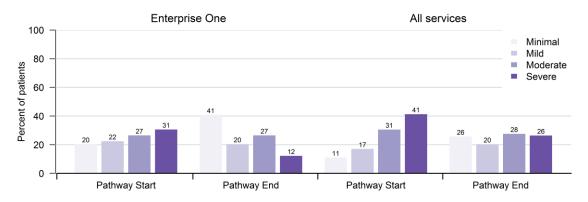


Figure 11 PSEQ Total - Change from pathway start to pathway end



Clinically significant change for patients with moderate or worse impairment	Enterprise One	All Services		
Improvement (%)	41.4	42.9		
No improvement (%)	58.6	57.1		

Figure 12 PSEQ Total – Severity at pathway start and pathway end





The start and change scores for the assessment tools by pathway type is shown in Table 5 – this allows for comparison between outcomes for different types of pathways. Data are only included where the same patient responded to questions in both the pathway start and end questionnaires.

Table 5 Assessment tools – Pathway start score and change from pathway start to end by pathway type

		Enterprise One									All Services						
	Gro	oup	Indiv	idual	Concl	urrent	One	-off	Gro	oup	Indiv	idual	Conc	urrent	One	-off	
Assessment tool	n=	42	n=	=8	n=	:1	n=	-0	n=1	494	n=1	541	n=4	199	n=54		
	Start	Change	Start	Change	Start	Change	Start	Change	Start	Change	Start	Change	Start	Change	Start	Change	
BPI																	
Worst pain	7.5	-0.2	9.0	-1.9	10.0	-3.0			7.7	-0.4	7.6	-0.8	7.8	-0.8	8.2	-1.2	
Least pain	3.6	-1.0	4.8	-0.3	10.0	-3.0			4.1	-0.5	4.1	-0.6	4.3	-0.5	4.8	-1.6	
Average pain	7.0	-2.6	7.3	-1.5	10.0	-3.0			5.8	-0.6	5.8	-0.8	5.9	-0.8	6.4	-1.6	
Pain now	6.0	-2.4	7.4	-2.8	10.0	-5.0			5.8	-0.7	5.6	-0.8	6.0	-0.8	6.1	-1.5	
Interference	6.1	-2.0	8.4	-2.2	7.3	-5.4			6.5	-1.2	6.4	-1.2	6.9	-1.3	7.1	-1.7	
DASS																	
Depression	13.5	-3.9	31.4	-10.1	7.0	11.0			18.5	-4.1	17.0	-3.1	20.8	-4.6	17.6	-1.7	
Anxiety	10.0	-0.9	20.6	-2.3	20.0	17.3			13.0	-1.8	11.9	-1.4	14.2	-1.1	9.4	0.3	
Stress	15.6	-2.7	28.3	-4.7	18.0	18.0			20.2	-3.0	19.0	-2.6	22.4	-3.3	18.0	-0.6	
PCS																	
Rumination	7.8	-3.1	11.5	-2.9	16.0	-4.0			8.5	-2.0	8.4	-1.9	9.4	-2.1	9.2	-2.4	
Magnification	3.8	-1.5	7.3	-1.5	5.0	-3.0			5.1	-1.2	5.0	-1.1	5.6	-1.1	4.3	-0.4	
Helplessness	9.9	-3.3	15.9	-1.3	13.0				11.9	-2.9	11.6	-2.7	13.2	-3.1	12.5	-2.2	
Total	21.4	-7.7	34.6	-7.8	34.0	-8.0			25.5	-6.0	25.0	-5.7	28.2	-6.3	25.9	-4.9	
PSEQ*																	
Total	30.4	7.2	10.6	11.1	30.0	20.0			23.9	6.7	24.2	5.8	20.4	6.2	22.0	3.7	

^{*} Note: For the PSEQ assessment tool, a positive movement in score is an improvement in how confident patients are in their ability to perform activities despite the pain.



Table 6 shows the start and change assessment tool scores for patients who completed group programs by the program intensity. This allows for comparison of outcomes for differing intensity of programs. Data are only included where the same patient completed both the pathway start and end questionnaires.

Table 6 Assessment tools, group programs – Pathway start score and change from pathway start to end by program intensity

			Enterpri	se One		All Services						
Assessment tool	Low In (6 to <2	•	Mod Intensity (24 to <60 hrs) n=24		High Intensity (60+ hrs) n=0		Low Intensity (6 to <24hrs) n=255		Mod Intensity (24 to <60 hrs) n=422		High Intensity (60+ hrs) n=267	
	n=	17										
	Start	Change	Start	Change	Start	Change	Start	Change	Start	Change	Start	Change
BPI												
Worst pain	7.5	-0.5	7.4	-0.0			7.7	-0.4	7.5	-0.4	7.7	-0.5
Least pain	2.8	0.2	4.3	-1.9			4.1	-0.3	3.9	-0.7	4.2	-0.5
Average pain	6.2	-1.9	7.4	-3.0			5.9	-0.5	5.7	-0.8	5.9	-0.6
Pain now	5.7	-1.9	6.1	-2.5			5.9	-0.6	5.5	-0.7	5.9	-0.7
Interference	5.9	-2.0	6.3	-1.9			6.5	-0.8	6.3	-1.2	6.7	-1.5
DASS												
Depression	13.4	-2.0	13.8	-5.0			18.5	-1.9	16.4	-4.1	20.9	-5.9
Anxiety	11.6	-2.5	9.0	0.2			13.4	-1.2	11.4	-1.7	14.0	-2.1
Stress	17.5	-3.6	14.3	-1.7			19.6	-0.7	18.3	-2.7	22.7	-4.3
PCS												
Rumination	6.9	-1.6	8.6	-4.2			8.6	-1.4	7.7	-1.8	9.4	-2.5
Magnification	3.9	-1.3	3.9	-1.6			5.3	-0.9	4.4	-1.1	5.8	-1.4
Helplessness	8.9	-2.4	10.5	-3.7			12.1	-2.0	10.5	-2.6	13.3	-4.1
Total	19.7	-5.3	22.8	-9.2			26.0	-4.3	22.7	-5.4	28.5	-7.9
PSEQ*												
Total	30.7	6.9	29.8	7.1			24.4	4.0	25.5	6.5	20.8	10.6

^{*} Note: For the PSEQ assessment tool, a positive movement in score is an improvement in how confident patients are in their ability to perform activities despite the pain.



Table 7 shows change following completion of the group program component of concurrent pathways. This table includes all concurrent pathways active in the period where a patient completed a group start and end questionnaire.

Table 7 Assessment tools – Group program change within concurrent pathways

Assessment tool	Enterpri: n=		All Services n=178	
	Group start	Change	Group start	Change
BPI				
Worst pain			7.8	-0.4
Least pain			3.7	-0.2
Average pain			5.5	-0.4
Pain now			5.6	-0.3
Interference			6.3	-1.0
DASS				
Depression			17.9	-4.1
Anxiety			13.7	-1.1
Stress			20.4	-2.8
PCS				
Rumination			8.4	-1.9
Magnification			4.8	-0.8
Helplessness			11.8	-2.7
Total			25.1	-5.5
PSEQ*				
Total			24.1	4.8

^{*} Note: For the PSEQ assessment tool, a positive movement in score is an improvement in how confident patients are in their ability to perform activities despite the pain.



2.1.2 Change from referral to episode end

Measurement of change from referral to the end of the episode (end of the final pathway in an episode) allows evaluation of change for patients who complete an episode of care at a pain management service. Instances where an episode has ended but the 3 to 6 month post-episode follow-up has not yet occurred will also be included in this outcome measure.

Enterprise One Pain Management Service reported referral and episode end questionnaires for 47 episodes. Table 8 shows the average change for patients completing the assessment tools at referral and episode end. Responses have only been included if the same patient returned a referral questionnaire and another at the end of their episode.

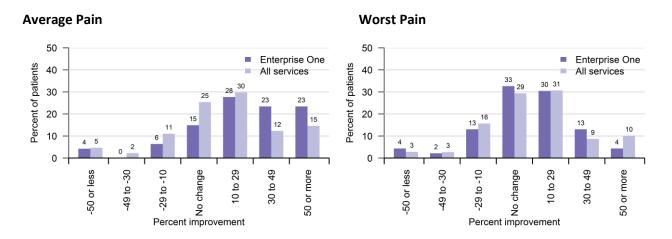
Table 8 Assessment tools - Change from referral to episode end

	Enterprise One n=47		All Services n=2801					
Assessment tool	Score at	Average	Valid	Valid	Score at	Average	Valid	Valid
	referral	change	outcomes	outcomes	referral	change	outcomes	outcomes
			(number)	(%)			(number)	(%)
BPI								
Worst pain	8.0	-0.8	46	97.9	7.8	-0.8	2704	96.5
Least pain	4.0	-0.8	46	97.9	4.2	-0.7	2679	95.6
Average pain	6.4	-1.7	47	100.0	6.0	-0.9	2677	95.6
Pain now	6.6	-2.4	47	100.0	5.9	-0.9	2680	95.7
Interference	6.6	-2.2	47	100.0	6.7	-1.5	2707	96.6
DASS								
Depression	17.4	-6.3	46	97.9	18.7	-4.8	2669	95.3
Anxiety	11.0	0.2	46	97.9	12.5	-1.7	2653	94.7
Stress	17.7	-2.4	46	97.9	20.2	-3.6	2651	94.6
PCS								
Rumination	8.6	-3.1	45	95.7	8.9	-2.5	2567	91.6
Magnification	4.2	-1.3	46	97.9	5.2	-1.4	2587	92.4
Helplessness	11.4	-4.0	43	91.5	12.4	-3.7	2528	90.3
Total	24.2	-8.6	46	97.9	26.5	-7.5	2614	93.3
PSEQ*								
Total	25.5	10.2	45	95.7	22.5	7.8	2672	95.4

^{*} Note: For the PSEQ assessment tool, a positive movement in score is an improvement in how confident patients are in their ability to perform activities despite the pain.



Figure 13 BPI Pain Severity - Change from referral to episode end



As noted in Appendix C, a change of \geq 10% represents minimally important change, \geq 30% moderate clinically important change and \geq 50% represents substantial clinically important change.

Figure 14 Benchmark 1 - Average Pain

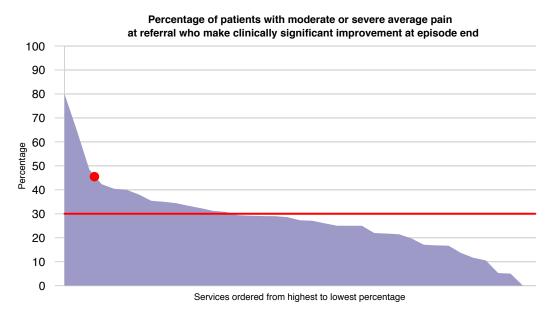
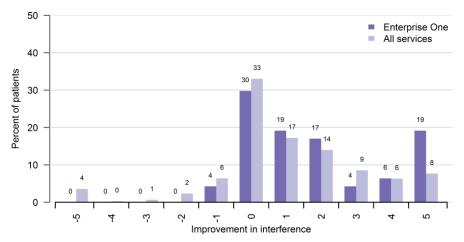




Figure 15 BPI Pain Interference - Change from referral to episode end



The IMMPACT recommendation for assessment of clinically significant change on the BPI interference scale is a change of 1 point over the average of the 7 items.

Clinically significant change for patients with moderate or worse interference	Enterprise One	All Services	
Improvement (%)	71.8	58.1	
No improvement (%)	28.2	41.9	

Figure 16 Benchmark 2 – Pain interference

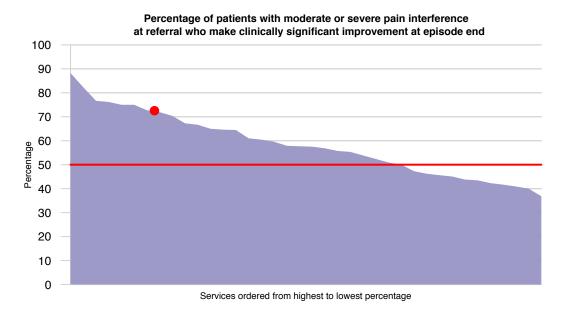
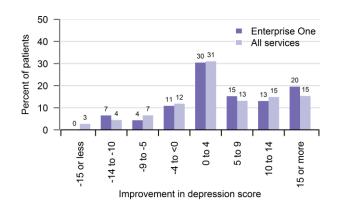




Figure 17 DASS Depression - Change from referral to episode end



Clinically significant change for patients with moderate or worse depression	Enterprise One	All Services
Improvement (%)	60.0	53.6
No improvement (%)	40.0	46.4

Figure 18 DASS Depression – Severity at referral and episode end

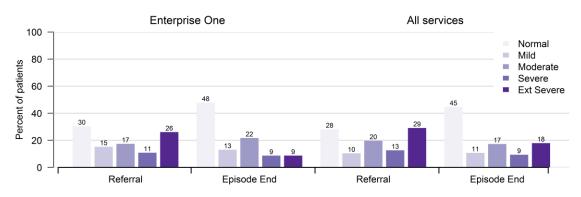


Figure 19 Benchmark 3 - Depression

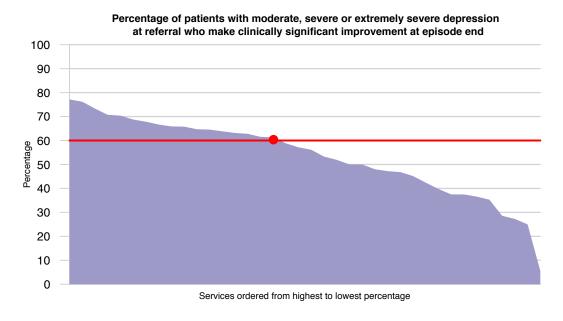
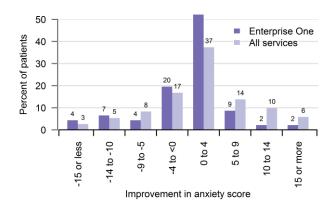




Figure 20 DASS Anxiety - Change from referral to episode end



Clinically significant change for patients with moderate or worse anxiety	Enterprise One	All Services
Improvement (%)	18.2	41.8
No improvement (%)	81.8	58.2

Figure 21 DASS Anxiety – Severity at referral and episode end

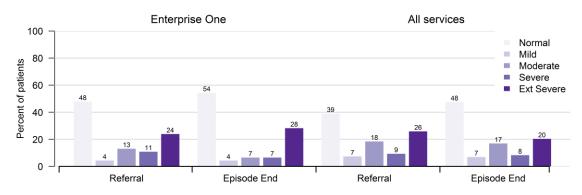


Figure 22 Benchmark 4 - Anxiety

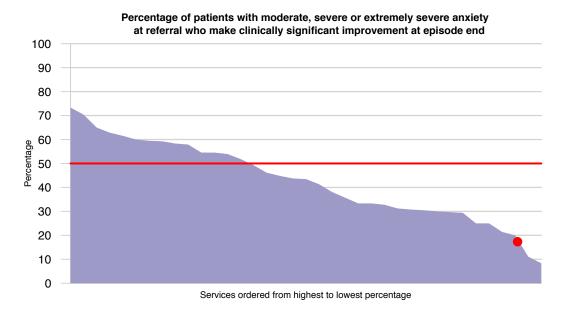
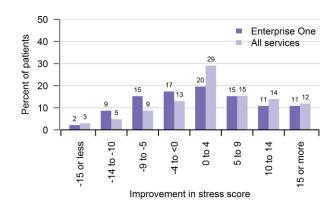




Figure 23 DASS Stress - Change from referral to episode end



Clinically significant change for patients with moderate or worse stress	Enterprise One	All Services
Improvement (%)	63.2	54.5
No improvement (%)	36.8	45.5

Figure 24 DASS Stress - Severity at referral and episode end

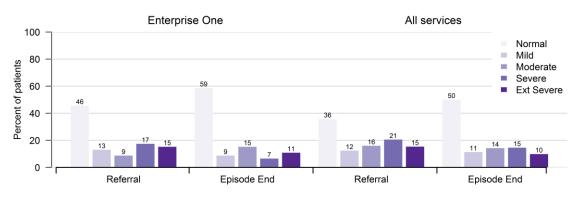


Figure 25 Benchmark 5 – Stress

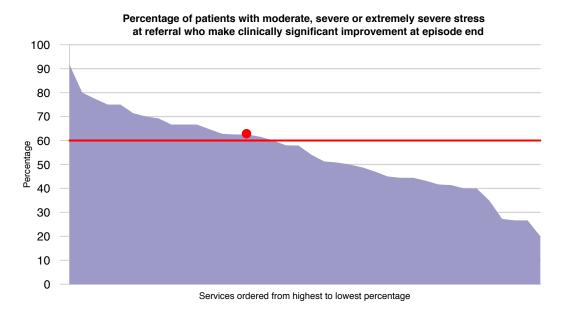
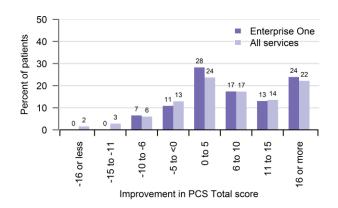




Figure 26 PCS Total - Change from referral to episode end



Clinically significant change for patients with high or worse catastrophising	Enterprise One	All Services
Improvement (%)	63.0	52.6
No improvement (%)	37.0	47.4

Figure 27 PCS Total – Severity at referral and episode end

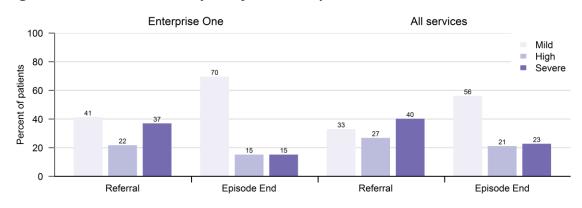


Figure 28 Benchmark 6 - Pain Catastrophising

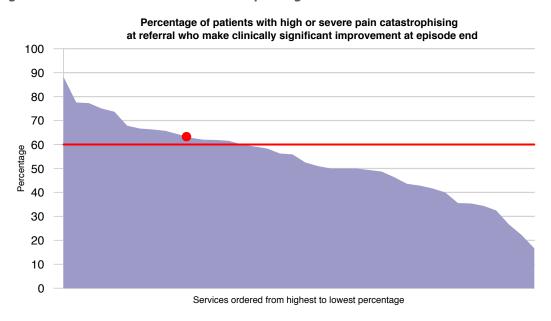
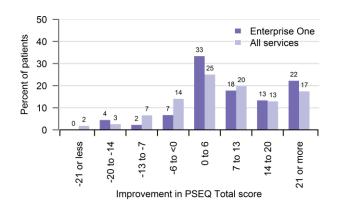




Figure 29 PSEQ Total - Change from referral to episode end



Clinically significant change for patients with moderate or worse impairment	Enterprise One	All Services
Improvement (%)	57.1	48.6
No improvement (%)	42.9	51.4

Figure 30 PSEQ Total – Severity at referral and episode end

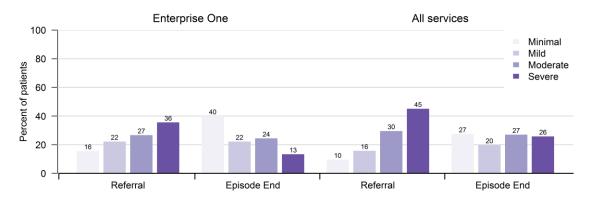
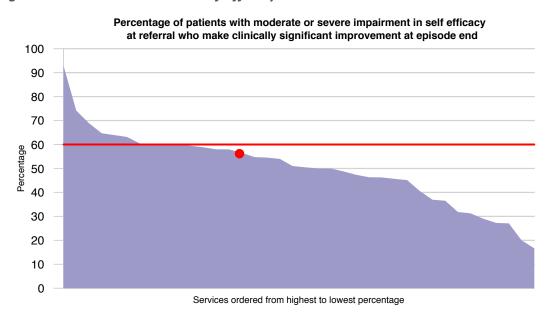


Figure 31 Benchmark 7 - Pain self-efficacy





2.1.3 Change from referral to post-episode follow-up

This section describes change occurring from referral to a pain management service to a point three to six months after the patients' episode has ended. This allows evaluation of the changes made as a result of the treatment received, and if these changes have been maintained.

The average change in the outcome measures for patients who completed both a referral and 3 to 6 month post episode follow-up questionnaire (and where the follow-up questionnaire was returned within the reporting period) is shown in Table 9. Enterprise One Pain Management Service received referral and postepisode follow-up questionnaires from 10 patients.

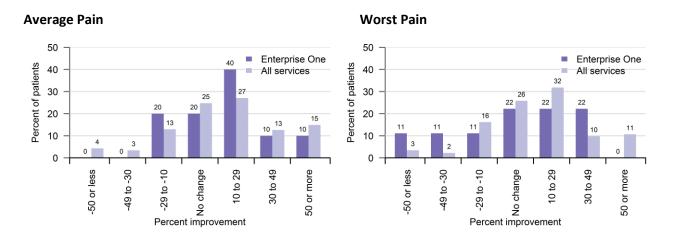
Table 9 Assessment tools – Change from referral to post-episode follow-up

	Enterprise One n=10				All Ser n=12			
Assessment tool	Score at	Average	Valid	Valid	Score at	Average	Valid	Valid
	referral	change	outcome	outcome	referral	change	outcome	outcome
			(number)	(%)			(number)	(%)
BPI								
Worst pain	7.3	0.8	10	100.0	7.8	-0.9	1260	97.8
Least pain	4.8	0.2	10	100.0	4.3	-0.6	1242	96.4
Average pain	6.5	-0.8	10	100.0	6.1	-0.9	1246	96.7
Pain now	6.2	-0.2	10	100.0	5.9	-0.8	1245	96.6
Interference	6.9	-0.7	10	100.0	6.7	-1.3	1256	97.4
DASS								
Depression	17.7	1.5	10	100.0	18.9	-3.8	1233	95.7
Anxiety	14.2	5.8	10	100.0	12.5	-1.2	1226	95.1
Stress	21.8	2.0	10	100.0	20.0	-3.2	1221	94.7
PCS								
Rumination	9.7	-2.9	10	100.0	9.2	-2.6	1195	92.7
Magnification	4.9	-1.3	10	100.0	5.4	-1.4	1195	92.7
Helplessness	12.3	-4.0	9	90.0	13.0	-3.9	1181	91.6
Total	26.9	-7.8	10	100.0	27.6	-7.9	1216	94.3
PSEQ*								
Total	21.6	10.3	10	100.0	22.5	7.1	1243	96.4

^{*} Note: For the PSEQ assessment tool, a positive movement in score is an improvement in how confident patients are in their ability to perform activities despite the pain.

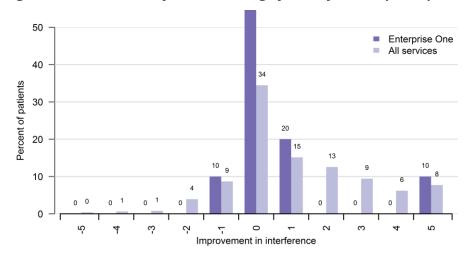


Figure 32 BPI Pain Severity - Change from referral to post-episode follow-up



As noted in Appendix C, a change of \geq 10% represents minimally important change, \geq 30% moderate clinically important change and \geq 50% represents substantial clinically important change.

Figure 33 BPI Pain Interference - Change from referral to post-episode follow-up

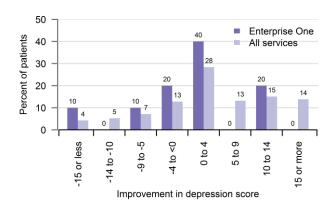


The IMMPACT recommendation for assessment of clinically significant change on the BPI interference scale is a change of 1 point over the average of the 7 items.

Clinically significant change for patients with moderate or worse interference	Enterprise One	All Services
Improvement (%)	33.3	54.2
No improvement (%)	66.7	45.8



Figure 34 DASS Depression - Change from referral to post-episode follow-up



Clinically significant change for patients with moderate or worse depression	Enterprise One	All Services
Improvement (%)	40.0	49.5
No improvement (%)	60.0	50.5

Figure 35 DASS Depression – Severity at referral and post-episode follow-up

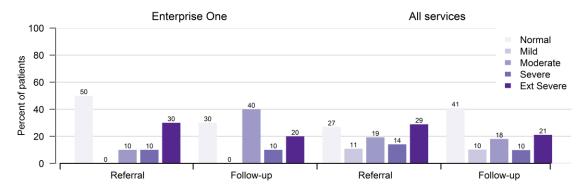
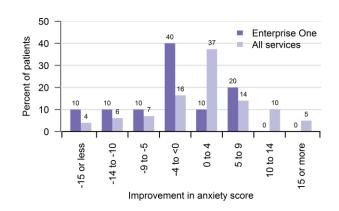


Figure 36 DASS Anxiety - Change from referral to post-episode follow-up



Clinically significant change for patients with moderate or worse anxiety	Enterprise One	All Services
Improvement (%)	16.7	39.5
No improvement (%)	83.3	60.5

Figure 37 DASS Anxiety – Severity at referral and post-episode follow-up

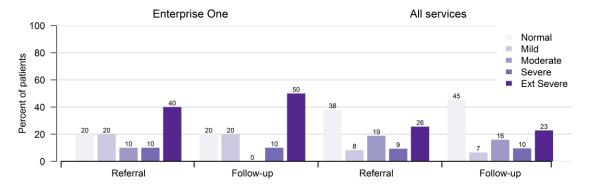
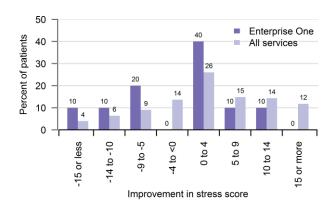




Figure 38 DASS Stress - Change from referral to post-episode follow-up



Clinically significant change for patients with moderate or worse stress	Enterprise One	All Services	
Improvement (%)	50.0	51.9	
No improvement (%)	50.0	48.1	

Figure 39 DASS Stress – Severity at referral and post-episode follow-up

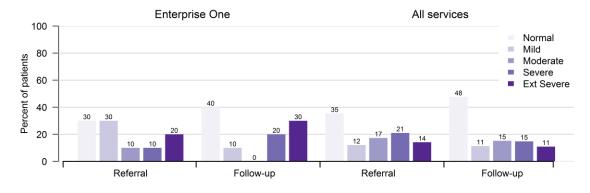
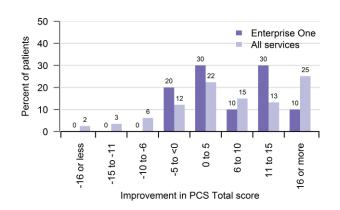


Figure 40 PCS Total - Change from referral to post-episode follow-up



Clinically significant change for patients with high or worse catastrophising	Enterprise One	All Services	
Improvement (%)	42.9	53.5	
No improvement (%)	57.1	46.5	

Figure 41 PCS Total – Severity at referral and post-episode follow-up

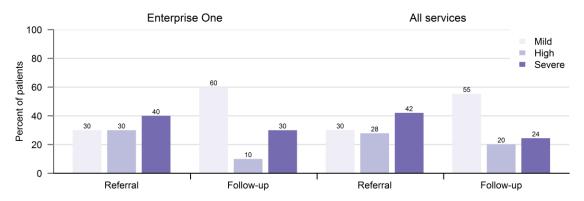
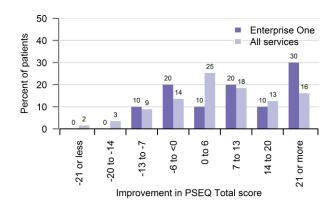


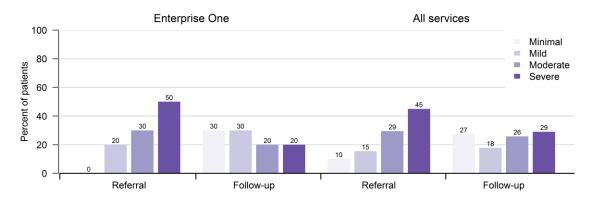


Figure 42 PSEQ Total - Change from referral to post-episode follow-up



Clinically significant change for patients with moderate or worse impairment	Enterprise One	All Services	
Improvement (%)	62.5	46.3	
No improvement (%)	37.5	53.7	

Figure 43 PSEQ Total – Severity at referral and post-episode follow-up





2.2 Outcome measure 2 – Ability to work

The work status of patients who returned questionnaires in the reporting period is shown in Table 10.

Table 10 Work status

	Enterprise One			All Services		
Work status (percentage*)	Referral	Episode	Post	Referral	Episode	Post
Work Status (percentage)		end	episode		end	episode
	n=434	n=50	n=6	n=14305	n=2838	n=1298
Full time paid employment	14.7	14.0	0.0	13.0	15.5	15.8
Part time paid employment	7.4	12.0	16.7	8.5	9.9	11.6
Retired	30.4	32.0	16.7	19.8	17.5	25.7
Unemployed due to pain	24.4	30.0	50.0	34.3	34.2	31.7
Unemployed (not pain related)	6.7	2.0	0.0	5.2	3.4	3.5
Home duties	15.9	12.0	16.7	12.1	9.8	10.6
On leave from work due to pain	4.1	2.0	0.0	9.7	10.7	5.9
Studying (e.g. school, uni)	4.6	2.0	0.0	4.3	4.2	4.4
Voluntary work	4.1	6.0	0.0	2.9	3.7	4.3
Retraining	0.5	0.0	0.0	1.2	1.9	2.2
At work – limited hrs &/or duties	4.1	4.0	0.0	6.0	6.4	6.2

^{*} Note percentages in this table will not sum to 100% as more than one work status may be chosen

Table 11 shows the percentage of patients whose pain affects the number of hours they are able to work or study, and the percentage of patients whose pain affects the type of work they are able to do. All patients who returned a questionnaire in the reporting period are included in these results.

Table 11 Pain affects work or study

Pain affects work or study (percentage)	Enterprise One			All Services		
	Referral	Episode end	Post episode	Referral	Episode end	Post episode
Pain affects number of hours able to	n=408	n=58	n=6	n=13483	n=3200	n=1332
work or study	83.6	75.9	100.0	88.2	84.0	80.7
Pain affects type of work	n=409	n=56	n=6	n=13467	n=3187	n=1334
	88.3	82.1	100.0	92.2	89.7	86.9



2.3 Outcome measure 3 – Health service use

Information about health service use is collected from patients as an outcome measure. At first glance, a reduction in health service use may appear to be a positive outcome, however increased health service use may in fact reflect more appropriate use of services, for example a patient seeking regular sessions with allied health providers to assist in managing their pain. Caution should therefore be used in interpreting the information in the following table.

Table 12 shows the median and mean number of times Enterprise One patients used each service in the last 3 months compared to all services for patients who returned a referral, episode end, and/or post-episode follow-up questionnaire in the reporting period.

Table 12 Health service use (number of times used in the last 3 months due to pain)

	Enterprise One			All Services		
Health service use (median / mean)	Referral	Episode	Post	Referral	Episode	Post
ricaltii selvice use (illeulali / illeali)		end	episode		end	episode
	n=449	n=51	n=12	n=14373	n=2833	n=1313
General practitioner	4.0 / 5.2	2.0 / 3.1	3.0 / 3.0	3.0 / 5.2	3.0 / 3.4	3.0 / 6.3
Medical specialist	1.0 / 1.5	0.0 / 1.0	0.0 / 0.4	1.0 / 1.4	1.0 / 1.2	0.0 / 0.9
Allied health professionals	1.0 / 3.7	2.0 / 3.1	1.5 / 1.9	1.0 / 4.2	3.0 / 7.1	1.0 / 3.0
Hospital emergency department	0.0 / 0.5	0.0 / 0.3	0.0 / 0.2	0.0 / 0.5	0.0 / 0.3	0.0 / 0.2
Admitted to hospital	0.0 / 0.3	0.0 / 0.1	0.0 / 0.0	0.0 / 0.3	0.0 / 0.1	0.0 / 0.1
Diagnostic tests	1.0 / 1.7	0.0 / 0.8	0.0 / 0.4	1.0 / 1.5	0.0 / 0.8	0.0 / 0.6



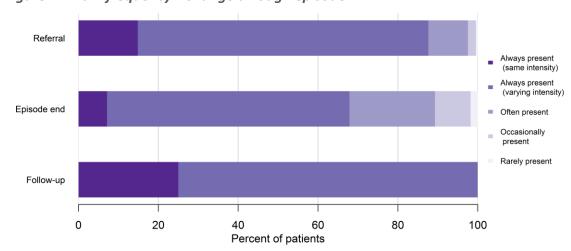
2.4 Outcome measure 4 – Pain frequency

A reduction in the frequency of pain is a positive outcome for a patient. Table 13 and Figure 44 show the percentage of patients at each level of pain frequency for patients who returned a referral, episode end, and/or post episode follow-up questionnaire in the reporting period.

Table 13 Pain frequency item (percentage of patients in each group)

	Е	nterprise On	е	All Services			
Pain frequency	Referral	Episode end	Post episode	Referral	Episode end	Post episode	
	n=404	n=56	n=4	n=14339	n=3239	n=1332	
Always present (same intensity)	14.9	7.1	25.0	16.3	9.8	9.5	
Always present (varying intensity)	72.8	60.7	75.0	70.8	64.2	62.1	
Often present	9.9	21.4	0.0	9.0	13.1	14.2	
Occasionally present	2.0	8.9	0.0	3.0	8.2	7.7	
Rarely present	0.5	1.8	0.0	0.9	4.6	6.5	
Total	100.0	100.0	100.0	100.0	100.0	100.0	

Figure 44 Pain frequency - Change through episode





2.5 Outcome measure 5 – Time from referral to first contact

Time from referral to first contact can indicate responsiveness of pain management services to patient needs, and availability of resources within the pain management service. Table 14 shows the distribution of time from referral to first contact for Enterprise One compared to all services for episodes that start within the reporting period. The time from referral to first contact is calculated as the date the referral is received to the episode start date (defined as the first clinical contact).

Table 14 Time from referral to first contact

Time from referred to first contact	Enterp	rise One	All Services		
Time from referral to first contact	Number	Percentage	Number	Percentage	
<1 month	223	52.0	3978	34.0	
1-3 months	131	30.5	3949	33.8	
3-6 months	40	9.3	2472	21.1	
6-12 months	28	6.5	1015	8.7	
>12 months	7	1.6	279	2.4	
Average (days)	60.3	na	85.6	na	
Median (days)	29.0	na	55.0	na	

Figure 45 shows the position of Enterprise One in comparison to other services based on the time from referral to first contact. The horizontal axis shows pain management services ordered from lowest to highest by number of days. This figure also displays the number of referral questionnaires returned in the reporting period as a proxy for the number of referrals the service received.

Figure 45 Median number of days from referral to first contact (episode start)

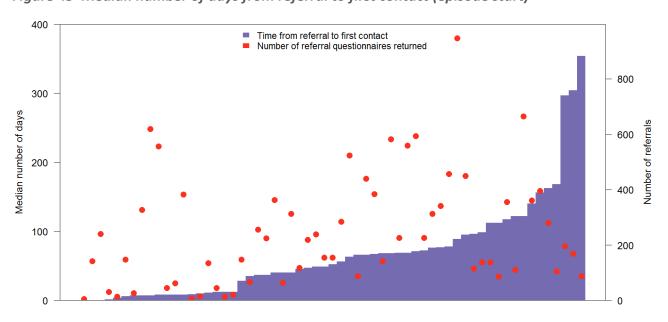
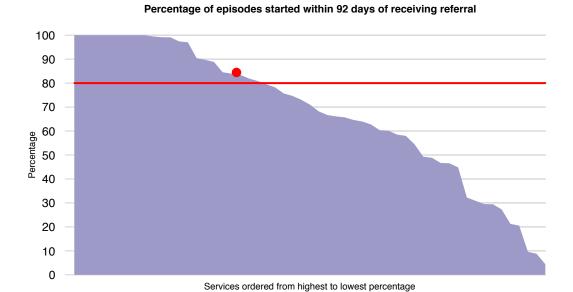




Figure 46 Benchmark 8 - Time from referral to episode start



Note: If there is no red dot on your graph this indicates that your service reported less than 10 outcomes for this benchmark



2.6 Outcome measure 6 – Medication use

Pain management services collect information about the medications their patients take and the frequency of their use. This information is provided to ePPOC as three variables, describing:

- whether or not a patient uses opioid medication on more than two days per week
- the patient's daily oral morphine equivalent (using a standardised conversion table)
- the number of major drug groups the patient's medications fall within. The major drug groups are opioids, paracetamol, NSAIDs, antidepressants, anticonvulsants and benzodiazepines.

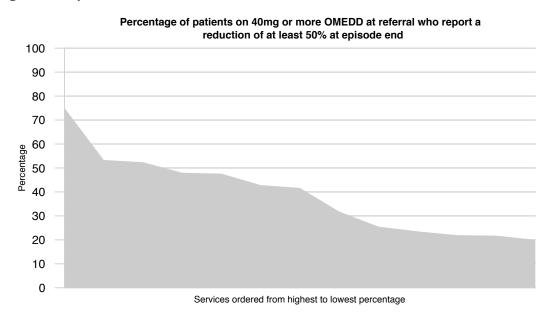
Table 15 shows medication use for Enterprise One patients compared to patients for all services for questionnaires returned during the reporting period.

Table 15 Medication use

	Enterprise One				All Services	
Medication use	Referral	Episode end	Post episode	Referral	Episode end	Post episode
	n=436	n=51	n=12	n=9697	n=1877	n=1148
Percent using opioids >2 days/week	55.7	31.4	41.7	57.9	41.0	37.7
Ave daily morphine equivalent (mg) *	74.2	38.9	68.8	69.1	62.0	59.6
Ave number of major drug groups	2.3	1.8	2.5	2.5	2.1	2.0

^{*} For those patients taking opioid medication

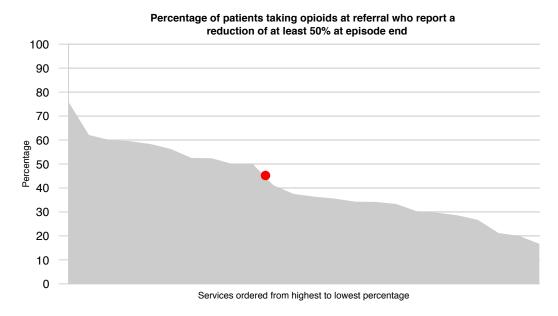
Figure 47 Opioid Use - Indicator 1



Note: If there is no red dot on your graph this indicates that your service reported less than 10 outcomes for this indicator



Figure 48 Opioid Use - Indicator 2



Note: If there is no red dot on your graph this indicates that your service reported less than 10 outcomes for this indicator



Section 3 - Descriptive analysis

There are four levels of ePPOC data items – patient, episode, pathway and service events. The broad detail is found at the **patient level**, where the data items describe patient demographics.

The items at the **episode level** describe the way that pain management episodes start and end and include information about the patient's pain and comorbidities at the start of the episode. The items at the **pathway level** categorise the type of treatment(s) the patient received, while the **service event** data items detail this treatment and allow evaluation of the intensity of the treatment provided.

This section provides an overview of the data submitted by Enterprise One at each level for the current reporting period. Summaries of the data for all services are included for comparative purposes. See Supplementary Data 1 for information on item completion.

3.1 Summary of service events during this reporting period

Table 16 describes the service event activity for Enterprise One between 1 July 2016 and 30 June 2017.

Table 16 Service event activity this reporting period

2	Enterp	rise One
Service intensity (total hours)	Total	Telehealth
Individual appointment with medical practitioner	198.2	0.0
Individual appointment with physiotherapist	105.8	0.0
Individual appointment with psychologist	150.9	0.0
Individual appointment with occupational therapist	14.5	0.0
Individual appointment with nurse	0.8	0.0
Individual appointment with more than one clinician	283.0	0.0
Individual appointment – other	0.0	0.0
Multidisciplinary team assessment	137.0	0.0
Multidisciplinary panel discussion	42.5	0.0
Telephone consultation with patient	5.8	0.0
Telephone consultation with patient's doctor	0.0	0.0
Pain management program – group	1,407.0	0.0
Pain management program – individual	3.5	0.0
Procedural intervention – implant (drug delivery)	0.0	0.0
Procedural intervention – implant (neurostimulation)	0.0	0.0
Procedural intervention – non-implant	0.0	0.0
Procedural intervention – cancer block	0.0	0.0
Procedural intervention – other	20.3	0.0
Education/orientation program	213.0	0.0
Other	14.5	0.0
Total	2,596.6	



3.2 Profile of pain management patients

The information collected about each patient includes sex, indigenous status, country of birth, whether an interpreter is required and if a patient requires help with communication.

Table 17 to Table 21 describe patients at Enterprise One compared to those at all services for patients active in the reporting period.

Table 17 Sex

Sex	Enterpr	ise One	All Services	
	Number	Percentage	Number	Percentage
Male	223	38.3	9127	42.6
Female	359	61.7	12287	57.3
Indeterminate	0	0.0	19	0.1
Total	582	100.0	21433	100.0

Table 18 Indigenous status

Indiagnous status	Enterpr	ise One	All Services		
Indigenous status	Number	Percentage	Number	Percentage	
Aboriginal but not Torres Strait Islander origin	24	5.8	564	3.6	
Torres Strait Islander but not Aboriginal origin	2	0.5	30	0.2	
Both Aboriginal & Torres Strait Islander origin	0	0.0	17	0.1	
Neither Aboriginal nor Torres Strait Islander origin	385	93.7	15252	96.1	
Total	411	100.0	15863	100.0	

Table 19 Country of birth

Country of birth	Enterpr	ise One	All Services		
	Number	Percentage	Number	Percentage	
Australia	375	78.1	11653	58.8	
New Zealand	13	2.7	2755	13.9	
Other	92	19.2	5426	27.4	
Total	480	100.0	19834	100.0	

Table 20 Interpreter required

Interpreter required	Enterpr	ise One	All Services	
	Number	Percentage	Number	Percentage
Yes	3	0.6	1007	5.1
No	490	99.4	18725	94.9
Total	493	100.0	19732	100.0



Table 21 Communication assistance

Assistance required with communication	Enterpr	ise One	All Services	
	Number	Percentage	Number	Percentage
Yes	26	5.5	1767	9.2
No	447	94.5	17445	90.8
Total	473	100.0	19212	100.0

3.3 Profile of pain management episodes

An episode of care is a period of contact between a patient and a pain management service. An episode of pain management begins with the first clinical contact with the patient and ends when:

- the pain management treatment is completed (including those where the patient will return for periodic reviews only)
- the patient is referred to another pain management service
- the patient decides not to complete treatment, or
- the patient dies.

Episodes at Enterprise One are described in comparison to those at all services in the following tables for active episodes in the reporting period.

Table 22 Episode start mode

Episode start mode	Enterpr	ise One	All Services	
	Number	Percentage	Number	Percentage
Single or multidisciplinary assessment	447	89.9	9309	56.2
Treatment start	50	10.1	7266	43.8
Total	497	100.0	16575	100.0

Table 23 Episode end mode

Episode end mode	Enterp	rise One	All Services	
Episode end mode	Number	Percentage	Number	Percentage
Pain management service treatment completed	57	35.4	3594	54.9
Referral to another pain management service	7	4.3	110	1.7
Did not complete treatment	36	22.4	1126	17.2
Died	0	0.0	18	0.3
Primary treatment completed (ongoing review)	42	26.1	1297	19.8
Other	19	11.8	396	6.1
Total	161	100.0	6541	100.0



Table 24 Length of episode - summary

Length of episode	Enterprise One	All Services
Average length of episode (days)	129.2	190.0
Median length of episode (days)	113.0	122.0

Table 25 Length of episode - distribution

Length of episode	Enterp	rise One	All Services	
Length of episode	Number	Percentage	Number	Percentage
<1 month	8	5.0	1083	16.6
1-2 months	45	28.0	653	10.0
3-6 months	58	36.0	2499	38.2
7-9 months	30	18.6	648	9.9
10-12 months	18	11.2	725	11.1
>12 months	2	1.2	933	14.3
Total	161	100.0	6541	100.0

Table 26 Number of pathways per episode

Pathways per episode	Enterprise One		All Services	
	Number	Percentage	Number	Percentage
1	154	95.7	5875	89.8
2	7	4.3	473	7.2
3	0	0.0	132	2.0
4	0	0.0	44	0.7
5	0	0.0	13	0.2
6	0	0.0	3	0.0
7	0	0.0	0	0.0
8 or more	0	0.0	1	0.0
Total	161	100.0	6541	100.0



Table 27 Service intensity - time per episode (for completed episodes)

Coming interesity (common bound)	Enterpr	ise One	All Services	
Service intensity (average hours)	Total	Telehealth	Total	Telehealth
Individual appointment with medical practitioner	0.4	0.0	0.8	0.0
Individual appointment with physiotherapist	0.4	0.0	2.5	0.0
Individual appointment with psychologist	0.6	0.0	1.1	0.0
Individual appointment with occupational therapist	0.1	0.0	0.4	0.0
Individual appointment with nurse	0.0	0.0	0.1	0.0
Individual appointment with more than one clinician	1.4	0.0	0.1	0.0
Individual appointment – other	0.0	0.0	0.1	0.0
Multidisciplinary team assessment	0.7	0.0	0.9	0.0
Multidisciplinary panel discussion	0.2	0.0	0.1	0.0
Telephone consultation with patient	0.0	0.0	0.1	0.0
Telephone consultation with patient's doctor	0.0	0.0	0.0	0.0
Pain management program – group	11.2	0.0	17.3	0.0
Pain management program – individual	0.0	0.0	0.4	0.0
Procedural intervention – implant (drug delivery)	0.0	0.0	0.0	0.0
Procedural intervention – implant (neurostimulation)	0.0	0.0	0.0	0.0
Procedural intervention – non-implant	0.0	0.0	0.1	0.0
Procedural intervention – cancer block	0.0	0.0	0.0	0.0
Procedural intervention – other	0.0	0.0	0.0	0.0
Education/orientation program	0.7	0.0	0.5	0.0
Other	0.1	0.0	0.0	0.0
Total	15.9		24.5	0.1

The following tables show patient information related to the episode of care. This information is included in the section describing episodes as a patient may have subsequent episodes at the same or another pain management service. These subsequent episodes may involve a different pain condition and require a different focus of care.

Table 28 Age at referral by sex

Age at referral	Enterpr	ise One	All Services	
	Male	Female	Male	Female
Average age (years)	52.0	54.9	49.7	51.1
Median age (years)	52.0	56.0	50.0	51.0



Table 29 Age group at referral by sex - distribution

	Enterprise One			All Services				
Age group at referral	М	ale	Fer	male	М	ale	Fer	nale
at referral	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
< 18	0	0.0	4	1.1	46	0.5	116	0.9
18-24	6	2.6	8	2.2	315	3.4	542	4.4
25-34	25	10.8	29	7.9	1188	12.9	1355	10.9
35-44	41	17.7	55	15.0	1887	20.5	2206	17.8
45-54	63	27.3	70	19.1	2331	25.3	3092	24.9
55-64	55	23.8	94	25.6	1963	21.3	2573	20.7
65-74	16	6.9	72	19.6	907	9.9	1465	11.8
75-84	18	7.8	25	6.8	484	5.3	841	6.8
85+	7	3.0	10	2.7	84	0.9	213	1.7
Total	231	100.0	367	100.0	9205	100.0	12403	100.0

Table 30 Main pain area at referral

Main pain area*	Enterpr	ise One	All Services	
main pain area	Number	Percentage	Number	Percentage
Head	27	6.4	922	5.8
Neck	44	10.5	1237	7.8
Chest	14	3.3	300	1.9
Back	131	31.2	6797	43.1
Leg	33	7.9	887	5.6
Arm/shoulder	66	15.7	1996	12.7
Abdomen	61	14.5	1695	10.7
Hands	5	1.2	367	2.3
Feet	6	1.4	465	2.9
Pelvic and/or genital	13	3.1	360	2.3
Buttock	0	0.0	10	0.1
Knee	20	4.8	731	4.6
Whole body	0	0.0	10	0.1
Total	420	100.0	15777	100.0

^{*} Pain areas converted from the body chart pain sites as follows;

Head – head and face

 $\mathsf{Neck}-\mathsf{neck}$ Chest – chest

 $\operatorname{\sf Back}-\operatorname{\sf upper}$ back, mid back and low back

Leg – left and right thighs, calves and ankles

Abdomen – abdomen, left and right hips

Hands – left and right hands Feet – left and right feet

Pelvic/genital – groin

Knee – left and right knees

Arm/shoulder – left and right shoulders, upper arms, elbows, forearms and wrists



Table 31 Number of pain areas at referral

Number of pain sites	Enterp	rise One	All Services	
	Number	Percentage	Number	Percentage
1	72	14.4	3227	16.3
2-3	194	38.8	6689	33.8
4-6	177	35.4	7112	36.0
7-9	52	10.4	2372	12.0
10+	5	1.0	366	1.9
Total	500	100.0	19766	100.0

Table 32 How main pain began (precipitating event)

How main nain hagan	Enterpr	ise One	All Services	
How main pain began	Number	Percentage	Number	Percentage
Injury at home	28	5.7	1685	8.7
Injury at work/school	86	17.6	4912	25.2
Injury in another setting	32	6.5	1532	7.9
After surgery	58	11.9	1942	10.0
Motor vehicle crash	57	11.7	1960	10.1
Related to cancer	11	2.2	269	1.4
Related to another illness	45	9.2	1845	9.5
No obvious cause	96	19.6	3032	15.6
Other	76	15.5	2298	11.8
Total	489	100.0	19475	100.0

Table 33 Comorbidities

Computation	Enterprise One		All Services	
Comorbidities	Number	Percentage*	Number	Percentage*
Depression/Anxiety	208	34.8	8529	39.4
Osteoarthritis, degenerative arthritis	158	26.4	5196	24.0
High blood pressure	121	20.2	4670	21.6
Diabetes	51	8.5	2279	10.5
Heart disease	35	5.9	1476	6.8
Ulcer or stomach disease	26	4.3	1275	5.9
Rheumatoid arthritis	27	4.5	1257	5.8
Lung disease	32	5.4	938	4.3
Stroke or neurological condition	32	5.4	918	4.2
Cancer	27	4.5	739	3.4
Anaemia or other blood disease	22	3.7	875	4.0
Kidney disease	12	2.0	541	2.5
Other medical problems	172	28.8	5730	26.5

^{*} Note that the percentages in this table will not sum to 100% as patients may have more than one medical problem.



Table 34 Pain duration

Pain duration	Enterp	rise One	All Services	
	Number	Percentage	Number	Percentage
Less than 3 months	23	5.3	516	2.7
3 to 12 months	72	16.6	3070	15.9
12 months to 2 years	62	14.3	3230	16.8
2 to 5 years	78	18.0	4513	23.4
More than 5 years	199	45.9	7941	41.2
Total	434	100.0	19270	100.0

Table 35 Cancer pain

Cancer pain (is this episode of care for the	Enterp	ise One	All Services	
management of cancer pain?)	Number	Percentage	Number	Percentage
Yes	1	0.2	174	0.9
No	524	99.8	20225	99.1
Total	525	100.0	20399	100.0

Table 36 Referral source

Referral source	Enterp	ise One	All Services	
Referral source	Number	Percentage	Number	Percentage
General practitioner/nurse practitioner	495	82.8	12227	56.5
Specialist practitioner	97	16.2	4304	19.9
Other pain management service	2	0.3	582	2.7
Public hospital	1	0.2	1863	8.6
Private hospital	0	0.0	36	0.2
Rehabilitation provider/private insurer	2	0.3	580	2.7
Other	1	0.2	2035	9.4
Total	598	100.0	21627	100.0

Table 37 Compensation case

Compensation case	Enterpr	rise One	All Services	
	Number	Percentage	Number	Percentage
Yes	52	10.6	3170	19.4
No	440	89.4	13168	80.6
Total	492	100.0	16338	100.0



3.4 Profile of pain management pathways

The pain management pathway describes the broad type of intervention provided to the patient. There are four pain management pathway types:

- group pain management program(s)
- individual appointment(s)
- concurrent (both group and individual appointments)
- one-off intervention.

Each episode would generally include one or more pathway, and the pathways can occur in any sequence. Information on active pathways within an episode is presented in the following tables.

Table 38 Number of pathways by pathway type

Dethurs tune	Enterpr	ise One	All Services	
Pathway type	Number	Percentage	Number	Percentage
Group	60	21.0	2541	23.2
Individual	217	75.9	7222	66.1
Concurrent	6	2.1	1031	9.4
One-off	3	1.0	139	1.3
All pathways	286	100.0	10933	100.0

Table 39 Average pathway length (in days) by pathway type

Pathway type	Enterprise One	All Services
Group	44.5	46.7
Individual	69.1	176.8
Concurrent	261.0	116.1
One-off	9.5	145.9



Table 40 Service intensity - time per pathway (for completed pathways)

Somilar intersity (average bound)	Enterprise One		All Services	
Service intensity (average hours)	Total	Telehealth	Total	Telehealth
Individual appointment with medical practitioner	0.3	0.0	0.7	0.0
Individual appointment with physiotherapist	0.2	0.0	2.5	0.0
Individual appointment with psychologist	0.4	0.0	1.0	0.0
Individual appointment with occupational therapist	0.1	0.0	0.4	0.0
Individual appointment with nurse	0.0	0.0	0.1	0.0
Individual appointment with more than one clinician	1.6	0.0	0.1	0.0
Individual appointment – other	0.0	0.0	0.1	0.0
Multidisciplinary team assessment	0.1	0.0	0.3	0.0
Multidisciplinary panel discussion	0.1	0.0	0.0	0.0
Telephone consultation with patient	0.0	0.0	0.0	0.0
Telephone consultation with patient's doctor	0.0	0.0	0.0	0.0
Pain management program – group	9.9	0.0	16.5	0.0
Pain management program – individual	0.0	0.0	0.4	0.0
Procedural intervention – implant (drug delivery)	0.0	0.0	0.0	0.0
Procedural intervention – implant (neurostimulation)	0.0	0.0	0.0	0.0
Procedural intervention – non-implant	0.0	0.0	0.1	0.0
Procedural intervention – cancer block	0.0	0.0	0.0	0.0
Procedural intervention – other	0.0	0.0	0.0	0.0
Education/orientation program	0.0	0.0	0.0	0.0
Other	0.1	0.0	0.0	0.0
Total	12.7		22.2	0.1



References

- ¹ Modified Brief Pain Inventory, reproduced with acknowledgement of the Pain Research Group, University of Texas, MD Anderson Cancer Centre, USA
- ^{II} Lovibond, S. H. and P. F. Lovibond (1995). <u>Manual for the Depression Anxiety Stress Scales</u>. Sydney Australia, Psychology Foundation Monograph.
- iii Nicholas, M. K. (1989). Self-efficacy and chronic pain. British Psychological Society. St. Andrews, Scotland.
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- ^v Dworkin, R. H., et al. (2008). "Interpreting the Clinical Importance of Treatment Outcomes in Chronic Pain Clinical Trials: IMMPACT Recommendations." <u>The Journal of Pain</u> **9**(2): 105-121.
- vi Johnson, J. (2014, June 2). ACI Outcomes and Database Working Group. Meeting Minutes.
- vii Sullivan, M J L, (personal communication with Nicholas, M K, July 2014)
- viiiNicholas, M K (personal communication, July 2014)



Supplementary data 1 – Item completion

Many items collected in epiCentre are mandatory. This section contains item completion information on those variables that are not mandatory.

Information on item completion for patients active within the reporting period is presented in the following table.

Table 41 Item completion (percent complete) - patient level

Data item*	Enterprise One	All Services
Indigenous status	78.2	78.3
Country of birth	91.6	97.8
Interpreter required	94.1	97.7
Communication assistance	90.3	95.1

^{*} Percent of data items complete in referral questionnaires received in the reporting period

The following table contains episode level item completion rates for episodes active in the reporting period.

Table 42 Item completion (percent complete) - episode level

Data item*	Enterprise One	All Services
Main pain site	83.2	76.8
Cause of pain	93.1	96.0
Pain duration	82.7	95.0
Work status	90.4	96.0
Pain affects number of hours able to work/study	85.6	90.2
Pain affects type of work	85.4	90.2
Health service use		
General practitioner	93.8	93.2
Specialist	91.3	88.6
Allied Health	92.0	88.3
ED	89.5	85.3
Hospital admission	88.7	84.3
Diagnostic tests	90.7	87.4
Pain frequency	84.8	95.2

^{*} Percent of data items complete in questionnaires received in the reporting period



The following two tables present assessment tool and questionnaire response rates for questionnaires returned in the reporting period.

Table 43 Item completion – assessment tools

	Validity –	Enterpr	ise One	All Services	
Outcome measure Number of completed items required	Average number of completed items	Percentage of validly completed questionnaires	Average number of completed items	Percentage of validly completed questionnaires	
BPI					
Worst pain	1/1		97.1		98.5
Least pain	1/1		96.8		97.8
Average pain	1/1		96.6		97.8
Pain now	1/1		97.4		97.9
Severity	4/4	3.9	95.4	3.9	96.4
Interference	4/7	6.8	98.0	6.9	98.5
DASS					
Depression	6/7	6.7	95.6	6.8	96.8
Anxiety	6/7	6.7	95.7	6.8	96.5
Stress	6/7	6.7	95.4	6.8	96.5
PCS					
Rumination	4/4	3.8	91.8	3.9	95.0
Magnification	3/3	2.8	93.4	2.9	95.2
Helplessness	6/6	5.7	91.8	5.8	93.9
Total	12/13	12.3	93.7	12.6	95.8
PSEQ					
Total	9/10	9.6	95.1	9.7	97.1

Table 44 Questionnaire response (percent returned)

Questionnaire response*	Enterprise One	All Services
Referral questionnaire	70.5	87.8
Pathway start questionnaire	97.6	74.4
Group program start (concurrent pathway)		81.8
Pathway review		57.9
Group program end (concurrent pathway)	42.9	79.7
Pathway end questionnaire	89.4	74.3
Post-episode follow-up questionnaire	87.5	42.1
Ad-hoc questionnaire	33.3	71.9

 $^{{}^{*}}$ Number of questionnaires returned in the reporting period as a percentage of the number sent



Supplementary data 2 – Change in patient reported outcome measures from referral to pathway start

The following table shows changes in outcome scores for patients who have completed both a referral and pathway start questionnaire. This information is included to allow pain management services to assess patient change in the time from referral to when active treatment begins. For example, long wait times may mean a patient's condition deteriorates between referral and treatment start. Alternatively, this information may be used to assess whether interventions delivered prior to treatment pathways (e.g. short education programs and assessment appointments) are having an impact on patient outcomes.

Table 45 Change in outcome measure scores between referral and pathway start

	Enterprise One		All Services	
Outcome measure	n=2	29	n=1690	
	Referral	Change	Referral	Change
BPI				
Severity§	5.6	-0.3	6.2	0.3
Interference	5.9	-0.0	6.9	0.5
DASS				
Depression	13.8	2.5	19.4	1.6
Anxiety	9.7	-0.3	13.4	0.2
Stress	15.3	0.2	20.3	0.9
PCS				
Total	21.2	1.4	28.7	3.3
PSEQ*				
Total	29.5	2.4	21.8	1.9

 $[\]S$ The severity score is an average of the four severity items

^{*} Note: For the PSEQ assessment tool, an increase in score is an improvement in how patients are able to perform activities despite the pain.



Appendix A – Data scoping

The scope for the information in the ePPOC reports can be split into two types. The first looks at patient-level change over a pathway or episode. The second uses the activity during the reporting period.

Change in patient outcomes over a pathway or episode

Outcomes for episodes or pathways are only included where a patient completes both a start and end questionnaire, and the end questionnaire is completed within the reporting period. The start questionnaire does not necessarily need to be completed in the same reporting period. Section 2.1 (Patient outcomes—Standard assessment tools) uses this method.

Activity during the reporting period

All other information is based on activity in the reporting period. The completion of a questionnaire or the occurrence of a service event determines whether a patient, episode or pathway is 'active'. Sections 3.2, 3.3 and 3.4 report on completed questionnaires in the reporting period. This means that the data in each column is not necessarily for the same patients.

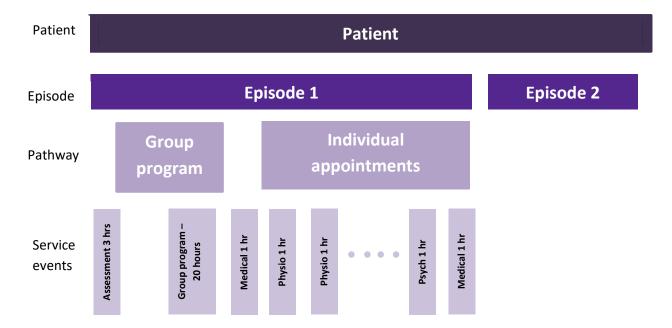


Appendix B – Relationship between levels of ePPOC data

Five different levels of information are collected in epiCentre. These are:

- 1. Patient (e.g. date of birth, country of birth)
- 2. Episode relating to the period of care at the pain service (e.g. referral date, comorbidities). A patient may have one or more episode of care at one pain service or at different pain services.
- 3. Pathway the type(s) of intervention provided to the patient. These can be group pain programs, individual appointments, one off interventions, or a combination of group pain and individual appointments occurring concurrently. A patient may follow one or more pathways during an episode of care at a pain service.
- 4. Service event the services provided to the patient during an episode of care.
- 5. Questionnaire including the patient reported outcome measures e.g. DASS21, BPI.

Below is an example of how these levels of information are structured:



Patient reported outcomes are collected at:

- Referral to record a baseline measure
- Pathway starts and ends to measure the effectiveness of interventions
- Reviews (if a pathway lasts longer than 3 months) to monitor change and improvement within an episode
- After the episode ends (i.e. 3-6 months post episode) to assess outcomes as a result of treatment at a service and whether improvements have been maintained.

Patient Outcomes in Pain Management, 2017 Mid Year Report



Appendix C – Assessment tools

The assessment tools used in ePPOC are:

- Brief Pain Inventory (BPI)
- Depression, Anxiety, Stress Scale (DASS)
- Pain Catastrophising Scale (PCS)
- Pain Self-Efficacy Questionnaire (PSEQ).

Each of these assessment tools are briefly described below.

Brief Pain Inventory

The BPI items used in the ePPOC dataset measure the severity of pain and the degree to which the pain interferes with common activities of daily living. Pain severity questions are rated on a scale of 0 to 10, where 0 = 'No pain' and 10 = 'Pain as bad as you can imagine', with patients asked to rate their average, worst and least pain over the last week, and their pain right now.

Severity bands for these items are:

- 0-4 = mild pain
- 5-6 = moderate pain
- 7-10 = severe pain

The IMMPACT group's recommendations for assessing clinical significance for 0-10 numeric pain scales are that a change of:

- ≥ 10% represents minimally important change
- ≥ 30% represents moderate clinically important change
- ≥ 50% represents substantial clinically important change

The interference questions are rated on a scale of 0 to 10, where 0 = 'Does not interfere' and 10 = 'Completely interferes'. The interference subscale is an average of the seven interference questions. At least 4 of 7 questions must be completed for this subscale to be valid. The IMMPACT recommendation for assessment of clinically significant change on the BPI interference scale is a change of 1 point over the average of the 7 items'.

Depression Anxiety Stress Scales

The DASS measures the negative emotional states of depression, anxiety and stress. Due to the large number of questions in the full DASS (42 questions), the DASS21 is administered. This comprises 21 questions which are rated on a scale of 0 to 3, where 0 = 'did not apply to me at all', 1 = 'applied to me to some degree, or some of the time', 2 = 'applied to me to a considerable degree, or a good part of the time', or 3 = 'applied to me very much, or most of the time'. Scores are multiplied by 2 = '0 enable comparison with the full-scale DASS42 for which norms exist.

For each subscale (Depression, Anxiety and Stress), the 7 items are summed and then multiplied by 2. The test developers suggest that at least 6 of 7 items should be complete for each subscale to be considered valid. The following table shows the range of scores associated with severity categories for each subscale.



Table 46 DASS severity ratings

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

Clinical significance on each of the DASS subscales requires a change of 5 or more points coupled with a move to a different severity category.

Pain Catastrophising Scale

The PCS measures a patient's thoughts and feelings related to their pain. This includes three subscales measuring the dimensions of Rumination, Magnification and Helplessness. The PCS comprises 13 questions (Rumination -4 items, Magnification -3 items, Helplessness -6 items) which are rated on a scale of 0 to 4, where 0 = 'not at all', 1 = 'to a slight degree', 2 = 'to a moderate degree', 3 = 'to a great degree' and 4 = 'all the time'. For each subscale, all items must be completed to be valid. For the total to be valid, at least 12 of 13 items must be completed.

Severity bands for the PCS are:

- <20 = mild
- 20 to 30 = high
- >30 = severe

Clinically significant change requires a change in score of 6 or more points, combined with movement to a different severity category^{vii}.

Pain Self-Efficacy Questionnaire

The PSEQ measures how confident a patient is that he or she can do a range of activities despite their pain. The PSEQ Total is a sum of scores from 10 questions which are rated on a scale from 0 = 'Not confident at all' to 6 = 'Completely confident'. At least 9 of 10 items must be complete for the PSEQ Total to be valid. Increases in score represent an improvement in self-efficacy.

Severity bands for the PSEQ are:

- <20 = severe
- 20 to 30 = moderate
- 31 to 40 = mild
- >40 = minimal impairment

Clinically significant change requires a change in score of 7 or more points, combined with movement to a different severity category viii.



Appendix D – Data submitting services

New South Wales:

- Central Coast Integrated Pain Service
- Concord Repatriation Hospital Pain Clinic
- Greenwich Hospital Pain Management Service
- Hunter Integrated Pain Service
- Illawarra-Shoalhaven Chronic Pain Service
- Lismore Hospital Multidisciplinary Pain Management Clinic
- Liverpool Hospital Chronic Pain Service
- Nepean Hospital Pain Management Unit
- Orange Base Hospital Chronic Pain Clinic
- Port Macquarie Chronic Pain Service
- Prince of Wales Pain Management Department
- Royal North Shore Hospital Pain Service
- Royal Prince Alfred Pain Management Service
- St George Pain Management Unit
- St Vincents Hospital Pain Clinic, Darlinghurst
- Tamworth Integrated Pain Service
- Westmead Hospital Pain Service

New Zealand

- Active Plus
- Advantage South
- APM Workcare (incorporating Sports and Spinal Physiotherapy)
- Body in Motion
- Canterbury DHB (Burwood Hospital)
- Christchurch Pain Management Services
- EnableWorks Limited
- Fit For Work
- Futureproof Rehab
- Habit Group
- Integrative Pain Care
- Nelson Nursing Service
- Occupational Health Canterbury
- Pain Management and Rehabilitation Services Limited
- Proactive Health
- QE Health
- Southern Rehab
- TBI Health



Queensland:

- Interventus Pain Specialists
- North Queensland Persistent Pain Management Service (Townsville Hospital)
- St Vincent's Private Hospital Brisbane
- Sunshine Coast Persistent Pain Management Services (Nambour Hospital)
- The Wesley Hospital Brisbane

Victoria:

- Advance Healthcare
- Austin Pain Service (Austin Health)
- Barbara Walker Centre for Pain Management, St Vincent's Hospital Melbourne
- Caulfield Pain Management and Research Centre (Alfred Health)
- Dorset Rehabilitation Centre
- Eastern Health Pain Management Service
- Empower Rehab
- Epworth Hospital
- Goulburn Valley Chronic Pain Service
- Latrobe Regional Hospital
- Melbourne Health Pain Management Services (The Royal Melbourne Hospital)
- Monash Health Pain Management
- Northern Health Pain Assessment and Management Service
- Peninsula Health Chronic Pain Management Service
- Precision Ascend Rehabilitation Centre
- The Victorian Rehabilitation Centre
- Western Health Pain Management

Western Australia:

- Fiona Stanley Hospital
- PainCare
- Sir Charles Gairdner Hospital



Acknowledgements

Contributions

ePPOC wishes to acknowledge the valuable contribution made by:

- The many staff from pain management services who have spent considerable time collecting, collating and correcting the data and without whose effort this report would not be possible
- Members of the ePPOC Scientific and Clinical Advisory Committee and ePPOC Management Advisory Group
- The Agency for Clinical Innovation for funding the establishment of this initiative

Disclaimer

ePPOC has made every effort to ensure that the data used in this report are accurate. Data submitted to ePPOC are checked for anomalies and services are asked to re-submit data prior to the production of the ePPOC report if necessary. We would advise readers to use their professional judgement in considering all information contained in this report.