

National Pain Strategy

Population Research

Ann Scher

Michael Von Korff

IPRCC Meeting

February 4, 2014



Working Group Roster

- Ann Scher (co-chair)
- Michael Von Korff (co-chair)
- Olivia Carter-Pokras
- Raymond Tait
- Linda LeResche
- Robin Hamill-Ruth
- Walter (Buzz) Stewart
- Joseph Goulet
- Leonard Paulozzi
- Christin Veasley*
- Greg Terman*
- Scott Griffith
- David Dodick*
- John Kusiak

*Also member of oversight panel

Priorities (short-term)

Priority 1 Define and prioritize standardized questions and indicators for chronic pain to include

- Standardized questions for use in non-clinical settings (e.g. **population surveys**) that can be used to assess the prevalence and functional impact of chronic pain conditions in the general population and, ultimately, to evaluate the effectiveness of public health interventions.
- Standardized questions for use in primary care **clinical settings** that can be used to screen for pain, assess pain status and functional impact, and guide patient care.
- **Electronic Health Record (EHR)** indicators that can be used to identify sufferers of chronic pain and relevant comorbidities as well as to assess quality of care, comparative effectiveness, and safety of management of pain conditions.

Priorities (mid-term)

Priority 2 Identify stakeholders and existing sources of pain-related data in diverse care settings

- Use available **population** data from ongoing relevant studies (e.g. NHANES) to characterize the prevalence and functional impact of chronic pain in the general population
- Use available **clinical** data from health care systems with standardized questions (e.g. VA, MHS) to characterize the burden of chronic pain, treatments employed, costs, outcomes, safety
- Work with existing or planned studies and initiatives (e.g. NHANES, Healthy People 2020) to influence the incorporation of recommended standardized questions or domains as appropriate
- Establish a consortium of health care systems using the standardized questions and indicators to accelerate the pace of comparative effectiveness and comparative safety research on pain management

Priorities (long-term)

Priority 3

- Define quality of care indicators for chronic pain employing the standardized questions and indicators
- Employ standardized questions and indicators to evaluate the impact of chronic pain interventions on population health (macro-level) and to guide provision of individualized, safe, and effective patient care for chronic pain conditions (micro-level)

Framework

There should be synergy in how chronic pain data are collected in morbidity surveys and electronic health records.

Framework

Deliverable 1: Define and prioritize standardized questions and indicators for chronic pain for use in morbidity surveys, primary care, and in EHR

- WG will further refine critical pain domains and desirable attributes of standardized questions in these settings
- WG will make an initial recommendation after consideration of available validated pain measures (particularly PROMIS)
- WG will research and recommend an approach to develop and disseminate a set of common data elements and methodology. The first step will be to identify a set of stakeholders to research current resources and refine questions and attributes

Framework

Deliverable 2: Identify stakeholders and existing sources of pain-related data in diverse care settings

- WG will recommend a set of stakeholders with existing pain-related data (this may be the same set of stakeholders)
- WG and stakeholders will identify potential sources of funding or support to allow reporting existing pain-related population and primary care data
- WG and stakeholders will develop a strategy to influence the incorporation of standardized questions and indicators into existing or planned morbidity surveys and initiatives and primary care settings. PHQ-9 depression scale may be a prototype.

Framework

Deliverable 3: Evaluation strategy, quality of care indicators

- TBD

Proposed Deliverables and Time Frame

Proposed Deliverables

- Deliverable 1 – Standardized questions
- Deliverable 2 – Partners, funding, existing data
- Deliverable 3 – Evaluation strategy, quality of care indicators

Time Frame

- Deliverable 1 (2014)
- Deliverable 2 (2015)
- Deliverable 3 (2016 ongoing)

Next Steps

Step 1

- Working group will continue to define and refine critical domains, desirable attributes, recommended questions, and to identify stakeholders

Step 2

- Working group will continue to define an implementation plan – perhaps via a “common data elements” strategy

Step 3

- As part of this process, working group will formulate a strategy for dissemination of questions to the scientific community and other stakeholders