

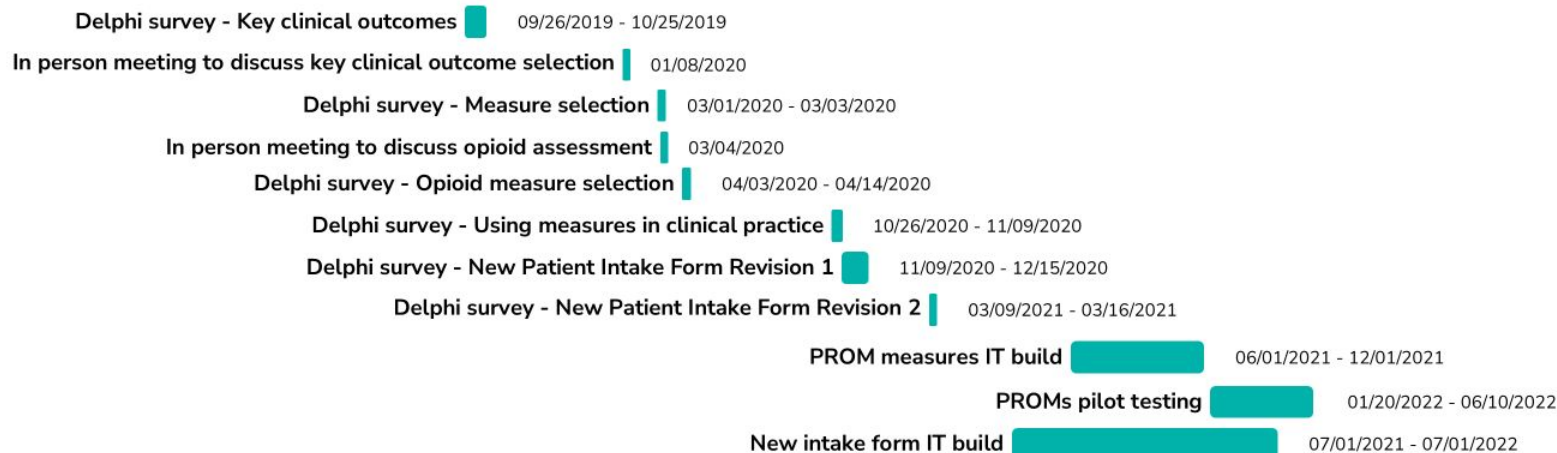
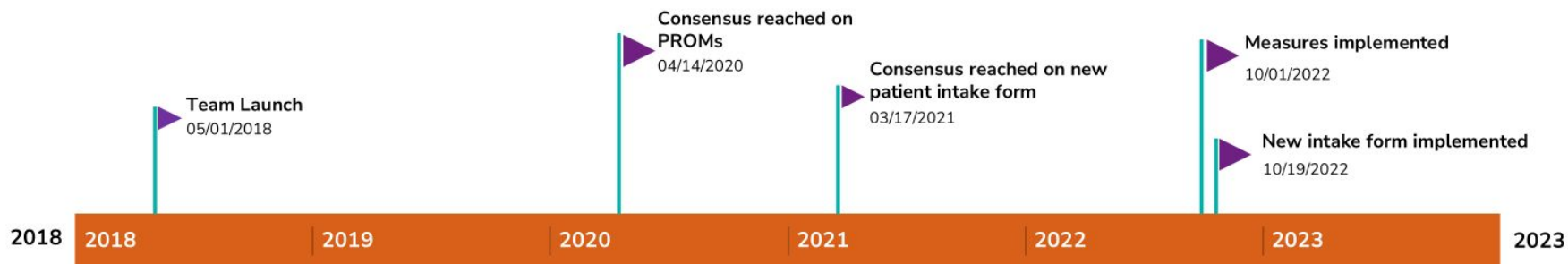
Engaging Clinicians in the Selection of Patient Centered Measures: Strategies for Building Consensus

Claire Z. Kalpakjian, PhD, MS, FACRM
Department of Physical Medicine and Rehabilitation
University of Michigan, Ann Arbor, MI





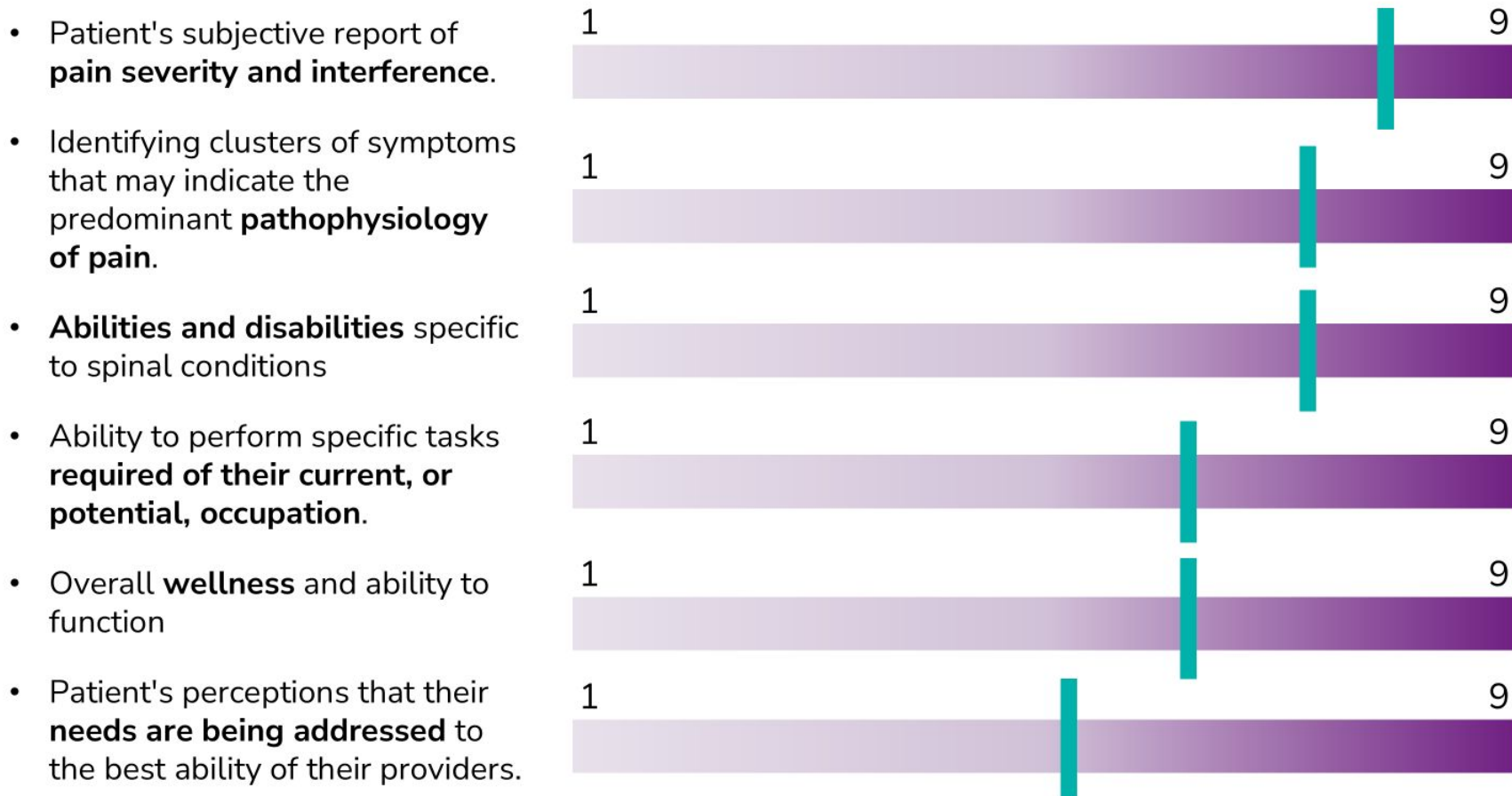
The PM&R Spine LHS team treats and manages patients presenting with back and musculoskeletal pain resulting from conditions such as herniated discs, radiculopathy, and stenosis. 20 physiatrists use a number of non-surgical options, including injections, radiofrequency ablations, and nerve blocks.



Delphi surveys are a **structured communication technique** used to gather expert opinions and achieve a consensus.



Selecting Key Topics



Selecting Measures

- Pain – severity/intensity, interference, type or mechanism
- Etiology of the condition
- Household, work, leisure and avocational demands
- Overall wellness, quality of life, emotional health
- Psychological/cognitive orientation
- Satisfaction with outcomes
- Global rating of change (after procedures)
- Socio-economic factors
- Opioid or substance use risk assessment



20 physicians that practiced in either or both the Spine and MSK clinical programs convened on January 8, 2020

1. Pain mechanisms
2. Global rating of change (after procedures)
3. Pain intensity
4. Pain interference
5. Ability to carry out household demands
6. Ability to carry out work demands
7. Ability to participate in leisure and avocational pursuits
8. Emotional health



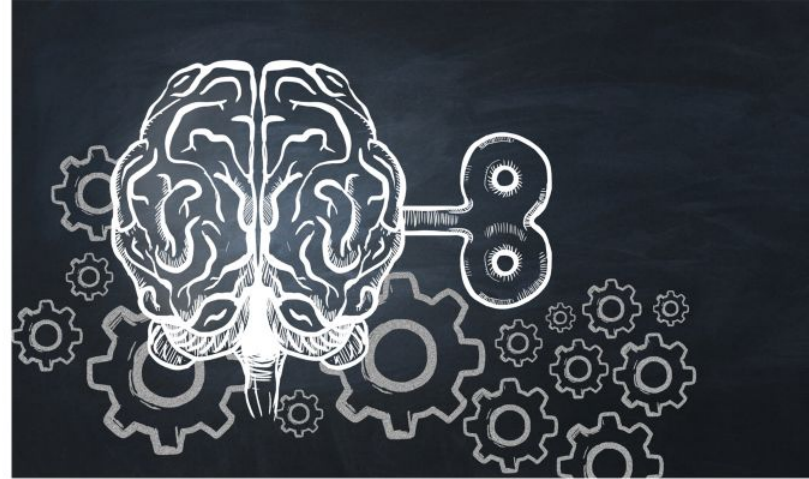
For each topic, 1 or more measures were presented for an up/down vote. Additional suggestions were also solicited.

> 75%

Should **pain mechanism** be included? Pain mechanism refers to measures that may give a clinician an indication of potential underlying pathophysiology of their patient's pain (neuropathic, centralized, etc.)



100%



There are two possible options for assessing **centralized pain** as a pain mechanism. Which do you prefer? (select one only)

Michigan Body Map = 5
Fibromyalgia Score = 6
Neither = 3

Should **Pain Detect** be used a measure of pain mechanism?



33% (no-go)

Should the patient's perception of **change over time** be included? The subjective evaluation of change in their condition after implementing their treatment plan (ex. post-injection).



87%



Should the ***Patient Global Impression of Change Scale*** be used?

85%



During our meeting on January 8, we generated a list of constructs that can be captured with a single measure. To streamline decision making, first you will vote on this SET of constructs.

These are

- Pain intensity
- Pain interference or self-reported consequences of pain on relevant aspects of one's life
- The ability to carry out household demands
- The ability to carry out work demands
- The ability to participate in leisure and avocational pursuits
- Emotional health



93%



The **PROMIS-29** captures all of these constructs. Should this measure be used?



86%

Should **opioid abuse risk assessment** be included? The assessment of the risk of abuse of opioids.



67%

Should the **Screeners and Opioid Assessment for Patients with Pain (SOAPP)** be used? NOTE: The SOAPP is intended for all patients, irrespective of controlled substance use.



47%



Should the **Current Opioid Misuse Measure (COMM)** be used? NOTE: The COMM is to be used only with those on controlled substances at the time of assessment.



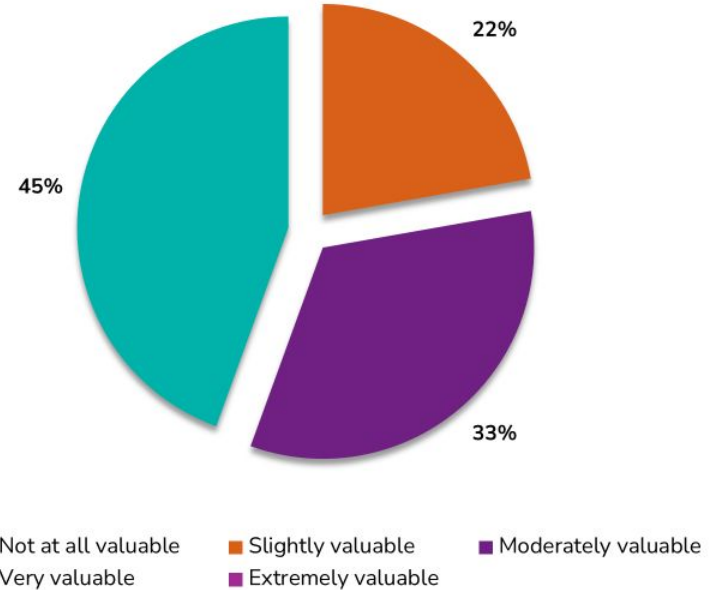
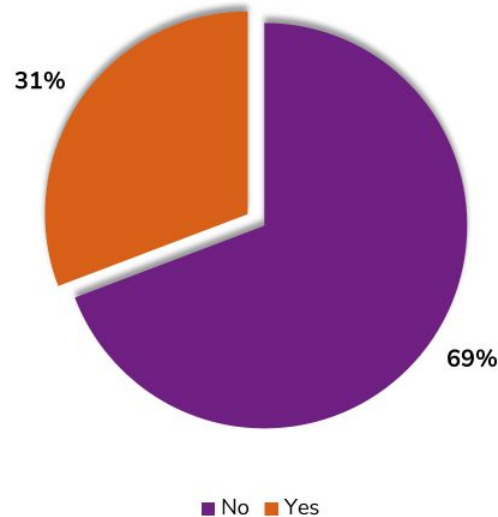
40%

- **PROMIS-29+2** (pain intensity, pain interference, fatigue, sleep problems, anxiety, depression, social engagement, physical function, and cognitive function)
- **Patient Global Impression of Change Scale** (after a procedure)
- **Fibromyalgia Score** (part of the Widespread Pain Index)



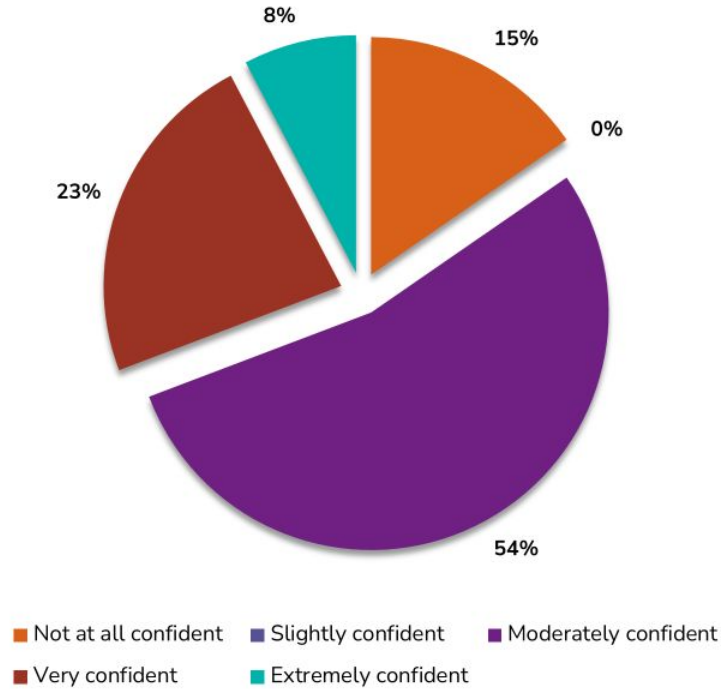
Using PROMs in Clinical Practice

Do you currently use PROMs or other patient report questionnaires in your practice?

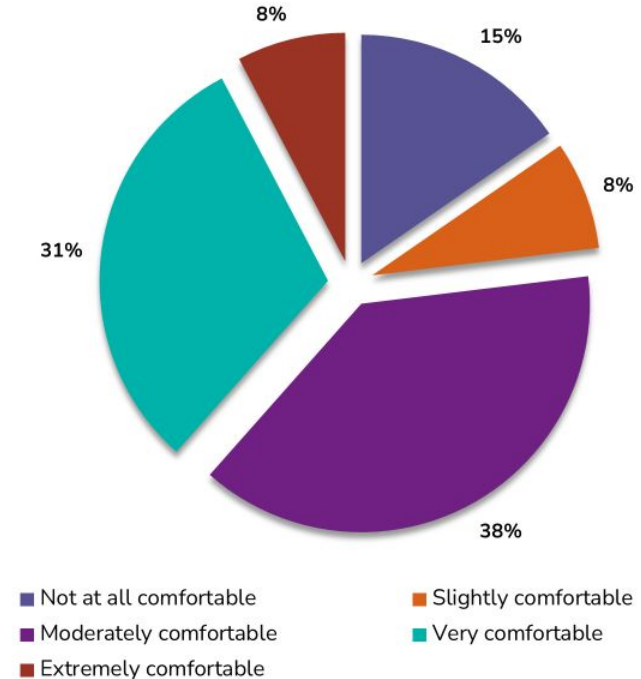


How valuable are PROMs in supporting your clinical decision-making? For example, giving you additional context for understanding the issue from the patient's perspective.

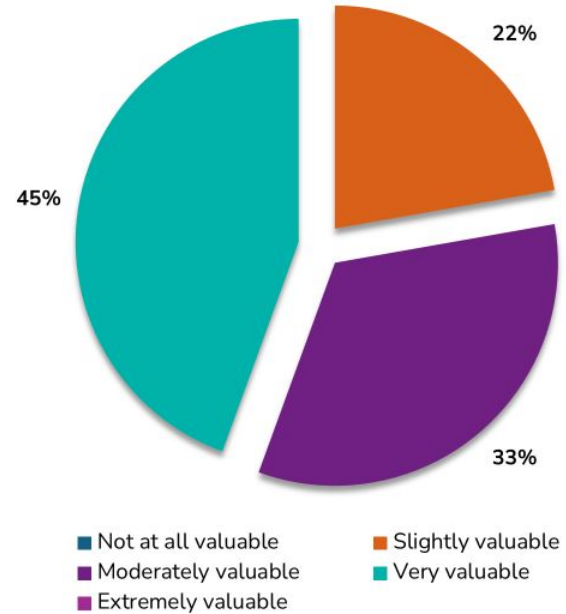
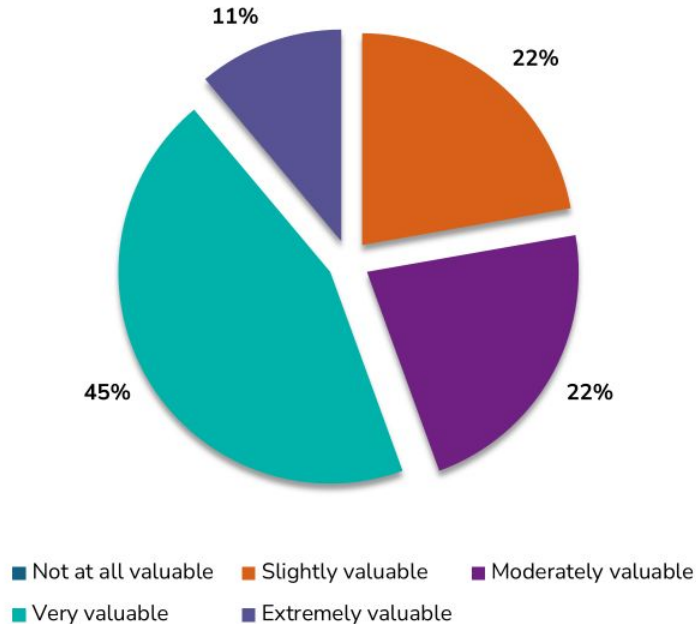
In general, how **comfortable** are you in interpreting PROM scores in ways that are useful to ***talk to your patients*** about their scores?



In general, how **confident** are you that you can interpret PROM scores in ways that are useful to you?

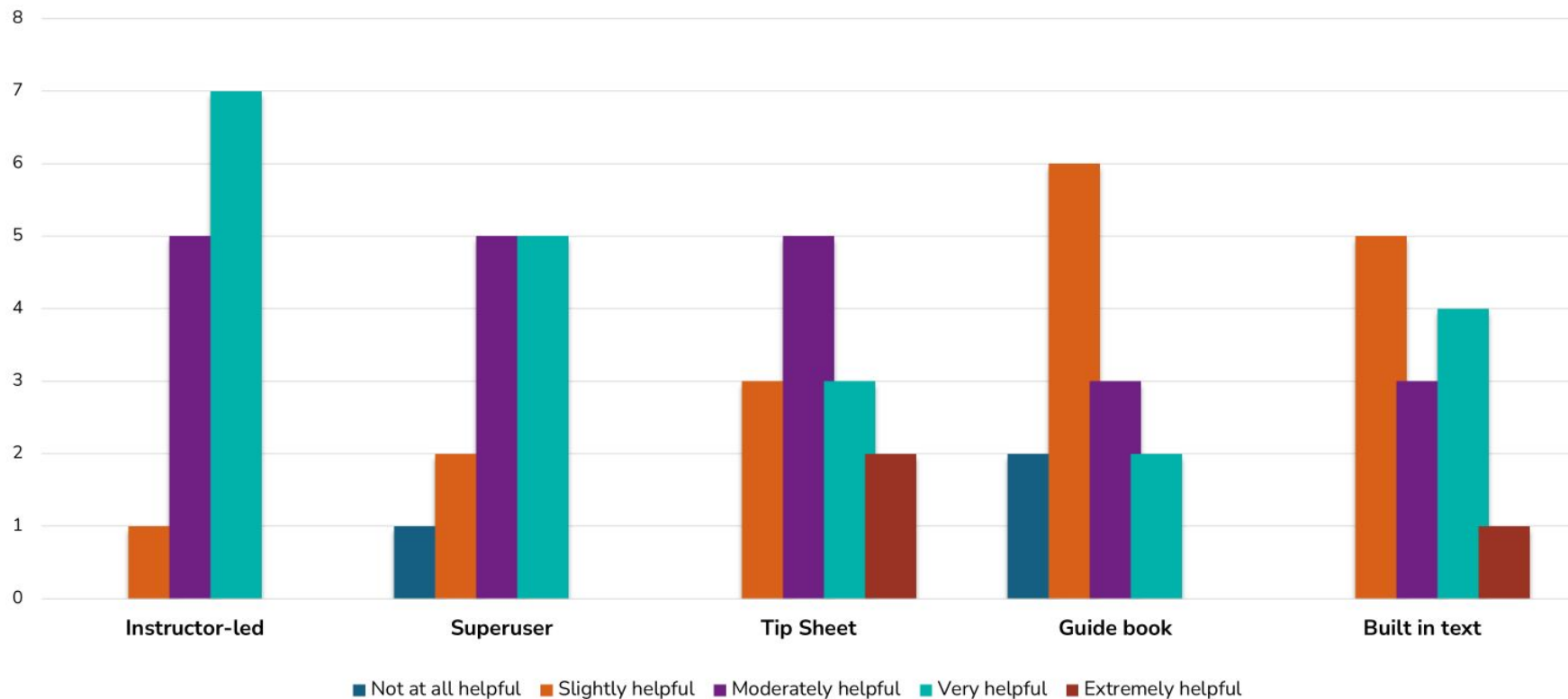


Thinking about PROMs you currently use in your practice, how valuable are they for ... **monitoring your practice patterns?** For example, looking at trends in the patient population or outcome measures.



... **Communicating with patients.** For example, using what you learn from PROM answers to address a question or concern you have.

Rate how much you think **each tool would be helpful** for interpreting the PROMs the team has selected.





Feel free to contact me at
clairez@med.umich.edu



THANK YOU