**AHRQ/NIDDK PCOR eCare Plan Project:**

**Pain/ OUD Disease Technical Expert Panel Call**

**Meeting Minutes**

**April 16, 2020**

**Attendees:**

Shelly Spiro

Sean Mackey

Julia Skapik

Sara Bausch

Laura Heermann

Arlene Bierman

Jenna Norton

Saadia Miran

1. **Action Items**
   1. Review VSAC ‘Painful Conditions’ Value Set for appropriateness & completeness – Any important pain conditions missing? Any conditions inappropriately included?
      1. <https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1032.37/expansion/Latest>
   2. Continue to review DESS and comment on missing/unnecessary/unclear data elements: <https://drive.google.com/file/d/1BFPyw_hSMc1tw6fF0-AukUgras-9pFU4/view?usp=sharing>
   3. NIDDK team to follow up with a psychometrician to answer the following question, which came up during the meeting
      1. Is there a way to map a modified PROMIS 10-point scale to the classic 5-point scale (original PROMIS measure)
2. **Confluence Site.** We have launched a new Confluence site to serve as a central access point for the NIDDK/AHRQ eCare Plan for People with MCC project. The Confluence site will be accessible from: <https://ecareplan.ahrq.gov/>
   1. The confluence site will replace the Box site, where information has been stored in the past
   2. **TEP Section**. The Confluence site includes a subsection for the TEPs, where all relevant TEP documents, including data element sets, clinical information models (CIMs), & personas are posted. In addition, each TEP has a subpage with meeting times, recordings and summaries available for reference. The TEP section will be accessible only to TEP members & NIDDK/AHRQ staff and contractors. Please let us know if you would like us to provide access to a colleague.
   3. **Public Content.** The Confluence site also includes general project background, deliverables, timelines, contacts and contributors, as well as materials from the project kickoff meeting. These pages will be open to the general public for anyone interested in the project. Please feel free to share.
   4. **All members received an email on 4/27/20 with their log-in information**- If there are any difficulties logging in or if you cannot find the email, please reach out to Jenna and Saadia
   5. The NIDDK team welcomes feedback on what additional content TEP members would like included on the confluence page. Please send any suggestions to Jenna and Saadia.
3. Continued Review of Pain Elements on Data Elements Set
   1. The group continued discussion on pain elements- diagnosis of chronic pain as an element as well as elements pulled from the CHOIR data set
      1. Pain Intensity
         1. The group addressed the question regarding using a 0-10 scale- as used in CHOIR, versus using other validated measures like PROMIS, PEG or BPI.
         2. CHOIR uses a modified version of the PROMIS scale based on advice from Karen Cook (psychometrician). CHOIR expanded from the T score calculated from 5 point scales on pain now, pain worst, and pain average and instead uses a 0-10 scale to allow for precision to measure change
         3. PEG & BPI- The NIH HEAL initiative uses PEG and BPI in their common data elements (likely due to their brevity). PROMIS covers BPI well. BPI is targeted at interference rather than severity; PEG may be useful as a screening instrument in primary care due to its brevity
            1. The group discussed using PEG as a screening measure; and including the PROMIS measure for management of people with identified chronic pain conditions
         4. One challenge with using a modified version of PROMIS in the e-Care Plan is that it would be inconsistent with others using the original PROMIS measure. The group discussed if there would be a way to map a 10-point scale to the classic 5-point scale in order to maintain standardization. Jenna to follow up with a psychometrician for input on this question.
      2. COPCS- Chronic Overlapping Pain Conditions Screener
         1. Originated from NIH and has been adapted to CHOIR
         2. This screener has not yet been validated
         3. The group discussed leaving this value as a lower priority item given its current status.
         4. Jenna to check with Dave Williams and Bill Maxner regarding any restrictions of use given that it is not yet validated.
      3. Pain from a Motor Vehicle Accident
         1. Relevant to legal process and worker’s compensation
         2. The group discussed whether this would be a low priority element for this version of the care plan and to have one element perhaps relevant to legal issues with pain
         3. The purpose of this element could be better captured in one or more elements on litigation/legal issues/workers comp relating to pain, as research shows ongoing legal issues relating to pain can affect the individual’s experience of pain
      4. Arthritis
         1. The group agreed that parsing by types of arthritis is important to the MCC e-care plan even if it is not important for pain issues
   2. The group discussed whether pain elements should capture formal diagnoses of pain, pain screeners or both. Given the poor specificity for diagnosed pain elements in EMR, the group felt including screeners in addition to diagnosis codes would be beneficial