



Open Source Platform for Measuring Health Outcomes and a Learning Based System

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Redlich Pain Research Endowment

Dodie and John Rosekrans Pain Research Endowment

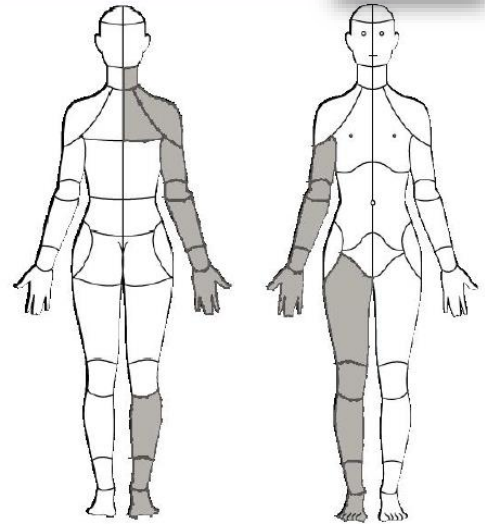
No industry conflicts



Sandra with Complex Regional Pain Syndrome (CRPS)



“It’s that feeling, if you’re digging through the bottom of a cooler, and you just get that burning sensation because your arm is so cold,”

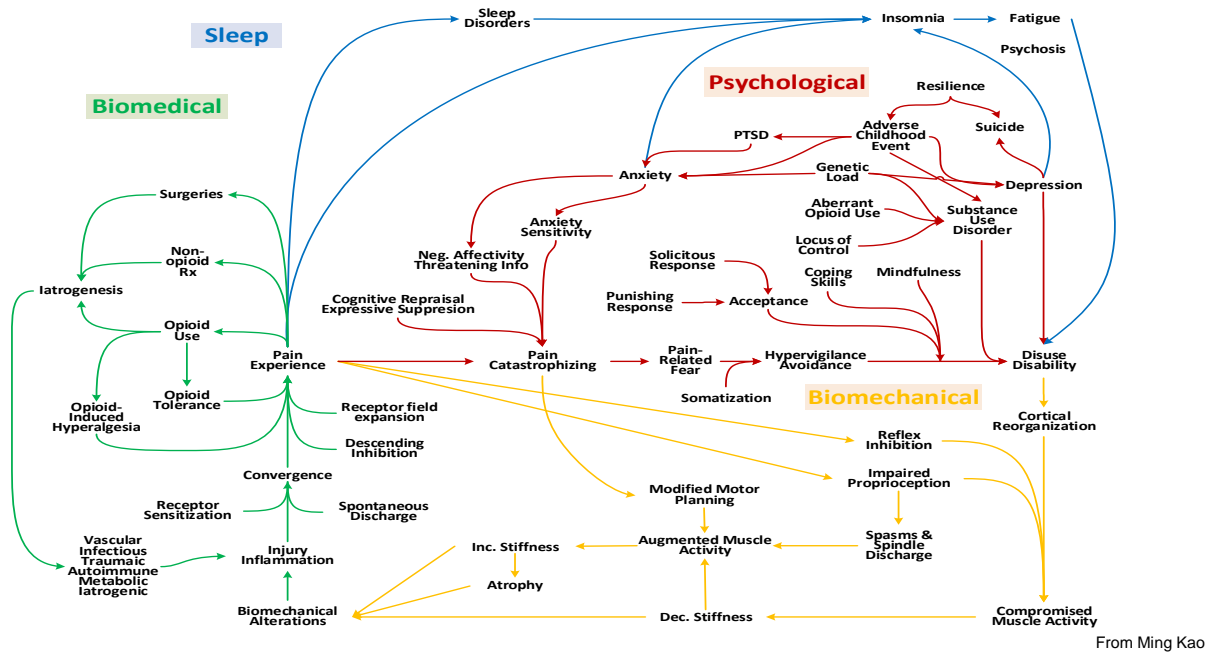


How do you know whether you have helped Sandra or a particular patient?

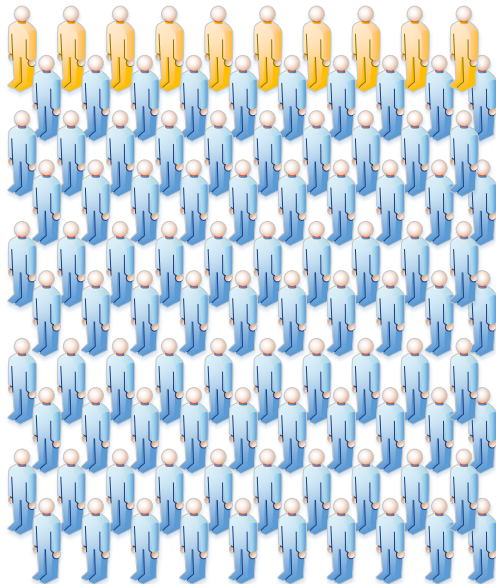
How do you know when a certain treatment is better than another for a specific patient?



The Systems Challenge of Pain



The Problem with Randomized Controlled Trials and Chronic Pain



10% of persons with chronic pain qualify for clinical trials

90% do not qualify!!!

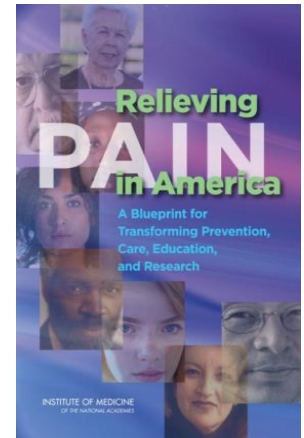


Experiences With Pain – Institute of Medicine Report

- Affects 100 Million Americans
- Indirect/direct medical expenses
US \$560-\$630 Billion/year
- Pain can become a disease

IOM Finding 2-2. More consistent data on pain are needed.

Bottom line: We need better data!!



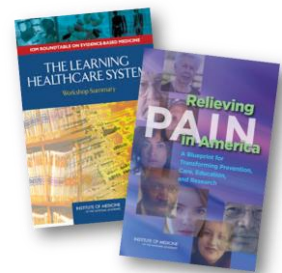
INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Institute of Medicine – Relieving Pain In America 2011

Institute of Medicine: Need for Patient Registries and Learning Health Systems

“There is a need for greater development and use of **patient outcome registries** that can support point-of-care treatment decision making, as well as for aggregation of large numbers of patients to enable assessment of the safety and effectiveness of therapies.

“We seek the development of a **learning health system** in which science, informatics, incentives and culture are aligned for continuous improvement and innovation – with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral byproduct of the delivery experience”

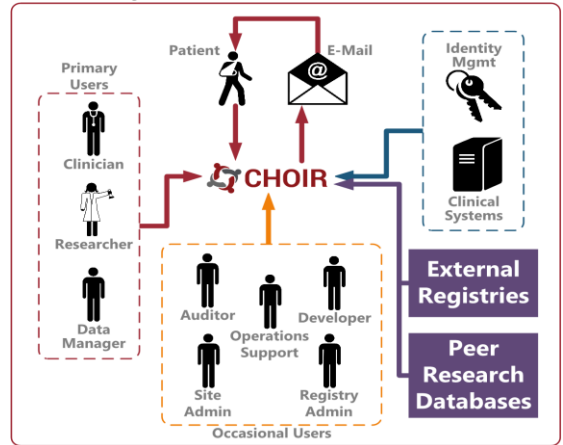




CHOIR

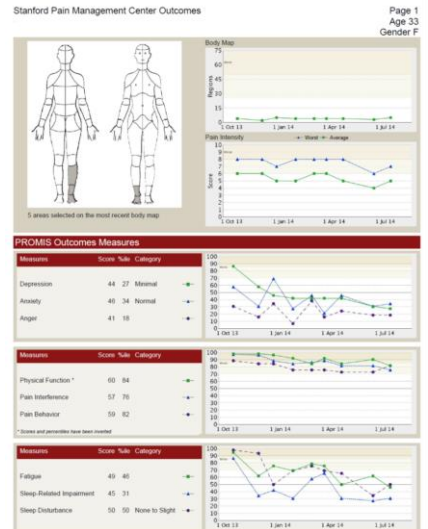
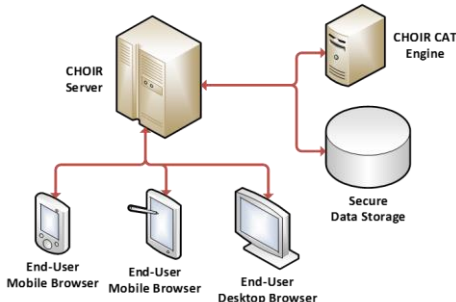
Collaborative
Health Outcomes
Information Registry

- Open source, open standard, highly flexible, and **free** health and treatment registry and platform for a learning health system
- Point of care decision making
- Comparative effectiveness research
- Longitudinal outcomes research
- Large simple trial designs
- Software based decision making



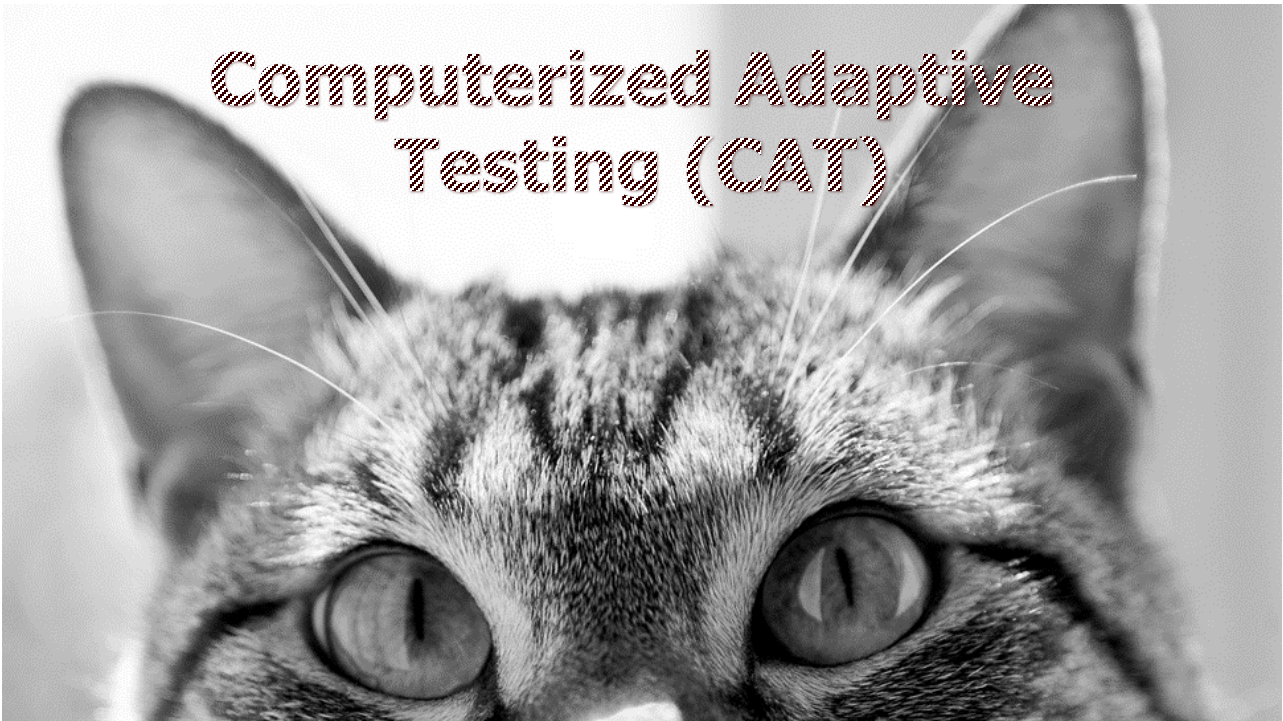
CHOIR: Data Capture System Features

- Easy to use data entry for patients, staff and clinicians
- Clinical workflow support e.g. notify patient of survey URL prior to clinical appointment
- Data import support for automated data entry (e.g. EMR) for medications and other treatments, medical conditions, costs, etc.
- Point of care reporting to support clinical decision making



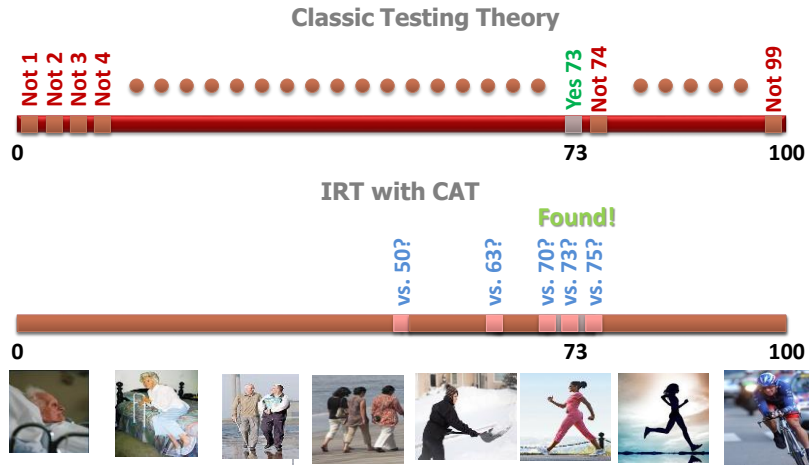


Computerized Adaptive Testing (CAT)



Computerized Adaptive Testing (CAT) Applied to Health Care

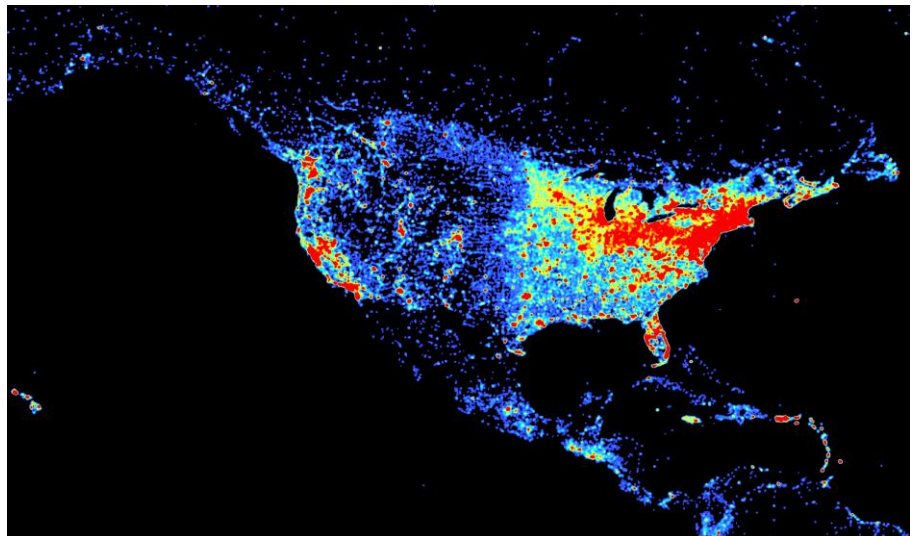
Suppose our subject score is **73** on a 1 to 100 scale of **Physical Function**



PROMIS Metric: Comparability to the US Population

T Score

- Mean = 50
- SD = 10



<https://dhs.stanford.edu/spatial-humanities/comparing-population-density-and-wikipedia-density-on-gis-day/>

Stanford Pain Management Center

- Interdisciplinary, coordinated comprehensive approach to pain management
- Use of validated outcomes assuring optimal patient assessment and care
- Over 14,000 patient visits (2014)
- 21 Physician Pain Faculty All Boarded in Pain Medicine
 - Anesthesiology
 - Internal Medicine
 - Psychiatry
 - Neurology
 - Addiction Medicine
- 4 Pain Psychologists Faculty
 - Pain Psychology training program
- Physical therapy, Nutrition, Biofeedback, Acupuncture
- Strong connection and translation with pain research group



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Stanford Pain Management Center: Integrated Comprehensive Model of Care



Stanford Pain Management Center

Pain Medicine Physicians, Pain Psychology, Physical Therapy, Nutrition, Acupuncture, Biofeedback, Nursing, Pain Registry, Research Infrastructure

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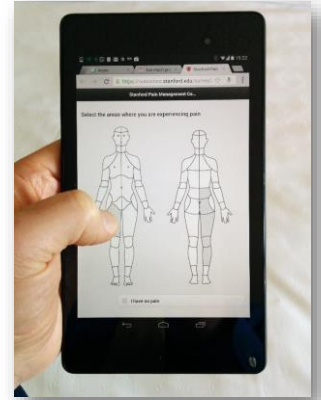
Initial and Follow-Up Surveys




















• Initial Survey – 22 min

- Demographics
- Prior Treatments, Pain Beliefs
- Interactive Body Map
- PROMIS 9 domain measures:
 - Pain Intensity, Pain Behavior, Pain Interference, Fatigue, Physical Function, Depression, Anxiety, Sleep Disturbance, Sleep Related Impairment
- Pain Catastrophizing Questionnaire (PCS)

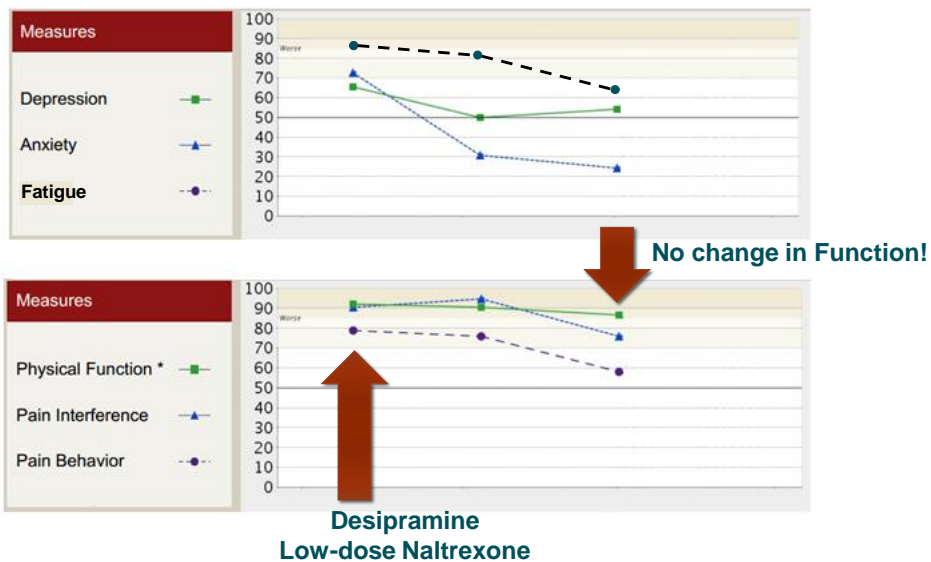
• Follow up Survey – 9 min

- Interactive Body Map
- PROMIS 9 domain measures as above
- PCS

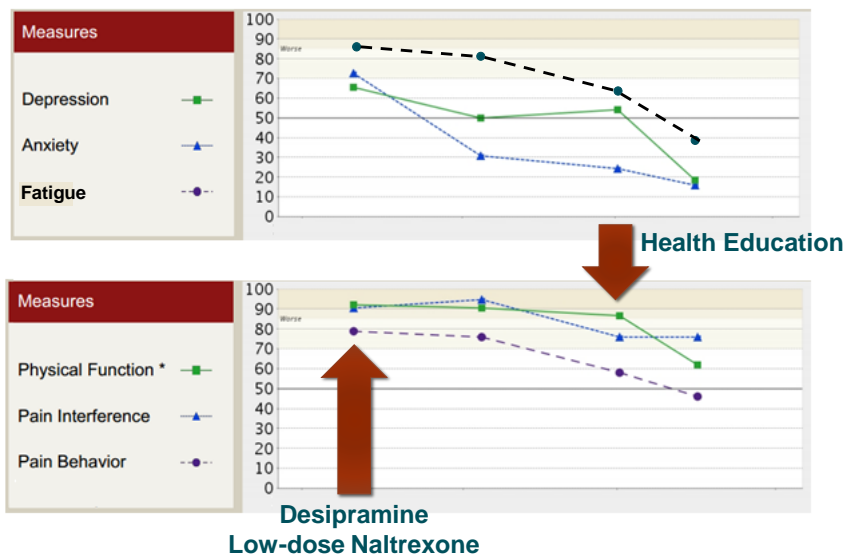


NIH PROMIS		Legacy		Burden Reduction	
Domain	# Items CHOIR CAT v1	Instrument	# Items		
Anger	6.24 ± 1.21	Buss-Perry Aggression Questionnaire (BPAQ)	29		 88%
Anxiety	4.93 ± 0.97	Generalized Anxiety Disorder 7-item (GAD-7)	7		 30%
Depression	4.97 ± 1.07	Patient Health Questionnaire (PHQ-9)	9		 45%
Fatigue	4.78 ± 0.76	Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F)	40		 88%
Physical Function	4.11 ± 0.48	Health Assessment Questionnaire-Disability Index (HAQ-DI)	20		 79%
Pain Interference	4.19 ± 0.71	Brief Pain Inventory	7		 40%
Pain Behavior	4.06 ± 0.45	N.A.			
Sleep Disturbance	4.95 ± 1.41	Sleep Disorders Questionnaire (SDQ)	12		 59%
Sleep-Related Impairment	4.54 ± 1.24	Epworth Sleepiness Scale (ESS)	8		 43%
Overall	38.7 ± 7.9		132		 71%

CHOIR: Using Dynamic Outcomes to Inform Care for Sandra



CHOIR: Using Dynamic Outcomes to Inform Care for Sandra



CHOIR Provider: Computer-Assisted Documentation



80-90% of clinical note automatically pulled from CHOIR input
 Condition specific calculators



Dashboard

New Patient

Notables 1

Screening 1

Major Conditions

CRPS

Total Body Pain

Headaches

Nerve Entrapments

Neuropathies

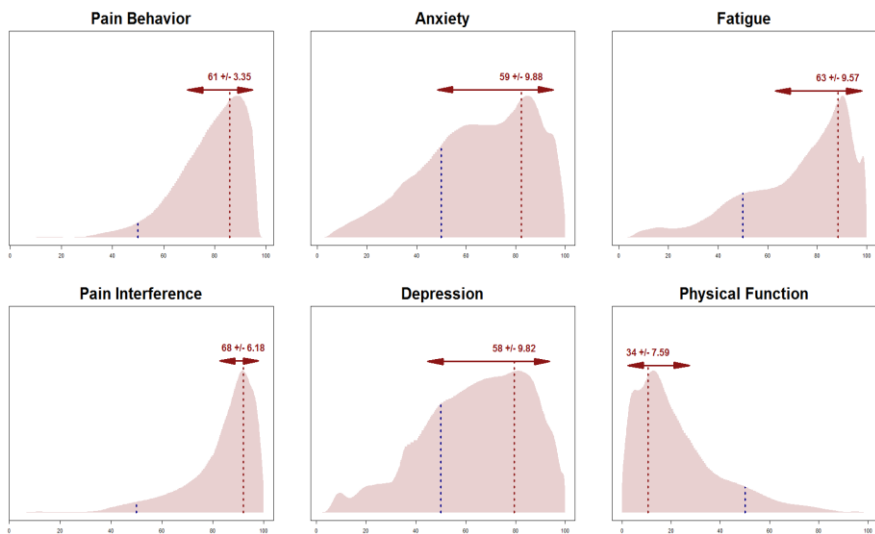
Musculoskeletal

Subjective

Pain Experience
 Location: ***
 Inciting event: per patient, "Fall"
 Duration: 4,000 Years
 Timing: Constant
 Pain quality: Throbbing, Gnawing, Aching Exhausting
 Intensity: 5/10 on average, 8/10 at worst
 Radiation: ***
 Alleviating factors: Medications, Heat, Physical therapy, Walking
 Exacerbating factors: Exercise, Sitting, Standing, Stress

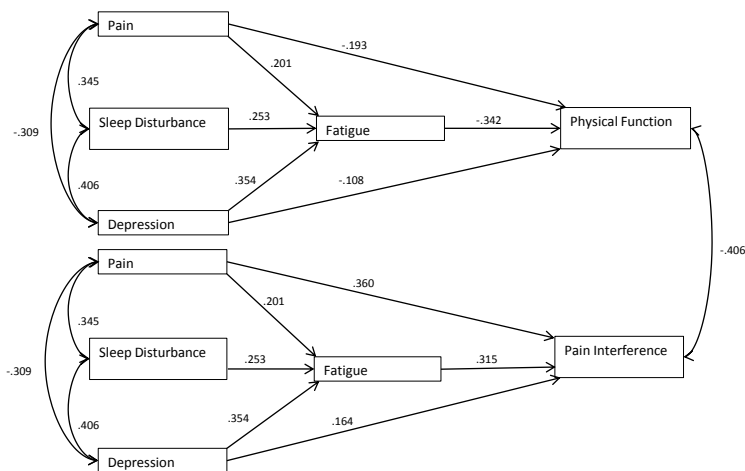
Pain Beliefs:
 Cause of pain: Disc
 Sinister beliefs: ***
 Life impact: Cannot do my job, Reduced social activities, Reduced recreational activities

Patient characteristics: Stanford Pain Management Center



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Physical and Psychological Correlates of Fatigue and Physical Function: A CHOIR Study



Fatigue is:

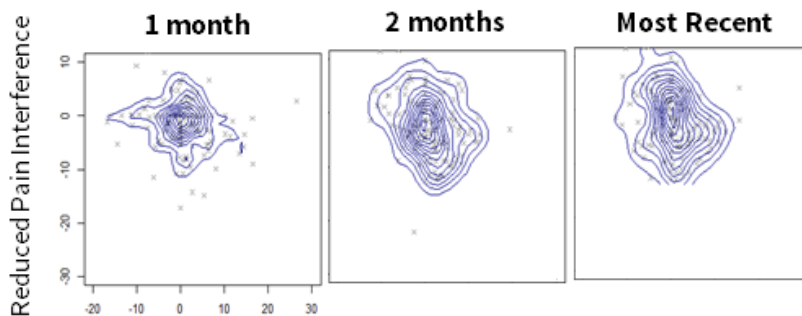
- Common in chronic pain
- Understudied as a target of intervention
- Likely a confluence of physical and psychological factors
- A significant barrier to physical functioning, likely mediating effects of pain on physical dysfunction

Sturgeon, Darnall, Kao, & Mackey (In Press).

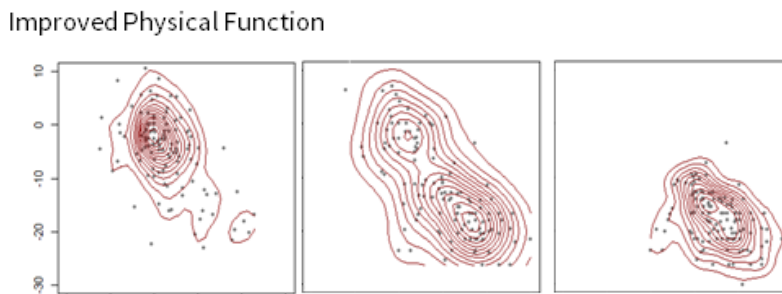
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Dynamics of Patients' Response to Treatment

Non-Responders



Responders





System To Enhance Patient eXperience (STEPx)

An unmet need

- Comprehensive capture of patient experience touchpoints
- Concise item stems
- Actionable results
- Integrated into CHOIR
- Open source and free

Covers, and extends, all the domains of existing patient satisfaction surveys, including:

- Press Ganey
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

