

An Evaluation Model for a Multidisciplinary Chronic Pelvic Pain Clinic: Application of the RE-AIM Framework

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Abstract

Objective: Chronic pelvic pain (CPP) is a prevalent, debilitating, and costly condition. Although national guidelines and empiric evidence support the use of a multidisciplinary model of care for such patients, such clinics are uncommon in Canada. The BC Women's Centre for Pelvic Pain and Endometriosis was created to respond to this need, and there is interest in this model of care's impact on the burden of disease in British Columbia.

We sought to create an approach to its evaluation using the RE-AIM (Reach, Efficacy, Adoption, Implementation, Maintenance) evaluation framework to assess the impact of the care model and to guide clinical decision-making and policy.

Methods: The RE-AIM evaluation framework was applied to consider the different dimensions of impact of the BC Centre. The proposed measures, data sources, and data management strategies for this mixed-methods approach were identified.

Results: The five dimensions of impact were considered at individual and organizational levels, and corresponding indicators were proposed to enable integration into existing data infrastructure to facilitate collection and early program evaluation.

Conclusion: The RE-AIM framework can be applied to the evaluation of a multidisciplinary chronic pelvic pain clinic. This will allow better assessment of the impact of innovative models of care for women with chronic pelvic pain.

Résumé

Objectif : La douleur pelvienne chronique (DPC) est un trouble prévalent, débilitant et coûteux. Bien que des lignes directrices nationales et des données empiriques soutiennent l'utilisation d'un modèle de soins multidisciplinaires pour les patientes qui présentent des DPC, les cliniques canadiennes offrant un tel modèle sont peu nombreuses. Le *BC Women's Centre for Pelvic Pain and Endometriosis* a été créé pour répondre à ce besoin et un intérêt a été manifesté à l'endroit des effets de ce modèle de soins sur le fardeau de la maladie en Colombie-Britannique.

Nous avons cherché à créer une approche envers son évaluation en utilisant le cadre de référence RE-AIM (*Reach, Efficacy, Adoption, Implementation, Maintenance*) pour déterminer les effets de ce modèle de soins et pour orienter le processus décisionnel clinique et la formulation de politiques en la matière.

Méthodes : Le cadre d'évaluation RE-AIM a été appliqué pour nous permettre d'envisager les diverses dimensions des effets du *BC Centre*. Les mesures proposées, les sources de données et les stratégies de gestion des données pour cette approche à méthodes mixtes ont été identifiées.

Résultats : Les cinq dimensions des effets ont été prises en considération aux niveaux personnel et organisationnel, et des indicateurs correspondants ont été proposés pour en permettre l'intégration dans l'infrastructure de données existante, en vue de faciliter la collecte des données et l'évaluation précoce du programme.

Conclusion : Le cadre RE-AIM peut être appliqué à l'évaluation d'une clinique multidisciplinaire visant la douleur pelvienne chronique. Cela permettra la tenue d'une meilleure évaluation des effets de modèles novateurs de soins chez les femmes qui connaissent des douleurs pelviennes chroniques.

Key Words: Chronic pelvic pain, multidisciplinary, RE-AIM, program evaluation

Competing Interests: None declared.

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INTRODUCTION

Chronic pelvic pain (CPP) is a prevalent, debilitating, and costly condition that affects nearly 15% of the general population.^{1,2} The burden of this disease is reflected in the associated reduction in quality of life, loss of productivity, and increased use of health care services,³ with an estimated annual cost of \$1.8 billion in Canada from endometriosis alone.⁴

Chronic pelvic pain is a complex condition that often affects multiple body systems, and this can lead to challenges in the care of affected individuals.⁵ Given the complex nature of CPP, Canadian and other national guidelines have recommended use of a multidisciplinary model of care for the treatment of chronic pelvic pain,⁵⁻⁸ and the limited available evidence points to the efficacy of such a model.^{9,10} Multidisciplinary models of care that offer the services and support of psychotherapy and physiotherapy in addition to medical and surgical therapy within the same clinic are uncommon in Canada, although they are present in some areas. The result is a delay in diagnosis and suboptimal treatment for many patients with CPP.

The BC Women's Centre for Pelvic Pain and Endometriosis is a multidisciplinary program offering the expertise of a pelvic floor physiotherapist, a sexual and reproductive health counsellor, a nurse educator, and an anaesthetist, as well as gynaecologists trained in advanced laparoscopic surgery. Complex CPP patients also attend an education session before consultation with a physician, and are offered group education to learn about lifestyle and behavioural techniques to deal with CPP. This program was established with provincial health authority funding for the purpose of reducing the current burden of disease. Provincial needs assessment, national guidelines, and expert opinion all supported the development, implementation, and maintenance of the program. Whether the model is adopted in other areas of Canada will depend on its assessed impact.

The RE-AIM framework was initially developed and introduced by Glasgow et al. in 1999 for the purpose of systematically evaluating management interventions for chronic illness.¹¹ While evaluations of health interventions are generally limited to assessing efficacy within controlled settings, the RE-AIM framework acknowledges the importance of other factors that influence the value of an intervention in real-world settings. By considering the five dimensions of Reach, Efficacy, Adoption, Implementation, and Maintenance, the framework provides measures of longer term effect on individuals and populations.¹² The dimensions of RE-AIM follow a logical sequence, and have been applied to the evaluation of health interventions

in a variety of ways.¹³ RE-AIM has been widely adopted in the evaluation of physical activity programs,¹⁴⁻¹⁷ obesity prevention programs,^{18,19} and interventions for the management of diabetes^{14,17,20-22} and other chronic diseases,^{11,13} but its use in the evaluation of chronic pelvic pain programs has not yet been described.

We describe here an adaption of the RE-AIM framework for the evaluation of a multidisciplinary chronic pelvic pain program.

METHODS

Using a mixed-methods approach, we considered the five dimensions of the RE-AIM model at individual and organizational levels, and developed an evaluation approach specific to this clinic to assess the impact of this program on the burden of chronic pelvic pain and endometriosis in British Columbia. The overarching evaluation question guiding this framework was whether women were receiving accessible, effective, and sustainable treatments through the BC Women's Centre for Pelvic Pain and Endometriosis.

The specific questions guiding the evaluation were:

1. *Reach*—whether the intervention is reaching the target population of women with chronic pelvic pain;
2. *Effectiveness*—what the effect of the multidisciplinary model is on the treatment of chronic pelvic pain;
3. *Adoption*—whether the multidisciplinary model has been espoused by other health care professionals or other centres;
4. *Implementation*—whether the model of care has been implemented as intended; and
5. *Maintenance*—whether the implementation is cost-effective.

RESULTS

Proposed indicators for each of the five dimensions are listed in the Table.

Reach

Reach refers to the proportion of the population that is potentially served by the program, and is a measure of program access and participation. In this case, the denominator is women of reproductive age affected by CPP who required specialist referral in British Columbia, and the numerator is women who have accessed this centre.

Concrete barriers to access include geographic distance and logistical concerns such as taking time off work and

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