CHRONIC PAIN

The Australian Prevention Partnership Centre
Systems and solutions for better health

PHN chronic pain workshop summary

Opportunities for improving the prevention and management of chronic pain in primary care

March 2019

PHN chronic pain workshop summary: Opportunities for improving the prevention and management of chronic pain in primary care

Prepared by: The Australian Prevention Partnership Centre

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Australian Government
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Project background

Chronic pain is a considerable, and growing, public health issue. One in five Australians lives with chronic pain (including adolescents and children), with the prevalence rising to one in three people over the age of 65[1]. This prevalence is expected to increase as Australia's population ages. With the economic cost of chronic pain estimated at $34 billion[2], the key issue in this area is access to effective pain assessment, prevention, self-management and non-pharmacological pain management services. Pain particularly impacts vulnerable groups in the community and is more prevalent in lower socioeconomic communities. In some regional areas of Australia, opioid prescribing is 10 times higher when compared with other areas[3], where limited access to multidisciplinary pain services is a contributing factor.

The chronic pain project[4] at The Australian Prevention Partnership Centre is funded by the Medical Research Future Fund Boosting Preventive Health Research Program. Additional funding to support this project has been granted by the Sydney Medical School Foundation, University of Sydney. The project aims to improve the prevention and management of chronic pain in primary care, with a focus on the role of the Primary Health Networks (PHNs). The two focus areas for the project are:

a) Prevention of chronic pain – that is, early intervention of acute pain to prevent chronic pain (for example, post-operative and post-trauma pain)

b) Management of chronic pain (for example, early access to consumer self-management programs for chronic pain). Effective management of chronic pain aims to prevent chronic disabling pain.

To date, the project has involved a scoping literature review to identify the evidence related to the prevention and management of chronic pain in primary care, a review of the most recent PHN Needs Assessments to ascertain whether PHNs have identified chronic pain as a health or service need, and consultation with 26/29 PHNs (including the WA Primary Health Alliance[5]) to establish what initiatives PHNs are currently involved with to help address the burden of chronic pain (see Figure 1).

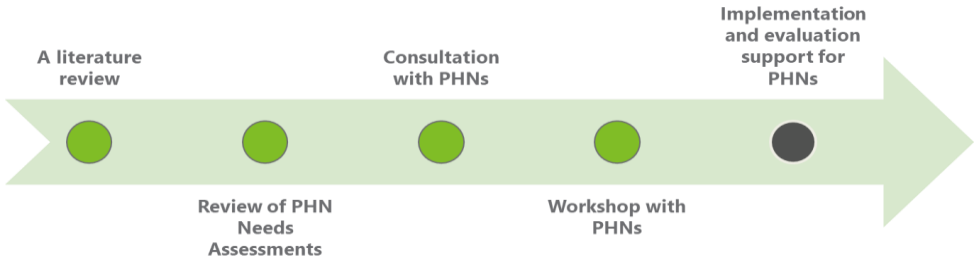


Figure 1: Project Methodology

[1] Blyth FM, March LM, Brnabic AJM, Jorm LR, Williamson M, Cousins MJ. Chronic Pain in Australia: A prevalence study. Pain. 2001;89: p. 127-134.
[2] MBF Foundation, 2007. The high price of pain: the economic impact of persistent pain in Australia. Accessed Online 27 March 2019. http://fpm.anzca.edu.au/documents/thehighpriceofpainfinal-185.pdf
[3] ACSQHC (Australian Commission on Safety and Quality in Healthcare), 2015. Australian Atlas of Healthcare Variation. Accessed Online 27 March 2019. https://www.safetyandquality.gov.au/atlas/atlas-2015/
[4] The Australian Prevention Partnership Centre: Strategies and models for preventing or reducing the risk of the development of chronic pain in primary care (2018–2020)
[5] WA Primary Health Alliance oversees the strategic commissioning functions of the three Western Australian Primary Health Networks: Perth North, Perth South and Country WA.

In March 2019, a workshop was conducted with PHN representatives to present the findings from the chronic pain project and provide a platform to discuss opportunities for the prevention and management of chronic pain. The workshop also provided an opportunity to discuss the enablers for commissioning and implementing initiatives.

This summary provides an overview of the workshop including the workshop aims, participating representatives, key messages and discussion points, workshop outcomes and an overview of the next phase of this project.

Aims of the workshop

The purpose of this workshop was to:

1. Communicate opportunities for improving the prevention and management of chronic pain in primary care
2. Provide PHNs with the opportunity to hear from other PHNs about chronic pain initiatives
3. Provide PHNs with the opportunity to discuss implementation and resource and capacity requirements of chronic pain initiatives with other PHNs

By the end of the workshop, we hoped to:

1. Improve PHNs' awareness of opportunities to improve the prevention and management of chronic pain
2. Improve PHNs' understanding about the importance of good implementation and evaluation and the key aspects to consider

From left to right: Dr Simone De Morgan, Ms Pippy Walker, Dr Duncan Sanders, Professor Michael Nicholas and Professor Fiona Blyth from the University of Sydney

Workshop details

Opportunities for improving the prevention and management of chronic pain in primary care

19 March 2019, Charles Perkins Centre, University of Sydney, Camperdown, NSW 2006

Participants

PHN Representatives

Ms Cynthia Stanton, General Manager for Primary Care Advancement and Integration, Northern Sydney PHN

Ms Sarah Keelan, Practice Support Officer, Nepean Blue Mountains PHN

Ms Michelle Roberts, Integrated Health Manager, South Western Sydney PHN

Ms Philippa Gately, Manager, System Service and Integration, South Eastern NSW PHN

Ms Annette Anido, Chronic Pain Coordinator, South Eastern NSW PHN

Ms Nerida Walker, Integration Officer, Hunter New England and Central Coast PHN

Ms Liz Davis, Senior Manager – Mental Health, Suicide Prevention, Alcohol & Other Drugs Innovation and Strategy Branch, North Coast PHN

Ms Anita McRae, Senior Manager Mental Health, Drug & Alcohol, Murrumbidgee PHN

Dr Jonathan Ho, GP Liaison Officer, Murrumbidgee PHN

Ms Sarah O'Leary, Manager, Integration, North Western Melbourne PHN

Mr Jesse Osowicki, Program Officer, Chronic Disease Integration, North Western Melbourne PHN

Ms Christine Bellamy, Lead – Quality Use of Medicines, Eastern Melbourne PHN

Ms Katrina Martin, Primary Care Consultant, Western Victoria PHN

Ms Jennifer Hains, Manager, Integration Programs, Brisbane North PHN

Ms Kate White, Chronic Care Manager, Brisbane South PHN

Ms Susan Cederblad, Senior Workforce Development Manager, Brisbane South PHN

Ms Joyce McSwan, Clinical Program Director, Turning Pain into Gain Program, Gold Coast PHN

Ms Belinda May, Senior Program Officer, Darling Downs and Wester Moreton PHN

Ms Jodie Sargent, Regional Workforce Development Coordinator, Central QLD Wide Bay and Sunshine Coast PHN

Ms Barbra Smith, Area Manager Townsville, Northern QLD PHN

Ms Jane Goode, Innovation & Design Officer, Adelaide PHN

Ms Suzanne Mann, Director Regional Strategies, Country SA PHN

Ms Noelene Cooper, Project Manager, Country SA PHN

Ms Debra Royle, Regional Coordinator - Metro North West, WA Primary Health Alliance

Dr Danny Rock, Principal Advisor and Research Director, WA Primary Health Alliance

Ms Catherine Spiller, Project Manager, Tasmania PHN

Ms Angela Baker, Primary Health Consultant, Tasmania PHN

Ms Kate Lehmensich, Population Health Planning Officer, ACT PHN

Invited Special Guests

Dr Michelle King, Senior Lecturer, School of Pharmacy and Pharmacology, Griffith University

Dr Hilarie Tardif, ePPOC Director, University of Wollongong

Ms Meredith Bryce, ePPOC Quality Improvement Facilitator, University of Wollongong

Ms Karen Quinsey, ePPOC Operations Manager, University of Wollongong

Ms Sarah Spagnardi, National Manager Field Operations & PHN Engagement, NPS MedicineWise

Dr Sally Wortley, Research Fellow, University of Sydney

Dr Duncan Sanders, Senior Lecturer and Academic Coordinator, Pain Management Research Institute, University of Sydney

Professor Michael Nicholas, Director, Pain Education & Pain Management Programs, Pain Management Research Institute, University of Sydney

Ms Sue Rogers, NSW Agency for Clinical Innovation

Dr Gena Lieschke, Hunter New England Local Health District

Project Team

Professor Fiona Blyth, Professor of Public Health and Pain Medicine, Head Concord Clinical School, Associate Dean Faculty of Medicine University of Sydney

Professor Andrew Wilson, Director, The Australian Prevention Partnership Centre, Co-Director of the Menzies Centre for Health Policy, Menzies Centre for Health Policy, School of Public Health, University of Sydney

Dr Simone De Morgan, Research Fellow, University of Sydney

Ms Pippy Walker, Senior Research Officer, University of Sydney

Australian Prevention Partnership Centre representation

Professor Lucie Rychetnik, Deputy Director, The Australian Prevention Partnership Centre

Ms Emma Slaytor, Assistant Director, The Australian Prevention Partnership Centre

Ms Helen Signy, Communications Manager, The Australian Prevention Partnership Centre

Ms Ainsley Burgess, Publications Manager, The Australian Prevention Partnership Centre

Apologies

Central and Eastern Sydney PHN, Western Sydney PHN, Western NSW PHN, South Eastern Melbourne PHN, Gippsland PHN, Murray PHN, Western Queensland PHN, Northern Territory PHN

Attachments

Appendix 1: Workshop agenda

Appendix 2: Workshop presentation slides

Online reports and resources

Mapping of chronic pain initiatives in Primary Health Networks: A summary of findings from consultation with PHNs

Chronic Pain Resources: A summary of online and accessible initiatives and resources

Key messages and discussion points

Appendix 1 outlines the agenda for the workshop.

Session 1

Why is improving the prevention and management of chronic pain so important and why now?

Presented by Professor Fiona Blyth

Professor Blyth introduced the issue of chronic pain and outlined the key principles of best practice management of chronic pain. These were a timely multidisciplinary biopsychosocial model of care with an emphasis on self-care and self-management strategies involving family and caregivers. The best approach to preventing chronic pain was highlighted as also requiring a multidisciplinary approach with greater collaboration and coordination of care between hospital specialist teams and primary care providers.

Key messages

- Chronic pain is a substantial and growing public health issue due to the ageing population
- One in five Australians lives with chronic pain
- Chronic pain represents a significant burden on the individual and society
- There is a need for a more sustainable model of care for chronic pain with greater involvement of primary care

What are PHNs currently doing to improve the prevention and management of chronic pain?

Presented by Dr Simone De Morgan and Ms Pippy Walker

Dr De Morgan and Ms Walker presented the findings from the recent consultation of PHN representatives (surveys and interviews) to understand whether pain has been identified as a priority area and the types of initiatives that are currently being implemented to improve the prevention and management of chronic pain in primary care.

Key messages

Primary Health Networks

- PHNs are important levers as commissioning bodies and supporters of primary care services
- There are many opportunities for PHNs to improve the prevention and management of chronic pain
- Chronic pain initiatives are currently being implemented in all states and territories and in a range of metropolitan and regional PHNs
- Most of the initiatives focus on the management of chronic pain. There is a gap related to the prevention of chronic pain (that is, early intervention of acute pain to prevent chronic pain such as post-operative and post-trauma pain)
- The most common types of chronic pain initiatives that PHNs are implementing relate to education and training and referral systems (HealthPathways), with approximately 90% of PHNs implementing these types of initiatives
- Approximately 70% of PHNs are implementing one or more chronic pain initiatives apart from initiatives related to education and training or referral systems
- Multidisciplinary chronic pain management programs based in the community have been highlighted as an area of need

Monitoring and evaluation recommendations

- Greater emphasis on monitoring and evaluation
- Make reports and evaluations publicly available to help other PHNs

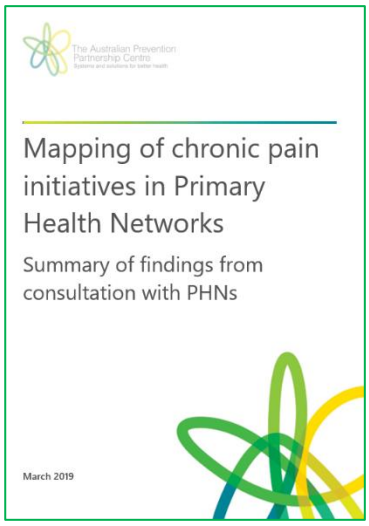
Resources for PHNs from the chronic pain project

- Mapping of chronic pain initiatives in Primary Health Networks: Summary of findings from consultation with PHNs
- Chronic Pain Resources: A summary of online and accessible initiatives and resources

Encouraging collaboration with other PHNs

- Collaboration with other PHNs will help you to be aware of the types of chronic pain initiatives that are available, and to select initiatives that may be suitable to your context and inform you about how best to implement these initiatives.

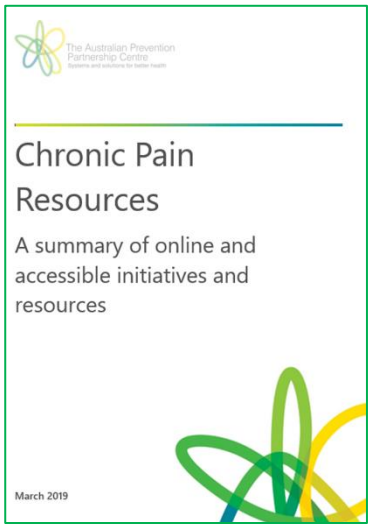
Resources from the chronic pain project described during the presentation



Purpose of this resource

The purpose of this resource is to provide PHNs with a map of the chronic pain initiatives that are currently being implemented by PHNs. This resource provides:

- A framework of the types of chronic pain initiatives that PHNs are implementing
- An overview of the number and distribution of PHNs implementing specific types of chronic pain initiatives
- A description of each initiative including enablers to implementation, links to relevant websites and any supporting evaluation reports



Purpose of this resource

This resource aims to improve awareness among PHNS of current online and accessible chronic pain initiatives and resources relevant to primary care in Australia. The information in this resource may be used by PHNs:

- To inform the implementation of chronic pain initiatives
- To distribute among their networks of primary care providers and consumers.

Session 2

Case study examples of PHN chronic pain initiatives

Presented by representatives from six PHNs (Gold Coast, Adelaide, Murrumbidgee, South Eastern NSW, Brisbane North and Western Victoria).

The initiatives that were presented by each PHN representative addressed one or more of the three goals of chronic pain initiatives implemented by PHNs (see Figure 2). For more information about the goals of the chronic pain initiatives see the above resource, *Mapping of chronic pain initiatives in Primary Health Networks*.

Figure 2: Goals of the chronic pain initiatives implemented by Primary Health Networks (PHNs)

The following initiatives were presented by PHN representatives (see presentation slides in Appendix 2).

Goal 1: Initiatives addressing access to multidisciplinary care and improving consumer health literacy and care navigation:

- Turning Pain into Gain (TPIG) Program on the Gold Coast and an adaptation of this program in Adelaide, the Living Well with Persistent Pain (LWwPP) program
- Telehealth clinic and associated outreach services connecting NSW pain specialists with primary health care providers and patients *(also addresses goal 2)*
- Allied Health Group Training Program implemented on the South Coast of NSW
- A back-pain clinic utilising the GPs with a special interest (GPwSI) model implemented in Brisbane *(also addresses goal 2)*

Goal 2: Initiatives aimed at ensuring health professionals are skilled and provide best-practice evidence-based care:

- Local Pain Educator (LPE) program run by the Pain Revolution in NSW (also addresses goal 1)
- Regional workshops for primary healthcare providers provided on the South Coast of NSW
- Webinar training for primary healthcare providers provided on the South Coast of NSW
- Project ECHO for opioid management implemented in Western Victoria
- Prescribed Drugs of Dependence (PDD) Active Learning Module (ALM) implemented in Western Victoria

Goal 3: Initiatives focused on quality improvement and health system support:

- The SafeScript initiative (real time prescription monitoring) in Victoria

Key messages

Enablers for implementing chronic pain initiatives

- Evidence of benefit (program evaluation)
- Implementation by other PHNs and ease of adaptation to the local context
- Clinical and non-clinical local champions
- Establishment of a working group with a range of stakeholders to help plan, implement and monitor the initiative (e.g. Primary Health Network, hospital pain services, commissioned providers, other funders, consumers)
- Standardised processes for communication and referrals
- Establishment of health professional networks particularly to support the implementation of consumer pain programs
- Regular feedback from consumers, health professionals and commissioned providers
- Promotion of the initiative and engagement of end users.

Session 3

NPS MedicineWise

Engaging with and supporting Primary Health Networks

Presented by Ms Sarah Spagnardi, National Manager Field Operations & PHN Engagement

An update on NPS MedicineWise initiatives and opportunities for PHNs to work with NPS MedicineWise was provided (see presentation slides in Appendix 2).

HealthPathways

Lessons from the evaluation of HealthPathways Sydney

Presented by Dr Sally Wortley from the University of Sydney on behalf of the HealthPathways Sydney Evaluation team

An overview and key findings relevant for PHNs from a recent HealthPathways evaluation was presented (see presentation slides in Appendix 2).

The electronic Persistent Pain Outcomes Collaboration (ePPOC)

Presented by Dr Hilarie Tardif from the University of Wollongong

An overview of the ePPOC data collection initiative, including current participation of Primary Health Networks was provided (see presentation slides in Appendix 2).

Session 4

Discussion on commissioning services and implementing sector support activities: experiences of participants with a focus on chronic pain initiatives

Facilitated by Professor Andrew Wilson and Professor Fiona Blyth

This group discussion provided the opportunity for workshop participants to think about and provide advice on what would help PHNs to commission or implement chronic pain initiatives. There was robust discussion throughout the course of the day, with several key themes identified as critical to the successful implementation of initiatives (outlined below).

Key discussion points

- Evaluation: Undertaken, benchmarked and transparent
- Implementation: Adaptability from metro to regional/rural areas
- Sustainability
    - Funding
    - Deliverability (champions, using existing models or programs, systems/processes/skilled people)
- Engagement of clinicians and patients (including Aboriginal and Torres Strait Islander population) to improve health literacy and care navigation
- Training (upskilling to build local capacity) for GPs and clinicians (online and face-face).

Workshop evaluation

Thank you to those participants who completed the brief workshop evaluation survey. Responses were collected from 26/28 (93%) PHN representatives who attended the workshop.

Reflections on the usefulness of the workshop

Representatives indicated that the workshop sessions were useful. They found particularly useful: the case study presentations from other PHN representatives on currently implemented chronic pain initiatives; the overview sessions on the burden of chronic pain and currently implemented chronic pain initiatives from the project team; and the opportunity to engage in discussion with the group on enablers for commissioning and implementing initiatives to improve the prevention and management of chronic pain in primary care (see Figure 3).

Comments from PHN representatives

"Fantastic initiative bringing PHNs and partners together to discuss this important topic. Thanks to the organisers."

"Thank you for organising this. Most worthwhile to connect with others and gain ideas of work done."

"Thanks for the opportunity to attend today. It is very encouraging to see the seeds of a community of practice within the PHNs."

"The opportunity to hear from, both formally and informally, other PHNs was a great help to my work and that of our PHN."

"Great opportunities to hear from other PHNs and network with others."

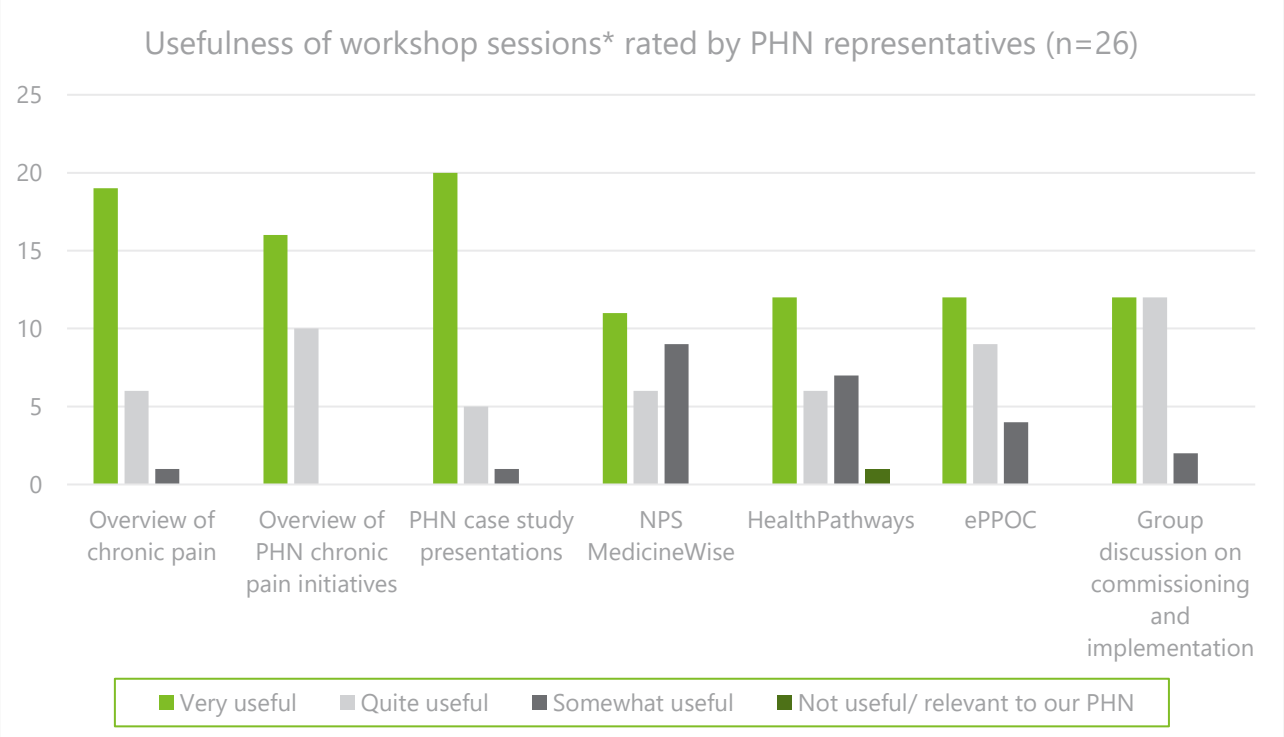


*Figure 3: PHN representative feedback on workshop sessions *See agenda in appendix 1*

All PHN representatives thought that their knowledge of chronic pain initiatives being implemented by other PHNs improved due to the information provided at the workshop (see Figure 4).

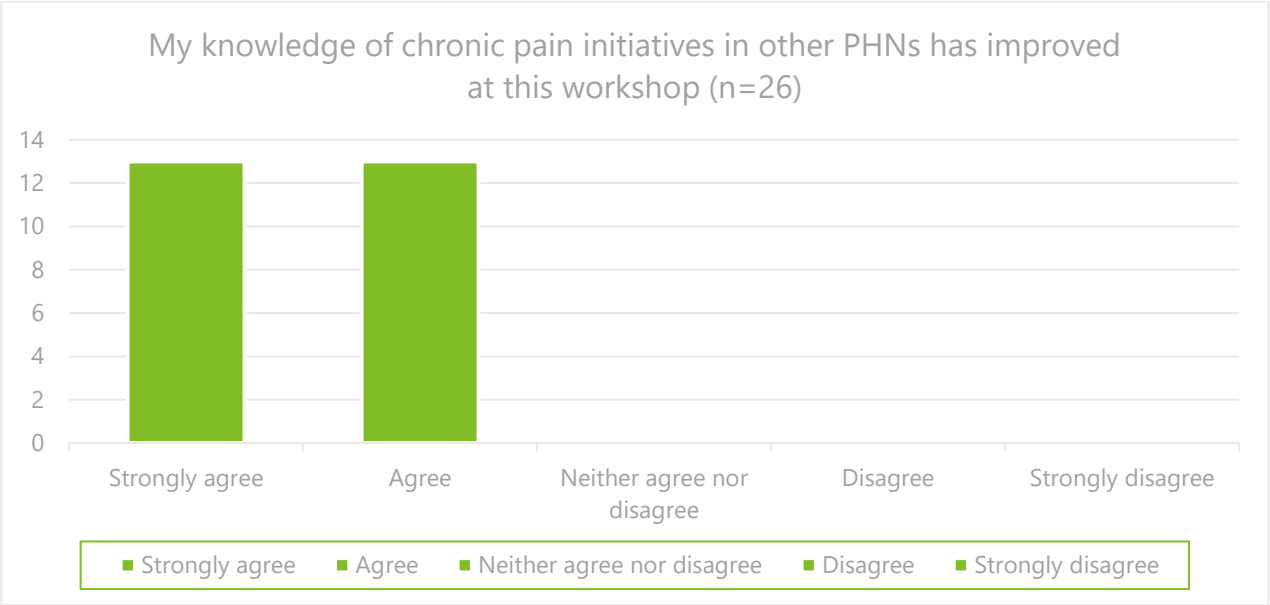


Figure 4: PHN representatives perceived impact of the workshop on knowledge of chronic pain initiatives implemented by other PHNs

PHN representatives also thought that the workshop fostered collaboration between PHNs and that PHNs need more opportunities like this workshop to share learnings (see Figure 5).

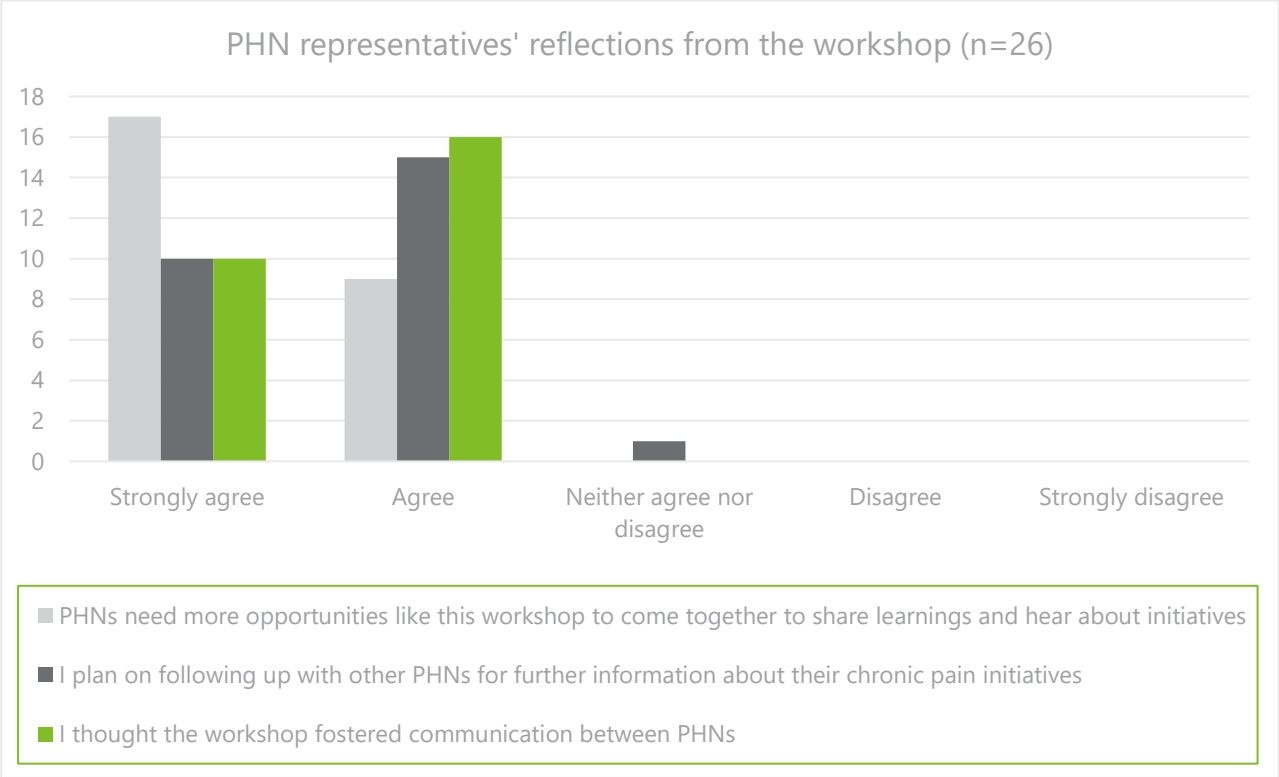


Figure 5: PHN representatives' agreement with statements related to PHN collaboration

Likely influence of the workshop on future work

Almost all representatives plan to follow up with other PHN representatives following this workshop regarding chronic pain initiatives (see Figure 5). Whilst most representatives (96%) indicated that it was very likely, quite likely or somewhat likely that the information presented at this workshop would influence future decisions about implementing chronic pain initiatives, only half of representatives (48%) thought this information was timely enough to influence their next workplan, due at the end of March 2019 (see Figure 6).

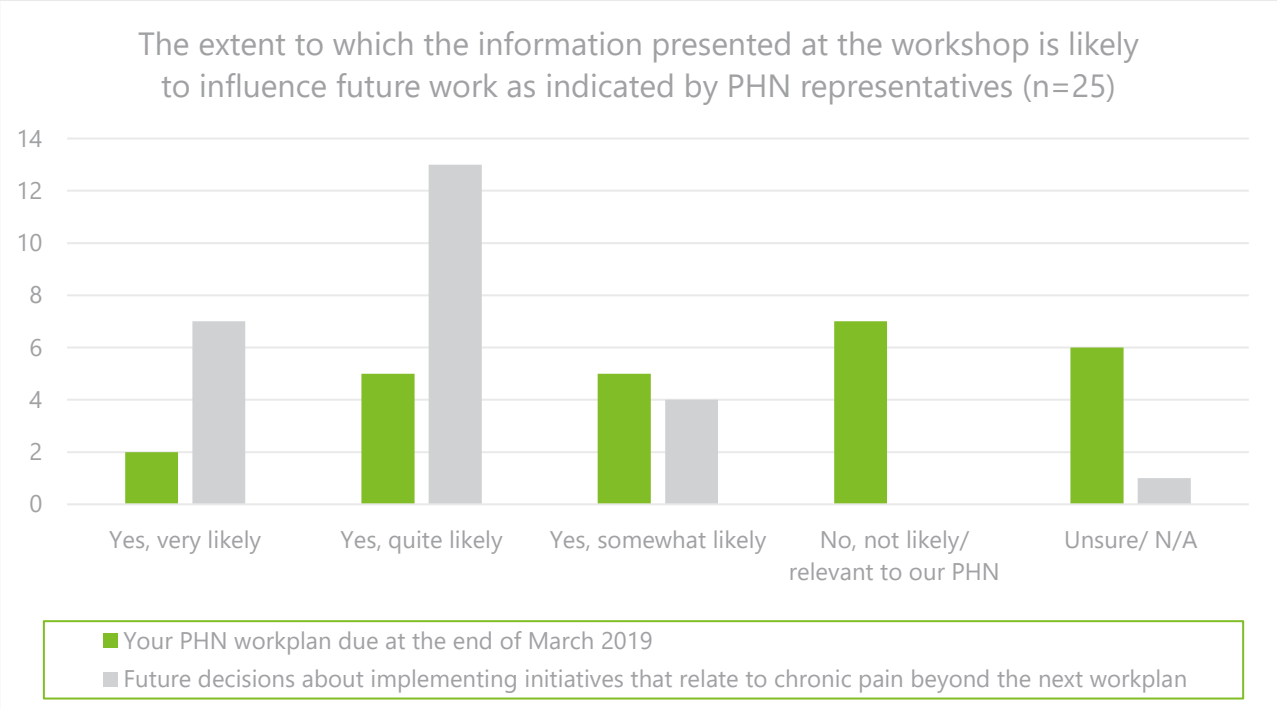


Figure 6: PHN representative indication of the likely influence of the workshop material on future decision making

Comments from PHN representatives about how about how the information may influence future work plans

"Prevention education. Consumer education to increase pain literacy."

"Aboriginal health worker training for CPMP workshops, and to rename our program."

"Ranking likely community-based prevention models."

"It is evident that chronic pain is an area demanding activity, the learnings will influence planning."

"Co-funding across PHN in mental health, AOD and Care Pathways!"

"In conjunction with implementation of SafeScript in Victoria. In exploring the relationship of chronic pain and mental health. In leveraging work with NPS MedicineWise. In broader engagement of HealthPathways."

"Integrate chronic pain more into our chronic disease initiatives."

"More comprehensive health needs assessment and connections made with other PHNs for gaining further info."

"Invest in opportunities to understand local issues re: pain management and prevention. Identify opportunities to change the system to support patient care. Investigation in other PHN priorities."

"Sustainability around our current initiative and integration with other aspects."

"As a component of our overall approach to complex and/or divergent multimorbidity in mental health."

"Unfortunately, our pain project didn't get up but some aspects may be included as part of MSD work. We are wondering what funding streams PHN use to commission services."

"Not re-inventing the wheel!"

Interest in ongoing collaboration and support

All PHN representatives indicated that they are interested in future opportunities to engage with other PHNs to discuss issues and solutions and share resources regarding chronic pain in primary care. Most representatives (96%) were also interested in receiving support for the implementation and evaluation of chronic pain initiatives (see Figure 7).

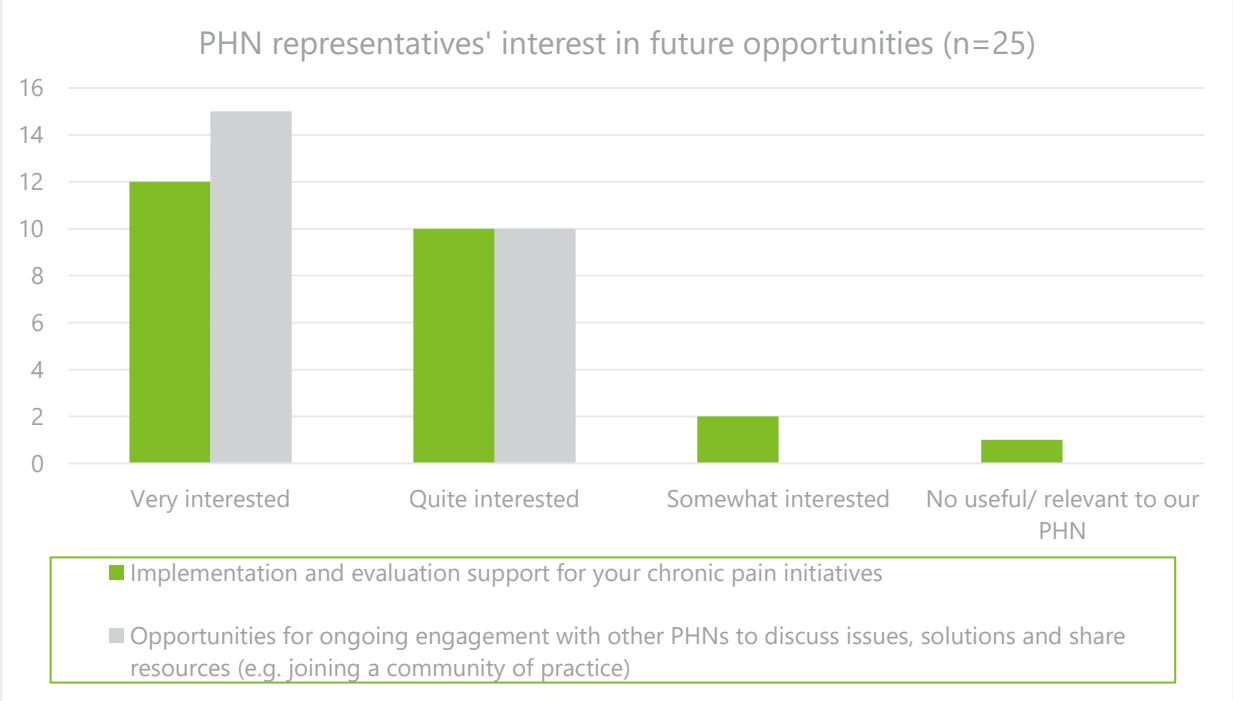


Figure 7: PHN representatives' indication of interest in ongoing collaboration and support

Where to from here?

Phase 2 of the chronic pain project

After this workshop, the project team will focus on supporting PHNs with the implementation and evaluation of their chronic pain initiatives. In response to the interest indicated by workshop participants, we will consider the establishment of a community of practice in the planning of the next phase of this project, along with other possible opportunities to offer PHNs expert advice and opportunities to support each other in the implementation and evaluation of chronic pain initiatives.

All PHNs will be invited to be part of any future activities. The project team would appreciate it if you also keep us up to date on any new chronic pain initiatives that are being implemented by your PHN.

Please stay in touch with Dr Simone De Morgan, Research Fellow at the University of Sydney
simone.demorgan@sydney.edu.au

Workshop participants

The Australian Prevention Partnership Centre would like to thank all participants involved in this workshop and are looking forward to continuing to support Primary Health Networks.

Appendix 1: Workshop agenda

Date: Tuesday 19 March 2019		
Time	**Item**	**Presenter**
10:00-10:30am	**Registration and tea/coffee**	
10:30-10.40am	Welcome Purpose of the day and brief introductions around the room	Professor Fiona Blyth and Professor Andrew Wilson
10.40-10.55am	**Why is improving the prevention and management of chronic pain so important and why now?**	
	What is the problem we are addressing and what are the key issues? Overview of the chronic pain project	Professor Fiona Blyth
10:55-11:10am	**What are PHNs currently doing to improve the prevention and management of chronic pain?**	
	An overview of PHN chronic pain initiatives	Dr Simone De Morgan and Ms Pippy Walker
11.10-11:30am	**Morning tea**	
11:35-12pm	**Case study examples of PHN chronic pain initiatives** *Chair: Professor Michael Nicholas* 15-20 mins presentation (followed by 5-10 minutes questions) Total time: 25 mins	**Gold Coast PHN (QLD)** Ms Joyce McSwan and Dr Michelle King • Turning Pain into Gain Program **Adelaide PHN (SA)** Ms Jane Goode • Living Well with Persistent Pain Program
12:00-12:40pm	**Case study examples of PHN chronic pain initiatives** *Chair: Professor Michael Nicholas* 15 minutes each case study (10 minute presentations, 5 minutes for questions) (5 minute presentation, 5 minutes for questions) Total time: 40 mins	**Murrumbidgee PHN (NSW)** Dr Jonathan Ho • Local Pain Educator program (Pain Revolution) • Telehealth **South Eastern NSW PHN** Ms Philippa Gately • Regional workshops • Webinar Training • Allied Health Chronic Pain Management Program **NSW Agency for Clinical Innovation (ACI)** Ms Susan Rogers, Pain Management Network Manager • Telehealth

Stand, stretch and chat to your neighbour- 5 minutes		
Time	**Item**	**Presenter**
12:45-1:15pm	**Case study examples of PHN chronic pain initiatives** *Chair: Professor Michael Nicholas* 15 minutes each case study (10 minute presentation and 5 minutes for questions) Total time: 30min	**Brisbane North (QLD)** Ms Jennifer Hains • GP's with a special interest (GPwSI) **Western Victoria PHN** Ms Katrina Martin • Project ECHO • SafeScript • Prescribed Drugs of Dependence - Active Learning Module (ALM)
1:15-1:50pm	**Lunch**	
1:55-2:40pm	**NPS MedicineWise** *Chair: Professor Fiona Blyth* 10 minute presentation and 5 minutes for questions	Ms Sarah Spagnardi, National Manager Field Operations & PHN Engagement, NPS MedicineWise
	HealthPathways *Chair: Professor Fiona Blyth* 10 minute presentation and 5 minutes for questions	Dr Sally Wortley, University of Sydney
	The Australasian electronic Persistent Pain Outcomes Collaboration (ePPOC) *Chair: Professor Fiona Blyth* 10 minute presentation and 5 minutes for questions	Dr Hilarie Tardif, University of Wollongong
Stand, stretch and chat to your neighbour- 5 minutes		
2:45-3:05pm	Group discussion facilitated by Professor Andrew Wilson and Professor Fiona Blyth **Commissioning services and implementing sector support activities: experiences of participants with a focus on chronic pain initiatives**	
3.05-3:15pm	**Next steps and closing remarks**	
	• Summary of the day • Resources for PHNs from this project to date • Next phase of the chronic pain project • Brief online evaluation survey about the workshop	Professor Fiona Blyth and Professor Andrew Wilson
3:20-3:30pm	**Workshop concludes- please join us for tea/coffee and nibbles**	

Appendix 2: Workshop presentation slides

These slides have been included with the permission of workshop presenters.

The Australian Prevention Partnership Centre

Systems and solutions for better health

PHN Workshop

Opportunities for improving the prevention and management of chronic pain in primary care

19th March 2019

Session 1: Welcome and Acknowledgement of Country

Professor Andrew Wilson and Professor Fiona Blyth

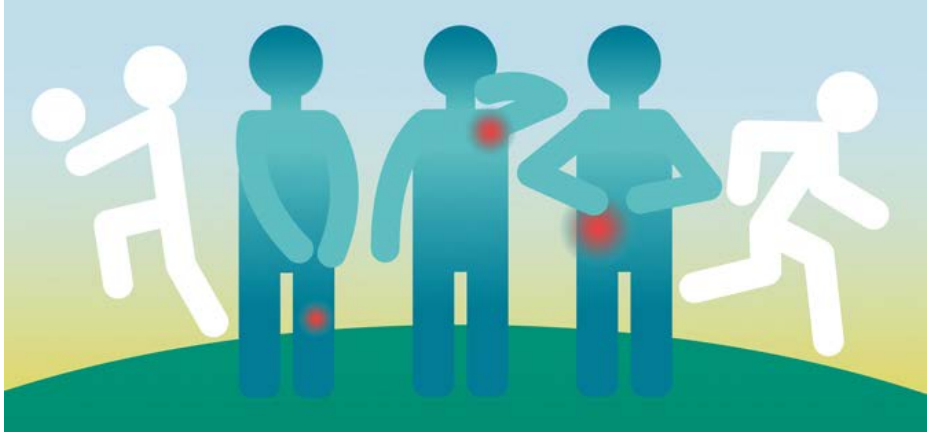
Our partners

Funding partners

Funding for this research has been provided from the Australian Government's Medical Research Future Fund (MRFF). The MRFF provides funding to support health and medical research and innovation, with the objective of improving the health and wellbeing of Australians. MRFF funding has been provided to The Australian Prevention Partnership Centre under the MRFF Boosting Preventive Health Research Program. Further information on the MRFF is available at www.health.gov.au/mrff

Additional funding has been provided by the Sydney Medical School Foundation, University of Sydney

Hosted by



New Research Project To Help Tackle Chronic Pain

Thursday, 1 February 2018

The Turnbull Government is boosting its commitment to preventive health by providing $10 million for new research projects that focus on preventing disease and keeping people out of hospital.

These projects are the first investments under the Medical Research Future Fund in the Australian Prevention Partnership Centre.

It's part of the Turnbull Government's unprecedented commitment to health and medical research.

Today we are announcing the first of these projects – which will receive more than $500,000 to look at how we can reduce the risk of people developing chronic pain.

Professor Fiona Blyth AM from the University of Sydney will look at how patient pain can be better managed in the primary care setting, so it does not get to a point where it becomes chronic and interferes with quality of life or requires treatment with opioids.

Chronic pain is a growing health issue, with one in five Australians living with chronic pain. It is estimated to cost the economy $34 billion a year.

https://preventioncentre.org.au

Acknowledgement of Project Steering Committee

- **Ms Carol Bennett,** CEO, painaustralia
- **Mr David Beveridge,** Nurse Practitioner, Lismore Base Hospital, Multidisciplinary Pain Management Clinic
- **Dr Matthew Bryant,** Director Townsville Pain Persistent Pain Service and NQPPMS
- **Sr Mary-Lynne Cochrane**, Consumer Representative
- **Dr Anne Daly,** Physiotherapy and Pain Management Consultant
- **Ms Terina Grace,** CEO and Managing Director Black Swan Health
- **Ms Fiona Hodson,** Clinical Nurse Consultant Pain Management, Hunter Integrated Pain Service, Surgical Services
- **Associate Professor Malcolm Hogg,** painaustralia
- **Dr Simon Holliday,** GP and Addiction Medicine Specialist
- **Ms Jenni Johnson,** Manager, Pain Management Network, NSW ACI
- **Ms Margaret Knight**, Consumer Representative
- **Ms Joyce McSwan,** Pharmacist, Pain Educator Gold Coast PHN
- **Professor Michael Nicholas,** Director, Pain Education & Pain Management Programs, PMRI, University of Sydney
- **Dr Milana Votrubec,** GP specialising in pain
- **Ms Leanne Wells,** Consumers Health Forum and consumer representative on Pain Australia
- **Professor Andrew Wilson,** Director, TAPPC and Co-Director Menzies Centre for Health Policy

Acknowledgement of Special Guests

- Michael Nicholas, University of Sydney
- Duncan Sanders, University of Sydney
- Joyce McSwan, PainWise and project steering group
- Sue Rogers, NSW Agency for Clinical Innovation
- Sarah Spagnardi, NPS MedicineWise
- Sally Wortley, University of Sydney
- Hilarie Tardif and Meredith Bryce, University of Wollongong

The Australian Prevention Partnership Centre
Systems and solutions for better health

IMPROVING THE PREVENTION AND MANAGEMENT OF CHRONIC PAIN IN PRIMARY CARE

Presented by Professor Fiona Blyth

Research team: Professor Andrew Wilson, Professor Fiona Blyth, Dr Simone De Morgan, Ms Pippy Walker

PHN Workshop 19 March 2019

Chronic pain is a growing public health issue

Chronic pain is defined as pain that lasts or recurs for more than three months

Chronic pain is a substantial and growing public health issue due to the ageing population

One in five Australians live with chronic pain

Chronic pain is caused by a range of conditions

Chronic pain has recently been classified as a disease in itself (IASP)

Burden of pain

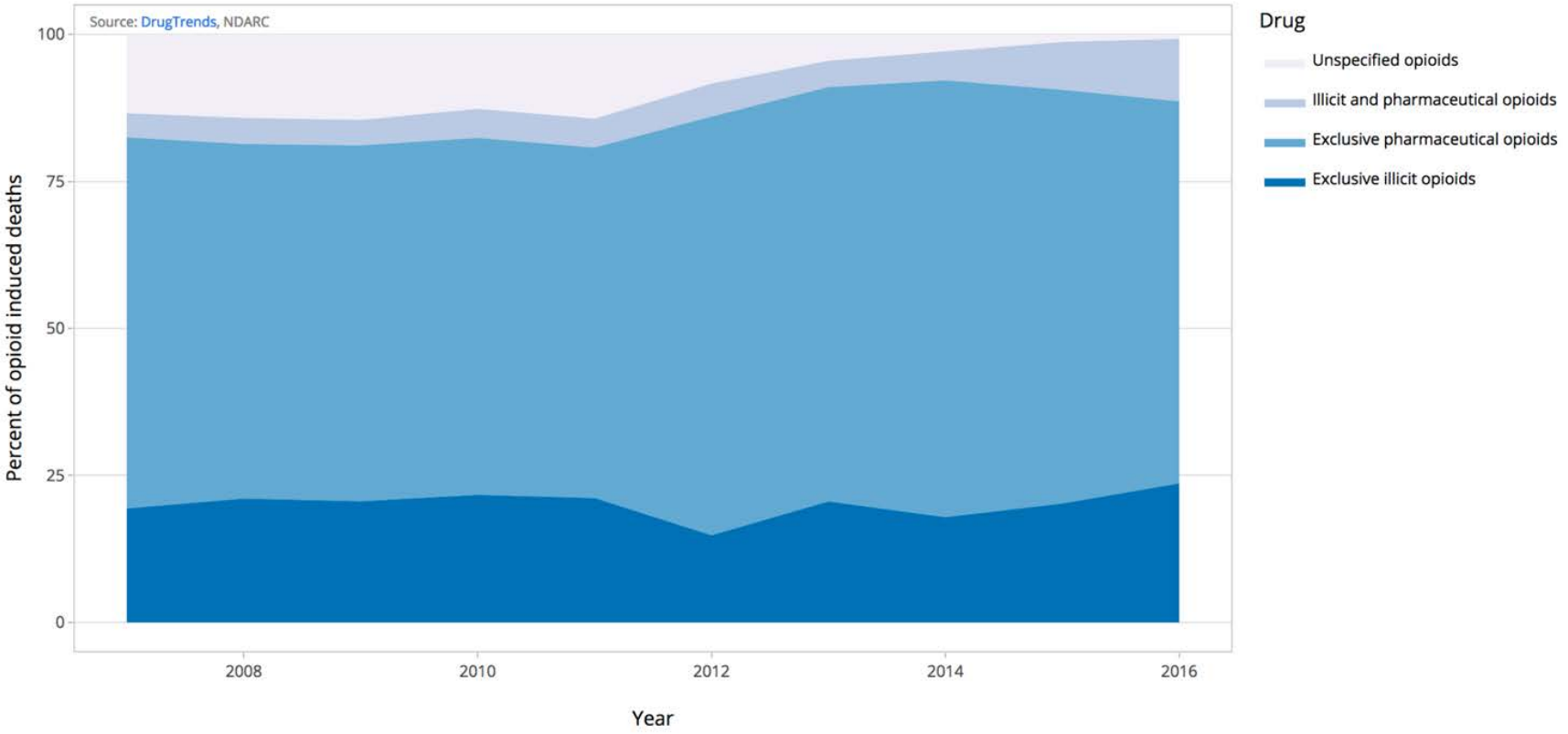
Individual

- Poorer quality of life
- Depression and anxiety
- Disability
- Loss of productivity and unemployment

Society

- Economic burden and health care costs

Opioid crisis



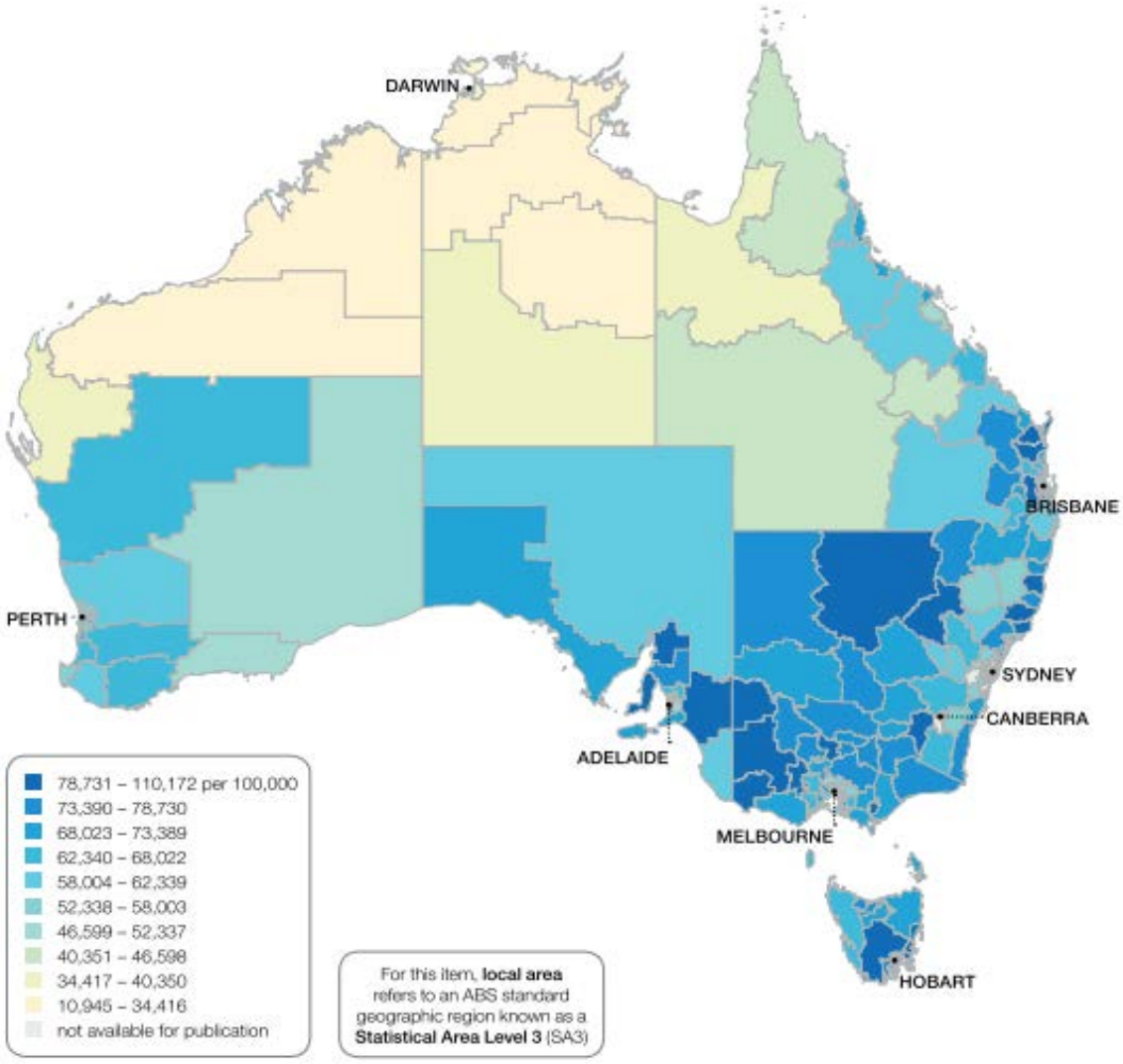
Illicit opioids include heroin and opium however, the majority of these deaths are attributable to heroin
Pharmaceutical opioids include morphine, methadone, oxycodone, codeine, fentanyl, tramadol and pethidine

Roxburgh, A., Dobbins, T., Degenhardt, L., and Peacock, A. (2018). Opioid, Amphetamine, and Cocaine-Induced Deaths in Australia: August 2018: Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

Number of PBS prescriptions dispensed for opioid medicines per 100,000 people, age standardised, by local area, 2013-1

Source: ACSQHC 2015 Australian Atlas of Healthcare Variation

- **Geographic variation** - 10.1 times the opioid prescribing in some areas (ACSQHC 2015)



Why is the current model of care for chronic pain unsustainable?

Large waitlists for specialist services and an inability of these services to meet the increasing demand

Some regional areas do not have a specialist pain service - travel and associated costs are a barrier for regional patients

Why are PHNs so important to improving the prevention and management of chronic pain?

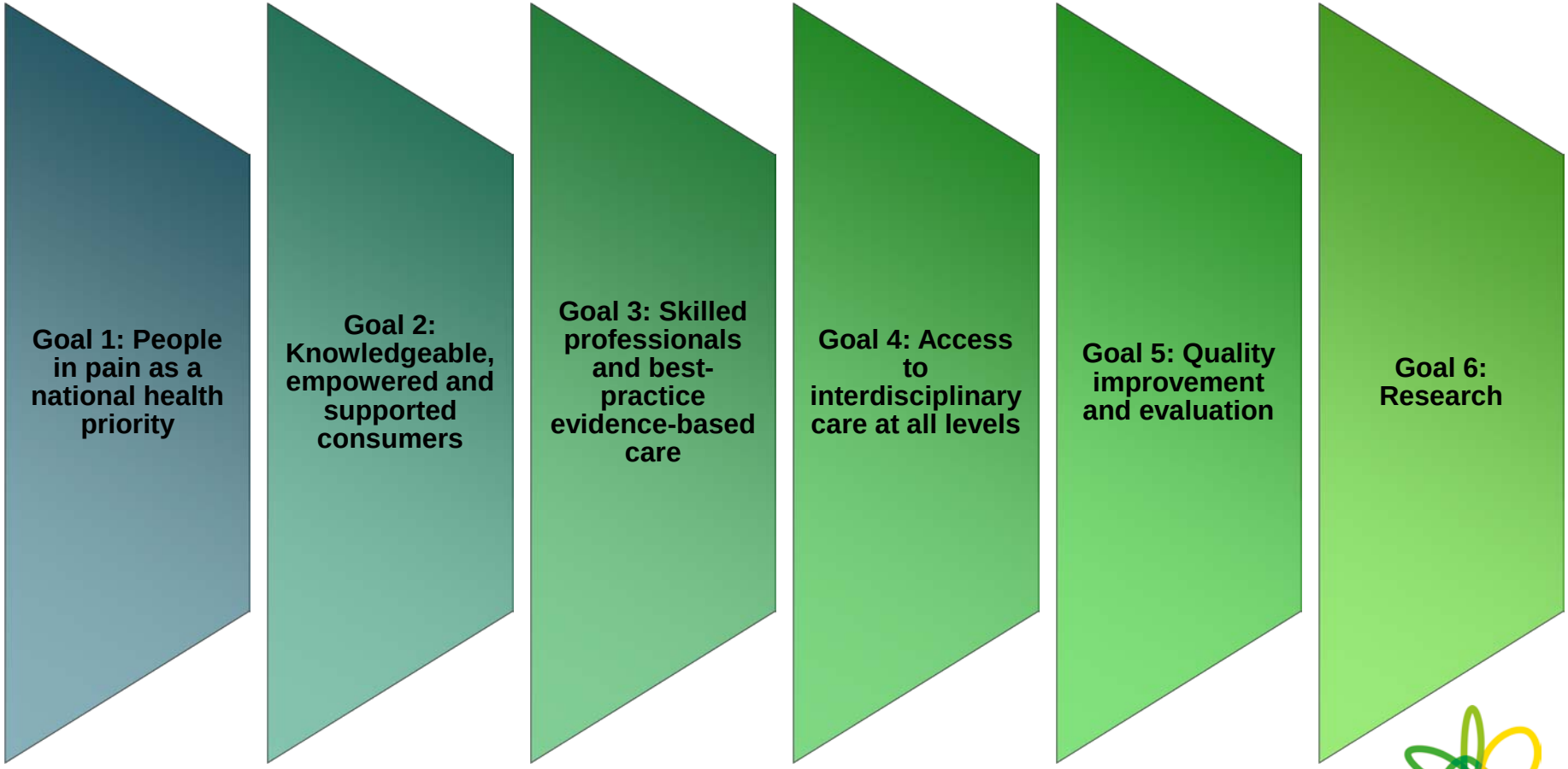
PHNs remit is to commission health services to meet local service needs, support primary care providers and improve health systems to enable better coordination of care

Need for a more sustainable model of care for chronic pain with greater involvement of primary care

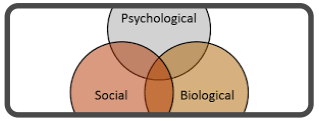
Primary health care setting is the first point of contact for patients

National Pain Strategy

National Pain Strategy



What is the best approach to managing chronic pain?



Biopsychosocial

Multidisciplinary in focus

- Pain medication and minimally invasive procedures
- Psychological therapies e.g. coping skills, cognitive behavioural therapy
- Movement therapies e.g. physio, occupational therapy, aqua therapy, yoga, tai chi
- Complementary therapies e.g acupuncture, massage, meditation

Timely

Have an emphasis on self-care / self-management strategies

Have provision for special populations e.g., learning difficulties, dementia

Involve family and caregivers

What is the best approach to prevent chronic pain?

Acute pain can occur after an injury, burn, or trauma or following surgery

Acute pain and chronic pain are often interlinked, there is a need to prevent acute pain from becoming chronic

Screening for risk of poor outcomes

Although opioids are effective in treating acute pain, patients can be at risk of becoming new chronic opioid users

Multidisciplinary approach needed for acute pain

Greater collaboration and coordination of care is needed between hospital specialist teams and primary care providers

Chronic Pain Project

Australian Government
Department of Health

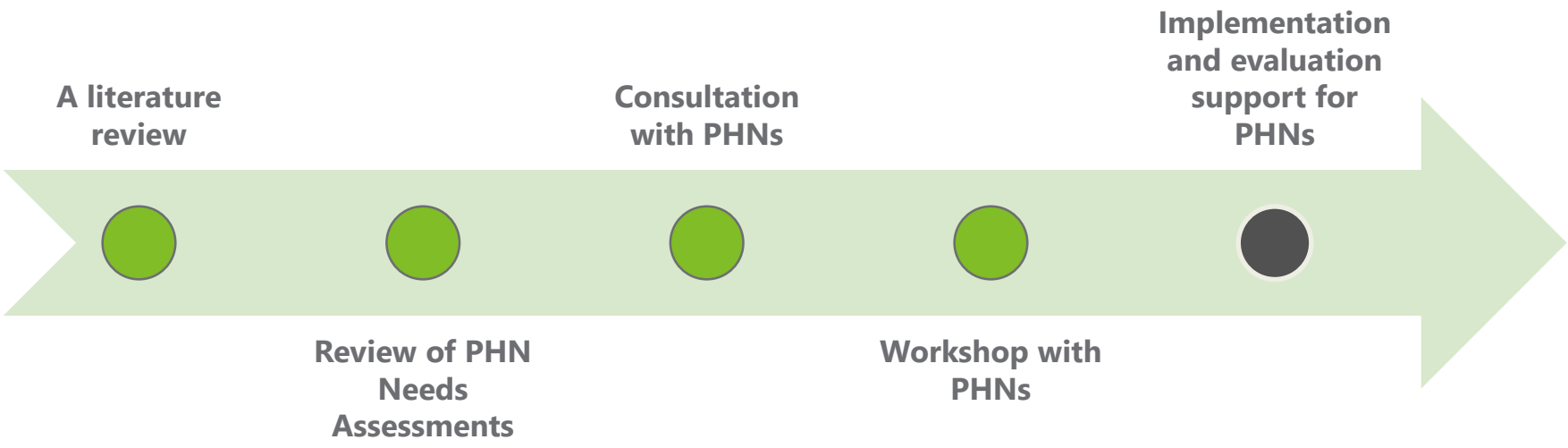
Primary Health Networks

Two focus areas of the chronic pain project

Prevention of chronic pain i.e. early intervention of acute pain to prevent chronic pain

Management of chronic pain

Methodology



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What are Primary Health Networks currently doing to improve the prevention and management of chronic pain?

Presented by Dr Simone De Morgan and Ms Pippy Walker

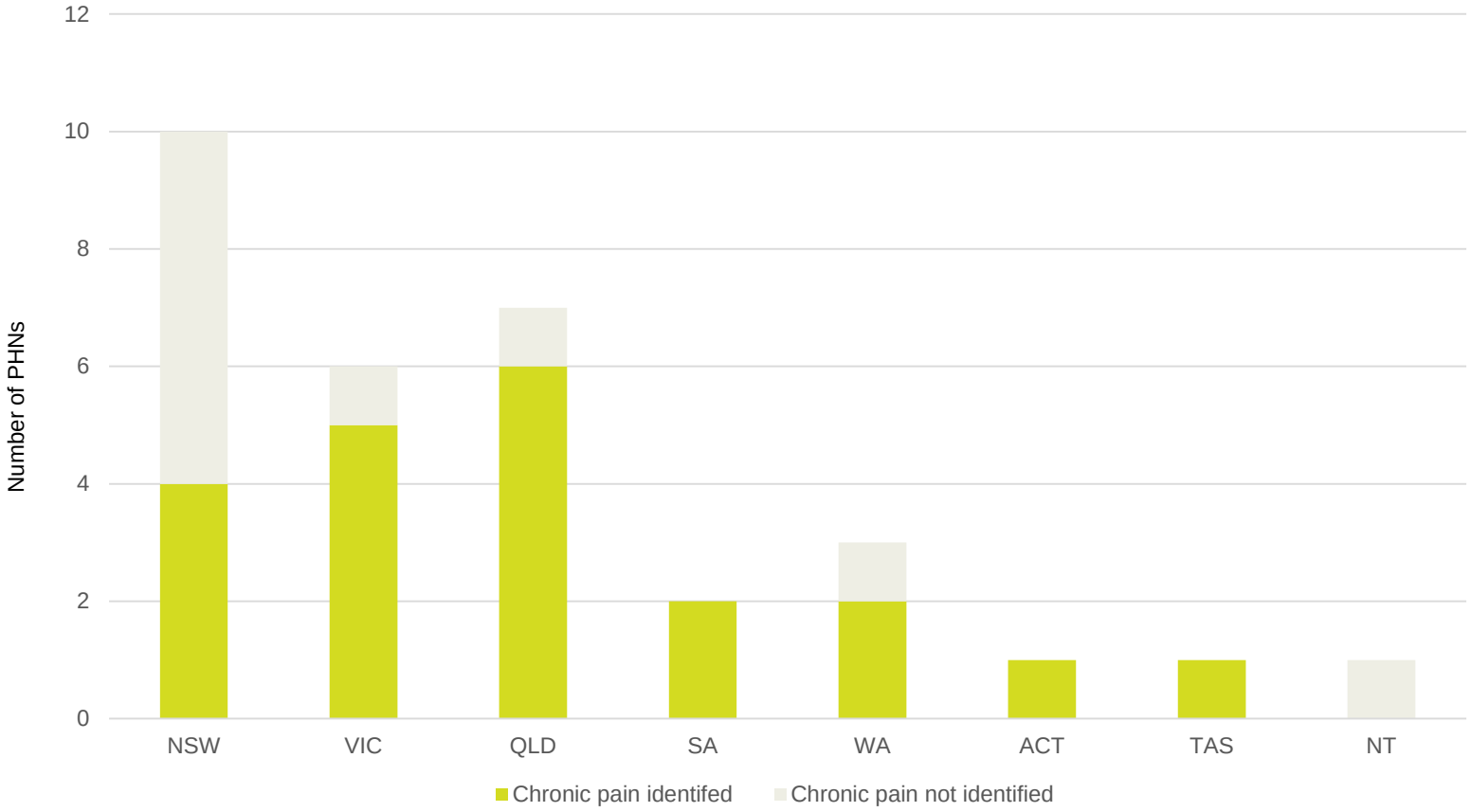
Research team: Professor Andrew Wilson, Professor Fiona Blyth, Dr Simone De Morgan, Ms Pippy Walker

PHN Workshop 19 March 2019

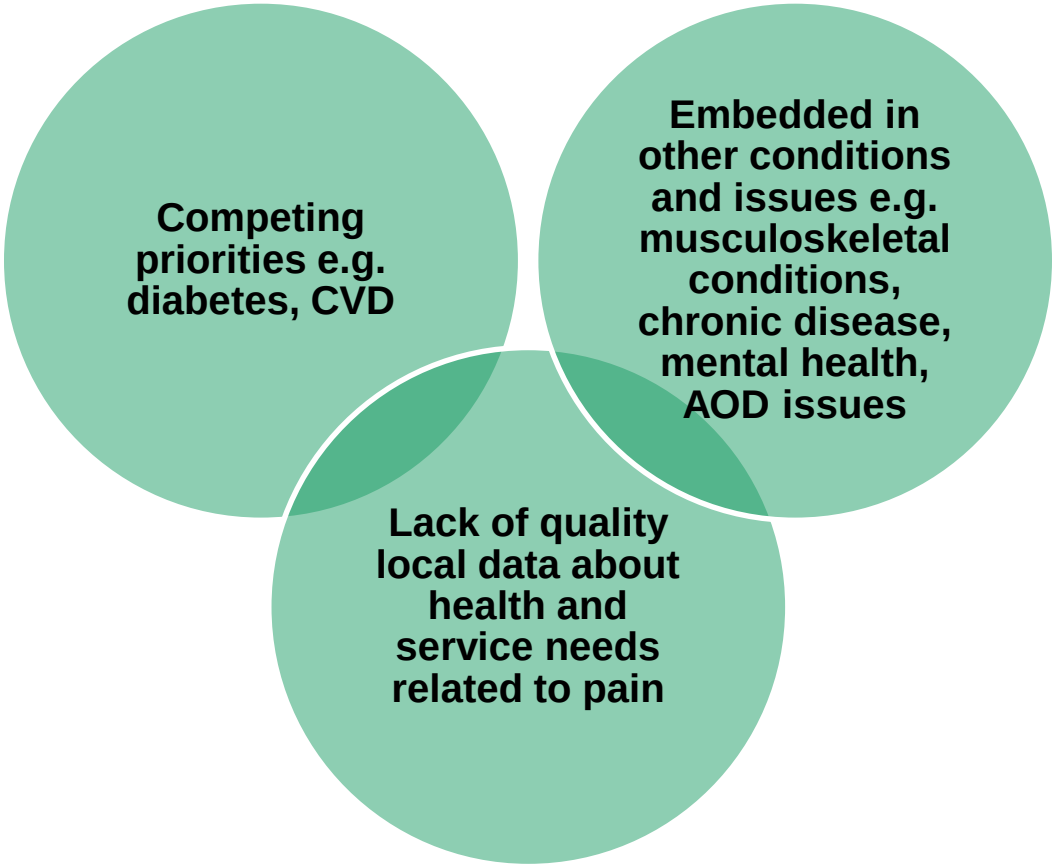
Have PHNs identified chronic pain as a health or service need?

Review of recent PHN Needs Assessments

Number of PHNs that identified chronic pain as a health or service need in their recent Needs Assessments



Why was chronic pain not identified as a need in some PHNs?



Key issues identified by PHNs related to chronic pain

Key issues identified by PHNs related to chronic pain

Poor access to multidisciplinary tertiary pain services with long wait times. This issue was identified as urgent and requiring a collaborative approach with GP services

Poor management of chronic pain particularly for older persons and lack of community based chronic pain programs

High opioid prescribing, the need for better monitoring of opioid prescribing, greater education and training for health providers about deprescribing of opioids and consumer initiatives that focus on this issue

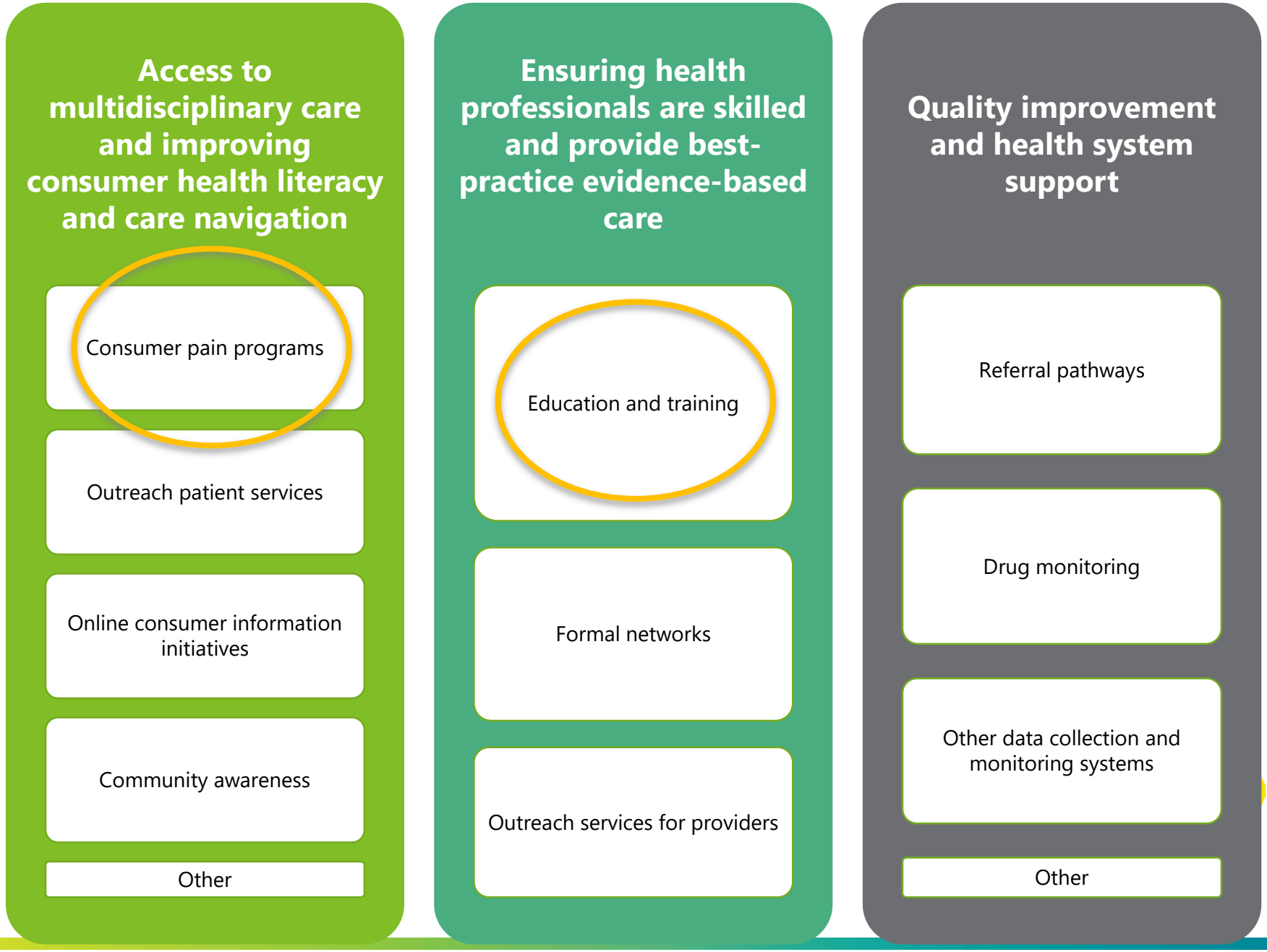
In regional areas: lack of tertiary pain services, the need to increase access to specialist services through use of telehealth, high opioid prescribing, barriers to accessing allied health services (travel, cost)

Mapping of chronic pain initiatives in PHNs

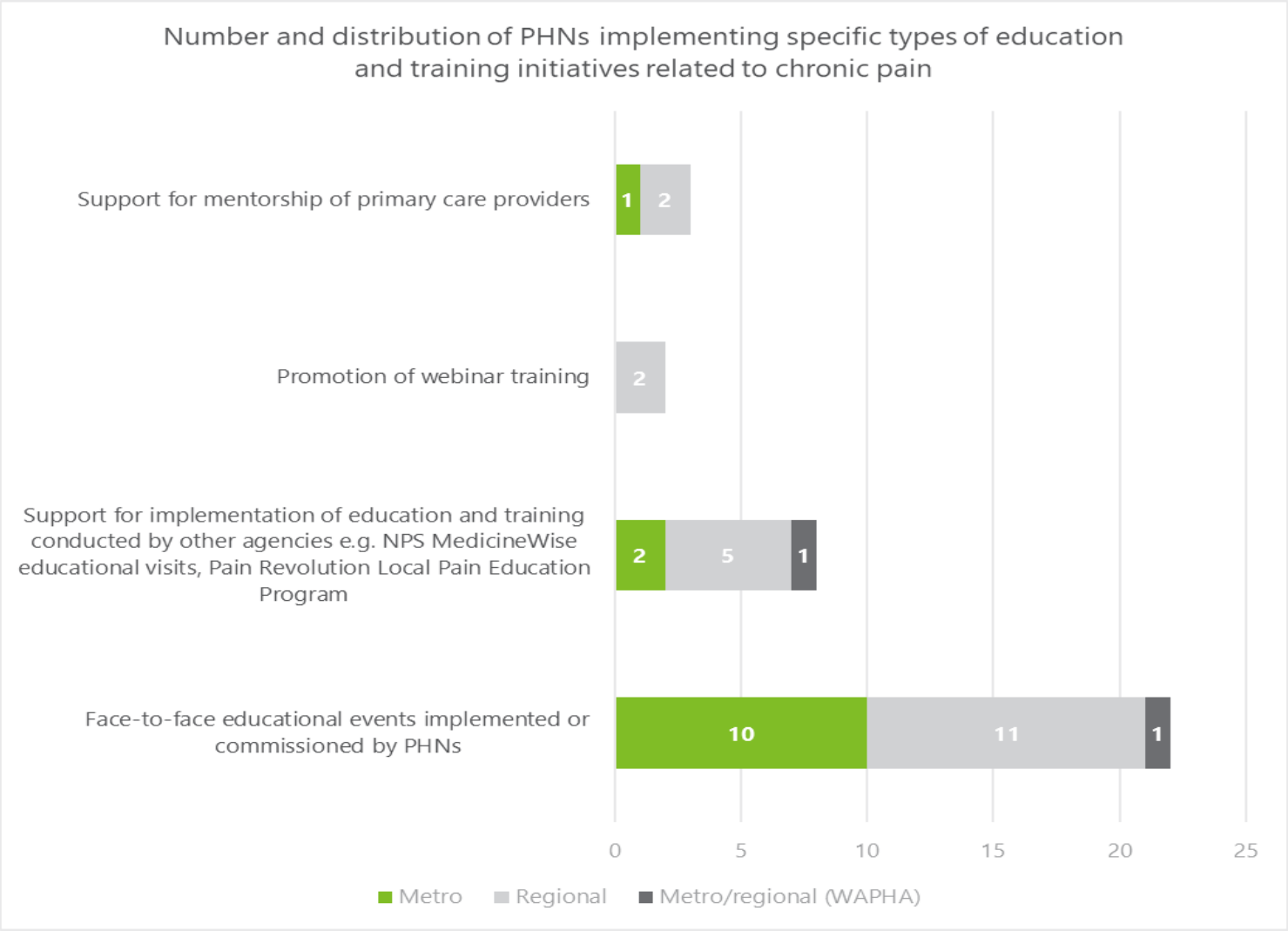
Purpose of the mapping of PHN chronic pain initiatives

- A framework of the types of chronic pain initiatives that PHNs are implementing
- An overview of the number and distribution of PHNs implementing specific types of chronic pain initiatives
- A description of each initiative including enablers to implementation, links to relevant websites and any supporting evaluation reports

The three goals of chronic pain initiatives implemented by PHNs


Access to multidisciplinary care and improving consumer health literacy and care navigation
Consumer pain programs
Outreach patient services
Online consumer information initiatives
Community awareness
Other
Ensuring health professionals are skilled and provide best-practice evidence-based care
Education and training
Formal networks
Outreach services for providers
Quality improvement and health system support
Referral pathways
Drug monitoring
Other data collection and monitoring systems
Other

Education and training



Consumer pain programs

- Consumer pain programs in the community have been highlighted as an area of need
- Consumer pain programs are currently being implemented in six PHNs and the WA Primary Health Alliance (WAPHA)
- Programs are implemented in a range of states including NSW, QLD, SA and WA and in a range of metropolitan and regional PHNs

Monitoring and evaluation of chronic pain initiatives

Aim

- To understand what works well and doesn't work well in implementing an initiative
- To assess whether outcomes and positive impacts have been achieved
- To stimulate continuous improvement
- To inform future decision-making about initiatives

Gaps

- Not all initiatives had been or were currently being monitored and evaluated
- The types of chronic pain initiatives that were least likely to be evaluated were online consumer initiatives and referral systems
- Not all reports and evaluations were publicly available

Recommendations

- Greater emphasis on monitoring and evaluation
- Make reports and evaluations publicly available to help other PHNs

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Mapping of chronic pain initiatives in Primary Health Networks

Summary of findings from consultation with PHNs

March 2019

Future plans

What chronic pain initiatives are PHNs planning?

Future plans

Continue with current chronic pain initiatives

- Most chronic pain initiatives were continuing to be funded

New chronic pain initiatives

- 2 PHNs had plans for consumer pain programs
- 3 PHNs had plans for outreach patient services
- 1 PHN had plans for community awareness focussing on medical cannabis
- 6 PHNs had plans for new chronic pain initiatives related to health professional education and training (e.g. support for mentorship via telehealth as part of ECHO)
- 3 PHNs had plans for quality assurance and health system support initiatives related to chronic pain (e.g. new referral pathways, ePPOC, QI project for chronic pain)

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Chronic Pain Resources

A summary of online and accessible initiatives and resources

March 2019

Purpose of this resource

- To improve awareness among PHNs of online and accessible chronic pain initiatives and resources relevant to primary care in Australia

How can PHNs use this resource?

- To inform the implementation of their chronic pain initiatives
- To distribute it to their networks of primary care providers and consumers

Morning Tea

11:10-11:30am

Session 2:
Case Study Examples of PHN Chronic Pain Initiatives

Chair: Professor Michael Nicholas

painwise

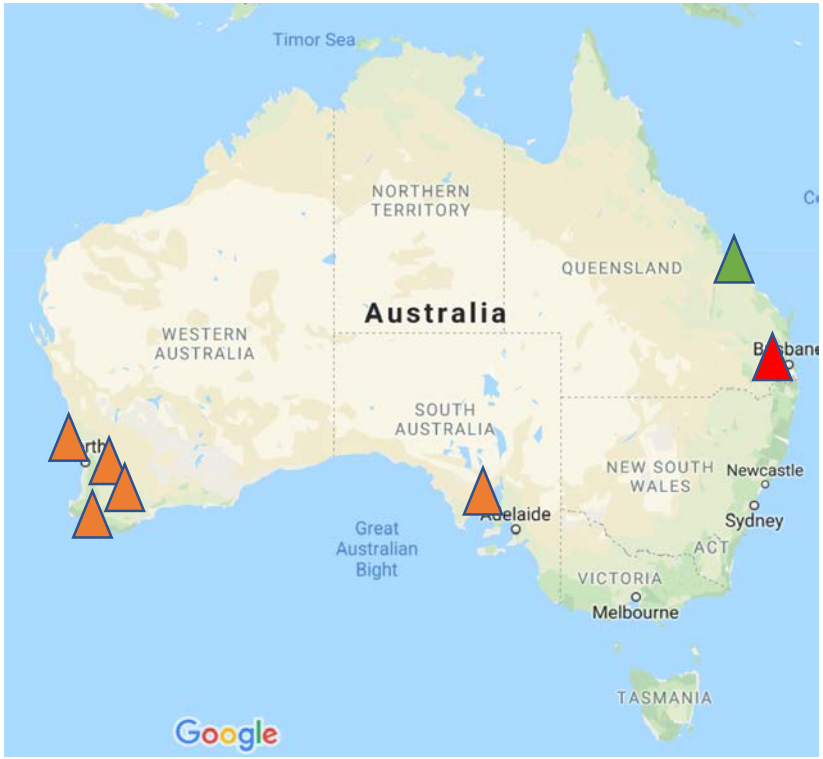
phn GOLD COAST

An Australian Government Initiative

Gold Coast Primary Health Network Persistent Pain Program

Turning Pain into Gain Program

Where the journey began



History

2011: Commenced as an altruistic pain support group in North QLD, Mackay

2013 to present: Officially funding from Gold Coast Medicare Local, now GCPHN, to pilot the program

2015 NAML → NAPHN

2018 WHPHA – 4 sites

Target population

- > 6 months chronic pain
- 3-6 months subacute pain
- Adults 18+
- Patients who that are not suitable for surgical or urgent pain specialist interventions
- The patient requires improved self-management strategies and skills to optimise ongoing care

Key Features of the TPIG Pain Program

Program Staff:

- Pharmacist, Physiotherapist, Exercise Physiologist
- PMRI Pain Certificate program training or FPM Better Pain Management Modules

Primary Health Network:

Exercise Physiologists, Psychologist, Pharmacist, Dietician, OTs – With special Interest in Pain Management

Description: Evidence base Self-Management Pain Program

- Low intensity, 12 month pain program
- Face-to-Face Inidividual Case Management / Pain Management Planning
- Group based – TPIG Pain Program (located mid and south GC)
- Occasional phone or telehealth consultation

Cost = No cost to the patient

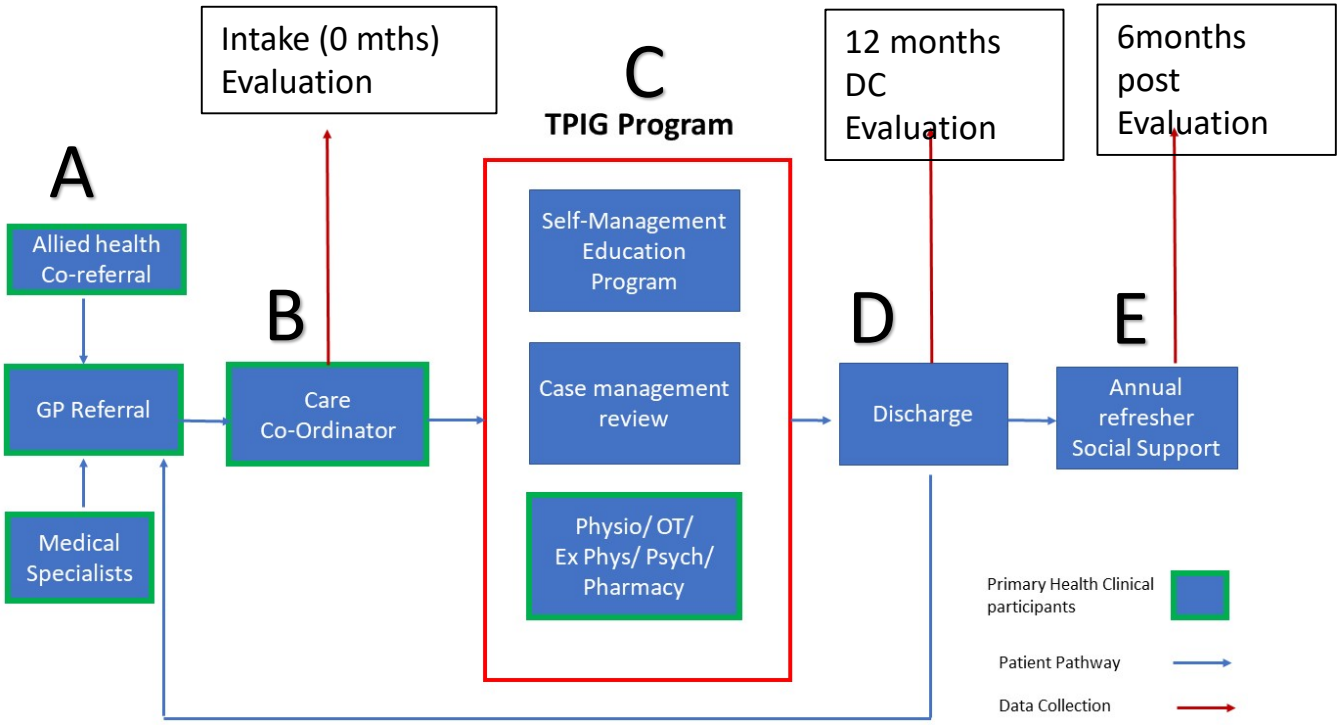
Medicare allocated Chronic Disease Management Plans are utilised for allied health and supplemented by extra allied health services by the program (up to 4 extra AH services provided by the program)

Location: Mid and South Gold Coast

Direct Referral : GP

Co-Referral: Specialist, QLD Health, NGOs, Allied Health (then counter sign by patient's GP)

TPIG Clinical Pathway



The PHN role in the TPIG Pain Program

Funding:

- Continuum of funding increased referral confidence in the service
- Improved compliance with patients

Non-funded Partnerships:

- Partners In Recovery, QLD Health, Return to work organisations, Community Nursing organisations

Barriers in implementation

- Lack of trained allied health staff in the early staffing phase
- Lack of process in operations of the service
- Limited primary health contact and networks (initially but quickly resolves once the project is known)
- Waitlists

Enablers in implementation

- Good team leader
- Supportive PHN
- Standardised process and program pathway
- Collaborative Tertiary health Centres (ie local hospital)
- Communication systems / pathways

Sustainability

- 5 years on and going strong
- Committed, adequate funding
- Efficient operations process
- Cohesive clinical team
- Optimised communication plan (with health professionals and patients)
- IT capabilities

Gold Coast Primary Health Network Persistent Pain Program

Evaluation

Dr Michelle King

With thanks to: Dr Amary Mey Dr Adem Sav

Dr Fiona Kelly Ms Shirdyha Joypaul

Ms Joyce McSwan and the GCPHN

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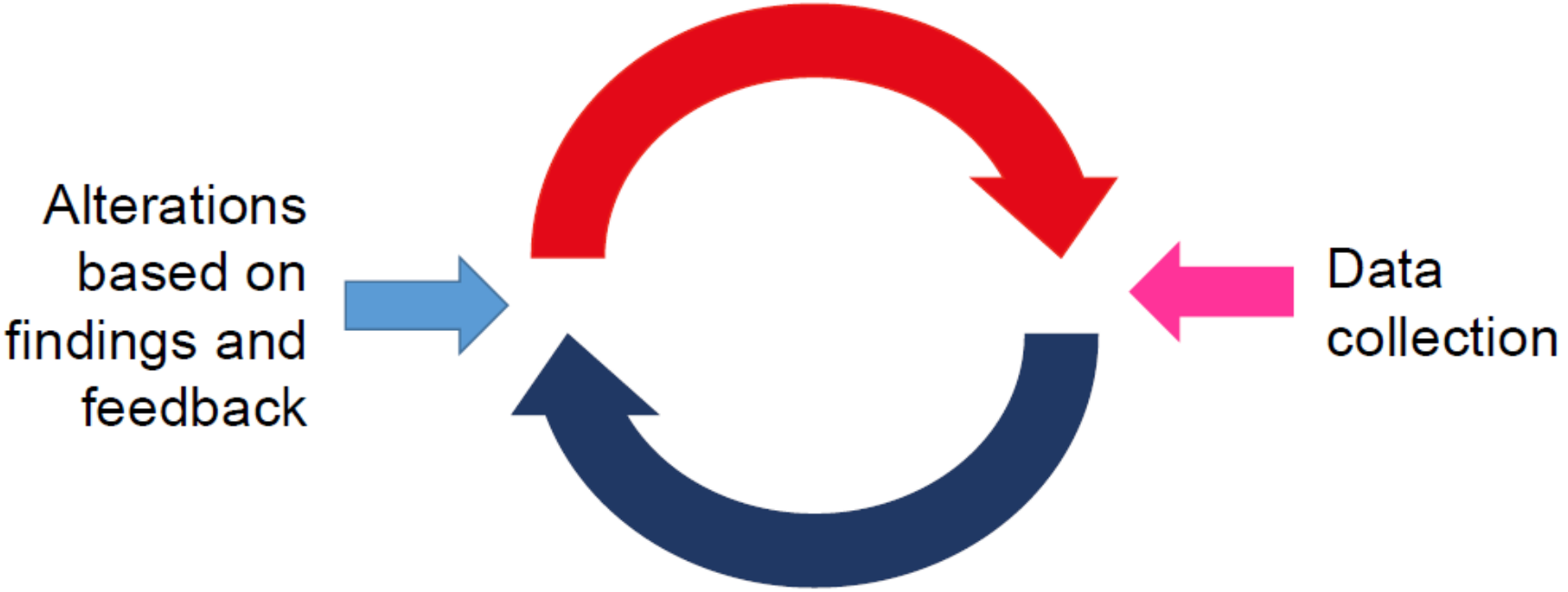
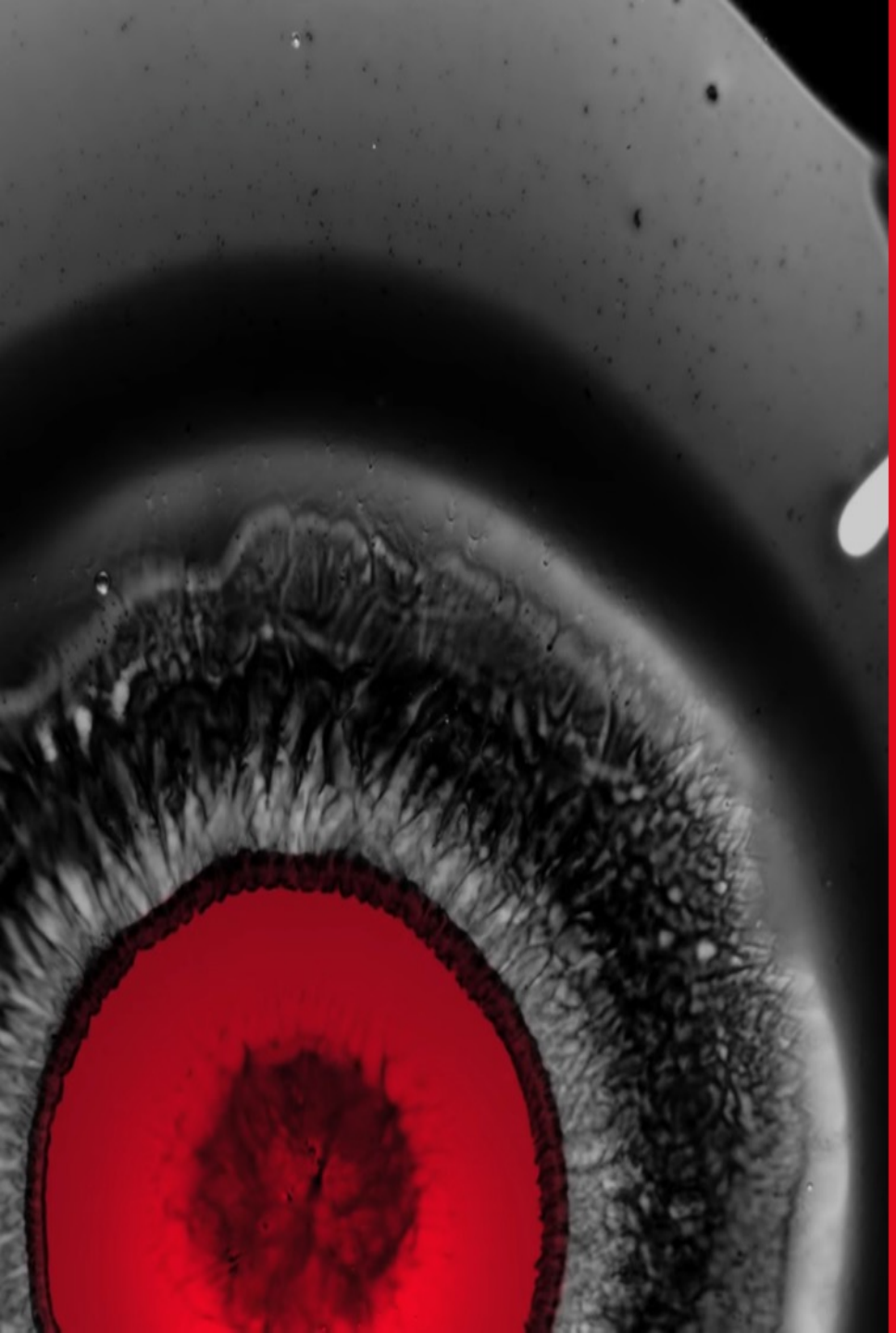
TPIG delivered each year 2013 - current



Evaluation and Feedback 2014 - 2017



Evaluation - Mixed Methods

Quantitative

- Attendance, resource use
- Validated questionnaires PSEQ
- Medication Use
- Likert scales

Qualitative

- Comments
- Interviews

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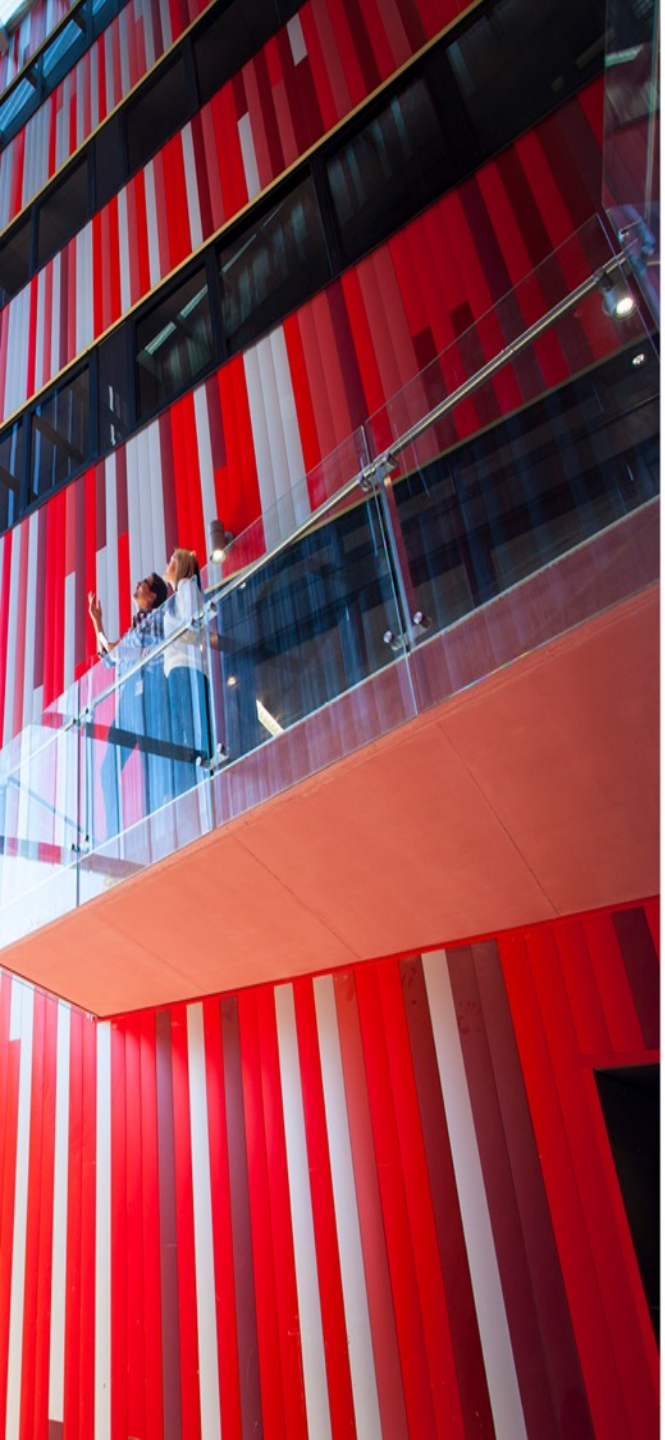

Results

Turning Pain into Gain: Evaluation of a Multidisciplinary Chronic Pain Management Program in Primary Care

Shirdhya Joypaul ✉, Fiona S Kelly, PhD, Michelle A King, PhD

Pain Medicine, pny241, https://doi.org/10.1093/pm/pny241
Published: 12 December 2018

Free Access Online: https://academic.oup.com/painmedicine/advance-article/doi/10.1093/pm/pny241/5240598

Improved PSEQ

- 23.1 to 35.5 out of 60

Reduced hospitalisations

- 50 to 11 per 12 mths

Medication changes

- Increased alignment with guidelines

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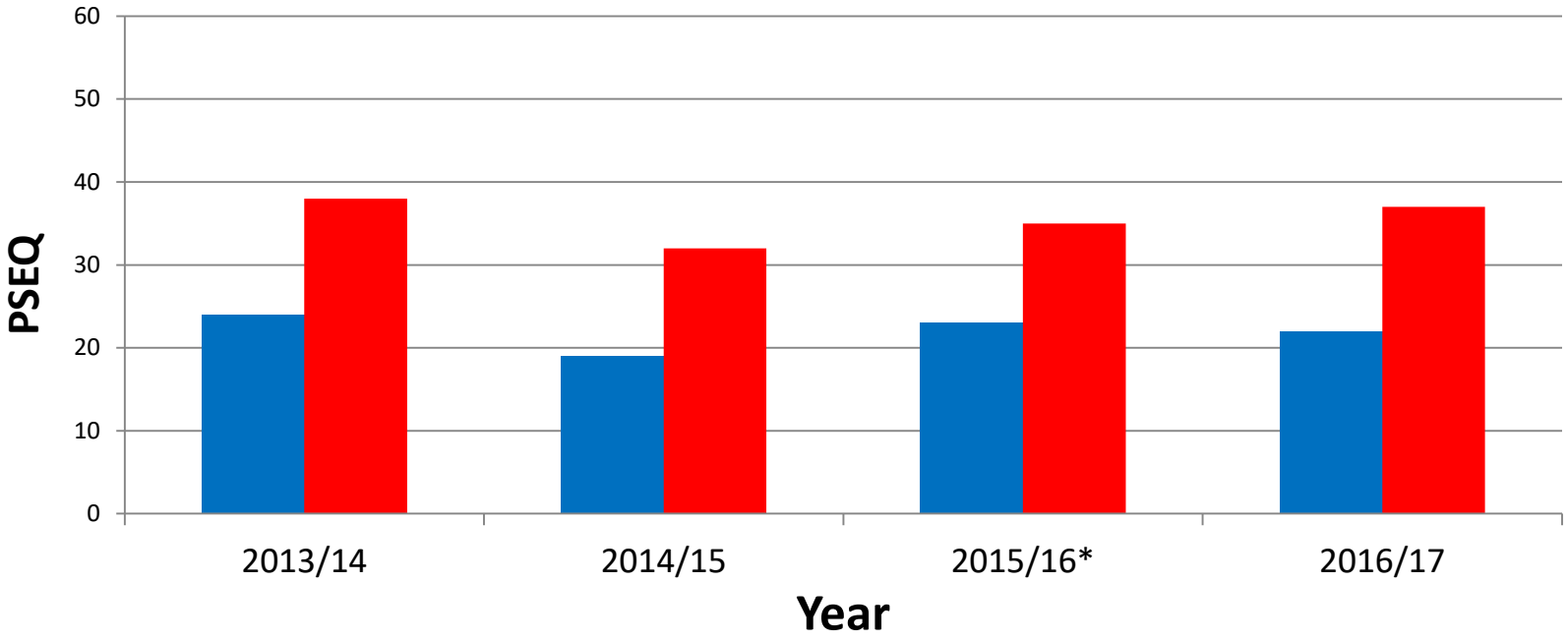
Results – PSEQ changes each iteration



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Future Research

- Participants' long term strategies and outcomes
- ?RCT including $

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THANK YOU
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Queensland, Australia

phn ADELAIDE

An Australian Government Initiative

Living Well with Persistent Pain

Local Adaptation and Implementation

Jane Goode
Innovation & Design Officer, Adelaide PHN

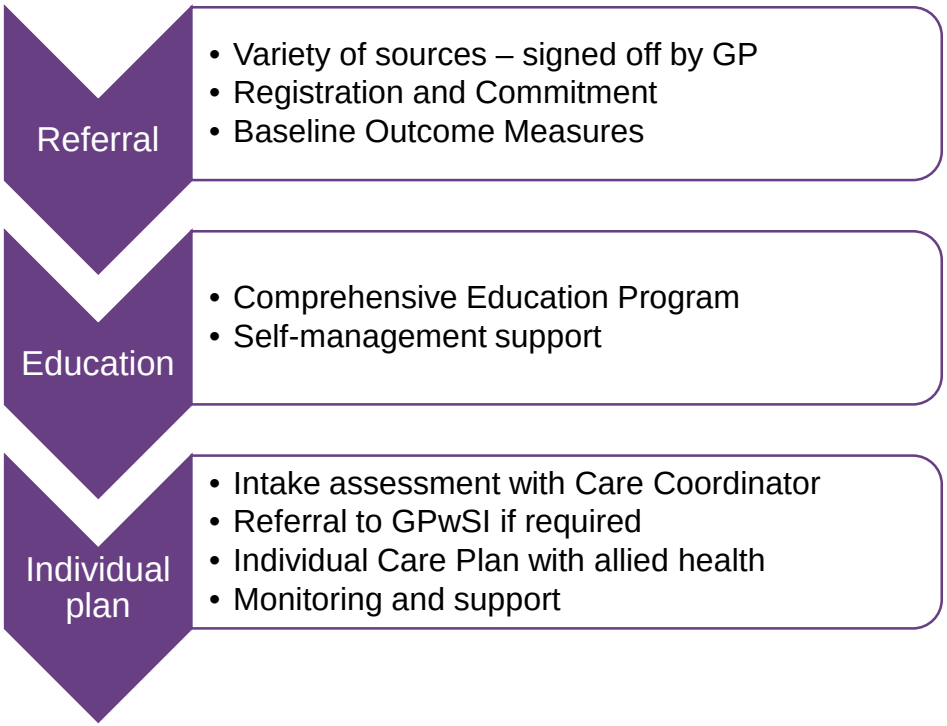
We acknowledge the Kaurna peoples who are the Traditional Custodians of the Adelaide Region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present.

phn ADELAIDE
An Australian Government Initiative

History

- Based on the Painwise ‘Turning Pain into Gain’ Program
- First run in 2015 by Northern Adelaide Medicare Local
- Situated in northern Adelaide around the City of Playford
  - 111,262 PBS/RPBS prescriptions dispensed for opioid medicines per 100,000 population
  - Second highest in nation!
- Transitioned to Primary Health Network mid-2015
- Commissioned from 2016-17 to independent service provider
- Expansion in 2018 to another service provider to cover new region – centre-west

Program



Program

Enablers

- Finding motivated teams and coordinators with appropriate expertise
  - Can be a barrier too!
- Supportive tertiary connections
  - Networks - informal / formal
- Independent branding and promotion
- Capacity building coordinator role at Adelaide PHN

Benchmark description	BM	LWwPP	BM met?	All services
Average pain | Patients with moderate or severe average pain at referral have made clinically significant improvement at episode end	30%	7.7%	N	28.3%
Pain interference | Patients with moderate or severe pain interference at referral have made clinically significant improvement at episode end	50%	38.5%	N	61.9%
Depression | Patients with moderate or severe pain interference at referral have made clinically significant improvement at episode end	60%	36.4%	N	56.9%
Anxiety | Patients with moderate, severe or extremely severe anxiety at referral have made clinically significant improvement at episode end	50%	36.4%	N	43.3%
Stress | Patients with moderate, severe or extremely severe stress at referral have made clinically significant improvement at episode end	60%	33.3%	N	57.4%
Pain catastrophising | Patients with high or severe pain catastrophising at referral have made clinically significant improvement at episode end	60%	50%	N	54.1%
Pain self-efficacy | Patients with impaired self-efficacy (moderate or severe) at referral have made clinically significant improvement at episode end	60%	8.3%	N	51%

Sustainability

- Challenging question!
  - Many commissioned services face similar problems
  - Developing business cases?

- Changing models of primary care
  - Patient-Centered Medical Home
  - Capitation
  - Public – private partnerships

Thank you to Joyce McSwan, Painwise

phn ADELAIDE

connecting you to health

An Australian Government Initiative

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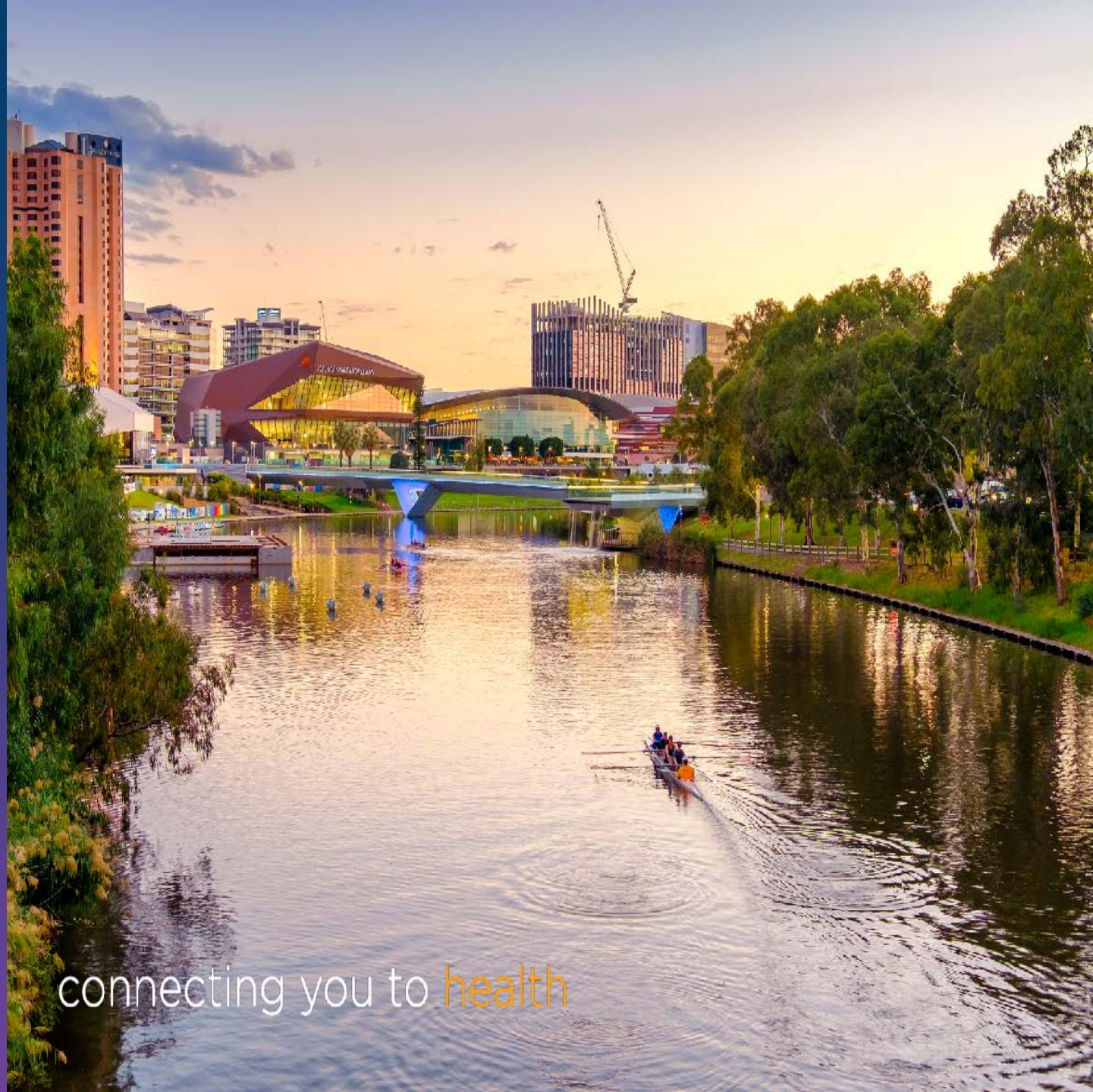

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ADELAIDE

An Australian Government Initiative

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enquiry@adelaidephn.com.au
adelaidephn.com.au

Questions?

Chronic Pain Prevention in Primary Care

Dr Jonathan Ho, GP Liason (Murrumbidgee Primary Health Network)

Nepean Pain Clinic – The Murrumbidgee Project

Local Pain Educators – The Pain Revolution

Acknowledgements:

Diana Taylor, Clinical Nurse Specialist, Pain Management Service (NBMLHD)

Angie Clerc-Hawke, Project Manager, Local Pain Educator Program (Pain Revolution)

Ms Anita Mcrea, Senior Manager Mental Health, Drug and Alcohol

THE MURRUMBIDGEE PROJECT

Linking remote and rural New South Wales to specialist pain management services

Diana Taylor
Clinical Nurse Specialist, Pain Management Service, Nepean Hospital

4. The Murrumbidgee

Murrumbidgee LHD

- 124,141 square km, 242,840 people
- 302 General Practitioners
- 17 health facilities including (2 Base Hospitals)

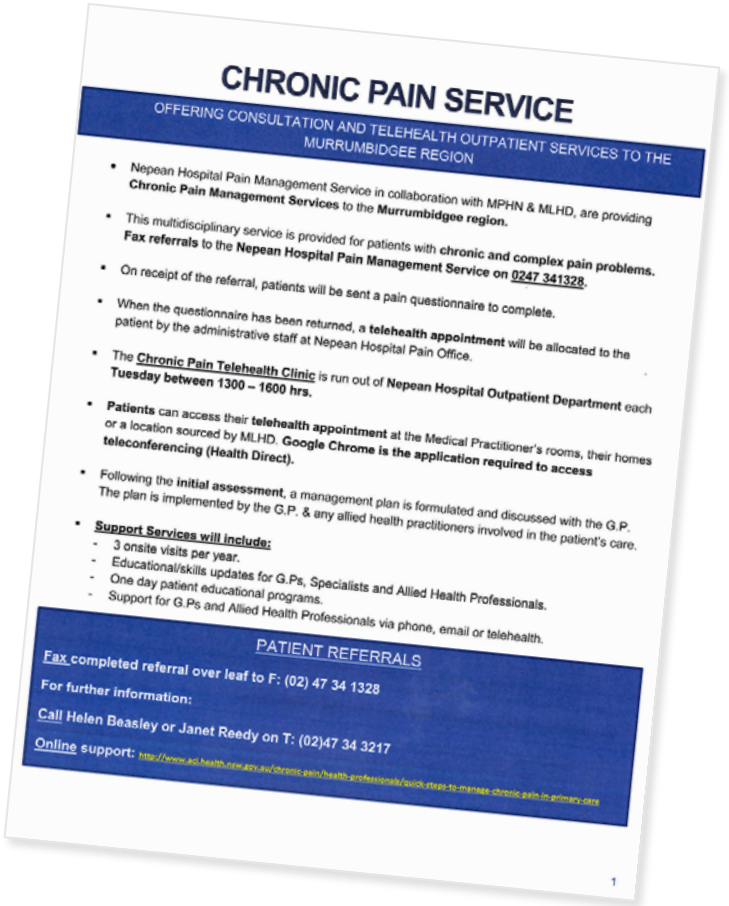
Australian Bureau of Statistics, 2016

5. Model of Care

Model of Care

1. Teleheath Clinic: Nepean Hospital

2. Outreach Service: Wagga Wagga and Griffith



CHRONIC PAIN SERVICE

OFFERING CONSULTATION AND TELEHEALTH OUTPATIENT SERVICES TO THE MURRUMBIDGEE REGION

- Nepean Hospital Pain Management Service in collaboration with MPHN & MLHD, are providing **Chronic Pain Management Services** to the **Murrumbidgee region.**
- This multidisciplinary service is provided for patients with **chronic and complex pain problems.** **Fax referrals** to the **Nepean Hospital Pain Management Service on 0247 341328.**
- On receipt of the referral, patients will be sent a pain questionnaire to complete.
- When the questionnaire has been returned, a **telehealth appointment** will be allocated to the patient by the administrative staff at Nepean Hospital Pain Office.
- The **Chronic Pain Telehealth Clinic** is run out of **Nepean Hospital Outpatient Department** each **Tuesday between 1300 – 1600 hrs.**
- **Patients** can access their **telehealth appointment** at the Medical Practitioner's rooms, their homes or a location sourced by MLHD. **Google Chrome is the application required to access teleconferencing (Health Direct).**
- Following the **initial assessment**, a management plan is formulated and discussed with the G.P. The plan is implemented by the G.P. & any allied health practitioners involved in the patient's care.
- **Support Services will include:**
  - 3 onsite visits per year.
  - Educational/skills updates for G.Ps, Specialists and Allied Health Professionals.
  - One day patient educational programs.
  - Support for G.Ps and Allied Health Professionals via phone, email or telehealth.

PATIENT REFERRALS

Fax completed referral over leaf to F: (02) 47 34 1328

For further information:

Call Helen Beasley or Janet Reedy on T: (02)47 34 3217

Online support: http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care

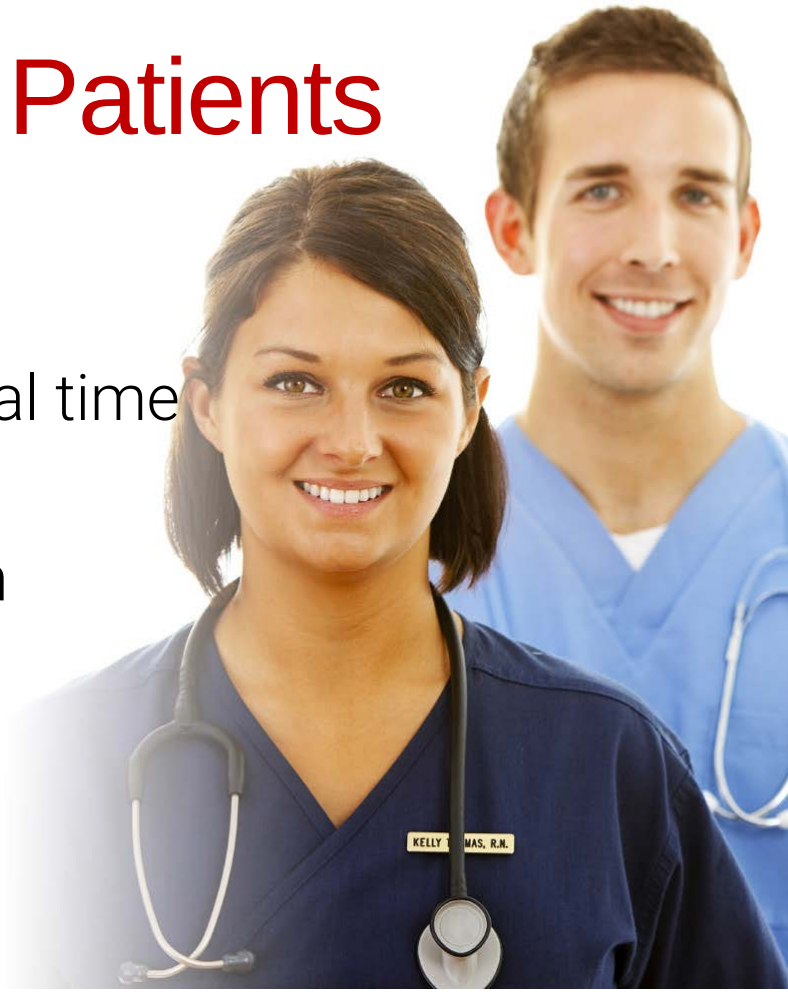
1

Service Provision: For Patients

- **Chronic Pain Telehealth Clinic:**

Once per week.
Multidisciplinary assessment with real time advice for the patient and GP

- **“Living With Pain”-** 1 day education program.



Service Provision: For Clinicians

- Chronic Pain Telehealth Clinic
- Outreach service to the 2 main towns
- Education workshops - 3 per year
- Telephone advice for local clinicians

CAPACITY BUILDING

The development of a *network* of **local clinicians** who are **skilled** and confident in **managing patients with chronic pain.**

Sustainability

Current Enablers

- Maintaining the focus of Patient Centered Care.
- Building on our local partnerships.
- Clinical Governance and support from ACI.

Patient Profile at Referral

ASSESSMENT TEST SCORES	MURRUMBIDGEE	ALL 63 AUS & NZ SERVICES
Pain Severity	6.6	6.1
Pain Interference	7.6	6.9
Depression	21.5	19.0
Anxiety	14.8	13.3
Stress	21.3	20.5
Pain Catastrophising	32.6	27.6
Pain Self-Efficacy	17.3	21.5

Patient Outcomes in Pain Management, 2017 Annual Report

SEVERE MODERATE

Patient Profile at Referral

	MURRUMBIDGEE	ALL SERVICES
Average number of pain sites	4.3 ↑	3.8
Avg. number of co-morbidities	2.6 ↑	2.2
Patients using opioids >2 days/wk	83.3% ↑	56.2%
Avg. oral morphine equiv. daily dose (oMEDD)	96.3mg ↑	67.2mg
Avg. number of drug groups	2.6 ↑	2.4
Patients unemployed due to pain	35.2% ↑	33.8%
Patients experiencing pain > than 5 years	61.3% ↑	39.3%

Local Pain Educator Program

Dr Jonathan Ho, Murrumbidgee PHN

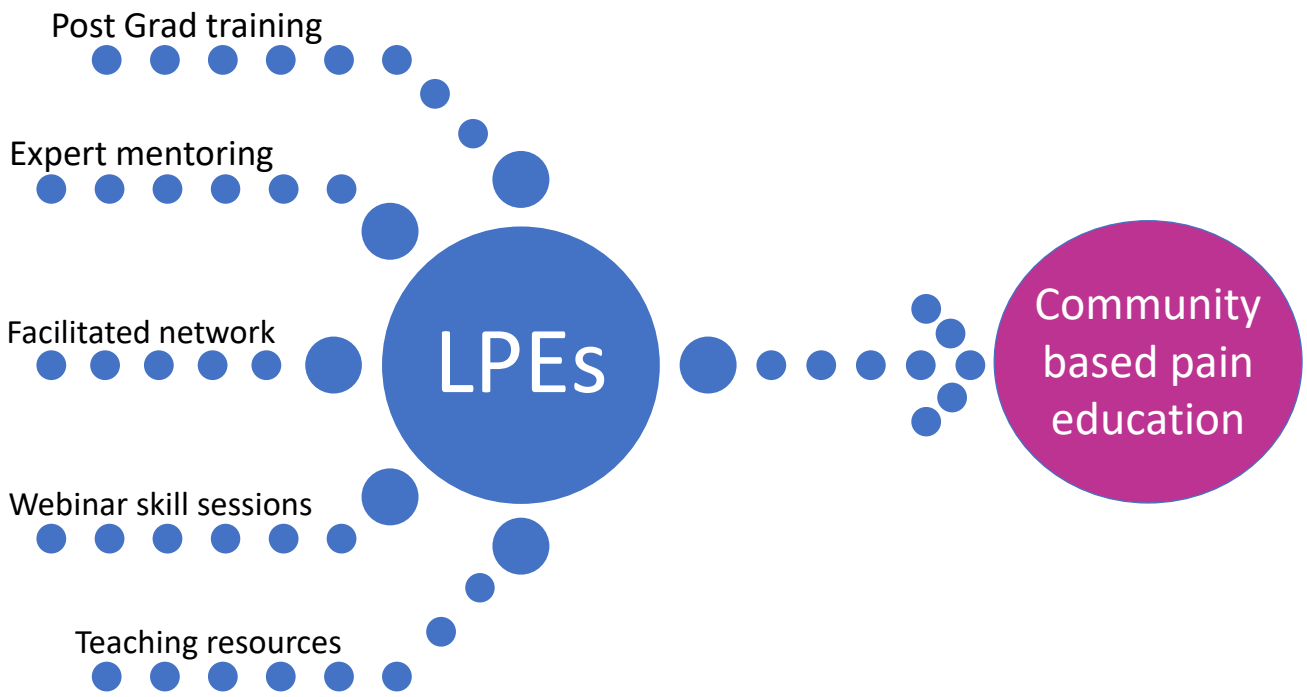
Local Pain Educator Program

Aim

To embed capacity within rural/regional communities to deliver best evidence-based pain education and care. The program supports prevention, early intervention and recovery within the community.

Objectives

Upskill	Build	Educate
Upskill regional/rural health professionals in pain science and best practice treatment for persistent pain	Build a interdisciplinary network of health practitioners with high level expertise in pain science and education to facilitate peer to peer learning and support	Deliver pain education, to health professionals and public, in the community to increase awareness of contemporary pain science and a biopsychosocial model of care for pain


Post Grad training
Expert mentoring
Facilitated network
Webinar skill sessions
Teaching resources
LPEs
Community based pain education

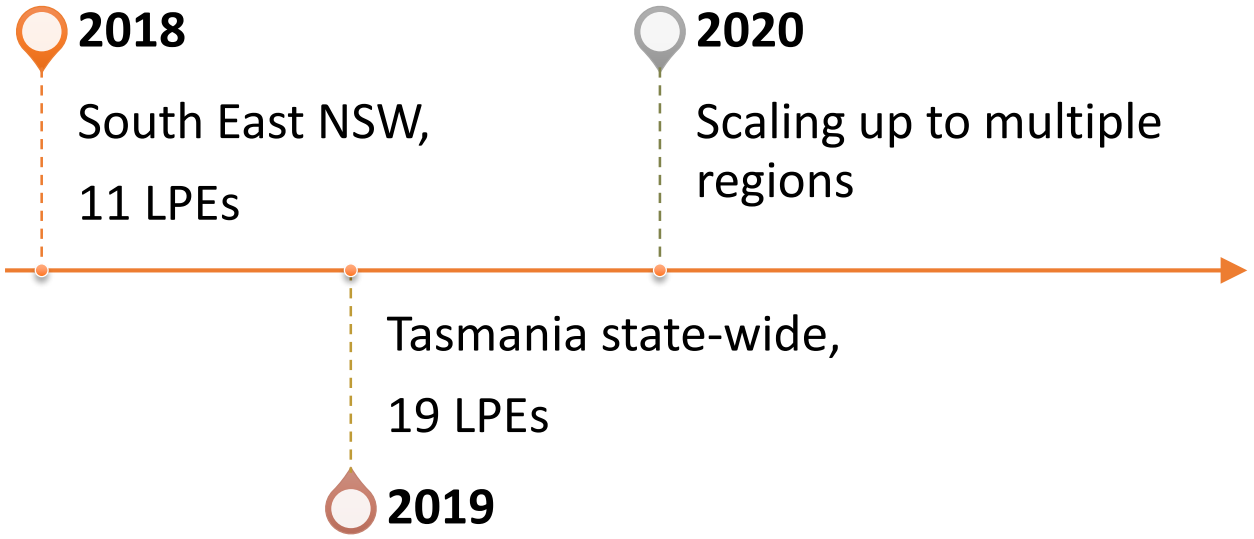
Sustainability

EMBEDDED LOCAL CAPACITY

ONGOING ACCESS TO NATIONAL NETWORK ACTIVITIES

LPES TO BECOME MENTORS

Scalability



COORDINARE

phn
SOUTH EASTERN NSW
An Australian Government Initiative

Chronic Pain Initiative:
Regional Workshops
Webinar Training
Allied Health Group Pain Programs

Philippa Gately
March 2019

COORDINARE

Southern NSW

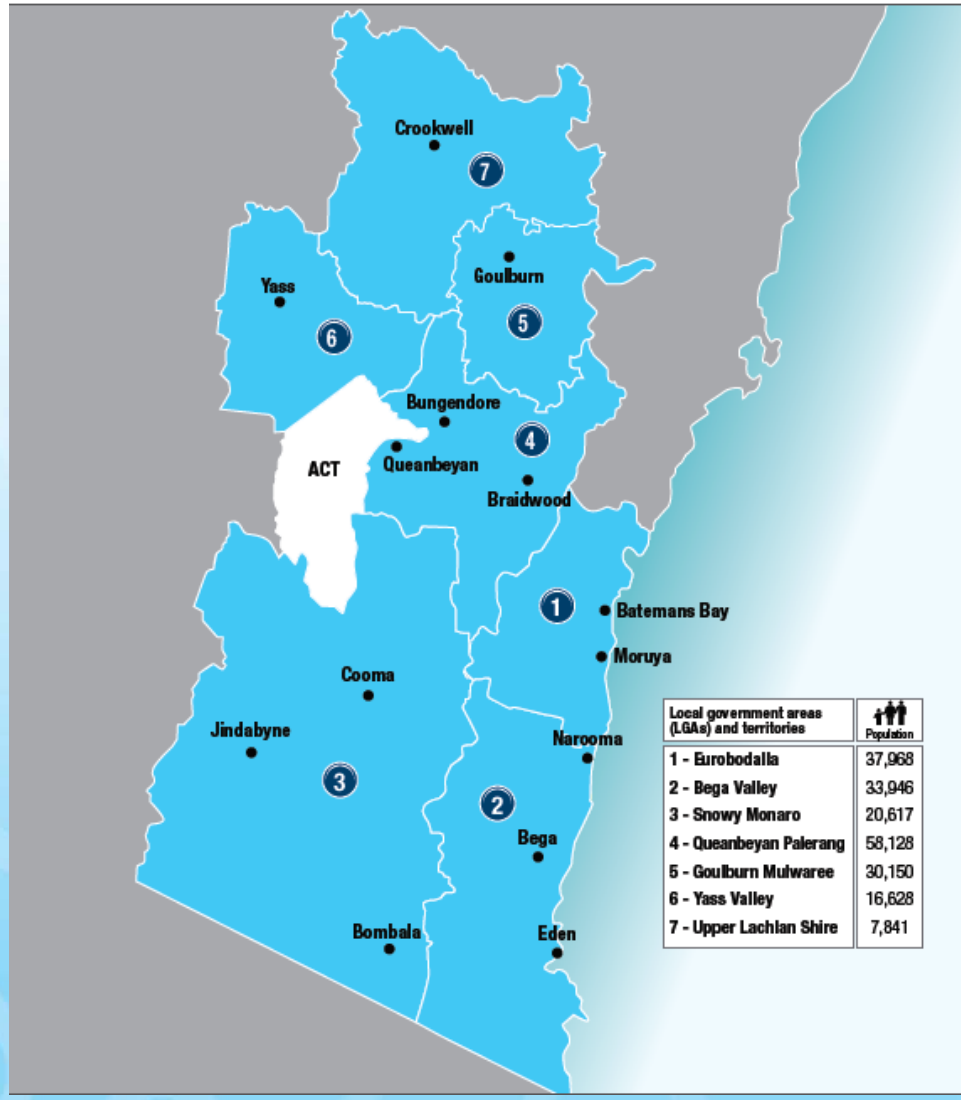
270,000 population

44,534 km^2

Four Aboriginal Nations

No tertiary hospital

20% population >65 years old



COORDINARE

NSW GOVERNMENT Health Southern NSW Local Health District

ST VINCENT'S HOSPITAL SYDNEY
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

ACI NSW Agency for Clinical Innovation

Challenges

- 2014 SENSW opioid prescribing rates*
  - 6-7 times national rate
  - South Coast ranked 7/91 in NSW
- SNSW ranked 11/15 in highest proportion of population ED presentations for pain*
- Up to 508 kms to nearest pain clinic
- Limited access to Pain Specialist
- Limited access to skilled Allied Health
- Limited local training and upskilling

*Ghosh, A. 2016. Chronic Pain Snapshot – Southern NSW, South Eastern PHN

Solutions

- Ministry funding $100,000 (ACI)
- Telehealth from SVH
  - Consultation with a Pain Specialist
  - Opportunity for medication review
  - MDT approach
  - GP Involvement
  - Opportunity to explore complex cases
- Steering Group (SEPHN, SNSWLHD, St Vincent's Pain Service, ACI)
- 3 Regional Workshops per year (SVH)
- Webinar Training (PMRI,RNSH and ACI)
- Allied Health Group Pain Management Programs

St Vincent's Pain Service
Regional Chronic Pain Workshops

Aim: Capacity & Relationship Building

- *Building healthcare professional capacity in best practice management of chronic pain including allied health professionals*
- *Build relationships with StVs team and networks of healthcare professionals within regions*

Multidisciplinary Chronic Pain Workshops

- The full St Vincent's pain team attend & present
- 7 workshops - Far South Coast, 2 x Goulburn, Snowy Region, Queanbeyan and 2 x Eurobodalla
- 217 participants
- GPs, Hospital Nurses, Practice Nurses, Physios, Psychologists, Exercise Physiologists, OTs, Pharmacists, other physical therapists
- Content evolution based on participant feedback

Webinar Training
Aim: Capacity Building

- Run by Pain Management Research Institute, University of Sydney
- ‘Putting Cognitive Behavioural Skills into Practice’ Facilitator Training Program
- 6 x 90 minute evening webinar
- Maximum of 10 participants
- COORDINARE gratefully acknowledges the financial support provided by the ACI for the initial webinar training costs

Allied Health
Chronic Pain Management Programs

- *Community based group program for people with **mild to moderate chronic pain***
- *Developed by Prof Nicolas, PMRI & ACI and run by Central Coast ML*
- *Facilitated by psychological and physical therapists*
- *Referral from GPs or self referred*
- *6 week face to face, 3 hour group program*
- *Follow up at 4 and 12 weeks*

September 2017 to present:

- Expression of interest for Facilitators
- Trained 30 Health Professionals
- 10 programs delivered up to end 2018
- 6 programs in progress / to commence by 30 June 2019
- Delivered across SNSW: Batemans Bay, Moruya, Bermagui, Bega, Jindabyne, Goulburn
- Public/private program in Bega – community health OT/physio & private psychologist

Mabel

"…Three weeks later she had walked the dog along the cobbled lane and come off all her opioid medication…"

Josephine Richardson
Program Facilitator, Bermagui

Patient profile at referral – mild to moderate pain program

ePPOC electronic persistent pain outcomes collaboration

2018 Annual Report	COORDINARE n=96	All Services
Average number of pain sites	**4.7**	**4.0**
Average number of comorbidities	**2.7**	**1.9**
% of patients using opioids >2 days/wk	**60.7**	**59.2**
Average oMEDD (mg)	**50.0**	**62.9**
Average number of drug groups used	**2.5**	**2.3**
% of patients unemployed due to pain	**42.0**	**39.4**
% of patients experiencing pain >5 years	**74.3**	**40.1**

% Patients making clinically significant improvements from referral to episode end

	2018 Mid year report COORDINARE n=39	2018 Mid year report All services
Average pain rating	35	33
Pain interference	56	64
Depression	65	60
Anxiety	32	45
Stress	63	59
Pain catastrophising	71	56
Pain self efficacy	58	52

% Patients making clinically significant improvements from referral to episode end

ePPOC electronic persistent pain outcomes collaboration

	2018 Mid year report COORDINARE n=39	2018 Mid year report All services	2018 Annual report COORDINARE n=64	2018 Annual report All services
Average pain rating	35	33	31	33
Pain interference	56	64	66	64
Depression	65	60	58	61
Anxiety	32	45	36	47
Stress	63	59	55	63
Pain catastrophising	71	56	51	58
Pain self efficacy	58	52	44	53

Barriers / Enablers / Learnings

- Partnerships partnerships partnerships!
- Allied health CPM programs:
  - Achieving GP referrals can take time
  - Consistency of program implementation is critical
  - Overall program evaluation essential
  - Facilitator evaluation important
  - Pre program information session helps with program completion (& is therapeutic)
  - Recently introduced a pharmacist session to address opioid Rx
  - Address long term sustainability
    - Public / private partnership
    - Shared Medical Appointments

Acknowledgements

- COORDINARE – Jo Risk, Sue Rogers
- ACI – Jenni Johnson
- St Vincent’s Pain Service – Jacqui Jensen
- SNSW LHD – Cherie Puckett, Lou Fox
- CPM Program Facilitators
- Consumers

Brief update on Telehealth

Sue Rogers, NSW Agency for Clinical Innovation (ACI)

Stand and Stretch

5 minutes

Healthy Spine Service

(GPwSI led back pain clinic)

A joint Metro North HHS & PHN initiative

Jenny Hains, Manager
Integration Programs
Brisbane North PHN

project scope

- 2018 an alternative pathway for GP referrals for back & neck pain management.
- Specialist Outpatients: Neurology and Orthopaedics, rheumatology, neurosurgery
- Reduce long waits
- Central referral through CPIU or (direct- GP)
- New treatment evidence

target population

- The target population are people with subacute non-specific low-back pain +/- leg pain
- People who have significant psychosocial obstacles to recovery
- People who have difficulty returning to or maintaining employment
- People who have no physical comorbidity which could preclude exercise
- Patients will be screened as suitable for attendance at their Healthy Spine Clinic appointment or will be assessed by clinic staff if being referred in directly from GP

intervention

- GPwSI clinic
- Series of 5 sessions = 2 hours fortnightly (telehealth)
- Busting pain myths
- Exercise physiology
- Pacing and goal setting
- CBT
- Medication Management

the PHN role

- Joint project governance
- Steering Committee
- Advice from GP Liaison Officer
- Recruiting GPwSI
- Promotion and Communication to GP
- Develop supporting “health pathways”

acute back pain
low back pain
codeine de-prescribing
referrals into clinic

NETWORK Link

phn BRISBANE NORTH
An Australian Government Initiative

ISSUE February 2017

In this edition:

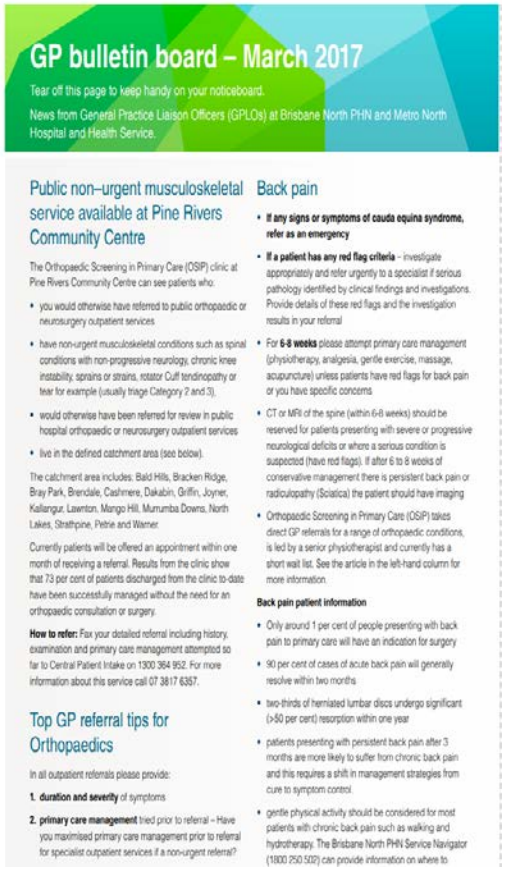
New program to support chronic disease prevention in the community

My health for life! is a new program funded by Queensland Health that will provide group and telephone based one on one health coaching for Queensland adults at high risk of developing heart disease, stroke and type 2 diabetes.

Commencing in Wide Bay in March 2017, before being rolled out in Cairns in April, Moreton Bay North in May and then statewide, the program will be delivered by an alliance of organisations led by Diabetes Queensland.

The program is for primary prevention only and people with diagnosed heart disease, stroke and diabetes are ineligible (see below for eligibility criteria). With funding of $27million over identify those at high risk of developing chronic conditions and offer a structured but flexible, healthy lifestyle program.

Coaching will be delivered over six months in multiple ways, including face to face, via telephone and further supported through online resources. The program will be tailored for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities.



GP bulletin board – March 2017

Tear off this page to keep handy on your noticeboard.

News from General Practice Liaison Officers (GPLOs) at Brisbane North PHN and Metro North Hospital and Health Service.

Public non–urgent musculoskeletal service available at Pine Rivers Community Centre

The Orthopaedic Screening in Primary Care (OSIP) clinic at Pine Rivers Community Centre can see patients who:

- you would otherwise have referred to public orthopaedic or neurosurgery outpatient services
- have non-urgent musculoskeletal conditions such as spinal conditions with non-progressive neurology, chronic knee instability, sprains or strains, rotator Cuff tendinopathy or tear for example (usually triage Category 2 and 3).
- would otherwise have been referred for review in public hospital orthopaedic or neurosurgery outpatient services
- live in the defined catchment area (see below).

The catchment area includes: Bald Hills, Bracken Ridge, Bray Park, Brendale, Cashmere, Dakabin, Griffin, Joyner, Kallangur, Lawnton, Mango Hill, Murrumba Downs, North Lakes, Strathpine, Petrie and Warner.

Currently patients will be offered an appointment within one month of receiving a referral. Results from the clinic show that 73 per cent of patients discharged from the clinic to-date have been successfully managed without the need for an orthopaedic consultation or surgery.

How to refer: Fax your detailed referral including history, examination and primary care management attempted so far to Central Patient Intake on 1300 364 952. For more information about this service call 07 3817 6357.

Top GP referral tips for Orthopaedics

In all outpatient referrals please provide:

1. **duration and severity** of symptoms
2. **primary care management** tried prior to referral – Have you maximised primary care management prior to referral for *specialist outpatient services if a non-urgent referral*?

Back pain

- **If any signs or symptoms of cauda equina syndrome, refer as an emergency**
- **If a patient has any red flag criteria** – investigate appropriately and refer urgently to a specialist if serious pathology identified by clinical findings and investigations. Provide details of these red flags and the investigation results in your referral
- For **6-8 weeks** please attempt primary care management (physiotherapy, analgesia, gentle exercise, massage, acupuncture) unless patients have red flags for back pain or you have specific concerns
- CT or MRI of the spine (within 6-8 weeks) should be reserved for patients presenting with severe or progressive neurological deficits or where a serious condition is suspected (have red flags). If after 6 to 8 weeks of conservative management there is persistent back pain or radiculopathy (Sciatica) the patient should have imaging
- Orthopaedic Screening in Primary Care (OSiP) takes direct GP referrals for a range of orthopaedic conditions, is led by a senior physiotherapist and currently has a short wait list. See the article in the left-hand column for more information

Back pain patient information

- Only around 1 per cent of people presenting with back pain to primary care will have an indication for surgery
- 90 per cent of cases of acute back pain will generally resolve within two months
- two-thirds of herniated lumbar discs undergo significant (>50 per cent) resorption within one year
- patients presenting with persistent back pain after 3 months are more likely to suffer from chronic back pain and this requires a shift in management strategies from cure to symptom control.
- gentle physical activity should be considered for most patients with chronic back pain such as walking and hydrotherapy. The Brisbane North PHN Service Navigator (1800 250 502) can provide information on where to

barriers & enablers

- Strong relationship with HHS
- GP Liaison Officer Program
- Good Communication tools eg newsletters
- GP Education Program – Orthopaedic topics
- Health Pathways – (Backpain and codeine deprescribing)
- GP Portal /telehub

outcomes- evaluation

- Over 300 patients have been streamed to the Healthy Spine Clinic (Sept 17-Feb 18)

  = 32% of non-surgical patient referrals
- 69% of patient seen at the clinic are discharged back to primary care with MP
- 81% reduction in referrals requiring categorisation by Orthopaedic or Neuro Surgeon
- Healthy Spine Service transitioned to BAU
- Client evaluation positive
- A formal AusHi evaluation underway
- Extended GPwSI

Western Victoria PHN initiatives

Katrina Martin
Primary Care Consultant - Prescribed Drugs of Dependence

phn WESTERN VICTORIA
An Australian Government Initiative

Together with our partners and communities, Western Victoria PHN identifies priority health care needs, improves access through government funding, and co-designs localised solutions to improve health care systems across western Victoria.

phn WESTERN VICTORIA
An Australian Government Initiative

Primary Health Network training initiative funded by the Victorian Government and supported by partners

phn WESTERN VICTORIA
An Australian Government Initiative

SAFE SCRIPT

Victorian Opioid Management ECHO

In partnership with: ECHO, phn WESTERN VICTORIA, Ballarat Community HEALTH, hapn.org.au, ORTicare, PRIMARY CARE CONNECT, ST VINCENT'S PRIVATE HOSPITAL

Active Learning Module (ALM) found to be a successful model for delivering continuing professional development on prescribed drugs of dependence to general practitioners in a regional area.

phn WESTERN VICTORIA
An Australian Government Initiative

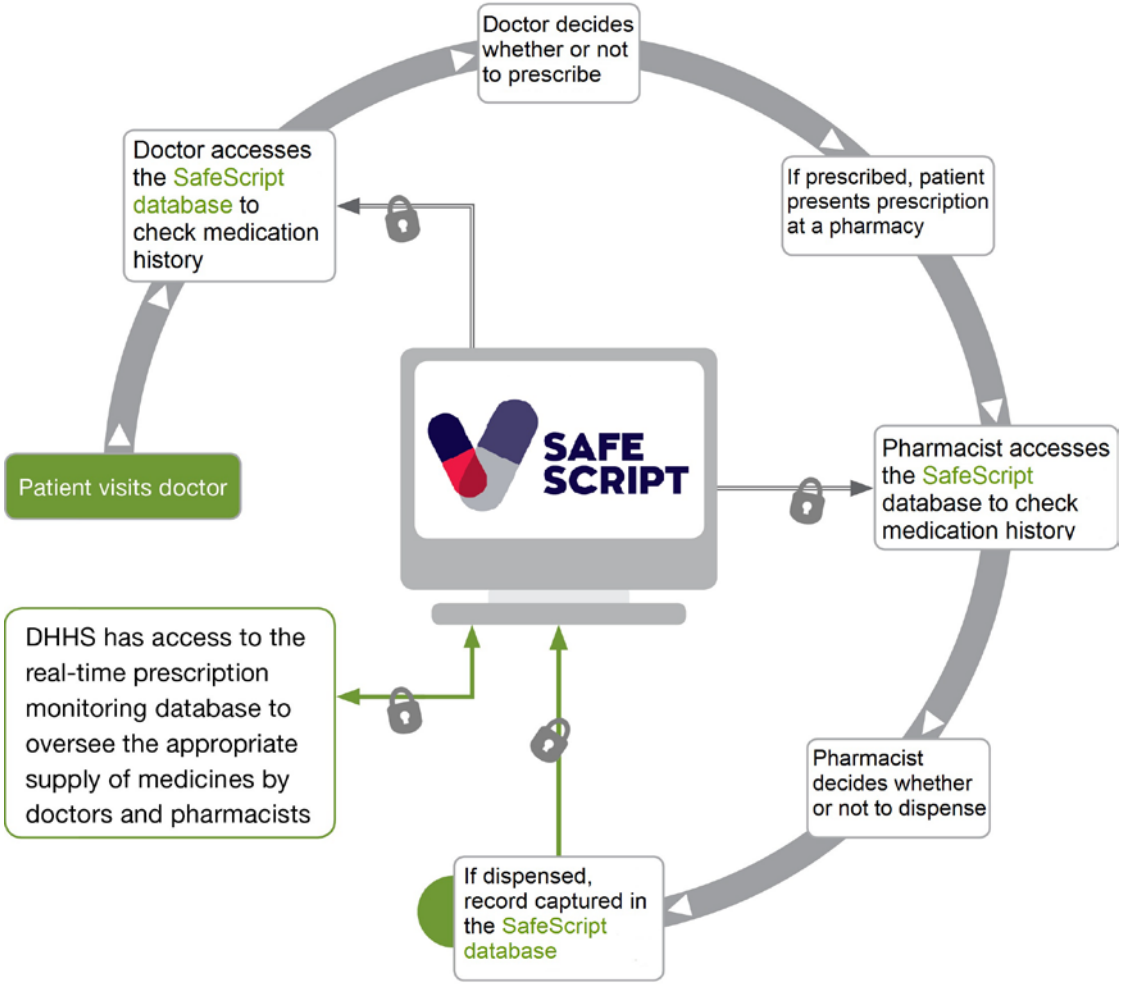
Author: Katrina Martin BSc (MedBiotech)
Western Victoria Primary Health Network, Orticare Pharmacotherapy Network

ORTicare
Grampians Loddon Mallee Pharmacotherapy Network

SafeScript – key messages

- Western Victoria PHN – the study area for the Victorian Government's real-time prescription monitoring system – SafeScript
- WestVic PHN leading a consortium to develop and deliver training and education on the system to doctors and pharmacists across the state
- SafeScript is a clinical tool that will allow prescription records for high-risk medicines to be centrally captured and transmitted in real-time to its database which can then be accessed by prescribers and pharmacists during a consultation
- Aimed at reducing the misuse and growing harms from high-risk prescription medicines by enabling safer clinical decisions

What is the SafeScript Process?



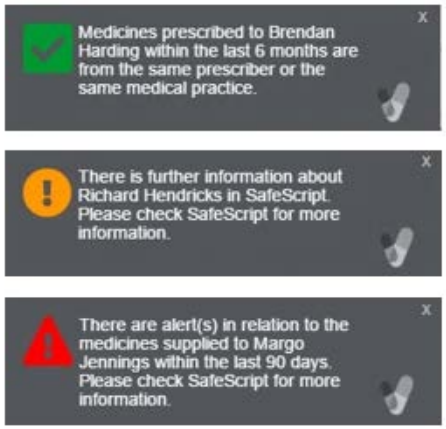
SafeScript data security

Only users with the right security credentials in GP clinics or pharmacies can access the SafeScript database

Patient searches by GPs and pharmacies are logged and can be audited to monitor phising or inappropriate use

Notifications – Alerts

Note NOT real patients names



Monitored medications

- All Schedule 8 medicines
  - Such as oxycodone (OxyContin, endone), morphine, alprazolam, (Xanax), methylphenidate (Ritalin)
- Some Schedule 4 medicines
  - All benzodiazepines (Valium), 'Z-drugs' (zolpidem, zopiclone), quetiapine (Seroquel), combination products containing codeine (Nurofen Plus, Mersyndol, Panadeine)

SafeScript Regulations

- Regulation changes effective 2 July 2018
  - DOB on prescriptions for monitored medicines
  - No patient permission required/ no patient access
  - Exemptions e.g. aged care resident, hospital inpatient, palliative care
  - Record accessed only by prescribers and pharmacists directly involved in the patient's care

Timeline & more information

October 2018	Initial roll-out Western Victoria PHN
Early 2019	SafeScript training throughout rest of Victoria
	SafeScript implemented throughout rest of Victoria
April 2020	**SafeScript mandatory**
Ongoing	Online training modules, mentoring by GP clinical advisors

- SafeScript website: www.health.vic.gov.au/safescript
- SafeScript training hub: www.vtphna.org.au/safescript-training-hub/
  - online modules & face-to-face sessions

Project ECHO

- ECHO - **Extension for Community Healthcare Outcomes**
- Teach clinical specialities to generalist clinicians in rural and regional areas to improve clinical outcomes
  - Links inter-disciplinary specialist teams with multiple primary care clinicians
- The heart of the ECHO model is its **hub-and-spoke knowledge-sharing networks**
- Experts mentor and share their expertise across a virtual network via case-based learning
  - Enables primary care clinicians to treat patients with complex conditions in their own communities

In partnership with:

Victorian Opioid Management ECHO

- Features a specialist team **‘Hub’** from St Vincent’s Hospital Addiction Medicine Dept.
  - addiction medicine specialists, psychiatrists, specialist nurses and allied health professionals
- Blended learning
  - Brief didactic lecture
  - Case-based learning (participants **‘Spokes’**)
  - All Teach, All Learn philosophy
- Free to access
- Convenes weekly (Wednesday 7:30am-8:30am)
- Uses simple video-conferencing technology – ZOOM
- Once registered – calendar invite with link to session
- CPD points

Project ECHO

Who can access Project ECHO?

Any primary care clinician working with people who may be using or dependent on opioids – or with an interest in this area:

- GPs
- Nurse Practitioners
- Nurses
- Pharmacists
- Allied Health
- AOD clinicians

What support do I get?

WestVic PHN staff can assist you with:

- Setting up and accessing ZOOM for video conferencing
- What to expect from observing or presenting a case
- Options for MBS billing for participating in ECHO

More information

Western Victoria PHN

Opioid Management Team

T: 03 5222 0800

E: info@westvicphn.com.au

http://echo.pabn.org.au/

- Register for ECHO
- TeleECHO calendar for upcoming didactic topics
- Past didactic presentations for download
- Case study submission

Active Learning Module (ALM) found to be a successful model for delivering continuing professional development on prescribed drugs of dependence to general practitioners in a regional area.

Needs

Above: *Based on survey 2009-2015*

Left: *Comparison of Victorian deaths in 2016 due to pharmaceutical drugs, illicit drugs and the road toll*

Objectives

- Provide GPs in rural Victoria access to education that
  - promotes non-pharmacological methods of managing chronic pain patients
  - promotes the bio-psycho-social approach to pain management
  - provides alternatives to opioid therapy for chronic pain patients
  - expands on their knowledge
  - is accessible to rural and regional GPs

phn WESTERN VICTORIA
An Australian Government Initiative

ORTicare
Grampians Loddon Mallee Pharmacotherapy Network

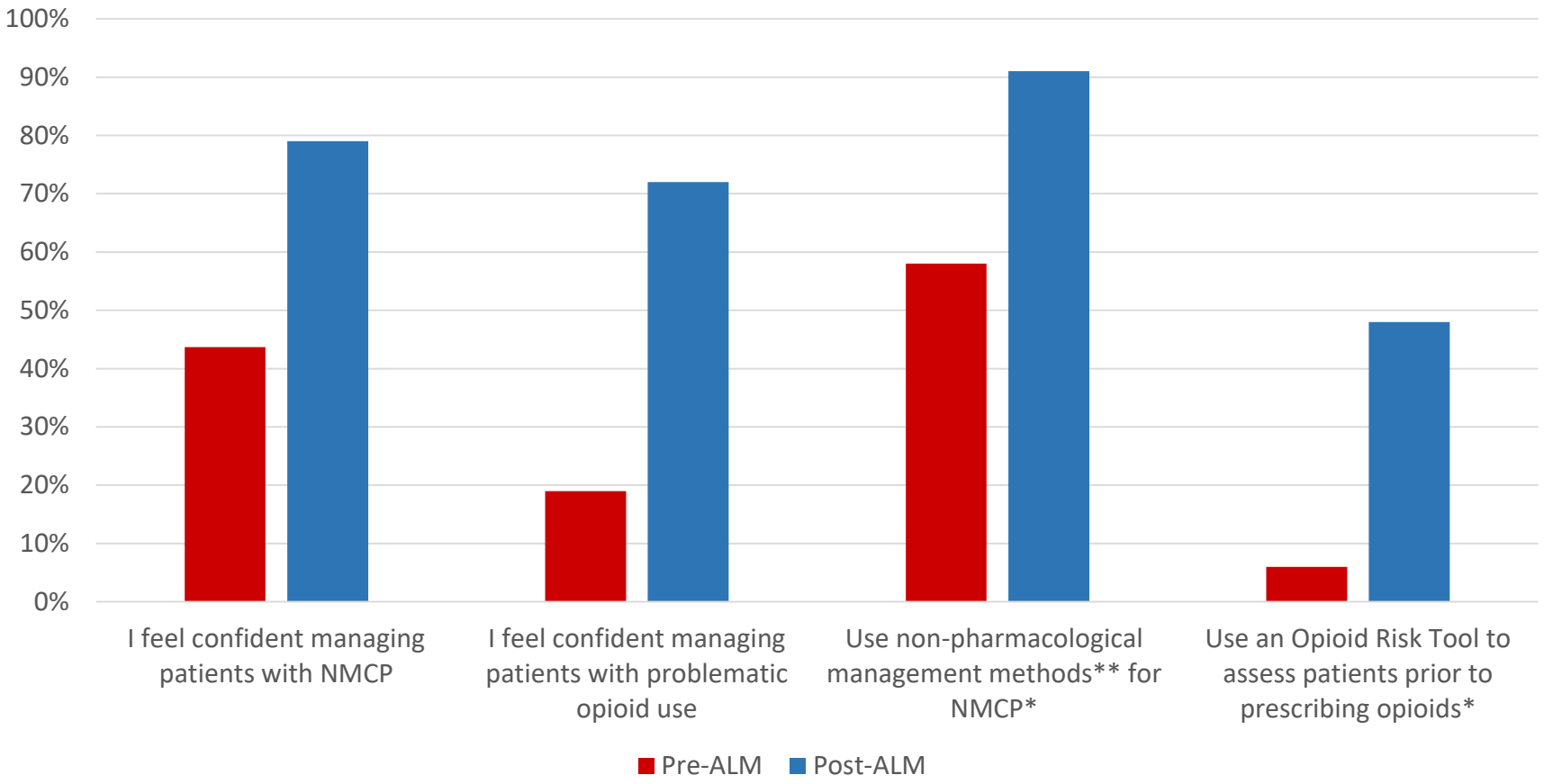
Active Learning Module (ALM)

- 40 Cat 1 RACGP points
- 6 hours educational content divided over multiple sessions
- Predisposing and reinforcing activities
  - Pre & post ALM questionnaires
  - Patient case studies & case study reviews

Session	Presenter
Prescribing Drugs of Dependence in general practice	GP educator
Motivational Interviewing	Psychologist/AOD clinician
The role of Allied Health in managing chronic pain	Myotherapist/rehab therapist
Schedule 8 permit system	Pharmacist
Codeine up-scheduling & RTPM/SafeScript	Pharmacist
Case studies – chronic non-cancer pain patients	GP educator

ALM results

Figure: Impact of the ALM on GP methods for managing patients suffering Non-Malignant Chronic Pain (NMCP) (n=55)



* in at least 75% of patients ** non pharmacological methods such as physiotherapy, mental health supports, hydrotherapy

Active Learning Module (ALM) found to be a successful model for delivering continuing professional development on prescribed drugs of dependence to general practitioners in a regional area.

Conclusions

- The ALM was a successful model for delivering CPD to regional GPs
  - ^ GP knowledge and confidence around prescribing drugs of dependence & supports available
  - reduce dose of opioids being prescribed to case study patients

- Further study
  - ALM run in Ballarat x2, Bendigo x2, Horsham, Mildura
  - Expanding project to other regional areas:
    - Geelong, Warrnambool

phn
WESTERN VICTORIA
An Australian Government Initiative

Thank you

Questions?

Lunch

1:15pm – 1:50pm

Session 3:
Guest Speakers

Chair: Professor Fiona Blyth

NPS MEDICINEWISE

Engaging with and supporting Primary Health Networks

Sarah Spagnardi

National Manager Field Operations & PHN Engagement

March 2019

WHAT DO WE DO?

- Deliver Educational Visiting Service nationally, to General Practitioners and other Health Care Professionals

  - 1:1 visits using principles of academic detailing

  - Small-group meetings

  - Quality improvement initiatives using MedicineInsight practice data (or aggregated data for non-participating practices)

- Online learning modules, clinical e-audits

- Consumer tools and resources

NPS MEDICINEWISE

MEDICINEINSIGHT

- 702 participating practices
- 3,037,270 regular patients

NSW	249	SA	19
ACT	11	TAS	52
NT	12	VIC	160
QLD	118	WA	81

NPS MEDICINEWISE

HOW WE WORK WITH PHNs

- Promoting awareness of our therapeutic programs
- Assisting with HealthPathways review and promotion in practices
- Co-delivery of education sessions for health professional
- Attendance at team meetings
- Co-design and collaborative delivery of QI intervention with Hunter New England Central Coast PHN
- Some co-location agreements

NPS MEDICINEWISE

COMMISSIONED SERVICES

- Facilitation of SafeScript roll-out in Western Victoria PHN, and Gippsland PHN
- WAPHA Iron Deficiency & Cellulitis
- Cancer Institute NSW – Western Sydney and Murrumbidgee PHNs
- Central and Eastern Sydney PHN – QI for Cancer

NPS MEDICINEWISE

WHAT'S COMING UP

- Low Back Pain
- Anxiety: Rethinking the options
- October 2019 – Opioids
- March 2020 - Asthma

NPS MEDICINEWISE

GET IN TOUCH

Sarah Spagnardi

sspagnardi@nps.org.au

0418 443 791

Lessons from the evaluation of HealthPathways Sydney

PHN Workshop

19th March 2019

Dr Sally Wortley

on behalf of the HealthPathways Sydney Evaluation team

THE UNIVERSITY OF SYDNEY

Menzies Centre for Health Policy

Introduction about Health Pathways

- The original content within HealthPathways was developed to support the integration of primary and secondary care in Canterbury, New Zealand (NZ).
- Over 30 regions across Australia have purchased a HealthPathways licence from Streamliners
- Various reasons for adoption
  - Improving models of care
  - reducing the number of presentations to secondary providers
  - fostering collaboration

Approach of Evaluation

- Initial driving question "*how and why does the Health Pathways Sydney program work or not work, for whom, and to what extent?*"
- Multiple, inter-related studies
- Mix of qualitative and quantitative methods
- Undertaken in two phases:
  - Phase **one** focused on the reach, acceptability, quality and effectiveness of HPS
  - Phase **two** considered sustainability and embeddedness from a systems perspective

Key challenges with the Evaluation

- Retrospective design
- Incomplete datasets
- Independent identification of 'HPS' users not possible
- Non-HPS changes that occurred during HPS implementation timeframe (e.g. service redesign, shift from Medicare Locals to PHNs)

Overall analysis

Multiple layers of information used to draw inferences about:

i. the **effects** HPS has had within and beyond the local health system

ii. how local factors have affected the **implementation** of HPS, and

iii. what actions are recommended to increase the likelihood that HPS will be **sustainable** into the future

What did we learn?

What worked well

- Use of workgroups
  - viewed positively (GPs, specialists, allied health professions)
  - Creates a sense of community/momentum
  - forum for identifying system and service level issues and key insights
  - Way of disseminating information (even if those attending are not HP users)

- Findings from HPS Chronic Pain Workgroup
  - Provide more intervention options apart from opioid use
  - Encourage referral to allied health professions before pain clinic for appropriate patients
  - Identify pain specialist health professions in the local area
  - Improve communication between pain clinic and GPs

What worked well

- Champions within the local health district (broad – not just in one area of the district)
- Practices with high levels of within-practice connectedness are more likely to be those that adopt/implement
- Having many/varied clinicians as part of the team and capacity to deal with processes
- Focusing on GPs that are new to the district
  - visits, training etc.
- Utilising existing training events
- Using platform to disseminate other messages of national or jurisdictional changes in policy

What to watch out for

- Heterogenous nature of regions
  - GP awareness and involvement may be better in particular areas (e.g high social advantage)
  - Mix of different practices sole-practitioner/large corporate
- Variable communication and connections between the PHN
- Gaps and inconsistencies in data collection
- Patients and clinicians do not think it terms of PHN boundaries (access to different pathways)

Take home message for evaluation/implementation

- Be clear about your question or what you want to achieve (*i.e. what is the problem*)
- Appreciate complexity of health system
- Involve a range of clinicians in implementation/evaluation to enable 'buy-in' – including senior clinicians/executive staff
- Know what data is available
- Early successes with early adopters, challenge will be to get "late majority" on board
- Think about how to engage clinicians that are outside the normal engagement channels.

Acknowledgments

Health Pathways Evaluation Team at the Menzies Centre for Health Policy

Sarah Norris,

Carmen Huckel Schneider,

Kate Applegarth,

Sally Wortley,

Adam Elshaug

Andrew Wilson

Staff at CESPHN (HPS Team)

GP Clinical Editors

REACH (Research and Evaluation Committee of HealthPathways Sydney)

The Electronic Persistent Pain Outcomes Collaboration (ePPOC)

Hilarie Tardif, Meredith Bryce and Karen Quinsey

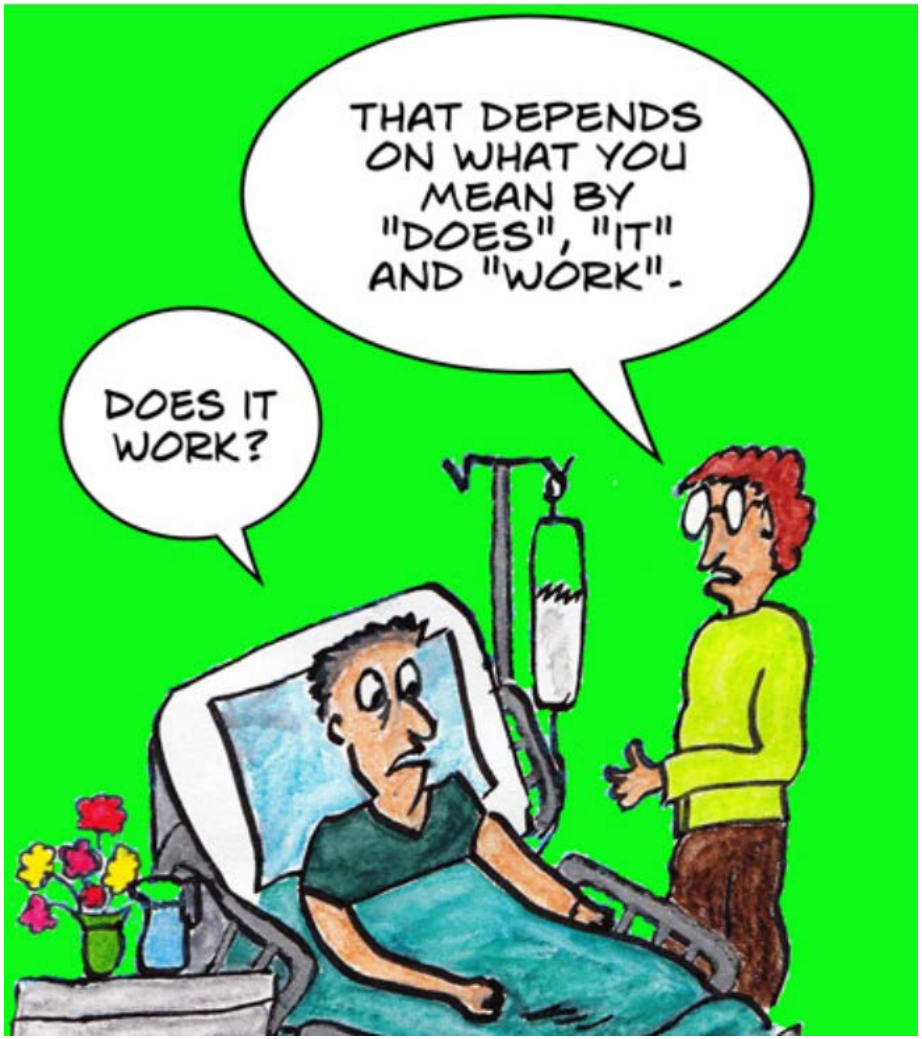
ePPOC
electronic persistent pain outcomes collaboration

ahsri
australian health services research institute

UNIVERSITY OF WOLLONGONG

ePPOC – What is it?

- A collaboration of pain services and major stakeholders
- Aims to improve clinical outcomes for people experiencing persistent pain through reporting and benchmarking.
- Implemented and managed by the Australian Health Services Research Institute (AHSRI), UOW
- Consists of **ePPOC** for adults and **PaedePPOC** for children



ePPOC =

- Standardised information
- Defined outcomes
- Measurement of outcomes
- Comparison of outcomes

How does ePPOC work?

- Services routinely collect data using validated assessment tools
- Services submit data to ePPOC every 6 months
- Services receive feedback and biannual reports
- Services can compare their outcomes with the Australasian average & ePPOC benchmarks

ePPOC data – what's collected?

- Demographics
- Service activity
- Patient Reported Outcome Measures (PROMs), addressing:
  - Pain severity, frequency and interference
  - Work status and productivity
  - Depression, anxiety, stress, self efficacy and pain catastrophising
  - Health Service use
  - Medication use
  - Patient's global rating of change

ePPOC data – when collected?

- PROMs are collected at:
  - Referral (baseline)
  - At episode end
  - 3-6 months following the end of the episode
- The primary outcomes measured are:
  - Change from referral to the end of the episode
  - Change from referral to a point 3-6 months after the episode end

ePPOC data – how collected?

epiCentre - software purpose built for ePPOC

- scores patient questionnaires
- tracks patient progress
- has multiple mode options for questionnaire completion (including online)
- computes a Statistical Linkage Key to allow for data linkage

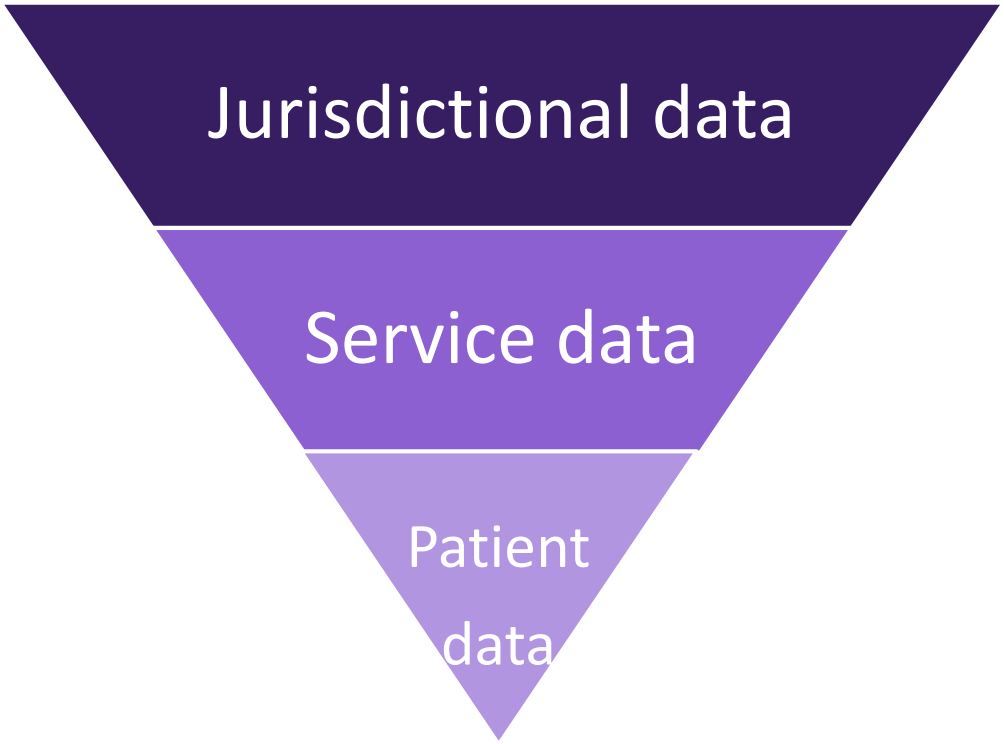
epiCentre
electronic patient information Centre

How are outcomes reported?

Outcomes are reported in terms of **clinically significant change (CSC)**

- The percentage of patients at each service who make a CSC
- Comparison of this % against the Australasian benchmarks
  - 9 clinical benchmarks (corresponding to the PROMs)
  - 1 service-related benchmark (waiting time)

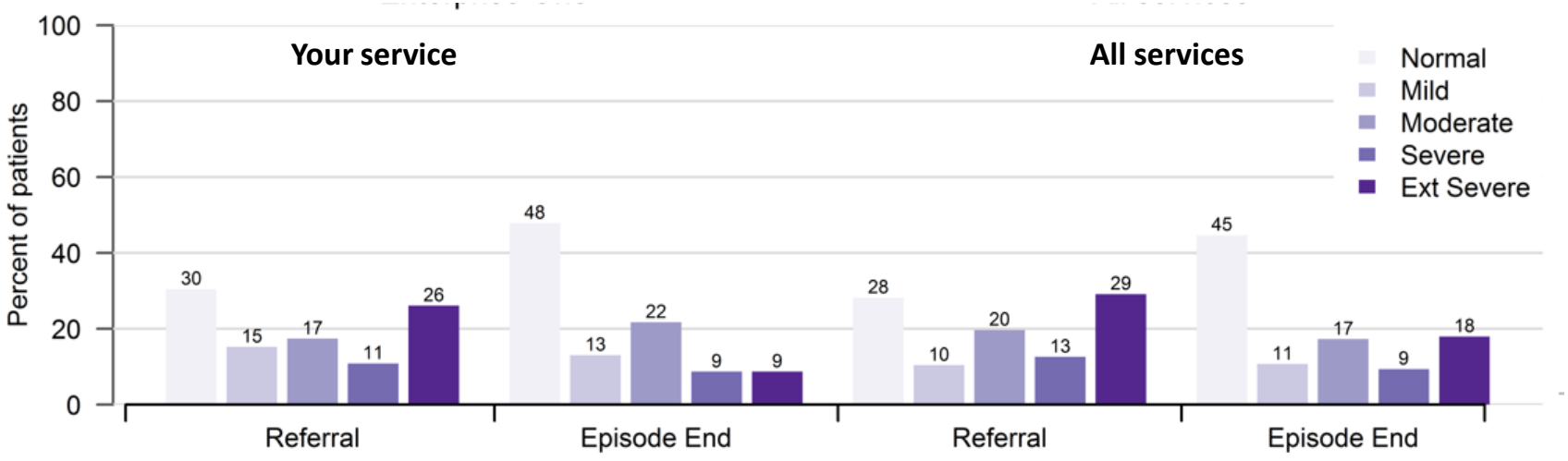
Data are reported at many levels



- National and state-level reports for benchmarking and to inform policy
- Service-level reports for review and benchmarking
- Individual-level reports for care planning and review

Service level data and uses

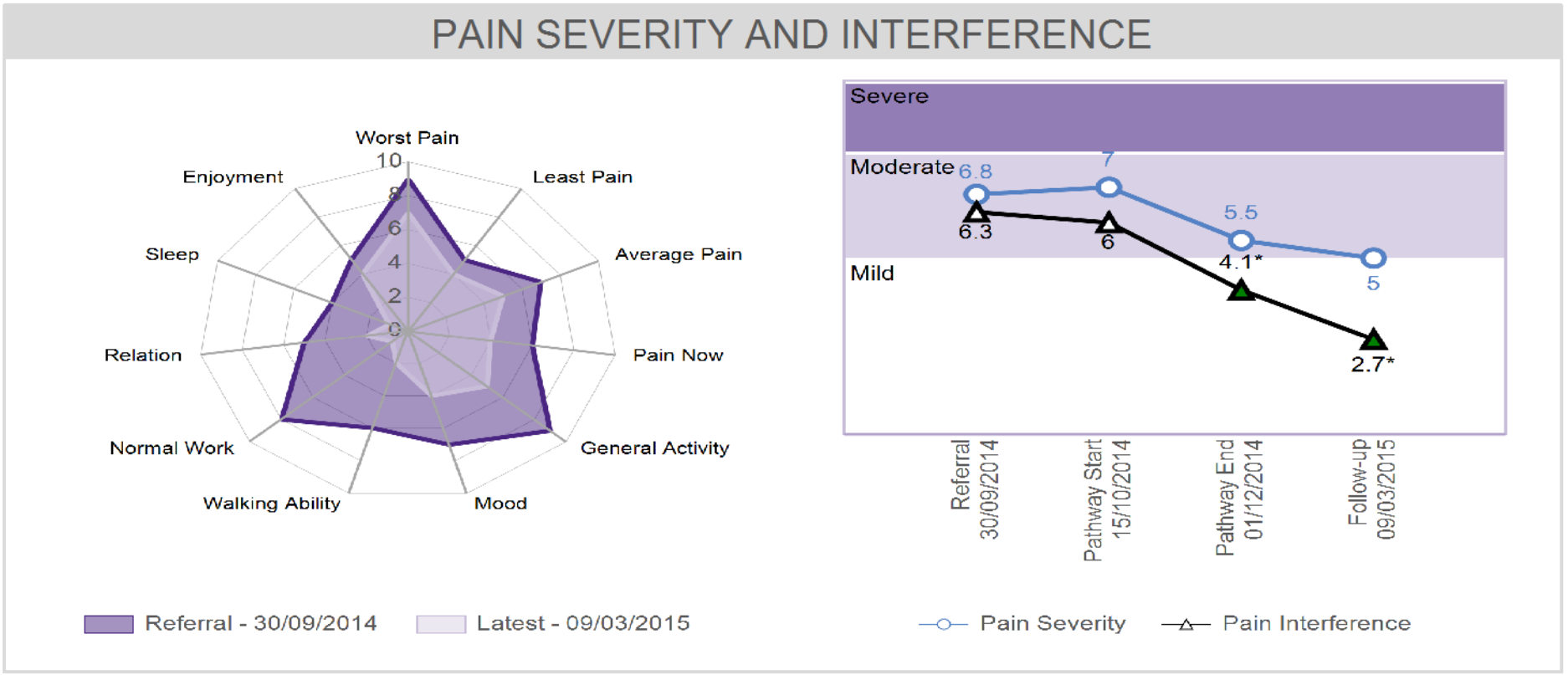
Clinically significant change for patients with moderate or worse depression	Your service	All services
Improvement (%)	60.0	53.6
No improvement (%)	40.0	46.4



Example benchmark - Depression

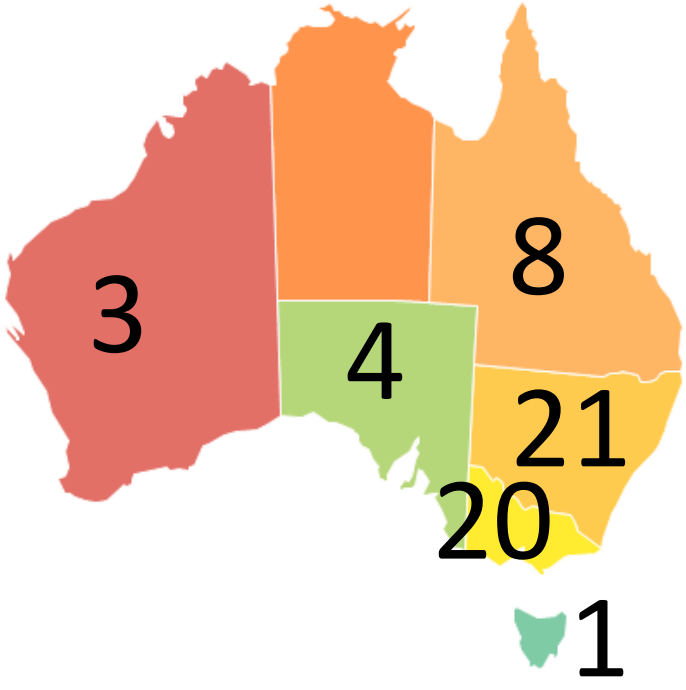

100
90
80
70
60
50
40
30
20
10
0

Patient level data and uses



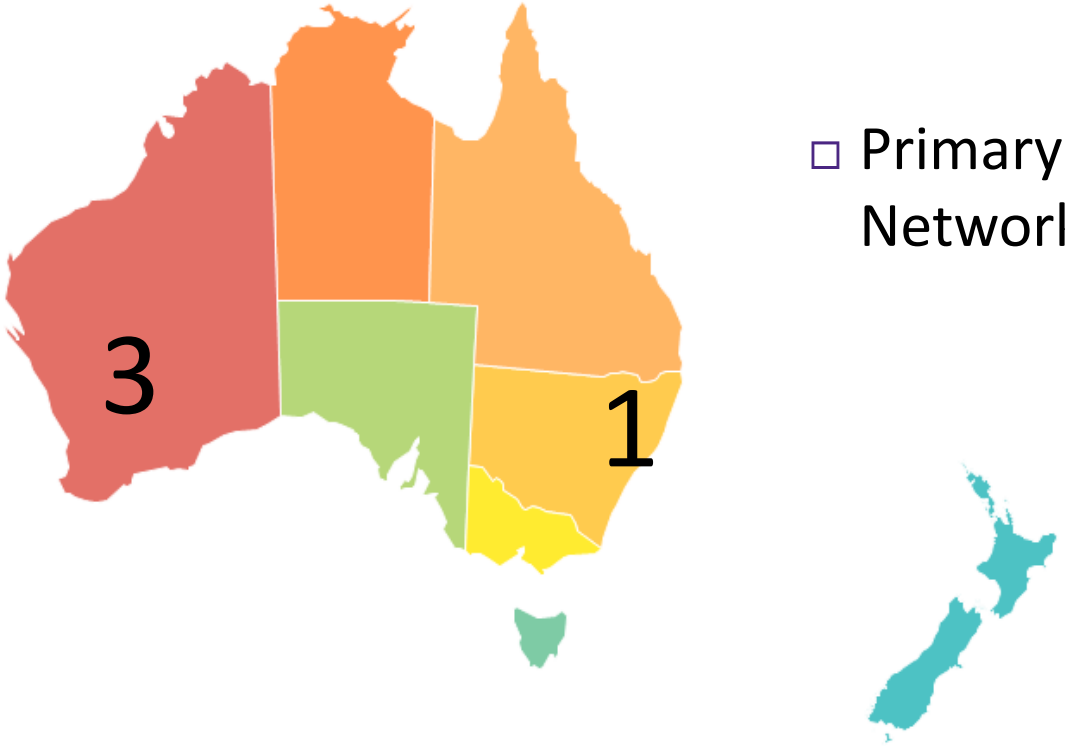
Patient level data and uses

ePPOC – who's participating?



- Multidisciplinary pain services
  - Public and private
  - Adult and paediatric

ePPOC – who's participating?



- Primary Health Network providers

ePPOC and Primary Health Networks

The story so far …..

- PHN Trial 2017 in North Coast PHN, NSW
- PHN current participation – 4 provider services
- All using epiCentre as is
- Receiving standard reports
- **However**, compared to ‘All services’ figure but not included in it

Service level data and uses

Clinically significant change for patients with moderate or worse depression	Your service	All services
Improvement (%)	60.0	53.6
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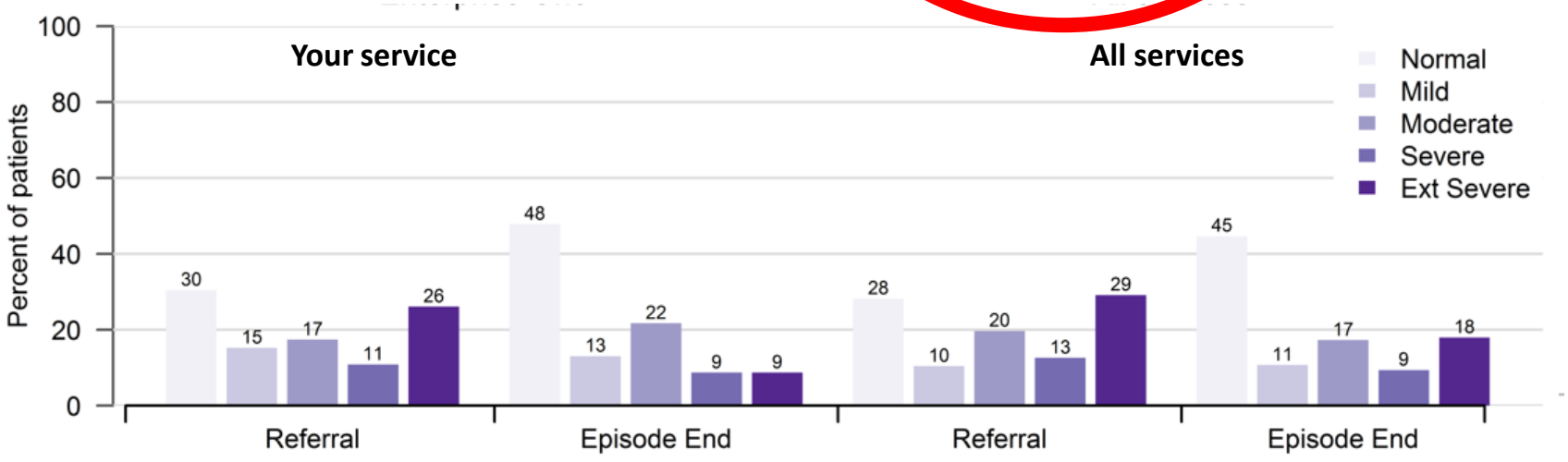

In summary – ePPOC provides services with…..

- An experienced collaborative to analyse and report your data
- Reports at patient, service and Australasian levels
- Standardised data set, outcomes and benchmarks
- Purpose built software
- Training and support
- Potential for access to a large de-identified data base
- **An opportunity for health services and networks to improve the outcomes for their patients through reporting and benchmarking**
- **Potential for PHN-specific reporting and benchmarking**

ePPOC contact details

Keep in contact with ePPOC for further information:

- http://ahsri.uow.edu/eppoc/index.html
- email us at eppoc@uow.edu.au
- or phone (02) 4221 4411

ePPOC electronic persistent pain outcomes collaboration

ahsri australian health services research institute

UNIVERSITY OF WOLLONGONG

Stand and Stretch

5 minutes

Session 4

Facilitated by Professor Andrew Wilson and Professor Fiona Blyth

Commissioning services and implementing sector support activities: experiences of participants with a focus on chronic pain initiatives

Thinking about the chronic pain initiatives that you have heard about today and your experience of commissioning and implementing initiatives in your PHN.

Firstly, let's focus on commissioning services, using chronic pain management programs as an example, but also drawing on your experiences commissioning similar consumer initiatives.

Think about what has helped you to commission these types of initiatives.

What advice would you give other PHNs about your experiences and the factors that helped?

Commissioning services and implementing sector support activities: experiences of participants with a focus on chronic pain initiatives cont.

Secondly, let's focus on implementing sector support activities, using health professional education and training initiatives related to chronic pain as an example, but also drawing on your experiences implementing similar initiatives.

Think about what has helped you to implement these types of initiatives.

What advice would you give other PHNs about your experiences and the factors that helped?

Next Steps and Closing Remarks

Professor Fiona Blyth and Professor Andrew Wilson

Summary of the day

- The burden of chronic pain
- The role of PHNs and how they are currently working to improve the prevention and management of chronic pain
- Enablers for implementing chronic pain initiatives
- Importance of monitoring and evaluation
- Opportunity to collaborate with other PHNs

Overall Themes from Discussions

- Evaluation
  - Undertaken, benchmarked and transparent
- Implementation
  - Main issues from metro to regional/rural
- Sustainability
  - Funding
  - Delivery ability (champions, models, systems/processes/skilled people)
- Engagement
  - Clinicians
  - Patients – especially Aboriginal population
- Training (upskilling)
  - For GPs & clinicians
  - Online & face-face

Final Points

- Resources
  - Mapping summary – printed copies have been distributed
  - Online resource – available online (we will email you this today)
- Next phase of the project
  - The focus will be on implementation and evaluation with the aim of supporting PHNs who are interested and are planning to implement a chronic pain initiative
- Brief evaluation
  - We encourage you to complete this before you leave today
  - Opportunity to express interest in receiving support with the implementation and evaluation of chronic pain initiatives

Thank you for participating

Please join us for afternoon tea

Should you have any questions in relation to the content of today's workshop, please follow up with Dr Simone De Morgan:

simone.demorgan@sydney.edu.au