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

Contributing authors:

Ms Pippy Walker, Senior Research Officer, University of Sydney
Dr Simone De Morgan, Research Fellow, University of Sydney
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 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

Editor: Helen Signy

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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.
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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](image-url)

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\(^4\) 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 Noeline 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
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).

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 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.”

Usefulness of workshop sessions* rated by PHN representatives (n=26)

[Bar chart showing the usefulness of different sessions rated by PHN representatives.]

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](image)

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](image)
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](image)

**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

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

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

**Chair:** Professor Michael Nicholas

- **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)

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<tr>
<th>Time</th>
<th>Item</th>
<th>Presenter</th>
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| 12:45-1:15pm | Case study examples of PHN chronic pain initiatives                  | **Brisbane North (QLD)**
|              | *Chair: Professor Michael Nicholas*                                  | Ms Jennifer Hains                                                          |
|              | 15 minutes each case study                                           | • GP’s with a special interest (GPwSI)                                     |
|              | (10 minute presentation and 5 minutes for questions)                | **Western Victoria PHN**
|              | Total time: 30min                                                   | Ms Katrina Martin                                                          |
| 1:15-1:50pm  | Lunch                                                                |                                                                           |
| 1:55-2:40pm  | **NPS MedicineWise**                                                 | Ms Sarah Spagnardi, National Manager Field Operations & PHN Engagement, NPS MedicineWise |
|              | *Chair: Professor Fiona Blyth*                                       |                                                                           |
|              | 10 minute presentation and 5 minutes for questions                   |                                                                           |
|              | **HealthPathways**                                                   | Dr Sally Wortley, University of Sydney                                    |
|              | *Chair: Professor Fiona Blyth*                                       |                                                                           |
|              | 10 minute presentation and 5 minutes for questions                   |                                                                           |
|              | **The Australasian electronic Persistent Pain Outcomes Collaboration (ePPOC)** | Dr Hilarie Tardif, University of Wollongong                              |
|              | *Chair: Professor Fiona Blyth*                                       |                                                                           |
|              | 10 minute presentation and 5 minutes for questions                   |                                                                           |

### 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**

**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

**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.
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](http://www.health.gov.au/mrff)

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

Hosted by

[saxstitute](http://saxstitute)
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
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.

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

Goal 1: People in pain as a national health priority

Goal 2: Knowledgeable, empowered and supported consumers

Goal 3: Skilled professionals and best-practice evidence-based care

Goal 4: Access to interdisciplinary care at all levels

Goal 5: Quality improvement and evaluation

Goal 6: Research
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
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

A literature review

Review of PHN Needs Assessments

Consultation with PHNs

Workshop with PHNs

Implementation and evaluation support for PHNs
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

Number of PHNs

Chronic pain identified  Chronic pain not identified

NSW  VIC  QLD  SA  WA  ACT  TAS  NT
Why was chronic pain not identified as a need in some PHNs?

- Competing priorities e.g. diabetes, CVD
- Lack of quality local data about health and service needs related to pain
- Embedded in other conditions and issues e.g. musculoskeletal conditions, chronic disease, mental health, AOD issues
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

- Quality improvement and health system support
- Access to multidisciplinary care and improving consumer health literacy and care navigation
- Ensuring health professionals are skilled and provide best-practice evidence-based care
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

Number and distribution of PHNs implementing specific types of education and training initiatives related to chronic pain

Support for mentorship of primary care providers:
- 1 Metro
- 2 Regional

Promotion of webinar training:
- 2 Metro

Support for implementation of education and training conducted by other agencies e.g. NPS MedicineWise educational visits, Pain Revolution Local Pain Education Program:
- 2 Metro
- 5 Regional
- 1 Metro/regional (WAPHA)

Face-to-face educational events implemented or commissioned by PHNs:
- 10 Metro
- 11 Regional
- 1 Metro/regional (WAPHA)
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

<table>
<thead>
<tr>
<th><strong>Aim</strong></th>
<th><strong>Gaps</strong></th>
<th><strong>Recommendations</strong></th>
</tr>
</thead>
</table>
| • 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 | • 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 | • Greater emphasis on monitoring and evaluation  
• Make reports and evaluations publicly available to help other PHNs |
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 focusing 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)
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
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 Individual 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)
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
TPIG delivered each year 2013 - current

Evaluation and Feedback 2014 - 2017

Alterations based on findings and feedback

Data collection
Evaluation - Mixed Methods

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

Qualitative
- Comments
- Interviews
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


Improved PSEQ
• 23.1 to 35.5 out of 60

Reduced hospitalisations
• 50 to 11 per 12 mths

Medication changes
• Increased alignment with guidelines
Results – PSEQ changes each iteration

![Graph showing PSEQ changes each iteration from 2013/14 to 2016/17. The graph compares PSEQ values across different years with 2013/14 having the highest value, followed by 2015/16 with a note asterisk, and lower values in 2014/15 and 2016/17.]
Future Research

• Participants’ long term strategies and outcomes

• ?RCT including $
THANK YOU
Living Well with Persistent Pain
Local Adaptation and Implementation

Jane Goode
Innovation & Design Officer, Adelaide PHN

Living Well With Persistent Pain is a Painwise Program, © Painwise Pty Ltd.
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.
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

Referral
- Variety of sources – signed off by GP
- Registration and Commitment
- Baseline Outcome Measures

Education
- Comprehensive Education Program
- Self-management support

Individual plan
- Intake assessment with Care Coordinator
- Referral to GPwSI if required
- Individual Care Plan with allied health
- Monitoring and support
Program

- Knowing Pain
- Medicines
- Medical Investigations & Moving with Ease
- Food & Pain
- Pain & Sleep
- Thoughts and Emotions

Living Well With Persistent Pain is a Painwise Program, © Painwise Pty Ltd.
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
<table>
<thead>
<tr>
<th>Benchmark description</th>
<th>BM</th>
<th>LWwPP</th>
<th>BM met?</th>
<th>All services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average pain</td>
<td>Patients with moderate or severe average pain at referral have made clinically significant improvement at episode end</td>
<td>30%</td>
<td>7.7%</td>
<td>N</td>
</tr>
<tr>
<td>Pain interference</td>
<td>Patients with moderate or severe pain interference at referral have made clinically significant improvement at episode end</td>
<td>50%</td>
<td>38.5%</td>
<td>N</td>
</tr>
<tr>
<td>Depression</td>
<td>Patients with moderate or severe pain interference at referral have made clinically significant improvement at episode end</td>
<td>60%</td>
<td>36.4%</td>
<td>N</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Patients with moderate, severe or extremely severe anxiety at referral have made clinically significant improvement at episode end</td>
<td>50%</td>
<td>36.4%</td>
<td>N</td>
</tr>
<tr>
<td>Stress</td>
<td>Patients with moderate, severe or extremely severe stress at referral have made clinically significant improvement at episode end</td>
<td>60%</td>
<td>33.3%</td>
<td>N</td>
</tr>
<tr>
<td>Pain catastrophising</td>
<td>Patients with high or severe pain catastrophising at referral have made clinically significant improvement at episode end</td>
<td>60%</td>
<td>50%</td>
<td>N</td>
</tr>
<tr>
<td>Pain self-efficacy</td>
<td>Patients with impaired self-efficacy (moderate or severe) at referral have made clinically significant improvement at episode end</td>
<td>60%</td>
<td>8.3%</td>
<td>N</td>
</tr>
</tbody>
</table>
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
Questions?
Chronic Pain Prevention in Primary Care

Dr Jonathan Ho, GP Liaison (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. **Telehealth Clinic: Nepean Hospital**

2. **Outreach Service: Wagga Wagga and Griffith**
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
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

<table>
<thead>
<tr>
<th>ASSESSMENT TEST SCORES</th>
<th>MURRUMBIDGEE</th>
<th>ALL 63 AUS &amp; NZ SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Severity</td>
<td>6.6</td>
<td>6.1</td>
</tr>
<tr>
<td>Pain Interference</td>
<td>7.6</td>
<td>6.9</td>
</tr>
<tr>
<td>Depression</td>
<td>21.5</td>
<td>19.0</td>
</tr>
<tr>
<td>Anxiety</td>
<td>14.8</td>
<td>13.3</td>
</tr>
<tr>
<td>Stress</td>
<td>21.3</td>
<td>20.5</td>
</tr>
<tr>
<td>Pain Catastrophising</td>
<td>32.6</td>
<td>27.6</td>
</tr>
<tr>
<td>Pain Self-Efficacy</td>
<td>17.3</td>
<td>21.5</td>
</tr>
</tbody>
</table>

Patient Outcomes in Pain Management, 2017 Annual Report
### Patient Profile at Referral

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

<table>
<thead>
<tr>
<th>Upskill</th>
<th>Build</th>
<th>Educate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upskill regional/rural health professionals in pain science and best practice treatment for persistent pain</td>
<td>Build a interdisciplinary network of health practitioners with high level expertise in pain science and education to facilitate peer to peer learning and support</td>
<td>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</td>
</tr>
</tbody>
</table>
LPEs

- Post Grad training
- Expert mentoring
- Facilitated network
- Webinar skill sessions
- Teaching resources

Community based pain education
Sustainability

- Embedded Local Capacity
- Ongoing Access to National Network Activities
- LPES to Become Mentors
Scalability

2018
South East NSW, 11 LPEs

2019

2020
Scaling up to multiple regions
Tasmania state-wide, 19 LPEs
Chronic Pain Initiative:
Regional Workshops
Webinar Training
Allied Health Group Pain Programs

Philippa Gately
March 2019
Southern NSW
270,000 population
44,534 km²
Four Aboriginal Nations
No tertiary hospital
20% population >65 years old
**Challenges**

- 2014 SENSNSW 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

<table>
<thead>
<tr>
<th>2018 Annual Report</th>
<th>COORDINARE n=96</th>
<th>All Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of pain sites</td>
<td>4.7</td>
<td>4.0</td>
</tr>
<tr>
<td>Average number of comorbidities</td>
<td>2.7</td>
<td>1.9</td>
</tr>
<tr>
<td>% of patients using opioids &gt;2 days/wk</td>
<td>60.7</td>
<td>59.2</td>
</tr>
<tr>
<td>Average oMEDD (mg)</td>
<td>50.0</td>
<td>62.9</td>
</tr>
<tr>
<td>Average number of drug groups used</td>
<td>2.5</td>
<td>2.3</td>
</tr>
<tr>
<td>% of patients unemployed due to pain</td>
<td>42.0</td>
<td>39.4</td>
</tr>
<tr>
<td>% of patients experiencing pain &gt;5 years</td>
<td>74.3</td>
<td>40.1</td>
</tr>
</tbody>
</table>
% Patients making clinically significant improvements from referral to episode end

<table>
<thead>
<tr>
<th></th>
<th>2018 Mid year report COORDINARE n=39</th>
<th>2018 Mid year report All services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average pain rating</td>
<td>35</td>
<td>33</td>
</tr>
<tr>
<td>Pain interference</td>
<td>56</td>
<td>64</td>
</tr>
<tr>
<td>Depression</td>
<td>65</td>
<td>60</td>
</tr>
<tr>
<td>Anxiety</td>
<td>32</td>
<td>45</td>
</tr>
<tr>
<td>Stress</td>
<td>63</td>
<td>59</td>
</tr>
<tr>
<td>Pain catastrophising</td>
<td>71</td>
<td>56</td>
</tr>
<tr>
<td>Pain self efficacy</td>
<td>58</td>
<td>52</td>
</tr>
</tbody>
</table>
## % Patients making clinically significant improvements from referral to episode end

<table>
<thead>
<tr>
<th></th>
<th>2018 Mid year report COORDINARE n=39</th>
<th>2018 Mid year report All services</th>
<th>2018 Annual report COORDINARE n=64</th>
<th>2018 Annual report All services</th>
</tr>
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<tbody>
<tr>
<td><strong>Average pain rating</strong></td>
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<td><strong>Pain interference</strong></td>
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<td><strong>Depression</strong></td>
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<td><strong>Anxiety</strong></td>
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<td><strong>Stress</strong></td>
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<td><strong>Pain catastrophising</strong></td>
<td>71</td>
<td>56</td>
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<tr>
<td><strong>Pain self efficacy</strong></td>
<td>58</td>
<td>52</td>
<td>44</td>
<td>53</td>
</tr>
</tbody>
</table>
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
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 GPs
- Develop supporting “health pathways”

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

In this edition:
1-2 New program to support chronic disease prevention in the community
3-4 GP centralised managing chronic conditions
5 Brisbane North PHN presents Dose Check
6-7 Chronic care card now available from May 2017
8-9 December in focus: aged care (MCI) services
10-11 Complexity funding pilot study
12 GP self-referral models round 2
5-6 Sunnyvale stays connected with the University of Rome
7-8 New service for the community: ONoH Health Service
9-10 A guide to health and Child Benefit Assessing chronic and supporting services
9-10 Mental Health and Long-term Illness
11-12 Brisbane North PHN seminars
13-14 Assessment - February 2017
15-16 What's on tomorrow
11 GP bulletin board, February 2017

New program to support chronic disease prevention in the community

My health for life (MH4L) 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.

HICM commencing in Wide Bay in March 2017, before being rolled out in Calare in April, Mitchell Bay North in May and then statewide, the program will be delivered by an alliance of organisations led by Queensland Health.

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 $2 million over three years the program is expected to reach 1500 people by the end of 2019.

GP bulletin board - March 2017

News from General Practice Lesson Officers (GPLEO) 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 (OSPC) clinic at Pine Rivers Community Centre can now see patients who:

- You would otherwise have referred to a public orthopaedic or rheumatology outpatient service
- Have non-urgent musculoskeletal conditions such as simple fractures with non-progressive neurological, orthopaedic or systemic involvement
- Have constitutional or medical contraindications
- Have been referred for a second opinion
- Always have been referred for a public hospital orthopaedic or rheumatology outpatient service
- Have not been referred for a clinic that cannot be linked to their GP

The consultation includes:
- Upper limb
- Lower limb
- Spine
- Pelvis
- Ankle

Currently patients will be offered an appointment within one month of booking an referral. Results from the clinic show that 90% of patients discharged from the clinic do not receive an orthopaedic or rheumatology referral.

How to refer:
For our database referral including details, examination and primary care management attended to the Central Patient Index on 1800 560 121. For more information about the service call 07 3817 6597.

Top GP referral tips for Orthopaedics

In all but extreme cases provide:
1. DETAILS and severity of symptoms
2. Primary care management (referral prior to referral)
3. History of primary care management prior to referral
4. Specialist opinion services if the referral will aid in:
   - Diagnosis and management

Back pain

- In any signs or symptoms of saddle equina syndrome, offer as an emergency
- If a patient has any red flag referral – investigate aggressively and refer urgently to a specialist or urgent pathways identified by clinical findings and investigations. Provide details of these red flags and the investigation results to your referral
- For red flags please contact primary care management (投诉 health, analgesics, general supportive measures, unexplained or unresponsive pain, back pain or you have specific concerns
- CT or MRI for spine referral if warranted according to guidelines for common neurological deficits or where a serious condition is suspected have end limbs. In the absence of contraindications management starts with the patient, pain management without the use of other pain medications
- Orthopaedic screening in Primary Care (OSPC) takes these GP referrals for a range of orthopaedic conditions, is firstly to a senior physiotherapist and currently has a short wait list. See website for the 6th and 12th Columns for more information

back pain Patient Information

- Only around 1/2 cases of people presenting with back pain to primary care will have an indication to surgery
- 15% of cases of acute back pain will generally resolve within two months
- We think of herniated lumbar discs as a significant (45% of severe) disorder within one year
- Patients presenting with persistent back pain after 3 months are more likely to be from chronic back pain and this requires a shift in management strategies from care 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 Physical Activity Network (07 3020 1212) 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
Preparing for SAFESCRIPT

Quality management of high risk medicines

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

Victorian Opioid Management ECHO

In partnership with: 

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.

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

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 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.
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

<table>
<thead>
<tr>
<th>October 2018</th>
<th>Initial roll-out Western Victoria PHN</th>
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<tbody>
<tr>
<td>Early 2019</td>
<td>SafeScript training throughout rest of Victoria</td>
</tr>
<tr>
<td></td>
<td>SafeScript implemented throughout rest of Victoria</td>
</tr>
<tr>
<td>April 2020</td>
<td><strong>SafeScript mandatory</strong></td>
</tr>
<tr>
<td>Ongoing</td>
<td>Online training modules, mentoring by GP clinical advisors</td>
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  - 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
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**

- 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

---

**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

Above: Based on survey 2009-2015
Left: Comparison of Victorian deaths in 2016 due to pharmaceutical drugs, illicit drugs and the road toll
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

<table>
<thead>
<tr>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing Drugs of Dependence in general practice</td>
<td>GP educator</td>
</tr>
<tr>
<td>Motivational Interviewing</td>
<td>Psychologist/AOD clinician</td>
</tr>
<tr>
<td>The role of Allied Health in managing chronic pain</td>
<td>Myotherapist/rehab therapist</td>
</tr>
<tr>
<td>Schedule 8 permit system</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>Codeine up-scheduling &amp; RTPM/SafeScript</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>Case studies – chronic non-cancer pain patients</td>
<td>GP educator</td>
</tr>
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</table>
ALM results

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

- I feel confident managing patients with NMCP
- I feel confident managing patients with problematic opioid use
- Use non-pharmacological management methods** for NMCP*
- Use an Opioid Risk Tool to assess patients prior to prescribing opioids*

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

Questions?
Lunch

1:15pm – 1:50pm
Session 3: Guest Speakers
Chair: Professor Fiona Blyth
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
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
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
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
WHAT’S COMING UP

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

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

<table>
<thead>
<tr>
<th>Clinically significant change for patients with moderate or worse depression</th>
<th>Your service</th>
<th>All services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement (%)</td>
<td>60.0</td>
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</tr>
<tr>
<td>No improvement (%)</td>
<td>40.0</td>
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</table>

Bar chart showing the percent of patients by severity and service type at referral and episode end.
Example benchmark - Depression
Patient level data and uses

PAIN SEVERITY AND INTERFERENCE

Severe

Moderate

Mild

Referral - 30/09/2014

Latest - 09/03/2015

Pain Severity

Pain Interference
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

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![Bar graph showing referral and episode end percentages for 'Your service' and 'All services']
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
Keep in contact with ePPOC for further information:

- [http://ahsri.uow.edu/eppoc/index.html](http://ahsri.uow.edu/eppoc/index.html)
- Email us at [eppoc@uow.edu.au](mailto:eppoc@uow.edu.au)
- Or phone (02) 4221 4411
Stand and Stretch

5 minutes
Session 4
Facilitated by Professor Andrew Wilson and Professor Fiona Blyth
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:

[Email](mailto:simone.demorgan@sydney.edu.au)