



The Australian Prevention
Partnership Centre
Systems and solutions for better health

Mapping of chronic pain initiatives in Primary Health Networks

Summary of findings from
consultation with PHNs

March 2019



Mapping of chronic pain initiatives in Primary Health Networks (PHNs)

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Disclaimer: This review is not necessarily a comprehensive review of all literature relating to the topic area. It was current at the time of production (but not necessarily at the time of publication) and is based on sources believed to be reliable.

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Purpose of this resource

The purpose of this resource is to provide Primary Health Networks (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.

Chronic pain project

This resource has been developed as part of the chronic pain project¹ at The Australian Prevention Partnership Centre, 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.

This 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 information source for this resource includes the following, undertaken as part of the chronic pain project:

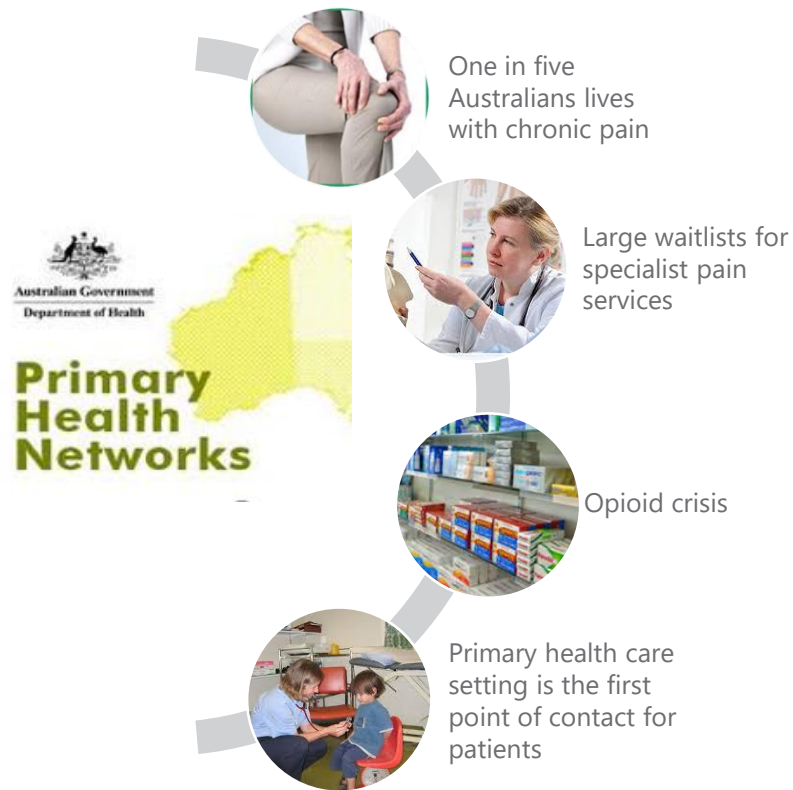
Consultation (interviews and a survey) with key representatives from PHNs, including executive level staff and program managers, to understand the needs and priorities of PHNs related to chronic pain and the scope of work currently being undertaken and commissioned by each PHN related to chronic pain. Twenty-six of the 29 PHNs (including the WA Primary Health Alliance²) participated in the consultations. Twenty-three PHNs participated in the interview and survey and three PHNs participated in the survey only. Three PHNs did not participate in the consultations; two of the three PHNs were regional PHNs (in Queensland and New South Wales) and one PHN was a metropolitan PHN in Melbourne, Victoria.

Background

Chronic pain is a considerable, and growing, public health issue. Chronic pain is defined as pain experienced every day for at least three months in the previous six months.³ One in five Australians lives with chronic pain, including adolescents and children, and this number is projected to increase in the coming decades.^{3,4,5} Chronic pain represents a significant burden on the Australian economy, and for individuals, chronic pain is associated with poorer quality of life, depression and anxiety, disability, loss of productivity and unemployment.^{3,6}

-
1. 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)
 2. WA Primary Health Alliance oversees the strategic commissioning functions of the three Western Australian Primary Health Networks: Perth North, Perth South and Country WA.
 3. Gonzalez-Chica DA, et al. Epidemiology of arthritis, chronic back pain, gout, osteoporosis, spondyloarthropathies and rheumatoid arthritis among 1.5 million patients in Australian general practice: NPS MedicineWise MedicineInsight dataset. *BMC Musculoskeletal Disorders*. 2018;19 (1).
 4. Henderson JV et al. Prevalence, causes, severity, impact, and management of chronic pain in Australian general practice patients. *Pain Medicine*. 2013;14(9):1346–61.
 5. Blyth FM et al. Chronic pain in Australia: A prevalence study. *Pain*. 2001;89: p. 127–134.
 6. Access Economics. The high price of pain: The economic impact of persistent pain in Australia. Sydney: MBF Foundation. 2007.

In the midst of the up-scheduling of codeine containing medicines, and evidence of over-prescription of opioids, it is of critical importance to improve the integrated care of patients presenting with pain, specifically with non-pharmacological interventions within a biopsychosocial model of pain. The most important point for intervention is the primary healthcare setting as the first point of contact for patients, given the large waitlists for specialist pain clinics, and the inability of these services to meet increasing demand. PHNs are important levers as commissioning bodies and supporters of primary healthcare services, who work to assess their own local system barriers to healthcare and respond accordingly.



National Pain Strategy

In 2010, Australia became the first nation in the world to develop a national framework for pain, the National Pain Strategy (NPS). Six goals⁷ were established:

1. People in pain as a national health priority
2. Knowledgeable, empowered and supported consumers
3. Skilled professionals and best-practice evidence-based care
4. Access to interdisciplinary care at all levels
5. Quality improvement and evaluation
6. Research.

7. Pain Australia. National Pain Strategy 2010. Available at: www.painaustralia.org.au/the-national-pain-strategy/national-pain-strategy.html

Since its development, the National Pain Strategy has successfully altered the way pain – in particular, chronic pain – is viewed and managed in Australia, with significant focus placed on the development and provision of community-based services across the country.⁸

A framework of the types of chronic pain initiatives implemented in Primary Health Networks (PHNs)

Adapted from the goals of the National Pain Strategy, the three goals of chronic pain initiatives implemented in PHNs (outlined in **Figure 1**) include:

Goal 1: Access to multidisciplinary care and improving consumer health literacy and care navigation

Goal 2: Ensuring health professionals are skilled and provide best-practice evidence-based care

Goal 3: Quality improvement and health system support



Figure 1: Goals of the chronic pain initiatives implemented by Primary Health Networks (PHNs)

The goals align with PHNs' remit to commission health services to meet local service needs; to support primary care providers; and to improve health systems to enable better coordination of care.

A framework of the types of chronic pain initiatives implemented by PHNs has been developed based on the three goals above, see **Figure 2**. The definitions of the types of chronic pain initiatives outlined in the framework is provided in **Table 1**.

8. Joypaul S, Kelly FS, King MA. Turning pain into gain: Evaluation of a multidisciplinary chronic pain management program in primary care. *Pain Medicine*. 2018; Dec 12.

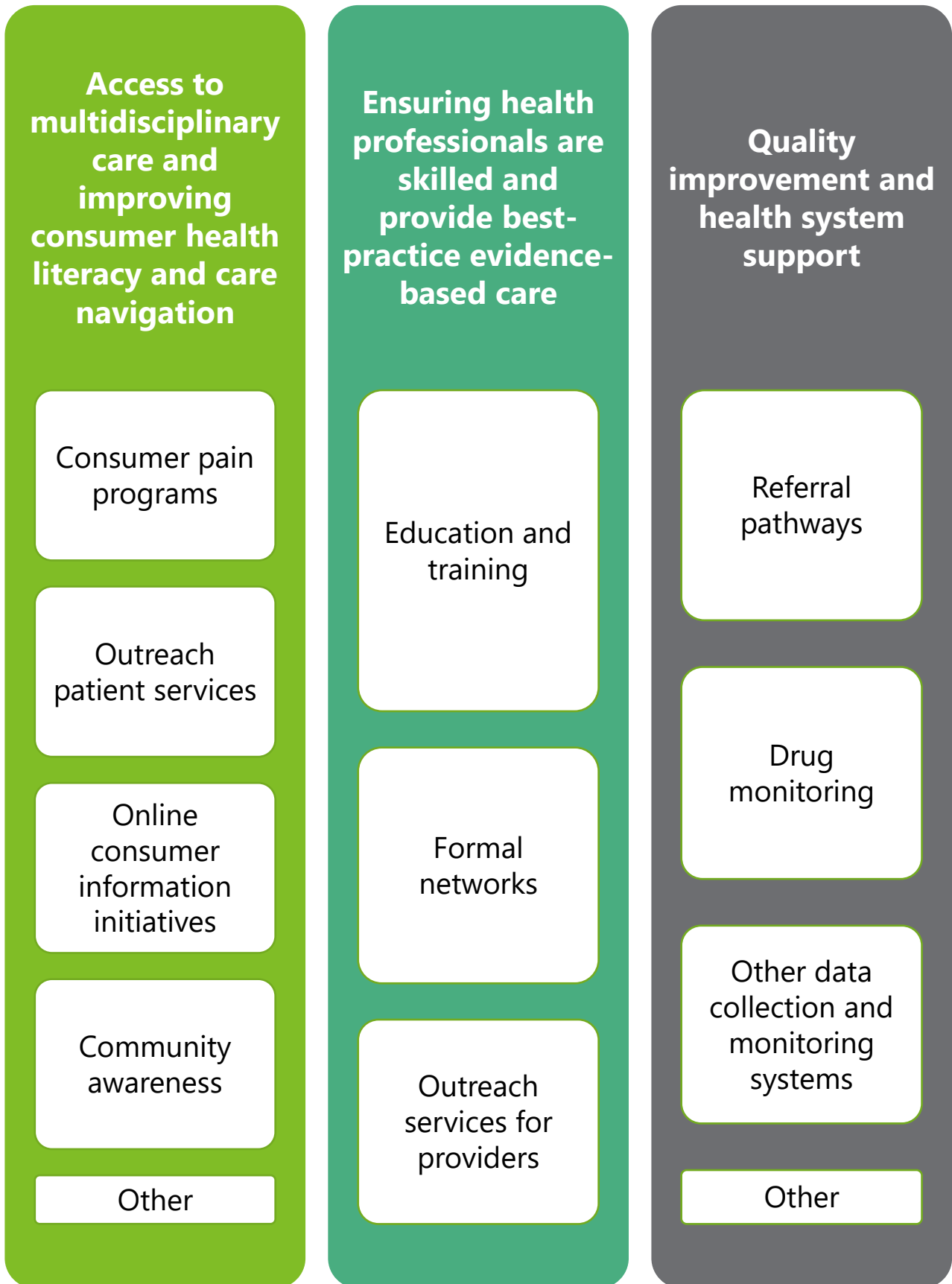


Figure 2: A framework of the types of chronic pain initiatives implemented by Primary Health Networks (PHNs)

Table 1: Definitions of the types of chronic pain initiatives outlined in the framework

Label	Definition
Access to multidisciplinary care and improving consumer health literacy and care navigation	
Consumer pain programs	Multidisciplinary chronic pain management programs based in the community involving group-based education with/without individual consultations with healthcare providers
Outreach patient services	Outreach services in regional, rural and remote areas: telehealth and face-to-face (visiting) consultations connecting people in pain with pain specialists and other health providers
Online consumer information initiatives	Online consumer information initiatives including patient information portals, e.g. Health Resource Directory; and online distribution platforms, e.g. GoShare. Excludes patient resources available on HealthPathways
Community awareness	Community awareness initiative, e.g. support for the Pain Revolution Local Pain Education Program
Other	Other, e.g. Opioid Early Intervention Pilot Project, Adelaide Pain Support Network
Ensuring health professionals are skilled and provide best-practice evidence-based care	
Education and training	Education and training of health professionals related to pain including a) face-to-face educational events implemented or commissioned by PHNs; b) support for implementation of education and training conducted by other agencies, e.g. NPS MedicineWise educational visits, Pain Revolution Local Pain Education Program; c) promotion of webinar training; and d) support for mentorship of primary care providers
Formal networks	Formal health professional networks related to pain
Outreach services for providers	Telehealth and other online services connecting primary care providers with pain specialists and other health providers
Quality improvement and health system support	
Referral pathways	Improving pathways and referral systems related to pain, e.g. HealthPathways
Drug monitoring	Support for the implementation of prescription drug monitoring systems, e.g. SafeScript
Other data collection and monitoring systems	Other data collection and monitoring systems, e.g. Electronic Persistent Pain Outcomes Collaboration (ePPOC) initiative
Other	Other, e.g. establishment of key stakeholder working group to understand the role of the different services and programs related to chronic pain

Mapping of chronic pain initiatives implemented by PHNs

- PHNs are implementing a range of chronic pain initiatives. 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).
- Chronic pain initiatives are implemented in all states and territories and in a range of metropolitan and regional PHNs.
- PHNs are more likely to be implementing chronic pain initiatives related to *Goal 2 (Ensuring health professionals are skilled and provide best-practice evidence-based care)* and *Goal 3 (Quality improvement and health system support)* than *Goal 1 (Access to multidisciplinary care and improving consumer health literacy and care navigation)*. This result may be due to PHNs being relatively new to commissioning services for consumers and patients and having more experience in supporting health professionals and in health system support.

Of the PHNs that participated in the chronic pain project (N=26), approximately 90% of PHNs are implementing chronic pain initiatives related to *Goal 2 and 3*; and approximately half of PHNs are implementing chronic pain initiatives related to *Goal 1*, as outlined in the coloured bars in **Figure 3**.

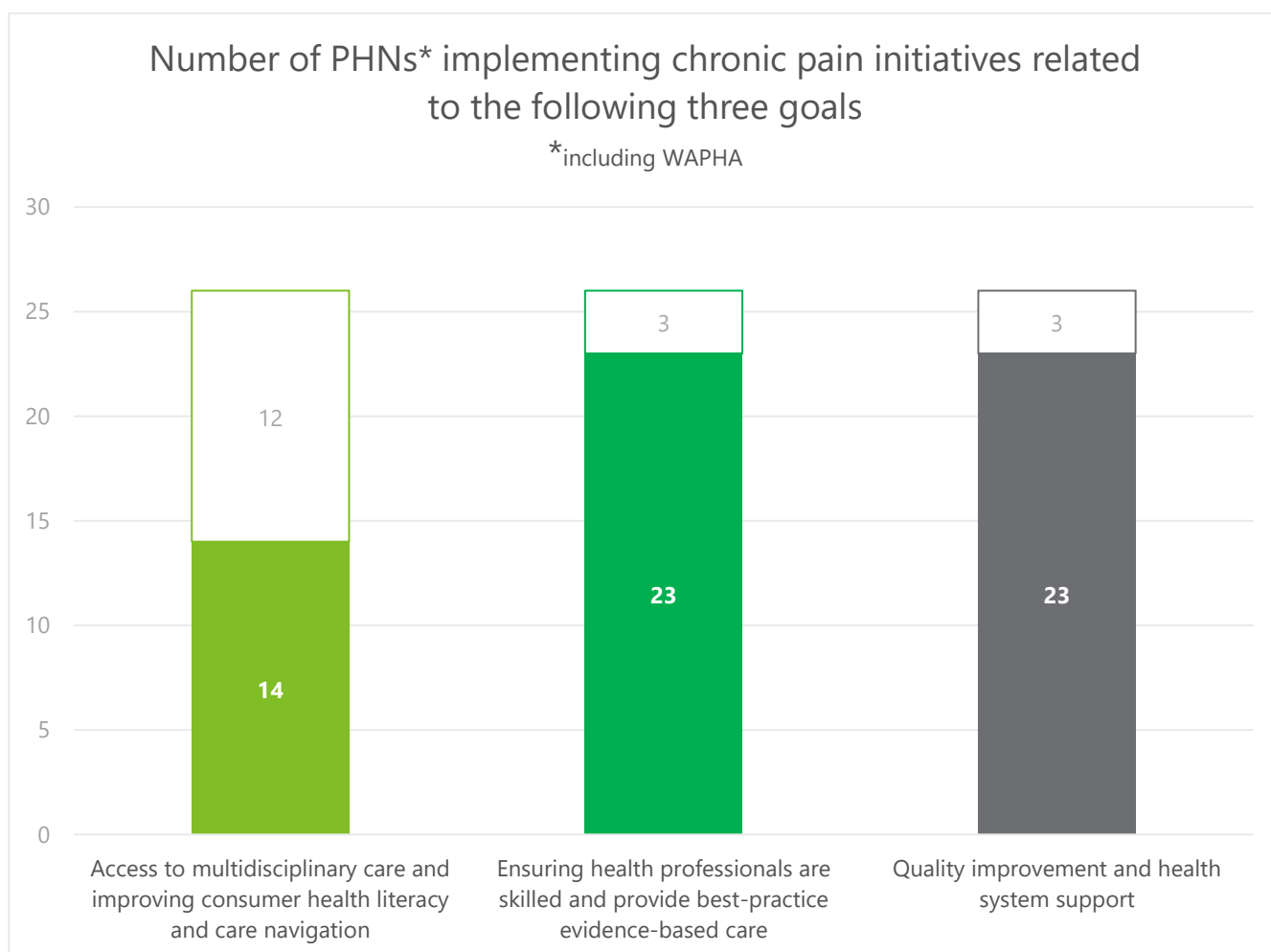


Figure 3: PHN chronic pain initiatives related to the three goals of the framework

Types of chronic pain initiatives

- 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.

The types of chronic pain initiatives that participating PHNs are implementing are outlined in **Figure 4**. See **Table 1** for the definitions of the types of chronic pain initiatives. An overview of the number and distribution of the different types of PHN chronic pain initiatives is provided in **Table 2**. For more information about the individual initiatives see **Tables 3–5**.

Appendix 1 includes a map of the types of chronic pain initiatives currently implemented by each PHN.

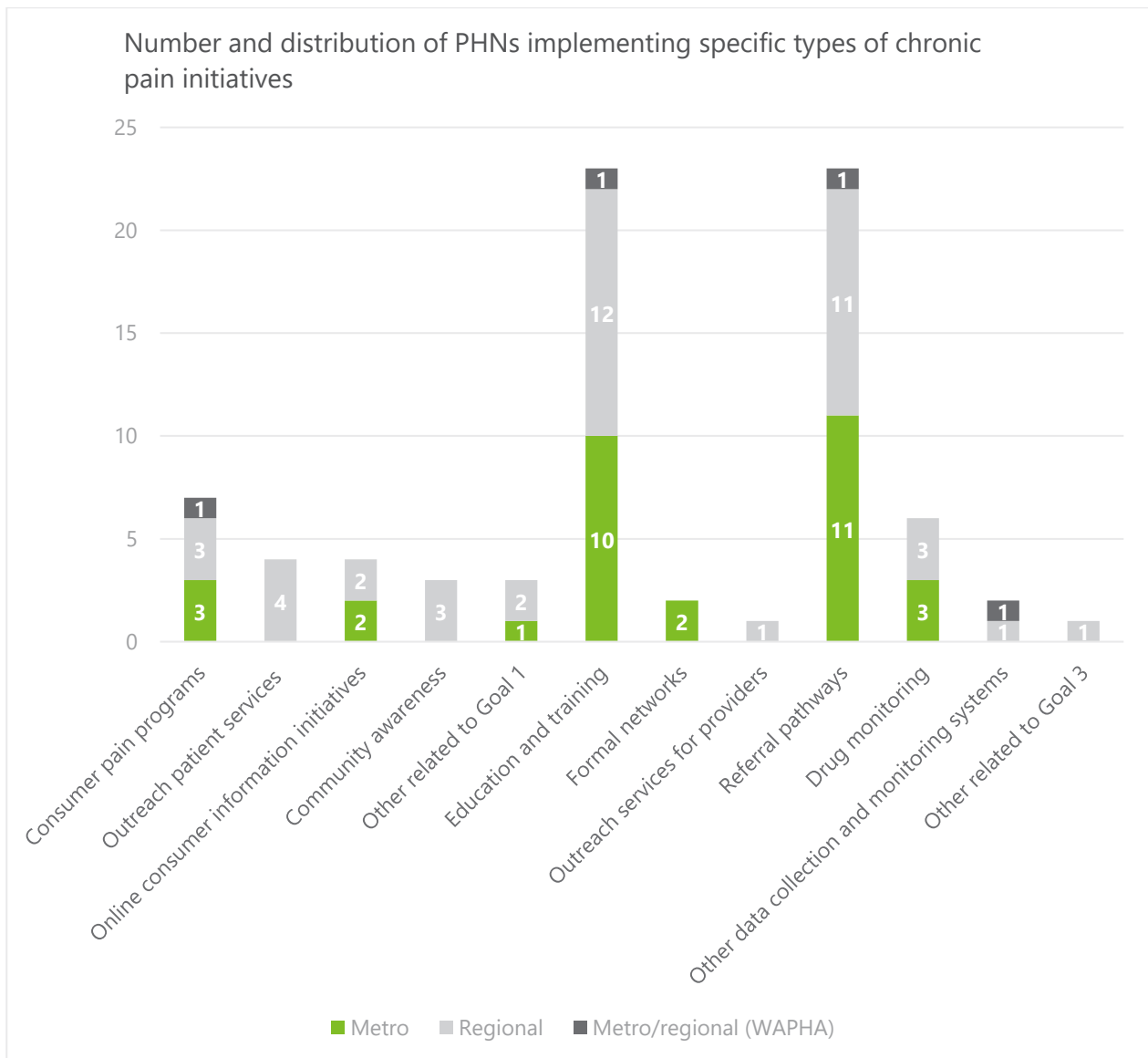


Figure 4: Types of chronic pain initiatives implemented by PHNs

Education and training

- Education and training initiatives are implemented in all states and territories (apart from Northern Territory) and in a range of metropolitan and regional PHNs. Outreach services for providers are relevant to regional PHNs.
- The most common type of initiative related to education and training that PHNs are implementing are face-to-face educational events addressing topics such as pain management strategies and opioid prescribing and deprescribing.

See **Figure 5** for an outline of the different types of education and training initiatives related to chronic pain that PHNs are implementing. An overview of the number and distribution of the different types of education and training initiatives is provided in **Table 2**. For more information about the individual education and training initiatives see **Table 4**.

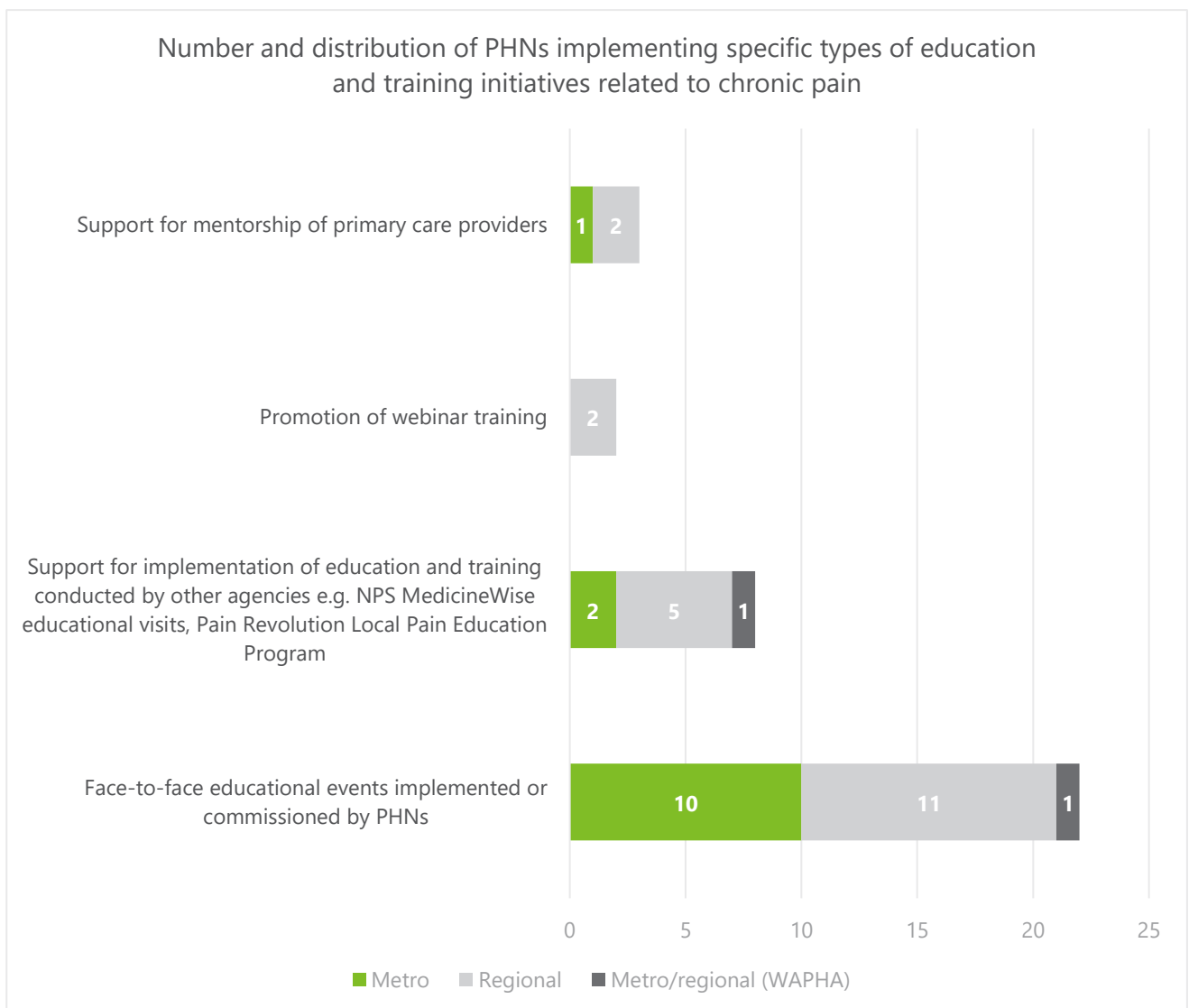


Figure 5: Education and training initiatives related to chronic pain

Consumer pain programs

- 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.

An overview of the number and distribution of consumer pain programs is provided in **Table 2**. For more information about the individual consumer pain programs see **Table 3**.

Table 2: Overview of the types of PHN chronic pain initiatives

Type of initiatives	Findings from the consultation with PHNs (N=26 including WAPHA)
Access to multidisciplinary care and improving consumer health literacy and care navigation	
Consumer pain programs	<ul style="list-style-type: none"> • Six PHNs and the WA Primary Health Alliance (WAPHA) are implementing consumer pain programs • Programs are implemented in a range of states including NSW, QLD, SA and WA • Programs are implemented in a range metropolitan and regional PHNs: three metro, three regional and one metro/regional (WAPHA) • A similar consumer pain program is being implemented in two PHNs and WAPHNA: the program was developed by the Gold Coast PHN and adapted to Adelaide PHN and WAPHA • Four PHNs and WAPHA collect evaluation data from their consumer pain program (one PHN and WAPHA collect data as part of the ePPOC initiative) • One PHN has published a peer-review paper about their consumer pain program in partnership with a university (Gold Coast PHN, Griffith University)
Outreach patient services	<ul style="list-style-type: none"> • Four regional PHNs are implementing outreach patient services including three regional PHNs in NSW that are implementing telehealth supported by the NSW Agency for Clinical Innovation (ACI); and one regional PHN in SA is implementing a pilot outreach patient service • A regional PHN in NSW is also implemented a visiting pain physician from a metropolitan Hospital (funded by the Rural Doctors Network) • The NSW ACI has evaluated the telehealth initiative and Country SA PHN is currently evaluating the pilot outreach service (to be completed June 2019)
Online consumer information initiatives	<ul style="list-style-type: none"> • Four PHNs are implementing online consumer information initiatives • Initiatives are implemented in two states: three NSW PHNs and one VIC PHN • Initiatives are implemented in metropolitan and regional PHNs: two metro PHNs and two regional PHNs • Two PHNs are implementing an online distribution platform (GoShare); and two PHNs are implementing patient information portals (Health Resource Directory, PatientInfo) • The online consumer information initiatives have not been evaluated

Community awareness	<ul style="list-style-type: none"> • Three regional PHNs are implementing community awareness initiatives related to pain • Initiatives are implemented in a range of states: NSW, SA, TAS • One community awareness initiative (<i>Brainman</i> video series) implemented in a regional NSW PHN has been evaluated (peer review publication)
Other	<ul style="list-style-type: none"> • Three PHNs are implementing other initiatives including a peer support program; pain prescribing on discharge working group (focusing on management of acute pain to prevent chronic pain); and two pharmacy community initiatives about opioid use (in partnership with a university) • Initiatives are implemented in a range of states: SA, NT, VIC • The peer support program is implemented by a metropolitan SA PHN and the other initiatives are implemented by regional PHNs (NT and Victoria)
Ensuring health professionals are skilled and provide best-practice evidence-based care	
Education and training	<ul style="list-style-type: none"> • Most PHNs are implementing education and training related to chronic pain: 23 PHNs of the participating 26 PHNs (including WAPHA) • Twenty-two PHNs are implementing or commissioning face-to-face educational events related to chronic pain addressing topics such as pain management strategies and opioid prescribing and deprescribing • Eight PHNs (including WAPHA) are supporting implementation of education and training conducted by other agencies: six PHNs (including one regional VIC PHN, one metro QLD PHN, two regional QLD PHNs, one metro SA PHN and WAPHA) are supporting NPS MedicineWise educational visits; and two PHNs (one regional NSW PHN and TAS PHN) are supporting the Pain Revolution initiative • Two regional PHNs are promoting webinar training: one NSW PHN and one VIC PHN • Three PHNs are providing support for mentorship of primary care providers: one regional NSW PHN, one metro QLD PHN and one regional SA PHN • The NPS MedicineWise educational visits initiative has been evaluated in a peer review publication; two initiatives that provide mentorship of primary care providers have been evaluated; the Pain Revolution initiative (education and training component) has not been evaluated; and the webinar training has not been evaluated
Formal networks	<ul style="list-style-type: none"> • Two PHNs are implementing formal health professional networks related to pain to support their consumer pain program • Both PHNs are metropolitan PHNs: one QLD PHN and one SA PHN
Outreach services for providers	<ul style="list-style-type: none"> • One regional PHN in Victoria is implementing an online service connecting primary care providers with addiction medicine specialists and psychiatrists (Project ECHO Opioid Management Clinic) • No evaluation

Quality improvement and health system support

Referral pathways	<ul style="list-style-type: none"> • Most PHNs (23 PHNs including WAPHA) are implementing HealthPathways to improve referral pathways • Most PHNs have localised pain pathways (17 PHNs); and six PHNs (three metro and three regional PHNs) are currently developing localised pain pathways (in NSW, SA, NT) • Examples of localised pathways related to pain include: Specialised Pain Management Referrals, Pain Management in Palliative Care, Pain Management Specialists, Management of Breakthrough Pain, Analgesia in Children with Acute Pain, Back Pain in Adults, Chronic Opioid Use and Deprescribing, Chronic Non-cancer Pain, Chronic Pain Specialised Review, Chronic Pain Specialised Advice, Complex Regional Pain Syndrome (CRPS) and Persistent pain in children and young people • Data usage available to PHNs • Evaluation of Hunter and New England HealthPathways
Drug monitoring	<ul style="list-style-type: none"> • The Victoria PHNs (N=6) led by Western Victoria PHN have been commissioned to provide education and training (in partnership with NPS MedicineWise) for GPs and pharmacists to support the implementation of SafeScript • Western Victoria PHN has undertaken a pilot of the education and training (face-to-face sessions and online NPS resources) which is currently being rolled out across Victoria
Other data collection and monitoring systems	<ul style="list-style-type: none"> • Two PHNs (including one regional NSW PHN and WAPHA) are collecting data from consumers participating in their pain programs as part of the <i>electronic Persistent Pain Outcomes Collaboration (ePPOC)</i> • <i>ePPOC</i> involves the collection of a standard set of data items and assessment tools by specialist pain services throughout Australia and New Zealand to measure outcomes for their patients as a result of treatment. This information has been used to develop a national benchmarking system for the pain sector
Other	<ul style="list-style-type: none"> • Tasmania PHN has established a <i>key stakeholder working group</i> to understand the role of the different services and programs related to chronic pain and to decide on the most appropriate initiative(s) to implement in their area

Appendix 1 includes a map of the types of chronic pain initiatives currently implemented by each PHN.

Access to multidisciplinary care and improving consumer health literacy and care navigation

A description of the individual chronic pain initiatives implemented by PHNs related to *Access to multidisciplinary care and improving consumer health literacy and care navigation* is provided in **Table 3**.

Table 3: Description of chronic pain initiatives related to access to multidisciplinary care and improving consumer health literacy and care navigation

Primary Health Network	Description of initiative
Multidisciplinary chronic pain management programs based in the community	
South Eastern NSW PHN	<p>Name and description of the initiative: The <i>Chronic Pain Management Program</i> is based on the NSW Agency for Clinical Innovation (ACI) Brief Pain Self-Management (BPSM) program. It is facilitated by psychological and physical therapists for patients referred by their GP. The program provides education and support to patients through a six-week face-to-face intensive group program and two follow-up sessions.</p> <p>The role of the PHN:</p> <ul style="list-style-type: none"> • South Eastern NSW PHN funds the project co-ordinator and the facilitators. Facilitators apply to the PHN to conduct the program via an EOI • The PHN is represented on the ACI pain management steering committee <p>Website link: https://www.coordinare.org.au/news/free-chronic-pain-management-program-in-eurobodalla/</p> <p>Enablers:</p> <ul style="list-style-type: none"> • Established links with the NSW ACI for clinical support and training for facilitators • An additional consumer information session before the program commences to engage consumers and reduce drop outs • Evaluation using ePPOC measures <p>Evaluation reference if available: The PHN provides patient outcome data to the ePPOC initiative and receives six-monthly reports on outcomes, which are benchmarked against specialist pain service outcomes.</p>
Western NSW PHN	<p>Name and description of the initiative: The <i>Broken Hill Community Pain Management Program</i> is a supportive community-based program offering non-opioid pain management alternatives for patients with chronic persistent non-cancer pain. A multidisciplinary team provides tailored education about pain; training and practice in self-management skills; interactive group discussions; group exercise sessions of graded intensities; and support with the maintenance of gains over six weeks. It includes inputs from an exercise physiologist, pain nurse practitioner, physiotherapist and psychologist, and incorporates input from a pain specialist where needed. It aims to facilitate a better journey for patients with chronic pain, including increased access to services and improved quality of services. It also aims to reduce high dose and risky opioid use in the community.</p> <p>The role of the PHN: The Western NSW PHN commissions the Broken Hill GP Super Clinic to run this program.</p> <p>Website link: N/A</p> <p>Enablers:</p> <ul style="list-style-type: none"> • The NSW Agency for Clinical Innovation (ACI) provided tools to support this program

	<ul style="list-style-type: none"> Ongoing support from the Greenwich Hospital Pain Clinic Team, the Royal Flying Doctor Service, Nachiappan Surgery and the Far West LHD <p>Evaluation reference if available: None</p>
Murrumbidgee PHN	<p>Name and description of the initiative: The Nepean Pain Clinic conducts <i>one day patient educational programs</i> (as part of a range of services they provide to the Murrumbidgee PHN area). The education program is conducted approximately once every two years and is part of a group-based program (Living with Pain Program) provided to both primary care providers and patients over a weekend (one day for providers, one day for patients). The Living with Pain Program adopts a multidisciplinary approach and is provided free of charge to consumers.</p> <p>The role of the PHN:</p> <ul style="list-style-type: none"> Murrumbidgee PHN communicates with primary care providers and consumers about the timing of the pain clinic visits and frequently provides space for the event The PHN is represented on the steering committee for this program <p>Website link: N/A</p> <p>Evaluation reference if available: None</p>
Brisbane North PHN	<p>Name and description of the initiative: The <i>Back Pain Clinic using GPs with a Special Interest (GPwSI) model</i> is a community-based clinic that consists of a GP and physiotherapist with a special interest in pain, set up to take the pressure off the hospital and health service pain unit. Providers work under the supervision of the pain specialist and receive referrals from GPs via Queensland's central patient intake system. This is a joint initiative between the PHN and the Hospital and Health Service, Queensland Health.</p> <p>The role of the PHN:</p> <ul style="list-style-type: none"> GP Liaison Officers support the recruitment of GPs with a special interest in pain and provide mentoring and support The PHN is represented on the steering committee for the service The PHN also coordinates the communication to GPs about the availability of the service to encourage referrals <p>Website link: https://clinicalexcellence.qld.gov.au/improvement-exchange/back-neck-pain</p> <p>Enablers:</p> <ul style="list-style-type: none"> A strong partnership with pain specialists Developing a back pain pathway (HealthPathway) to support referrals <p>Barriers: Finding clinical rooms to run the service.</p> <p>Evaluation reference if available: QLD Health has evaluated the program and found it to be successful.</p>
Gold Coast PHN	<p>Name and description of the initiative: The <i>PainWise Turning Pain into Gain (TPIG) Program</i> is an adult pain program provided in the north and south regions of the Gold Coast at community centres. It has been running since 2013 and is provided free of charge to patients. It is suitable for patients with pain which has lasted for more than three to six months, who are not suitable for surgical or urgent pain specialist interventions and require improved self-management strategies and skills to optimise ongoing care. Patients cannot be receiving palliative care and need to be able to participate in group education. A GP referral is required, and the program is delivered by a pharmacist, physiotherapist, psychologist, occupational therapist and exercise physiologist. It involves face-to-face group sessions, individual face-to-face consultations, and</p>

telehealth individual consultations as required. The program is run monthly over six months, with service assessments along the way to total 12 months of support and additional allied health service access.

The role of the PHN: Gold Coast PHN commissions PainWise to provide this program.

Website link: <https://www.healthycg.com.au/Our-Work/Persistent-Pain.aspx>

Enablers:

- Having a champion who is a passionate advocate for pain
- Good relationships with the hospital service and a collaborative approach between the PHN, hospital service and provider in governing the program from the start
- PHN commitment to continued funding of the program, which has enabled the establishment of long-term relationships, continued increase in referrals and trust of GPs
- Annual training for GPs and high-quality staff
- Good links with Griffith University for evaluation support

Barriers:

- Sustainability without the current champion is a concern
- Overcoming consumer expectation to be referred to a specialist and thinking that they can always cure their pain (rather than better managing their pain) – more consumer awareness is required
- Difficulties matching the supply of places with demand – at one stage, no new referrals were permitted and confidence in the program from GPs temporarily dropped. Advice is to be clear on the capacity of the program in terms of patient numbers
- Not collecting cost-effectiveness data from the start of the program

Evaluation reference if available: Joypaul S, Kelly FS, King MA. Turning pain into gain: Evaluation of a multidisciplinary chronic pain management program in primary care. *Pain Medicine*. 2018. doi:10.1093/pm/pny241

Adelaide PHN

Name and description of the initiative: The *Living Well with Persistent Pain (LWwPP) Program* is based on the Gold Coast TPIG program, which is a primary care-based self-management program for people with chronic pain and is provided free of charge in two regions – North and West. Care coordinators (one nurse, one occupational therapist) link participants with a GP with a special interest and a multi-disciplinary team (based on individual need) including pharmacists, physiotherapists, mental health clinicians, dietitians and exercise physiologists. The program consists of both group education sessions and individual consultations with health professionals provided face-to-face.

The role of the PHN: Adelaide PHN commissions Elizabeth Family Health and Adelaide Medical Solutions to provide the program.

Website link: <https://adelaidephn.com.au/our-work/our-activities/directory-of-services-programs/living-well-with-persistent-pain-program>

Enablers:

- Guidance from Gold Coast PHN, through purchasing the program IP and ongoing support for implementation and upskilling of staff
- The program has been implemented in a similar PHN context and is easily adapted to the local context
- Existing program shown to be effective
- Building relationships with tertiary pain units through regular meetings
- Having a local champion (GP with a special interest), though hoping to move to a coordinator role and engage the GP as required in the future

Barriers: Recruitment for the program was difficult at the start.

Evaluation reference if available: Joypaul S, Kelly FS, King MA. Turning pain into gain: Evaluation of a multidisciplinary chronic pain management program in primary care. Pain Medicine. 2018. doi:10.1093/pm/pny241

WA Primary Health Alliance (WAPHA)

Name and description of the initiative: The *Persistent Pain Program – Turning Pain into Gain* is based on the Gold Coast TPIG program. Clients over the age of 18 are referred by their GP to one of three providers in the Perth metropolitan area. The program is run from four locations and is free. The cost of an additional three allied health consultations can be covered through the program. This is adjunct to five MBS-funded allied health visits attached to a Chronic Disease Management Program. Health professionals include a clinical facilitator, physiotherapist/exercise physiologist, pharmacist, psychologist and a dietitian.

Clients are provided with individual sessions by the clinical facilitator who provides feedback to the GP and coordinates the delivery of six group sessions, one month apart. These are:

- Pain awareness and goal setting
- Understanding pain medicines
- Exercise principles
- The role of food in persistent pain
- Pain and sleep
- Changing the way we think about pain

The role of the PHN:

- WAPHA commissions three providers to implement the program (Black Swan Health Ltd, 360 Health and Community and Arche Health Chronic Pain Service). Providers are required to engage with local allied health professionals working with pain patients, and, if relevant, pain specialists in their area
- WAPHA updates senior pain specialists in the tertiary sector on how the program is performing
- Promotion of the program through health professional networks

Website links:

<https://www.blackswanhealth.com.au/services/chronic-disease-programs/persistent-pain/>

<http://www.360.org.au/Programs/Persistent-Pain-Program>

<http://www.archehealth.com.au/ours-services/chronicdisease-2/>

Enablers: A working group includes a representative from each commissioned provider, which is useful for discussing any challenges that providers might have implementing the program. They meet twice per year. Each provider liaises with a regional coordinator at WAPHA.

Barriers: As the PHN needs assessment determines where the program is provided, commissioned providers may be required to deliver the program in different locations, which means sourcing new venues, staff and presenters.

Evaluation reference if available: The PHN provides patient outcome data to the ePPOC initiative and receives six-monthly reports on outcomes, which are benchmarked against specialist pain service outcomes.

Joypaul S, Kelly FS, King MA. Turning pain into gain: Evaluation of a multidisciplinary chronic pain management program in primary care. Pain Medicine. 2018. doi:10.1093/pm/pny241

Outreach services in regional, rural and remote areas: telehealth and face-to-face (visiting) consultations connecting people in pain with pain specialists and other health providers

South Eastern NSW PHN

Name and description of the initiative: St Vincent’s hospital is providing a *Telehealth service* for those experiencing chronic pain. This service is funded by the NSW Ministry of Health and provided at no cost to consumers. The patient and GP attend the video conference session together, which lasts from 45 minutes to one hour and is facilitated by a multidisciplinary team at St Vincent’s including a pain specialist, psychiatrist, nurse and other allied health professionals. Follow-up sessions are arranged with members of the team as appropriate.

The role of the PHN:

- South Eastern NSW PHN communicates with healthcare providers to promote use of the Telehealth service
- The PHN is represented on the NSW Agency for Clinical Innovation (ACI) pain management steering committee

Website link: <https://www.coordinare.org.au/health-initiatives/chronic-conditions/>

Enablers:

- The general practice can claim a Telehealth Medicare Benefits Scheme (MBS) item and GPs can claim a long consultation MBS item
- Support for implementation from the NSW ACI

Evaluation reference if available: NSW Agency for Clinical Innovation. Chronic Pain Telehealth Pilot Project Evaluation Report. 2016. Retrieved from Chatswood: [https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0005/297842/Chronic Pain Telehealth Pilot Project Evaluation report 2016 v2.pdf](https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0005/297842/Chronic_Pain_Telehealth_Pilot_Project_Evaluation_report_2016_v2.pdf)

Western NSW PHN

Name and description of the initiative: Greenwich hospital is providing a *Telehealth service* for those experiencing chronic pain in Broken Hill. This service is funded by the NSW Ministry of Health and provided at no cost to consumers. This service has been supplemented with pain specialist outreach and education provided three to four times per year. This includes group education with patients and education for health professionals funded by the NSW Agency for Clinical Innovation (ACI).

The role of the PHN:

- Western NSW PHN communicates with healthcare providers to promote use of the Telehealth service
- The PHN is represented on the NSW Agency for Clinical Innovation (ACI) pain management steering committee

Website link: <https://hammondcare-greenwich-hospital-secure.worldsecursystems.com/services/pain-management/telehealth#ssl>

Enablers:

- Support from the Broken Hill GP Super Clinic
- The general practice can claim a Telehealth Medicare Benefits Scheme (MBS) item and GPs can claim a long consultation MBS item
- Support for implementation from the NSW ACI

Evaluation reference if available: NSW Agency for Clinical Innovation. Chronic Pain Telehealth Pilot Project Evaluation Report. 2016. Retrieved from Chatswood: [https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0005/297842/Chronic Pain Telehealth Pilot Project Evaluation report 2016 v2.pdf](https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0005/297842/Chronic_Pain_Telehealth_Pilot_Project_Evaluation_report_2016_v2.pdf)

<p>Murrumbidgee PHN</p>	<p>Name and description of the initiative: Nepean Pain Clinic is providing a <i>Telehealth service</i> for those experiencing chronic pain. This service has been operational since 2016, is funded by the NSW Ministry of Health and provided at no cost to consumers. It requires the GP to complete a one-page referral form. The pain clinic provides a questionnaire for the patient and the GP completes clinical assessments. The patient and GP attend the video conference session together, which lasts from 30 minutes to one hour and is facilitated by a multidisciplinary team at Nepean including a pain specialist, psychiatrist, nurse and other allied health professionals.</p> <p>The role of the PHN:</p> <ul style="list-style-type: none"> • Murrumbidgee PHN communicates with healthcare providers to promote use of the Telehealth service • The PHN is represented on the steering committee for this service with representatives from the Nepean Pain Clinic <p>Website link: https://www.aci.health.nsw.gov.au/networks/pain-management/murrumtele_chronic_pain_telehealth</p> <p>Enablers:</p> <ul style="list-style-type: none"> • Having GPs with a special interest in either pain, mental health or drug and alcohol issues, who have been the primary users of this service • Support for implementation from the NSW ACI <p>Evaluation reference if available: NSW Agency for Clinical Innovation. Chronic Pain Telehealth Pilot Project Evaluation Report. 2016. Retrieved from Chatswood: https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0005/297842/Chronic_Pain_Telehealth_Pilot_Project_Evaluation_report_2016_v2.pdf</p>
<p>Murrumbidgee PHN</p>	<p>Name and description of the initiative: A pain physician from Canberra hospital provides a visiting service one day per month. Patients pay to access this face-to-face service in Wagga. This is funded by the Rural Doctors Network.</p> <p>The role of the PHN: Murrumbidgee PHN communicates with GPs to promote referrals to this outreach service.</p> <p>Website link: https://mphn.org.au/rural-health-outreach-fund/</p> <p>Evaluation reference if available: None.</p>
<p>Country SA PHN</p>	<p>Name and description of the initiative: The <i>Chronic Pain Management Pilot Project</i> has been funded via an innovation funding grant, separate to the PHN needs assessment and work plan. It has been implemented in four general practices. Referred patients complete a questionnaire and attend a patient information session detailing the focus on self-management and decreasing medication.</p> <p>Pain unit staff in Adelaide provide outreach every month to the general practices (specialist, psychologist and physiotherapist). The local practice nurse attends the pain specialist consultation. Three months later, the practice nurse follows up with the patient and creates a care plan, which may involve developing a mental healthcare plan.</p> <p>The role of the PHN:</p> <ul style="list-style-type: none"> • Country SA PHN funded this pilot project and provided a program coordinator to implement and manage the program • To increase access to the program, the PHN funded an exercise physiologist initial assessment and subsidised visits and a psychologist to provide telemedicine as waitlists locally were 12–14 weeks. An email address has been set up for GPs to be able to communicate directly with the specialist team

Website link: <http://countrysaphn.com.au/phnactivity/thingswedo-programs/chronic-pain-pilot-project>

Enablers:

- Governance of the steering group, who meet regularly
- Pain unit staff have had the opportunity to learn more about general practice
- Specialist team visits allow them to see the general practice patient notes
- Building relationships and keeping a consistent message about pain management across the team of providers

Barriers:

- Sustainability of the program beyond PHN funding is uncertain. Ongoing funding is needed to support the practice nurse role
- Need to consider other regions in need in Country SA catchment
- Some patients were not interested in reducing medication use – need more community awareness of pain management
- Difficulty recruiting practices in the beginning of the program as GPs felt their prescribing practices were being questioned

Evaluation reference if available: An external evaluation has been commissioned and will be available upon program completion June 2019.

Online consumer information initiatives

Western Sydney PHN (NSW) and Western Victoria PHNs

Name and description of the initiative: *GoShare* is a customisable content distribution platform which enables the sharing of health resources (factsheets, videos, links to websites, apps and tools, regular emails/text messages) tailored to patients' information needs.

The role of the PHN:

- In Western Sydney PHN, this initiative is funded by the PHN and the Western Sydney Local Health District and is currently commissioned to Healthily to implement the platform. It is available at no cost to all health professionals who register in Western Sydney (e.g. GPs, hospital-based clinicians)
- Western Victoria PHN provides licenses for primary healthcare providers. This has been promoted at practices and pharmacies and is being used as part of the Opioid Early Intervention Pilot Project

Website links: <http://healthily.com.au/goshare/>

<https://westvicphn.com.au/health-professionals/health-resources/goshare>

Enablers: Integrating GoShare into HealthPathways increases awareness and usage of the platform.

Evaluation reference if available: None.

South Western Sydney PHN

Name and description of the initiative: *Health Resource Directory* is designed as a health information portal to support patients in learning more about their health issues. The program aims to improve the health literacy of residents of South Western Sydney and support patients to take control of their health issues. The site provides links to information recommended by local health professionals. In addition to the general resources, there are culturally appropriate resources for Aboriginal and Torres Strait Islander people and for culturally and linguistically diverse communities. Chronic pain fact sheets (in English, Arabic, simplified Chinese, Vietnamese), links to pain support groups and peak pain bodies, toolkits, apps and videos are available.

The role of the PHN: South Western Sydney PHN implements the patient portal.

Website link: <http://healthresourcedirectory.org.au/>

	<p>Enablers: Linking this directory to HealthPathways allows for ease of access by health professionals directing patients to this directory or printing out materials for patients.</p> <p>Evaluation reference if available: None.</p>
Hunter New England and Central Coast PHN	<p>Name and description of the initiative: <i>Patientinfo</i> is a consumer health information portal that is linked to HealthPathways. It includes reliable up-to-date information that is selected by PHN/Local Health District (LHD) HealthPathways team. Information is locally relevant and easy to understand. Specific resources have been developed that are culturally appropriate for Aboriginal and Torres Strait Islander people and for culturally and linguistically diverse communities.</p> <p>The role of the PHN: The HNECC PHN implemented this initiative in partnership with the Hunter New England Local Health District.</p> <p>Website link: http://patientinfo.org.au/</p> <p>Enablers:</p> <ul style="list-style-type: none"> • Having a dedicated LHD staff member as part of the HealthPathways team to review the content for appropriate literacy levels and to ensure it is consistent with information provided to the GP. This governance is reassuring to providers • GPs are given Patientinfo business cards to distribute to patients, providing them with specific links to look up <p>Evaluation reference if available: None.</p>
Community awareness	
Hunter New England and Central Coast PHN	<p>Name and description of the initiative: Hunter Integrated Pain Service, Hunter New England Local Health District and Hunter New England and South Coast PHN developed three key messaging videos outlining the foundations of chronic pain treatment. The <i>Brainman videos</i> were released on YouTube as a low-cost public health intervention. Each video used an evidenced-informed script appropriate for low literacy and a cartoonist to provide matching images. The first video has been translated into 15 languages, with the subsequent two videos translated into German and subtitled in French and Japanese.</p> <p>The role of the PHN: Hunter New England and Central Coast PHN funded the development of the videos.</p> <p>Website link: https://www.aci.health.nsw.gov.au/ie/projects/brainman</p> <p>Evaluation reference if available: White R, Hayes C, White S, Hodson FJ. Using social media to challenge unwarranted clinical variation in the treatment of chronic noncancer pain: The "Brainman" story. <i>Journal of Pain Research</i>. 2016;9, 701 –709.</p>
Country SA PHN	<p>Name and description of the initiative: <i>Living with chronic pain – techniques for coping</i> community awareness education events were run by Arthritis SA and delivered during the Chronic Pain Management Pilot Project.</p> <p>The role of the PHN: Country SA PHN contracted Arthritis SA to provide four events.</p> <p>Website link: N/A, previous events.</p> <p>Barriers: Some consumers perceived the Arthritis SA branding made the events relevant only to people with arthritis.</p> <p>Evaluation reference if available: None.</p>
Tasmania PHN	<p>Name and description of the initiative: The 2019 <i>Pain Revolution Rural Outreach Ride</i> includes community and health professional education events.</p>

	<p>The role of the PHN: Tasmania PHN is supporting the Pain Revolution Rural Outreach Ride by ensuring that health professionals from the allied health professional network and the GP network attend the Pain Revolution events. They are also part of a stakeholder group for this initiative.</p> <p>Website link: https://www.painrevolution.org/events</p> <p>Evaluation reference if available: None.</p>
Other	
Adelaide PHN	<p>Name and description of the initiative: The <i>Adelaide Pain Support Network (APSN)</i> is a peer support program provided by three regions – North, Centre and West. This is peer mentor led with rotating/visiting professionals from a variety of backgrounds. They have a Facebook page and face-to-face meetings. The tertiary pain unit identified the need for this service and approached the PHN, who were able to secure a grant to support it.</p> <p>The role of the PHN: Adelaide PHN funds this through a grant and commissions the facilitator, who is trained for the role.</p> <p>Website link: https://www.facebook.com/adelaide.painsupport/</p> <p>Enablers: Low cost.</p> <p>Evaluation reference if available: None.</p>
Northern Territory PHN	<p>Name and description of the initiative: The <i>Pain Prescribing on Discharge Working Group</i> with the Top End Health Service (TEHS) is funded by the NT Department of Health. An initial meeting has been conducted.</p> <p>The role of the PHN: NT PHN has been invited to be involved in this working group. The PHN role will be to support the development of health literacy tools that are appropriate for the Indigenous population, with patients provided with information on discharge; and to support integration of care between hospitals and primary care by ensuring that information provided to patients on discharge is also provided to their GP via the discharge summary or a letter.</p> <p>Website link: N/A</p> <p>Enablers: N/A, the initiative has only just commenced.</p> <p>Evaluation reference if available: N/A</p>
Western Victoria PHN	<p>Name and description of the initiative: The <i>Opioid Early Intervention Pilot Project</i> is funded through the Pharmacotherapy Area-Based Network for 18 months and involves providing pharmacies with additional funding to consult with a patient when they are initially prescribed an opioid. Pharmacies have recently been recruited and they are currently collecting data on first time opioid users. A questionnaire is provided to patients and the intervention provides education on expectations for pain management and options other than opioids to manage their pain. Patients will be followed up at one, three and six months.</p> <p>The role of the PHN: Western Victoria PHN has contracted La Trobe University to undertake this pilot project in three pharmacies.</p> <p>Website link: N/A</p> <p>Enablers: N/A, the initiative has only recently commenced.</p> <p>Evaluation reference if available: N/A</p>
Western Victoria PHN	<p>Name and description of the initiative: The <i>Routine Opioid Outcome Monitoring (ROOM) Tool</i> involves computer-facilitated screening and brief intervention to support pharmacist identification of opioid-related problems and provide capacity for brief intervention including verbal reinforcement of tailored information sheets, supply of naloxone and referral back to the opioid</p>

prescriber. The screening and brief intervention (SBI) utilises software that embeds study procedures into dispensing workflow and assesses opioid outcomes with domains aligned with a widely accepted clinical framework.

The role of the PHN: Western Victoria PHN has assisted Monash University with recruitment of pharmacies for this research.

Website link: <https://ndarc.med.unsw.edu.au/project/routine-opioid-outcome-monitoring-community-pharmacy>

Enablers: N/A, the initiative has only recently commenced.

Study Protocol: Nielsen S, et al. Routine opioid outcome monitoring in community pharmacy: Pilot implementation study protocol. Res Social Adm Pharm. 2018.

Ensuring health professionals are skilled and provide best-practice evidence-based care

A description of the individual chronic pain initiatives implemented by PHNs to *Ensure health professionals are skilled and provide best-practice care* is provided in **Table 4**.

Table 4: Description of chronic pain initiatives related to ensuring health professionals are skilled and provide best-practice evidence-based care

Primary Health Network	Description of initiative
Education and training of health professionals related to pain: Face-to-face educational events implemented or commissioned by PHNs	
Most PHNs (see Appendix 1)	<p>Name and description of the initiative: Pain-related <i>educational events for primary care providers coordinated by PHNs</i>. These events are usually accredited for Royal Australian College of General Practitioners CPD points and are provided free to primary care providers. The frequency of these events varies and is scheduled in response to identified need, health policy changes (e.g. up-scheduling of codeine) and feedback from attendees at previous similar events.</p> <p>The role of the PHN:</p> <ul style="list-style-type: none"> • PHNs draw on their local health professional networks to select experts (e.g. pain specialists, GPs with a special interest in pain, visiting experts) to provide face-to-face education • PHNs provide venues and catering for events <p>Website link: See local PHN calendars.</p> <p>Enablers:</p> <ul style="list-style-type: none"> • Selecting topics of interest, usually based on GP surveys (e.g. pain management strategies, opioid management) or policy changes e.g. up-scheduling of codeine • Promoting education events through health professional networks and newsletters • Having events accredited by the RACGP • Running events free of charge and at times that are feasible for primary care providers (usually evening seminars) <p>Evaluation reference if available: None.</p>

<p>Western Victoria PHN</p>	<p>Name and description of the initiative: As part of the <i>Deakin Opioid Training Program</i>, GPs are provided with advanced training in pain management, allowing them to enhance their clinical expertise and undertake a supported lead role in educating Deakin's Rural Clinical School students and other learners within their practice. GPs are expected to deliver pain management and safer opioid prescribing workshops for Deakin Rural Clinical School students involving case-based discussion.</p> <p>The role of the PHN: Western Victoria PHN funds Deakin University to provide this training and supports the recruitment of providers.</p> <p>Website link: https://westvicphn.com.au/images/Deakin opioid training program SW PHN scholarships FINAL.pdf</p> <p>Evaluation reference if available: Western Victoria PHN evaluation found the active learning modules to be an optimal method for delivering CPD to regional GPs, with significant gains in knowledge and confidence and positive changes in prescribing practices.</p>
<p>Murray (VIC) and Western Victoria PHN</p>	<p>Name and description of the initiative: <i>Prescribed Drugs of Dependence Active Learning Modules</i> aim to improve risk management and treatment pathways for patients being prescribed drugs of dependence in general practice. The program supports practices to embed a consistent approach to quality and safer prescribing of drugs of dependence. The program consists of three face-to-face workshop sessions for GPs, practice nurses, pharmacists and allied health and practice support to improve opioid prescribing and pain management in primary care. The sessions are accredited for the Royal Australian College of General Practitioners CPD points.</p> <p>The role of the PHN: PHNs coordinate speakers and running of these events.</p> <p>Website links: http://gem.grindstone.com.au/t/ViewEmail/r/8A7EBE5F3C1F03362540EF23F30FEDED https://www.murrayphn.org.au/wp-content/uploads/2018/09/2018-PDD-Flyer-Invitation-A4-v2.pdf</p> <p>Enablers:</p> <ul style="list-style-type: none"> • Practice visits to promote the program resulted in program enrolments • Incentives were funded by the Pharmacotherapy area-based network (Ballarat region – Western Victoria PHN) whereby GPs received \$1000 if they could demonstrate (using a template to collect information) that they had improved their opioid prescribing <p>Evaluation reference if available: None.</p>
<p>Gold Coast PHN and WAPHA</p>	<p>Name and description of the initiative: PainWise on the Gold Coast provide annual GP and allied health training to update knowledge and skills on pain management. This also encourages networking between healthcare professionals. Similarly, commissioned providers of the Turning Pain into Gain (TPIG) program in WA are contracted to conduct free training for health professionals, including GPs, on topics related to the treatment of pain in the community setting at a minimum of once per year.</p> <p>The role of the PHN: Gold Coast PHN and WAPHA commission providers of the TPIG program to provide this education.</p> <p>Website link: N/A</p> <p>Evaluation reference if available: None.</p>

Education and training of health professionals related to pain. Support for implementation of education and training conducted by other agencies e.g. NPS Medicine Wise practice education, Pain Revolution Local Pain Education Program

<p>Some PHNs (see Appendix 1)</p>	<p>Name and description of the initiative: <i>NPS MedicineWise educational visits</i> are facilitated by NPS MedicineWise Clinical Service Specialists to health professionals free of charge on a range of therapeutic areas commonly managed in general practice, including low back pain. The aim is to help providers stay up to date with the latest evidence, where a gap is identified between best practice and actual medicine and medical test use.</p> <p>The role of the PHN: PHNs provide support for NPS MedicineWise Clinical Service Specialists, including connecting them with general practices, communicating with general practices about upcoming educational opportunities, and providing office space for them when they are visiting their area.</p> <p>Website link: https://www.nps.org.au/cpd/book-a-visit</p> <p>Enablers:</p> <ul style="list-style-type: none"> • Having maintained relationships with NPS MedicineWise Clinical Service Specialists through the transition from Medicare Local to Primary Health Network <p>Evaluation reference if available: Beilby J et al. Evaluation of a national quality use of medicines service in Australia: an evolving model. <i>Journal of Evaluation in Clinical Practice</i>. 2006;12(2): 202 –217.</p>
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<p>Murrumbidgee PHN and Tasmania PHN</p>	<p>Name and description of the initiative: The <i>Pain Revolution Local Pain Education (LPE) Program</i> is a community-based health promotion initiative with a focus on local capacity building. Local health practitioners who participate in the LPE program undergo training and mentoring in pain education over a two-year period. The program involves (1) Professional certificate in pain science, material delivered online to regional health providers (2) One-on-one mentoring from industry leaders (3) Access to LPE network (4) Access to pain education resources package (5) A commitment to delivering high quality pain education in the community. This program is expanding from NSW and Victoria to Tasmania in 2019.</p> <p>The role of the PHN: Participating PHNs help promote expressions of interest to rural and regional clinicians and if possible provide financial support for providers to participate in the program.</p> <p>Website link: https://www.painrevolution.org/local-pain-educator-program</p> <p>Enablers:</p> <ul style="list-style-type: none"> • Champions within the PHN, e.g. GP liaison officer who has completed the LPEP in Murrumbidgee <p>Evaluation reference if available: None.</p>
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Education and training of health professionals related to pain: Promotion of webinar training

<p>South Eastern NSW PHN</p>	<p>Name and description of the initiative: As part of the Chronic Pain Management Program, the NSW Agency for Clinical Innovation (ACI) supported program facilitators to access <i>webinar skills training in pain management</i>. This webinar has been developed by the Pain Management Research Institute (PMRI) at the University of Sydney.</p> <p>The role of the PHN: South Eastern NSW recruited program facilitators and promoted access to the webinar training.</p> <p>Website link: http://sydney.edu.au/medicine/pmri/education/continuing/webinar.php</p>
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	<p>Enablers: Funding from NSW ACI for facilitators to access the webinar free of charge.</p> <p>Evaluation reference if available: None.</p>
Western Victoria PHN	<p>Name and description of the initiative: The <i>Faculty of Pain Medicine (FPM) Better Pain Management program</i> has been designed for specialist and general medical practitioners, medical students, nurses and allied health practitioners engaged in the care of patients with persistent pain. It consists of 12 online education modules, each designed to be completed in one hour, and costs \$330.</p> <p>The role of the PHN: Western Victoria PHN promote, support and engage health professionals with these modules, specifically at a symposium for pain held in 2018.</p> <p>Website link: https://www.betterpainmanagement.com/</p> <p>Evaluation reference if available: None</p>
<p>Education and training of health professionals related to pain: Support for mentorship of primary care providers</p>	
Murrumbidgee PHN	<p>Name and description of the initiative: As part of the outreach service provided by a pain physician from Canberra Hospital, the physician provides his contact details to GPs to discuss individual patients if needed.</p> <p>The role of the PHN: Murrumbidgee PHN provides the pain physician contact details to GPs.</p> <p>Website link: https://mphn.org.au/rural-health-outreach-fund/</p> <p>Evaluation reference if available: None</p>
Brisbane North PHN	<p>Name and description of the initiative: The <i>Back Pain Clinic using the GPwSI model</i> provides a platform for pain specialists to support GPs working in this clinic. Training is not accredited. GPs work under the supervision of the hospital health service pain specialists who provide feedback and mentorship.</p> <p>The role of the PHN:</p> <ul style="list-style-type: none"> • GP Liaison Officers support the recruitment of GPs with a special interest in pain, provide mentoring and support • GP Liaison Officers participate in the steering committee for the service • The PHN coordinates the communication to GPs about the availability of the service to encourage referrals <p>Website link: https://clinicalexcellence.qld.gov.au/improvement-exchange/back-neck-pain</p> <p>Evaluation reference if available: QLD Health have evaluated the program and found it to be successful.</p>
Country SA PHN	<p>Name and description of the initiative: As part of the <i>Chronic Pain Management Pilot Program</i>, pain unit staff in Adelaide provide outreach every month to the general practices (specialist, psychologist and physiotherapist). The local practice nurse attends the pain specialist consultation. GPs also can communicate face-to-face with the specialist team. An email address has been set up for GPs to be able to communicate directly with the specialist team.</p> <p>The role of the PHN: Country SA PHN funded this pilot project and provided a program coordinator to implement and manage the program.</p>

Website link: <http://countrysaphn.com.au/phnactivity/thingswedo-programs/chronic-pain-pilot-project>

Evaluation reference if available: An external evaluation has been commissioned and will be available upon program completion June 2019.

Formal health professional networks related to pain

Gold Coast PHN

Name and description of the initiative: A health professional network has been established to support a multidisciplinary chronic pain management program. Regular communication with the network is made via GP practice newsletters and by telephone from the PainWise team.

The role of the PHN: Gold Coast PHN commissions PainWise to provide ongoing communication and support to the network, in addition to providing the TPIG program.

Website link: N/A

Evaluation reference if available: None.

Adelaide PHN

Name and description of the initiative: This network involves regular meetings between the *Living Well with Persistent Pain (LWwPP) Program* teams and the acute pain specialist service teams operating in the same region. Formal meetings are held every six months, with ongoing communication and collaboration.

The role of the PHN: Adelaide PHN employs a Capacity Building Coordinator who organises and chairs meetings between LWwPP providers and hospital teams.

Website link: N/A

Evaluation reference if available: None.

Telehealth and other online services connecting primary care providers with pain specialists and other health providers

Western Victoria PHN

Name and description of the initiative: The *Project ECHO* Opioid Management Clinic is currently available on a weekly basis as an online one-hour meeting for healthcare professionals. Addiction medicine specialists and psychiatrists at St Vincent's hospital facilitate the sessions. A Chronic Pain Project ECHO Clinic is in development. Barwon Health are donating the time of their pain specialist. The program is funded through the Pharmacotherapy Area Based Networks.

The role of the PHN: The PHN funds coordinators to attend training in the US.

Website link:

<https://westvicphn.com.au/health-professionals/alcohol-and-other-drugs/project-echo>

<https://echo.pabn.org.au/>

Enablers:

- Provided free of charge to providers online via Zoom.
- An established program, with training provided in the US.

Evaluation reference if available: None.

Quality improvement and health system support

A description of the individual chronic pain initiatives implemented by PHNs to *Support quality improvement and provide health system support* is provided in **Table 5**.

Table 5: Description of chronic pain initiatives related to quality improvement and health system support

Primary Health Network	Description of initiative
Improving pathways and referral systems related to pain e.g. HealthPathways	
<p>Most PHNs (see Appendix 1)</p>	<p>Name and description of the initiative: <i>HealthPathways</i> is a password-protected web-based portal designed to provide localised evidence-informed clinical and referral information to support general practice at the point of care. Each pathway is an agreement between primary and specialist services on how patients with certain conditions will be managed in the local context.</p> <p>Examples of localised pathways related to pain include: Specialised Pain Management Referrals, Pain Management in Palliative Care, Pain Management Specialists, Management of Breakthrough Pain, Analgesia in Children with Acute Pain, Back Pain in Adults, Chronic Opioid Use and Deprescribing, Chronic Non-cancer Pain, Chronic Pain Specialised Review, Chronic Pain Specialised Advice, Complex Regional Pain Syndrome (CRPS) and Persistent pain in children and young people.</p> <p>The role of the PHN: HealthPathways are provided and managed by PHNs in collaboration with their local hospital network.</p> <p>Website link: https://www.healthpathwayscommunity.org/</p> <p>Enablers:</p> <ul style="list-style-type: none"> • Executive level support (hospital service and PHN) • Engagement with local hospital networks to enable specialist involvement • Formal partnerships (working groups) between primary care providers and specialists to develop pathways • Involvement of clinician editors of the referral pathways • Promotion of HealthPathways and how to use it (e.g. PHN education events with primary care providers; HealthPathways staff conducting site visits to GP practices; promoting HealthPathways through peak GP bodies such as GP Synergy, Hunter Postgraduate Medical Institute) • Responding to feedback from clinicians and addressing any use or content-related issues • Adequate capacity (staff and time) to develop new pathways and update the content and design of new pathways as needed • Monitoring of usage of localised pathways • Evaluation of HealthPathways <p>Evaluation reference if available: Gray JS, Swan JR, Lynch MA et al. Hunter and New England HealthPathways: a 4-year journey of integrated care. <i>Australian Health Review</i>. 2018;42(1), 66 – 71. doi:10.1071/AH16197.</p>

Support for the implementation of prescription drug monitoring systems e.g. SafeScript

<p>Victorian PHNs</p>	<p>Name and description of the initiative: <i>SafeScript</i> is a real-time prescription monitoring and clinical decision support system that aims to provide doctors and pharmacists access to an up-to-the-minute medication supply history for certain high-risk medicines for their patient at the point of consultation. This includes all Schedule 8 medicines and other high-risk medicines such as benzodiazepines, zolpidem or zopiclone, quetiapine and codeine. It aims to help prescribers and pharmacists to safely manage patients who may be misusing prescription medicines, or those who may be receiving supplies of high-risk medicines beyond therapeutic need.</p> <p>The role of the PHN:</p> <ul style="list-style-type: none"> • The Victorian Government has engaged Western Victoria PHN as lead for a consortium comprising all Victorian PHNs and NPS MedicineWise, to develop and deliver training for doctors and pharmacists to ensure successful uptake of the system. This includes safe and appropriate prescribing of high-risk medicines; drug counselling skills and engaging in conversations with patients around prescription medicine misuse and tapering of prescription medicines; and how information in the SafeScript system may be used to inform clinical decisions and regulatory obligations • Western Victoria PHN have undertaken a pilot of the training (face-to-face sessions and online NPS resources), which is now being rolled out <p>Website link:</p> <p>https://vtphna.org.au/safescript/</p> <p>https://vtphna.org.au/safescript-training-hub/</p> <p>Evaluation reference if available: None</p>
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Other data collection and feedback systems e.g electronic Persistent Pain Outcomes Collaboration (ePPOC) initiative, NPS Medicine Insight data program

<p>South Eastern NSW PHN and WA Primary Health Alliance (WAPHA)</p>	<p>Name and description of the initiative: The <i>electronic Persistent Pain Outcomes Collaboration (ePPOC)</i> involves the collection of a standard set of data items and assessment tools to measure treatment outcomes for patients. This information has been used to develop a national benchmarking system for the pain sector. ePPOC is an initiative of the Faculty of Pain Medicine, the Australian and New Zealand College of Anaesthetists and has been developing rapidly in recent years by the Faculty, the Australian Pain Society and the wider pain sector.</p> <p>The role of the PHN: South Eastern NSW PHN and WAPHA use ePPOC to evaluate their consumer pain programs. This involves registering as part of the collaboration, administering the relevant questionnaires to patients and providing data to ePPOC to receive six-monthly reports on outcomes.</p> <p>Website link: https://ahsri.uow.edu.au/eppoc/index.html</p> <p>Enablers:</p> <ul style="list-style-type: none"> • Online systems to upload data • Training for data entry <p>Evaluation reference if available: Tardif H et al. Establishment of the Australasian Electronic Persistent Pain Outcomes Collaboration. <i>Pain Medicine</i>. 2017;18(6): 1007 –1018.</p>
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Other	
Tasmania PHN	<p>Name and description of the initiative: <i>A key stakeholder working group</i> has been established to understand the role of the different services and programs related to chronic pain and to decide on the most appropriate initiative(s) to implement in their area. The group includes representatives from the hospital persistent pain service, Tasmanian wellness framework, Pain Revolution and individual experts in the field of pain. The group has met once and aims to meet regularly to establish a common aim and objectives as to how the management of individuals with pain can be improved.</p> <p>The role of the PHN: Tasmania PHN established this group and coordinates the meetings.</p> <p>Website link: N/A</p> <p>Evaluation reference if available: None</p>

Appendix 1: Mapping of chronic pain initiatives implemented by each PHN

Goals of the chronic pain initiatives	Types of chronic pain initiatives	New South Wales									
		Central and Eastern Sydney CESPHN	Northern Sydney NSPHN	Western Sydney WSPHN	Nepean Blue Mountains NBMPHN	South Western Sydney SWSPHN	South Eastern NSW SENSWPHN	Western NSW WNSWPHN	Hunter New England and Central Coast HNECCPHN	North Coast NCPHN	Murrumbidgee MPHN
		Metro	Metro	Metro	Metro	Regional	Regional	Regional	Regional	Regional	Regional
Access to multidisciplinary care and improving consumer health literacy and care navigation	Consumer pain programs	-	-	-	-	-	Yes	Yes	-	Did not participate in the chronic pain project	Yes
	Outreach patient services	-	-	-	-	-	Yes	Yes	-		Yes
	Online consumer information initiatives	-	-	Yes	-	Yes	-	-	Yes		-
	Community awareness	-	-	-	-	-	-	-	Yes		-
	Other	-	-	-	-	-	-	-	-		-

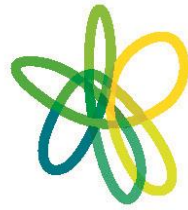
		CESPHN	NSPHN	WSPHN	NBMPHN	SWSPHN	SENSWPHN	WNSWPHN	HNECCPHN	NCPHN	MPHN
Ensuring health professionals are skilled and provide best-practice evidence-based care	Education and training	Yes	Yes	-	Yes	Yes	Yes	Yes	Yes	Did not participate in the chronic pain project	Yes
	Formal networks	-	-	-	-	-	-	-	-		-
	Outreach services for providers	-	-	-	-	-	-	-	-		-
Quality improvement and health system support	Referral pathways	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes		Yes
	Drug monitoring	-	-	-	-	-	-	-	-	-	
	Other data collection and monitoring systems	-	-	-	-	-	Yes	-	-	-	
	Other	-	-	-	-	-	-	-	-	-	

Goals of the chronic pain initiatives	Types of chronic pain initiatives	Victoria						Queensland			
		North Western Melbourne NWMPHN	Eastern Melbourne EMPHN	South Eastern Melbourne SEMPHN	Gippsland GPHN	Murray MPHN	Western Victoria WVPHN	Brisbane North BNPHN	Brisbane South BSPHN	Gold Coast GCPHN	Central Queensland, Wide Bay, Sunshine Coast CQWBSCPHN
		Metro	Metro	Metro	Regional	Regional	Regional	Metro	Metro	Metro	Regional
Access to multidisciplinary care and improving consumer health literacy and care navigation	Consumer pain programs	-	-	Did not participate in the chronic pain project	-	-	-	Yes	-	Yes	-
	Outreach patient services	-	-		-	-	-	-	-	-	-
	Online consumer information initiatives	-	-		-	-	Yes	-	-	-	-
	Community awareness	-	-		-	-	-	-	-	-	-
	Other	-	-		-	-	Yes	-	-	-	-

		NWMPHN	EMPHN	SEMPHN	GPHN	MPHN	WVPHN	BNPHN	BSPHN	GCPHN	CQWBSCPHN
Ensuring health professionals are skilled and provide best-practice evidence-based care	Education and training	Yes	-	Did not participate in the chronic pain project	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Formal networks	-	-		-	-	-	-	-	Yes	-
	Outreach services for providers	-	-		-	-	Yes	-	-	-	-
Quality improvement and health system support	Referral pathways	Yes	Yes		Yes	Yes	Yes	Yes	Yes	-	Yes
	Drug monitoring	Yes	Yes		Yes	Yes	Yes	-	-	-	-
	Other data collection and monitoring systems	-	-		-	-	-	-	-	-	-
	Other	-	-		-	-	-	-	-	-	-

Goals of the chronic pain initiatives	Types of chronic pain initiatives	Queensland			South Australia		Western Australia	ACT	Tasmania	Northern Territory
		Darling Downs and West Moreton DDWMPHN	Northern Queensland NQPHN	Western Queensland WQPHN	Adelaide APHN	Country SA CSAPHN	WAPHA: Perth North/ Perth South/ Country WA PHNs	Australian Capital Territory ACTPHN	Tasmania TPHN	Northern Territory NTPHN
		Regional	Regional	Regional	Metro	Regional	Metro/ regional	Metro	Regional	Regional
Access to multidisciplinary care and improving consumer health literacy and care navigation	Consumer pain programs	-	Did not participate in the chronic pain project	-	Yes	-	Yes	-	-	-
	Outreach patient services	-		-	-	Yes	-	-	-	-
	Online consumer information initiatives	-		-	-	-	-	-	-	-
	Community awareness	-		-	-	Yes	-	-	Yes	-
	Other	-		-	Yes	-	-	-	-	Yes

		DDWMPHN	NQPHN	WQPHN	APHN	CSAPHN	WAPHA	ACTPHN	TPHN	NTPHN	
Ensuring health professionals are skilled and provide best-practice evidence-based care	Education and training	Yes	Did not participate in the chronic pain project	Yes	Yes	Yes	Yes	Yes	Yes	-	
	Formal networks	-		-	Yes	-	-	-	-	-	
	Outreach services for providers	-		-	-	-	-	-	-	-	
Quality improvement and health system support	Referral pathways	Yes		-	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Drug monitoring	-		-	-	-	-	-	-	-	-
	Other data collection and monitoring systems	-		-	-	-	Yes	-	-	-	
	Other	-		-	-	-	-	-	Yes	-	



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