Opportunities for Primary Health Networks to improve the management and secondary prevention of chronic pain

An updated information resource for Primary Health Networks

August 2020
Opportunities for Primary Health Networks to improve the management and secondary prevention of chronic pain

An updated information resource for Primary Health Networks

Prepared by: Menzies Centre for Health Policy, Faculty of Medicine and Health, University of Sydney for The Australian Prevention Partnership Centre

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Disclaimer: This evidence review is not 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.
Purpose of the information resource

The purpose of the information resource is to provide Primary Health Networks (PHNs) with a framework of evidence-based options to guide PHN decision-makers about the options to improve the management and secondary prevention of chronic pain; and to provide PHNs with a detailed description of chronic pain initiatives currently being implemented by individual PHNs.

This information resource was developed as part of a project for 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) (‘Chronic Pain Project’) funded by the Medical Research Future Fund Boosting Preventive Health Research Program and the University of Sydney.

Part A: Framework of options to guide PHN decision-makers
Part B: Map of PHN chronic pain initiatives

Background

Chronic Pain

Chronic pain is a major public health issue which has a significant impact on people, their families and the wider society and economy.1,2 Global Burden of Disease estimates (2016) showed that low back pain was the leading cause of years lived with disability in most countries and territories, and musculoskeletal conditions as a group were a main driver of noncommunicable disease (NCD)-related disability burden.3 4

In Australia, the prevalence of chronic pain has been estimated as 15.4% (2.75 million) for Australians aged 15 years or older,5 and is increasing due to the ageing population.3 The cost of pain is high, estimated in Australia to be $AUD73.2 billion annually.6 The National Strategic Action Plan for Pain Management (2019) calls for pain to be understood as a key public policy priority by decision-makers.7

Early intervention of acute and subacute pain is crucial to prevent the progression to chronic pain and associated disability. Secondary prevention of chronic pain focuses on those at risk of developing chronic pain in the post-surgery and post-injury phase or in people or with (sub)acute back pain. Risk factors for poor recovery are well documented and often modifiable, for example, depression, pain catastrophising, avoiding movement or activity, lack of social support and poor job satisfaction.8-10

Given that multidisciplinary tertiary and secondary pain services cannot meet patient demand within existing resources, greater involvement of primary care is needed.11,12 Australian Primary Health Networks (PHNs) have an important role in strategic planning, commissioning services, supporting general practices and other health care providers and supporting the integration of local health care services.13
Overall objectives of the Chronic Pain Project

The overall objectives of the project are to:

1. Synthesise knowledge about the secondary prevention and management of chronic pain; and

2. Improve knowledge, knowledge-sharing and knowledge use among Primary Health Networks (PHNs) about options to address the secondary prevention and management of chronic pain in primary care.

Steering group

A small, time-limited project steering group involving lead clinicians, consumers, PHN and Local Health Network representatives and key researchers in the field was identified with Painaustralia (the peak national body for pain advocacy and policy) to provide rapid guidance and input across the course of the project. Steering group members are listed in Appendix 1.

Definitions

- **Pain** is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

- **Chronic pain** is defined as pain that lasts or recurs for more than three months. Chronic pain has recently been classified as a disease in itself by the World Health Organization, International Classification of Diseases (WHO-ICD-11).

- **Acute pain** is defined as pain that occurs immediately post-trauma or post-surgery. It is often self-limiting and usually resolves with healing within 3 months.

- **Subacute pain** is defined as the phase that lasts between six to twelve weeks post onset of acute pain.

- **Secondary prevention of chronic pain** is the early intervention of acute and subacute pain [herein referred to as (sub)acute] to prevent the progression to chronic pain and associated disability.
Part A: Framework of options to guide PHN decision-makers

A framework of options to address the management and secondary prevention of chronic pain was developed for PHN decision-makers informed by evidence-based initiatives identified in the rapid evidence review, and the types of chronic pain initiatives currently being implemented by PHNs, identified by consultation with PHNs.

To understand the types of chronic pain initiatives currently being implemented by PHNs, the project team consulted with executive level staff and program leaders from all PHNs, apart from one metropolitan PHN in Victoria, (N= 27/28 PHNs and one state PHN alliance, WA Primary Health Alliance (WAPHA), as outlined in the Figure 1.

Figure 1: Consultation with executive level staff and program leaders from PHNs and WAPHA

De Morgan S, Blyth F, Marks L, Sanders D, Mittinty M, Nicholas M. Secondary prevention of chronic pain: rapid review and mapping of options for Primary Health Networks. The Australian Prevention Partnership Centre and the University of Sydney, October 2019.
The framework is based on the following three goals, which have been adapted from the goals of the National Pain Strategy (Painaustralia), and aligned with PHNs’ remit:

**Goal 1: Access to multidisciplinary care and improving consumer health literacy and care navigation (consumer and community initiatives)**

**Goal 2: Ensuring health professionals are skilled and provide best-practice evidence-based care (health professional capacity building)**

**Goal 3: Quality improvement and health system support (health systems support initiatives)**

The framework of options is outlined in **Figure 1** and the option definitions and supporting evidence are outlined in **Table 1**. The options will require tailoring to the local PHN context, resources and priorities.
Figure 2: Framework of options to address the management and secondary prevention of chronic pain for Primary Health Networks (PHNs) decision-makers

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

- Face-to-face multidisciplinary consumer pain programs
- Consumer opioid initiatives
- Transitions of care consumer pain initiatives - pre/post surgery
- Digitally delivered consumer initiatives - telehealth, online pain programs, relevant mobile apps
- Consumer support groups related to pain
- Community awareness campaigns related to pain
- Pain initiatives targeting specific population groups
- Online information portals and distribution platforms for consumer pain information
- Promotion of relevant consumer resources and programs implemented by other agencies

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

- Face-to-face pain education and training for GPs and other primary care providers
- Digitally delivered pain education and training for GPs and other primary care providers - Project ECHO, webinars
- Health professional opioid initiatives
- Interdisciplinary community of practices (CoP) related to pain
- Promotion of relevant education and training and resources implemented by other agencies

Goal 3: Quality improvement and health system support

- HealthPathways with relevant pain pathways
- Transitions of care health system support initiatives
- Support for prescription drug monitoring systems
- Evaluation of consumer pain programs through ePPOC
- Other quality improvement initiatives e.g. QIPiP
Table 1: Option definitions and supporting evidence related to the Framework

<table>
<thead>
<tr>
<th>Definition of the option</th>
<th>M*</th>
<th>P**</th>
<th>Supporting evidence</th>
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<tbody>
<tr>
<td>• Face-to-face multidisciplinary consumer pain programs (i.e. one or several group-based</td>
<td>✓</td>
<td>✓</td>
<td>Williams et al 2012; Kamper et al 2014; Katz et al 2015; Marin et al 2017; Joypaul et al 2018</td>
</tr>
<tr>
<td>education sessions with/without individual consultation with primary care providers)</td>
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<tr>
<td>• Consumer initiatives related to safe and effective use of medication and opioid</td>
<td>✓</td>
<td>✓</td>
<td>Sullivan et al 2017; Mathieson et al 2019; Darnall, Ziadni et al 2019; Darnall, Mackey et al 2019; Allen et al 2019</td>
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<tr>
<td>tapering (i.e. a group-based education session or webinar; and/or individual</td>
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<td>consultation session(s) with a primary care provider) (Initiative is independent of</td>
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<tr>
<td>a consumer pain program)</td>
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<tr>
<td>• Transitions of care consumer pain initiatives - pre/post-surgery (i.e. a group-based</td>
<td>-</td>
<td>✓</td>
<td>Ensing et al 2015; Nicholls et al 2018; Darnall, Ziadni et al 2019; Allen et al 2019</td>
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<tr>
<td>education session or webinar; and/or individual consultation session(s) with a</td>
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<tr>
<td>primary care provider)</td>
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<tr>
<td>• Digitally delivered consumer pain initiatives including telehealth-assisted health</td>
<td>✓</td>
<td>✓</td>
<td>Reynoldson et al 2014; Dear et al 2015; Slater et al 2016; Machado et al 2016; NSW ACI report 2016; Dear et al 2018; Schultz et al 2018; Van Egmond et al 2018; Weirrib et al 2018; Gentry et al 2019; Mariano et al 2019</td>
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<tr>
<td>care for assessment, consultation and intervention/therapy related to pain; online</td>
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<td>pain programs (a webinar or several online education sessions); and mobile apps for</td>
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<td>pain management</td>
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<td>• Pain support groups provide peer-support delivered face-to-face, online or via social</td>
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<td></td>
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<tr>
<td>media (Initiative is independent of a consumer pain program)</td>
<td>✓</td>
<td>✓</td>
<td>Finlay et al 2018; Cooper et al 2014</td>
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<tr>
<td>• Community awareness campaign related to pain delivered via social media, television,</td>
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<tr>
<td>radio, print media or community events</td>
<td>✓</td>
<td>✓</td>
<td>White et al 2016; O’Keefe et al 2019; Suman et al 2020</td>
</tr>
<tr>
<td>• Pain initiatives tailored to specific population groups including Aboriginal and</td>
<td>✓</td>
<td>✓</td>
<td>Lin et al 2014; Brady et al 2015; Lin et al 2016; Lin et al 2017; Yoshikawa et al 2020</td>
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<td>Torres Strait Islander peoples and people from culturally and linguistically</td>
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<td>diverse backgrounds</td>
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<tr>
<td>• Online consumer information portals (e.g. Patientinfo, Health Resource Directory)</td>
<td>✓</td>
<td>✓</td>
<td>Examples: Moloney et al 2015; White et al 2018; Devan et al 2019; Devan et al 2019</td>
</tr>
<tr>
<td>and online distribution platforms (e.g. GoShare) for consumer pain information</td>
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<tr>
<td>(Excludes patient resources available on HealthPathways)</td>
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<td></td>
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<tr>
<td>• Promotion of relevant consumer resources and programs implemented by other agencies</td>
<td>✓</td>
<td>✓</td>
<td>Sowden et al 2011; Beales et al 2016; Kelly et al 2018; Hall et al 2018; Keefe et al 2018; Cowell et al 2019; Holliday et al 2018</td>
</tr>
<tr>
<td>via consumer and health professional networks (events and newsletters), HealthPathways</td>
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<tr>
<td>and online consumer distribution platforms and information portals</td>
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Goal 2: Ensuring health professionals are skilled and provide best-practice evidence-based care (health professional capacity building)

• Face-to-face pain education and training for GPs and other primary care providers       | ✓  | ✓   | Sowden et al 2011; Beales et al 2016; Kelly et al 2018; Hall et al 2018; Keefe et al 2018; Cowell et al 2019; Holliday et al 2018 |
• related to the management and/or secondary prevention of chronic pain
Opportunities for Primary Health Networks to improve the management and secondary prevention of chronic pain

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digitally delivered pain education and training for GPs and other primary care providers to the management and/or secondary prevention of chronic pain - webinars, online modules, online platforms (e.g. Project ECHO)</td>
<td>Frank et al 2015(^6); Zhou et al 2016(^6); Carlin et al 2017(^6); Flynn et al 2017(^6); Furlan et al 2018(^6), Devonshire et al 2018(^6)</td>
</tr>
<tr>
<td>Health professional opioid initiatives about prescribing, non-initiation and deprescribing of opioids delivered face-to-face or online (e.g. webinars, online modules, online platforms)</td>
<td>Holliday et al 2017(^6); Sullivan et al 2017(^2); White et al 2019(^6); Mathieson et al 2019(^6); Allen et al 2019(^2)</td>
</tr>
<tr>
<td>Interdisciplinary community of practices (CoP) related to pain delivered face-to-face or via online platform (e.g. A Chronic Pain CoP; or as part of a Mental Health CoP or Alcohol and Other Drugs (AOD) CoP)</td>
<td>See references for Project ECHO - Digitally delivered pain education and training (above)</td>
</tr>
<tr>
<td>Promotion of relevant education and training and resources implemented by other agencies via health professional networks (e.g. events and newsletters) and HealthPathways</td>
<td>Examples: Moloney 2015(^4); Goucke et al 2015(^6); Morgan et al 2019(^6); Weekes et al 2018(^7)</td>
</tr>
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</table>

**Goal 3: Quality improvement and health system support (health systems support initiatives)**

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of HealthPathways to assist general practitioners (GPs) with the management of patients with acute, subacute and chronic pain, and the referral of patients to specialists and allied health professionals</td>
<td>Stokes et al 2018(^7); Gray et al 2018(^7); Gill et al 2019(^7)</td>
</tr>
<tr>
<td>Transitions of care health system support initiatives to improve co-ordination of care between hospital and primary care, for example, implementing electronic tools related to discharge summary templates, notifications, and online access for general practitioners</td>
<td>Hesselink et al 2012(^7)</td>
</tr>
<tr>
<td>Support for prescription drug monitoring systems (e.g. SafeScript is a real-time prescription monitoring and clinical decision support system)</td>
<td>Paola et al 2020(^7), Rhodes et al 2019(^7)</td>
</tr>
<tr>
<td>Evaluation of hospital-based pain services and community-based consumer pain programs through Electronic Persistent Pain Outcomes Collaboration (ePPOC)</td>
<td>Tardif et al 2016(^7); Lord et al 2019(^8); Tardif et al 2019(^9)</td>
</tr>
<tr>
<td>Other quality improvement systems (e.g. Quality Improvement Practice Incentives Program (QIPIP), Department of Health, Australian Government)</td>
<td>Dawda 2016(^8), Oliver-Baxter et al 2017(^8)</td>
</tr>
</tbody>
</table>

\(^*\) M=Option relates to the management of chronic pain  ** P=Option relates to secondary prevention which focuses on populations with acute and subacute pain (e.g. post-surgery, post-injury, (sub)acute back pain) especially those at risk of developing chronic pain.
Part B: Map of PHN chronic pain initiatives

A map of PHN chronic pain initiative has been developed to provide PHNs with a detailed description of chronic pain initiatives currently being implemented by individual PHNs related to the management and secondary prevention of chronic pain.

The most common types of PHN chronic pain initiatives were face-to-face pain education and training sessions for primary care providers and development of relevant pain pathways in HealthPathways. PHNs were less likely to be implementing chronic pain initiatives for consumers. Table 2 maps the current PHN chronic pain initiatives.

The mapping of PHN chronic pain initiatives highlights that there are many gaps based on a comparison to options in the Framework. None or only a small number of PHNs were implementing the following types of initiatives: consumer and health professional initiatives related to the secondary prevention of chronic pain; post-surgery transitions of care consumer initiatives that link secondary to primary care; opioid education initiatives for consumers and health professionals related to tapering/deprescribing of opioids and non-pharmacological pain management; face-to-face consumer pain programs and support groups; digitally-delivered consumer and health professional capacity building pain initiatives; and consumer and health professional capacity building pain initiatives related to specific populations groups such as Aboriginal and Torres Strait Islander peoples.

Among existing PHN practice, a small number of exemplar evidence-based, evaluated initiatives were identified including face-to-face multidisciplinary consumer pain programs implemented in six PHNs and WAPHA, and a health professional capacity building initiative using an online platform, Project ECHO implemented in one PHN.
<table>
<thead>
<tr>
<th>Types of initiatives</th>
<th>Definition</th>
<th>PHN chronic pain initiatives</th>
<th>Evaluations</th>
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</thead>
<tbody>
<tr>
<td><strong>Goal 1: Access to multidisciplinary care and improving consumer health literacy and care navigation (consumer and community initiatives)</strong></td>
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</tbody>
</table>
| **Face-to-face multidisciplinary consumer pain programs** | Face-to-face multidisciplinary consumer pain programs (i.e. one or several group-based education sessions with/without individual consultation with primary care providers). | Consumer pain program (several sessions): 6 PHNs and WA Primary Health Alliance (WAPHA)  
- NSW (N=3 PHNs): Nepean Blue Mountains PHN, South Eastern NSW PHN, Western PHN (program recently discontinued, however new consumer pain program in planning phase). Note, Murrumbidgee PHN is in the planning phase of implementing a consumer pain program.  
- QLD (N=1 PHN): Gold Coast PHN  
- SA (N=1 PHN): Adelaide PHN  
- WA Primary Health Alliance (WAPHA)  
- NT (N=1 PHN): Northern Territory PHN | • Turning Pain into Gain (TPIG)  
Consumer pain program program
during outreach visits by metropolitan pain service): 3 PHNs  
- NSW (N=3 PHNs): South Eastern PHN, Murrumbidgee PHN, Western NSW PHN |
| **Consumer opioid initiatives** | Consumer initiatives related to safe and effective use of medication and opioid tapering (i.e. a group-based education session or webinar; and/or individual consultation session(s) with a primary care provider). *Initiative is independent of a consumer pain program.* | VIC (N=1 PHN): Western Victoria PHN has implemented relevant opioid consumer initiatives, in partnership with La Trobe University (Melbourne), provided by community pharmacists (Opioid Early Intervention Pilot Project; Routine Opioid Outcome Monitoring (ROOM) Tool); and non-dispensing pharmacists integrated in general practice  
Information about safe and effective use of medicines is usually provided in consumer pain programs (see above). | • Routine Opioid Outcome Monitoring (ROOM) Tool |
<table>
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<tr>
<th>Types of initiatives</th>
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<th>Evaluations</th>
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<td></td>
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<td>Peer-review publications and publicly available evaluation reports</td>
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<tr>
<td>Digitally delivered consumer pain initiatives - telehealth, online pain programs, relevant mobile apps</td>
<td>Digitally delivered consumer pain initiatives including telehealth-assisted health care for assessment, consultation and intervention/therapy related to pain; online pain programs (a webinar or several online education sessions); and mobile apps for pain management.</td>
<td>• Telehealth: NSW (N=4 PHNs) in partnership with the NSW Agency for Clinical Innovation (ACI): South Eastern PHN, Murrumbidgee PHN, Western NSW PHN, North Coast PHN&lt;br&gt;• Online pain programs: None&lt;br&gt;• Mobile apps: None</td>
<td>Telehealth&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
<tr>
<td>Consumer support groups related to pain</td>
<td>Pain support groups provide peer-support delivered face-to-face, online or via social media. Initiative is independent of a consumer pain program.</td>
<td>• SA (N=1 PHN): Adelaide PHN, with face-to-face meetings and a social media option (Facebook).</td>
<td>&lt;br&gt;...</td>
</tr>
<tr>
<td>Community awareness campaigns related to pain</td>
<td>Community awareness campaign related to pain delivered via social media, television, radio, print media or community events.</td>
<td>• VIC (N=1 PHN): Gippsland PHN, with community awareness and health professional education events, conducted in partnership with Pain Revolution&lt;br&gt;• TAS (N=1 PHN): Tasmania PHN with community awareness and health professional education events, conducted in partnership with Pain Revolution&lt;br&gt;• NSW (N=1 PHN): Hunter New England and South Coast PHN, Brainman video series on YouTube, in partnership with the Hunter Integrated Pain Service and the Hunter New England Local Health District</td>
<td>Brainman video series&lt;sup&gt;41&lt;/sup&gt;</td>
</tr>
<tr>
<td>Pain initiatives targeting specific population groups</td>
<td>Pain initiatives tailored to specific population groups including Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds.</td>
<td>• None</td>
<td>&lt;br&gt;...</td>
</tr>
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</table>
### Types of initiatives

<table>
<thead>
<tr>
<th>Online information portals and distribution platforms for consumer pain information</th>
<th>Definition</th>
<th>PHN chronic pain initiatives</th>
<th>Evaluations</th>
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</thead>
</table>
| Online consumer information portals (e.g. Patientinfo, Health Resource Directory) and online distribution platforms (e.g. GoShare) for consumer pain information. Excludes patient resources available on HealthPathways. | | • NSW (N=3 PHNs): Western Sydney PHN has implemented GoShare; South Western Sydney PHN has implemented Health Resource Directory; and Hunter New England and Central Coast PHN has implemented Patientinfo.  
• VIC (N=1 PHN): Western Victoria PHN implemented GoShare | Peer-review publications and publicly available evaluation reports |

<p>| Promotion of relevant consumer resources and programs implemented by other agencies | Promotion of relevant consumer resources and programs implemented by other agencies via consumer and health professional networks (events and newsletters), HealthPathways and online consumer distribution platforms and information portals | | |</p>
<table>
<thead>
<tr>
<th>Types of initiatives</th>
<th>Definition</th>
<th>PHN chronic pain initiatives</th>
<th>Evaluations</th>
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<tr>
<td><strong>Goal 2: Ensuring health professionals are skilled and provide best-practice evidence-based care (health professional capacity building)</strong></td>
<td></td>
<td></td>
<td>Peer-review publications and publicly available evaluation reports</td>
</tr>
<tr>
<td><strong>Face-to-face pain education and training for GPs and other primary care providers</strong></td>
<td>Face-to-face pain education and training for GPs and other primary care providers related to the management and/or secondary prevention of chronic pain.</td>
<td>• Most PHNs implement face-to-face education sessions about chronic pain management. Frequency of education sessions vary between PHNs. These events are usually accredited for Royal Australian College of General Practitioners CPD points.</td>
<td></td>
</tr>
<tr>
<td><strong>Digitally delivered pain education and training for GPs and other primary care providers - Project ECHO, webinars</strong></td>
<td>Digitally delivered pain education and training for GPs and other primary care providers to the management and/or secondary prevention of chronic pain - webinars, online modules, online platforms (e.g. Project ECHO)</td>
<td>• Victoria (N=1 PHN): Western Victoria PHN has implemented Project ECHO (Opioid Management) and recently Project ECHO (persistent pain). The Victoria PHNs 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 (see below) • NSW (N=4 PHNs): Webinar Skills Training in Pain Self-Management: Putting Cognitive Behavioural Therapy (CBT) Skills into Practice provided by the Pain Management Research Institute, University of Sydney - North Coast PHN provided funding (2018-20) for Webinar Skills Training - As part of the consumer pain programs in South Eastern NSW PHN, Nepean Blue Mountains PHN, Western NSW PHN (recently discontinued, new program planned) the NSW Agency for Clinical Innovation (ACI) supports facilitators to access the Webinar Skills Training - Note, Murrimbridge PHN is in the planning phase of implementing a consumer pain program supported by ACI with facilitators to complete the Webinar Skills Training.</td>
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</tr>
<tr>
<td><strong>Health professional opioid initiatives</strong></td>
<td>Health professional opioid initiatives about prescribing, non-initiation and deprescribing of opioids delivered face-to-face or online (e.g. webinars, online modules, online platforms)</td>
<td>• Some PHNs provide ad hoc education events about opioid prescribing in response to need (GP surveys) or have addressed this issue in education events about chronic pain management (see above). - E.g. In 2019-2020 the Pain Management Research Institute, University of Sydney, has been delivering a series of 10 webinar courses called “Reducing the prevalence of opioid dependence in the community” to community health professionals in the North Coast PHN—Approximately 70 health professionals (GPs, physiotherapists, psychologists and nurses etc) have participated. • VIC (N=1 PHN): Western Victoria PHN has implemented Project ECHO (Opioid Management) (see above). • Western Victoria PHN has also implemented the Prescribed Drugs of Dependence Active Learning Modules (face-to-face sessions)</td>
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<tr>
<td>Types of initiatives</td>
<td>Definition</td>
<td>PHN chronic pain initiatives</td>
<td>Evaluations</td>
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<td>NT (N=1 PHN): Northern Territory PHN is currently developing ‘Prescribing and Supplying Opioids for Acute Pain Top End Health Service (TEHS) Guideline’.</td>
<td>Peer-review publications and publicly available evaluation reports</td>
</tr>
<tr>
<td>Interdisciplinary community of practices (CoP) related to pain</td>
<td>Interdisciplinary community of practices (CoP) related to pain delivered face-to-face or via online platform (e.g. A Chronic Pain CoP; or as part of a Mental Health CoP or Alcohol and Other Drugs (AOD) CoP)</td>
<td>• QLD (N=1 PHN), Gold Coast PHN, and WAPHA provide a network for primary care providers involved in a face-to-face consumer pain program</td>
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<td>Types of initiatives</td>
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<td>Evaluations</td>
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<td>Types of initiatives</td>
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<td></td>
<td>Peer-review publications and publicly available evaluation reports</td>
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<td><strong>Goal 3: Quality improvement and health system support (health systems support initiatives)</strong></td>
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<td><strong>HealthPathways with relevant pain pathways</strong></td>
<td>Implementation of HealthPathways to assist general practitioners (GPs) with the management of patients with acute, subacute and chronic pain, and the referral of patients to specialists and allied health professionals.</td>
<td>- Most PHNs have implemented HealthPathways in collaboration with their local hospital network. The information and resources provided in the pain-related pathways may vary between PHNs. Referral details are localised to the PHN area.</td>
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<tr>
<td><strong>Transitions of care health system support initiatives</strong></td>
<td>Transitions of care health system support initiatives to improve coordination of care between hospital and primary care, for example, implementing electronic tools related to discharge summary templates, notifications, and online access for general practitioners.</td>
<td>- None</td>
<td>- Hunter and New England HealthPathways72</td>
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<td><strong>Support for prescription drug monitoring systems</strong></td>
<td>Support for prescription drug monitoring systems (e.g. SafeScript is a real-time prescription monitoring and clinical decision support system)</td>
<td>- The Victoria PHNs 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 including Module 1: The SafeScript System - what, when and how?; Module 2: SafeScript - High-risk medicines and clinical practice; and Module 3: SafeScript - Challenging conversations: high-risk medicines, dependence and your patient. Access is restricted to health practitioners in Victoria.</td>
<td>- Safescript75</td>
</tr>
<tr>
<td><strong>Evaluation of consumer pain programs through ePPOC</strong></td>
<td>Evaluation of hospital-based pain services and community-based consumer pain programs through ePPOC</td>
<td>- 6 PHN services in two PHNs (South Eastern NSW PHN, Nepean Blue Mountains PHN) and the WAPHA participate in ePPOC to evaluate a face-to-face multidisciplinary consumer pain program for consumers with chronic pain</td>
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<tr>
<td>Types of initiatives</td>
<td>Definition</td>
<td>PHN chronic pain initiatives</td>
<td>Evaluations</td>
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<tr>
<td>Electronic Persistent Pain Outcomes Collaboration (ePPOC)</td>
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<td>Peer-review publications and publicly available evaluation reports</td>
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<td>Other quality improvement initiatives e.g. QIP</td>
<td>Other quality improvement systems (e.g. Quality Improvement Practice Incentives Program (QIP), Department of Health, Australian Government)</td>
<td>• Discussion underway in some PHNs about how to use the PIP to support chronic pain management and secondary prevention</td>
<td></td>
</tr>
</tbody>
</table>
References

15. de C Williams AC, Eccleston C, Morley S. Psychological therapies for the management of chronic pain (excluding headache) in adults. Cochrane database of systematic reviews 2012(11)


42. O’Keeffe M, Maher CG, Stanton TR, et al. Mass media campaigns are needed to counter misconceptions about back pain and promote higher value care: BMJ Publishing Group Ltd and British Association of Sport and Exercise Medicine, 2019.


Appendix 1: Chronic Pain 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 (February 2018-June 2019)
Ms Susan Rogers, Manager, Pain Management Network, NSW ACI (July 2019–)
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, Co-Director, TAPPC and Co-Director Menzies Centre for Health Policy