

## Chronic Pain Project

PHN Summary. *How to adapt your consumer pain program during the COVID-19 period: two examples and a discussion.* The Australian Prevention Partnership Centre and the University of Sydney, April 2020.

**Session:** Tuesday 7<sup>th</sup> April 2020 3pm-4pm AEST via Zoom

***How to adapt your consumer pain program during the COVID-19 period: two examples and a discussion***

### **Aims of the session**

To provide PHNs and their commissioned providers of face-to-face consumer pain programs an opportunity to learn from two examples of how programs have been adapted to alternative formats during the COVID-19 restrictions.

### **Attendees**

*Project team and select steering group members*

Dr Simone De Morgan, University of Sydney  
Ms Pippy Walker, University of Sydney  
Professor Fiona Blyth, University of Sydney  
Professor Michael Nicholas, University of Sydney  
Ms Joyce McSwan, Turning Pain into Gain Program, Gold Coast PHN  
Dr Duncan Sanders, University of Sydney  
Ms Sue Rogers, NSW Agency for Clinical Innovation  
Mr Priyanka Rai, Painaustralia

#### *Western Australia*

Ms Debra Royle, WAPHA  
Ms Laura Rance, Persistent Pain Program, Perth North, 360 health WA  
Ms Clare Leavy, Persistent Pain Program, Black Swan Health WA  
Ms Simone Berzen, Persistent Pain Program, Black Swan Health WA  
Mr Nagib Ahmed, Persistent Pain Program, Arche Health Ltd WA  
Ms Tanny Pereyra, Persistent Pain Program (Perth South), Arche Health Ltd WA

#### *Northern Territory*

Ms Karen Thomas, NT PHN  
Ms Rachel Kovacevic, painNT

#### *South Australia*

Ms Emily Wang, Living Well with Persistent Pain Program (North), Adelaide  
Ms Tania Vinci, Living Well with Persistent Pain Program (West), Adelaide

#### *New South Wales*

Ms Philippa Gately, Coordinare

Ms Annette Anido, Coordinare  
Ms Caz Brancatisano, Nepean Blue Mountains PHN

### Apologies

Ms Libby Carr, Gold Coast PHN  
Ms Kate Tye, Nepean Blue Mountains PHN  
Ms Marijka Brennan, Western NSW PHN

### Session agenda:

3pm	Brief introduction from Simone De Morgan about the purpose of the session
3.05pm	Brief introductions of all participants
3.10pm	Professor Michael Nicholas to outline his adaptation of the face-to-face consumer pain program, some tips and some challenges
3.25pm	Question and Answers
3.35pm	Ms Joyce McSwan to outline her adaptation of the face-to-face consumer pain program, some tips and some challenges
3.50pm	Question and Answers
3.55pm	Fiona Blyth to briefly describe the recently published paper (see below)
4pm	Final comments

## Summary of key presentations

### Example 1: Adaptation of the Brief Pain Self-Management (BPSM) program, tips and challenges from Professor Michael Nicholas

*Professor Michael Nicholas is the Director of Pain Education and Pain Management Programs at the Pain Management Research Institute at the Royal North Shore Hospital. He is a member of the Steering Committee for the Chronic Pain Project. He has developed and is currently implementing a low cost, multidisciplinary alternative option using telephone support, emails and downloadable material. He has already conducted multiple webinar training courses for all health professionals in community settings across Australia, including several with PHN support. These courses are intended to equip health professionals to conduct community-based pain management training for patients.*

#### Background

- The Pain Management Research Institute (PMRI) has been providing face-to-face programs (brief, intense and one-on-one) for 20 years, as well as skills training other healthcare providers across Australia who are supported by PHNs.

- There are several good online programs available (e.g. St Vincent’s Hospital Reboot program and The Pain Course led by Professor Blake Dear at Macquarie University), however one limitation of these types of program is their ability to engage with patients.
- PMRI are working to adapt their in-person Brief Pain Self-Management (BPSM) program to a telehealth version (myBPSM), as not all patients have access to other technologies such as Zoom. It uses regular telephone contact, in addition to electronic or mailed resources, with a focus on establishing and maintaining patient engagement.

### *Adaptations*

- Videos are being uploaded onto YouTube so that patients can be given the link to access this (as videos are too large a file to email). These videos will include the various techniques and basic exercises that are taught in the face-to-face sessions.
- Patients are encouraged to download the eBook (‘Manage Your Pain’) as background reading, with electronic copies (ebooks) being half the hard copy price (at approx. \$18). Local libraries (if open during this time) may also have electronic copies, and it has been established that more affordable second-hand hard copies can also be purchased online.
- The same workbook (myBPSM and myBPSM lite) is being used, which is being sent via email attachments in pdf form (but printed copies can be posted). This includes medication charts, space for goal setting, and physical activities, coping strategies, and exercises covered in the program.
- Patient satisfaction surveys are being provided via Survey Monkey, and electronic versions of the ePPOC data are being collected, with patients being sent the web-link for access, so that the adapted programs can be compared with the face-to-face modes of delivery.
- Emphasis is placed on the importance of not just giving information, but the patients are expected to do their exercises and to work on applying the new coping strategies at home, and it is anticipated that individual interactions with patients by the team will allow for better engagement and time management (rather than running online groups or expecting patients to work online by themselves).
- Telehealth technologies are also being used for individual assessment consultations with pain medicine specialists, clinical psychologists, physiotherapists, and nurses in order to determine suitability of individual patients for these programs.

### *Support*

- Existing Webinar training courses will be expanded to help community providers across Australia. These are intended to train providers (from all health disciplines) to be competent in this mode of treatment.
- Michael is happy to provide the program resources (consumer workbook, facilitator manual, online videos) free of charge. However, there would be a fee to for provider training courses.

### *Key Messages*

- The key is making it accessible and engaging with patients.
- Make programs as flexible as possible – for example their base number of weeks is 5, with reductions or extensions as required by patients and then post-program follow-up. There is also flexibility on whether a nurse is involved depending on the need for medication management.

- It is important to have staff that are competent in this approach.

### Example 2: Adaptation of the Turning Pain into Gain (TPIG) program, tips and challenges from Ms Joyce McSwan

*Ms Joyce McSwan pioneered the Gold Coast PHN Persistent Pain program (Turning Pain into Gain Program) and is a member of our Steering Committee for the Chronic Pain Project. Her prototype business case was included in the review and mapping of options for the secondary prevention of chronic pain (Prevention Centre). Joyce's program is now 100% online without significant extra costs (but there was some hard work involved!). She now has pre-recorded webinars set up, health professional support with an online platform, closed consumer Facebook page with pre-recorded videos and live sessions and sms messages to consumers etc. Newsletters continue to be posted as hard copies to participants as per usual.*

#### Background

- The TPIG program has a primary health care design focus and is run over a longer (12 month) period with a group program run in parallel to primary health care individual consultations.
- Groups are roughly between 10-15 participants.
- The focus on adapting this program was to try and maintain as many elements of the existing program as possible to maintain continuity with referrers and providers.

#### Adaptations

- The intake process for patients is now flexible, using online platforms such as Zoom, Skype, FaceTime or telephone consultations.
- The team have developed a step by step video instructing participants on how to use Zoom on their mobile phones. This has seemed to be the best platform as it is free and has recently increased its privacy with a unique password access provided for each new consultation.
- Online admin are assisting with preparing patients for their online appointment where required.
- An interactive chat show type of program containing the module content has been recorded using generic terms such as 'please speak to your provider' rather than making it location specific so that these videos can be used by all TPIG providers.
- Vimeo links of each module are sent directly to patients via text message, along with pdf notes.
- The program content is sent at set times to encourage breaks similar to the usual face-to-face program. Access to the online videos will be unlimited at this stage for the duration of the 6 topics (6 months).
- To ensure consistency with the original program outline, text messages and patient reminders are sent on the same day and at the same time that they would have been provided for a face-to-face program.
- Text messages (especially those with emojis 😊) has been key to maintaining patient engagement and compliance. This includes communication following consultations with patients to confirm follow up actions for both patient and provider (e.g. confirming goals that were set during the session, and that their GP will receive a report)

- Hard copy newsletters have and continue to be posted, which has been good to be able to continue to provide something physical (rather than everything being online).
- In place of face-to-face groups, all patients enrolled in the program have been invited to a private closed Facebook page (moderated by Joyce). This includes daily posts, reminders, exercises from the allied health team members and foundational skills (e.g. breathing) as short snippets to encourage behaviour change. The program currently has about 80% of patients on this page. This is consistent with the original program in that some patient support groups from the program have been run on Facebook.
- Telehealth for individual consultations with allied health practitioners, nurses etc

### Support

- A Zoom gathering with the group will be offered.
- Joyce plans to offer all participants in the program during the COVID-19 period to return to complete the full face-to-face program once this is up and running again.

### Key Messages

- This program has been designed to be delivered to patients face-to-face and will return to this mode post COVID-19. The design of an intended online program would be different to this adapted program.
- The adapted program so far seems to be quite efficient for providers, though it is a little heavier on admin to follow up on participants.
- SMS is the main contact. Regular text message follow up with patients is key to maintaining engagement and compliance (e.g. 'Have you watched the video?', how did you find it?, what is the next goal/plan?).
- Need to make sure there is regular communication between providers to stay connected.

### For more information about the two examples

If you would like further information from Michael and Joyce about how to adapt your consumer pain program to a non-face-to-face format, please contact them directly:

- Professor Michael Nicholas [michael.nicholas@sydney.edu.au](mailto:michael.nicholas@sydney.edu.au)
- Ms Joyce McSwan [tpigpainprogram@painwise.com.au](mailto:tpigpainprogram@painwise.com.au)

If you would like to share any of your ideas about how you have adapted your consumer pain program to a non-face to face format please contact Dr Simone De Morgan [simone.demorgan@sydney.edu.au](mailto:simone.demorgan@sydney.edu.au)

### Next steps for the Chronic Pain Project

A major focus of our project this year is consumer pain programs. We are planning an event mid to late this year. We will also be developing an information resource to support PHNs who are considering implementing consumer pain programs and to help PHNs who are already implementing consumer pain programs. We will be in touch about this in the coming months.