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# Review of Primary Health Network Chronic Pain Initiatives

Summary of findings from the  
consultation with Primary  
Health Networks

June 2019

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**Australian Government**  
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# Executive summary

## Chronic Pain Project

The Chronic Pain Project<sup>1</sup> at The Australian Prevention Partnership Centre is funded by the Medical Research Future Fund Boosting Preventive Health Research Program. Additional funding to support this project has been provided by the Sydney Medical School Foundation, University of Sydney.

The Chronic Pain Project focusses on the role of Primary Health Networks in improving the secondary prevention and management of chronic pain in primary care including:

- a) Early intervention of acute pain to prevent the progression to chronic pain (for example, post-surgery and post-injury pain)
- b) Management of chronic pain to prevent chronic disabling pain.

## Role of the Primary Health Networks (PHNs)

The Primary Health Networks Program (PHN Program) commenced in 2015 with the establishment of 31 Primary Health Networks (PHNs). PHNs replaced the previous Medicare Local system of 61 regions.

Individual PHNs are responsible for identifying and addressing the primary health needs in their region through strategic planning, commissioning services, supporting general practices and other health care providers and supporting the integration of local health care services. PHNs are expected to respond to the health needs of their region while being guided by the priority areas for targeted work and National priorities as decided by the Government.<sup>2</sup>

PHNs conduct annual Needs Assessments to understand their health and service needs. The Needs Assessments are informed by local, state and national data and consultations with community, health professionals and other stakeholders. In the context of commissioning, the annual Needs Assessments is part of the cycle of evidence-based planning, priority setting, commissioning, decommissioning and outcome appraisal.<sup>3,4</sup>

## Objectives of the 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.

## Methodology of the Chronic Pain Project

### Phase 1

1. **A scoping literature review** to identify the evidence related to the secondary prevention and management of chronic pain in primary care in Australia.<sup>5</sup>

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<sup>1</sup> 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)

<sup>2</sup> PHN Program Performance and Quality Framework Australian Government September 2018

<sup>3</sup> Department of Health. PHN needs assessment guide. 2015. Available at: [http://www.health.gov.au/internet/main/publishing.nsf/Content/PHNNeeds\\_Assessment\\_Guide](http://www.health.gov.au/internet/main/publishing.nsf/Content/PHNNeeds_Assessment_Guide) [June 2016].

<sup>4</sup> Anstey M, Burgess P, Angus L. Realising the potential of health needs assessments. Australian Health Review. 2018 Aug 17;42(4):370-3.

<sup>5</sup> Walker P, De Morgan S and Blyth FM. (Draft) Scoping review of Australian pain initiatives in primary care. The Australian Prevention Partnership Centre and the University of Sydney. 2019.

2. **Review of PHN recent Needs Assessments** to assess whether chronic pain has been identified by PHNs as a health or service need and the key issues identified by PHNs related to chronic pain. For more information see the *Review of the Primary Health Networks Needs Assessments*.<sup>6</sup>
3. **Consultation (interviews and a survey) with key representatives from PHNs**, including executive level staff and program managers. Twenty-five PHNs and one state PHN alliance (WA Primary Health Alliance<sup>7</sup>) participated in the consultation. The consultation with PHNs aimed to understand:
  - i. The extent that chronic pain has been identified by PHNs as a health and/or service need and/or priority
  - ii. The scope of work currently being delivered and commissioned by PHNs related to the secondary prevention and management of chronic pain in primary care and to identify gaps
  - iii. The enablers and barriers for PHNs to implementing chronic pain initiatives
  - iv. The extent that PHN chronic pain initiatives have been monitored and evaluated
  - v. The extent of PHNs' awareness of initiatives related to the secondary prevention and management of chronic pain implemented by other PHNs
  - vi. How PHNs can best be supported to improve the secondary prevention and management of chronic pain in primary care

*This report (Review of Primary Health Network Chronic Pain Initiatives) will summarise the findings from the consultation with PHNs.*

#### 4. **Workshop with PHNs to:**

- i. Provide PHNs with information about chronic pain and current best practice approaches to the secondary prevention and management of chronic pain
- ii. Communicate the findings of the consultation with PHNs including a map of the types of chronic pain initiatives currently implemented by PHNs
- iii. Provide PHNs with the opportunity to discuss their chronic pain initiatives with other PHNs including implementation and evaluation considerations
- iv. Provide PHNs with information to improve their engagement with, and knowledge of, the following initiatives: NPS MedicineWise initiatives; HealthPathways; the electronic Persistent Pain Outcomes Collaboration (ePPOC) data collection initiative; and telehealth supported by the NSW Agency for Clinical Innovation
- v. Launch two resources for PHNs including: 1) *Mapping of chronic pain initiatives in Primary Health Networks* 2) *Chronic Pain Resources: A summary of online and accessible initiatives and resources*

*For more information about the evaluation of the workshop see the Workshop Summary Report<sup>8</sup>*

## **Phase 2**

Methodology for Phase 2 of the Chronic Pain Project yet to be determined.

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<sup>6</sup> De Morgan S, Blyth F and Walker P. Review of the Primary Health Networks Needs Assessments. The Australian Prevention Partnership Centre and the University of Sydney, September 2018.

<sup>7</sup> WA Primary Health Alliance oversees the strategic commissioning functions of the three Western Australian Primary Health Networks: Perth North, Perth South and Country WA.

<sup>8</sup> Walker P, De Morgan S, Blyth FM, Wilson A, Sanders D and Nicholas M. PHN Chronic Pain Workshop Summary. The Australian Prevention Partnership Centre and the University of Sydney, March 2019.

## Results of the consultations with PHNs

### Sample

As part of the Chronic Pain Project, twenty-five PHNs and the WA Primary Health Alliance participated in the consultation. The WA Primary Health Alliance (WAPHA) oversees the strategic commissioning functions of the three Western Australian PHNs: Perth North, Perth South and Country WA.

For the purpose of the data analysis in this project, the number of PHNs participating in the consultation is reported as twenty-six PHNs/WAPHA of the twenty-nine PHNs/WAPHA (90%).

### Key findings

#### Chronic pain as a need or priority in PHNs

As reported by participants in a pre-interview survey (and confirmed in interviews) with executive level staff and program leaders from participating PHNs/WAPHA:

- **Half** of participating PHNs/WAPHA (N=13 from 26 PHNs/WAPHA) identified chronic pain **as a health and/or service need**.
- **Thirty-eight percent** of participating PHNs/WAPHA (N=10 from 26 PHNs/WAPHA) identified chronic pain as a **priority**.
- **All states and territories in Australia apart from Northern Territory** identified chronic pain as a **need** in at least one PHN; and all states and territories in Australia apart from Northern Territory and Tasmania identified chronic pain as a priority in at least one PHN.
- More than **half of metropolitan PHNs** identified chronic pain as a priority (7 from 12 metropolitan PHNs; 58%); **only 15% of regional PHNs** identified chronic pain as a priority (2 from 13 regional PHNs); and **WAPHA** (state alliance between 2 metropolitan PHNs and one regional PHN in WA) identified chronic pain as a **priority**.
- The **three main reasons highlighted by PHNs for not identifying chronic pain as a need or priority** included 1) competing priorities, for example, diabetes and cardiovascular disease; 2) chronic pain being embedded in other conditions and issues, for example, musculoskeletal conditions, chronic disease, mental health and Alcohol and Other Drugs; and 3) a lack of quality local data about health and service needs related to pain including opioid prescribing.
- While this project did not aim to comprehensively summarise key data sources to inform health and service needs, **common data sources** used by PHNs (apart from local or regional surveys of community, health professionals and other stakeholders) included the Australian Atlas of Healthcare Variation (ACSQHC), Australian Bureau of Statistics (ABS) data, state hospitalisation data, BEACH study and Pharmaceutical Benefits Scheme (PBS) data.

#### Key issues highlighted by PHNs related to chronic pain

- Poor access to **multidisciplinary tertiary pain services** with long wait times (due to workforce shortages and increasing demand) was reported as a key issue across metropolitan and regional PHNs. In regional areas, this issue was compounded by the lack of tertiary pain services. The need to increase access to specialist services through the use of telehealth was highlighted by regional PHNs. Overall, poor access to multidisciplinary tertiary pain services in metropolitan and regional PHNs was identified as urgent and requiring greater involvement of primary care.
- **Poor management** of chronic pain particularly for older persons and a **lack of community based** chronic pain programs were identified as key issues across metropolitan and regional PHNs. Poor management of chronic pain in residential aged care was also identified as a key issue by some PHNs.
- High **opioid** prescribing, the need for better monitoring of opioid prescribing, greater education and training for health providers about prescribing and deprescribing of opioids and consumer initiatives that focus on this issue were identified as key issues across metropolitan and regional PHNs. Regional PHNs in particular highlighted the problem of high opioid prescribing.

- **Barriers to accessing allied health services** was identified as a key issue, particularly in regional PHNs. Barriers described were workforce shortages, travel and the cost of services.
- **Other issues** that were highlighted by some PHNs included poor co-ordination of care between primary care and specialist services; inadequate integration of Alcohol and Other Drug (AOD) services and chronic pain management services; the need for additional education and training about pain management (GPs, nurses and allied health practitioners); lack of quality local data about health and service needs related to pain; and Emergency Department presentations for pain.
- Overall, the key issues highlighted by PHNs focussed on the **management of chronic pain**.

### Mapping of chronic pain initiatives in PHNs

- PHNs had poor awareness of chronic pain initiatives implemented by other PHNs. Most PHNs **rated their knowledge of chronic pain initiatives in other PHNs** related to the prevention or management of chronic pain as *3 or less out of 10*. Almost all PHNs were interested in a map of the current PHN chronic pain initiatives.
- A **framework of the types of chronic pain initiatives** implemented by PHNs was developed in this project based on the following three goals:

*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.*

The goals were adapted from the National Pain Strategy<sup>9</sup> and aligned 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.

- PHNs are implementing a **range of chronic pain initiatives** as outlined in the table below.
- Chronic pain initiatives are implemented **in all states and territories** and in a **range of metropolitan and regional PHNs**.
- Most of the PHN chronic pain initiatives focus on the **management of chronic pain**.
- PHNs are more likely to be implementing chronic pain initiatives related to Goal 2 (health professional capacity building initiatives) such as **education and training** and Goal 3 (health system support) such as pain referral pathways implemented using **HealthPathways** than Goal 1 (consumer initiatives) such as consumer pain programs.

See the **main report** for an overview of the number and distribution of PHNs implementing specific types of chronic pain initiatives and a description of each initiative.

Type of chronic pain initiative	Description	Number of PHNs/WAPHA	Findings from the consultation with PHNs (N=26 including WAPHA)
<b>Access to multidisciplinary care and improving consumer health literacy and care navigation</b>			
Consumer pain programs (Face-to-face,	Multidisciplinary chronic pain management programs based in the community involving	Six PHNs and WAPHA	<ul style="list-style-type: none"> <li>• Six PHNs and WAPHA are implementing face-to-face consumer pain programs</li> <li>• Programs are implemented in a range of states including NSW, QLD, SA and WA</li> </ul>

<sup>9</sup> Pain Australia. National Pain Strategy 2010. Available at: [www.painaustralia.org.au/the-national-pain-strategy/national-painstrategy.html](http://www.painaustralia.org.au/the-national-pain-strategy/national-painstrategy.html)

online, and/or telephone)	group-based education with/without individual consultations with healthcare providers; online consumer pain programs; and telephone support initiatives		<ul style="list-style-type: none"> <li>Programs are implemented in a range of metropolitan and regional PHNs: three metropolitan PHNs, three regional PHNs and one metropolitan/regional (WAPHA)</li> <li>A similar consumer pain program is being implemented in two PHNs and WAPHA: the program was developed by the Gold Coast PHN and adapted to Adelaide PHN and WAPHA</li> <li>Four PHNs and WAPHA collect evaluation data from their consumer pain program (one PHN and WAPHA collect data as part of the Electronic Persistent Pain Outcomes Collaboration (ePPOC) initiative: see below)</li> <li>One PHN has published a peer-review paper about their consumer pain program in partnership with a university (Gold Coast PHN, Griffith University)<sup>10</sup></li> </ul>
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	Four PHNs	<ul style="list-style-type: none"> <li>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</li> <li>A regional PHN in NSW that is implementing telehealth is also implementing a visiting pain physician from a metropolitan Hospital (funded by the Rural Doctors Network)</li> <li>The NSW ACI has evaluated the telehealth initiative and Country SA PHN is currently evaluating the pilot outreach service (to be completed June 2019)</li> </ul>
Online consumer information	Online consumer information including patient information portals, e.g. Health Resource Directory; and online distribution platforms, e.g. GoShare (Excludes patient resources available on HealthPathways)	Four PHNs	<ul style="list-style-type: none"> <li>Four PHNs are implementing online consumer information initiatives (Note, excludes patient resources available on HealthPathways such as online pain programs)</li> <li>Initiatives are implemented in two states: three NSW PHNs and one VIC PHN</li> <li>Initiatives are implemented in metropolitan and regional PHNs: in two metropolitan PHNs and two regional PHNs</li> <li>Two PHNs are implementing an online distribution platform (GoShare); and two PHNs are implementing patient information portals (Health Resource Directory, PatientInfo)</li> <li>The online consumer information initiatives have not been evaluated</li> </ul>
Community awareness	Community awareness initiative, e.g. support	Three PHNs	<ul style="list-style-type: none"> <li>Three regional PHNs are implementing community awareness initiatives related to pain</li> </ul>

<sup>10</sup> 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

	for the Pain Revolution Local Pain Education Program		<ul style="list-style-type: none"> <li>• Initiatives are implemented in a range of states: NSW, SA, TAS</li> <li>• One community awareness initiative (<i>Brainman</i> video series) implemented in a regional NSW PHN has been evaluated (peer review publication)<sup>11</sup></li> </ul>
Other	e.g. Opioid Early Intervention Pilot Project, Adelaide Pain Support Network	Three PHNs	<ul style="list-style-type: none"> <li>• 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)</li> <li>• Initiatives are implemented in a range of states: SA, NT, VIC</li> <li>• The peer support program is implemented by a metropolitan SA PHN and the other initiatives are implemented by regional PHNs (NT and Victoria)</li> </ul>

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

Education and training	<p>Education and training of health professionals related to pain including:</p> <p>a) Face-to-face educational events implemented or commissioned by PHNs;</p> <p>b) Support for implementation of education and training conducted by other agencies, e.g. NPS MedicineWise educational visits, Pain Revolution Local Pain Education Program;</p> <p>c) Promotion of webinar training; and</p> <p>d) Support for mentorship of primary care providers</p>	Most PHNs/WAPHA	<ul style="list-style-type: none"> <li>• Most PHNs are implementing education and training related to chronic pain: 23 PHNs/WAPHA of the participating 26 PHNs/WAPHA</li> <li>• Twenty-two PHNs/WAPHA 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</li> <li>• Eight PHNs/WAPHA are supporting implementation of education and training conducted by other agencies: six PHNs/WAPHA (including one regional VIC PHN, one metropolitan QLD PHN, two regional QLD PHNs, one metropolitan 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</li> <li>• Two regional PHNs are promoting webinar training: one NSW PHN and one VIC PHN</li> <li>• Three PHNs are providing support for mentorship of primary care providers: one regional NSW PHN, one metropolitan QLD PHN and one regional SA PHN</li> <li>• The NPS MedicineWise educational visits initiative has been evaluated in a peer review publication<sup>12</sup>; two initiatives that provide mentorship of primary care providers have been evaluated; the Pain Revolution initiative (education and training component) has not</li> </ul>
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<sup>11</sup> 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. *Journal of Pain Research*. 2016;9, 701 –709.

<sup>12</sup> Beilby J et al. Evaluation of a national quality use of medicines service in Australia: an evolving model. *Journal of Evaluation in Clinical Practice*. 2006;12(2): 202 –217.

			been evaluated; and the webinar training has not been evaluated
<b>Formal networks</b>	Formal health professional networks related to pain	Two PHNs	<ul style="list-style-type: none"> <li>Two PHNs are implementing formal health professional networks related to pain to support their consumer pain program</li> <li>Both PHNs are metropolitan PHNs: one QLD PHN and one SA PHN</li> </ul>
<b>Outreach services for providers</b>	Telehealth and other online services connecting primary care providers with pain specialists and other health providers	One PHN	<ul style="list-style-type: none"> <li>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)</li> <li>No evaluation</li> </ul>
<b>Quality improvement and health system support</b>			
<b>Referral pathways</b>	Improving pathways and referral systems related to pain, e.g. HealthPathways	Most PHNs/WAPHA	<ul style="list-style-type: none"> <li>Most PHNs/WAPHA (23 PHNs/WAPHA) are implementing HealthPathways to improve referral pathways</li> <li>Most PHNs/WAPHA have localised pain pathways (17 PHNs/WAPHA); and six PHNs (three metropolitan and three regional PHNs) are currently developing localised pain pathways (in NSW, SA, NT)</li> <li>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</li> <li>Data usage statistics available to PHNs</li> <li>Evaluation available for Hunter and New England HealthPathways<sup>13</sup></li> </ul>
<b>Drug monitoring</b>	Support for the implementation of prescription drug monitoring systems, e.g. SafeScript	Six PHNs	<ul style="list-style-type: none"> <li>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</li> <li>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</li> </ul>

<sup>13</sup> Gray JS, Swan JR, Lynch MA et al. Hunter and New England HealthPathways: a 4-year journey of integrated care. Australian Health Review. 2018;42(1), 66–71. doi:10.1071/AH16197.

Other data collection and monitoring systems	Other data collection and monitoring systems, e.g. Electronic Persistent Pain Outcomes Collaboration (ePPOC) initiative	One PHN and WAPHA	<ul style="list-style-type: none"> <li>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></li> <li>ePPOC 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</li> </ul>
Other	Other, e.g. establishment of key stakeholder chronic pain working group	One PHN	<ul style="list-style-type: none"> <li>Tasmania PHN has established a key stakeholder working group 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</li> </ul>

See the **main report** for more details about enablers to implementation of the chronic pain initiatives.

### System barriers

- Health care system-related barriers highlighted by PHNs included **lack of reimbursement** under Medicare for group-based consumer pain programs; and inadequate reimbursement under Medicare to access allied health practitioners.

### Monitoring and evaluation

- Many but not all chronic pain initiatives had been or were currently being **monitored and evaluated**. The types of the initiatives that were least likely to be evaluated were online consumer initiatives and referral systems.
- Not all evaluation reports were **publicly available**.
- An example of **a partnership with an academic institution** to undertake the evaluation was demonstrated by one PHN related to a consumer pain program and resulted in a peer-review publication.

## Implications of the findings of the consultation with PHNs

Multidisciplinary tertiary pain services (in a major teaching hospital, led by a pain medicine specialist and with access to the full range of disciplines) cannot meet patient demand within existing resources. However, with improved pain management at the primary care and secondary care level (specialist care, smaller hospital or non-hospital-based teams led by a medical specialist) tertiary services would be able to provide timely care for patients with the most complex care needs.<sup>14</sup>

PHNs have an important role in supporting greater involvement of primary care. In addition, PHNs can play a key role in primary and secondary prevention (subacute pain) of chronic pain and in supporting a greater focus on non-pharmacological management of chronic pain.

PHNs are currently implementing a range of chronic pain initiatives including consumer initiatives, health professional capacity building initiatives and health system support initiatives. However, the consultation with PHNs identified the following areas that PHNs could invest more resources in:

### Gaps

- Initiatives focusing on the early intervention of acute pain to prevent the progression to chronic pain** (for example, post-injury and post-surgery pain).

<sup>14</sup> NSW Pain Management Report: Report of the NSW Pain Management Taskforce. NSW Ministry of Health 2012

2. **Technology-based initiatives** to improve consumer access to multidisciplinary and multimodal pain management in both regional and metropolitan areas (for example, telehealth, online consumer pain programs, online support groups, mobile phone apps); and to improve primary care provider access to specialist pain teams in both regional and metropolitan areas (for example, Project ECHO).
3. **Opioid use including opioid prescribing and deprescribing (or tapering) initiatives** such as education and training for primary care providers that improves knowledge and confidence in deprescribing opioids, non-initiation of opioids in chronic pain and in the provision of non-pharmacological chronic pain management; and consumer initiatives that focus on these issues including access to opioid dependency care strategies.
4. **Care navigation initiatives** for consumers with subacute and chronic pain to achieve better integration of care and enable consumers to access the right help, at the right time, in the right place such as using pain navigators or educators to help consumers access optimal care. Care navigation initiatives are also needed to strengthen linkages between primary care providers and secondary and tertiary services.
5. **Initiatives focusing on allied health professionals** such as education and training about pain management and safe and effective opioid use; consumer initiatives that are provided by allied health professionals; and linkages between allied health professionals and GPs.
6. **Face-to face multidisciplinary chronic pain management programs** based in the community involving group-based education with individual consultations with healthcare providers.
7. **Community awareness initiatives** to educate the community about pain, non-pharmacological pain management, and safe and effective opioid use.
8. **Health and service data** collection and linkage to understand local health and service needs related to pain and opioid use/prescribing.

The role of PHNs in the above initiatives may include commissioning, implementing and/or promoting initiatives (for example, through HealthPathways and the health professional and consumer networks of PHNs).

#### Lack of a PHN network

- In the absence of a formal national lead body (there is no PHN equivalent of the Australian Medicare Local Alliance), CEOs of all the PHNs have set up a cooperative, with an executive officer who is located in the Capital PHN office.<sup>15</sup> However, **greater collaboration among other executive level staff and program leaders in PHNs** is needed to increase the awareness of chronic pain initiatives that PHNs are currently implementing, to share the learnings and to discuss potential innovations.
- An online or video-link **PHN Community of Practice** with opportunities for face-to-face communication would be valuable.

#### Evaluation and monitoring

- There is a need **for better monitoring and evaluation of initiatives** with evaluation reports made publicly available for PHNs on a **central repository**.
- PHNs should consider fostering **academic partnerships** to enable quality evaluations.

#### Policy context

- **Policy changes** are needed to reduce health care system-related barriers highlighted by PHNs such as lack of reimbursement under Medicare for group-based consumer pain programs; and inadequate reimbursement under Medicare to access allied health practitioners.

#### Funding

- Given that the prevention and management of chronic pain is interrelated with chronic disease management, the prevention and management of opioid dependence and mental health, **PHNs may**

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<sup>15</sup> Russell L and Dawda P. The role of Primary Health Networks in the delivery of primary care reforms. February 2019

**source funding for chronic pain initiatives** within their chronic disease management, Alcohol and Other Drug (AOD) and/or mental health budgets.

#### Further research

Further research is needed to:

- **Understand the options for PHNs to improve the early intervention of acute pain to prevent the progression to chronic pain** (for example, post-injury and post-surgery pain) including commissioning, implementing and/or promoting relevant consumer initiatives, health professional capacity building initiatives and health system support initiatives.
- **Improve knowledge, knowledge-sharing and knowledge use among PHNs about evidence-based technology-based chronic pain initiatives** including understanding the potential role of PHNs in supporting these initiatives and how PHNs can help to embed these initiatives into routine primary care.
- **Explore and test new methods using technology** to improve consumer access to multidisciplinary and multimodal pain management and to improve primary care provider access to specialist pain teams related to chronic pain (or to scale-up initiatives shown to be effective).
- **Improve knowledge and confidence of primary care providers** in deprescribing **opioids**, non-initiation of opioids in chronic pain and in the provision of **non-pharmacological chronic pain management**
- **Explore and test care-navigation initiatives** for consumers with subacute and chronic pain; and initiatives that strengthen linkages between primary care providers and secondary and tertiary services
- **Explore and test initiatives (or scale-up initiatives shown to be effective) focussing on allied health professionals** such as education and training about pain management and safe and effective opioid use; consumer initiatives that are provided by allied health professionals; and linkages between allied health professionals, GPs and tertiary pain services.
- **Explore and test community awareness initiatives** to educate the community about pain, non-pharmacological pain management, and safe and effective opioid use.

Research should focus on implementation and sustainability.

#### New resource for PHNs

To translate the key findings of the consultation with PHNs and improve PHNs awareness about the opportunities to improve the prevention and management of chronic pain, the following resource, [mapping of chronic pain initiatives report](#), was developed and disseminated to PHNs at a workshop. For more information about the workshop see the *Workshop Summary Report*.

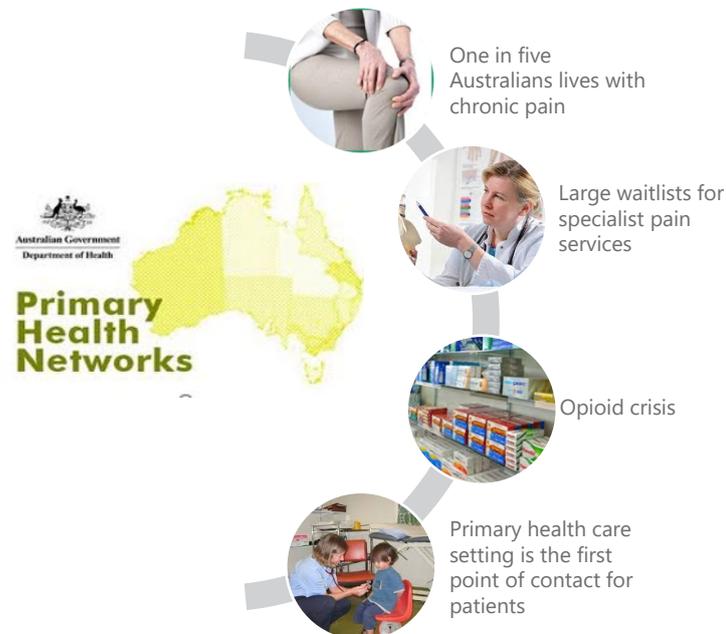
# 1. Chronic Pain Project

## Background

### Chronic pain

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.<sup>3</sup> One in five Australians lives with chronic pain, including adolescents and children, and this number is projected to increase in the coming decades.<sup>16,17,18</sup> 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.<sup>3,19</sup>

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. Primary Health Networks (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.



### Role of the Primary Health Networks (PHNs)

The Primary Health Networks Program (PHN Program) commenced in 2015 with the establishment of 31 Primary Health Networks (PHNs). PHNs replaced the previous Medicare Local system of 61 regions (see **Appendix 1** for a map of PHNs in Australia). Individual PHNs are responsible for identifying and addressing the primary health needs

<sup>16</sup> 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).

<sup>17</sup> 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.

<sup>18</sup> Blyth FM et al. Chronic pain in Australia: A prevalence study. *Pain*. 2001;89: p. 127–134.

<sup>19</sup> Access Economics. The high price of pain: The economic impact of persistent pain in Australia. Sydney: MBF Foundation. 2007.

in their region through strategic planning, commissioning services, supporting general practices and other health care providers and supporting the integration of local health care services.

The PHN Program has two objectives:

- To increase the efficiency and effectiveness of medical services, particularly for patients at risk of poor health outcomes.
- To improve coordination of care to ensure patients receive the right care in the right place at the right time

The PHN Program has seven priority areas for targeted work:

1. Mental Health
2. Aboriginal and Torres Strait Islander Health
3. Population Health
4. Workforce
5. Digital Health
6. Aged Care
7. Alcohol and Other Drugs

PHNs respond to the health needs of their region while being guided by the priority areas for targeted work and National priorities as decided by the Government. PHNs have skills-based boards, which are informed by clinical councils and community advisory committees.

PHNs receive funding from the Australian Government for a range of activities and functions<sup>20</sup>:

- **Commissioning health services to meet local service needs** – this includes analysing relevant health data; prioritising local health needs; working with providers, clinicians and communities to co-design services to meet those needs; and monitoring and evaluating service delivery to inform future needs. PHNs are provided with specific funding to commission services for core primary health care activities, as well as mental health treatment services, drug and alcohol treatment services, and Indigenous-specific health services.
- **Health systems improvement** – with the alignment of PHN and Local Hospital Networks (LHN) boundaries, PHNs can support joint planning, collaborative commissioning and health service integration between Commonwealth and state and territory funded health services. PHNs work with service providers to agree referral pathways and support secure sharing of patient information.
- **Sector support activities** – PHNs provide support to general practice, as a key part of strengthening the primary health care system. PHNs' work in this area includes supporting general practice and other health care providers with quality improvement and accreditation; cultural awareness and competency; workforce development; digital health systems; and patient centred care and best practice service delivery models.
- **Operational functions** – including the administration, governance (including the establishment and maintenance of Clinical Councils and Community Advisory Committees) and core functions of PHNs.

The PHN Program Performance and Quality Framework outlines how the activities and functions delivered by PHNs contribute towards achieving the Program's objectives. PHNs determine where to direct their activities and resources as a result of the Needs Assessment of their region. See **Appendix 3** and **4**.

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<sup>20</sup> PHN Program Performance and Quality Framework (September 2018)

## PHN Needs Assessments

PHNs conduct annual Needs Assessments to understand their health and service needs and to develop their priorities.<sup>21</sup> The Needs Assessments are informed by local, state and national data and consultations with community, health professionals and other stakeholders. See **Appendix 3** and **4**.

## 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 goals<sup>22</sup> were established as outlined in Figure 1.



Figure 1: Six goals of the National Pain Strategy

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.<sup>23</sup>

## Aims and methodology of the Chronic Pain Project

The Chronic Pain Project<sup>24</sup> at The Australian Prevention Partnership Centre is funded by the Medical Research Future Fund Boosting Preventive Health Research Program. Additional funding to support this project has been provided by the Sydney Medical School Foundation, University of Sydney.

The Chronic Pain Project focusses on the role of Primary Health Networks in improving the prevention and management of chronic pain in primary care including:

- a) Early intervention of acute pain to prevent the progression to chronic pain (for example, post-surgery and post-injury pain)
- b) Management of chronic pain to prevent chronic disabling pain.

## Objectives of the 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.

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<sup>21</sup> Australian Government Department of Health *Needs Assessment Guide (December 2015)*

<sup>22</sup> Pain Australia. National Pain Strategy 2010. Available at: [www.painaustralia.org.au/the-national-pain-strategy/national-painstrategy.html](http://www.painaustralia.org.au/the-national-pain-strategy/national-painstrategy.html)

<sup>23</sup> 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.

<sup>24</sup> 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)

## Aims

The aims of the project (Phase 1 and 2) are to:

- 1) Synthesise the evidence relating to initiatives that have been implemented to improve the secondary prevention and management of chronic pain in primary care in Australia (herein referred to as 'chronic pain initiatives')
- 2) Understand the needs and priorities of PHNs related to the secondary prevention and management of chronic pain
- 3) Understand the scope of work currently being delivered and commissioned by PHNs related to the secondary prevention and management of chronic pain in primary care and identify gaps
- 4) Understand the enablers and barriers for PHNs to implementing chronic pain initiatives
- 5) Understand the extent to which PHN chronic pain initiatives have been monitored and evaluated
- 6) Understand the extent of PHNs' awareness about initiatives related to the secondary prevention and management of chronic pain implemented by other PHNs
- 7) Improve PHNs' awareness of the opportunities to improve the secondary prevention and management of chronic pain initiatives (including PHN chronic pain initiatives and initiatives implemented by government and non-government organisations and academic institutions)
- 8) Understand how PHNs can best be supported to improve the secondary prevention and management of chronic pain in primary care
- 9) Improve PHNs' knowledge of implementation and evaluation considerations for delivering and commissioning chronic pain initiatives
- 10) Foster collaboration and partnership between PHNs to increase knowledge-sharing about options to address the secondary prevention and management of chronic pain in primary care and to enable better implementation and evaluation of chronic pain initiatives.

## Methodology of the Chronic Pain Project

### Phase 1

1. **A scoping literature review** to identify the evidence related to the prevention and management of chronic pain in primary care in Australia.<sup>25</sup>
2. **Review of PHN recent Needs Assessments** to assess whether chronic pain has been identified by PHNs as a health or service need and the key issues identified by PHNs related to chronic pain. For more information see the *Review of the Primary Health Networks Needs Assessments*.<sup>26</sup>
3. **Consultation (interviews and a survey) with key representatives from PHNs**, including executive level staff and program managers. Twenty-five PHNs and one state PHN alliance (WA Primary Health Alliance<sup>27</sup>) participated in the consultation. See section 2 for the aims of the consultation with PHNs and the summary of the findings.
4. **Workshop with PHNs to:**

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<sup>25</sup> Walker P, De Morgan S and Blyth FM. (Draft) Scoping review of Australian pain initiatives in primary care. The Australian Prevention Partnership Centre and the University of Sydney. 2019.

<sup>26</sup> De Morgan S, Blyth F and Walker P. Review of the Primary Health Networks Needs Assessments. The Australian Prevention Partnership Centre and the University of Sydney, September 2018.

<sup>27</sup> WA Primary Health Alliance oversees the strategic commissioning functions of the three Western Australian Primary Health Networks: Perth North, Perth South and Country WA.

- i. Provide PHNs with information about chronic pain and current best practice approaches to the secondary prevention and management of chronic pain
- ii. Communicate the findings of the consultation with PHNs including a map of the types of chronic pain initiatives currently implemented by PHNs
- iii. Provide PHNs with the opportunity to discuss their chronic pain initiatives with other PHNs including implementation considerations
- iv. Provide PHNs with information to improve their engagement with, implementation and/or evaluation of the following initiatives: NPS MedicineWise initiatives; HealthPathways; and the electronic Persistent Pain Outcomes Collaboration (ePPOC) data collection initiative
- v. Launch two resources for PHNs including: 1) *Mapping of chronic pain initiatives in Primary Health Networks* 2) *Chronic Pain Resources: A summary of online and accessible initiatives and resources*

For more information about the evaluation of the workshop see the *Workshop Summary Report*<sup>28</sup>

## Phase 2

Methodology for Phase 2 of the Chronic Pain Project yet to be determined.

## Ethics approval

Ethics approval to conduct this project was granted by the University of Sydney Human Research Ethics Committee (HREC) [Project no 2018/885; Approval period 05/12/2018 – 05/12/2022].

## Project governance

The research team includes the following:

- Professor Fiona Blyth, Professor of Public Health and Pain Medicine, Head Concord Clinical School, Faculty of Medicine and Health, University of Sydney
- Professor Andrew Wilson, Director The Australian Prevention Partnership Centre, Co-Director of the Menzies Centre for Health Policy, School of Public Health, Faculty of Medicine and Health, University of Sydney
- Dr Simone De Morgan, Research Fellow, University of Sydney
- Ms Pippy Walker, Senior Research Officer, University of Sydney

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 5**.

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<sup>28</sup> Walker P, De Morgan S, Blyth FM, Wilson A, Sanders D and Nicholas M. PHN Chronic Pain Workshop Summary. The Australian Prevention Partnership Centre and the University of Sydney, March 2019.

## 2. Consultation with PHNs

### Aims

The aims of the consultation with PHNs were to understand:

- 1) The extent that chronic pain has been identified by PHNs as a health and/or service need and/or priority
- 2) The scope of work currently being delivered and commissioned by PHNs related to the secondary prevention and management of chronic pain in primary care and identify gaps
- 3) The enablers and barriers for PHNs to implementing chronic pain initiatives
- 4) The extent that PHN chronic pain initiatives have been monitored and evaluated
- 5) The extent of PHNs' awareness of initiatives related to the secondary prevention and management of chronic pain implemented by other PHNs
- 6) How PHNs can best be supported to improve the secondary prevention and management of chronic pain in primary care and to explore PHNs interest in any of the following supports:
  - a) Mapping of current PHN initiatives related to the secondary prevention and management of chronic pain
  - b) Mapping of current initiatives related to the secondary prevention and management of chronic pain published in the peer review and grey literature (other than by PHNs)
  - c) Opportunities to discuss implementation and resource and capacity requirements of initiatives related to the secondary prevention and management of chronic pain with other PHNs
  - d) Assistance in deciding on the most appropriate initiatives for PHNs to implement relating to the secondary prevention and management of chronic pain considering the local context

### Methodology

Key representatives, including executive level staff and program managers, from all PHNs were invited to participate in an *interview* and a *pre-interview survey* 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.

Interviews were proposed as this method is well suited to explore complex issues. The pre-interview online survey aimed to provide information to enable tailoring of the interview to each PHN and to shorten the length of the interview and the burden on participants.

All PHNs were approached and invited to participate in the project. The names and contact details of participants were obtained via the PHN Cooperative Executive Officer or via the research team or steering group networks. All PHNs were informed about the study (and provided with the Participant Information Sheet) and asked for the contact details of the most appropriate representative(s) to be involved in this project. Potential participants were emailed and provided with the Participant Information Sheet and asked if they were willing to participate in the study.

The pre-interview survey was sent to consenting participants one week before their scheduled interview as a link to an online survey platform and as a Word document to be completed by participants before the interview in one of these formats. The pre-interview online survey took approximately 15 minutes to complete. Interviews were conducted by telephone and were recorded with the consent of participants. The interviews took approximately 45 minutes.

No reimbursement was provided to participants for participating in the project.

### Sample

Executive level staff and program managers participated in the interviews and a pre-interview survey. See **Appendix 6** for the roles of survey and interview participants.

As part of the Chronic Pain Project, twenty-five PHNs and the WA Primary Health Alliance participated in the consultation. The WA Primary Health Alliance (WAPHA) oversees the strategic commissioning functions of the three Western Australian PHNs: Perth North, Perth South and Country WA.

For the purpose of the data analysis in this project, the number of PHNs participating in the consultation is reported as twenty-six PHNs/WAPHA of the twenty-nine PHNs/WAPHA (90%).

Twenty-three PHNs/WAPHA participated in the interview and pre-interview survey and three PHNs participated in the survey only. Three PHNs declined to 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.

## Development of the interview schedule and pre-interview survey

The interview schedule and pre-interview survey were developed by the research team with feedback from steering group members to ensure that questions were appropriate for PHN representatives and aligned with the aims of the consultations. The interview schedule and survey were pilot tested with a PHN representative to ensure that the questions would be accurately interpreted and would minimise respondent/interviewee burden.

## Data analysis

Interview audio-files were transcribed verbatim. Qualitative and quantitative data were analysed across PHNs, by metropolitan PHNs compared to regional PHNs, by state jurisdictions, by type of chronic pain initiative and for individual case studies.

Qualitative data was analysed using qualitative content analysis<sup>29</sup> and quantitative data was analysed using descriptive statistics (proportions and percentages).

## Results

### Have PHNs identified chronic pain as a need or priority?

#### Key findings

As reported in a pre-interview survey (and confirmed in interviews) with executive level staff and program leaders from participating PHNs:

- Half of participating PHNs/WAPHA (N=13 from 26 PHNs/WAPHA) identified chronic pain **as a health and/or service need** as outlined in **Figure 2**
- Thirty-eight percent of participating PHNs/WAPHA (N=10 from 26 PHNs/WAPHA) identified chronic pain as **a priority** as outlined in **Figure 2**
- **All states and territories in Australia** apart from Northern Territory identified chronic pain as a need in at least one PHN; and all states and territories in Australia apart from Northern Territory and Tasmania identified chronic pain as a priority in at least one PHN as outlined in **Figure 2**
- More than half of **metropolitan PHNs** identified chronic pain as a priority (7 from 12 metropolitan PHNs; 58%); only 15% of **regional PHNs** identified chronic pain as a priority (2 from 13 regional PHNs); and WAPHA (state alliance between 2 metropolitan PHNs and one regional PHN in WA) identified chronic pain as a priority as outlined in **Figure 3**

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<sup>29</sup> Patton MQ. Qualitative Research and Evaluation Methods. 3. Thousand Oaks, CA: Sage Publications; 2002.

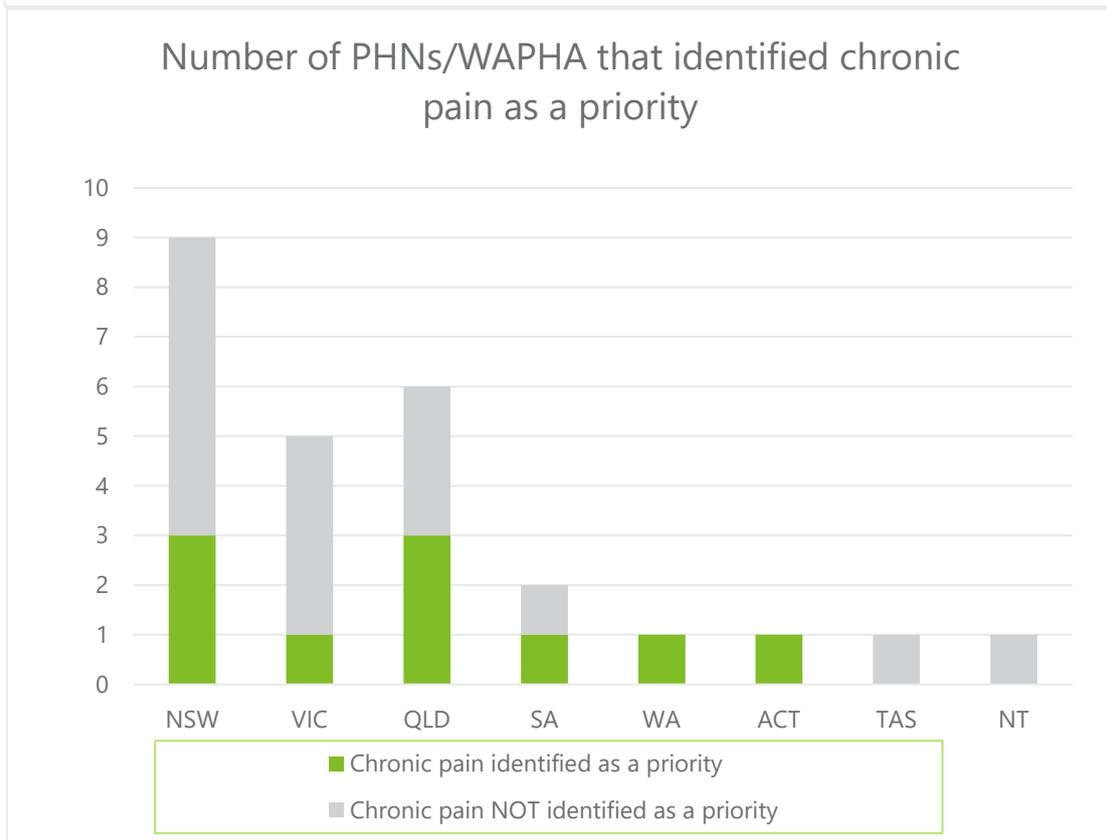
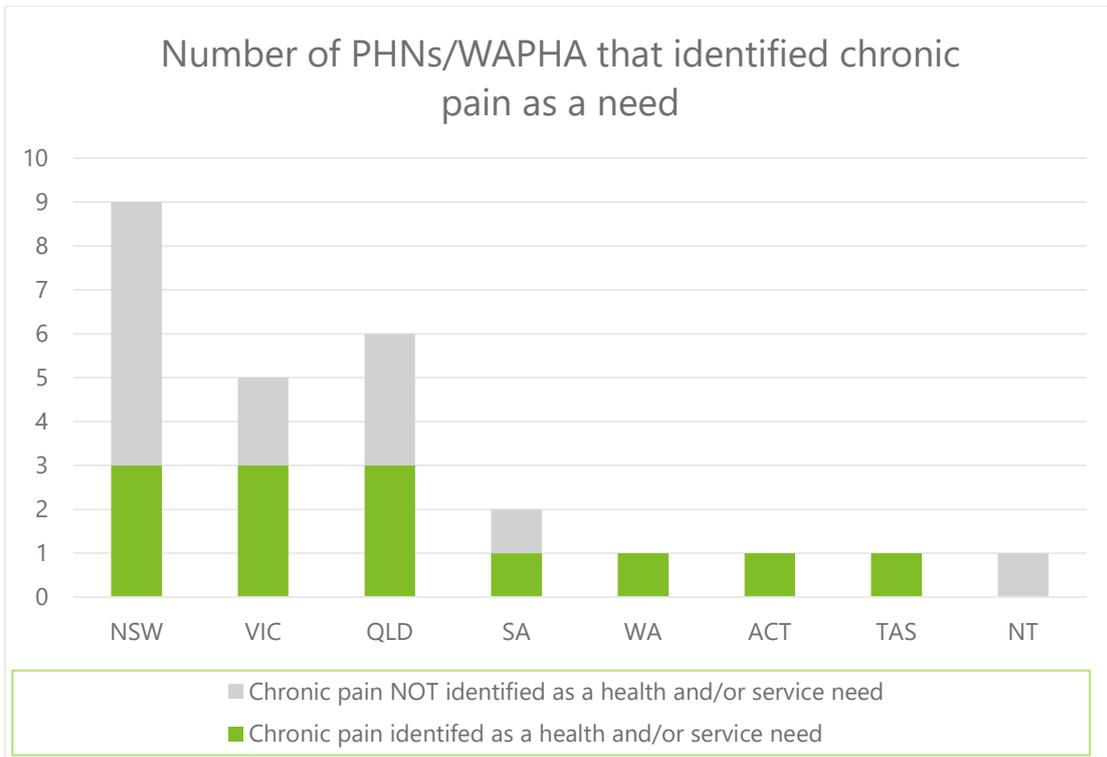


Figure 2: Number of participating PHNs that identified chronic pain as a need and/or priority

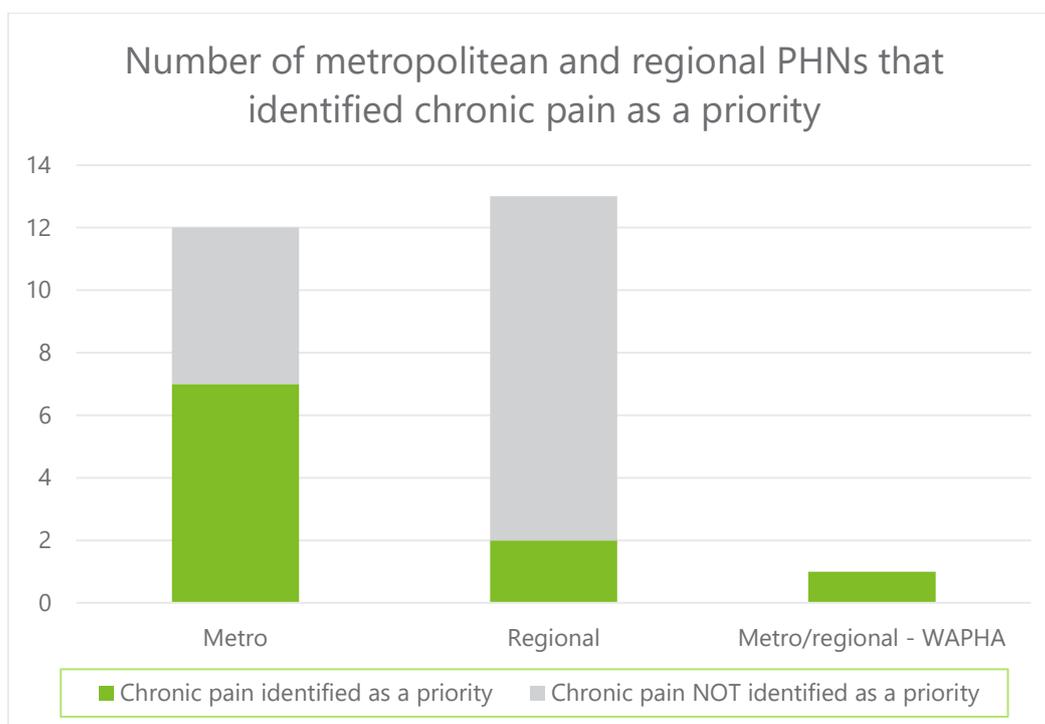


Figure 3: Number of metropolitan and regional participating PHNs that identified chronic pain as a priority

Participating PHNs/WAPHA that identified chronic pain as a need and/or priority are shown in **Table 1**.

Table 1: Participating PHNs/WAPHA that identified chronic pain as a need and/or priority (N=26 including one state alliance WAPHA)

PHN	Metropolitan or regional PHN	Chronic pain as a health and/or service need	Chronic pain as a priority
<b>New South Wales</b>			
Central and Eastern Sydney	Metro	No	No
North Sydney	Metro	No	No
Western Sydney	Metro	Yes	Yes
Nepean Blue Mountains	Metro	Yes	Yes
South Western Sydney	Metro	No	No
South Eastern NSW	Regional	Yes	Yes
Western NSW	Regional	No	No
Hunter New England and Central Coast	Regional	No	No
North Coast	Regional	<i>Did not participate</i>	
Murrumbidgee	Regional	No	No
<b>Victoria</b>			
North Western Melbourne	Metro	No	No

Eastern Melbourne	Metro	No	No
South Eastern Melbourne	Metro	<i>Did not participate</i>	
Gippsland	Regional	Yes	No
Murray	Regional	Yes	Yes
Western Victoria	Regional	Yes	No
<b>Queensland</b>			
Brisbane North	Metro	Yes	Yes
Brisbane South	Metro	Yes	Yes
Gold Coast	Metro	Yes	Yes
Darling Downs and West Moreton	Regional	No	No
Western QLD	Regional	No	No
Central Queensland, Wide Bay, Sunshine Coast	Regional	No	No
Northern QLD	Regional	<i>Did not participate</i>	
<b>South Australia</b>			
Adelaide	Metro	Yes	Yes
Country SA	Regional	No	No
<b>Western Australia</b>			
WAPHA	Metro/regional	Yes	Yes
<b>Australian Capital Territory</b>			
ACT	Metro	Yes	Yes
<b>Tasmania</b>			
Tasmania	Regional	Yes	No
<b>Northern Territory</b>			
NT	Regional	No	No

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

The **three main reasons highlighted by PHNs for not identifying chronic pain** as a need or priority included 1) competing priorities, for example, diabetes and cardiovascular disease; 2) chronic pain being embedded in other conditions and issues, for example, musculoskeletal conditions, chronic disease, mental health and Alcohol and Other Drugs; and 3) a lack of quality local data about health and service needs related to pain including opioid prescribing.

While this project did not aim to comprehensively summarise key data sources to inform health and service needs, **common data sources** used by PHNs (apart from local or regional surveys of community, health professionals and other stakeholders) included the Australian Atlas of Healthcare Variation (ACSQHC), Australian Bureau of Statistics (ABS) data, state hospitalisation data, BEACH study and Pharmaceutical Benefits Scheme (PBS) data.

The three main reasons highlighted by PHNs for not identifying chronic pain as a need or priority are outlined in **Figure 4**.



Figure 4: Three main reasons for PHNs not identifying chronic pain as a need or priority

### What were the key issues identified by PHNs related to chronic pain?

- Poor access to **multidisciplinary tertiary pain services** with long wait times (due to workforce shortages and increasing demand) was reported as a key issue across metropolitan and regional PHNs. In regional areas, this issue was compounded by the lack of tertiary pain services. The need to increase access to specialist services through the use of telehealth was highlighted by regional PHNs. Overall, poor access to multidisciplinary tertiary pain services metropolitan and regional PHNs was identified as urgent and requiring greater involvement of primary care.
- **Poor management** of chronic pain particularly for older persons and a **lack of community based** chronic pain programs were identified as key issues across metropolitan and regional PHNs. Poor management of chronic pain in residential aged care was also identified as a key issue by some PHNs.
- High **opioid** prescribing, the need for better monitoring of opioid prescribing, greater education and training for health providers about prescribing and deprescribing of opioids and consumer initiatives that focus on this issue were identified as key issues across metropolitan and regional PHNs. Regional PHNs in particular highlighted the problem of high opioid prescribing.
- **Barriers to accessing allied health services** was identified as a key issue, particularly in regional PHNs. Barriers described were workforce shortages, travel and the cost of services.
- **Health care system-related barriers** highlighted by PHNs included lack of reimbursement under Medicare for group-based consumer pain programs; and inadequate reimbursement under Medicare to access allied health practitioners.
- **Other issues** that were highlighted by some PHNs included poor co-ordination of care between primary care and specialist services; inadequate integration of Alcohol and Other Drug (AOD) services and chronic pain management services; the need for additional education and training about pain management (GPs, nurses and allied health practitioners); lack of quality local data about health and service needs related to pain; and Emergency Department presentations for pain.
- Overall, the key issues highlighted by PHNs focussed on the **management of chronic pain**.

The key issues identified by most PHNs related to chronic pain are outlined in **Figure 5**.

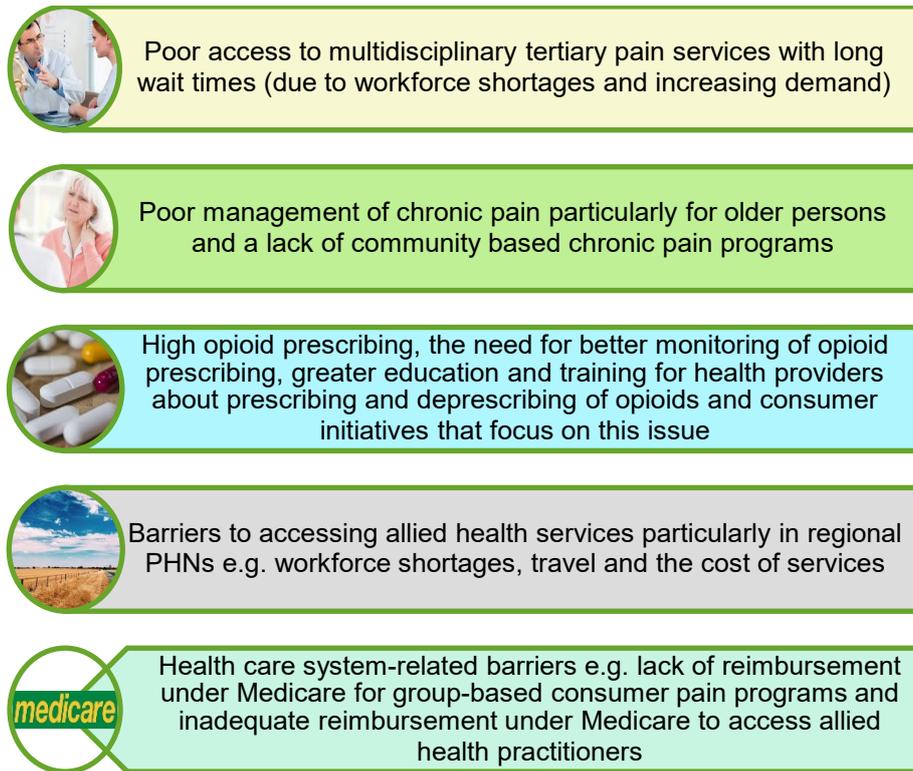


Figure 5: Key issues identified by PHNs related to chronic pain

## What do PHNs know about chronic pain initiatives in other PHNs?

### Key findings

- Most PHNs rated their knowledge of chronic pain initiatives in other PHNs related to the prevention or management of chronic pain as *3 or less out of 10* as outlined in **Figure 6**
- Almost all PHNs were interested in a map of the current PHN chronic pain initiatives as outlined in **Figure 7**
- PHNs were also interested in other types of support (outlined in **Figure 8**) such as:
  - Opportunities to discuss implementation and resource and capacity requirements of initiatives related to the prevention and management of chronic pain with other PHNs
  - Mapping of current initiatives related to the prevention and management of chronic pain published in the peer review and grey literature (other than by PHNs)
  - Assistance in deciding on the most appropriate initiatives for PHNs to implement relating to the prevention and management of chronic pain considering the local context.

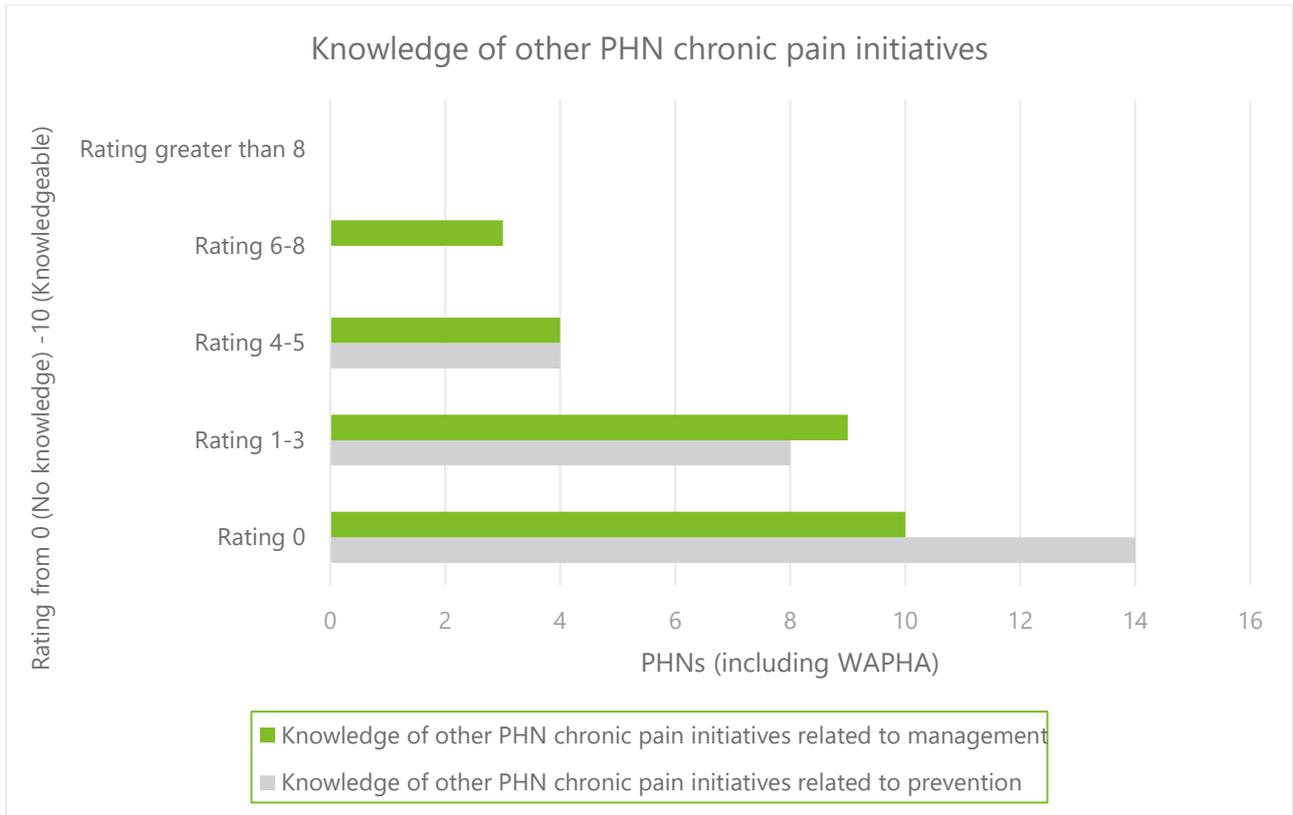


Figure 6: Knowledge of PHNs of other PHN chronic pain initiatives

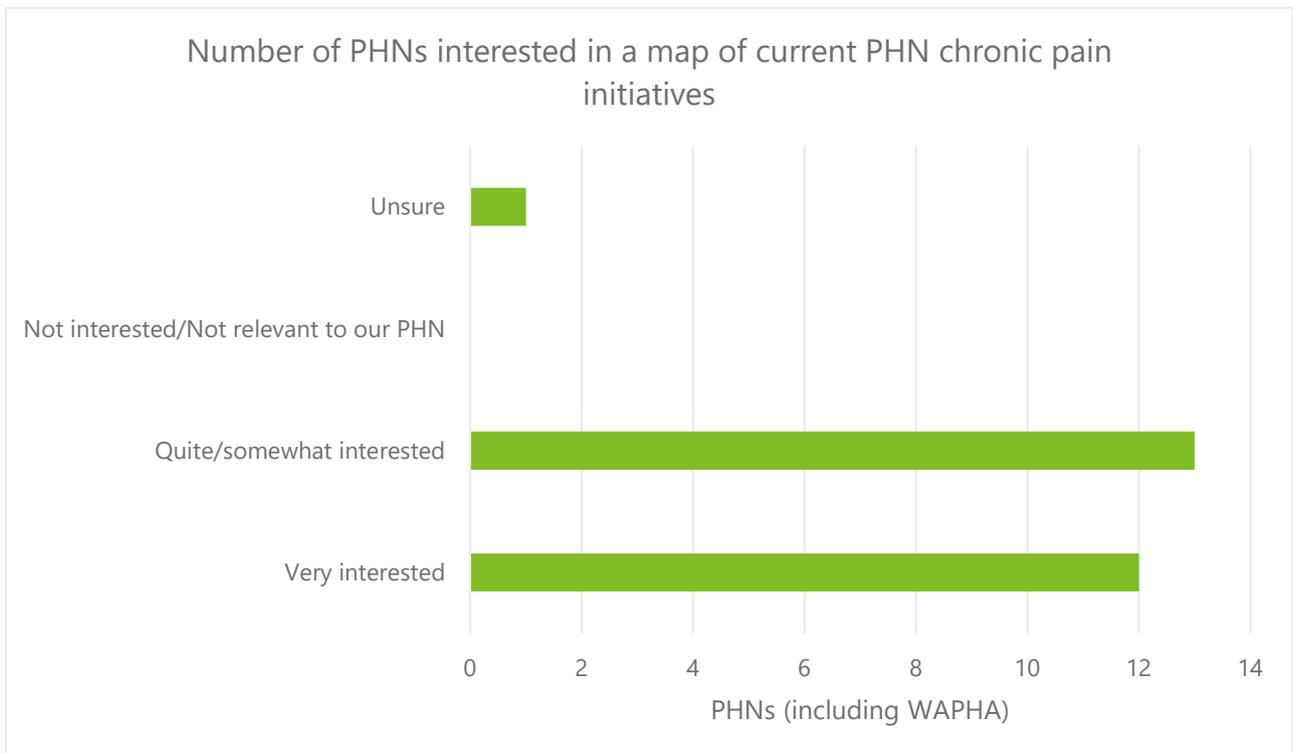


Figure 7: The interest of PHNs in a map of current PHN chronic pain initiatives

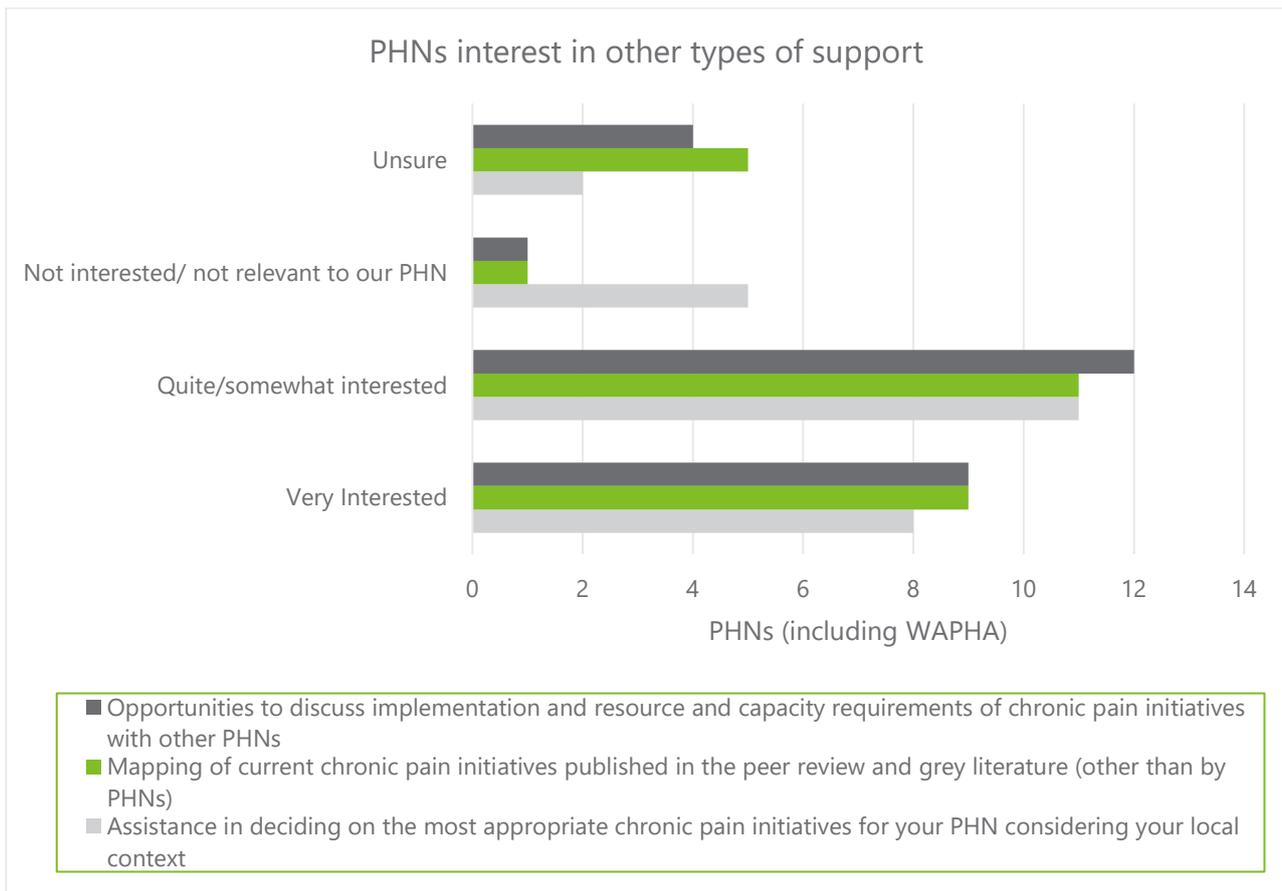


Figure 8: PHNs interest in other types of support

## Mapping of chronic pain initiatives in PHNs

A mapping of chronic pain initiatives was undertaken using information provided in the consultation with 26 of the 29 PHNs/WAPHA.

The purpose of the mapping was to provide PHNs/WAPHA with the following:

- 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.

### A framework of the types of chronic pain initiatives implemented in PHNs

Adapted from the goals of the National Pain Strategy<sup>30</sup> and aligned with PHNs' remit, the three goals of chronic pain initiatives implemented in PHNs were developed and include the following, as shown in **Figure 9**:

**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*

<sup>30</sup> Pain Australia. National Pain Strategy 2010. Available at: [www.painaustralia.org.au/the-national-pain-strategy/national-painstrategy.html](http://www.painaustralia.org.au/the-national-pain-strategy/national-painstrategy.html)



Figure 9: 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 was developed based on the three goals above, see **Figure 10**. The definitions of the types of chronic pain initiatives outlined in the framework is provided in **Table 2**.

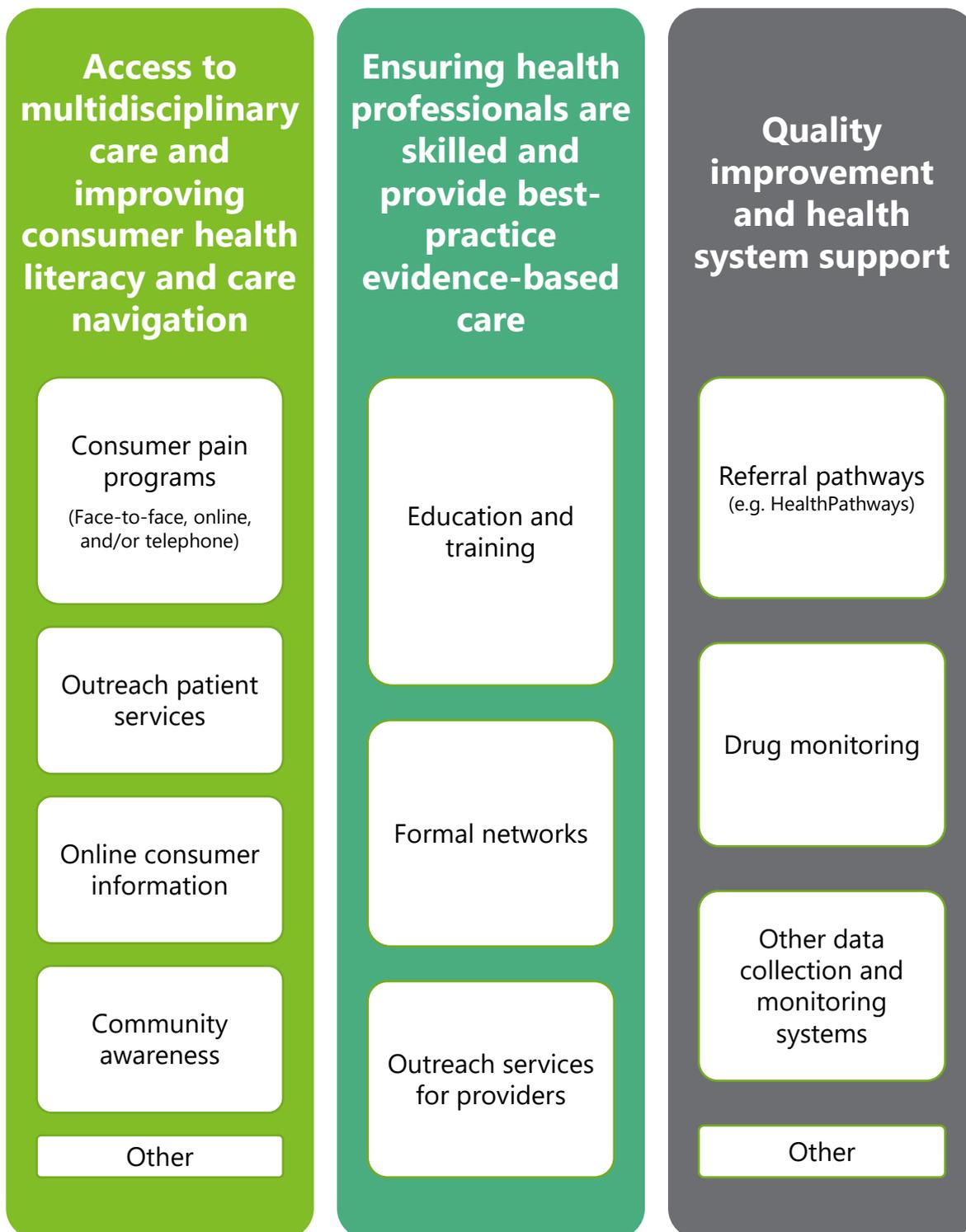


Figure 10: A framework of the types of chronic pain initiatives implemented by Primary Health Networks (PHNs)

Table 2: Definitions of the types of chronic pain initiatives outlined in the framework

Label	Definition
<b>Access to multidisciplinary care and improving consumer health literacy and care navigation</b>	
Consumer pain programs (Face-to-face, online, and/or telephone)	Multidisciplinary chronic pain management programs based in the community involving group-based education with/without individual consultations with healthcare providers; online consumer pain programs; and telephone support initiatives
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	Online consumer information 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
<b>Ensuring health professionals are skilled and provide best-practice evidence-based care</b>	
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
<b>Quality improvement and health system support</b>	
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

### Key findings from the mapping of chronic pain initiatives

- 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 secondary prevention of chronic pain (that is, early intervention of acute pain to prevent the progression to chronic pain e.g. 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 were more likely to implement 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 having greater experience in supporting health professionals and the health system such as referral pathways.

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 11**.

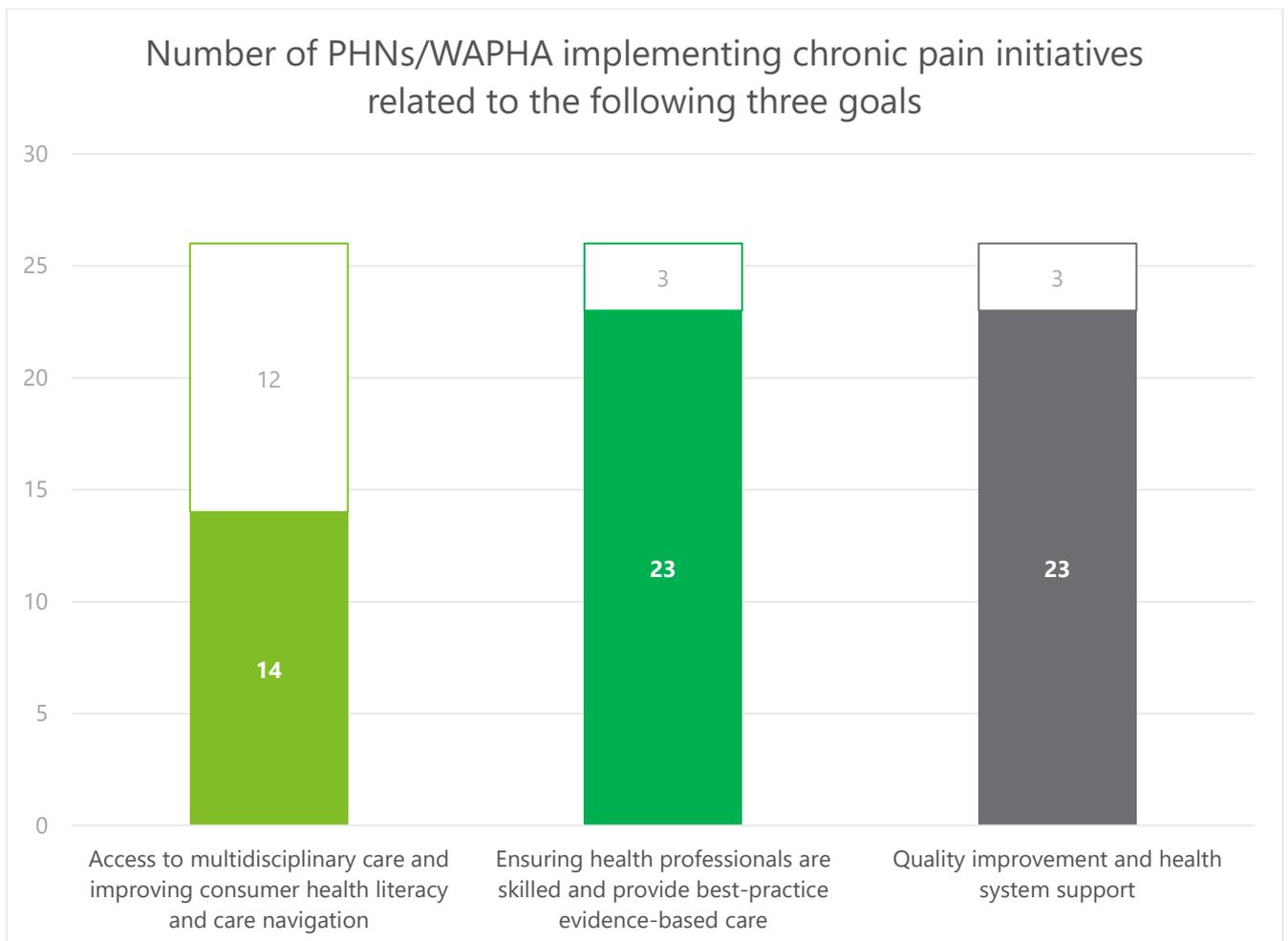


Figure 11: PHN chronic pain initiatives related to the three goals of the framework

### 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 12**. See **Table 2** for the definitions of the types of chronic pain initiatives.

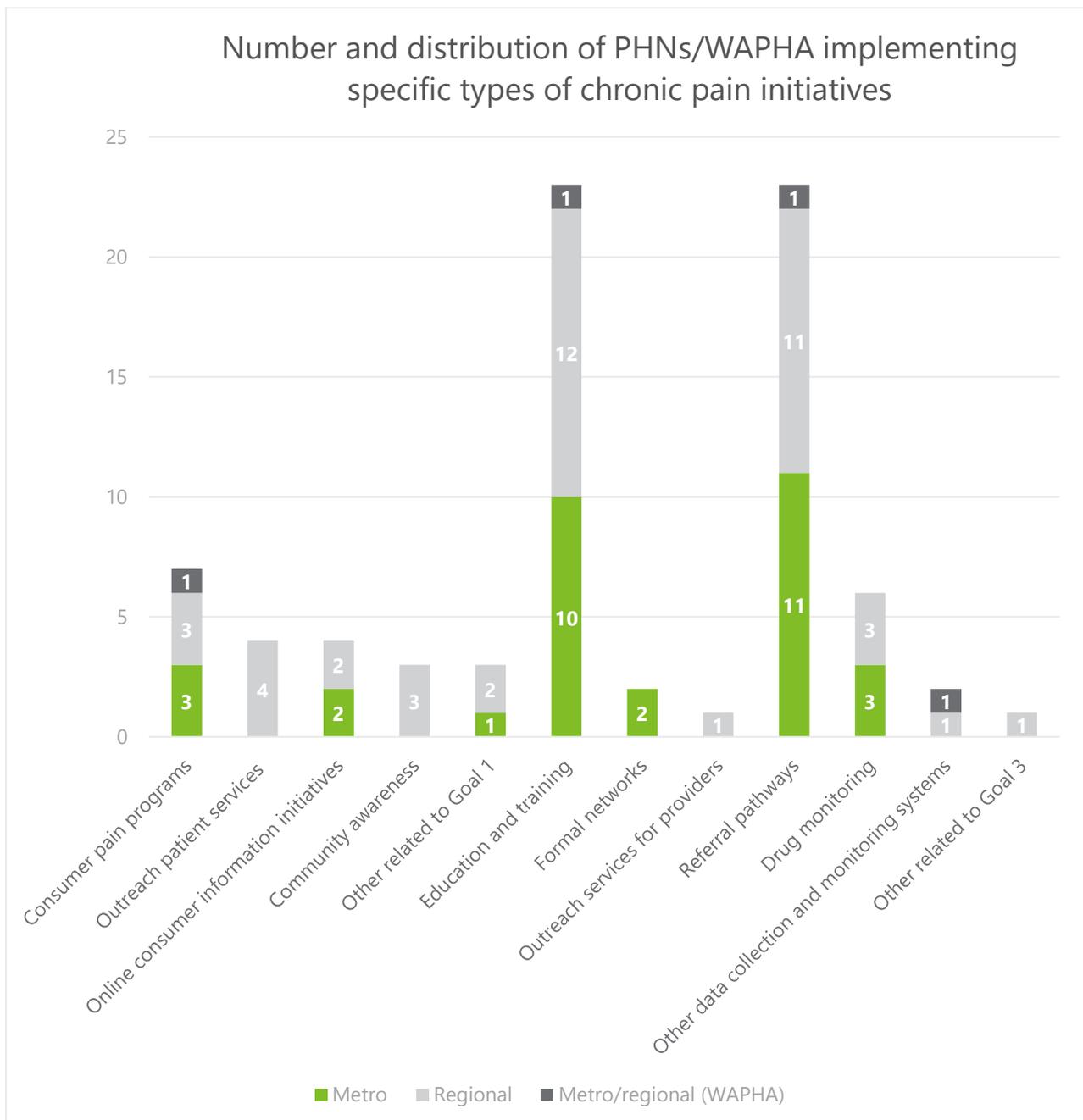


Figure 12: Types of chronic pain initiatives implemented by PHNs/WAPHA

## 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 13** for an outline of the different types of education and training initiatives related to chronic pain that PHNs are implementing.

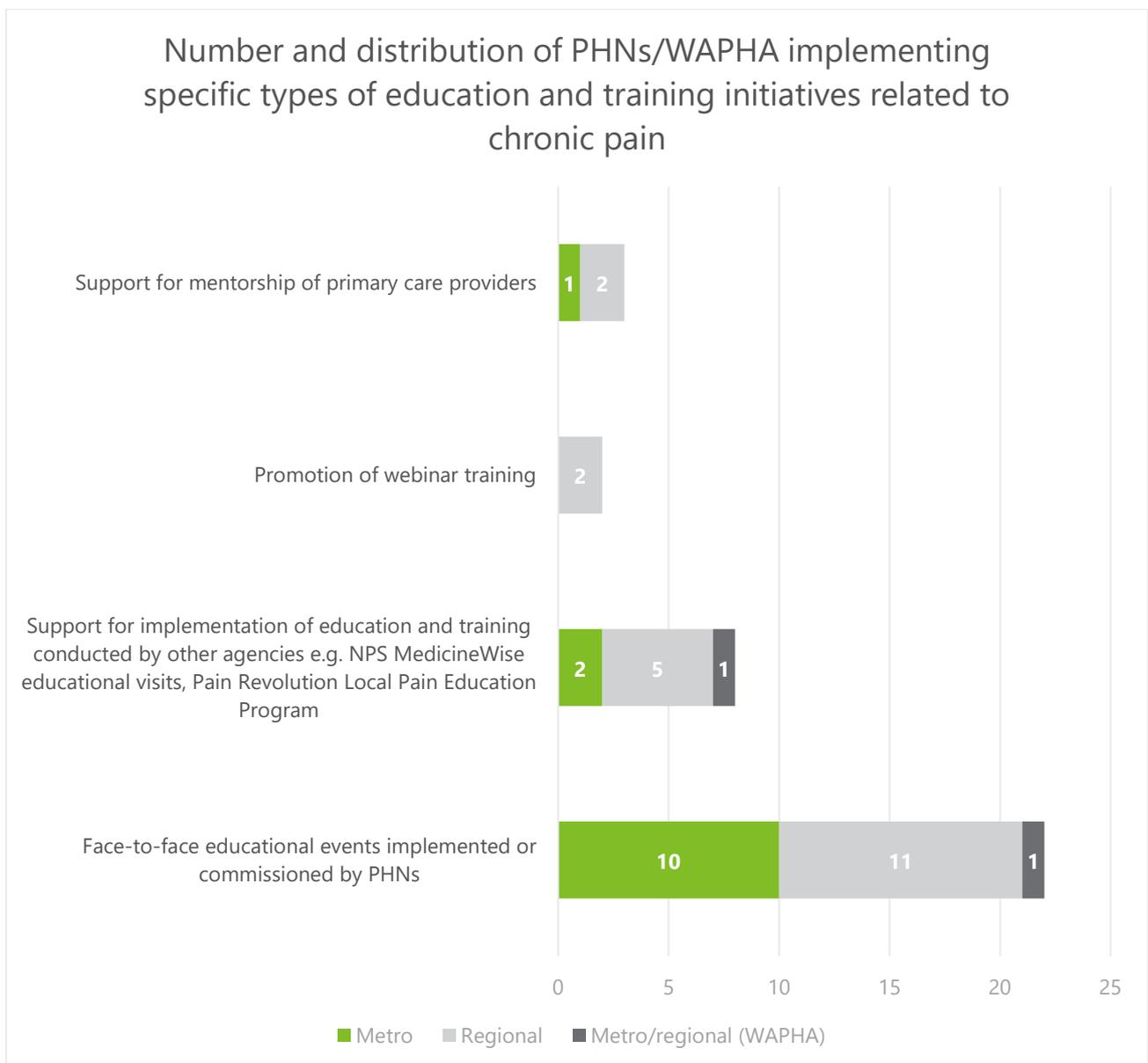


Figure 13: Education and training initiatives related to chronic pain

## Enablers to implementation

**Figure 14** provides a summary of the enablers to implementing education and training initiatives related to chronic pain highlighted by PHNs/WAPHA.



Figure 14: Enablers to implementation of education and training initiatives related to chronic pain

## Consumer pain programs

- Face-to-face consumer pain programs are currently being implemented in six PHNs and WAPHA.
- Programs are implemented in a range of states including NSW, QLD, SA and WA and in a range of metropolitan and regional PHNs.

## Enablers to implementation

**Figure 15** provides a summary of the enablers to delivering and commissioning consumer pain programs highlighted by PHNs/WAPHA



Figure 15: Enablers to delivering and commissioning consumer pain programs

An overview of the number and distribution of consumer pain programs is provided in **Table 3**.

Table 3: Overview of the types of PHN chronic pain initiatives

Type of initiatives	Findings from the consultation with PHNs (N=26 including WAPHA)
<b>Access to multidisciplinary care and improving consumer health literacy and care navigation</b>	
<b>Consumer pain programs</b>	<ul style="list-style-type: none"> <li>• <b>Six PHNs and WAPHA</b> are implementing face-to-face consumer pain programs</li> <li>• Programs are implemented in a range of states including NSW, QLD, SA and WA</li> <li>• Programs are implemented in a range of metropolitan and regional PHNs: three metropolitan PHNs, three regional PHNs and one metropolitan/regional (WAPHA)</li> <li>• A similar consumer pain program is being implemented in two PHNs and WAPHA: the program was developed by the Gold Coast PHN and adapted to Adelaide PHN and WAPHA</li> <li>• Four PHNs and WAPHA collect evaluation data from their consumer pain program (one PHN and WAPHA collect data as part of the Electronic Persistent Pain Outcomes Collaboration (ePPOC) initiative: see below)</li> <li>• One PHN has published a peer-review paper about their consumer pain program in partnership with a university (Gold Coast PHN, Griffith University)<sup>31</sup></li> </ul>
<b>Outreach patient services</b>	<ul style="list-style-type: none"> <li>• <b>Four regional PHNs</b> 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</li> <li>• A regional PHN in NSW that is implementing telehealth is also implementing a visiting pain physician from a metropolitan Hospital (funded by the Rural Doctors Network)</li> <li>• The NSW ACI has evaluated the telehealth initiative and Country SA PHN is currently evaluating the pilot outreach service (to be completed June 2019)</li> </ul>
<b>Online consumer information initiatives</b>	<ul style="list-style-type: none"> <li>• <b>Four PHNs</b> are implementing online consumer information initiatives</li> <li>• Initiatives are implemented in two states: three NSW PHNs and one VIC PHN</li> <li>• Initiatives are implemented in metropolitan and regional PHNs: two metropolitan PHNs and two regional PHNs</li> <li>• Two PHNs are implementing an online distribution platform (GoShare); and two PHNs are implementing patient information portals (Health Resource Directory, PatientInfo)</li> <li>• The online consumer information initiatives have not been evaluated</li> </ul>
<b>Community awareness</b>	<ul style="list-style-type: none"> <li>• <b>Three regional PHNs</b> are implementing community awareness initiatives related to pain</li> <li>• Initiatives are implemented in a range of states: NSW, SA, TAS</li> <li>• One community awareness initiative (<i>Brainman</i> video series) implemented in a regional NSW PHN has been evaluated (peer review publication)<sup>32</sup></li> </ul>

<sup>31</sup> 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

<sup>32</sup> 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. *Journal of Pain Research*. 2016;9, 701 –709.

Other	<ul style="list-style-type: none"> <li>• <b>Three PHNs</b> 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)</li> <li>• Initiatives are implemented in a range of states: SA, NT, VIC</li> <li>• The peer support program is implemented by a metropolitan SA PHN and the other initiatives are implemented by regional PHNs (NT and Victoria)</li> </ul>
<b>Ensuring health professionals are skilled and provide best-practice evidence-based care</b>	
Education and training	<ul style="list-style-type: none"> <li>• <b>Most PHNs/WAPHA</b> are implementing education and training related to chronic pain: 23 PHNs/WAPHA of the participating 26 PHNs/WAPHA</li> <li>• Twenty-two PHNs/WAPHA 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</li> <li>• Eight PHNs/WAPHA are supporting implementation of education and training conducted by other agencies: six PHNs/WAPHA (including one regional VIC PHN, one metropolitan QLD PHN, two regional QLD PHNs, one metropolitan 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</li> <li>• Two regional PHNs are promoting webinar training: one NSW PHN and one VIC PHN</li> <li>• Three PHNs are providing support for mentorship of primary care providers: one regional NSW PHN, one metropolitan QLD PHN and one regional SA PHN</li> <li>• The NPS MedicineWise educational visits initiative has been evaluated in a peer review publication<sup>33</sup>; 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</li> </ul>
Formal networks	<ul style="list-style-type: none"> <li>• <b>Two PHNs</b> are implementing formal health professional networks related to pain to support their consumer pain program</li> <li>• Both PHNs are metropolitan PHNs: one QLD PHN and one SA PHN</li> </ul>
Outreach services for providers	<ul style="list-style-type: none"> <li>• <b>One regional PHN</b> in Victoria is implementing an online service connecting primary care providers with addiction medicine specialists and psychiatrists (Project ECHO Opioid Management Clinic)</li> <li>• No evaluation</li> </ul>
<b>Quality improvement and health system support</b>	
Referral pathways	<ul style="list-style-type: none"> <li>• <b>Most PHNs/WAPHA</b> (23 PHNs/WAPHA) are implementing HealthPathways to improve referral pathways</li> <li>• Most PHNs/WAPHA have localised pain pathways (17 PHNs/WAPHA); and six PHNs (three metropolitan and three regional PHNs) are currently developing localised pain pathways (in NSW, SA, NT)</li> </ul>

<sup>33</sup> Beilby J et al. Evaluation of a national quality use of medicines service in Australia: an evolving model. *Journal of Evaluation in Clinical Practice*. 2006;12(2): 202 –217.

	<ul style="list-style-type: none"> <li>• 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</li> <li>• Data usage statistics available to PHNs</li> <li>• Evaluation available for Hunter and New England HealthPathways<sup>34</sup></li> </ul>
<b>Drug monitoring</b>	<ul style="list-style-type: none"> <li>• <b>The Victoria PHNs (N=6)</b> 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</li> <li>• 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</li> </ul>
<b>Other data collection and monitoring systems</b>	<ul style="list-style-type: none"> <li>• <b>One regional NSW PHN and WAPHA</b> are collecting data from consumers participating in their pain programs as part of the <i>electronic Persistent Pain Outcomes Collaboration (ePPOC)</i></li> <li>• <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</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• <b>Tasmania PHN</b> has established a key stakeholder working group 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</li> </ul>

## Monitoring and evaluation of chronic pain initiatives

### Key findings

- Many, but not all, chronic pain initiatives had been or were currently being monitored and evaluated as outlined in **Table 3**
- The types of the initiatives that were least likely to be evaluated were online consumer initiatives and referral systems
- Not all evaluation reports were publicly available
- An example of a partnership with a university to undertake the evaluation was demonstrated by one PHN related to a consumer pain program and resulted in peer-review publications

### The electronic Persistent Pain Outcomes Collaboration

One PHN and WAPHA were participating in the electronic Persistent Pain Outcomes Collaboration (ePPOC) initiative. The benefits of ePPOC reports highlighted by participating PHNs included:

- Benchmarking of outcomes with other consumer pain programs
- Essential to understand the consumer profile, for example, length of time in pain, medication
- Feasible for consumers to complete

<sup>34</sup> Gray JS, Swan JR, Lynch MA et al. Hunter and New England HealthPathways: a 4-year journey of integrated care. Australian Health Review. 2018;42(1), 66–71. doi:10.1071/AH16197.

"I know [due to the ePPOC report] the average age of the people [in the consumer pain program]. I know that 67% of people who've come into our programs have had chronic pain for more than five years. I know that 16% of them had severe anxiety at entry. I know what medications they're on. I know ... critical data is gold. How do we know that it's effective? Well we do because of this data. How else would we know?"

Representative from a PHN participating in the ePPOC initiative

The challenges of participating in the ePPOC initiative highlighted by participating PHNs/WAPHA included:

- Cost of the ePPOC report considering the small number of participants in community-based consumer pain programs
- Lack of alignment of the timing of the ePPOC report with PHN reporting
- Administrative load of entering data by group facilitators (funded by the PHN) and training of new staff to enter the data. Online forms if acceptable to consumer were suggested as a strategy to decrease the administrative load of entering data from paper surveys.

All PHN representatives were asked in the consultations whether they were aware of the ePPOC initiative. Only 27% of participants were aware of this initiative.

### Description of chronic pain initiatives

A description of the individual chronic pain initiatives implemented by PHNs/WAPHA related to *Access to multidisciplinary care and improving consumer health literacy and care navigation* is provided in **Table 4**.

**Table 4: 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
<b>Multidisciplinary chronic pain management programs based in the community</b>	
South Eastern NSW PHN	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b></p> <ul style="list-style-type: none"> <li>• South Eastern NSW PHN funds the project co-ordinator and the facilitators. Facilitators apply to the PHN to conduct the program via an EOI</li> <li>• The PHN is represented on the ACI pain management steering committee</li> </ul> <p><b>Website link:</b> <a href="https://www.coordinare.org.au/news/free-chronic-pain-management-program-in-eurobodalla/">https://www.coordinare.org.au/news/free-chronic-pain-management-program-in-eurobodalla/</a></p> <p><b>Enablers:</b></p> <ul style="list-style-type: none"> <li>• Established links with the NSW ACI for clinical support and training for facilitators</li> <li>• An additional consumer information session before the program commences to engage consumers and reduce drop outs</li> <li>• Evaluation using ePPOC measures</li> </ul> <p><b>Evaluation reference if available:</b> 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>

<p>Western NSW PHN</p>	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b> The Western NSW PHN commissions the Broken Hill GP Super Clinic to run this program.</p> <p><b>Website link:</b> N/A</p> <p><b>Enablers:</b></p> <ul style="list-style-type: none"> <li>• The NSW Agency for Clinical Innovation (ACI) provided tools to support this program</li> <li>• Ongoing support from the Greenwich Hospital Pain Clinic Team, the Royal Flying Doctor Service, Nachiappan Surgery and the Far West LHD</li> </ul> <p><b>Evaluation reference if available:</b> None</p>
<p>Murrumbidgee PHN</p>	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b></p> <ul style="list-style-type: none"> <li>• Murrumbidgee PHN communicates with primary care providers and consumers about the timing of the pain clinic visits and frequently provides space for the event</li> <li>• The PHN is represented on the steering committee for this program</li> </ul> <p><b>Website link:</b> N/A</p> <p><b>Evaluation reference if available:</b> None</p>
<p>Brisbane North PHN</p>	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b></p> <ul style="list-style-type: none"> <li>• GP Liaison Officers support the recruitment of GPs with a special interest in pain and provide mentoring and support</li> <li>• The PHN is represented on the steering committee for the service</li> <li>• The PHN also coordinates the communication to GPs about the availability of the service to encourage referrals</li> </ul> <p><b>Website link:</b> <a href="https://clinicaexcellence.qld.gov.au/improvement-exchange/back-neck-pain">https://clinicaexcellence.qld.gov.au/improvement-exchange/back-neck-pain</a></p> <p><b>Enablers:</b></p>

	<ul style="list-style-type: none"> <li>• A strong partnership with pain specialists</li> <li>• Developing a back pain pathway (HealthPathway) to support referrals</li> </ul> <p><b>Barriers:</b> Finding clinical rooms to run the service.</p> <p><b>Evaluation reference if available:</b> QLD Health has evaluated the program and found it to be successful.</p>
<p>Gold Coast PHN</p>	<p><b>Name and description of the initiative:</b> 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 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.</p> <p><b>The role of the PHN:</b> Gold Coast PHN commissions PainWise to provide this program.</p> <p><b>Website link:</b> <a href="https://www.healthygc.com.au/Our-Work/Persistent-Pain.aspx">https://www.healthygc.com.au/Our-Work/Persistent-Pain.aspx</a></p> <p><b>Enablers:</b></p> <ul style="list-style-type: none"> <li>• Having a champion who is a passionate advocate for pain</li> <li>• Good relationships with the hospital service and a collaborative approach between the PHN, hospital service and provider in governing the program from the start</li> <li>• 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</li> <li>• Annual training for GPs and high-quality staff</li> <li>• Good links with Griffith University for evaluation support</li> </ul> <p><b>Barriers:</b></p> <ul style="list-style-type: none"> <li>• Sustainability without the current champion is a concern</li> <li>• 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</li> <li>• 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</li> <li>• Not collecting cost-effectiveness data from the start of the program</li> </ul> <p><b>Evaluation reference:</b> Joypaul S, Kelly FS, King MA. Turning pain into gain: Evaluation of a multidisciplinary chronic pain management program in primary care. <i>Pain Medicine</i>. 2018. doi:10.1093/pm/pny241</p>
<p>Adelaide PHN</p>	<p><b>Name and description of the initiative:</b> The <i>Living Well with Persistent Pain (LWwPP) Program</i> 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</p>

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:** 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 Ltd). 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:** 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/psy241

### 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:** 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

	<p><b>Website link:</b> <a href="https://hammondcare-greenwich-hospital-secure.worldsecuresystems.com/services/pain-management/telehealth#ssl">https://hammondcare-greenwich-hospital-secure.worldsecuresystems.com/services/pain-management/telehealth#ssl</a></p> <p><b>Enablers:</b></p> <ul style="list-style-type: none"> <li>• Support from the Broken Hill GP Super Clinic</li> <li>• The general practice can claim a Telehealth Medicare Benefits Scheme (MBS) item and GPs can claim a long consultation MBS item</li> <li>• Support for implementation from the NSW ACI</li> </ul> <p><b>Evaluation reference:</b> NSW Agency for Clinical Innovation. Chronic Pain Telehealth Pilot Project Evaluation Report. 2016. Retrieved from Chatswood: <a href="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</a></p>
<p>Murrumbidgee PHN</p>	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b></p> <ul style="list-style-type: none"> <li>• Murrumbidgee PHN communicates with healthcare providers to promote use of the Telehealth service</li> <li>• The PHN is represented on the steering committee for this service with representatives from the Nepean Pain Clinic</li> </ul> <p><b>Website link:</b> <a href="https://www.aci.health.nsw.gov.au/networks/pain-management/murrumtele_chronic_pain_telehealth">https://www.aci.health.nsw.gov.au/networks/pain-management/murrumtele_chronic_pain_telehealth</a></p> <p><b>Enablers:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Support for implementation from the NSW ACI</li> </ul> <p><b>Evaluation reference:</b> NSW Agency for Clinical Innovation. Chronic Pain Telehealth Pilot Project Evaluation Report. 2016. Retrieved from Chatswood: <a href="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</a></p>
<p>Murrumbidgee PHN</p>	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b> Murrumbidgee PHN communicates with GPs to promote referrals to this outreach service.</p> <p><b>Website link:</b> <a href="https://mphn.org.au/rural-health-outreach-fund/">https://mphn.org.au/rural-health-outreach-fund/</a></p> <p><b>Evaluation reference if available:</b> None.</p>
<p>Country SA PHN</p>	<p><b>Name and description of the initiative:</b> 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</p>

attend a patient information session detailing the focus on self-management and decreasing medication.

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.

**The role of the PHN:**

- 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/>

**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.

**Evaluation reference if available:** None.

Hunter  
New  
England  
and  
Central  
Coast PHN

**Name and description of the initiative:** *Patientinfo* 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.

**The role of the PHN:** The HNECC PHN implemented this initiative in partnership with the Hunter New England Local Health District.

**Website link:** <http://patientinfo.org.au/>

**Enablers:**

- 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

**Evaluation reference if available:** None.

## Community awareness

Hunter  
New  
England  
and  
Central  
Coast PHN

**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 *Brainman videos* 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.

**The role of the PHN:** Hunter New England and Central Coast PHN funded the development of the videos.

**Website link:** <https://www.aci.health.nsw.gov.au/ie/projects/brainman>

**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

	<p>pain: The "Brainman" story. <i>Journal of Pain Research</i>. 2016;9, 701 –709.</p>
Country SA PHN	<p><b>Name and description of the initiative:</b> <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><b>The role of the PHN:</b> Country SA PHN contracted Arthritis SA to provide four events.</p> <p><b>Website link:</b> N/A, previous events.</p> <p><b>Barriers:</b> Some consumers perceived the Arthritis SA branding made the events relevant only to people with arthritis.</p> <p><b>Evaluation reference if available:</b> None.</p>
Tasmania PHN	<p><b>Name and description of the initiative:</b> The 2019 <i>Pain Revolution Rural Outreach Ride</i> includes community and health professional education events.</p> <p><b>The role of the PHN:</b> 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><b>Website link:</b> <a href="https://www.painrevolution.org/events">https://www.painrevolution.org/events</a></p> <p><b>Evaluation reference if available:</b> None.</p>
Other	
Adelaide PHN	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b> Adelaide PHN funds this through a grant and commissions the facilitator, who is trained for the role.</p> <p><b>Website link:</b> <a href="https://www.facebook.com/adelaide.painsupport/">https://www.facebook.com/adelaide.painsupport/</a></p> <p><b>Enablers:</b> Low cost.</p> <p><b>Evaluation reference if available:</b> None.</p>
Northern Territory PHN	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b> 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><b>Website link:</b> N/A</p> <p><b>Enablers:</b> N/A, the initiative has only just commenced.</p> <p><b>Evaluation reference if available:</b> N/A</p>
Western Victoria PHN	<p><b>Name and description of the initiative:</b> 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</p>

	<p>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><b>The role of the PHN:</b> Western Victoria PHN has contracted La Trobe University to undertake this pilot project in three pharmacies.</p> <p><b>Website link:</b> N/A</p> <p><b>Enablers:</b> N/A, the initiative has only recently commenced.</p> <p><b>Evaluation reference if available:</b> N/A</p>
Western Victoria PHN	<p><b>Name and description of the initiative:</b> 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 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.</p> <p><b>The role of the PHN:</b> Western Victoria PHN has assisted Monash University with recruitment of pharmacies for this research.</p> <p><b>Website link:</b> <a href="https://ndarc.med.unsw.edu.au/project/routine-opioid-outcome-monitoring-community-pharmacy">https://ndarc.med.unsw.edu.au/project/routine-opioid-outcome-monitoring-community-pharmacy</a></p> <p><b>Enablers:</b> N/A, the initiative has only recently commenced.</p> <p><b>Study Protocol:</b> Nielsen S, et al. Routine opioid outcome monitoring in community pharmacy: Pilot implementation study protocol. Res Social Adm Pharm. 2018.</p>

A description of the individual chronic pain initiatives implemented by PHNs/WAPHA to *Ensure health professionals are skilled and provide best-practice care* is provided in **Table 5**.

**Table 5: 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
<b>Education and training of health professionals related to pain: Face-to-face educational events implemented or commissioned by PHNs</b>	
Most PHNs (see Table 7)	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• PHNs provide venues and catering for events</li> </ul>

	<p><b>Website link:</b> See local PHN calendars.</p> <p><b>Enablers:</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Promoting education events through health professional networks and newsletters</li> <li>• Having events accredited by the RACGP</li> <li>• Running events free of charge and at times that are feasible for primary care providers (usually evening seminars)</li> </ul> <p><b>Evaluation reference if available:</b> None.</p>
<p>Western Victoria PHN</p>	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b> Western Victoria PHN funds Deakin University to provide this training and supports the recruitment of providers.</p> <p><b>Website link:</b>  <a href="https://westvicphn.com.au/images/Deakin_opioid_training_program_SW_PHN_scholarships_FINAL.pdf">https://westvicphn.com.au/images/Deakin_opioid_training_program_SW_PHN_scholarships_FINAL.pdf</a></p> <p><b>Evaluation reference if available:</b> 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><b>Name and description of the initiative:</b> <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><b>The role of the PHN:</b> PHNs coordinate speakers and running of these events.</p> <p><b>Website links:</b>  <a href="http://gem.grindstone.com.au/t/ViewEmail/r/8A7EBE5F3C1F03362540EF23F30FEDED">http://gem.grindstone.com.au/t/ViewEmail/r/8A7EBE5F3C1F03362540EF23F30FEDED</a>  <a href="https://www.murrayphn.org.au/wp-content/uploads/2018/09/2018-PDD-Flyer-Invitation-A4-v2.pdf">https://www.murrayphn.org.au/wp-content/uploads/2018/09/2018-PDD-Flyer-Invitation-A4-v2.pdf</a></p> <p><b>Enablers:</b></p> <ul style="list-style-type: none"> <li>• Practice visits to promote the program resulted in program enrolments</li> <li>• 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</li> </ul> <p><b>Evaluation reference if available:</b> None.</p>

<p>Gold Coast PHN and WAPHA</p>	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b> Gold Coast PHN and WAPHA commission providers of the TPIG program to provide this education.</p> <p><b>Website link:</b> N/A</p> <p><b>Evaluation reference if available:</b> None.</p>
<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>	
<p>Some PHNs (see Table 7)</p>	<p><b>Name and description of the initiative:</b> NPS MedicineWise educational visits 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><b>The role of the PHN:</b> 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><b>Website link:</b> <a href="https://www.nps.org.au/cpd/book-a-visit">https://www.nps.org.au/cpd/book-a-visit</a></p> <p><b>Enablers:</b></p> <ul style="list-style-type: none"> <li>• Having maintained relationships with NPS MedicineWise Clinical Service Specialists through the transition from Medicare Local to Primary Health Network</li> </ul> <p><b>Evaluation reference:</b> 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>
<p>Murrumbidgee PHN and Tasmania PHN</p>	<p><b>Name and description of the initiative:</b> 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. The LPE program incurs a cost to participants.</p> <p><b>The role of the PHN:</b> Participating PHNs help promote expressions of interest to rural and regional clinicians and if possible provide financial support for clinicians to participate in the program.</p> <p><b>Website link:</b> <a href="https://www.painrevolution.org/local-pain-educator-program">https://www.painrevolution.org/local-pain-educator-program</a></p> <p><b>Enablers:</b></p>

- Champions within the PHN, e.g. GP liaison officer who has completed the LPEP in Murrumbidgee

**Evaluation reference if available:** None.

### Education and training of health professionals related to pain: Promotion of webinar training

South Eastern NSW PHN

**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 *webinar skills training in pain management*. This webinar has been developed by the Pain Management Research Institute (PMRI) at the University of Sydney.

**The role of the PHN:** South Eastern NSW recruited program facilitators and promoted access to the webinar training.

**Website link:** <http://sydney.edu.au/medicine/pmri/education/continuing/webinar.php>

**Enablers:** Funding from NSW ACI for facilitators to access the webinar free of charge.

**Evaluation reference if available:** None.

Western Victoria PHN

**Name and description of the initiative:** The *Faculty of Pain Medicine (FPM) Better Pain Management program* 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.

**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.

**Website link:** <https://www.betterpainmanagement.com/>

**Evaluation reference if available:** None

### Education and training of health professionals related to pain: Support for mentorship of primary care providers

Murrumbidgee PHN

**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.

**The role of the PHN:** Murrumbidgee PHN provides the pain physician contact details to GPs.

**Website link:** <https://mphn.org.au/rural-health-outreach-fund/>

**Evaluation reference if available:** None

Brisbane North PHN

**Name and description of the initiative:** The *Back Pain Clinic using the GPwSI model* 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.

**The role of the PHN:**

- 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><b>Website link:</b> <a href="https://clinicalexcellence.qld.gov.au/improvement-exchange/back-neck-pain">https://clinicalexcellence.qld.gov.au/improvement-exchange/back-neck-pain</a></p> <p><b>Evaluation reference if available:</b> QLD Health have evaluated the program and found it to be successful.</p>
Country SA PHN	<p><b>Name and description of the initiative:</b> 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><b>The role of the PHN:</b> Country SA PHN funded this pilot project and provided a program coordinator to implement and manage the program.</p> <p><b>Website link:</b> <a href="http://countrysaphn.com.au/phnactivity/thingswedo-programs/chronic-pain-pilot-project">http://countrysaphn.com.au/phnactivity/thingswedo-programs/chronic-pain-pilot-project</a></p> <p><b>Evaluation reference if available:</b> An external evaluation has been commissioned and will be available upon program completion June 2019.</p>
<b>Formal health professional networks related to pain</b>	
Gold Coast PHN	<p><b>Name and description of the initiative:</b> 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.</p> <p><b>The role of the PHN:</b> Gold Coast PHN commissions PainWise to provide ongoing communication and support to the network, in addition to providing the TPIG program.</p> <p><b>Website link:</b> N/A</p> <p><b>Evaluation reference if available:</b> None.</p>
Adelaide PHN	<p><b>Name and description of the initiative:</b> This network involves regular meetings between the <i>Living Well with Persistent Pain (LWwPP) Program</i> 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.</p> <p><b>The role of the PHN:</b> Adelaide PHN employs a Capacity Building Coordinator who organises and chairs meetings between LWwPP providers and hospital teams.</p> <p><b>Website link:</b> N/A</p> <p><b>Evaluation reference if available:</b> None.</p>
<b>Telehealth and other online services connecting primary care providers with pain specialists and other health providers</b>	
Western Victoria PHN	<p><b>Name and description of the initiative:</b> The <i>Project ECHO</i> 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.</p> <p><b>The role of the PHN:</b> The PHN funds coordinators to attend training in the US.</p>

**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.

A description of the individual chronic pain initiatives implemented by PHNs/WAPHA to *Support quality improvement and provide health system support* is provided in **Table 6**.

**Table 6: Description of chronic pain initiatives related to quality improvement and health system support**

Primary Health Network	Description of initiative
<b>Improving pathways and referral systems related to pain e.g. HealthPathways</b>	
Most PHNs (see Table 7)	<p><b>Name and description of the initiative:</b> <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><b>The role of the PHN:</b> HealthPathways are provided and managed by PHNs in collaboration with their local hospital network.</p> <p><b>Website link:</b> <a href="https://www.healthpathwayscommunity.org/">https://www.healthpathwayscommunity.org/</a></p> <p><b>Enablers:</b></p> <ul style="list-style-type: none"> <li>• Executive level support (hospital service and PHN)</li> <li>• Engagement with local hospital networks to enable specialist involvement</li> <li>• Formal partnerships (working groups) between primary care providers and specialists to develop pathways</li> <li>• Involvement of clinician editors of the referral pathways</li> <li>• 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)</li> <li>• Responding to feedback from clinicians and addressing any use or content-related issues</li> <li>• Adequate capacity (staff and time) to develop new pathways and update the content and design of new pathways as needed</li> <li>• Monitoring of usage of localised pathways</li> <li>• Evaluation of HealthPathways</li> </ul>

**Evaluation reference:** Gray JS, Swan JR, Lynch MA et al. Hunter and New England HealthPathways: a 4-year journey of integrated care. Australian Health Review. 2018;42(1), 66 – 71. doi:10.1071/AH16197.

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

Victorian PHNs

**Name and description of the initiative:** *SafeScript* 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.

**The role of the PHN:**

- 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

**Website link:**

<https://vtphna.org.au/safescript/>

<https://vtphna.org.au/safescript-training-hub/>

**Evaluation reference if available:** None

### Other data collection and feedback systems e.g electronic Persistent Pain Outcomes Collaboration (ePPOC) initiative, NPS Medicine Insight data program

South Eastern NSW PHN and WA Primary Health Alliance (WAPHA)

**Name and description of the initiative:** The *electronic Persistent Pain Outcomes Collaboration (ePPOC)* 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.

**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.

**Website link:** <https://ahsri.uow.edu.au/eppoc/index.html>

**Enablers:**

- Online systems to upload data
- Training for data entry

	<b>Evaluation reference:</b> Tardif H et al. Establishment of the Australasian Electronic Persistent Pain Outcomes Collaboration. <i>Pain Medicine</i> . 2017;18(6): 1007 –1018.
<b>Other</b>	
Tasmania PHN	<p><b>Name and description of the initiative:</b> A <i>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><b>The role of the PHN:</b> Tasmania PHN established this group and coordinates the meetings.</p> <p><b>Website link:</b> N/A</p> <p><b>Evaluation reference if available:</b> None</p>

**Table 7** outlines the mapping of chronic pain initiatives implemented by each PHN/WAPHA.

Table 7: Mapping of chronic pain initiatives implemented by each PHN/WAPHA

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
<b>Ensuring health professionals are skilled and provide best-practice evidence-based care</b>	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	-		-	-	-	-	-	-	-
<b>Quality improvement and health system support</b>	Referral pathways	Yes		-	Yes	Yes	Yes	Yes	Yes	Yes
	Drug monitoring	-		-	-	-	-	-	-	-
	Other data collection and monitoring systems	-	-	-	-	Yes	-	-	-	
	Other	-	-	-	-	-	-	Yes	-	

## Future chronic pain initiatives

Most PHNs/WAPHA were continuing to fund their current chronic pain initiatives and many PHNs had plans for new chronic pain initiatives as outlined in **Figure 16**.

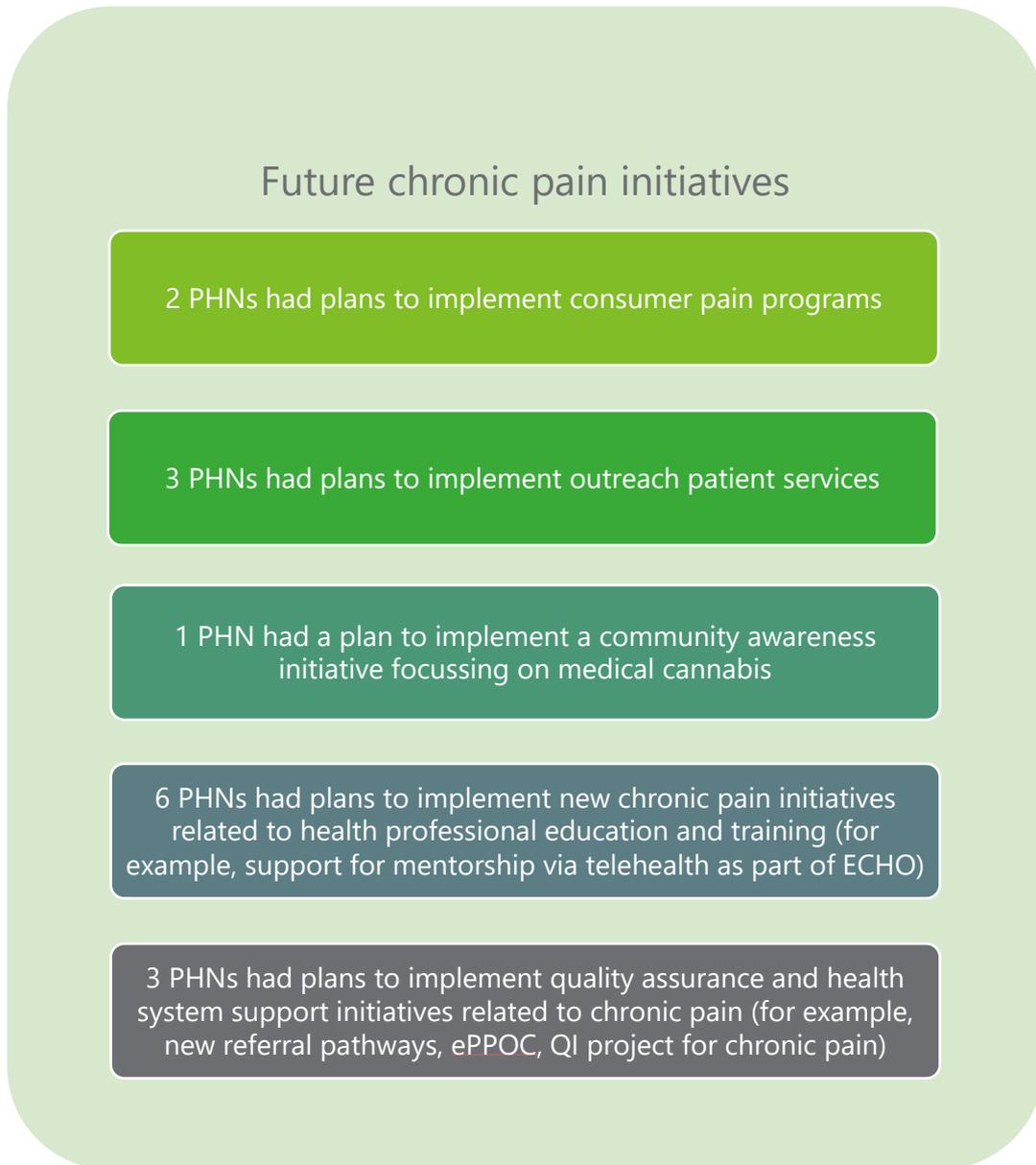
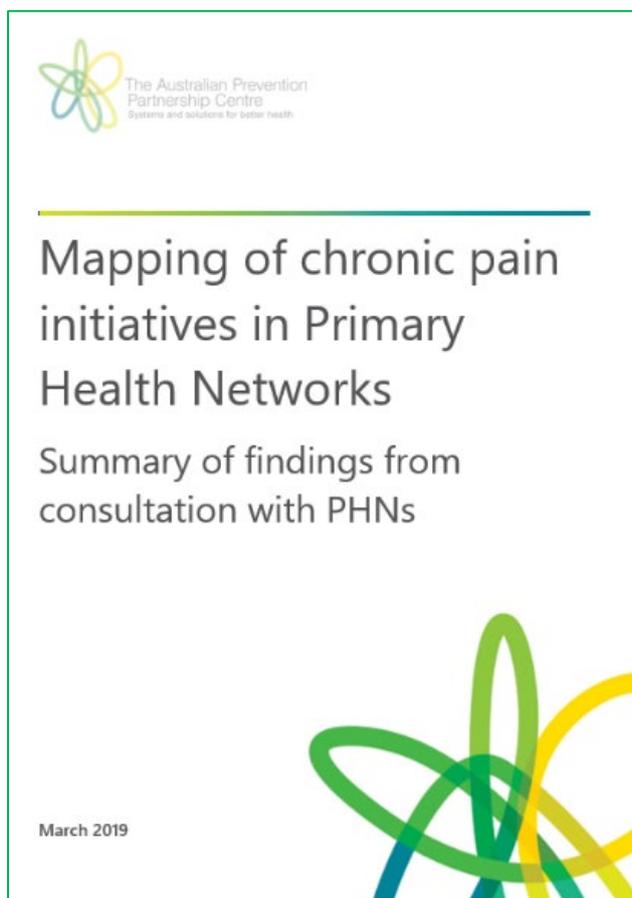


Figure 16: Future chronic pain initiatives

### 3. A resource for PHNs

The following resource, [mapping of chronic pain initiatives report](#), was developed from the key findings of the consultation with PHNs.



#### Purpose of this resource

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

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

This resource was distributed to PHNs at a workshop. For more information about the workshop see the [workshop summary](#).

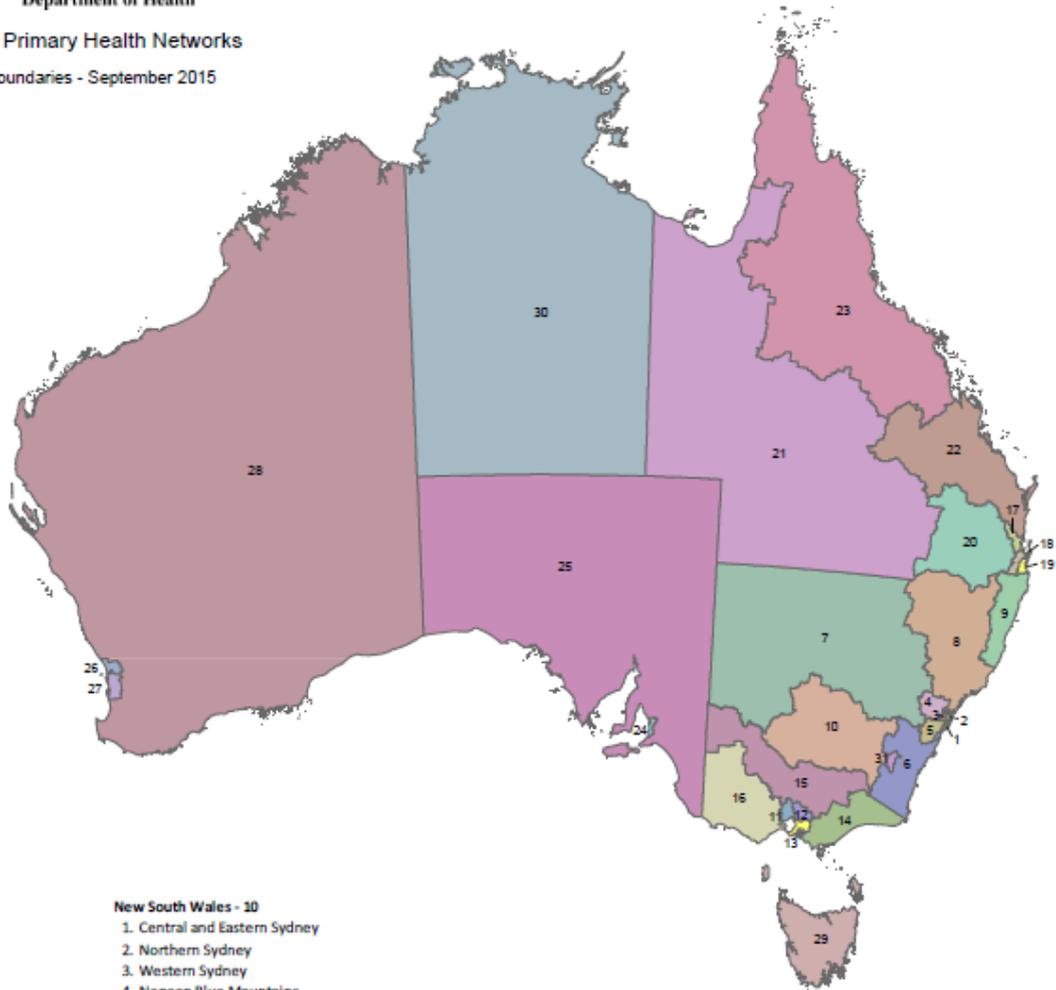
# Appendix 1

## Map of PHNs in Australia



Australian Government  
Department of Health

31 Primary Health Networks  
Boundaries - September 2015



- New South Wales - 10**
  - 1. Central and Eastern Sydney
  - 2. Northern Sydney
  - 3. Western Sydney
  - 4. Nepean Blue Mountains
  - 5. South Western Sydney
  - 6. South Eastern NSW
  - 7. Western NSW
  - 8. Hunter New England and Central Coast
  - 9. North Coast
  - 10. Murrumbidgee
- Victoria - 6**
  - 11. North Western Melbourne
  - 12. Eastern Melbourne
  - 13. South Eastern Melbourne
  - 14. Gippsland
  - 15. Murray
  - 16. Western Victoria
- Queensland - 7**
  - 17. Brisbane North
  - 18. Brisbane South
  - 19. Gold Coast
  - 20. Darling Downs and West Moreton
  - 21. Western Queensland
  - 22. Central Queensland, Wide Bay, Sunshine Coast
  - 23. Northern Queensland

- South Australia - 2**
  - 24. Adelaide
  - 25. Country SA
- Western Australia - 3**
  - 26. Perth North
  - 27. Perth South
  - 28. Country WA
- Tasmania - 1**
  - 29. Tasmania
- Northern Territory - 1**
  - 30. Northern Territory
- Australian Capital Territory - 1**
  - 31. Australian Capital Territory

## Appendix 2

### Metropolitan and regional PHN areas

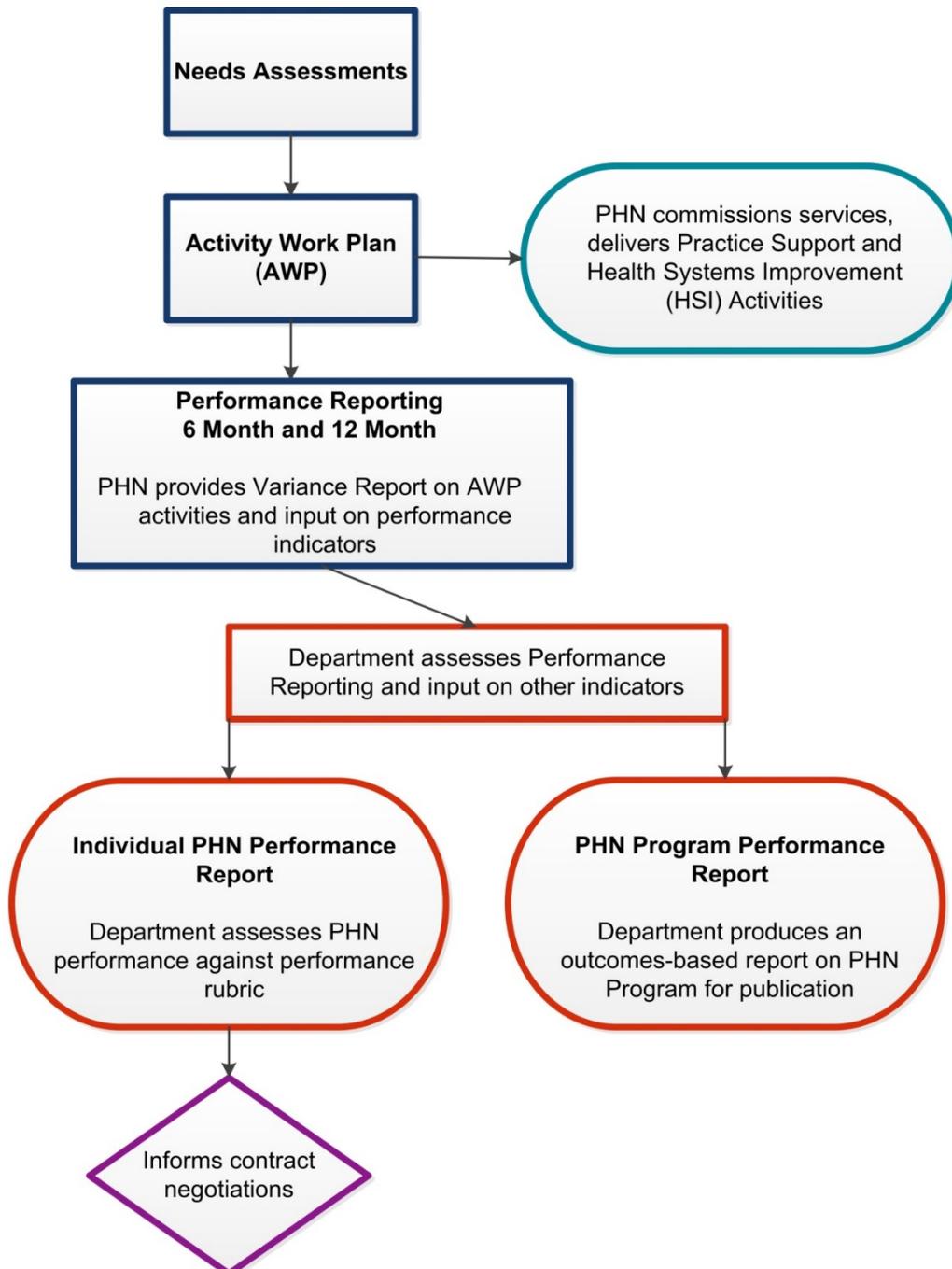
Metropolitan PHN areas' have  $\geq 85\%$  of the population in 'major cities', as defined by the Australian Bureau of Statistics. All other PHN areas are classified as 'regional PHN areas'.

State	PHN	PHN type
NSW	Central and Eastern Sydney	Metropolitan
NSW	Northern Sydney	Metropolitan
NSW	Western Sydney	Metropolitan
NSW	Nepean Blue Mountains	Metropolitan
NSW	South Western Sydney	Metropolitan
NSW	South Eastern NSW	Regional
NSW	Western NSW	Regional
NSW	Hunter New England and Central Coast	Regional
NSW	North Coast	Regional
NSW	Murrumbidgee	Regional
VIC	North Western Melbourne	Metropolitan
VIC	Eastern Melbourne	Metropolitan
VIC	South Eastern Melbourne	Metropolitan
VIC	Gippsland	Regional
VIC	Murray	Regional
VIC	Western Victoria	Regional

State	PHN	PHN type
QLD	Brisbane North	Metropolitan
QLD	Brisbane South	Metropolitan
QLD	Gold Coast	Metropolitan
QLD	Darling Downs and West Moreton	Regional
QLD	Western Queensland	Regional
QLD	Central Queensland, Wide Bay and Sunshine Coast	Regional
QLD	Northern Queensland	Regional
SA	Adelaide	Metropolitan
SA	Country SA	Regional
WA	Perth North	Metropolitan
WA	Perth South	Metropolitan
WA	Country WA	Regional
TAS	Tasmania	Regional
NT	Northern Territory	Regional
ACT	Australian Capital Territory	Metropolitan

## Appendix 3

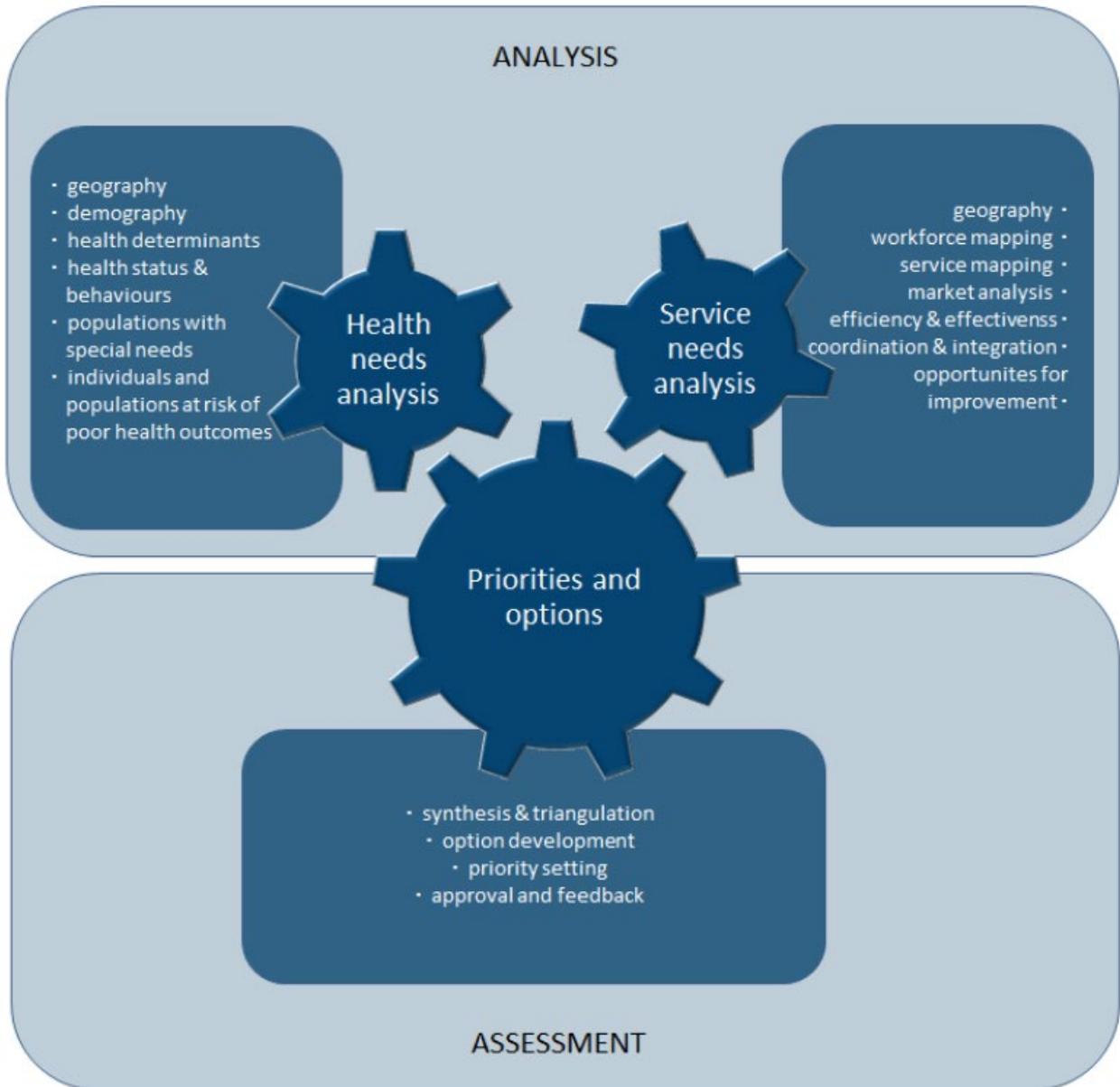
### PHN Program Performance and Quality Framework



## Appendix 4

### Structure of the PHN Needs Assessments

Australian Government Department of Health *Needs Assessment Guide (December 2015)*



## Appendix 5

### 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

**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 Votrubic**, GP specialising in pain

**Ms Leanne Wells**, Consumers Health Forum and consumer representative on Pain Australia

**Professor Andrew Wilson**, Director, TAPPC and Co-Director Menzies Centre for Health Policy

## Appendix 6

### Survey and interview participants

PHN Name	Survey participant	Interview participant(s)
<b>NSW</b>		
Central and Eastern Sydney	A/General Manager Health System Improvement	A/General Manager Health System Improvement
North Sydney	General Manager for Primary Care Advancement and Integration	General Manager for Primary Care Advancement and Integration
Western Sydney	Director, System Enablers and Integration	Director, System Enablers and Integration
Nepean Blue Mountains	<ul style="list-style-type: none"> <li>• Senior Manager – Primary Care Support &amp; Development</li> <li>• Program Officer – Primary Care Initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Manager – Primary Care Support &amp; Development</li> <li>• Program Officer – Primary Care Initiatives</li> </ul>
South Western Sydney	Integrated Health Coordinator	Integrated Health Manager
South Eastern NSW	Manager, Service & Systems Integration, Southern NSW	Manager, Service & Systems Integration, Southern NSW
Western NSW	Manager Chronic Illness, Aged Care & Palliative Care Programs	Manager Chronic Illness, Aged Care & Palliative Care Programs
Hunter New England and Central Coast	<ul style="list-style-type: none"> <li>• Clinical Editor for HNE Healthpathways</li> <li>• Integrated Health Care Officer - Chronic Disease Management</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Editor for HNE Healthpathways</li> <li>• Integrated Health Care Officer - Chronic Disease Management</li> </ul>
North Coast	<i>Did not participate in project</i>	
Murrumbidgee	Senior Manager Commissioning and Procurement	<ul style="list-style-type: none"> <li>• Senior Manager Commissioning and Procurement</li> <li>• GP liaison officer</li> </ul>
<b>Victoria</b>		
North Western Melbourne	Executive Director Health Systems Innovation	<ul style="list-style-type: none"> <li>• Executive Director Health Systems Innovation</li> <li>• Program Officer in Chronic Disease Integration</li> </ul>
Eastern Melbourne	Quality Use of Medicines Lead	Quality Use of Medicines Lead
South Eastern Melbourne	<i>Did not participate in project</i>	
Gippsland	Population Health Planner	<i>Participated in survey only</i>
Murray	Integrated Care Lead	<i>Participated in survey only</i>

Western Victoria	Quality Use of Medicines Lead	Quality Use of Medicines Lead
<b>Queensland</b>		
Brisbane North	Manager Integration Programs	Manager Integration Programs
Brisbane South	Chronic Care Program Manager	Chronic Care Program Manager
Gold Coast	<ul style="list-style-type: none"> <li>• Director Commissioning of Programs</li> <li>• Persistent Pain Program Clinical Director</li> </ul>	<ul style="list-style-type: none"> <li>• Director Commissioning of Programs</li> <li>• Persistent Pain Program Clinical Director</li> </ul>
Darling Downs and West Moreton	Senior Manager Program and Commissioning	<i>Participated in survey only</i>
Western QLD	Executive Manager – Practice Capability and Innovation	Executive Manager – Practice Capability and Innovation
CQWBSC	GP Liaison Officer	GP Liaison Officer
Northern QLD	<i>Did not participate in project</i>	
<b>South Australia</b>		
Adelaide	CEO	Innovation and Design Officer
Country SA	Project Manager	Project Manager
<b>Western Australia</b>		
WAPHA	<ul style="list-style-type: none"> <li>• Regional Coordinator</li> <li>• CPC &amp; HCH Commissioning and Training Manager</li> </ul>	<ul style="list-style-type: none"> <li>• Regional Coordinator</li> <li>• CPC &amp; HCH Commissioning and Training Manager</li> </ul>
<b>Tasmania</b>	Public health physician	<ul style="list-style-type: none"> <li>• Public health physician</li> <li>• Health Stream Lead-Chronic Conditions</li> </ul>
<b>Northern Territory</b>	Executive Officer	Executive Manager, Improvement and Integration
<b>Australian Capital Territory (ACT)</b>	Senior Manager, Population Health Planning and Evaluation	<ul style="list-style-type: none"> <li>• Senior Manager, Population Health Planning and Evaluation</li> <li>• General Manager, Innovation and Improvement</li> </ul>

## Appendix 7



### Primary Health Networks Chronic Pain Survey

The main aim of this **pre-interview survey** is to understand the needs and scope of work in your PHN related to chronic pain. **Please complete the survey before the interview.** This will help tailor the interview to your PHN and shorten the time of the interview.

Please note, you will not be identified in any report or publication of the results. We will also give you the opportunity to review any report or publication for accuracy and completeness before being finalised. You will also receive a final copy of any report or publication. Please note that you can withdraw from the project at any time and the information you have provided to that date will only be used in the data analysis with your permission.

#### Section A: Your PHN

1) What **state** or **territory** of Australia is your PHN located in?

*Please select [x] one option*

- NSW
- VIC
- QLD
- SA
- WA
- TAS
- NT
- ACT

2) What is the **name** of your PHN?

---

3) Is your PHN a **metropolitan** or a **regional** PHN (or both e.g. WAPHA)?

*Please select [x] all options that apply.*

- Metropolitan
- Regional

4) What is your role within your PHN? Please state your **job title**:

---

#### Section B: Health and service needs and priorities within your PHN

5) Has your PHN identified **CHRONIC PAIN** as a **health/service need** or **priority**? This is separate from any causal conditions such as musculoskeletal conditions.

*Please select [x] all options that apply:*

- Yes, as a health/service need in our PHN
- Yes, as a priority in our PHN
- No, chronic pain has NOT been identified as a health or service need or priority in our PHN

6) In your PHN, does this need or priority relate to the **prevention** or **management** of chronic pain or **both**?

*Please select [x] all options that apply:*

- Prevention of chronic pain i.e. early intervention of acute pain to prevent chronic pain (e.g. post-operative and post-trauma pain)
- Management of chronic pain

### Section C: Chronic pain initiatives in your PHN

7) Is your PHN involved in **any of the following initiatives** to address chronic pain needs? Initiatives include programs, and strategies within a model of care

Please select **Yes** or **No** [x] for each type of initiative. Answer **Yes** for any initiative you are currently or recently (i.e. within the last 12 months) involved in.

	Yes	No
Consumer programs, strategies and resources (e.g. community self-management programs)	<input type="checkbox"/>	<input type="checkbox"/>
Health professional education and training related to pain	<input type="checkbox"/>	<input type="checkbox"/>
Establishing health professional networks related to pain	<input type="checkbox"/>	<input type="checkbox"/>
Improving pathways and referral systems related to pain e.g. HealthPathways	<input type="checkbox"/>	<input type="checkbox"/>
Using the Electronic Persistent Pain Outcomes Collaboration (ePPOC) data	<input type="checkbox"/>	<input type="checkbox"/>
Using prescription drug monitoring systems e.g. SafeScript	<input type="checkbox"/>	<input type="checkbox"/>
NPS MedicineWise facilitator initiative	<input type="checkbox"/>	<input type="checkbox"/>
Community awareness campaigns and resources	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

8) Is your PHN **planning** to be involved in any of the following initiatives?

Please select [x] **Yes** or **No** or **Uncertain/unsure** for each type of initiative:

	Yes	No	Uncertain/ unsure
Consumer programs, strategies and resources related to pain (e.g. community self-management programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health professional education and training related to pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishing health professional networks related to pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving pathways and referral systems related to pain e.g. HealthPathways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the Electronic Persistent Pain Outcomes Collaboration (ePPOC) data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using prescription drug monitoring systems e.g. SafeScript	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPS MedicineWise facilitator initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community awareness campaigns and resources related to pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section D: Consumer programs, strategies and resources (e.g. community self-management programs)

Please answer this section if you have indicated that your PHN is involved in initiative(s) in this area. If not, please go to the next section.

9) **Please briefly describe the initiative for consumers that your PHN is involved in.** Initiatives include programs, and strategies within a model of care.

Please briefly describe (where relevant) the following. If your PHN is involved in more than one initiative, please briefly describe each initiative:

- Whether the initiative is **currently** being implemented: \_\_\_\_\_
- The **name** of the initiative (if there is one): \_\_\_\_\_
- The **target population** and any **priority groups/conditions**: \_\_\_\_\_
- The **type(s) of health professional(s)** delivering the initiative: \_\_\_\_\_
- Any **cost** to consumers (above Medicare): \_\_\_\_\_
- **How** it is being implemented (e.g. face-to-face group sessions, Telehealth individual consultations): \_\_\_\_\_

10) Does the initiative that you described relate to the **prevention** or **management** of chronic pain or **both**?

Please select [x] all options that apply.

	PREVENTION OF CHRONIC PAIN e.g. post-surgery or post-trauma	MANAGEMENT OF CHRONIC PAIN
Initiative 1	<input type="checkbox"/>	<input type="checkbox"/>
(ANSWER ONLY if more than one initiative) Initiative 2	<input type="checkbox"/>	<input type="checkbox"/>

11) Please list the **agencies** involved in this initiative.

Please state any funding partners (apart from the PHN) and the agency (or agencies) that have been commissioned to deliver the initiative and the referring agency (or agencies) if appropriate: \_\_\_\_\_

If more than one initiative, please list for each initiative

12) Has the initiative been evaluated?

Please select [x] **Yes** or **No** or **Not completed**.

	Yes	No	Not completed
Initiative 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ANSWER ONLY if more than one initiative) Initiative 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13) (Initiative 1)

Is the evaluation report available to us? If Yes, please send to X (email address to be included).

Please select [x] one option

- Yes
- No
- N/A

**14) (ANSWER ONLY if more than one initiative) Initiative 2**

Is the evaluation report available to us? If Yes, please send to X (email address to be included).

Please select [x] one option

- Yes
- No
- N/A

## Section E: Health professional education and training

Please answer this section if you have indicated that your PHN is involved in initiative(s) in this area. If not, please go to the next section.

15) Please briefly describe the health professional education and training that your PHN is involved in

Please briefly describe (where relevant) the following. If your PHN is involved in more than one initiative, please briefly describe each initiative:

- Whether the initiative is currently being implemented: \_\_\_\_
- The name of the initiative (if there is one): \_\_\_\_
- The type(s) of health professional(s) involved in the initiative: \_\_\_\_
- Whether the initiative relates to a particular causal condition of chronic pain: \_\_\_\_
- The cost to health professionals: \_\_\_\_
- How the initiative is being implemented (e.g. face-to-face group sessions, webinars)

16) Does the initiative that you described relate to the **prevention** or **management** of chronic pain or **both**?

Please select [x] all options that apply.

	PREVENTION OF CHRONIC PAIN e.g. post-surgery or post-trauma	MANAGEMENT OF CHRONIC PAIN
Initiative 1	<input type="checkbox"/>	<input type="checkbox"/>
(ANSWER ONLY if more than one initiative) Initiative 2	<input type="checkbox"/>	<input type="checkbox"/>

17) Please list the **agencies** involved in this initiative.

Please state any funding partners (apart from the PHN) and the agency (or agencies) that have been commissioned to deliver the initiative: \_\_\_\_\_

If more than one initiative, please list for each initiative

18) Has the initiative been evaluated?

Please select [x] **Yes** or **No** or **Not completed**.

	Yes	No	Not completed
Initiative 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ANSWER ONLY if more than one initiative) Initiative 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19) (Initiative 1)

Is the evaluation report available to us? If Yes, please send to X (email address to be included).

Please select [x] one option

- Yes
- No
- N/A

**20) (ANSWER ONLY if more than one initiative) Initiative 2**

Is the evaluation report available to us? If Yes, please send to X (email address to be included).

Please select [x] one option

- Yes
- No
- N/A

## Section F: Establishing health professional networks related to pain

Please answer this section if you have indicated that your PHN is involved in initiative(s) in this area. If not, please go to the next section.

21) Please briefly describe the health professional network that your PHN has established

Please briefly describe:

- The name of the network (if there is one): \_\_\_\_\_
- The type(s) of health professionals involved: \_\_\_\_\_
- The focus of the network: \_\_\_\_\_
- How often the members meet/communicate with each other: \_\_\_\_\_

22) Please list any **agencies** involved in this network.

Please state any funding partners (apart from the PHN) and the agency (or agencies) that are involved in the network: \_\_\_\_\_

23) Has there been an **evaluation** of the health professional network?

Please select [x] one option

- Yes
- No

Not completed

24) Is the evaluation report available to us? If Yes, please send to X (email address to be included).

*Please select [x] one option*

Yes

No

N/A

### Section G: Improving pathways and referral systems related to pain e.g. HealthPathways

Please answer this section if you have indicated that your PHN is involved in initiative(s) in this area. If not, please go to the next section.

25) Please describe how your PHN has been involved in **improving pathways and referral systems related to pain**: \_\_\_\_\_

26) Please list the **agencies** involved in this initiative.

Please state any funding partners (apart from the PHN) and the agency (or agencies) that have been commissioned to deliver the initiative: \_\_\_\_\_

27) Has there been an **evaluation** of the new pathways and referral systems **within your PHN**?

*Please select [x] one option*

Yes

No

Not completed

28) Is the evaluation report available to us? If Yes, please send to X (email address to be included).

*Please select [x] one option*

Yes

No

N/A

### Section H: Using prescription drug monitoring systems e.g. SafeScript

Please answer this section if you have indicated that your PHN is involved in initiative(s) in this area. If not, please go to the next section.

29) Please describe the prescription drug monitoring system that your PHN is using

*Please briefly describe:*

➤ Whether your PHN is currently implementing the system/program: \_\_\_\_

➤ The name of the system/program (if there is one): \_\_\_\_

➤ How the system/program is implemented: \_\_\_\_

30) Please list any **agencies** involved in this initiative

Please state any funding partners (apart from the PHN) and the agency (or agencies) that have been commissioned to deliver the initiative: \_\_\_\_\_

31) Has there been an **evaluation** of this initiative **within your PHN**?

*Please select [x] one option*

Yes

No

Not completed

32) Is the evaluation report available to us? If Yes, please send to X (email address to be included).

*Please select [x] one option*

Yes

- No
- N/A

**Section I: NPS MedicineWise facilitator initiative**

Please answer this section if you have indicated that your PHN is involved in initiative(s) in this area. If not, please go to the next section.

33) You indicated that your PHN is involved in the NPS MedicineWise facilitator initiative. Please briefly describe how this initiative is implemented: \_\_\_\_\_

34) Has there been an **evaluation** of this initiative **within your PHN**?

*Please select [x] one option*

- Yes
- No
- Not completed

35) Is the evaluation report available to us? If Yes, please send to X (email address to be included).

*Please select [x] one option*

- Yes
- No
- N/A

**Section J: Community awareness campaigns and resources**

Please answer this section if you have indicated that your PHN is involved in initiative(s) in this area. If not, please go to the next section.

36) **Please briefly describe the community awareness campaign and/or community resources that your PHN is involved in.**

*Please briefly describe (where relevant) the following. If your PHN is involved in more than one initiative, please briefly describe each initiative:*

- Whether the initiative is currently or recently implemented and the length of the campaign: \_\_\_\_
- The name of the initiative (if there is one): \_\_\_\_
- The target audience: \_\_\_\_
- The mode of delivery (e.g. TV, radio, social media, newspapers, print): \_\_\_\_

37) Does the initiative that you described relate to the **prevention** or **management** of chronic pain or **both**?

*Please select [x] all options that apply.*

	PREVENTION OF CHRONIC PAIN e.g. post-surgery or post-trauma	MANAGEMENT OF CHRONIC PAIN
Initiative 1	[ ]	[ ]
(ANSWER ONLY if more than one initiative) Initiative 2	[ ]	[ ]

38) Please list any **agencies** involved in this initiative. *If more than one initiative, please list for each initiative.* (If relevant) Please state any funding partners (apart from the PHN) and the agency (or agencies) that have been commissioned to deliver the initiative: \_\_\_\_\_

39) Has the initiative been evaluated?

Please select [x] **Yes** or **No** or **Not completed**.

	Yes	No	Not completed
Initiative 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ANSWER ONLY if more than one initiative) Initiative 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40) (Initiative 1)

Is the evaluation report available to us? If Yes, please send to X (email address to be included).

Please select [x] *one option*

- Yes
- No
- N/A

**41) (ANSWER ONLY if more than one initiative) Initiative 2**

Is the evaluation report available to us? If Yes, please send to X (email address to be included).

Please select [x] *one option*

- Yes
- No
- N/A

**Section K: Other initiatives**

Please answer this section if you have indicated that your PHN is involved in initiative(s) in this area. If not, please go to the next section.

42) Please briefly describe the initiative(s) that your PHN is involved in: \_\_\_\_\_

43) Does the initiative(s) that you described relate to the **prevention** or **management** of chronic pain or **both**?

Please select [x] *all options that apply*.

	PREVENTION OF CHRONIC PAIN e.g. post-surgery or post-trauma	MANAGEMENT OF CHRONIC PAIN
Initiative 1	<input type="checkbox"/>	<input type="checkbox"/>
(ANSWER ONLY if more than one initiative) Initiative 2	<input type="checkbox"/>	<input type="checkbox"/>

44) Please list any **agencies or partners** involved in this initiative. *If more than one initiative, please list for each initiative*

(If relevant) Please state any funding partners (apart from the PHN) and the agency (or agencies) that have been commissioned to deliver the initiative: \_\_\_\_\_

45) Has the initiative been evaluated?

Please select [x] **Yes** or **No** or **Not completed**.

	Yes	No	Not completed
Initiative 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ANSWER ONLY if more than one initiative) Initiative 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46) (Initiative 1)

Is the evaluation report available to us? If Yes, please send to X (email address to be included).

Please select [x] *one option*

- Yes
- No
- N/A

**47) (ANSWER ONLY if more than one initiative) Initiative 2**

Is the evaluation report available to us? If Yes, please send to X (email address to be included).

Please select [x] one option

- Yes
- No
- N/A

**Section L: Knowledge of other initiatives about chronic pain implemented in other PHNs**

48) From a scale of 0 to 10, how would you **rate your knowledge of initiatives implemented in other PHNs** related to the **PREVENTION** of chronic pain e.g. post-operative and post-trauma pain?

Please select [x] one option

0=No Knowledge 10=Knowledgeable

- 0     1     2     3     4     5     6     7     8     9     10

49) From a scale of 0 to 10, how would you **rate your knowledge of initiatives implemented in other PHNs** related to the **MANAGEMENT** of chronic pain?

Please select [x] one option

0=No Knowledge 10=Knowledgeable

- 0     1     2     3     4     5     6     7     8     9     10

**Section M: Support for PHNs to improve the prevention and management of chronic pain in primary care**

50) Please rate whether any of the following **would be of interest to your PHN**.

Please select [x] one response in each category

	Very interested	Quite/somewh at interested	Not interested/ Not relevant to our PHN	Unsure
Mapping of current PHN initiatives related to the prevention and management of chronic pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mapping of current chronic pain initiatives published in the peer review and grey literature (other than by PHNs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to discuss implementation and resource and capacity requirements of chronic pain initiatives with other PHNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in deciding on the most appropriate chronic pain initiatives for your PHN considering your local context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix 8

### Interview schedule for representatives from PHNs

*Interview time: approx. 45 minutes*

In preparation for the interviews, the interviewers will review:

- The survey from each PHN
- The Review of the Needs Assessments of PHNs (September 2018)
- PHN Profile/Demographics <http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home>
- Any relevant grey literature or evaluation reports

Record: Name(s) of interviewee(s) and role(s)

#### INTERVIEW

*Interviewer:* Thank you for your time today.

Thank you for the information you provided in the survey. I will explore some aspects of the survey in more detail.

Just to note, you will not be identified in any report or publication of the results. You will be also be given the opportunity to review any report or publication for accuracy and completeness before being finalised and that they will also receive a final copy of any report or publication

Are there any questions before beginning the interview?

Are you OK for me to audio-record our conversation? Yes/No to audio-recording.

#### INTERVIEW QUESTIONS

**Firstly, I thought we would introduce ourselves and say our role and approximately how long we have been in the role.**

***Interviewers and interviewee(s) to introduce themselves.***

**Thinking now about your PHN's health and service needs and priorities**

1.	<b>If Yes (from survey results: identified chronic pain):</b>
i.	<b>You indicated in the survey</b> that your PHN <u>has</u> identified chronic pain as a health or service need or priority. <b>What were the key issues or priority areas that your PHN identified related to chronic pain?</b> (Open question initially...) Prompt (if needed): Your PHN survey indicated that the issues related to prevention and/or management. Please <u>describe the issues further.</u>
ii.	<b>Were any priority groups identified related to chronic pain?</b> Prompt: <u>Older</u> persons? Prompt: <u>Children and teens</u> ? Prompt: <u>Aboriginal and Torres Strait Islander people</u> ? Prompt: <u>CALD groups</u> ?

iii.	<p><b>How were the key issues related to chronic pain identified?</b></p> <p>Prompt: Consultation with <u>consumers</u>?</p> <p>Prompt: Consultation with <u>clinicians and other stakeholders</u>?</p> <p>Prompt: Local, state and/or national <u>data</u>?</p>
2.	<p><b>If No (from survey results: chronic pain not identified):</b></p>
i.	<p><b>You indicated in the survey</b> that your PHN <u>has not</u> identified chronic pain as a health or service need or priority?</p> <p><b>What do you think the reasons are for your PHN <u>not</u> identifying chronic pain as a need or priority?</b></p> <p>(Open question initially...)</p> <p>Prompt: Is the <u>prevention of chronic pain</u> (i.e. early intervention of acute pain to prevent chronic pain) <u>not separate</u> from management of patients after e.g. surgery or injury in your needs assessments?</p> <p>Prompt: Is the <u>management</u> of chronic pain <u>not separate</u> from musculoskeletal conditions (or other causal conditions) in your needs assessments? Or not separate from chronic conditions?</p> <p>Prompt: Were there <u>other more important priority</u> areas?</p> <p>Prompt: Other reasons?</p>
<p><b>Thinking now about initiatives your PHN is involved in</b></p>	
3.	<p><b>If No (from survey results: no chronic pain initiatives implemented):</b></p> <p><b>You have indicated in the survey</b> that your PHN is <u>not</u> involved in any initiatives relating to chronic pain.</p> <p><b>I am wondering about the reasons for this. Please describe the reasons.</b></p> <p>Prompt: Is this because the <u>management</u> of chronic pain is <u>not a health or service need or priority</u> in your PHN?</p> <p>Prompt: Is this because the <u>prevention</u> of chronic pain (i.e. early intervention of acute pain to prevent chronic pain) is <u>not a health or service need or priority</u> in your PHN?</p> <p>Prompt: Any other reasons such as barriers for your PHN in implementing chronic pain initiatives for consumers? (e.g. <u>Feasibility</u>- inadequate resources and capacity)</p>
4.	<p><b>Thinking about why your PHN has decided to implement the type(s) of initiative(s) to address chronic pain issues.</b></p> <p><b>In other words, thinking about the range of initiatives that your PHN could implement such as consumer programs, health professional capacity building, better pathways etc, and why your PHN decided to implement X (type of initiatives e.g. consumer programs, health professional capacity building etc) rather than other types of initiatives</b></p> <p>(Open question initially...)</p> <hr/> <p><b>Interviewer to think about (not to prompt each category):</b></p> <ul style="list-style-type: none"> <li>• Stakeholder consultation? Consumer consultation? Stakeholder/consumer buy-in?</li> <li>• Role of PHN to support health professional capacity building?</li> <li>• Perceived evidence of benefit? Effectiveness of initiatives?</li> <li>• Perceived ease of implementation?</li> <li>• Perceived adaptability to local circumstances?</li> <li>• Building on established success of current commissioned initiatives?</li> <li>• Feasibility: Adequate resources (IT and staff) and primary health care capacity?</li> <li>• Small risk involved in introducing an initiative?</li> </ul>

	<ul style="list-style-type: none"> <li>No duplication with existing initiatives across the region</li> </ul>
5.	<p><b>If Yes (from survey results: PHN involved in one or more pain initiatives):</b></p> <p><b>The survey</b> indicates that your PHN is <b>implementing X:</b></p> <p>(Interviewer to explore in more detail each type of initiative the PHN is involved in)</p> <p>e.g. for consumer programs, interviewer will explore questions 4i, ii, iii and iv</p> <ul style="list-style-type: none"> <li>Consumer programs, strategies and resources (e.g. community self-management programs)</li> <li>Health professional education and training</li> <li>Establishing health professional networks</li> <li>Improving pathways and referral systems e.g. HealthPathways</li> <li>Using prescription drug monitoring systems e.g. SafeScript</li> <li>NPS MedicineWise facilitator initiative</li> <li>Community awareness campaigns and resources</li> <li>Other</li> <li>Using the Electronic Persistent Pain Outcomes Collaboration (ePPOC) data</li> </ul>
i.	<p><b>For each type of initiative, interviewer to explore implementation further if information not provided in survey or clarification needed</b></p> <ul style="list-style-type: none"> <li>Overall aim or purpose of the initiative</li> <li>Currently implemented</li> <li>Costs</li> <li>Funding body</li> <li>Role of the agencies or partners in the initiative</li> <li>Any supporting literature</li> <li>Location (metro/regional)</li> <li>Target group (age, ATSI, CALD)</li> <li>Pain condition or pain state</li> <li>Providers</li> <li>Mode of Delivery</li> </ul>
ii.	<p><b>Thinking now about how your PHN make the decision to implement X</b></p> <p><b>(Interviewer to explore for each type of initiative)</b></p> <p><b>What were the <u>main considerations for your PHN in the decision</u> to implement (or be involved in) X?</b></p> <p>(Open question initially....)</p> <hr/> <p><b>Interviewer to think about (not to prompt each category):</b></p> <ul style="list-style-type: none"> <li>Perceived evidence of benefit? Effectiveness of initiatives?</li> <li>Perceived ease of implementation?</li> <li>Perceived adaptability to local circumstances?</li> <li>Building on established success of current commissioned initiatives?</li> <li>Feasibility: Adequate resources (IT and staff) and primary health care capacity?</li> <li>Small risk involved in introducing an initiative?</li> <li>No duplication with existing initiatives across the region</li> <li>Stakeholder consultation? Consumer consultation? Stakeholder/consumer buy-in?</li> </ul>
iii.	<p><b>Thinking now about the main factors that have helped or hindered your PHN <u>and the commissioned agency(s)</u> (if relevant) to implement X.</b></p>

**In other words, thinking about the advice you might give to other PHNs about what has helped or hindered you and the commissioned agency(s) to implement X.**

What advice would you give?

(Open question initially....)

Any further advice?

---

**Interviewer to think about (not to prompt each category):**

- Has the ease of implementation of the initiative(s) helped or hindered your implementation of the initiative?  
Integration with existing processes; complexity e.g. simple or involving multiple primary care providers across a range of contexts; new IT systems/ IT accessibility; adaptability to local context; built on established success of previous commissioned initiatives etc
- Has the perceived evidence of benefit helped or hindered your implementation of the initiative?  
Perceived effectiveness; Lack of awareness of the evidence /lack of access to the evidence etc
- Has your resources helped or hindered your implementation of the initiative?  
Resources (staff, time) to commission out components of the initiative; primary health care provider capacity to implement the initiative (skills/ability, workload, time); administrative staff to implement the initiative (skills/ability, workload, time); and IT systems to implement the initiative (accessibility, training and support) etc
- Has education/training or awareness about the initiative helped or hindered your implementation of the initiative?
- Has stakeholder engagement and commitment and buy-in helped or hindered your implementation of the initiative?  
From executive/managers; primary health care providers; consumers; administrative staff; champions of the initiative etc
- Has the policy context helped or hindered your implementation of the initiative?  
Pain strategy, opioid use regulation etc
- Has communication processes and collaboration helped or hindered your implementation of the initiative?  
Information sharing between different types of staff involved in the initiative etc
- Prompt: Has Safety/legality issues helped or hindered your implementation of the initiative?  
Patient/staff safety; ethical considerations; legality and fear of litigation (change in roles and responsibilities) etc
- Has data monitoring helped or hindered your implementation of the initiative?  
Audit/feedback etc

iv. **Thinking now about the evaluation of X.**

**(Options):**

- Thanks for sending the evaluation report (if relevant) **OR**
- The survey indicates that your PHN has evaluated X. (Only if no evaluation report) What did you evaluate and what did you find? **OR**
- The survey indicates that your PHN has not completed the evaluation. When do you anticipate that you will finish it? Is it possible to receive the evaluation report? **OR**
- The survey indicates that you have not evaluated X, do you have plans in the future to evaluate X?

v.	<p><b>You indicated in the survey</b> that you <u>had plans</u> to implement (or be involved in) X:</p> <p>(Interviewer to explore in more detail each type of initiative the PHN is planning to be involved in)</p> <ul style="list-style-type: none"> <li>• Consumer programs, strategies and resources (e.g. community self-management programs)</li> <li>• Health professional education and training</li> <li>• Establishing health professional networks</li> <li>• Improving pathways and referral systems e.g. HealthPathways</li> <li>• Using prescription drug monitoring systems e.g. SafeScript</li> <li>• NPS MedicineWise facilitator initiative</li> <li>• Community awareness campaigns and resources</li> <li>• Other</li> </ul> <p>(This will be explored later in the interview): Using the Electronic Persistent Pain Outcomes Collaboration (ePPOC) data</p> <p><b>Please describe your plans further?</b></p> <p>Prompt: Are any agencies or partners involved? Who would fund it?</p> <p>Prompt: Do your plans relate to the <u>management</u> of chronic pain</p> <p>Prompt: Do any of your plans relate to the <u>prevention of chronic pain</u> (e.g. prevent acute pain from become chronic)</p>
6.	<p><b>If No (from survey results: no plans):</b></p> <p><b>You have indicated in the survey</b> that you have <u>no plans</u> for implementing any more (<u>or any</u>) initiatives about chronic pain.</p> <p><b>I am wondering, the reasons for this?</b></p> <p>Prompt: Is this because your PHN is already implementing <u>enough initiatives</u> about chronic pain?</p> <p>Prompt: Is this because of <u>resource constraints</u> (e.g. Feasibility- inadequate resources and capacity)</p> <p>Prompt: Is this because the management of chronic pain is <u>not a health or service need or priority</u> in your PHN?</p> <p>Prompt: Is this because the prevention of chronic pain (i.e. early intervention of acute pain to prevent chronic pain) is <u>not a health or service need or priority</u> in your PHN?</p>
7.	<p><b>You indicated in the survey that you were very interested in:</b></p> <ul style="list-style-type: none"> <li>• Mapping of current PHN initiatives related to the prevention and management of chronic pain</li> <li>• Mapping of current chronic pain initiatives published in the peer review and grey literature (other than by PHNs)</li> <li>• Opportunities to discuss implementation and resource and capacity requirements of chronic pain initiatives with other PHNs</li> <li>• Assistance in deciding on the most appropriate chronic pain initiatives for your PHN considering your local context</li> </ul> <p><b>As part of our chronic pain project etc</b></p>
<p><b>Lastly, thinking now about the ePPOC (the electronic Persistent Pain Outcomes Collaboration) initiative</b></p>	
8.	<p><b>The survey indicates</b> that your PHN is currently participating in ePPOC.</p>
i.	<p>How <u>long</u> have you participated in ePPOC?</p> <p>Prompt: Has this been part of a <u>trial</u>?</p>
ii.	<p>How did your PHN become <u>aware</u> of ePPOC?</p>
iii.	<p>Thinking about your <u>experiences so far</u>.</p>

	<p>Has it been <u>feasible</u> for your PHN to collect the data required?</p> <p>Prompt: What are the resources implications? E.g. Time, workload for your staff, training in using assessment tools</p>
iv.	<p>Has it been <u>useful</u>? What do you think are the <u>benefits</u>?</p> <p>(Open question initially....)</p> <p>Prompt: To receive a <u>report and benchmarking</u> against other pain services (note, at present no comparison to other primary care/community services)?</p> <p>Prompt: To provide clinicians with a <u>systematic way of assessing individual patient experience</u>?</p> <p>Prompt: To create a <u>common clinical language</u> to help communication between pain management providers?</p> <p>Prompt: Other?</p>
v.	<p>Is your PHN <u>planning</u> to continue to provide data to ePPOC?</p> <p>Prompt: What are the <u>resource implications</u>? E.g. Time, workload for your staff, training in using assessment tools</p>
vi.	<p>Do you have any suggestions for <u>improvements</u> for ePPOC in primary care?</p>
9.	<p><b>The survey indicates</b> that you <u>are not</u> currently participating in ePPOC.</p>
i.	<p>Are you <u>aware</u> of ePPOC?</p> <p>Prompt: Do you feel you have <u>adequate knowledge</u> about ePPOC including data collection and possible benefits?</p>
ii.	<p>What are the <u>reasons for your PHN not participating</u> in ePPOC?</p> <p>(Open question initially....)</p> <p>Prompt: Are you using <u>other pain outcome data systems</u>? Please describe.</p> <p>Prompt: Lack of <u>awareness</u> (see above)</p> <p>Prompt: Are <u>resources and capacity</u> (e.g staff time/workload and training in using assessment tools) a barrier for your PHN in participating in ePPOC?</p> <p>Prompt: Do you think that ePPOC is <u>appropriate for primary care</u>?</p>
iii.	<p>Do you have any <u>plans to participate</u> in ePPOC in the future?</p>
iv.	<p>Would your PHN be interested in <u>hearing more about ePPOC</u> and how this initiative could be implemented in your PHN and possible benefits for your PHN?</p>

**Thank you for your time**