CHRONIC PAIN

The Australian Prevention Partnership Centre
Systems and solutions for better health

Commissioning community-based pain programs

A summary of research findings to support Primary Health Networks

March 2021

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

Contributing authors:

Ms Pippy Walker, Senior Research Officer, Menzies Centre for Health Policy and Economics, University of Sydney
Dr Simone De Morgan, Senior Research Fellow, Menzies Centre for Health Policy and Economics, University of Sydney
Ms Maddie Day, Research Assistant, Menzies Centre for Health Policy and Economics, University of Sydney
Professor Fiona Blyth, Professor of Public Health and Pain Medicine, Director, Master of Clinical Epidemiology Program, School of Public Health, University of Sydney

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

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Executive summary

Background

Primary Health Networks (PHNs), as commissioning bodies and supporters of primary healthcare services, are well positioned to address the growing burden of chronic pain. Community-based pain programs have been identified as one feasible model of care to help address the current long wait lists and poor access to care in the tertiary setting.

The purpose of this report is to support PHNs to commission community-based pain programs by providing PHNs with information about:

- Key elements and implementation enablers of community-based pain programs
- Current PHN program models

Methods

This research involved the following:

- **eDelphi survey** to establish expert consensus on the key elements and implementation enablers of pain programs
- **Online PHN survey** to identify existing program models commissioned by PHNs
- **Knowledge mobilisation** of research findings

Findings

eDelphi survey

The eDelphi process established a list of 18 expert-agreed key elements and 14 agreed implementation enablers of community-based pain programs, which fall under the following themes:

Themes of key elements (n=18)	Themes of implementation enablers (n=14)
Multidisciplinary care	Program commissioning, governance and management
Led by health professionals	Health professional engagement, communication and support
Consumer focused	Consumer engagement, communication and support
Accessible and appropriate	Costs, funding and other resource considerations
Continuous improvement and evaluation	

PHN survey

Seven participating PHNs provided information about 10 community-based pain programs. These programs are based on one of six program models, which have been developed by or in partnership with the following organisations:

- PainWISE (Turning Pain into Gain program and Early Intervention Subacute Pain program models)
- University of Sydney Pain Management Research Institute with implementation support from NSW Agency for Clinical Innovation
- Survivors of Torture and Trauma Assistance and Rehabilitation Service
- Merri Health
- Barbara Walker Centre for Pain Management

Information provided by PHNs on the delivery, management, format, adaptations and evaluation of each program has confirmed a high level of compliance with best-practice key elements and implementation enablers of pain programs. Details of each individual program and their alignment with these items is detailed in the body and appendix of this report.

Implications

This research has been conducted to support PHN decision making related to community-based pain programs. By addressing information needs and providing contacts for possible collaboration and support, it is hoped that this report will:

- Encourage more PHNs to consider commissioning community-based pain programs
- Allow those already commissioning pain programs to learn from others and adapt their own programs to continue to meet the needs of their local communities

Introduction

Purpose of this report

The purpose of this report is to support PHNs to commission community-based pain programs by providing PHNs with information about:

- Key elements and implementation enablers of community-based pain programs
- Current PHN program models

Background

Chronic pain is a considerable and growing public health issue.[1] As the first point of contact for consumers, the primary healthcare setting is the most important point for intervention, given large waitlists for specialist pain clinics, and the inability of these services to meet increasing demand. There is a greater need for primary healthcare services and providers to provide group-based services in the community.[2][3]

Although there is evidence that this model of care can reduce pain, disability and have a positive influence on work status[4][5], it is unclear what processes support the implementation of these programs.

In Australia, PHNs serve as important levers as commissioning bodies and supporters of primary healthcare services and work to assess their own local system barriers to health care and respond accordingly. It is important to understand current PHN program models and the enablers to implementation of these programs to support commissioning of these programs.

[1] Deloitte Access Economics (2019) 'The cost of pain in Australia.' (Deloitte Access Economics: Canberra, ACT, Australia) Available at https://www.painaustralia.org.au/static/uploads/files/the-cost-of-pain-in-australia-final-report-12mar-wfxbrfyboams.pdf
[2] Australian Government Department of Health (2019) National strategic action plan for pain management. (Commonwealth of Australia: Canberra, ACT, Australia) Available at https://www.painaustralia.org.au/static/uploads/files/national-action-plan-11-06-2019-wftmzrzushlj.pdf
[3] Painaustralia (2010) National pain strategy: pain management for all Australians. (Painaustralia: Canberra, ACT, Australia) Available at https://www.painaustralia.org.au/static/uploads/files/national-pain-strategy-2011-wfvjawttsanq.pdf
[4] Williams AC, Eccleston C, Morley S. Psychological therapies for the management of chronic pain (excluding headache) in adults. Cochrane database of systematic reviews. 2012(11).
[5] Kamper SJ, Apeldoorn AT, Chiarotto A, Smeets JEMR, Ostelo WJGR, Guzman J, et al. Multidisciplinary biopsychosocial rehabilitation for chronic low back pain. Cochrane Database of Systematic Reviews. 2014(9).

Methods

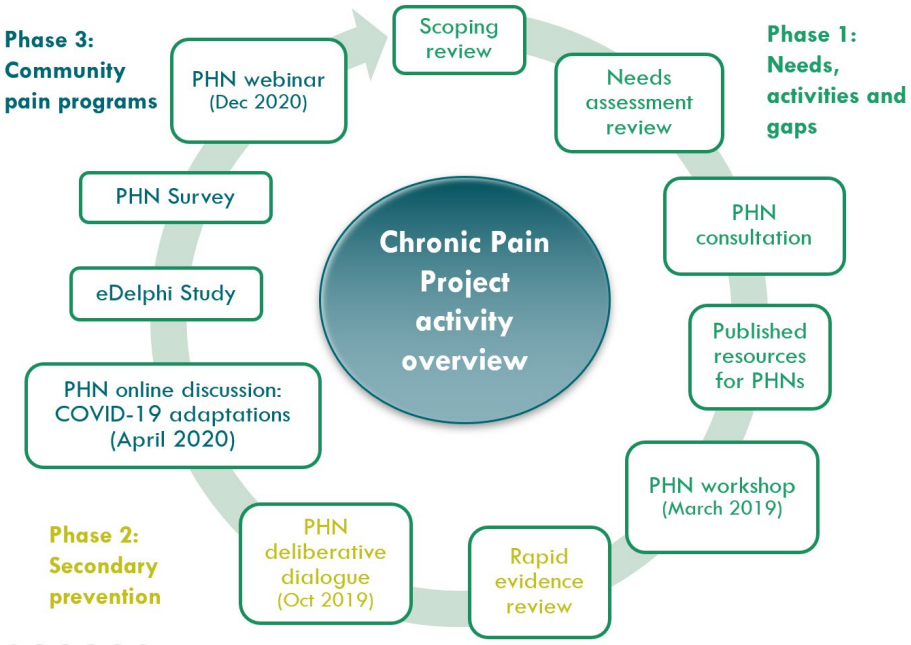
Chronic Pain Project (2018–2020)

The overall objectives of the Chronic Pain Project[6] are to:

1. Synthesise knowledge about the secondary prevention and management of chronic pain
2. Improve knowledge, knowledge sharing, and knowledge use among PHNs about options to address the secondary prevention and management of chronic pain in primary care

The methods of this project are outlined in **Figure 1**. Copies of resources, reports and event summaries are available on the project webpage. The focus on community-based pain programs in phase 3 was influenced by findings in phases 1 and 2. Consultation with PHNs in phase 1 identified that only six PHNs were commissioning community-based pain programs. Discussion with PHN representatives at the PHN workshop and the PHN deliberative dialogue identified that PHNs had a strong interest in implementing pain programs in primary care to address the secondary prevention and management of chronic pain.

Figure 1: Project overview



Phase 3: Community-based pain programs

This phase of the Chronic Pain Project involved the following methods:

1. **eDelphi survey** to establish expert consensus on the key elements and implementation enablers of pain programs

Sixteen field experts were invited to participate in three survey rounds where they were asked their opinion on the relevance (survey 1) and the importance (surveys 2 and 3) of items in a list of proposed best-practice key elements and implementation enablers of community-based pain programs. The proposed lists were based on literature reviews and findings from phases 1 and 2 of this project. Feedback was then synthesised into a final list of key elements and enablers.

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[6] 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) funded by the Medical Research Future Fund Boosting Preventive Health Research Program, and the University of Sydney Medical School Foundation

2. **Online Primary Health Network (PHN) survey** to identify existing program models commissioned by PHNs

The list of key elements and enablers established via the eDelphi survey was used to develop a survey for PHNs to gather details about the design and implementation of commissioned community-based pain programs. Nine PHNs that the research team identified as implementing or planning to implement a pain program were invited to participate in an online survey.

3. **Knowledge mobilisation** of research findings

A webinar for PHN representatives was held on 8 December 2020, and a summary of the workshop was disseminated to PHNs.

This report will be disseminated to all PHNs to support commissioning of community-based pain programs. Aspects of this information will be communicated with allied health professionals and consumers through various platforms, including those managed by Painaustralia and the NSW Agency for Clinical Innovation.

Findings

eDelphi survey

Ten out of 16 (62.5%) invited experts completed all three survey rounds. There was a high level of agreement among participating experts about the proposed list of key elements and implementation enablers. Feedback from the experts resulted in the addition of new items, restructure of the order and groups of items in each list, and changes to wording. All original concepts proposed in the first survey were retained in some way as they received the minimum level of 70% agreement from participating experts. The final lists of key elements and implementation enablers are presented in **Figures 2** and **3** respectively.

Figure 2: Key elements of community-based pain programs

Expert-agreed key elements of community-based pain program design

Programs should:

Multidisciplinary care

1. Apply the biopsychosocial model of pain using a multidisciplinary approach
2. Focus on active self-management strategies and apply behaviour-change principles
3. Incorporate exercise and mood/stress management strategies in addition to education in group sessions
4. Provide education about safe and effective use of pain medicines, including opioids and complementary medicines

Led by health professionals

5. Be facilitated by primary healthcare professionals trained in pain management
6. Provide education, training and support for healthcare providers involved in programs

Consumer focused

7. Be tailored to consumers with persisting pain (subacute or chronic) to address key issues and focus on awareness and prevention of pain-related disability
8. Provide group-based sessions with (or referrals to) individual consultations tailored to consumer needs
9. Engage consumers who have previously completed the program, or other experienced consumers, to validate the lived experience with pain
10. Address consumers' needs for support, which may involve including family members and carers in aspects of the program
11. Include a pre-program session to provide education to consumers and their families/carers about the program

Accessible and appropriate

12. Ensure access for consumers of different backgrounds and locations
13. Be tailored to Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse (CALD) communities with persisting pain, acknowledging language, cultural norms and appropriate engagement pathways
14. Provide consumer resources that are tailored to the local context and consumer needs (e.g. acute vs. chronic pain, Aboriginal Torres Strait Islander people and people from CALD communities)

Continuous improvement and evaluation

15. Include a plan for monitoring and evaluation, which may involve adopting standardised data collection systems and partnerships with local universities
16. Have key indicators to evaluate impact, and routinely collect data from consumers before, during and after the program
17. Collect regular feedback from consumers, commissioned providers and other health professionals involved in the delivery of the program to evaluate program acceptance
18. Include standardised processes for continuous improvement and adaptation based on evaluation findings

Figure 3: Implementation enablers of community-based pain programs

Expert-agreed implementation enablers for community-based pain programs

PHNs commissioning community-based pain programs should:

Program commissioning, governance and management

1. Consider adaptation of an existing program that incorporates the key elements of community-based pain programs
2. Identify a local champion
3. Establish an advisory group of program providers and other key advisors to help plan, implement and monitor programs

Health professional engagement, communication and support

4. Establish links with local health districts, other relevant agencies, primary healthcare providers and commissioned providers to establish health professional networks and generate program referrals
5. Promote the program widely through PHN, health professional and other local agency communications
6. Establish standardised processes for referral into the program
7. Establish standardised communication processes, including feedback of outcome data back to the referring doctor and other involved primary healthcare providers
8. Facilitate and/or support the setup of health professional training and support to deliver the program (e.g. links with hospital pain specialists for clinical support)

Consumer engagement, communication and support

9. Ensure group sessions include regular breaks for consumers
10. Ensure resources provided to consumers are accessible and user friendly (e.g. via multiple media sources such as printed materials, emails, online videos, telephone or interactive videoconferencing)
11. Consider the use of technology to expand access for consumers who cannot attend group sessions (e.g. telehealth-based programs)
12. Consider linking consumers with, or establishing, local support groups facilitated by a healthcare provider to promote long-term behaviour change and patient engagement

Costs, funding and other resource considerations

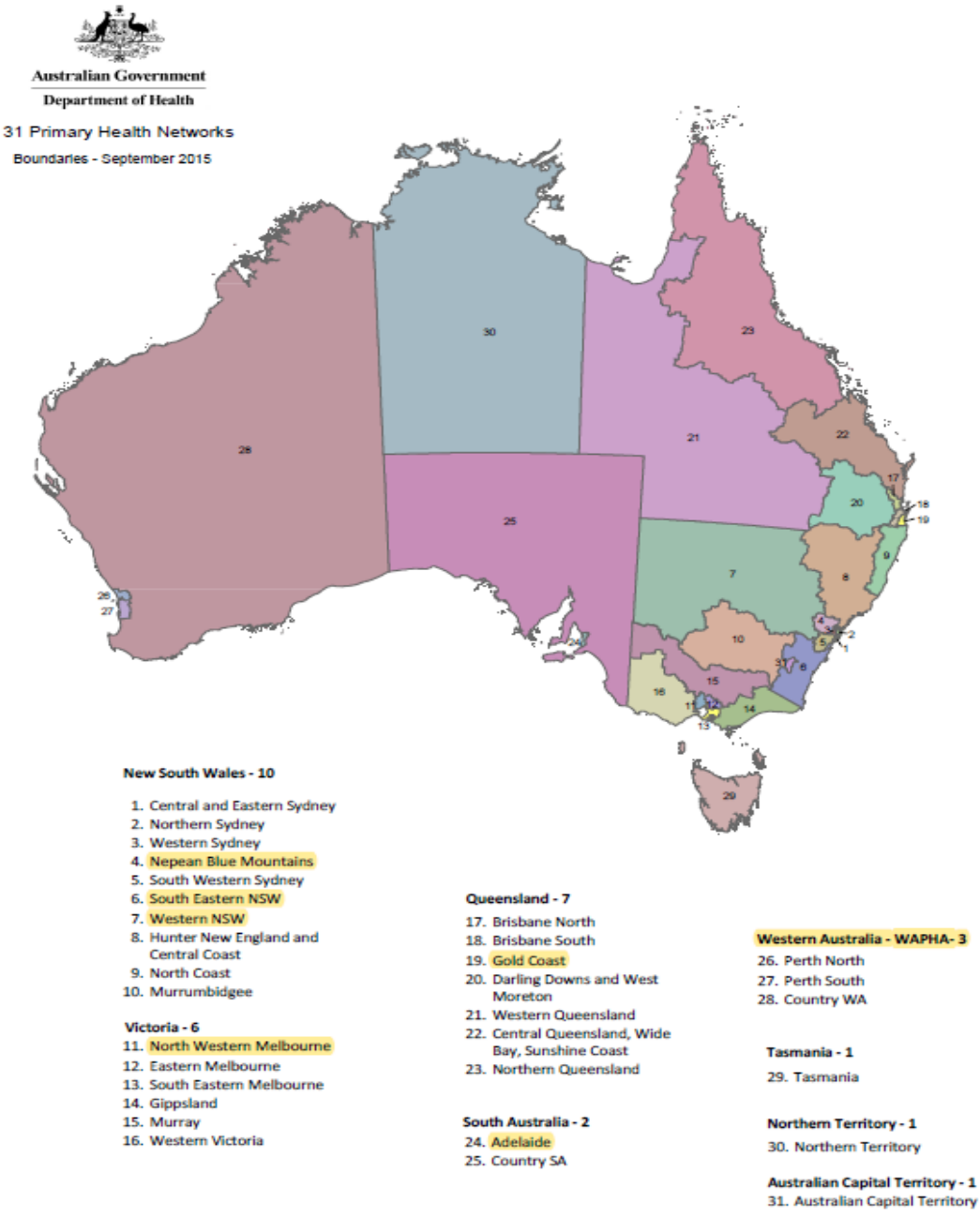
13. Where possible, minimise costs to the consumer to participate in the program

14. Consider a range of funding streams or combining funding from multiple streams, including chronic disease, mental health and alcohol and other drugs in addition to co-commissioning opportunities with in-kind support from other agencies

Primary Health Network (PHN) survey

Ten community-based programs are represented in this report[7] across the following jurisdictions: NSW, Victoria, Queensland, SA and WA, as highlighted in **Figure 4**.

Figure 4: Australian PHNs commissioning community-based pain programs



[7] NTPHN is currently commissioning a community-based pain program https://www.painnt.com.au/services. A representative from NTPHN was unable to be contacted to participate in the PHN survey.

The 10 pain programs are based on six different models, as outlined in **Table 1**. A detailed summary of each program is provided in **Appendix 1**, with a brief overview provided here and a high-level summary of program model components provided in **Table 2**.

Table 1: Community-based pain program models commissioned by PHNs

PainWISE's Turning Pain into Gain (TPIG)	Early Intervention Subacute Pain Program (TPIG subacute)	University of Sydney Pain Management Research Institute's Brief Pain Self-Management (BPSM)*	Survivors of Torture and Trauma Assistance and Rehabilitation Service (STARRS)	Merri Health	Barbara Walker Centre for Pain Management (BWCPM)
Gold Coast PHN (since 2013) Adelaide PHN (since 2015) WA Primary Health Alliance (since 2017)	Gold Coast PHN (since 2021)	South Eastern NSW PHN (since 2017) Nepean Blue Mountains PHN (since 2019) Western NSW PHN (in procurement)	Adelaide PHN (since 2020)	North Western Melbourne PHN (since 2020)	North Western Melbourne PHN (since 2020)

*Implementation is supported by the NSW Agency for Clinical Innovation

Overall aims of the pain programs

These programs aim to: empower consumers to better understand their pain condition; equip them with tools to self-manage their pain; and improve their quality of life through education and individualised support.

Upskilling primary care providers

PHNs also support GPs, allied health providers and other primary care providers to upskill in evidence-based best-practice pain management with a focus on multidisciplinary care to support the delivery of, and referrals to, pain programs.

Funding and costs

These programs are provided to consumers at no cost and target adults with chronic non-cancer pain, with one pilot program targeting adults with subacute pain. Consumers are referred directly by their GP, or by another healthcare professional (e.g. allied health professional or specialist) with the support of their GP.

Most PHNs commission healthcare providers to deliver the program and support the implementation of these programs using core flexible funding, with one PHN using alcohol and other drugs funding. Most PHNs provided details of their budgets to commission these pain programs (see individual program summaries in **Appendix 1**).

Program content and format

These programs run for four weeks to six months. Most programs including six core group education sessions, which run for two to three hours and are provided either weekly or monthly (see **Table 2**).

Common topics covered include understanding pain, medications, physical activity, nutrition, sleep, thoughts and emotions, goal setting and managing flare-ups.

Some programs may also include introductory sessions and follow-up or refresher sessions for consumers, which can extend contact with consumers for up to one year.

See the program summaries in **Appendix 1** for more detailed information about how these programs have been adapted for different population groups and for delivery during the COVID-19 lockdown period.

Program evaluation

All 10 programs collect data to support program evaluation, through patient outcomes, patient experience, provider feedback or a combination of these measures (see **Table 2**). The Turning Pain into Gain persistent pain program has been evaluated extensively by researchers at Griffith University.[8] Seven out of 10 programs are part of the electronic Persistent Pain Outcomes Collaboration (ePPOC), which involves collecting a standardised set of information including patient outcome measures. Data collected are reported back to PHNs every six months, and can be benchmarked against other similar services to support the implementation of best-practice care. See the program summaries in **Appendix 1** for more detailed information about how these programs are monitored and evaluated.

[8] Joypaul S, Kelly FS and King MA. (2018). Turning Pain into Gain: Evaluation of a Multidisciplinary Chronic Pain Management Program in Primary Care. Pain Med, 2019 May 1;20(5):925-933. doi: 10.1093/pm/pny241.

Table 2: Summary of community-based pain programs

	Turning Pain into Gain	Early Intervention Subacute Pain Program	Persistent Pain Program	Living Well with Persistent Pain Program	Supporting people from CALD communities to manage persistent pain	Chronic Pain Management Program	Community Chronic Pain Program	Community Chronic Pain Management Program	Chronic Pain Management Service	Living Well with Pain
	(Gold Coast PHN)	(Gold Coast PHN)	(WA Primary Health Alliance)	(Adelaide PHN)	(Adelaide PHN)	(South Eastern NSW PHN)	(Nepean Blue Mountains PHN)	(Western NSW PHN)	(North Western Melbourne PHN)	(North Western Melbourne PHN)
Year	**2013**	**2021**	**2017**	**2015**	**2020**	**2017**	**2019**	**In procurement**	**2020**	**2020**
					Program overview					
Model*	TPIG	TPIG subacute	TPIG	TPIG	STTARS	BPSM	BPSM	BPSM	Merri Health	BWCPM
Target group	Adults with chronic non-cancer pain	Adults with subacute pain	Adults with chronic non-cancer pain	Adults with chronic non-cancer pain	Refugees or newly arrived adults to Australia with chronic non-cancer pain	Adults with chronic non-cancer pain	Adults with chronic non-cancer pain	Adults with chronic non-cancer pain	Adults with chronic non-cancer pain	Adults with subacute and chronic non-cancer pain
Cost to consume	No	No	No	No	No	No	No	No	No	No
Locations	Varsity Lakes	Varsity Lakes and Robina	Armadale, Rockingham, Midland and Wanneroo	Northern Adelaide (Playford, Salisbury, Tea Tree Gully) and Centre West (Port Adelaide Enfield, Charles Sturt, West Torrens)	Northern Adelaide	Bega, Batemans Bay, Bermagui, Goulburn, Snowy Mountains, online	Penrith, Hawkesbury and Blue Mountains	Under procurement for delivery from hubs in Dubbo and Broken Hill	Brunswick, Coburg, telephone, video conference	Western region of North Western Melbourne PHN catchment

	Turning Pain into Gain	Early Intervention Subacute Pain Program	Persistent Pain Program	Living Well with Persistent Pain Program	Supporting people from CALD communities to manage persistent pain	Chronic Pain Management Program	Community Chronic Pain Program	Community Chronic Pain Management Program	Chronic Pain Management Service	Living Well with Pain
Referring provider	GP or specialists/ hospitals with GP sign off	GP or specialists/ hospitals with GP sign off	GP or allied health providers or specialists with GP sign off	GP or allied health providers with GP sign off	Culturally focused programs and organisations. GP clearance is only required for identified concerns	GP or nurse practitioner. Bega also receives internal referrals from allied health employed by South East Regional Hospital	GPs	GPs	GP or medical specialist (internal or external to partner organisations)	Provider organisation clinicians (GPs, allied health), other GPs or BWCPM specialists
					Program delivery and management					
Funding stream	Core flexible	Core flexible	Core flexible	Core flexible	Core flexible	Core flexible	Core flexible	Alcohol and other drugs	Core flexible and low-intensity mental health	Core flexible
Facilitators professional discipline	Physio-therapists, exercise physiologists, pharmacists	Physio-therapists, exercise physiologists, pharmacists	Allied health professional e.g. physio-therapist, exercise physiologist, psychologist, pharmacist, occupational therapist, nurse	Physio-therapists, exercise physiologists, psychologists, occupational therapists, dietitians, social workers and GPs with a special interest in pain	Facilitators trained in trauma-informed pain management. Culturally appropriate healthcare providers support facilitation	Physio-therapists, exercise physiologists, psychologists, occupational therapists, mental health qualified registered nurses	Physio-therapists, exercise physiologists, psychologists	Physio-therapists, exercise physiologists, psychologists	Physio-therapists, psychologists, occupational therapists, dietitians	Physio-therapists psychologists

	Turning Pain into Gain	Early Intervention Subacute Pain Program	Persistent Pain Program	Living Well with Persistent Pain Program	Supporting people from CALD communities to manage persistent pain	Chronic Pain Management Program	Community Chronic Pain Program	Community Chronic Pain Management Program	Chronic Pain Management Service	Living Well with Pain
			practitioner, senior nurse							
Facilitator training	A 3–6-month training and onboarding process provided by the commissioned provider and supported by the PHN	A 3–6-month training and onboarding process provided by the commissioned provider and supported by the PHN	Provided by the commissioned provider and supported by the PHN	Provided by the commissioned provider and supported by the PHN	Training is preferred, but not essential and not included	University of Sydney Pain Management Research Institute's BPSM train the trainer webinar program in partnership with NSW ACI	University of Sydney Pain Management Research Institute's BPSM train the trainer webinar program in partnership with NSW ACI	University of Sydney Pain Management Research Institute's BPSM train the trainer webinar program in partnership with NSW ACI	No training currently provided but primary facilitator is trained in pain management	Provided by the BWCPM staff and informally by St Vincent's staff

	Turning Pain into Gain	Early Intervention Subacute Pain Program	Persistent Pain Program	Living Well with Persistent Pain Program	Supporting people from CALD communities to manage persistent pain	Chronic Pain Management Program	Community Chronic Pain Program	Community Chronic Pain Management Program	Chronic Pain Management Service	Living Well with Pain
Other health professionals involved in the program	Guest speakers include GPs, exercise physiologists, physio-therapists, pharmacists, dietitians and psychologists	Guest speakers include GPs, exercise physiologists, physio-therapists, pharmacists, dietitians and psychologists	Group sessions are delivered by clinical facilitator and/or topic specific allied health professionals e.g. physio-therapist, exercise physiologist, pharmacist, psychologist or dietitian	Allied/mental health professionals are supported to attend case conferences in addition to GPs	Refugee nurse advocates conduct pre-screening, massage therapist, bilingual and bicultural workers for translation and support	Pharmacists as guest speaker			Pain physicians to provide individual consultations and case conferencing	Pain physicians to provide individual consultations and case conferencing. Social worker for case management
					Program format					
Core program duration	Up to 12 months of contact involving 6 months program (6 x 2hr monthly sessions) and 4–5 hours individualised case management	4–6 months, including 2 x 1.5hr group education sessions and up to 4 hours of individualised case management	Up to 12 months of contact involving a 6-month group program (6 x 2hr monthly sessions) and 4–5 hours individualised case management	6 months (6 x 2hr monthly sessions) plus care coordination	10 x 1–2.5hr sessions	6 weeks (6 x 3hr weekly sessions)	6 weeks (6 x 3hr weekly sessions)	6 weeks (6 x 3hr weekly sessions)	7 weeks (14 x 2hr biweekly sessions)	4 weeks (8 x 3hr biweekly sessions)

	Turning Pain into Gain	Early Intervention Subacute Pain Program	Persistent Pain Program	Living Well with Persistent Pain Program	Supporting people from CALD communities to manage persistent pain	Chronic Pain Management Program	Community Chronic Pain Program	Community Chronic Pain Management Program	Chronic Pain Management Service	Living Well with Pain
Pre-program session	1hr individualised assessment	1hr individualised assessment	Individual assessment	Optional group session to help manage waitlists	Pre-program screening	2hr introductory education session including initial assessment	1hr introductory education session including initial assessment	2hr introductory education session including initial assessment	Individual assessment	Screening phone call and face-to-face individual assessment
Case management and/or individual allied health consultations	Up to 4 allied health sessions are funded as required	Up to 4 allied health sessions are funded as required	Up to 3 allied health sessions are funded (above Medicare) as required	Up to 5 allied health and 6 mental health sessions are funded as required	Consumers are linked with ARANAP for support to engage with health services	No	Yes	No	Yes	Yes
Other	Quarterly refresher programs, and consumers are invited to join a patient peer support group	Quarterly refresher programs, and consumers are invited to join a patient peer support group	A refresher group session is provided within 6 months of discharge from the program		Consumers are supported to join or set up a STTARS support group	2 x 2-hr follow-up sessions at 4- and 12-weeks post program completion	2 x 2-hr follow-up sessions at 4- and 12-weeks post program completion	2 x 2hr follow-up sessions at 4- and 12-weeks post program completion		Six-week post program follow-up phone call is currently being considered
					Program adaptations					
For ATSI	Yes	Yes	No	No	No	Yes (in development)	No	Yes (in development)	No	No

	Turning Pain into Gain	Early Intervention Subacute Pain Program	Persistent Pain Program	Living Well with Persistent Pain Program	Supporting people from CALD communities to manage persistent pain	Chronic Pain Management Program	Community Chronic Pain Program	Community Chronic Pain Management Program	Chronic Pain Management Service	Living Well with Pain
For CALD	No	No	No	No – see Adelaide PHN CALD program	Yes	No	No	No	No	No
For COVID-19	Yes	Yes	Yes	Yes	Yes (face to face)	Yes	Yes	No	Yes	Yes
					Data collected					
ePPOC	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
PROMs (other than ePPOC)	Previously (2013–18)	Yes	N/A	N/A	No	N/A	N/A	N/A	N/A	No
PREMs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Provider experience	Yes	Yes	No	Yes	No	Yes	Yes	No	No	Yes

PHN Primary Health Network; *TPIG Turning Pain into Gain program model; BPSM Brief Pain Self-Management Program model; STTARS Survivors of Torture and Trauma Assistance and Rehabilitation Service program model; BWCPM Barbara Walker Centre for Pain Management. GP General Practitioner; NSW ACI NSW Agency for Clinical Innovation; ARANAP Adelaide Refugee and New Arrival Program; AHP Allied health professional; ATSI Aboriginal and Torres Strait Islander people; CALD culturally and linguistically diverse communities; ePPOC electronic Persistent Pain Outcomes Collaboration measures; PROMs Patient Reported Outcome Measures; PREMs Patient Reported Experience Measures.

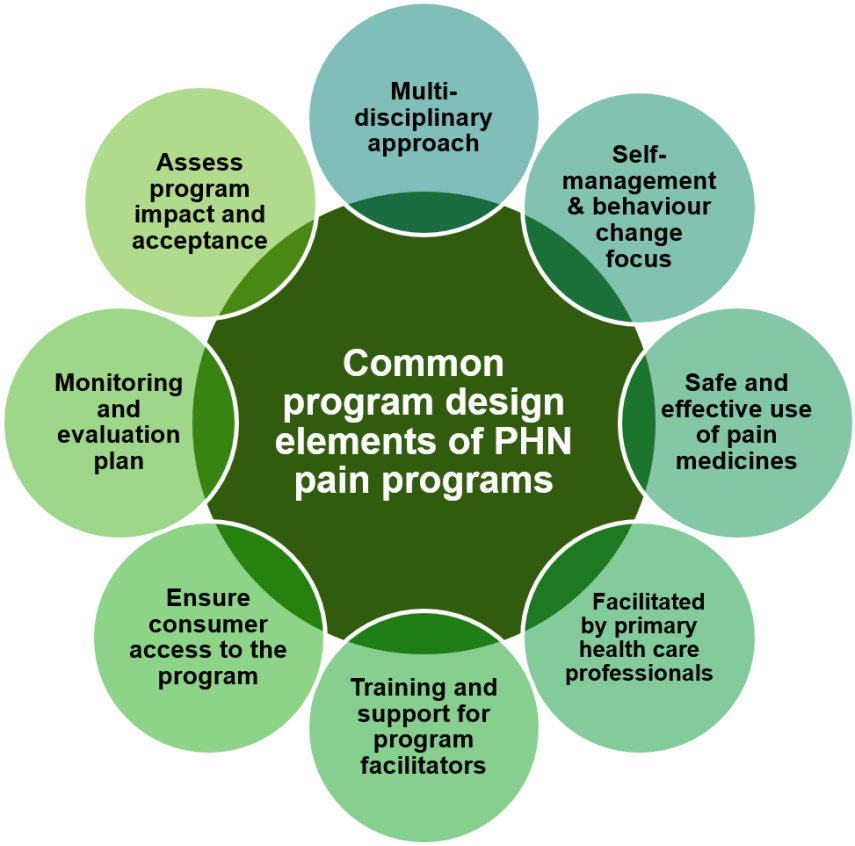
Alignment of PHN program models with expert-agreed key elements and implementation enablers

Common program elements of PHN pain programs

Overall, the results from the PHN survey found that community-based pain programs that are commissioned by PHNs have a high level of compliance with the expert-agreed key elements of program design (see **Figure 2**) and implementation enablers (see **Figure 3**). A detailed summary of alignment with key elements and implementation enablers respectively for all 10 programs is provided in **Tables 3** and **4** respectively. The common program elements addressed by these pain programs are summarised in **Figure 5**. All programs encompass a multidisciplinary approach, with a focus on behaviour change and pain self-management strategies, applying a biopsychosocial model of pain, including exercise and mood/stress management activities and education on safe and effective use of pain medicines.

All programs are facilitated by primary healthcare professionals, which primarily include physiotherapists, psychologists, exercise physiologists or registered nurses with qualifications in mental health. The PHN survey also found that healthcare professionals who are involved in facilitating these programs do not necessarily need to have a background in pain management, as most programs include initial training in pain management program content and delivery and ongoing support for facilitators in some programs. In 2020–21, programs were adapted to create more online options due to COVID-19 restrictions on face-to-face delivery. All programs include program monitoring and evaluation, which commonly measure patient outcomes and consumer and/or provider acceptability and satisfaction with the program.

Figure 5: Common program design elements of PHN community-based pain programs



Program population gaps

Most programs target adults with chronic non-cancer pain with one pilot program targeting adults with subacute pain. None of the programs focus on paediatric populations.

Apart from the refugee program in Adelaide, programs have not been adapted for CALD communities. However, most PHNs indicated that they use interpreters as required to allow people from CALD communities to access their programs.

There is also a gap in specific programs for Aboriginal and Torres Strait Islander people. South Eastern NSW PHN and Western NSW PHN are in the process of adapting their programs for Aboriginal and Torres Strait Islander people (see more detail on this in **Appendix 1**). GPs from an Aboriginal and Torres Strait Islander community-controlled organisation reviewed the Turning Pain into Gain program (and early intervention subacute pain pilot program) content. Program facilitators access support from their Aboriginal health workers as required and do cultural awareness training.

Differences between programs

Although all programs had a high level of compliance with key program elements, there are some differences in these program models for specific elements (see **Figure 6**) including where experts have identified the importance of:

- Including a pre-program session for ensuring consumers and their families/carers are informed about the program. Although all programs conduct an initial assessment for consumers, few run pre-program group introductory sessions.
- Providing referrals for individual healthcare consultation (e.g. for allied health services) in addition to providing group-based sessions. Most, but not all, programs identify the need for referrals for individual healthcare consultation.
- Engaging experienced consumers in program delivery to help validate their lived experience with pain. Only three programs indicated that they involved consumers in the program delivery.
- Engaging family members or carers in the program to support consumers as desired. Only about half the programs allowed consumers to choose whether they would like to involve a family member or carer.
- Developing a standardised process for ensuring evaluation data are fed into a continuous quality improvement cycle to improve programs. Not all programs included this process to ensure programs are reviewed and adapted on an ongoing basis.

Figure 6: Gaps and differences between programs concerning key program design elements

- Programs currently **only target** adults with chronic non-cancer pain with one subacute pain program
- Limited **adaptation** of programs for Aboriginal and Torres Strait Islander people or CALD communities
- **Pre-program session** to inform consumers about the program is not standard
- **Individual consultation referrals** (e.g. allied health services) are not always considered
- Involvement of **consumers in program delivery** is rare
- Allowing consumers to choose whether to involve **family/carers** is mixed
- Not all programs have a standard process for ensuring evaluation data is used as part of **continuous quality improvement** for program delivery

Common program implementation enablers of PHN pain programs

Common program implementation enablers employed by PHNs that commission community-based pain programs are outlined in **Figure 7**. Most programs used an existing pain program model.

PHNs promote their programs widely through various PHN, health professional and other local agency communications, including HealthPathways. Standardised referral and feedback processes usually involve a referral form, which requires GP support, and feedback letters to the referrer and their GP.

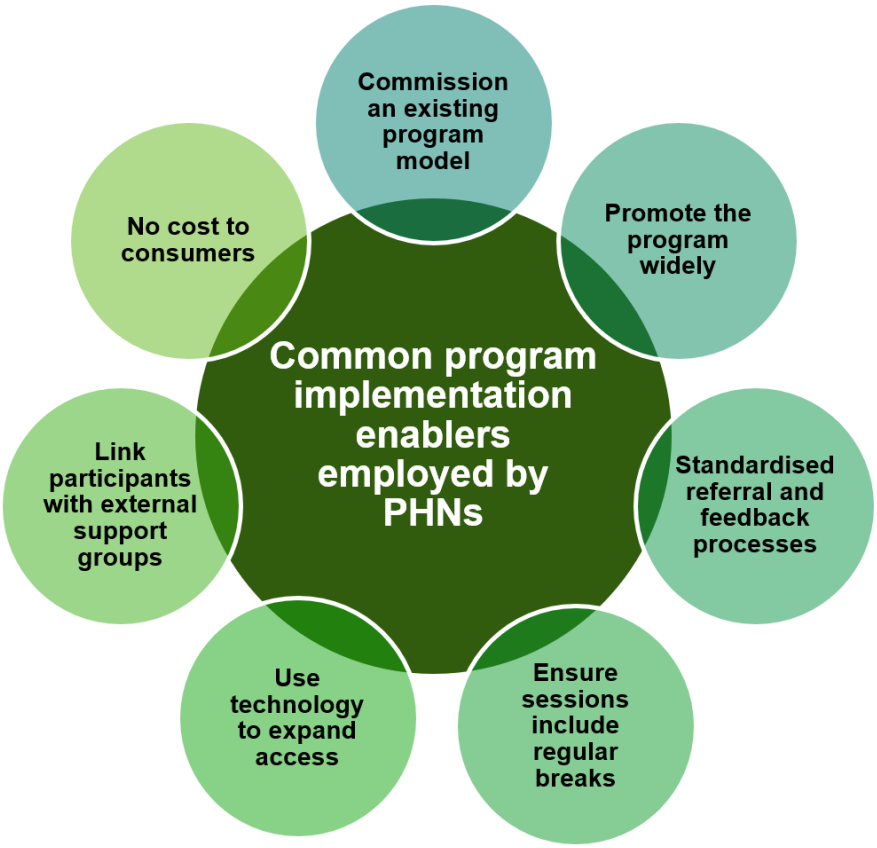
Since COVID-19, programs have expanded their use of online education and support using telephone calls, telehealth, emails and social media. Group sessions were provided via pre-recorded education sessions or live online videoconferences.

Resources were printed and mailed, printed for pick up or emailed to consumers. These adaptations have provided flexibility for consumers to access program content.

Experts agreed that to promote long-term behaviour change and patient engagement, it is beneficial for programs to link consumers with external support groups. Most programs have links to external support groups, such as connections to closed Facebook groups and peer support groups. The Adelaide PHN has established a specific support group, the Adelaide Pain Support Network.

All current PHN pain programs included in this report are provided to consumers at no cost, an important enabler of consumer access, participation and retention in these programs.

Figure 7: Common implementation enablers of community-based pain programs employed by PHNs



Differences between programs

Differences between programs related to two of the 14 agreed implementation enablers (see **Figure 8**). Firstly, not all PHNs had identified a program champion and/or advisory group to support program implementation. Secondly, the experts agreed that for program implementation and sustainability, PHNs may benefit from considering multiple funding streams and possible co-commissioning opportunities. Nine out of 10 programs identified in our PHN survey are currently funded by a single funding stream, which includes eight programs funded with core flexible funding and one program funded with alcohol and other drugs funding.

Figure 8: Gaps and differences between program concerning implementation enablers

- Program champions and advisory groups are not always established
- Most programs do not source funding from more than one funding stream

Table 3: PHN pain program alignment with key elements of community-based pain program design

Key elements, where programs should:	Turning Pain into Gain (Gold Coast PHN)	Early Intervention Subacute Pain Program (Gold Coast PHN)	Persistent Pain Program (WA Primary Health Alliance)	Living Well with Persistent Pain Program (Adelaide PHN)	Supporting people from CALD communities to manage persistent pain (Adelaide PHN)	Chronic Pain Management Program (South Eastern NSW PHN)	Community Chronic Pain Program (Nepean Blue Mountains PHN)	Community Chronic Pain Management Program (Western NSW PHN)	Chronic Pain Management Service (North Western Melbourne PHN)	Living Well with Pain (North Western Melbourne PHN)
Multidisciplinary care										
Apply the biopsychosocial model of pain using a multidisciplinary approach	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Focus on active self-management strategies and apply behaviour change principles	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Incorporate exercise and mood/stress management strategies in addition to education in group sessions	Yes	No (individualised exercise and psychology sessions)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Provide education about safe and effective use of pain medicines, including opioids and complementary medicines	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Led by health professionals										
Be facilitated by primary healthcare professionals trained in pain management	Yes	Yes	Yes (training is not essential)	Yes	Yes (training is preferred not essential)	Yes	Yes	Yes	Yes	Yes
Provide education, training and support for healthcare providers involved in programs	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	TBD	Yes
Consumer focused										
Be tailored to consumers with persisting pain (subacute or chronic) to address key issues and focus on awareness and prevention of pain-related disability	Yes (adults with chronic non-cancer pain)	Yes (adults with subacute pain)	Yes (adults with chronic non-cancer pain)	Yes (adults with chronic non-cancer pain)	Yes (refugee adults with chronic non-cancer pain)	Yes (adults with chronic non-cancer pain)	Yes (adults with chronic non-cancer pain)	Yes (adults with chronic non-cancer pain)	Yes (adults with chronic non-cancer pain)	Yes (adults with chronic non-cancer pain)
Provide group-based sessions with (or referrals to) individual consultations tailored to consumer needs	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes
Engage consumers who have previously completed the program, or other experienced consumers, to validate the lived experience with pain	Yes	Yes	No	Yes (though not standard)	No (however educational videos with past consumers are being produced)	No	No	No	No	No
Address consumers' needs for support,	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No

which may involve including family members and carers in aspects of the program										
Include a pre-program session to provide education to consumers and their families/carers about the program	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Accessible and appropriate										
Ensure access for consumers of different backgrounds and locations	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Be tailored to Aboriginal and Torres Strait Islander people and CALD communities with persisting pain, acknowledging language, cultural norms and appropriate engagement pathways	Yes	Yes	No	No	Yes	Yes (in development)	No	Yes (in development)	No	No
Provide consumer resources that are tailored to the local context and consumer needs (e.g. acute vs. chronic pain, Aboriginal, Torres Strait Islander and CALD consumers)	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes
Continuous improvement and evaluation										

Include a plan for monitoring and evaluation, which may involve the adoption of standardised data collection systems and partnerships with local universities	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Have key indicators to evaluate impact, and routinely collect data from consumers before, during and after the program	Yes (previously to establish effectiveness and feasibility)	Yes (OMPQ, K10, ACE, HRQOL, BPI)	Yes (ePPOC)	Yes (ePPOC)	Yes (demographic and referral data)	Yes (ePPOC)	Yes (ePPOC)	Yes (ePPOC)	Yes (ePPOC)	Yes (ePPOC)
Collect regular feedback from consumers, commissioned providers and other health professionals involved in the delivery of the program to evaluate program acceptance	Yes (PREMs and provider feedback)	Yes (PREMs and provider feedback)	Yes (PREMs)	Yes (PREMs and provider feedback)	Yes (PREMs)	Yes (PREMs and provider feedback)	Yes (PREMs and provider feedback)	Yes (PREMs)	Yes (PREMs)	Yes (PREMs and provider feedback)
Include standardised processes for continuous improvement and adaptation based on evaluation findings	Yes (content review and pilot subacute pain program)	Yes (content review)	No	Yes (review of operational guidelines)	TBC	Yes (feedback provided to facilitators)	Yes (contract meetings)	TBC	Yes	Yes

PHN Primary Health Network; CALD culturally and linguistically diverse communities; OMPQ Orebro Musculoskeletal Pain Questionnaire; K10 Kessler Psychological Distress Scale; ACE Adverse Childhood Experience Questionnaire; HRQOL Health Related Quality of Life; BPI Brief Pain Inventory; ePPOC electronic Persistent Pain Outcomes Collaboration data; PREMs patient reported outcome measures.

Table 4: PHN pain program alignment with enablers of community-based pain program implementation

Enablers – Regarding implementation, PHNs should:	Turning Pain into Gain (Gold Coast PHN)	Early Intervention Subacute Pain Program (Gold Coast PHN)	Persistent Pain Program (WA Primary Health Alliance)	Living Well with Persistent Pain Program (Adelaide PHN)	Supporting people from CALD communities to manage persistent pain (Adelaide PHN)	Chronic Pain Management Program (South Eastern NSW PHN)	Community Chronic Pain Program (Nepean Blue Mountains PHN)	Community Chronic Pain Management Program (Western NSW PHN)	Chronic Pain Management Service (North Western Melbourne PHN)	Living Well with Pain (North Western Melbourne PHN)
Program commissioning, governance and management										
Consider adaptation of an existing program that incorporates the key elements of community-based consumer pain programs	Yes (model has been adapted by other PHNs)	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes
Identify a local champion	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No
Establish an advisory group of program providers and other key advisors to help plan, implement and monitor programs	Yes	Yes	Yes	No	No	Yes	No	No	Yes	Yes
Health professional engagement, communication and support										
Establish links with local health districts, other relevant agencies, primary healthcare providers and commissioned providers	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Enablers – Regarding implementation, PHNs should:	Turning Pain into Gain (Gold Coast PHN)	Early Intervention Subacute Pain Program (Gold Coast PHN)	Persistent Pain Program (WA Primary Health Alliance)	Living Well with Persistent Pain Program (Adelaide PHN)	Supporting people from CALD communities to manage persistent pain (Adelaide PHN)	Chronic Pain Management Program (South Eastern NSW PHN)	Community Chronic Pain Program (Nepean Blue Mountains PHN)	Community Chronic Pain Management Program (Western NSW PHN)	Chronic Pain Management Service (North Western Melbourne PHN)	Living Well with Pain (North Western Melbourne PHN)
to establish health professional networks and generate program referrals										
Promote the program widely through PHN, health professional and other local agency communications	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Establish standardised processes for referral into the program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Establish standardised communication processes, including feedback of outcome data back to the referring doctor and other involved primary healthcare providers	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Facilitate and/or support the setup of health professional training and support to deliver the program (e.g. links with	Yes	Yes	Yes	Yes	No	Yes	No	No	No	Yes

Enablers – Regarding implementation, PHNs should:	Turning Pain into Gain (Gold Coast PHN)	Early Intervention Subacute Pain Program (Gold Coast PHN)	Persistent Pain Program (WA Primary Health Alliance)	Living Well with Persistent Pain Program (Adelaide PHN)	Supporting people from CALD communities to manage persistent pain (Adelaide PHN)	Chronic Pain Management Program (South Eastern NSW PHN)	Community Chronic Pain Program (Nepean Blue Mountains PHN)	Community Chronic Pain Management Program (Western NSW PHN)	Chronic Pain Management Service (North Western Melbourne PHN)	Living Well with Pain (North Western Melbourne PHN)
hospital pain specialists for clinical support)										
Consumer engagement, communication and support										
Ensure group sessions include regular breaks for consumers	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ensure resources provided to consumers are accessible and user friendly (e.g. via multiple media sources such as printed materials, emails, online videos, telephone or interactive videoconferencing)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Consider the use of technology to expand access for consumers who cannot attend group sessions (e.g. telehealth-based programs)	Yes (COVID-19)	Yes (COVID-19)	Yes (COVID-19)	Yes (COVID-19)	Yes	Yes (COVID-19)	Yes (COVID-19)	TBC	Yes (COVID-19)	Yes (COVID-19)
Consider linking consumers with or establishing local	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No

Enablers – Regarding implementation, PHNs should:	Turning Pain into Gain (Gold Coast PHN)	Early Intervention Subacute Pain Program (Gold Coast PHN)	Persistent Pain Program (WA Primary Health Alliance)	Living Well with Persistent Pain Program (Adelaide PHN)	Supporting people from CALD communities to manage persistent pain (Adelaide PHN)	Chronic Pain Management Program (South Eastern NSW PHN)	Community Chronic Pain Program (Nepean Blue Mountains PHN)	Community Chronic Pain Management Program (Western NSW PHN)	Chronic Pain Management Service (North Western Melbourne PHN)	Living Well with Pain (North Western Melbourne PHN)
support groups facilitated by a healthcare provider to promote long-term behaviour change and patient engagement										
Costs, funding and other resource considerations										
Where possible, minimise costs to the consumer to participate in the program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Consider combining funding from multiple streams including chronic disease, mental health and alcohol and other drugs in addition to co-commissioning opportunities with in-kind support from other agencies.	No	No	No	No	No	No	No	No	Yes	No

PHN Primary Health Network; CALD culturally and linguistically diverse communities

Appendix 1: Community-based pain program summaries (information last updated February 2021)

Turning Pain into Gain Program (Gold Coast PHN)

Overview

The Turning Pain into Gain (TPIG) Program was created by Ms Joyce McSwan at PainWISE for the Gold Coast PHN and has been running since 2013. This program has since been adapted by Adelaide PHN and the WA Primary Health Alliance to their local contexts, with ongoing support and program content updates provided by the program creator. This program is provided in Varsity Lakes on the Gold Coast for adults with chronic non-cancer pain. Referrals are received from GPs, hospitals, specialists (public and private) and allied health providers (including pharmacists) with GP sign off. Family members are welcome to attend sessions to provide support and encouragement. There is no fee for consumers to participate.

Delivery and management

Gold Coast PHN commissions PainWISE to provide the program, which is supported by core flexible funding. The implementation of the project is championed by PainWISE's clinical lead and supported by referrals from local partners including the Local Hospital Health Network (orthopaedic, neurosurgical, rheumatology, emergency and gynaecology departments), alcohol and drug services, and Kalwun Health (Aboriginal and Torres Strait Islander community controlled organisation). An established working group includes:

- The immediate PainWISE clinical team (physiotherapists, psychologists, pharmacists and exercise physiologists), who provide monthly updates on all aspects of the program logistics, delivery, clinical management, content review and development
- Kalwun Health (GPs who are involved in annual program content review)
- Five network allied health contractors (psychologists, physiotherapists and exercise physiologists), who provide content review as required

Gold Coast PHN promotes the program by including details on its website, information in GP newsletters and through collaboration with allied health providers and community support groups.

The program is facilitated by pharmacists, physiotherapists and exercise physiologists, who at a minimum need a special interest in pain, and strong basic clinical knowledge and communication skills before starting PainWISE's 3–6 month on the job training and onboarding process. During this time facilitators are supervised and receive weekly meetings with their trainer. The contract with Gold Coast PHN to provide the program includes facilitator training, however Gold Coast PHN is not involved in this training. As the commissioned agency, PainWISE provides all training, including for other PHNs that are implementing this community-based pain program model.

Guest speakers involved in the program include GPs, exercise physiologists, physiotherapists, pharmacists, dietitians and psychologists. Past consumers can be initiated as volunteer helpers during group programs. They assist with marking off attendance, welcoming people, setting up the tea break and talking to new consumers to share their learnings and experiences. Consumers' progress updates are reported back to referring providers as appropriate and include a discharge letter of participation with goals and a pain management plan.

Format

The TPIG program runs for six months, which includes monthly two-hour sessions. Consumers also receive 4–5 hours of coordinated case management alongside the education sessions, which can be provided over 6–12 months. Case management involves goal setting, pain management planning, clarifying concepts and personalised application of what is learnt at the group education, red flag assessment, answering questions and further recommendations to GPs and allied health who are part of the patient's care team as required. Case management is by appointment, which is set up following a one-hour individual assessment to confirm suitability to participate in the group program. Each group session starts with an opportunity for consumers to share their learnings and reflect on how they are going. Sessions include a 15-minute tea break after the first hour. All sessions include an

interactive component at the discretion of the provider. For example, currently the dietitian includes a food demonstration, the physiotherapist incorporates gentle exercise and the mental health professional facilitates relaxation activities. As part of this program, consumers have access to a closed Facebook group. Group session topics are outlined in **Table 4.**

Table 4: Session topics

Session Topics	Description	Facilitator
1 – Knowing pain	Introduction to pain science and self-management	Care coordinator
2 – Medications and pain	Discusses medicines and their role in pain management	GP or pharmacists
3 – Movement and pain	Explains the pros and cons of medical investigations and then moves on to the role of movement in pain management	GP and exercise physiologist/physiotherapist, or exercise physiologist/physiotherapist plus care coordinator
4 – Food and pain	Explores the relationship between what we eat and how this affects pain management	Dietitian
5 – Sleep and pain	Discusses the role of sleep in pain management and highlights tips for getting better sleep	Care coordinator or mental health professional
6 – Thoughts and emotions	Aims to provide skills for consumers to use mindfulness and other techniques to reduce pain	Mental health professional (e.g. psychologist, occupational therapists, social worker)

Adaptations

Consideration has been given to ensuring this program caters for Aboriginal and Torres Strait Islander people and people from CALD communities. All staff do cultural awareness training, and the program has partnered with a local Aboriginal and Torres Strait Islander community-controlled organisation (Kalwun Health) to access support from Aboriginal health workers as required. GPs at Kalwun Health review the program material to ensure it is culturally appropriate and refer consumers to the program. Although the program is conducted in English, interpreters are accessed, and brochures are provided in different languages as required.

This program continued throughout 2020 despite lockdowns due to COVID-19. Within two weeks of the first lockdown, the program was adapted to provide webinars and online access as well as the usual remote formats (telephone calls, telehealth, emails and social media). The program was already using online modes, so there was little disruption when adapting during COVID-19 lockdowns, however extra administration was needed to help consumers to use online tools and learning modes.

The program has received positive feedback from consumers, with people enjoying the convenience of being able to review the program content at their leisure. This flexibility of access has benefited consumers, particularly those with transport limitations. Some consumers also appreciated the ease with which they could share content online with personal carers and family members. More information about adaptations to this program as a result of COVID can be found in a summary of a presentation provided in April 2020. The program adaptations will remain available to continue to provide flexibility for consumers in how they access the program.

Monitoring, evaluation and continuous improvement

Griffith University rigorously evaluated the program between 2013 and 2018. A published evaluation of this work can be found here. Participant and health professional feedback on this program is collected regularly and program content is reviewed annually by local invited experts, which include a specialist, GP and allied health providers. Gold Coast PHN and participating health professionals have access to collected evaluation data. The collection and reporting back of program evaluation data has resulted in better referral practices, including earlier referrals for pain conditions. This has led to funding for an early intervention subacute pain program, which is being developed to support the prevention of chronic pain.

Costs

Costing this program assumes an enrolment of 200 consumers over two years (20 per group), who are provided with 10 group education sessions, one initial assessment and four allied health sessions (two medication reviews and two physiotherapist reviews).

Resources to consider include the following:

- Program licensing, intellectual property, annual content updates and rebranding ($5000 per commissioned site)
- Provider initial training (two-day training on program delivery and pain knowledge upskilling provided by two expert trainers from different disciplines) (one-off cost of $2500)
- Project manager (0.1FTE)
- Clinical coordinator (16 hours/week @$60/hr)
- Project co-facilitator (16 hours/week @$60/hr)
- Administration support (16 hours/week @$25/hr)
- Allied health engagement programs ($800 per event for venue hire and catering for about 30 people)
- Group program catering ($60 per group)
- Group session venue booking ($360 per group for four hours)
- Resources, which include one summary sheet for each session and workbook ($20 per participant)
- Two external clinicians to present on expert topics (@$75/hr)
- Medication review service x two per participant (@$60/hr)
- Physiotherapist review service x two per participant (@$60/hr)
- Other resource considerations including:
  - Optional: Online program topic content access ($1500 per annum)
  - Resource development
  - Office rental
  - Bookkeeping and audits
  - Printing and posting program newsletters and other promotional material
  - Sending reminder SMS
  - Resources required for evaluation

Further information

Program referral information can be found on the Gold Coast PHN website. For additional information about this program please contact Joyce McSwan at tpigpainprogram@painwise.com.au.

Early Intervention Subacute Pain Program (Gold Coast PHN)

Overview

Based on the Turning Pain into Gain (TPIG) persistent pain program, this pilot program aims to:

- Prevent the progression of subacute to chronic pain
- Provide early multidisciplinary care to develop self-management skills for those at risk of transitioning from subacute to chronic pain
- Minimise the risk of secondary changes due to the progression of subacute presentations to chronic pain (e.g. physical movement compensation and adaptation, fear avoidance behaviour, depression and anxiety)
- Prevent the overuse of medicines that may result in long-term adverse effects (e.g. addiction, dependency, tolerance, endocrine effects)
- Trial the expansion of the TPIG criteria to include subacute presentations

This program is suitable for adults who experience pain 6–12 weeks post injury/surgery/trauma with 'yellow flag' risk factors as per the yellow flag checklist that indicate possible progression to chronic/persistent pain. Consumers must not be suitable for surgical or urgent pain specialist interventions and require improved self-management strategies and skills to optimise ongoing care. The program is not suitable for consumers who are presenting with any 'red flags' as per the red flag checklist, who have current workers compensation claims or who are receiving palliative care.

This program is currently provided in Varsity Lakes and Robina on the Gold Coast. Referrals are received directly from GPs or from hospitals, specialists (public and private) or allied health providers (including pharmacists) with GP sign off. Family members are welcome to attend sessions to provide support and encouragement. There is no fee for consumers to participate.

Delivery and management

PainWISE has been commissioned by Gold Coast PHN to pilot this program using core flexible funding. Governance of the program is the same as the TPIG program (see 'delivery and management' of previous program summary).

Format

The key difference between this program and the TPIG persistent pain program is the program duration and the number of group-based sessions. This program runs for 4–6 months and includes two group-based sessions (total of three hours group-based support) and up to four additional allied health referrals (above GP management plan services covered by Medicare). Case management involves goal setting, pain management planning, clarifying concepts and personalised application of what is learnt in group education, red flag assessment, answering questions and further recommendations to GPs and allied health who are part of the consumers care team as required. Case management is by appointment, which is set up following a one-hour individual assessment for suitability to participate in the group program. Case management focuses on individualised exercise and psychological support as this is not covered in the group sessions. Group sessions involve the following:

Introductory group session

- What is pain?
  - Pain and the healing cycle
  - Why do I still have pain?
- What contributes to my pain?
- Where to from here?
  - Minimising the impact of pain on my life

  - Finding my function
  - Healing accelerators
  - Responsible medication usage

Final group session

- Understanding anxiety and trauma
  - Exploring tools for managing anxiety and trauma
- Problem solving
- Flare-up planning
- Celebrating the wins

After the program, consumers are invited to join a consumer peer support group, which is organised by a consumer volunteer and involves informal meetings over lunch. Refresher programs are also offered quarterly for past consumers who are identified as likely to benefit and who wish to take part. A folder for resources is provided to consumers at the first introductory session to store printed materials provided for every topic.

Adaptations

All staff undertake cultural awareness training to ensure this program caters for Aboriginal and Torres Strait Islander people and people from CALD communities. The program has partnered with a local Aboriginal and Torres Strait Islander community-controlled organisation (Kalwun Health) to access support from Aboriginal health workers as required. GPs at Kalwun Health review the program material to ensure it is culturally appropriate and refer suitable consumers to the program. Although the program is conducted in English, interpreters are accessed, and brochures are provided in different languages as required.

To provide flexibility for how consumers access the program content, and to address COVID-19 related restrictions, topics are also accessible online, including websites that are relevant to topics and a closed Facebook group. This flexibility has been well received by consumers, particularly those who are working.

Monitoring, evaluation and continuous improvement

Bond University is conducting an evaluation of this program, which includes the collection of baseline patient outcome measures (OMPQ, K10, ACE, HRQOL, BPI), post-program measures (OMPQ, K10, HRQOL) and measures six months post program (OMPQ, K10, HRQOL).[9] Consumer and provider experience is also evaluated via a survey, in addition to facilitators keeping a diary of their experience during the pilot phase. Findings from this evaluation will inform adaptation and improvement of the program.

Costs

This pilot program was granted $60,000 for program development and implementation of 1 to 2 face-to-face programs in addition to online programs. Operational costs will be confirmed after the pilot phase.

Further information

Program referral information can be found on the Gold Coast PHN website. For additional information about this program please contact Joyce McSwan at tpigpainprogram@painwise.com.au.

[9] OMPQ Orebro Musculoskeletal Pain Questionnaire; K10 Kessler Psychological Distress Scale; ACE Adverse Childhood Experience Questionnaire; HRQOL Health Related Quality of Life; BPI Brief Pain Inventory.

Persistent Pain Program (WA Primary Health Alliance)

Overview

The WA Primary Health Alliance (WAPHA), which is an alliance of Perth North, Perth South and Country WA PHNs, has commissioned the Persistent Pain Program since 2017. This program is based on the Turning Pain into Gain (TPIG) program model and is provided at no cost to adults with chronic non-cancer pain. The program is not suitable for consumers who are under a workers compensation claim or receiving palliative care. The group-based program is run five times per year in each of the following metropolitan locations:

- Armadale
- Rockingham
- Midland
- Wanneroo

Referrals can be received from GPs, allied health providers and specialists, however all require GP sign off and consumers must be able to consent to participate in the program. It is preferred that consumers have a GP management plan in place. Currently, family members and carers do not participate in the program.

Delivery and management

WAPHA uses core flexible funding to commission three not-for-profit health service provides to deliver this program. A regional coordinator employed by WAPHA champions the program and oversees implementation for Perth South and Perth North PHNs. A program working group consists of staff from the commissioned service providers, the electronic Persistent Pain Outcomes Collaboration (ePPOC) WA project officer and other WAPHA staff. The working group meets twice a year to network, discuss outcomes and receive training from external providers. Commissioned services manage the promotion of the program directly to local general practices, at GP education and information events, on their websites and through HealthPathways WA.

WAPHA facilitates training of new service providers to deliver TPIG program materials and use ePPOC for data collection. Group sessions are delivered by allied health professionals, which include physiotherapists, psychologists, pharmacists, exercise physiologists and dietitians. It is not a requirement that these providers are trained in pain management. They can seek support from the founder of the TPIG program model and access other free pain education events in Perth. Each commissioned provider must have a minimum of one suitably qualified practitioner to fill the role of clinical facilitator. This practitioner can be a physiotherapist, pharmacist, nurse practitioner, senior nurse, occupational therapist, senior exercise physiologist or psychologist with experience in palliative, acute or persistent pain management. Letters are sent to referring GPs once consent to participate in the program is obtained, on discharge from the program and throughout the program as updates are required. At this stage, consumers are not involved in delivery of the program.

Format

The Persistent Pain Program runs over 12 months, with individual assessment, support and service navigation provided by a clinical facilitator. Monthly two-hour group sessions are provided over six months. Session topics are outlined in **Table 5**. A refresher group session is also provided within six months of discharge from the program. Once consumers have accessed the five allied health consultations covered by Medicare as part of a Chronic Disease Management Plan, they can access up to three additional individual consultations with a local allied health practitioner funded by the program. In some instances, a small gap may be payable.

Table 5: Group session topics

Topic	Discussion	Presenter
1. Pain evolution	The explosion of the pain revolution • What's important to you? • What is self-management? • Understanding pain • Taking control • Recruiting your team	Clinical facilitator
2. Pain medicines	Understanding pain medicines: the old, the new, the future • Old way – not individualised • Turning down the intensity in acute/flare-ups and persistent pain • Regular long-acting medication and multiple strategies • Opioids – side effects • Other – over the counter, injectable, antidepressants, anticonvulsants, topical, benzodiazepines • Tapering • Medicinal cannabis • Regular review	Clinical facilitator and/or pharmacist
3. Medical investigations and movement planning	• Breathing techniques • Understanding medical investigations: to scan or not to scan? • Movement planning: how to move when pain is a prevalent part of our life • Movement goals – pacing, work	Clinical facilitator and/or physiotherapist/exercise physiologist/occupational therapist
4. Food and pain	The role of food in persistent pain • High quality diet • Food and mood • Combat fatigue • Hints when shopping	Clinical facilitator and/or dietitian
5. Sleep-pain nexus	• Why do we sleep? • Mechanisms, stages • Sleep, pain, fatigue nexus • Sleep disorders • Sleep medication • Tips for better sleep	Clinical facilitator
6. Reducing pain	• Reducing pain through challenging your thoughts and emotions • Unhelpful thinking • Fear avoidance • Depression, anxiety, trauma • Control: relaxation, distraction, mindfulness • Desensitisation • Acceptance	Clinical facilitator and/or clinical psychologist
7. Refresher	• Taming persistent pain: the latest science • Beyond pain: Combating the psychological factors • Action plan: setting goals and applying tools	Clinical facilitator and/or clinical psychologist

Resources for consumers include standardised resources provided by PainWISE, as well as from MindSpot, Painaustralia, ThisWayUp, podcasts and Facebook pages.

Adaptations

This program had not been adapted before COVID-19. There has not been a local need identified to tailor the program for Aboriginal and Torres Strait Islander people, or people from CALD communities. Translators can be provided if necessary.

This program continued throughout 2020 despite lockdowns due to COVID-19. The program was adapted to include videos of mock group sessions, which were developed by PainWISE (TPIG program developers). Groups were run via video using pre-recorded sessions or live Zoom groups (both worked well) and telephone rather than individual face-to-face appointments. Fewer people attended the online groups. Those who did had the flexibility to watch at their own convenience or attend several times without having to arrange or pay for travel. It is believed that this allowed consumers to review and better retain information.

WAPHA is considering whether to continue to offer online groups beyond COVID-19 to allow access for fly-in fly-out workers and those in country areas of WA. The main benefit of the current format is one-on-one support from a clinical facilitator. Also, face-to-face groups and group-based exercise physiology classes create social support that is harder to replicate with online groups.

Monitoring, evaluation and continuous improvement

Data collected to monitor and evaluate this program include variables that form part of the ePPOC reports.

Clinical indicators include:

- Percentage of consumers with moderate or worse pain at referral make a clinically significant improvement
- Percentage of consumers with moderate or worse pain interference at referral make a clinically significant improvement
- Percentage of consumers with moderate or worse depression at referral make a clinically significant improvement
- Percentage of consumers with moderate or worse anxiety at referral make a clinically significant improvement
- Percentage of consumers with moderate or worse stress at referral make a clinically significant improvement
- Percentage of consumers with high or worse pain catastrophising at referral make a clinically significant improvement
- Percentage of consumers with high or worse impairment in pain self-efficacy at referral make a clinically significant improvement
- Oral morphine equivalent daily dose (oMEDD) is reduced by 50% or more for consumers taking opioid medication at referral

Results are reported to WAPHA and its commissioned providers every six months. Client feedback (patient experience) is collected by service providers through a survey including required 'person outcome indicators' that feed into the PHN Performance Quality Framework.

Costs

For the 2018–19 and 2019-20 financial years, 462 and 344 consumers entered the program (episodes started in ePPOC) respectively. However, referral numbers are higher because about 20% of consumers referred to the program did not start it due to ineligibility, inability to commit or because they were not interested. The total cost is split evenly between Perth North and Perth South PHNs and included the following for 2020–21 (ex GST):

- Contracted service providers ($216,045 for service delivery and admin per location) – $864,180
- ePPOC membership for four sites – $22,623
- PainWISE (TPIG licence for four sites) – $20,660
- Meeting costs – $100

Total $907,563 per year for 20 groups (six sessions each) and four refresher sessions at four locations (five groups per year per location)

Further information

A published evaluation of the Turning Pain into Gain program from which this program was adapted can be found here. Program referral information can be found on the Arche Health, Black Swan Health and 360 health + community websites. For additional information about this program, please contact Debra Royle at debra.royle@wapha.org.au.

Living Well with Persistent Pain Program (Adelaide PHN)

Overview

The Living Well with Persistent Pain (LWwPP) program started in 2015 and is based on the PainWISE Turning Pain into Gain (TPIG) program model. It runs in the northern and central western Adelaide areas (see **Table 6**) and is available for adults with chronic non-cancer pain. Referrals can be made by GPs and allied health providers (with GP support) by completing a referral form with signed patient consent. Family members are welcome to attend sessions to provide support and encouragement. There is no fee for consumers to participate.

Table 6: Local Government Areas with access to the LWwPP program

Program Regions	Local Government Areas
Northern Adelaide (aligns with Northern Adelaide Local Health Network	Playford
	Salisbury
	Tea Tree Gully
Centre West (aligns with the western part of the Central Adelaide Local Health Network)	Port Adelaide Enfield
	Charles Sturt
	West Torrens

Delivery and management

Adelaide PHN commissions two providers to run this program: a private provider of return to work and rehabilitation medicine (Northern Adelaide); and a general practice that has links with local private allied health providers (Centre West Adelaide). Core flexible funding is used to commission providers and evaluate the program as part of the electronic Persistent Pain Outcomes Collaboration (ePPOC). Implementation of the program is supported by three program care coordinators, who are employed by the commissioned providers, and two capacity building coordinators based at Adelaide PHN. Adelaide PHN is responsible for providing referral, registration and intake assessment forms, which can be adapted as necessary by program providers.

Adelaide PHN also supports the promotion and integration of the program through its informal partnerships with Local Health Networks and primary care providers, and occasional promotion through eNews and Facebook. It also encourages staff to identify opportunities to align other commissioned service providers with this program (e.g. funded mental health services and alcohol and other drug services who may identify consumers suitable for referral to the LWwPP program). Adelaide PHN produces most promotional material for the program, including information sheets, flyers, letters to general practices and presentations for health professionals. Identifying and implementing program promotion strategies is otherwise the responsibility of the commissioned provider.

Adelaide PHN provides operational guidelines to providers to support implementation of the program. Healthcare professionals who can be involved in the program as a care coordinator, group presenter or provider include physiotherapists, psychologists, exercise physiologists, dietitians, social workers, occupational therapists and GPs with a special interest in pain. Adelaide PHN requires program facilitators to be registered health professionals with training in pain management. Training requirements are built into the commissioning contract and Adelaide PHN also provides opportunities for professional development. Occasionally a previous participant of the program may return to speak at a group session, but this is not a formal part of the program. Referring providers receive feedback via letters, referrals and case conferences. Funding is available for two allied/mental health professionals to attend one case conference or for one allied/mental health professional to attend two case conferences per participant as required. GPs are supported by the Medicare Benefits Schedule (MBS) to attend case conferences.

Format

The number, location and timing of courses are all based on the needs of consumers. Service delivery funding covers transport for consumers if required.

The commissioned program provider is asked to deliver a minimum of six two-hour education sessions over six months. The initial pre-program session is optional and allows for providers to manage their waitlist. Group session topics are outlined in **Table 7**. All sessions include a 15-minute tea break in the first hour. Program educational content and supporting resources are provided by PainWISE and adapted to the local context by Adelaide PHN. A minimum of four sessions must be delivered before conducting an intake assessment for referral to any individual appointments. This allows consumers to demonstrate a commitment to attending the sessions and increases the likelihood of positive outcomes from additional allied health or other individualised consultations. If determined necessary by the care coordinator, care coordination is conducted via phone, and allied health professional consultations are provided face to face. This may include unlimited care coordination and up to five allied health sessions and six mental health sessions, which are funded by Adelaide PHN through the contractual arrangements to cover the whole cost for consumers. Additional components have included involving a successful LWwPP program participant as a guest speaker and hosting a carers' session to help them support the person participating in the program.

The provider must also include the distribution of online and/or hardcopy program resources to consumers, which are provided in an electronic template by Adelaide PHN. Resources are provided by PainWISE (TPIG program) and re-branded with LWwPP information by Adelaide PHN. This includes the addition of local contact details and local support groups. Resources provided to consumers include worksheets, regular newsletters, information to supplement education delivered by the healthcare pain team, and goal setting information. Material is sent to consumers if they miss a session, and they are encouraged to attend the next session on the topic they missed. Consumers are invited to join the Adelaide Pain Support Network after completing the program.

The education program covers a wide range of information during the sessions, including:

- Understanding persistent pain and goal setting
- Alternative therapies to pain management – evidence-based practices – how to find a credible therapist
- Understanding your medicines
- Exercise principles, preventing re-injury and self-monitoring, recreational activities – enjoying life despite pain
- Understanding medical investigations – getting the best from your pain team
- The role of foods in persistent pain management
- Lifestyle redesign – sleep and pain, obstructive sleep apnoea, effects of smoking on pain
- Taking control of pain – accepting pain: when and how does that happen? Meaning and purpose in life and mindfulness

Table 7: Program educational component

Session Topics	Description	Facilitator
1 – Introductory/pre-program session	Introduces the program and a basic introduction to pain science	Care coordinator
2 – Knowing pain	Refresher on pain science and introduction to self-management	Care coordinator
3 – Medications and pain	Discusses medicines and their role in pain management	GP or pharmacist
4 – Movement and pain	Explains the pros and cons of medical investigations and the role of movement in pain management	GP and exercise physiologist/physiotherapist, or exercise physiologist/physiotherapist plus care coordinator

5 – Food and pain	Explores the relationship between what we eat and how this affects pain management	Dietitian
6 – Sleep and pain	Discusses the role of sleep in pain management and highlights tips for getting better sleep	Care coordinator or mental health professional
7 – Thoughts and emotions	Provides skills for consumers to use mindfulness and other techniques to reduce pain	Mental health professional (e.g. psychologist, occupational therapist, social worker)

Adaptations

The need for community-based pain programs for CALD communities has been identified and addressed by developing a separate program (see Supporting people from CALD communities to manage persistent pain program summary) rather than adapting this program. To date local Aboriginal and Torres Strait Islander communities have not identified the need for locally tailored pain management services.

This program continued throughout 2020 despite lockdowns due to COVID-19. It was adapted to provide topic-specific online training videos, which could be re-watched. Consumers were also offered online (Zoom) sessions and telephone calls. During this period, referral rates remained the same, but there was a reduction in the number of consumers participating in the program and referral numbers also dropped. It is not clear whether this was the result of the online mode being offered or other reasons.

The face-to-face program encourages people to engage with the local community, so this format will resume. Programs are provided face to face in venues that allow for adequate social distancing.

Monitoring, evaluation and continuous improvement

Data collected to monitor and evaluate this program include variables that form part of the ePPOC reports, patient-reported experience measures (PREMs) and health professional feedback, which are all funded as part of the program contract. Feedback on these measures is reported to Adelaide PHN and the commissioned service providers. This information feeds into a continuous improvement cycle, which involves the regular review of the program operational guidelines.

Costs

Adelaide PHN was unable to provide details of costs to implement and run this program. The care coordinator is responsible for tracking funding spent on individual participant care needs (individual allied and mental health provider consultations) to identify whether unused funds can be reallocated to allow the program to accept further referrals.

Further information

A published evaluation of the Turning Pain into Gain program from which this program was adapted can be found here. Otherwise, a program overview and referral information can be found on the Adelaide PHN website. For additional information about this program please contact Jane Goode at JGoode@adelaidephn.com.au.

Supporting people from CALD communities to manage persistent pain (Adelaide PHN)

Overview

Adelaide PHN started this program in collaboration with consumers and the Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS) in 2020. The development of this program was informed by training in managing chronic pain with torture and trauma survivors provided by the NSW Service for the Treatment and Rehabilitation of Trauma and Torture Survivors, a review of literature[10,11] and focus groups with Syrian, Afghan and Bhutanese communities to design the education and exercise sessions. Focus group questions were informed by previous work undertaken by the NSW Agency for Clinical Innovation.[12]

Programs are run in Northern Adelaide for refugees, humanitarian entrants and newly arrived adults to Australia who have chronic non-cancer pain. Referrals are identified through culturally focused programs and organisations and screened for any concerns that require a GP clearance. At this early stage, programs do not include family members and carers. Programs are provided free to consumers.

One program is run each year for the following CALD communities in the Adelaide PHN catchment region:

- Afghan men (mainly Pashto and Dari speaking)
- Afghan women (mainly Hazaragi speaking)
- Syrian men
- Syrian women
- Bhutanese people

Delivery and management

Adelaide PHN commissions STTARS to run this program using core flexible funding. Implementation of this program is supported by a program coordinator who is employed by the commissioned provider, one Adelaide PHN capacity building coordinator, Adelaide PHN's integration and design officer and the Central Adelaide Local Health Network pain specialist. The program has been funded for one year.

Adelaide PHN also supports the promotion and integration of the program through its informal partnerships with Local Health Networks and primary care providers, and occasional promotion through eNews and Facebook. The PHN encourages its staff to identify opportunities to align other commissioned service providers with this program (e.g. funded mental health services and alcohol and other drug services who may identify consumers suitable for referral to this program). Identifying and implementing program promotion strategies is otherwise the responsibility of the provider.

Adelaide PHN also supports capacity building opportunities for program providers who have been recruited for their knowledge and links to the community, and their experience in supporting refugees and new arrivals with their health management. Providers include the following:

- Two facilitators trained in trauma-informed pain management (training is preferred, but not essential)
- Refugee nurse advocates (registered nurses with experience working in refugee and new arrival health) who provide the initial pre-program screening
- A massage therapist

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[10] Teodorescu D, Heir T, Siqveland J, Hauff E, Wentzel-Larsen T, Lien L. Chronic pain in multi-traumatized outpatients with a refugee background resettled in Norway: a cross-sectional study BMC Psychology. 2015;3(1):7 DOI: 10.1186/s40359-015-0064-5

[11] Negron A. Supporting Asylum Seekers and Refugees who Suffer Chronic Pain: An Experience. International Journal of Migration Health and Social Care. 2018;14(1):55-67

[12] Negron A. Supporting Asylum Seekers and Refugees who Suffer Chronic Pain: An Experience. International Journal of Migration Health and Social Care. 2018;14(1):55-67
ps://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0006/281067/Pain_Management_Network_Multicultural_report_2015.pdf

- Bilingual and bicultural workers who provide translation and support to access health-related activities and reconcile the western way of managing pain with a cultural approach during and beyond consumer participation in the program.

Culturally appropriate healthcare providers also support the facilitation and promotion of the program and in some cases culturally focused program organisations share information with consumers' GPs after the completion of the program. Consumers are currently not involved in program delivery.

Format

Programs for different cultural groups are run at different times throughout the year and all include at least 10 sessions that run for 1–2.5 hours. Most sessions include one hour of education, followed by 1–1.5 hours of gentle exercise, with breaks as desired by consumers. Before each program, consumers engage in program co-design to talk about what kinds of therapy and information they would like. This session draws out and tries to reconcile pain management techniques that people used in their home countries with pain management techniques used in Australia. Exercise so far has involved hydrotherapy, massage therapy and trauma-informed yoga as chosen by program consumers.

Educational topics include:

- Breathing exercises (relearning to breathe after traumatic experiences)
- Types of therapies to support pain (hydrotherapy, massage therapy)
- The importance of drinking water and keeping hydrated plus general health and wellbeing
- Meditation
- Reconciling the past with the present (pain management in home countries vs. in Australia).

Additionally, if consumers are not connected to a GP or allied health professional before the program, they are linked to the Adelaide Refugee and New Arrival Program (ARANAP) so that refugee nurses can support them to engage with health services. Following the program, consumers are invited to join existing peer-led STTARS support groups or supported to set up a new group. For example, the Afghani women's group meets outside the program sessions to do trauma-informed yoga together using an instructional video.

A gap in the availability of translated pain management material has been identified, so Adelaide PHN has organised for each specific cultural group participating in this program to produce a video in their respective language to assist people from their cultures with pain management. The videos, which will be available to the wider public on the STTARS website, use the consumers' experience of the program to support other members of the community with techniques to manage their pain.

Adaptations

Adelaide PHN identified a local need for programs to support people from CALD communities to self-manage their pain. This program addresses this need by engaging consumers in program co-design to tailor the program to the needs of each group. Program providers work with each community to determine what activities will be undertaken. At this stage local Aboriginal and Torres Strait Islander communities have not identified pain management as a priority. This program was developed as a face-to-face mode like other programs commissioned by Adelaide PHN to encourage people to leave their homes and engage in social activities. The program started in 2020 after the lockdowns associated with COVID-19, but has continued to be provided face to face in large rooms to allow for social distancing.

Monitoring, evaluation and continuous improvement

This program does not currently have any formal evaluation planned. A summary report of the results of consultation with the three participating communities and cultural information linked to the management of pain will be produced after the trial period. Adelaide PHN receives data on participant demographics (age, length of time in Australia, postcode), outgoing referrals post program, whether the participant is currently linked to a GP and patient reported experience measures (PREMs) on a quarterly basis, which is also seen by service providers and program facilitators. This program is currently in its first trial year. If further funding is available, evaluation data will be used to design any future programs. The rollout of programs in the first year has been intentionally staggered so that learnings can be used to improve the co-design of subsequent programs and sessions.

Costs

Adelaide PHN was unable to provide details on costs to implement and run this program.

Further information

For additional information about this program please contact Jane Goode at JGoode@adelaidephn.com.au

Chronic Pain Management Program (South Eastern NSW PHN)

Overview

This program started in 2017 and is an adaptation of the Brief Pain Self-Management Program (BPSM) created by the Pain Management Research Institute and supported and promoted by the NSW Agency for Clinical Innovation (NSW ACI) Pain Management Network. This program has also been adapted by the Nepean Blue Mountains PHN and the Western NSW PHN. Several programs per year are currently provided in several locations (**see Table 8**) for adults with chronic non-cancer pain, except consumers undergoing active treatment for cancer, infections or fractures, consumers receiving high doses of opioids (>60mg morphine equivalent per day) or consumers under a workers compensation, third party or motor accident injury claim. Referrals can be received from GPs or nurse practitioners, with the Bega program also receiving referrals from internal allied health providers of South Eastern Regional Hospital. Some facilitators have encouraged family members to be included for patient support, but this is not a regular occurrence. There is no fee for consumers to participate in this program.

Table 8: Availability of programs across the South Eastern NSW PHN

Program location	Number of programs usually run per year
Bega	2–3
Batemans Bay	2–4
Bermagui	2–3
Goulburn	1–3
Snowy Mountains	2
Online (COVID response)	2

Delivery and management

South Eastern NSW PHN commissions providers to co-facilitate programs across five locations (**Table 8**). Core flexible funding is used to commission and train these providers, employ a program champion (PHN chronic pain project coordinator), and support the collection and reporting of electronic Persistent Pain Outcome Collaboration (ePPOC) data to evaluate the program. For one program, a co-facilitator, administration and program promotion support are provided by the Southern NSW Local Health District (SNSWLHD) in partnership with the PHN.

COORDINARE (South Eastern NSW PHN) coordinates the delivery of these programs via its program champion. This role develops a regional program calendar, identifies areas of need for additional programs, supports facilitator selection and contracting, coordinates training and support for facilitators, enters ePPOC data and provides feedback to facilitators. The program steering committee – the Southern Pain Collaboration – is chaired by the NSW ACI Pain Network Manager and is made up of representatives from the South Eastern NSW PHN, St Vincent's Hospital Sydney (SVHS) Pain Clinic, SNSWLHD and consumers. Together the committee guides activities to ensure the program is appropriately implemented and responsive to local need. The committee also provides advice on this model of care to the NSW ACI Pain Network to ensure it is addressing local issues related to community pain management.

Lead facilitators are responsible for procuring a suitably qualified support facilitator and promoting and delivering the program to consumers. Facilitators promote the program through contact with local general practices and to community members using flyers in local shops and pharmacies, word of mouth of past consumers and social media. South Eastern NSW PHN supports the promotion of the program on its website community page, social media posts, HealthPathways referral pathways, GP cluster meetings and flyers at SVHS chronic pain education sessions for health providers.

Allied health primary program facilitators include psychologists, mental health qualified registered nurses, exercise physiologists, occupational therapists and physiotherapists to provide a balanced focus between mental health and

physical therapy. Pharmacists are invited as guest speakers to provide a 30-minute presentation on medications. All facilitators have pain management training that is commissioned by South Eastern NSW PHN and/or the NSW ACI and provided by the University of Sydney Pain Management Research Institute's BPSM train the trainer webinar program. Program materials are stored on a SharePoint site and facilitators receive individualised feedback on ePPOC data measures. The PHN chronic pain project coordinator arranges additional networking opportunities and training sessions where feasible. Program facilitators provide referring GPs with feedback on whether consumers are accepted into the program, alternative treatment pathways suggestions as required, and feedback on health outcomes at the end of the program using ePPOC outcome report data.

Format

Providers are commissioned to facilitate one three-hour session per week over six weeks (total of 18 hours), in addition to a two-hour introductory education session and two two-hour follow-up sessions at four and 12 weeks after program completion. An indicative program session timetable, which can vary to suit consumers, is outlined in **Table 9**.

Table 9: Program session timetable

Session	Timetable*					
1	Introductions (10 mins)	Histories, model and mechanisms (1hr)	Pacing (25 mins)	Exercise (45 mins)	Activity goals (25 mins)	Home tasks (10 mins)
2	Review (20 mins)	Relaxation – intro (30 mins)	Exercise – pacing (45 mins)	Problem solving (30 mins)	Activity planning (40 mins)	Home tasks (10 mins)
3	Review (30 mins)	Applied relaxation – practice (30 mins)	Exercise – pacing (45 mins)	Flare-ups (30 mins)	Activity program (30 mins)	Home tasks (10 mins)
4	Review (30 mins)	Applied relaxation – practice (30 mins)	Exercise – pacing (45 mins)	Communication (30 mins)	Activity program (30 mins)	Home tasks (10 mins)
5	Review (30 mins)	Applied relaxation – practice (30 mins)	Exercise – pacing (45 mins)	Maintenance (30 mins)	Activity program (30 mins)	Home tasks (10 mins)
6	Review (30 mins)	Follow-up goals (30 mins)	Home timetable (45 mins)	Obstacles and solutions group 1; evaluations group 2	Obstacles and solutions group 2; evaluations groups 1	Graduation

*This program comprises a two-hour introductory session, then six sessions (three hours each) over a six-week period. A further follow-up session (two hours) is offered four weeks after the last day to assist with ongoing maintenance of progress. A second follow-up session of two hours is offered 12 weeks after the last day. This timetable is indicative only and may be varied in light of experience and feedback from consumers.

The BPSM facilitators' guide with more detail about the recommended format of this program model can be accessed online. Content areas covered by the program include:

- Understanding the mechanism for chronic pain and its effects
- Goal setting, tracking progress and problem solving
- The role of medication in pain management
- The role of physical activity, conditioning and pacing in pain management
- The role of healthy lifestyle in pain management

- Emotional and other coping strategies for dealing with pain, disability and distress e.g. relaxation, distraction techniques
- Managing flare-ups

The two-hour introductory session involves an initial individual assessment to establish suitability for the program, education about the program, an introduction to acute and chronic pain and the impact of chronic pain on biopsychosocial health. The assessment process includes the use of the ePPOC assessment tools, where suitable ranges have been set and may lead to further discussions with other health professionals (e.g. GP) should consumers score outside suggested ranges to discuss other suitable pain management options. Following the program, in addition to the two follow-up sessions mentioned above, graduates can join a Facebook group that a past participant set up to share reminders about strategies taught in the program. During the COVID-19 lockdown, one facilitator used the private group as a method of communicating with program consumers who were unable to attend group gatherings.

Standardised worksheets and supporting information are provided to consumers to support session activities. These include goal setting, exercise charts, activity tolerance charts, weekly plans, relaxation practice charts, problem solving worksheets, flare-up planning and maintenance planning. The provision of any other resources to program consumers is the responsibility of the commissioned program facilitators, who all have their own approach to this.

Adaptations

This program had not been adapted up until COVID-19, which affected the delivery of the two programs that were underway. Program facilitators were given the option to continue to run the program using alternative methods or resume the program when lockdown conditions were lifted. One program continued and completed the program via the Facebook group mentioned above and telephone calls. COVID-19 conditions also affected three upcoming programs in different locations. Two facilitators from these affected program locations collaborated and adapted the program to online delivery using Zoom webinars. This format included two 1.5-hour sessions a week, rather than the usual three-hour session. The third program postponed the delivery date until later in the year and used a larger room to follow social distancing requirements.

Challenges during the COVID-19 lockdown period involved the loss of commitment from one facilitator and difficulties with promoting the new Zoom format to attract and retain consumers. Consumers who continued and completed the adapted program had outcomes equivalent to those who completed face-to-face programs. There were reduced numbers in the adapted programs because many consumers did not have the capacity to participate. Reasons for this reduced capacity included living in an area with poor internet connection and lack of confidence with technology. Some consumers opted for other online programs (e.g. Reboot), telehealth services provided by SVHS, or to wait until face-to-face programs resumed.

Over time, facilitators have been able to review and improve the way the program is delivered, with one facilitator currently trialling the use of 'silent disco' technology to enable social distancing. This includes the use of headsets for each participant and a microphone for the facilitator and another for consumers who wish to come into the room and communicate with the group. The headsets allow consumers to listen to program content wherever they feel comfortable (e.g. in the room, on the balcony of the venue, in their car or outside). This format has had a very good response from consumers, with these groups reporting better attendance at follow-up sessions compared with the online programs. As a result of adaptations made to the program for COVID-19, South Eastern NSW PHN will continue to offer the Zoom online program and adapt delivery options to enable social distancing when required.

To address the identified need for pain management for local Aboriginal and Torres Strait Islander people, a 'Yarnup about Pain' event is planned for Closing the Gap Day in 2021. This is a community consultation between the SVHS pain team, the chronic pain project coordinator, a program facilitator, local Aboriginal health providers and Aboriginal community members with an interest in chronic pain. The intention is that existing chronic pain programs (face-to-face groups and individual consultations via SVHS Telehealth) will be made more culturally sensitive and encourage more Aboriginal and Torres Strait Islander people to attend. At this stage there has not been a local need identified by CALD communities for pain management support.

Monitoring, evaluation and continuous improvement

Data collected to monitor and evaluate this program include variables that form part of the ePPOC reports, participant feedback surveys collected at the end of each program, open-ended provider feedback survey questions asked at the end of each year, and ongoing informal feedback via verbal conversations and emails. South Eastern NSW PHN receives a report on ePPOC outcomes for their programs. Additionally, a COORDINARE statistician interrogates the ePPOC survey data to provide annual individualised feedback to program facilitators on their program outcomes. The project coordinator uses these data to provide suggestions on how to improve specific outcome measures for future programs. Referring healthcare professionals also receive feedback on each participant's outcome data from program facilitators via an individualised ePPOC report generated by the chronic pain project coordinator.

Costs

South Eastern NSW PHN provides $11,720 to the lead facilitator of each privately run program, and $5900 for public/private partnership facilitated programs to commission a private clinical psychologist. The Local Health District covers costs of facilities, administration and their facilitators (physiotherapist and occupational therapist) and required resources. South Eastern NSW PHN is a member of ePPOC and pays a yearly membership to support the ongoing evaluation of its pain programs.

Further information

An evaluation report will soon be available. For additional information about this program, please see the South Eastern NSW PHN website or contact Annette Anido at aanido@coordinare.org.au.

Community Chronic Pain Program (Nepean Blue Mountains PHN)

Overview

This program started in 2019 and is an adaptation of South Eastern NSW (SENSW) PHN program, which is based on the Brief Pain Self-Management Program (BPSM) model created by the Pain Management Research Institute (PRMI) and supported and promoted by the NSW Agency for Clinical Innovation (NSW ACI) Pain Management Network. This program is available in the Penrith, Hawkesbury and Blue Mountains regions with potential for programs to also start in Lithgow. Similarly, this program is available to adults with chronic non-cancer pain, except for those consumers receiving high doses of opioids (>60mg morphine equivalent per day). Referrals are received from GPs. Family members are currently not invited to participate, and there is no fee for consumers to participate in this program.

Delivery and management

Nepean Blue Mountains PHN commissions program providers, supports provider training and promotes the program using core flexible funding. The program is promoted locally through media, social media and practice newsletters.

Physiotherapists, exercise physiologists and psychologists with training in cognitive behavioural therapy are the primary providers of the program. The University of Sydney's PMRI delivers provider training in partnership with the NSW ACI. Providers communicate feedback to the referring GPs after the program.

Format

This program includes a one-hour introductory education session followed by six weekly three-hour sessions and two follow-up sessions at four and 12 weeks after the program. An indicative program session timetable, which can vary to suit consumers, is outlined in **Table 10**. The BPSM facilitators' guide with more detail about the recommended format of this program model can be accessed online. Content areas covered by the program include:

- Understanding the mechanism for chronic pain and its effects
- Goal setting, tracking progress and problem solving
- The role of medication in pain management
- The role of physical activity, conditioning and pacing in pain management
- The role of healthy lifestyle in pain management
- Emotional and other coping strategies for dealing with pain, disability and distress e.g. relaxation, distraction techniques
- Managing flare-ups

Table 10: Program session outline

Program session components	Timing
Review	30 minutes
Relaxation practice	30 minutes
Exercise (pacing)	45 minutes
Education	30 minutes
Activity planning and programming	30 minutes
Home tasks	10 minutes

The one-hour introductory session involves an initial individual assessment to establish suitability for the program, education about the program, an introduction to acute and chronic pain, and information about the impact of chronic pain on biopsychosocial health. The assessment process includes the use of ePPOC assessment tools, where suitable ranges have been set. If consumers score outside suggested ranges, this may lead to further discussions about suitable pain management options with other health professionals (e.g. GPs). Consumers are also referred for individual allied health provider consultations if this need is identified, which may involve a fee for consumers.

Standardised worksheets and supporting information are provided to consumers to support session activities. These include pre-education reading before the program starts, goal setting, exercise charts, activity tolerance charts, weekly plans, relaxation practice charts, problem solving worksheets, flare-up planning and maintenance planning. The provision of any other resources to program consumers is the responsibility of the commissioned program facilitators, who all have their own approach to this.

Adaptations

This program had not been adapted before COVID-19. The program closed because of the COVID-19 lockdowns and continued throughout 2020 online on Zoom. Consultation on strategies to adapt the program was undertaken with SENSW PHN, which is also implementing this program model. The adapted format included two 1.5-hour sessions on Zoom each week, which were not recorded to preserve participant privacy. The sessions were split to provide exercise and education in the morning and relaxation in the afternoon, with breaks every half hour and extra time at the end of each session to encourage social interaction. Providers printed resources for pick up or postal delivery, and ePPOC measures were collected online. To ensure exercises were completed properly and to minimise the risk of injury, each participant received a one-on-one session with a physiotherapist or exercise physiologist. Programs are currently running face to face. COVID-safe measures include limiting groups numbers to allow for social distancing and continuing to run two 1.5-hour sessions per week rather than one three-hour session.

At this stage a local need for programs tailored to Aboriginal and Torres Strait Islander communities or CALD communities has not been identified.

Monitoring, evaluation, and continuous improvement

Data collected to monitor and evaluate this program include variables that form part of the ePPOC reports, participant experience feedback collected via a consumer program delivery survey and provider experience feedback. Nepean Blue Mountains PHN receives these reports and refers to evaluation data in contract meetings to discuss opportunities for continuous improvement and program adaptations.

Costs

Each program costs Nepean Blue Mountains PHN $11,750. In addition to this, Nepean Blue Mountains PHN pays a yearly membership to ePPOC to support the ongoing evaluation of its pain programs.

Further information

A program overview and referral information can be found on the Nepean Blue Mountains PHN website. For additional information about this program, please contact Kate Tye at Kate.Tye@nbmphn.com.au.

Community Chronic Pain Management Program (Western NSW PHN)

Overview

This program is currently under procurement and is an adaptation of South Eastern NSW PHN program, which is based on the Brief Pain Self-Management Program (BPSM) model created by the Pain Management Research Institute (PMRI) and supported and promoted by the NSW Agency for Clinical Innovation (NSW ACI) Pain Management Network. The program will be provided from two hubs: one in Dubbo and one in Broken Hill, with outreach pain clinics in nearby smaller towns. This program will be available for adults with chronic non-cancer pain, involve referrals from GPs and at this stage will not involve family members or carers. There will be no fee for consumers to participate in this program.

Delivery and management

Western NSW PHN will commission providers to run this program using alcohol and other drugs funding. Partners involved in implementing the program include the NSW Rural Doctors Network, NSW ACI and the University of Sydney's PMRI, which is championed by the Western NSW PHN's portfolio lead, mental health drug and alcohol, and portfolio lead, chronic disease, aged care and palliative care. This program will be promoted via PHN and partner networks, social media, newsletters and PHN councils. Facilitators will be physiotherapists, psychologists and exercise physiologists trained in pain management. With support from Western NSW PHN and the NSW ACI, the University of Sydney's PMRI is providing training. This training will focus on explaining pain, identifying SMART goals, exercises, applied relaxation, problem solving, and reinforcement and maintenance strategies. At this early stage, there is no plan for consumers to be involved in delivering the program. Referring providers will receive a feedback letter after the program.

Format

As per the BPSM format, this program includes a two-hour introductory education session followed by six weekly three-hour sessions and two follow-up sessions at four and 12 weeks after the program. An indicative program session timetable, which can vary to suit consumers, is outlined in **Table 11**. A detailed program format provided in the BPSM facilitators' guide. Content areas covered by the program include:

- Understanding the mechanism for chronic pain and its effects
- Goal setting, tracking progress and problem solving
- The role of medication in pain management
- The role of physical activity, conditioning and pacing in pain management
- The role of healthy lifestyle in pain management
- Emotional and other coping strategies for dealing with pain, disability and distress e.g. relaxation, distraction techniques
- Managing flare-ups

Table 11: Program session outline

Program session components	Timing
Review	30 minutes
Relaxation practice	30 minutes
Exercise (pacing)	45 minutes
Education	30 minutes
Activity planning and programming	30 minutes
Home tasks	10 minutes

The two-hour introductory session will involve an initial individual assessment to establish suitability for the program and education about the program, an introduction to acute and chronic pain, and information about the impact of chronic pain on biopsychosocial health. The assessment process will include the use of the ePPOC assessment tools. If consumers score outside suggested ranges, this may lead to further discussions about suitable pain management options with other health professionals (e.g. GPs).

Consumers will be provided with pre-education reading before the program and printed resources throughout the program. Standardised worksheets and supporting information will be provided to consumers to support session activities. These include goal setting, exercise charts, activity tolerance charts, weekly plans, relaxation practice charts, problem solving worksheets, flare-up planning and maintenance planning.

Adaptations

As this program is still in procurement, COVID-19 lockdowns have not affected delivery. At this stage there has not been a local need identified for programs to be tailored for CALD communities, but Aboriginal and Torres Strait Islander communities have identified the need for pain management support. To address this need, it has been proposed that allied health staff will work with local Aboriginal Medical Services to host regular clinical yarning groups.[13] Yarning sessions will give practitioners an opportunity to talk with Aboriginal and Torres Strait Islander people about the service, including what it entails and how it can help. This will hopefully result in a greater attendance at pain group program sessions. These groups will consist of no more than 10 people and will be co-facilitated by staff from a local Aboriginal Medical Service and will likely run monthly. To increase consumer engagement, meals and/or fresh fruit and vegetable boxes will be provided.

Monitoring, evaluation and continuous improvement

Data collected to monitor and evaluate this program will include variables that form part of the ePPOC reports and patient-reported experience measures (PREMs) via the Your Experience of Service Primary Health Network (YES PHN) Survey. Western NSW PHN will receive these reports and plans on building in processes for continuous improvement and adaptation of the program into the program evaluation framework.

Costs

Western NSW PHN was unable to provide details on costs to implement this program.

Further information

For additional information about this program please contact Michele Pitt michele.pitt@wnswphn.org.au or Marijka Brennan marijka.brennan@wnswphn.org.au.

[13] Lin I, Green C, Bessarab D. 'Yarn with me': applying clinical yarning to improve clinician-patient communication in Aboriginal health care. Aust J Prim Health. 2016;22(5):377-82.

Chronic Pain Management Service (North Western Melbourne PHN)

Overview

The Chronic Pain Management Service has been developed by the program provider (Merri Health) and has been running since 2020 for adults with chronic non-cancer pain in Brunswick and Coburg via telephone and videoconference. The program is not suitable for Workcover or Transport Accident Commission consumers. Other exclusions include consumers who are receiving end-of-life care, are actively engaged in another pain service, or where psychological or behavioural issues preclude them from being suitable for a group-based program.

Referrals can be received from GPs or other medical specialists (either from or external to partner organisations). Family members and carers can participate in some elements of this program. There is no cost to consumers to participate.

Delivery and management

North Western Melbourne PHN commissions community health organisation Merri Health to develop and deliver chronic pain self-management programs using core flexible funding and some low-intensity mental health funds. The PHN provides funding, promotional support for the programs through its PHN networks and supports the development of linkages with GPs and other PHN contacts. This includes engagement of peak bodies, such as Painaustralia, to promote the launch of this service.

Merri Health partners with Royal Melbourne's Pain Clinic for its expertise in program development, governance, and for access to pain specialists for direct client referrals and consultations. Northern Health Pain clinic is also involved in governing this community-based pain program. A program working group consists of representatives from Merri Health (as the service provider), North Western Melbourne PHN (funder), Royal Melbourne Hospital (clinical advice), Northern Health (clinical advice) and a consumer representative (consumer voice). These formal relationships between Merri Health and Royal Melbourne Hospital and Northern Health allow the program to be offered to consumers who have been referred to and are waiting to access tertiary services.

Merri Health is seeking to identify GPs with a special interest in pain in their region to work as champions for this program. It has promoted the program widely through its physiotherapy professional networks and engagement with local GPs. Feedback is provided to referring practitioners and GPs if they are not the referrer. There may be multiple communications with the GP to ensure they are aware of the treatment provided.

This program is primarily facilitated by physiotherapists with training in pain management. Physiotherapists, psychologists and pain physicians provide one-on-one consultations and are involved in case conferencing. Psychologists, occupational therapists and dietitians are also guest presenters in group sessions. Additional training and support for program facilitators is still to be determined, as currently North Western Melbourne PHN does not provide any training to deliver the program.

Format

Consumers are enrolled into one of the following three tiers depending on their individual need:

1. Level 1 (low): One individual session with a physiotherapist and the seven-week modified pain program.
2. Level 2 (moderate): Five sessions with a pain physiotherapist and pain psychologist. Appointments with a pain specialist as required and participation in the seven-week modified pain program.
3. Level 3 (comprehensive): Multiple reviews and follow-up with a pain physiotherapist, psychologist and pain physician. Participation in the seven-week modified pain program.

The seven-week modified pain program is delivered via bi-weekly two-hour sessions. A program session outline is provided in **Table 12**. All consumers have an individual assessment with a physiotherapist and psychologist to determine their suitability for the program. A care coordinator provides case management for consumers who can make referrals to other internal allied health professionals as the need is identified. Merri Health provides participant resources, which cover an exercise circuit to complete at least once a week at home, a weekly pacing plan and daily mindfulness audio practices.

Table 12: Program format

Week	Day	Content	Presenter/s
1	Tuesday (2hrs)	Introduction session **Education session: Making sense of pain**	Physiotherapist and psychologist
	Thursday (2hrs)	Activity Circuit Exercise session (1hr) Formal mindfulness session (1hr)	Physiotherapist
2	Tuesday (2hrs)	Mindful movement session (30min) **Education session: Exercise, pacing and graded exposure** (1 ½hrs)	Physiotherapist and psychologist
	Thursday (2hrs)	Activity Circuit Exercise session (1hr) Formal mindfulness session (1hr)	Physiotherapist
3	Tuesday (2hrs)	Mindful movement session (30min) **Education session: Flare-up management and taking in the good** (1½hrs)	Physiotherapist and psychologist
	Thursday (2hrs)	Activity Circuit Exercise session (1hr) Formal mindfulness session (1hr)	Physiotherapist
4	Tuesday (2hrs)	Mindfulness movement session **Education session: Thoughts, feelings and stress** (1½hrs)	Psychologist
	Thursday (2hrs)	Activity Circuit Exercise session (1hr) Formal mindfulness session (1hr)	Physiotherapist
5	Tuesday (2hrs)	Mindful movement session (30min) **Education session (1): Medication management** **Education session (2): Fatigue and sleep**	Physiotherapist, pain doctor and occupational therapist
	Thursday (2hrs)	Activity Circuit Exercise session (1hr) Formal mindfulness session (1hr)	Physiotherapist
6	Tuesday (2hrs)	Mindful movement session (30min) **Education session: Nutrition and healthy eating** (1½hrs)	Physiotherapist and dietitian
	Thursday (2hrs)	Activity Circuit Exercise session (1hr) Formal mindfulness session (1hr)	Physiotherapist
7	Tuesday (2hrs)	Community application of exercise (1hr)	Community
	Thursday (2hrs)	**Final session: Reflect and review** (2hrs)	Physiotherapist and psychologist

Adaptations

Although this program has not been adapted for Aboriginal and Torres Strait Islander people, this need has been identified and options to address this need are being considered. Translation services are accessed as required to meet the needs of consumers from CALD communities, and one-on-one services are offered in response to cultural needs.

The program started after COVID-19 and was adapted so that parts of the program could be delivered remotely. However, participation was low, with consumers preferring to wait to engage with a face-to-face group. For this reason, it is unlikely that remotely delivered program modes will be continued.

Monitoring, evaluation and continuous improvement

Data collected to monitor and evaluate this program include variables that form part of the ePPOC reports, clinical outcome measures, mental health minimum data set and consumer feedback, which are funded as part of the program contract. Feedback on these measures is provided in a report to the North Western Melbourne PHN. In terms of continuous quality improvement, ongoing program governance is in place to consider program development. The PHN plans to consider how the evaluation data will impact program delivery.

Costs

The commissioned provider has a two-year contract with NWM PHN and receives $250,000 per annum to provide the program. Administrative staffing and care coordination at Merri Health is provided in-kind.

Further information

Program information including referral details can be found on the North Western Melbourne PHN website and the Merri Health website. For additional information about this program please contact Jesse Osowicki at jesse.osowicki@nwmphn.org.au.

Living Well with Pain (North Western Melbourne PHN)

Overview

The Living Well with Pain program has been running since 2020 and is based on the Pain Education Program (PEP) at the Barbara Walker Centre for Pain Management (BWCPM) at St Vincent's Hospital Melbourne. PEP has run at the BWCPM for a number of years and was redeveloped in 2018 to incorporate the Hunter Integrated Pain Services model of care that considers the following five key areas of pain:

- Biomedical
- Mind-body
- Valued living
- Activity
- Lifestyle and nutrition

This program is provided in the Western region of the North Western Melbourne PHN (NWM PHN) catchment and targets adults with chronic non-cancer pain. The program is not suitable for Workcover or Transport Accident Commission clients. Other exclusions include consumers who have recently completed a tertiary pain program, or have an acute injury or other medical condition that would preclude them from participating, including unmanaged psychological issues or medication weaning. Consumers must also understand that the program does not involve manual or one-on-one therapy.

Referrals can be received from Cohealth (commissioned provider), clinicians (including GPs and allied health professionals), external GPs or BWCPM specialists. Family or carers of consumers are not invited to participate in the program. There is no cost for consumers to participate.

Delivery and management

North Western Melbourne PHN commissions Cohealth to develop and deliver chronic pain self-management programs using core flexible funding. The PHN provides funding and promotional support for the programs through its networks. It also supports the development of links with GPs and other PHN contacts, including engaging with peak bodies such as Painaustralia to promote the launch of this service.

The Living Well with Pain program is provided by Cohealth, which has partnered with the BWCPM to draw on their expertise in program and content development, GP education and to allow for case conferencing between Cohealth GPs and pain specialists. A working group involving individuals at Cohealth and the BWCPM oversees program development and addresses any changes that may be required. Cohealth also works with existing networks and stakeholders to promote the program and regularly communicate with consumers GPs and other referring healthcare professionals to provide feedback about treatment.

Physiotherapists and psychologists trained in pain management are the main facilitators of the group sessions. Pain specialists are involved in delivering case conferencing support to GPs and in some cases secondary consultations. A Cohealth social worker provides case management. Senior BWCPM staff train primary facilitators through:

- Observation of BWCPM groups
- Shadowing clinicians
- Clinical supervision
- Observed practice

Service providers also have frequent access to informal support from the co-located St Vincent's staff both onsite at Cohealth or via telehealth, which is included as part of the funding agreement.

Format

All referred consumers have a 20-minute screening phone call and a one-hour individual assessment with a physiotherapist and psychologist to determine their suitability for the program. As outlined in **Table 13**, the

program consists of eight sessions that run for three hours twice a week (1pm to 4pm) over four weeks. The timetable in **Table 13** is indicative and may be varied based on experience and feedback.

Core components of the program include:

- Physical and functional program and social support
- Pain psychoeducation
- Individual pain psychology (up to six sessions as per individual consumer need)
- Referral to other external services (as per individual consumer need)

Table 13: Proposed program timetable

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
10:00am	Welcome and introduction	Review	Review	Review	Review	Review	Review	Review
10:15am		Stretches	Stretches	Stretches	Stretches	Stretches	Stretches	Stretches
10:30am		What is pain?	Pacing	Who am I?	Stress management	Graded activity	Sleep and pain	Flare-up planning
10:45am	Stretches							
11:00am	Exercise education							
11:15am	Break	Break	Break	Break	Break	Break	Break	Break
11:30am								
11:45am	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise	Exercise
12:00pm								
12:15pm	Relaxation	Home tasks	Home tasks	Future planning	Home tasks	Home tasks	Home tasks	Future planning
12:30pm		Relaxation	Relaxation	Relaxation	Relaxation	Relaxation	Relaxation	Relaxation
12:45pm	Home tasks							
1:00pm	Finish	Finish	Finish	Finish	Finish	Finish	Finish	Finish

Consumers receive program resources, including a brochure, a participant manual and online resources. The addition of a follow-up phone call six weeks after program completion is being considered.

Adaptations

Although this program has not been adapted for Aboriginal and Torres Strait Islander people, this need has been identified and Cohealth is considering delivering a tailored program in the region. The program has not been adapted for any CALD communities, but funding has been allocated to translate program materials, including imagery in the participant manual.

The first group participated in this program virtually, as it started during the COVID-19 period. This included telehealth screening, telehealth assessments and online program delivery. Although feedback from consumers was positive, some opted to wait until the program was offered face to face. The default format is now face to face, but there is capacity for virtual access for future groups or for consumers who cannot travel or would prefer online access.

Monitoring, evaluation and continuous improvement

Data collected to monitor and evaluate this program include variables that form part of the ePPOC reports, client feedback survey upon program completion, and ongoing health professional feedback regarding program delivery, which is funded as part of the program contract. Feedback on these measures is provided in a report to the NWM

PHN, with outcome data for consumers also provided to their GPs. In terms of continuous quality improvement, feedback loops to review, change and modify the program as required are in place to meet the needs of consumers.

Costs

The commissioned provider has a two-year contract with NWM PHN and receives $250,000 per annum to provide the program. Multiple human resources are provided in-kind by Cohealth and BWCPM, including the project lead (Cohealth), BWCPM senior staff time during the program set-up phase and IT set-up costs.

Further information

For additional information about this program please contact Jesse Osowicki at jesse.osowicki@nwmphn.org.au. You can also phone 03 9448 5521 or email livingwellwithpainfootscray@cohealth.org.au.