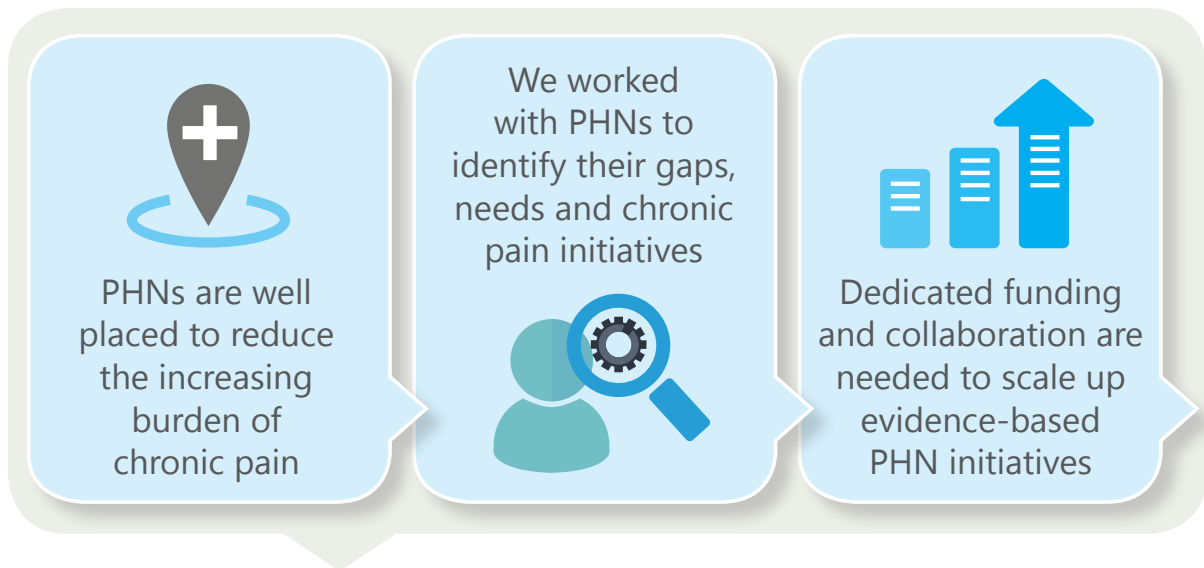




Supporting PHNs to reduce the burden of chronic pain



Key messages

- Chronic pain is a major and growing public health issue.
- Specialist pain clinics have long waiting lists and are unable to meet increasing demand. Primary health care is the most important point for intervention to improve access to care.
- Our project focused on Primary Health Networks (PHNs) as the commissioning bodies and supporters of primary care services.
- We synthesised the evidence about chronic pain initiatives in primary care, and consulted with PHNs to understand their needs, priorities and gaps, and to map their chronic pain initiatives.
- We also surveyed experts to identify the enablers of community-based pain programs and surveyed PHNs to identify existing programs.
- Few PHNs are identifying the need for, and adequately addressing, the secondary prevention and management of chronic pain in primary care.
- We identified a small number of evidence-based chronic pain initiatives that PHNs are currently implementing (such as Project ECHO) that are suitable for scale-up across Australia.
- Dedicated funding and collaboration between PHNs and local health networks, agencies and non-government organisations are needed to ensure scale-up and sustainability of these initiatives.

The project: Preventing and better managing chronic pain in primary care

Project lead: Professor Fiona Blyth AM, University of Sydney

Project start: January 2018 **Project end:** December 2020

Why is this issue important?

Chronic pain is a major and growing public health issue that affects one in five people in Australia. Chronic pain cost \$139 billion in 2018, mainly through reduced quality of life and productivity losses.^{1,2} These costs are expected to increase to \$215.6 billion by 2050.

Specialist pain clinics have long waiting lists and are unable to meet increasing demand. As the first point of contact for consumers, the primary healthcare setting is the most important point for intervention.

To enable more effective pain management in primary care, greater consumer access to multidisciplinary care and upskilling of health professionals in best practice pain management and non-pharmacological strategies is needed.

Early intervention in acute and subacute pain is crucial to prevent progression to chronic pain and associated disability. This is known as secondary prevention. It focuses on people at risk of developing chronic pain such as after surgery or injury.

As commissioning bodies and supporters of primary care services, there are many opportunities for PHNs to improve the secondary prevention and management of chronic pain.

What did we do?

Our project had two overall aims:

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

We had a high level of engagement with PHNs, consulting with executive level staff and program leaders from all PHNs, apart from one metropolitan PHN in Victoria.

The project had three phases:



Consultation with PHNs to understand their needs, priorities and gaps and to map their chronic pain initiatives.



Discussions with PHNs about their options informed by a rapid evidence review of the secondary prevention and management of chronic pain.



A survey of experts to establish consensus on the enablers of community-based pain programs, and a survey of PHNs to identify their existing community-based programs.

What did we find?

About half of the 25 PHNs and the WA Primary Health Alliance (WAPHA) that we consulted reported chronic pain as a health and/or service need. Nine PHNs and the WAPHA reported it as a priority.

The main barriers to PHNs identifying chronic pain as a need or priority were:

- Chronic pain is frequently not considered a distinct condition in PHN Needs Assessments
- A lack of quality local data at a PHN level about health and service needs related to chronic pain
- Competing priorities for funding and resources.

We identified two exemplar evidence-based initiatives in PHNs that would be suitable for scale-up across PHNs in Australia:

- Face-to-face multidisciplinary community-based pain programs implemented in eight metropolitan and regional PHNs (seven PHNs and WAPHA)
- Project ECHO Persistent Pain, a telementoring and capacity-building initiative related to chronic pain, which was implemented in the Western Victoria PHN.

Our mapping of all PHN chronic pain initiatives showed there was a gap in initiatives related to the secondary prevention of chronic pain.

PHNs' implementation and scale-up of chronic pain initiatives is limited, with PHNs identifying the following barriers:

- Limited knowledge about available options and what other PHNs are doing
- Limited access to evidence to support decision-making in commissioning pain programs
- Medicare does not provide reimbursement for consumer access to community-based pain programs
- Competing priorities for funding and resources
- Fragmented funding pools constraining effective implementation and scale-up
- Scarcity of resources and expertise relating to monitoring and evaluation, and evaluation reports often not being publicly available.

Participants in the project's PHN workshop and deliberative dialogue highly valued the opportunity to engage with each other.

"This is one of the few opportunities I have to talk to other PHNs about a problem that affects us all, and I really value it."

"The most useful aspect was finding out what other 'like' PHNs are doing and what we could replicate or collaborate on."

What did we produce?

Peer-review publications

- Walker P, De Morgan S, Sanders D, Nicholas M, Blyth FM. Primary care initiatives focused on the secondary prevention and management of chronic pain: a scoping review of the Australian literature. *Aust J Prim Health*. 2020 Aug;26(4):273–280. doi: 10.1071/PY20092 PMID: 32669195

Evidence syntheses

- Review of publicly available core PHN Needs Assessments to understand PHNs' key issues related to chronic pain
- Rapid evidence review of Australian and international initiatives to improve the secondary prevention of chronic pain

Resources for PHNs

- Mapping of PHN chronic pain initiatives and opportunities to improve the management and secondary prevention of chronic pain
- Online and accessible chronic pain initiatives and resources
- Commissioning community-based pain programs
- Adapting pain programs during the COVID-19 pandemic

Knowledge exchange activities with PHNs

- A workshop, deliberative dialogue and online forums

Why does it matter?

The chronic pain burden is high and increasing. PHNs are well placed to improve access to multidisciplinary care and to upskill health professionals in best practice pain management.

However, few PHNs are identifying the need for, and adequately addressing, the secondary prevention and management of chronic pain in primary care.

Our project developed a framework of options to address the management and secondary prevention of chronic pain for PHN decision-makers. We also played an important role in supporting collaboration and information sharing between PHNs to support implementation.

We identified that the scale-up and sustainability of chronic pain initiatives requires:

- Dedicated funding
- Greater opportunities for communication between PHNs to improve knowledge-sharing and reduce duplication of processes and systems
- Collaboration between PHNs on chronic pain initiatives
- External partnerships with local health and hospital networks, state and territory government agencies, and non-government organisations to share resources, expertise and governance.

Next steps

We will build on our work and engagement with PHNs through three linked initiatives:

- Collaborating with PainAustralia to develop a resource for health professionals and consumers about PHN community-based pain programs
- Evaluating the Project ECHO Persistent Pain program in the Western Victoria PNH
- Developing a national digital pain management training program for health professionals as part of a consortium in an Australian Government Department of Health project.

References

1. The cost of pain in Australia. Commissioned by PainAustralia UK: Deloitte Access Economics. 2019.
2. Australian Institute of Health and Welfare 2020. Chronic pain in Australia. Cat. no. PHE 267. Canberra: AIHW.



The Australian Prevention
Partnership Centre

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