

# Improving chronic pain management for people in Southern NSW

Southern NSW Chronic Pain Initiative: 2016-2019



Health  
Southern NSW  
Local Health District



phn  
SOUTH EASTERN NSW  
An Australian Government Initiative



ACI  
NSW Agency  
for Clinical  
Innovation

# Executive summary

*This report highlights the Southern NSW Pain Initiative's 2016-2019 achievements and outlines opportunities to improve outcomes for people affected by chronic pain in Southern NSW.*

Chronic pain, also called persistent pain, affects one in five Australians over 45 years<sup>1</sup>, with one in five people over 65 years experiencing moderate to severe pain that lasts for more than six months<sup>1</sup>. The prevalence of chronic pain is higher in rural and remote Australia<sup>2</sup>. In Southern NSW, 30% of the population is estimated to experience chronic pain – with the federal electorate of Gilmore (Kiama to Tuross Head) having the second highest prevalence rate for chronic pain in Australia.

For individuals, pain contributes to poor physical and mental health, social and financial outcomes. Chronic pain puts significant pressure on the health care system through increased medication costs, general practice encounters and length of hospital stay<sup>1</sup>. Overall, chronic pain costs Australia \$139.3 billion each year in health care costs, lost productivity, reduced quality of life and aids and modifications<sup>3</sup>. Nearly half the costs are borne by those experiencing chronic pain<sup>3</sup>.

In 2015 in Southern NSW, specialist pain services were limited, had long waitlists and only benefited a small fraction of the population. With no tertiary hospital in the region and limited access to pain management, Southern NSW had higher than state-average figures for opioid prescription rates, ranking 7<sup>th</sup> amongst 91 areas in NSW and 36<sup>th</sup> amongst 333 regions of Australia<sup>4</sup>.

As a result of the 2012-16 NSW Pain Plan, a partnership agreement between COORDINARE –

South Eastern NSW, the Agency for Clinical Innovation (ACI), St Vincent's Hospital Sydney (SVHS) Pain Clinic and Southern NSW Local Health District (LHD) introduced the Chronic Pain Initiative to address chronic pain needs.

The Southern NSW Pain Initiative combines telehealth for specialist pain consultation, an allied health-led chronic pain management program, and a health professionals' capability development program. The program aims to improve local treating clinicians' skills whilst making specialist care more accessible for those who need it.

The Southern NSW Pain Initiative aims to:

- improve functional capacity of people living with chronic pain
- improve health care outcomes and experiences for people with chronic pain
- improve health care professional knowledge and skills in pain management
- deliver value for money.

The initiative provides care for people living with chronic pain at different stages of their condition and varying severity levels.

Since 2017 the Southern NSW Pain Initiative has:

- delivered chronic pain care to over 500 people
- significantly reduced costs to people with chronic pain and their families
- improved care experiences and clinical outcomes
- saved 212,000km and 160 days of travel to out-of-region specialist pain services
- provided professional education to 250 health professionals to enhance pain management skills

- reduced opioid use by 50% for 44% telehealth participants and 25-33% of chronic pain management program participants.

The Initiative has an opportunity to continue to assess value for money. Cost-effectiveness for COORDINARE could be enhanced by:

- increasing the proportion of LHD / private partnerships for program delivery
- increasing the numbers of participants per program.

The program may also benefit from a greater focus on economic evaluation, including the impact of the program on employment, work absences, and quality of life.

The Southern NSW Chronic Pain Initiative has delivered positive outcomes and experiences for people living with chronic pain in Southern NSW, improving functional capabilities, reducing opioid prescription and improving health professional skills.



*"I found talking to others with an experience and understanding of chronic pain reassuring and it reduced my feelings of isolation."*

# Chronic pain in Southern NSW

*Chronic pain is a significant health issue in Southern NSW. Chronic pain is associated with poorer physical and mental health, increased health care utilization and impacts on individual social and financial outcomes.*

In Southern NSW, 30% of the population is estimated to experience chronic pain – with the federal electorate of Gilmore having the second highest prevalence rate for chronic pain in Australia in 2018 and expected to be highest by 2050<sup>3</sup>.

Chronic pain impacts across a range of areas for the individual and the broader community.

Chronic pain:

- is associated with several behavioural risk factors (such as physical inactivity, smoking, weight), further increasing the risk of chronic conditions<sup>1</sup>
- is strongly associated with anxiety and depression<sup>1,5</sup>
- is related to a range of long-term conditions
- increases general practice presentations and hospital length of stay<sup>3</sup>
- impacts on workforce participation and financial stability.

Half of the cost associated with chronic pain is borne by the person with chronic pain and their family<sup>3</sup>.

Opioid misuse is a continuing concern in Australia, with risks of dependence, accidental overdose, hospitalization and death<sup>1</sup>. In Southern NSW, high chronic pain prevalence and limited access to specialist services are paired with increased rates of

opioid prescription, ranking 7<sup>th</sup> amongst 91 areas in NSW and 36<sup>th</sup> amongst 333 regions of Australia<sup>4</sup>.

## Addressing the issue

To address chronic pain in Southern NSW, the following organisations formed a partnership and Service Level Agreement:

- COORDINARE
- Agency for Clinical Innovation (ACI)
- St Vincent's Hospital Sydney Pain Clinic (SVPC)
- Southern NSW Local Health District (SNSWLHD)

A Steering Committee with representatives from each partner and identified stakeholder groups was established and launched the Chronic Pain Initiative (PI): a partnership to improve pain management in Southern NSW.

The program aimed to deliver a chronic pain program for people living with chronic pain at different stages of their condition and varying severity levels. In particular, the program aimed to improve access to specialist pain management.

The Southern NSW Pain Initiative program aims to:

- improve functional capacity of people living with chronic pain
- improve health care outcomes and experiences for people with chronic pain
- improve health care professional knowledge and skills in pain management
- deliver value for money.

**Program aim: People of Southern NSW living with chronic pain will experience improved functional capacity through improved management of their chronic pain.**

Program	Outcomes
 <p><b>SPECIALIST-LED TELEHEALTH PAIN CLINIC</b></p> <ul style="list-style-type: none"> <li>• St Vincent's Hospital specialist staff deliver outreach pain education and telehealth</li> <li>• \$100,000 recurrent funding from NSW Government</li> </ul>	<ul style="list-style-type: none"> <li>• self-efficacy improvements greater than the national benchmark</li> <li>• opioid usage reduced by 50% for 44 % of participants</li> <li>• significantly reduced travel by 106 days or 212,000kms</li> </ul>
 <p><b>ALLIED HEALTH-LED CHRONIC PAIN MANAGEMENT PROGRAM</b></p> <ul style="list-style-type: none"> <li>• A mixture of LHD and private allied health practitioners</li> <li>• Commissioned by COORDINARE</li> </ul>	<ul style="list-style-type: none"> <li>• Improved functional capacity and quality of life (measured by electronic Persistent Pain Outcomes Collaborative)</li> <li>• opioid usage reduced by 50% for 20-33% of participants</li> <li>• low rates of participation by Aboriginal and Torres Strait Islander people</li> </ul>
 <p><b>HEALTH PROFESSIONAL CAPACITY BUILDING</b></p> <p>Delivered by SVHS, Commissioned by COORDINARE</p>	<ul style="list-style-type: none"> <li>• 65% of participants reported the program entirely met their learning goals</li> <li>• 100% stated the program wholly or partially met their learning goals</li> </ul>

### Measuring our outcomes

To provide coordinated care across the region, COORDINARE aims to achieve quadruple outcomes that are:

- improved health outcomes
- better consumer experience
- enhanced provider satisfaction and
- increased value for money.

COORDINARE measured the effectiveness of the PI against these outcomes and by answering the following evaluation questions:

- How effective was the chronic pain initiative in improving health outcomes among participants suffering from chronic pain?
- What experience did the chronic pain initiative provide to the participants suffering from chronic pain?
- What was the role of the initiative in supporting health professionals to provide chronic pain treatment?
- Did implementation of the chronic pain initiative provide increased value for the money?

A mixed-method multi-site case study approach was used to explore the outcomes of three activities commissioned under the Chronic Pain Initiative. Quantitative and qualitative data were utilized to assess the effectiveness of Chronic Pain Initiative.

### electronic Persistent Pain Outcomes Collaboration (ePPOC)

ePPOC is an initiative of the Faculty of Pain Medicine and is administered by the Australian Health Services Research Institute (AHSRI), a research centre of the University of Wollongong.

The research program uses a range of assessment tools to obtain data about physical and mental health outcomes, including:

- Depression, Anxiety, Stress Scale (DASS)
- Pain Catastrophising Scale (PCS)
- Pain Self-Efficacy Questionnaire (PSEQ).

The ePPOC benchmarks reflect good (rather than average) practice and outcomes derived from clinically significant health changes achieved by only 20-30% of services. These benchmarks shift as overall practice improves<sup>6</sup>.

## 2019 annual ePPOC endorsed benchmarks

2019 ePPOC benchmarks, thresholds and criteria

Domain	Benchmark
<b>Average pain</b>	40% of patients with moderate or worse pain at referral make a clinically significant improvement at episode end
<b>Pain interference</b>	70% of patients with moderate or worse pain interference at referral make a clinically significant improvement at episode end
<b>Depression</b>	70% of patients with moderate or worse depression at referral make a clinically significant improvement at episode end
<b>Anxiety</b>	50% of patients with moderate or worse anxiety at referral make a clinically significant improvement at episode end
<b>Stress</b>	60% of patients with moderate or worse stress at referral make a clinically significant improvement at episode end
<b>Pain self-efficacy</b>	60% of patients with high or worse impairment in pain self-efficacy at referral make a clinically significant improvement at episode end
<b>Pain catastrophising</b>	70% of patients with high or worse pain catastrophising at referral make a clinically significant improvement at episode end
<b>Opioid use – all</b>	50% of patients taking opioid medication at referral reduce their oMEDD <sup>A</sup> by at least 50% at episode end
<b>Opioid use – high dose</b>	60% of patients reduce their high dose of oMEDD <sup>A</sup> (≥40mg) at referral by 50% or more at episode end

Clinically significant improvement for each of the domains is defined as follows:

- Average pain: an improvement of 30% or more on the BPI average pain item
- Pain interference: an improvement of one point or more over the average of the seven BPI pain interference items
- DASS subscales: an improvement of 5 or more points coupled with a move to a less severe category
- Pain self-efficacy: an improvement of 7 or more points combined with a move to a less severe category
- Pain catastrophising: an improvement of 6 or more points combined with a move to a less severe category.

<sup>A</sup> oMEDD = oral morphine equivalent daily dose

# Specialist-led Telehealth pain clinic

*The specialist-led pain clinic is delivered using telehealth, enabling contact between the specialist pain team and the participant in their local general practice.*

Telehealth is a means of delivering health services and transmitting health information over a distance using information and communications technologies; in this instance, via secure video-conference. St Vincent's Hospital Sydney Pain Clinic (SVPC) is contracted to provide telehealth consultations for Southern NSW. Pain Clinic telehealth consultations occur weekly - participants' video-conference the pain team from their GP's practice.

## Outcomes

During the telehealth trial in 2017 and 2018, outcomes for the specialist-led pain clinic were measured using the ePPOC dataset and compared with national benchmarks. Around 64% of telehealth participants had lived with chronic pain for more than five years, almost double the proportion of participants treated by other ePPOC-subscribed services.

In comparison with national benchmarks, the specialist-led pain clinic resulted in:

- above-benchmark reductions in pain interference
- at-benchmark pain self-efficacy improvements
- near-benchmark reductions in opioid usage.



**561**

successful specialist telehealth consultations



**296**

patients accessed specialist telehealth clinic



**77**

general practice referrers



**44%**

of participants reduced their opioid usage by 50% in 2017-18



Telehealth consultations saved

**211,649 km**

of consumer travel distance



**106 days**

of saved consumer travel time.

Participants experiencing clinically significant improvements in depression were comparatively lower than the respective benchmarks; however, this may be related to the longer histories of chronic pain in this group.

While 67% of participants stated they preferred face-to-face consultation<sup>B</sup>, most participants found the specialist telehealth service convenient and time-efficient. 52% of participants considered the telehealth service to be as good as face to face consultations.

## ePPOC indicators

	Jan – Dec 2017 SVHS Telehealth (n=143)	2017-2018 FY SVHS Telehealth (n=34)	2017-2018 FY All services (n=30193)
<b>ePPOC: Reach indicators</b>			
<b>% of consumers experiencing pain &gt;5 years</b>	66.7	60.6	39.3
<b>Indigenous status</b>	5.8%	7.2%	3.9%
<b>ePPOC: Outcome indicators (% clinically significant improvement)*</b>			<b>2017-2018 FY Benchmarks</b>
<b>Average Pain</b>	11.8	31.3	30
<b>Pain Interference</b>	31.6	52.6	50
<b>Depression</b>	25.0	28.6	60
<b>Anxiety</b>	27.3	14.3	50
<b>Stress</b>	33.3	27.3	60
<b>Pain Catastrophising</b>	19.2	54.5	60
<b>Pain Self-efficacy</b>	23.3	60.0	60
<b>Opioid Use – reduction of at least 50%</b>	36.8	44.4	50

\*Indicates % clinically significant improvement – this is measured based on specific criteria for each outcome measure scale, as per data variable definitions, which can be found in ePPOC Data Dictionary and Technical Guidelines

Data from 'Patient Outcomes in Pain Management – Telehealth trial, 2017 Annual Report, 1 January – 31 December 2017' & 'Patient Outcomes in Pain Management- Far South Coast LHD Telehealth Trial, 2018 Mid Year Report (ePPOC Outcomes)

Note: Telehealth ePPOC data after mid-2018 is not available due to changes in data reporting.

<sup>B</sup> Note: most data was obtained pre-COVID.

### Breakdown of new referrers by GP cluster

Cluster	2017-18 (July-June)	2018-19 (July-June)	2019-2020	TOTAL
Eurobodalla	2	5	2	9
Far South Coast	17	23	7	47
Goulburn / Yass	3	8	4	15
Queanbeyan / Cooma	3	3	-	6



*With some help I am reducing my painkillers and other supporting drugs. The program has taught me I can self-manage my pain and my physical disabilities and increase my enjoyment of life... Although the pain is there, I don't let it manage me. Now I manage my pain.*

# Commissioned chronic pain management program

*The commissioned chronic pain management program (CPMP) aims to improve participants' functional capacity. The program provides access to allied health-led pain education and management.*

COORDINARE recruited a Project Coordinator in mid-2017 to manage the initiative and pilot the delivery of a commissioned Community Pain Management Program (CPMP).

The CPMP was developed by the Pain Management Research Institute (PMRI) and the NSW Agency for Clinical Innovation (ACI). The small group educational program targets people experiencing mild-moderate chronic pain for more than 3 months. The CPMP consists of a 3-hour weekly face to face group sessions for 6 weeks, with follow-up sessions at 4 and 12 weeks post-program.

The program guides participants to:

- identify goals, overcome barriers and set boundaries
- develop crisis management strategies and self-help routines
- develop skills in relaxation, stretching and exercise.

The CPMP is facilitated by allied health professionals selected through an expression of interest (EOI) process and trained in 'Brief Pain Self-Management Program: Putting Cognitive Behavioural Therapy (CBT) into Practice' (BPSM) by the PMRI. ACI recommended the program as a best-practice, evidence-based pain management training that would prepare allied health professionals with group management skills required to deliver the CPMP.

## Patient selection for chronic pain management program

Suitable patients	Exclusions
<ul style="list-style-type: none"><li>• Patients experiencing chronic pain longer than 3 months and/or beyond the normal healing time of an injury resulting in declining functional and psychological well-being</li><li>• Patients with an Orebro Musculoskeletal Pain Questionnaire - Short Form (OMPQSF) score of <math>\geq 50</math></li><li>• Independently mobile with the ability and willingness to attend all sessions</li><li>• Low to moderate pain complexity</li></ul>	<ul style="list-style-type: none"><li>• Patients undergoing active treatment for cancer, infection or fractures</li><li>• Patients receiving high dose opioids (&gt;60mg morphine equivalent per day)</li><li>• Workers compensation, third party, and motor accident injury claims</li></ul>

To improve the CPMP, a 2018 review by facilitators suggested increased advertising, sustainable funding and more appropriate referrals from GPs. COORDINARE addressed these suggestions by:

- contracting facilitators for the full financial year, enabling greater lead time
- uploading the Referral form onto Health-Pathways in rtf version (to enable it to be downloaded and saved into practice software)
- minimizing "red flag" exclusions
- increasing the daily opioid rate from 20mg to 60mg morphine equivalence in line with common prescription regimens and thereby increase participant eligibility
- adding information about upcoming CPMP onto the community section of the COORDINARE website.

## Outcomes

Compared to national benchmarks<sup>7</sup>, the chronic pain management program resulted in:

- above-benchmark reductions in pain interference and stress
- at-benchmark pain self-efficacy improvements
- near-benchmark reductions in opioid usage, pain self-efficacy, depression and anxiety

Participants were overwhelmingly pleased with the program, with over 85% of participants describing the program and facilitators as helpful and the facilitators as understanding.

There was significant variation between the program clinical outcomes across Southern NSW, with some programs performing markedly better than others.

## Health outcomes for CPMP

ePPOC: Reach indicators	1 Jul 2017 – 30 Jun 2018 COORDINARE (n=61)	1 Jan – 31 Dec 2019 COORDINARE (n=113)	1 Jan – 31 Dec 2019 'All Services' (n=33153)
% of consumers experiencing pain >5 years	74.3	66.1	41.1
% of female consumers	80.3	57.5	57.7
Indigenous status	3.4%	3.6%	4.1%
<b>ePPOC: Outcome indicators (% clinically significant improvement)*</b>			2019 Benchmarks
Average Pain	34.5	25.0	40
Pain Interference	56.3	71.1	70
Depression	65.2	63.2	70
Anxiety	31.8	45.8	50
Stress	62.5	76.5	60
Pain Catastrophising	70.8	57.1	70
Pain Self-efficacy	57.9	55.6	60
<b>Opioid Use – reduction of at least 50%</b>	35.0	21.1	50

\*Clinically Significant Improvement is measured based on specific criteria for each outcome measure scale, as per data variable definitions, which can be found in ePPOC Data Dictionary and Technical Guidelines

## Chronic Pain Management Program facilitators to meet or exceed 2019 ePPOC benchmarks

ePPOC: Outcome indicators (% clinically significant improvement)*	Number of locations meeting or exceeding benchmark
Average Pain	2/5
Pain Interference	2/5
Depression	1/5
Anxiety	4/5
Stress	4/5
Pain Catastrophising	2/5
Pain Self-efficacy	2/5



**Clinically significant improvements** of 20-76%  
experienced in measured health domains



**At or above benchmark reductions**  
in pain interference, stress and self-efficacy



**21%**  
of participants reduced their opioid usage by 50% in 2017-18



**23 programs**  
across Batemans Bay, Bega, Bermagui,  
Goulburn, Jindabyne and Moruya



**217**  
participants accessed CPMP



*Having an appointment with a specialist on a computer was enormously helpful. To get to Canberra is a 2-3 hour trip, which I've never attempted to do in one day because of my back issues. To get to Sydney would be a 3-day trip.*

# Health professional capacity building program

*As part of the Chronic Pain Initiative, health professional capacity building was delivered by St Vincent's Hospital Pain Team, with the intent to upskill local health professionals in best practice chronic pain management, increase referrals to SVPC Telehealth Services and build relationships with health professionals in Southern NSW. The program also included training by the Pain Management Research Institute.*

Throughout the initiative, there have been 253 attendances of chronic pain professional education opportunities.

## SVHS outreach educational events

During 2017-19 the SVPC visited Southern NSW three times a year for outreach educational events for GPs and allied health professionals. These workshops were registered with RACGP and ACRRM. GPs were required to complete a feedback survey to receive CPD points. Allied health professionals were provided with a certificate of attendance for their CPD requirements. Feedback informed topic choices for the next round of workshops.

During these trips to the region, the team also visited local health services to network with staff and support management of chronic pain participants.

In 2019, after consultation with General Practice Liaison Officers (GPLO) and research into GP training needs, two members of the SVHS Pain Team and an addiction specialist GP, Dr Hester

Wilson, ran an additional 90-minute webinar on *Opioid Deprescribing for Chronic Pain Patients*.

This webinar aimed to:

- provide GPs with strategies to deprescribe participants from opioids
- improve GP capacity to support chronic pain participants' psychological, physical and behavioural responses to opioid tapering.

The webinar was recorded and saved on the COORDINARE website and the link emailed to all who registered. 17 general practitioners and one other health professional attended the webinar. 65% of the attendees reported that the webinar entirety met their learning needs and the rest reported partially met learning needs. To date, there have been 48 views of the uploaded webinar.

## [Pain Management Research Institute – Brief Pain Self-Management \(PMRI BPSM\) webinars](#)

Health care professionals in Southern NSW received 3 opportunities to participate in the BPSM webinar series, funded twice by ACI and COORDINARE once. The intention of these webinars was to:

- increase non-medical pain management skills and knowledge in the local health sector
- build allied health capacity to facilitate CPMP prior to EOI.

These weekly 90-minute webinars were facilitated by a PMRI pain specialist. Participants were required to identify a subject for applying concepts and skills covered in the webinars.

From 2017 – 2019, 32 health professionals attended PMRI BPSM sessions, and about 94% agreed that they would recommend this webinar training to other health professionals. 18/32 participants have agreed to adopt the role of facilitator in a CPMP.

Conversations with CPMP facilitators revealed that the BPSM webinars had a repetitive focus on homework tasks and lacked depth. There were also topics and skills required in the role of CPMP facilitator that had not been addressed in the BPSM webinars.

Major strengths, as reported by the participants, were:

- informative, supportive texts and technology support
- thorough coverage of the formulation used as the basis of the cognitive behavioural training focus of the BPSM
- homework tasks reinforced course concepts well.



203

Health professionals attending capacity building program, including 57 general practitioners



Approx. 65%

of health professionals stated their learning needs had been "entirely met"



94%

of participants would recommend the PMRI BPSM webinar program.



*The initiative really has enabled our patients to live their life more fully. The program has also enabled GPs to more confidently and appropriately deliver services to the people in our communities.*

# Discussion

Improving pain management and the experiences and outcomes for people with chronic pain is a priority for both state and federal governments. The Chronic Pain Initiative (PI) aimed to support people living with chronic pain to experience improved functional capacity through improved management of their chronic pain.

The three primary activities of the initiative were:

- telehealth specialist pain services provided by St Vincent's Sydney Hospital Pain Clinic (SVPC)
- allied health facilitated pain management groups known as the Chronic Pain Management Program (CPMP)
- health professional capacity building.

This discussion is framed using the quadruple aims of Australian Primary Health Networks:

1. improved health outcomes
2. better consumer experience
3. enhanced provider satisfaction
4. increased value for money.

## A note on accessibility

Aboriginal health is a priority of COORDINARE. In this region of NSW, 4.2% of the population identifies as Aboriginal or Torres Strait Islander people. It includes the Yuin nation, Ngunnawal/Ngambri nations and Ngarigo nation<sup>8</sup>. The lowest proportion of total LGA population in the region is 2.8% (Upper Lachlan Shire), while 6.8% of the population of Eurobodalla identifies as Aboriginal or Torres Strait Islander<sup>9</sup>.

ePPOC data demonstrates that 6.5% of those receiving specialist pain telehealth services identified as Aboriginal or Torres Strait Islander. Analysis of data from SVPC showed that ongoing referrals were made from GPs employed by the area's Aboriginal Medical Service, Katungul. In contrast with this, only 3.5% of the CPMP's participants identified as Aboriginal and Torres Strait Islander and one referral was received from Katungul GPs. Reasons for the low referrals from AMS and participation in the CPMP by Aboriginal First Nations People needs to be determined and addressed.

## 1. Improved health outcomes

The PI activities that provide treatments to improve participants' health are SVPC telehealth consultations and CPMP. In the 3 years of the PI, close to 500 people living with chronic pain benefited from these local treatment options.

From the 2016 introduction of SVPC telehealth services to Southern NSW until October 2019, 296 participants received pain treatment. These participants would otherwise have needed to travel long distances to benefit from pain specialists.

65% of participants completing ePPOC questionnaires had lived with chronic pain for over 5 years, compared with 39% for all services nationally. This highlights the opportunity to engage people with chronic pain in Southern NSW sooner, to further improve outcomes.

While ePPOC outcome data specific to SVPC telehealth service is limited to the first 18 months of service provision, this data demonstrates that measured outcomes improved as the SVPC treating practitioners and GP practices gained experience and familiarity with the technology.

People with chronic pain experienced improvements:

- at- and above-benchmark improvements in pain self-efficacy and reduction in opioid use
- near-benchmark reductions in average pain and pain catastrophizing (within 1.5% of 2018 benchmarks)
- other dimensions ranged from 13-30% of their benchmarks.

The CPMP provided non-medical pain treatment to 165 Southern NSW community members living with mild-moderate chronic pain between late 2017 and December 2019. In 2017, 74% of

the CPMP participants had been living with their pain for over 5 years. However, the latest ePPOC report shows that this has reduced to 66%. Whilst still significantly higher than the 'All Services' average of 41%, this may indicate that the PI is promoting earlier access to chronic pain services for people in Southern NSW.

Clinically significant improvements of 20-76% were experienced in measured health domains by participants of CPMP:

- above-benchmark improvements in pain interference and stress (2019)
- near-benchmark improvements for anxiety and pain self-efficacy
- opioid use decreased for between 20-35% of participants, despite being a non-medical model of treatment

COORDINARE's internal analysis of ePPOC data showed that quality of outcomes varied between facilitators and locations. This was addressed through the inclusion of quality improvement indicators in the facilitators' contracts. Providers unable to demonstrate improvements did not renew contracts.

## 2. Better consumer experience

Participants receiving treatment are invited to give feedback on their experience of care. The majority of participants providing feedback on the SVPC telehealth service strongly supported the convenience and time-saving factor of telehealth pain consultations, which saved 106 days and 212,000 kms of travel to specialist services. Most would be happy to continue with these consultations, and close to half of them think the service equates to in-person treatment. In contrast with this, two thirds would prefer to have the consultation face to face<sup>C</sup>.

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<sup>C</sup> Note: This perspective was offered pre-COVID.

CPMP participants have indicated high satisfaction in the program and the therapists. This is reinforced in the comments recorded on the feedback sheets.

### 3. Enhanced provider satisfaction

There were 253 attendances at health professional capacity building events by 203 professionals. 100% of feedback surveys for SVPC nominated that the learning needs were entirely or partially met. Positive feedback was also provided for PMRI via surveys of participants, however verbal feedback identified areas for improvement. 18 of the 32 participants either have become or are interested in becoming CPMP facilitator.

Health professional feedback on the PMRI webinar program needs to be considered if recommendations from this evaluation include increasing the locations of CPMPs, or if other PHNs consider introducing pain management programs in their regions.

### 4. Increased value for money

Chronic pain costs Australia \$139.3 billion each year in health care costs, lost productivity and reduced quality of life<sup>3</sup>. DAE (2019)<sup>3</sup> estimates that the financial cost of chronic pain equated to \$22,588 per person, with two-thirds of this paid by the Australian government.

With higher prevalence rates and reduced access to pain management treatments, chronic pain participants in rural and remote areas have higher rates of prescription medication for pain management than those living in urban areas.

Personal costs to people with chronic pain were significantly reduced through the initiative:

- analysis of time and travel savings over the three years of the SVPC Telehealth data

shows that the resultant savings were 106 days and 211,649 Km of participant travel and car wear and tear.

- people engaged with the specialist pain telehealth services showed a 50% decrease in opioid prescription rates for 44.4% of participants (available data: mid year 2018)
- 21 – 33% of those who complete the CPMP reduced their rates of opioid prescription by 50%.

COORDINARE's running costs for the CPMP vary significantly with the facilitation model. Per participant costs for CPMPs were:

- \$1590 when delivered by private allied health facilitators
- \$875 when delivered via LHD / private allied health partnership.
- participant costs were zero.

For COORDINARE, the cost of service delivery almost halves when private allied health professionals partner with local health districts. However, at this stage, the capacity of the LHD to provide facilitators for the CPMP is limited but continues to be pursued.

For COORDINARE, cost-effectiveness could be improved by:

- increasing the proportion of LHD / private partnerships for program delivery
- increasing the numbers of participants per program, noting that program quality would be impacted above 12 participants.

A health economics or cost-effectiveness evaluation of the program would deliver more accurate representations of the program's value for money than this evaluation is able to provide.

## Recommendations and future directions

### *Improving chronic pain management continues to be a priority for government and southern NSW local health services.*

Writing of this report commenced in 2019, however its finalisation was impacted by the 19/20 black summer bushfires and the COVID-19 pandemic in 2020.

In early 2021, the National Strategic Action Plan for Pain Management<sup>10</sup> was endorsed by all Health Ministers and implementation funding followed. Additionally, the Australian Prevention Partnership Centre (Sax Institute) reviewed chronic pain prevention and management initiatives funded by Primary Health Networks throughout 2018-2020, resulting in several reports and recommendations for PHN funded chronic pain initiatives<sup>11</sup>.

At the time of report commencement, PI funding had not been committed beyond June 2021 but has now been extended through to 2023. Therefore, the report's recommendations incorporate these sources of additional information for ongoing implementation planning.

The National Strategic Action Plan for Pain Management will provide the framework for chronic pain services in Southern NSW into the future. The overarching goal of the Action Plan, and that of the PI going forward is 'Improved quality of life for people living with pain and the pain burden for individuals and the community is minimized'. Many key goals of the Action Plan are integral to the Southern NSW Chronic Pain Initiative, with some areas identified for future work:

- Goal 2: Consumers, their carers and the wider community are more empowered, knowledgeable and supported to understand and manage pain.
- Goal 7: Chronic pain is minimized through prevention and early intervention strategies.

The Southern NSW Pain Initiative has achieved some significant and positive outcomes for people experiencing chronic pain and those health professionals who provide their care. This report recommends COORDINARE implement the following enhancements over the next 2 years (2021-2023):

#### Expand Chronic Pain Management Program

- Expand the CPMP beyond SNSW to other areas within COORDINARE's region of South East NSW, through an increase in the amount of commissioning funds allocated to the program.
- Create a community of practice for CPMP facilitators, potentially to include mentoring from SVPC.
- Continue to provide quality improvement incentives via contracting for CPMP facilitators.
- Support CPMP facilitators to engage previous program participants to validate the lived experience of pain.
- Analyse referrals and promote CPMP to non-referring GPs/practices.
- Reduce the long-term impacts of chronic pain, through support of GPs to refer patients to CPMP earlier in their pain experience.

- Introduce innovative methods of delivering services as the community adapts to disruptions caused by natural disasters and COVID 19, for example the development of an online CPMP.
- Review the use of Shared Medical Appointments for delivery of CPMP or medication tapering.
- Continue to improve the training program for new CPMP facilitators to ensure readiness for the role and quality program delivery.
- Review the CPMP model to increase sustainability. This could include advocacy for reimbursement of group programs provided by allied health via the Medicare Benefits Scheme (MBS).

#### Increase Access to Specialist led Pain Clinics

- Continue to support and promote the Telehealth services provided by SVPC.
- Analyse referrals to telehealth and promote service to non-referring GPs/practices.
- Support GP practices to refer patients to Telehealth earlier in their pain experience.
- Develop opportunities for SVPC to network with Aboriginal health service providers to ensure appropriate management of First Nations people experiencing pain.
- Share a directory of BPSM trained health providers with SVPC for ongoing local management referral following Telehealth.

#### Increase Health Professional Capacity

- Review chronic pain professional development needs for GPs and allied health professionals.
- Identify opportunities to educate health professionals and the community about risk factors for chronic pain.
- Create opportunities to improve knowledge of chronic pain and pain management for Aboriginal Health service providers.

- Collaborate with local Aboriginal Health service providers to develop local, culturally-safe chronic pain management treatment options.

#### Increase Consumer and Carer Engagement

- Explore methods of improving community and employer understanding of chronic pain so that family, carers and colleagues of consumers with chronic pain can offer better support.
- Explore opportunities for social prescribing initiatives and other COORDINARE funded programs to provide continued support of consumers following completion of their pain management program.

#### Maximise Policy and Funding Developments

- Ensure integration of this initiative with other COORDINARE-funded programs that support people with chronic pain within drug and alcohol, mental health and social prescribing supports.
- Utilise the introduction of Real Time Prescription Monitoring introduction to enhance work amongst primary care providers to better support people receiving opioid medication, reducing opioid prescribing where appropriate.
- Ensure COORDINARE is positioned to leverage national developments in pain management and training such as those led by the Pain Management Research Institute (PMRI).
- Explore opportunities to collaborate with other organisations regarding funding of the program, for example the Rural Doctor's Network to increase access to pain services has now increased the SVPC service provision and educational visits to SNSW for the next 12 months.

The sustainability of chronic pain services will remain a focus of attention as the initiative continues. The continuation of the CPMP is currently reliant upon COORDINARE funding. As commissioner of the CPMP, COORDINARE has the opportunity to investigate options to obtain services at the most efficient cost whilst making clear deliverables and expectations on quality of care.

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