

CHANGING THE STATE OF PAIN MANAGEMENT:

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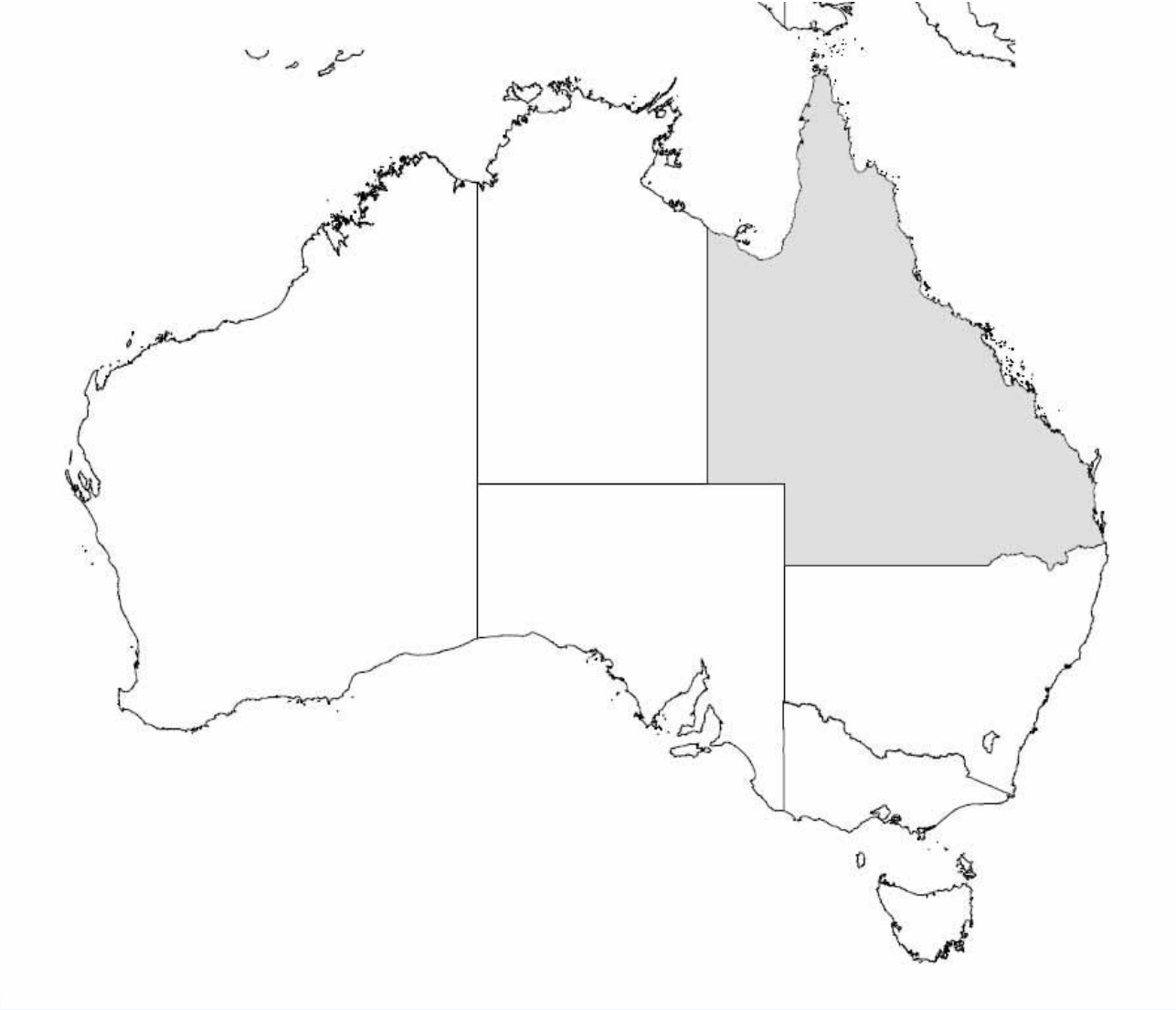
Changing the Management of Pain in the State

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Chair, Persistent Pain Statewide Steering Committee, AIS, QHealth

CHANGE CHAMPIONS: Optimising the Management of Pain. Melbourne, 24-25/08/2011



Pain Specialists & Training (2009)

	NSW	VIC	QLD
Population (million)	7.0 m	5.4 m	4.4 m
Area (km²)	800,642	227,416	1,730,648
Persistent Pain specialists (1:100,000 – 1:170,000 population)	67	30	33
Pain Medicine training sites	9	5	1

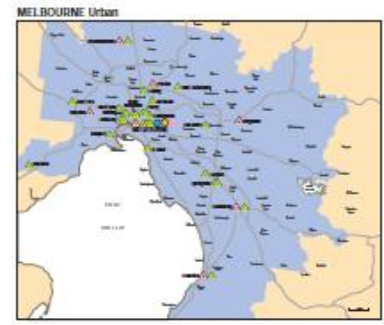
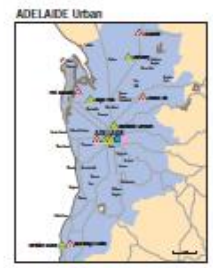
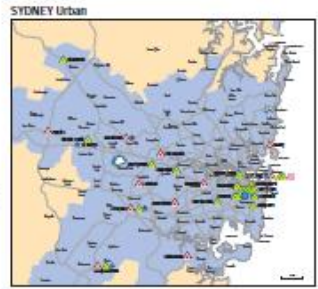
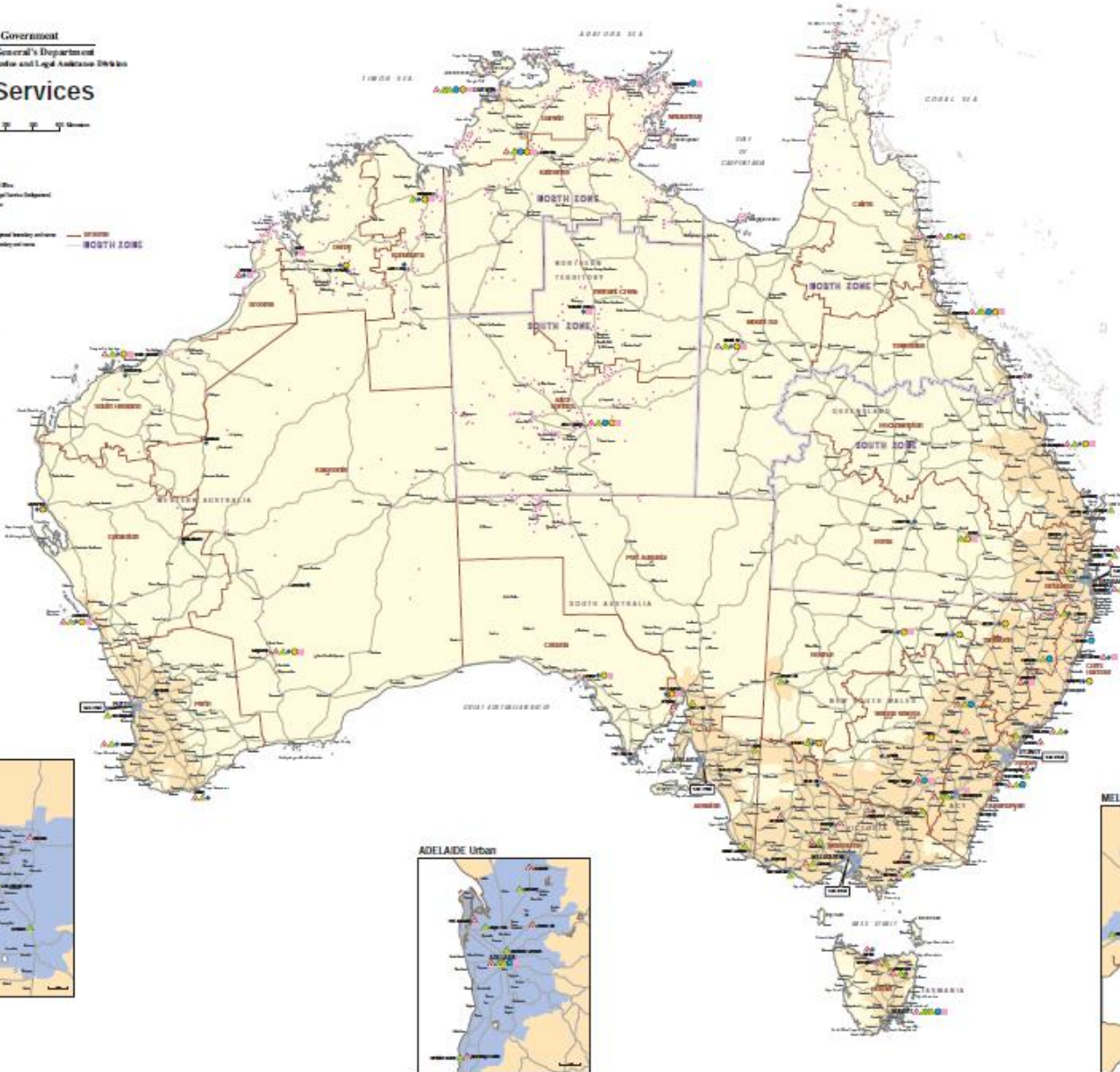
Legal Services

0 20 40 60 80 100 Kilometres

- Legal Aid Office
- Community Legal Centre
- Indigenous Legal Service
- Indigenous Legal Services Sub-Office
- Family Violence Response Legal Services (Indigenous)
- Indigenous Conciliation Centre
- Indigenous Community

Indigenous Communities Controlled boundary and/or
 Indigenous Legal Service area boundary and/or

- Metropolitan
- Regional
- Remote



Working towards State funding

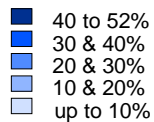
- Persistent pain strategy developed 2007-09
 - *Extensive consultation*
 - *High cost of persistent pain to the State identified*
 - *Single practitioner services unsustainable*
 - *Ambulatory services where feasible & safe*
- Effective lobbying by key individuals
- Consumers highlighted poor access to services

Persistent Pain Strategy: \$39.1 million operational funding over four years to implement the Statewide Persistent Pain Health Services Strategy 2010-15, with four pilot sites to commence over two years from 2010-11 at the Gold Coast, Townsville, Princess Alexandra Hospital and Nambour General Hospital.

Queensland State Health Budget Report, June 2010

Torres Strait-
Northern Peninsula

District Growth in Population 15+ years. 2006 to 2021



Hubs: Brisbane – northside
Gold Coast
Townsville

Spokes: Brisbane – southside
Sunshine Coast

Cape York

Cairns and Hinterland

Mt Isa

Townsville

Mackay

Central West

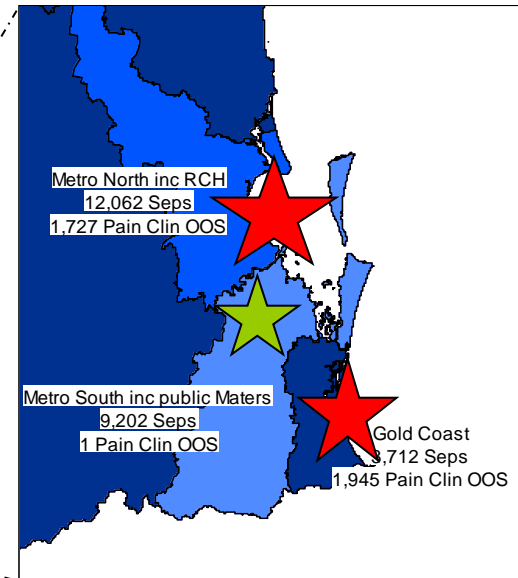
Central Queensland

Sunshine Coast-Wide Bay

South West

Darling Downs -

West Moreton



- **The Strategy:**
Statewide Persistent Pain Health Services Strategy
- **The Project Team:**
Access Improvement Services, CHI, QHealth
- **The Committee:**
Persistent Pain Statewide Steering Committee (PPSSC)
- **District Implementation Teams:**
Gold Coast, Metro South, Nambour, Townsville
- **Subcommittees & Working groups**

The Strategy, 2010

- Hub & spoke pain services with explicit linkages
- Improved access to persistent pain services
- Consistency in specialist services
- Self management promotion
- Interface with other healthcare providers

Statewide Steering Committee

- Oversees and monitors staged implementation of the Strategy
- Provide leadership in change management
- Provides unified direction
- Evaluates success of the Strategy with set KPIs

District Implementation Teams

- Develop local action plans and service delivery model
- Integrate existing local pain services into the Strategy
- Provide regional education and set local expectations
- Assist with staff recruitment, infrastructure & space issues
- Include corporate sponsor

KEY REQUIREMENTS: clinical

- Multidisciplinary rehabilitation approach
- Multidisciplinary triage and assessment
- Full range of clinical pain management services
- Individual &/or Group-based programs
 - *Ambulatory/community setting*
 - *Remote assessments / telehealth*
- Orientation/education session prior to treatment



Change Management: who & what needs to change?

- Patients
 - *Expectations and understanding*
 - *Pain behaviours and attitudes*
- GPs and Primary Care sector
 - *Expectations, understanding and practices*
- Persistent Pain Management Services
 - *A new model of care*
 - *Developing evidence-based practices*
 - *Monitoring outcomes*

Managing Patient Expectations

- Setting expectations
- Promote realistic expectations
 - *Living better with pain, rather than anticipating “cure”*
- Promote engagement with & trust in health care team
- Promoting independence and function
- Improve community resources
 - *Assistance prior to PPMS*
 - *Guidance and monitoring after PPMS*

Managing Expectations and Practices by GPs and primary care givers

- Communicating change in model and process
 - *Referral requirements , time limited referrals*
 - *Patient questionnaires & triage (outcomes)*
 - *Inclusion criteria (implies exclusions)*
 - *Limitations on criteria for inpatient admission*
- Communicate services provided – and their roles
- Set expectations for prescribing and aftercare
- Advice on community service availability

Persistent Pain Management Services: changing the model of care

- Shift from biomedical to bio-psychosocial model
- Multidisciplinary teams integral to service
- Expanding services delivery
 - *Into community*
 - *Out of healthcare district*
- Outcome measures and KPIs

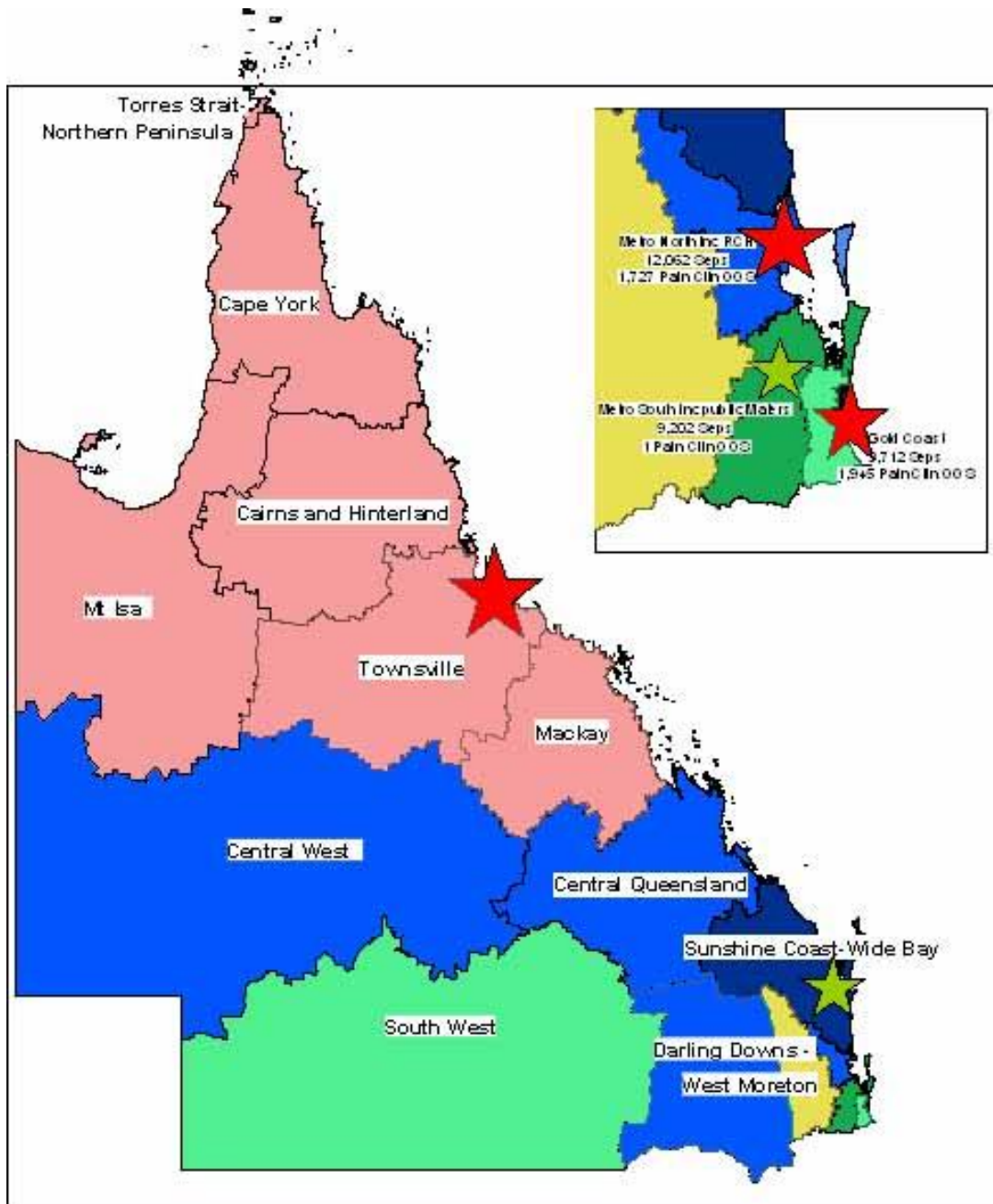
Changing Organisations

- PPMS sit under the umbrella of Qhealth
 - *Conflicting requirements*
 - *Roll out of change in large organisations*
 - Identifiers
 - Internet and intranet information change
 - Acceptable communication about change
- Collaborations
 - *Internal*
 - *External*
- Infrastructure to support discharged patients in pain



Managing Obstacles

- Workforce
- Facilities & infrastructure
- Processes
- Geography
- Stakeholders



GEOGRAPHY

Service level agreements

MOUs

Telehealth

Travel cost

Medication costs

Consistency across Pain Services

- Update letter on PPMS and the Strategy to referrers
- Uniform Referral form (including e-Referral)
- Selection & Triage criteria
- Patient information, commonly asked questions
- Uniform patient questionnaire, with screening for outcome measures, including:
 - *patient information, BPI, K-10, PSEQ, Healthcare utilisation, previous management, daily opioid use*



Queensland
Government

Screening and Referral Guide for Queensland Health Persistent Pain Management Services

This guide was reviewed and developed by a working group of pain medicine physicians, other related specialists, nursing and allied health representatives and general practitioners in Queensland and should be considered in conjunction with Queensland Health's *Outpatient Services Implementation Standard*.¹

Screening Guidelines

These are a guide to assist practitioners establish referral suitability. Persistent Pain Management Services will determine appropriateness of referrals on a case by case basis.

Patients should:

- » Have persistent pain with disability and / or psychosocial issues relating to pain
- » Have persistent pain that has been fully investigated
- » Be referred to the Persistent Pain Management Service (PPMS) by their General Practitioner, or surgical specialist
- » Have a General Practitioner prepared to work with the PPMS to provide ongoing management

Patients should not:

- » Have unstable, non-therapeutic drug dependence without concurrent treatment by a Drug and Alcohol Specialist
- » Have an active, untreated mental health condition
- » Be undergoing treatment from other specialist services for the same pain problem without referral

Reason for referral:

Referrers should provide information including, but not limited to:

- » Date of injury / onset of pain

TRIAL

 Queensland Government		(Affix identification label here)	
		URN: _____ Family name: _____ Given name(s): _____ Address: _____ Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I	
Persistent Pain Management Service Referral		Facility: _____	
» Prior to referral, please consider the <i>Screening and Referral Guide for Queensland Health Persistent Pain Management Services</i> . » To ensure the accurate categorisation of your patients' referral please provide as much information as possible.			
Referral to			
Name: _____			
Organisation: _____			
Address: _____			
			Postcode: _____
Phone: _____		Fax: _____	Email: _____
Patient details			
Family name: _____		Given name(s): _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate		Date of birth: _____	
Address: _____			
			Postcode: _____
Postal address (if different from above): _____			
			Postcode: _____
Phone (H): _____		Phone (W): _____	Phone (M): _____
Indigenous status: <input type="checkbox"/> Aboriginal but not Torres Strait Islander origin <input type="checkbox"/> Torres Strait Islander but not Aboriginal origin			
<input type="checkbox"/> Both Aboriginal and Torres Strait Islander origin <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander origin			
<input type="checkbox"/> Not stated / unknown			

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**WORK IN
PROGRESS
CHECK BACK SOON!**