

*Establishing a Chronic Pain
Service: Bridging the Gap
between Evidence and Practice.*

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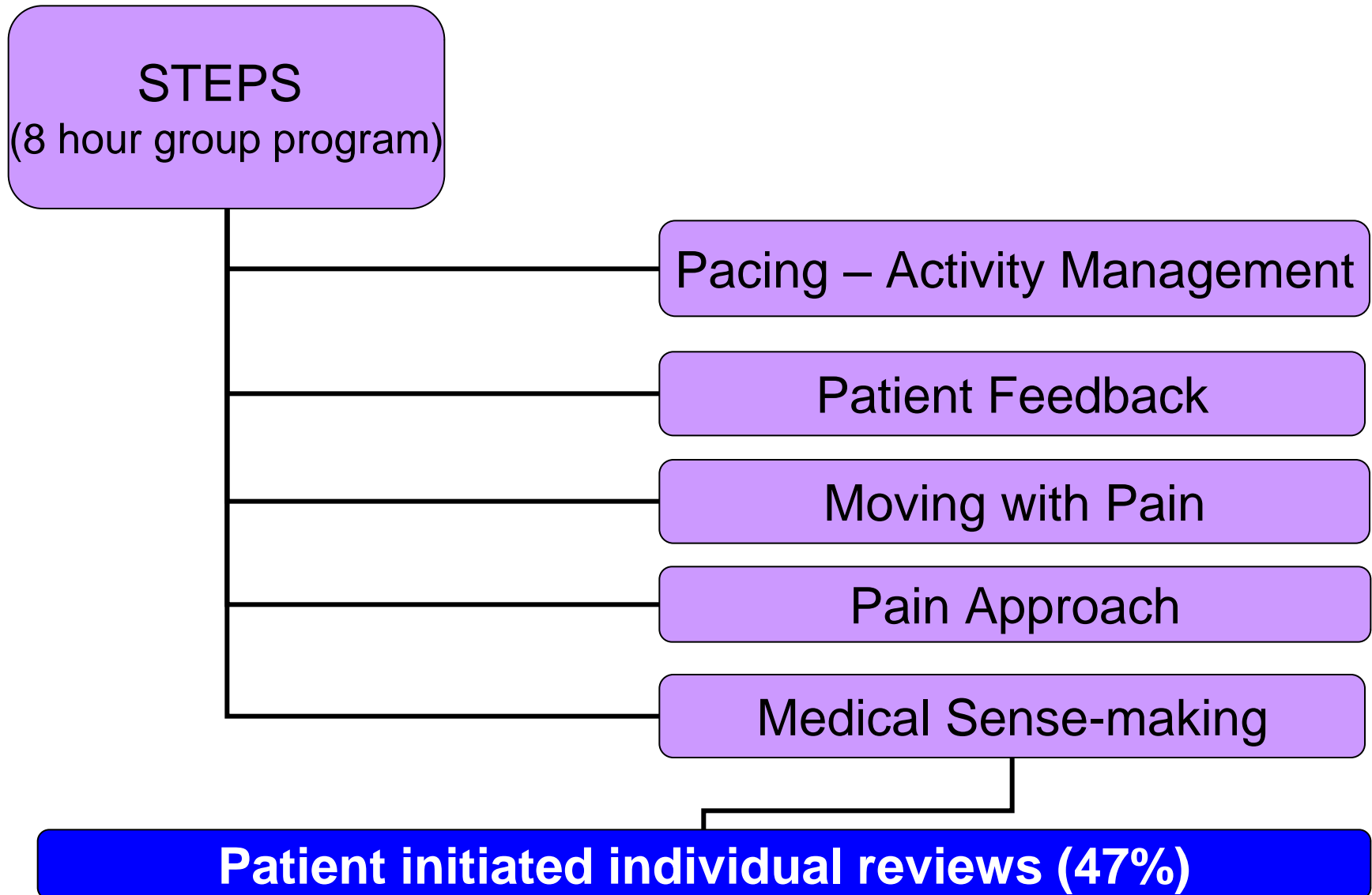
Evidence



Public Pain Services in WA

- SCGH - Nedlands
- RPH – Shenton Park
- FHHS – Fremantle
 - Average wait time in 2010 – 6 months (previously 24 months)
 - 1000 patients seen per year
 - Anecdotal evidence that 75% of these are from PaRK catchment

Self-Training Educative Pain Sessions



Initial Outcomes

- 78% of patients are satisfied with and engage with patient-centred self-management approaches.
- Cost and time efficient.
- Teaching active self-management approaches as an essential component of first-line pain management maybe linked to reduced recurrent health care requests.

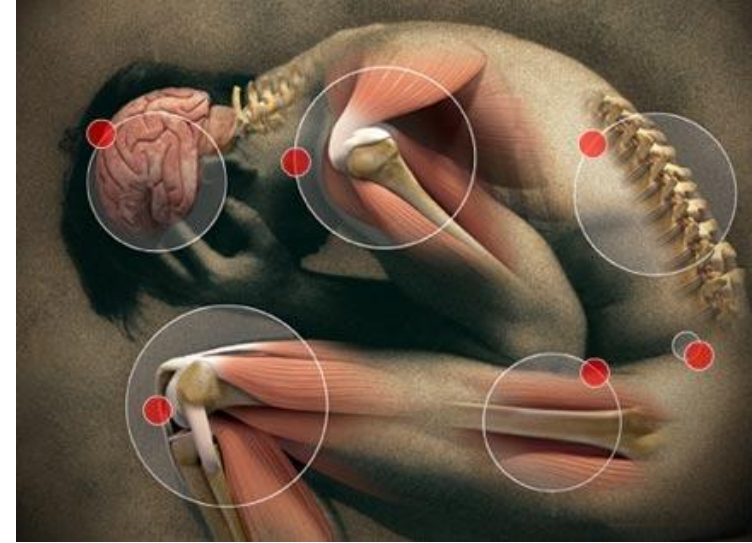
Initial Outcomes

- However, DNA rate for STEPS clinic was 40%.
- Average duration of pain was 9.2 years (SD 12.3) with a range of 0.4 to 51 years.

(some of the) **Known Risk Factors**

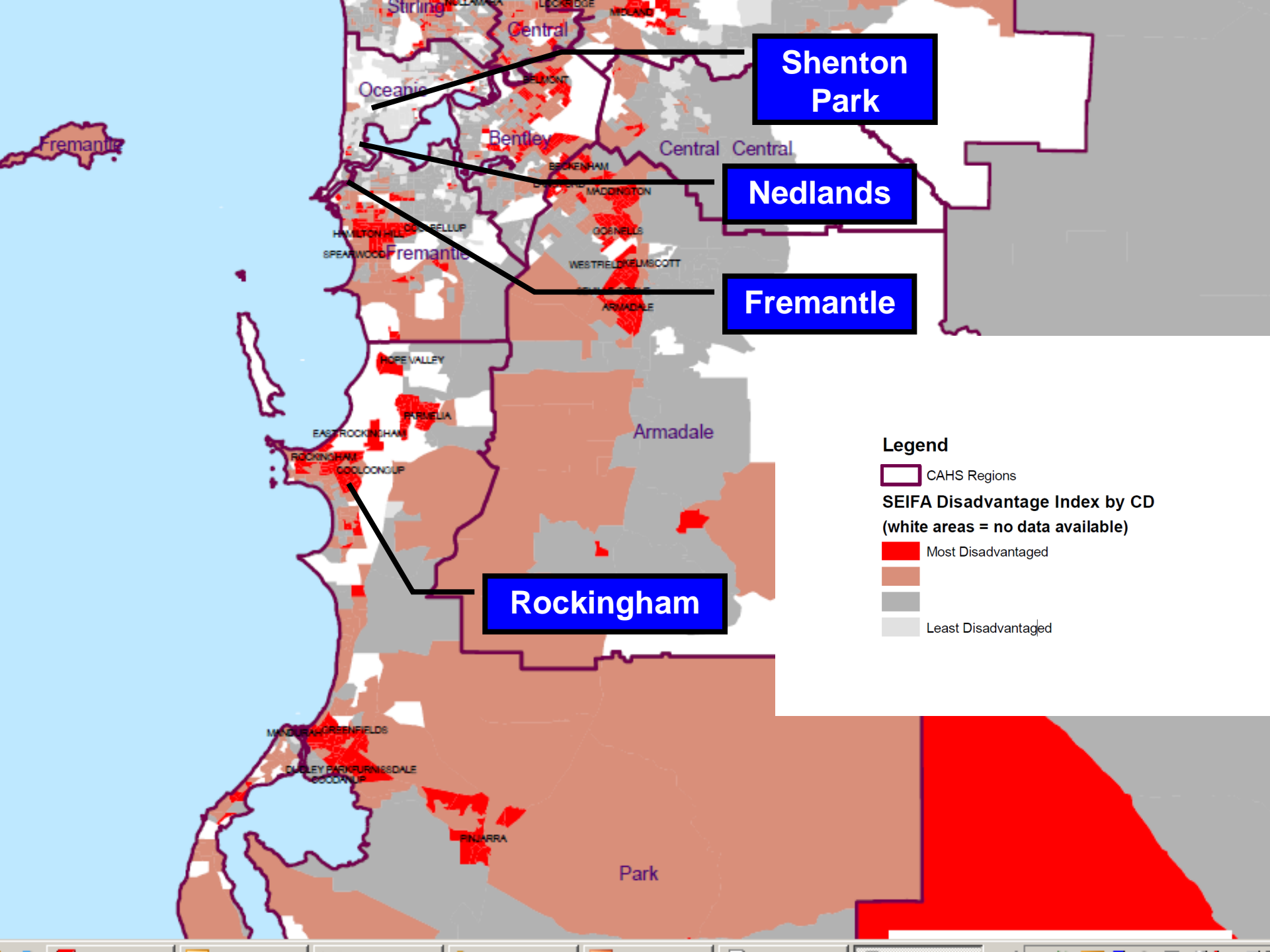
- Widespread pain
- General health
- Mental health (depression, anxiety)
- Beliefs about pain
- Behaviours
- Emotions
- Somatisation
- Supports (& family history of related conditions)
- Employment status
- Compensation
- Diagnosis and treatment

(e.g., Blyth et al., 2001; Kendall et al., 1997; Kuhajda, 2006; Leeuw, et al., 2007; Smith et al., 2007)



Practice





Shenton Park

Nedlands

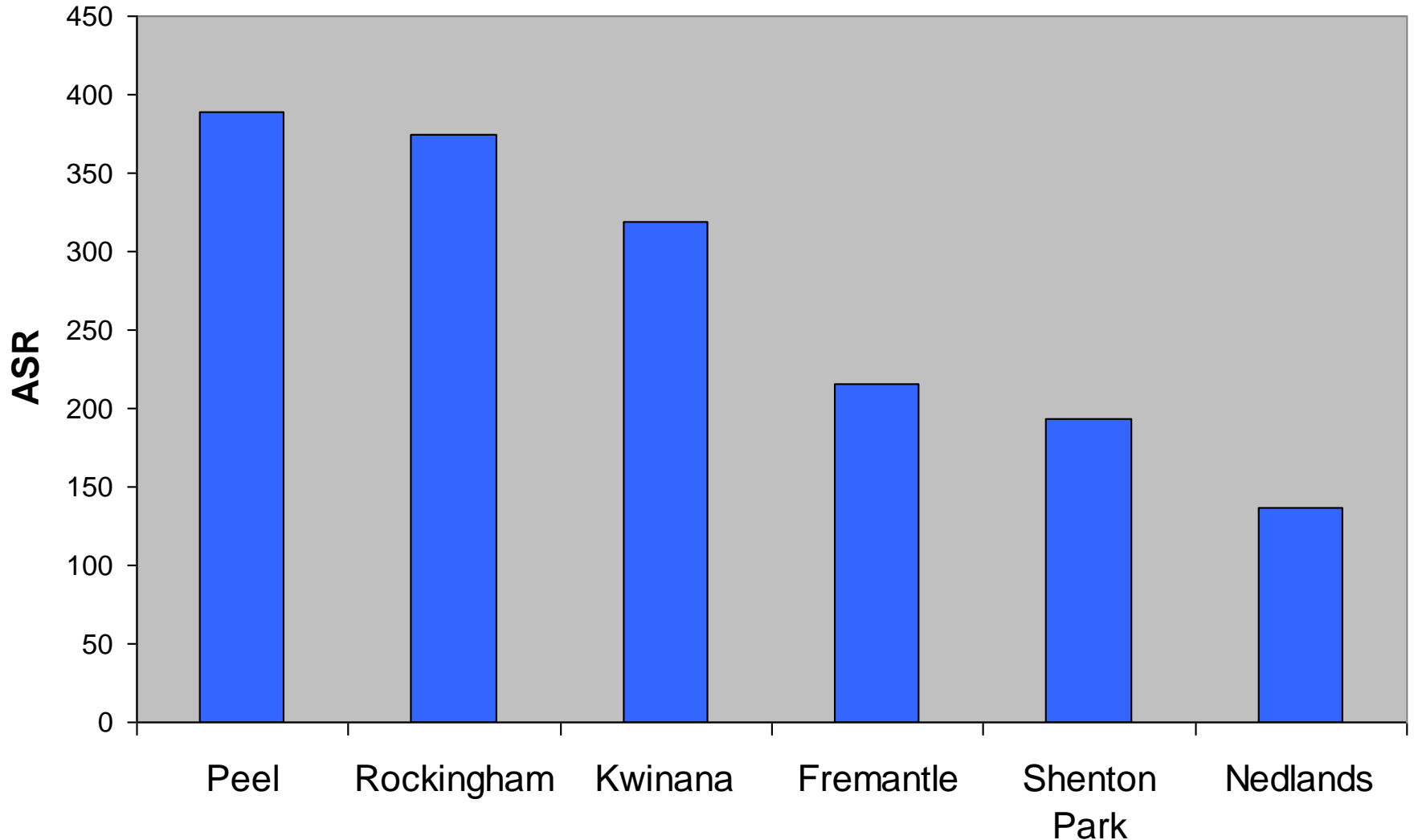
Fremantle

Rockingham

Socioeconomic Disadvantage

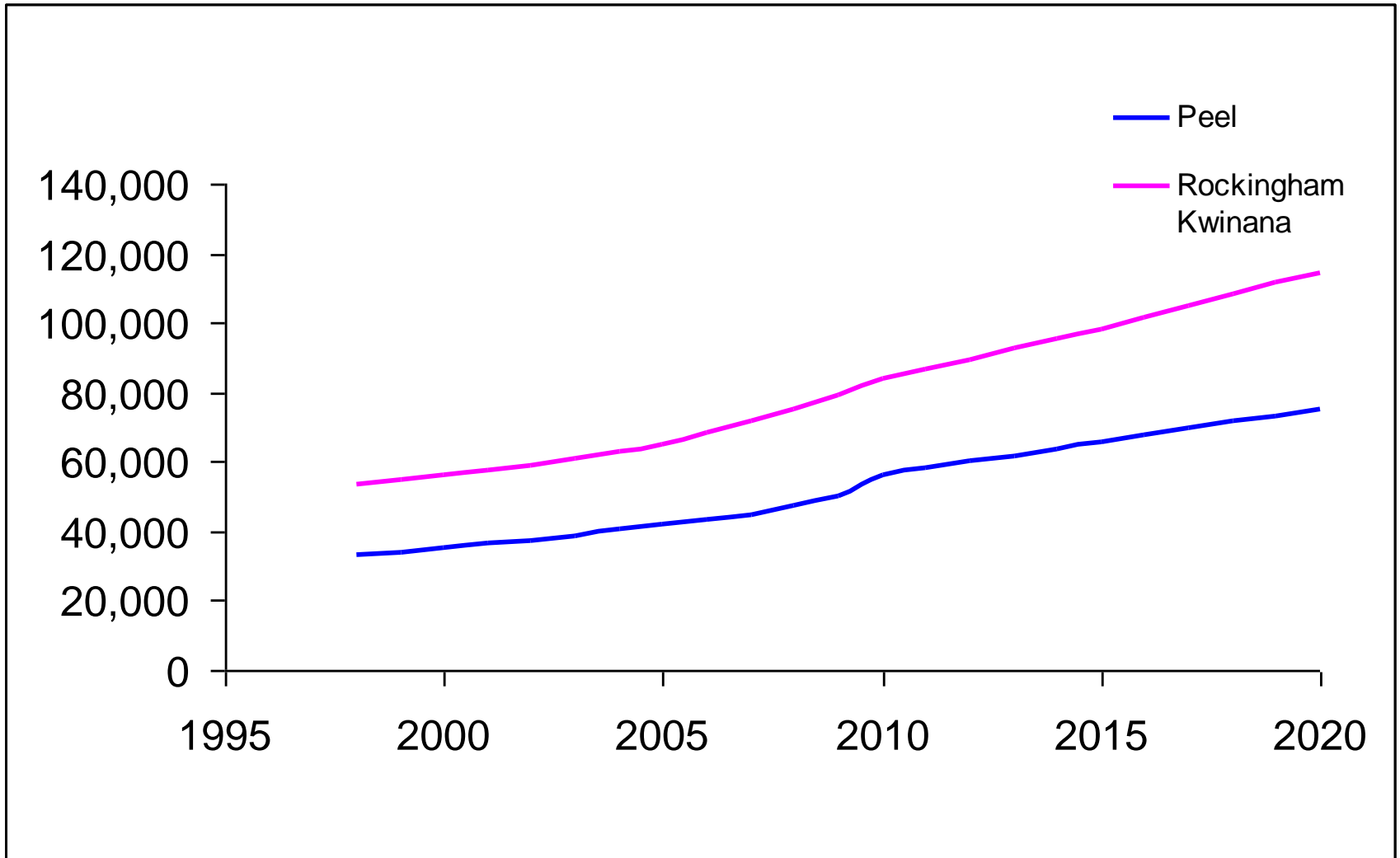
SEIFA 2006	SEIFA Score	WA Ranking	WA Percentile	National Ranking	National Percentile
Kwinana	927	65	20	708	29
Rockingham	937	85	26	858	35
Fremantle	1047	270	83	1981	80
Shenton Park	1135	324	99	2365	96
Nedlands	1166	326	100	2430	99

ED Presentations

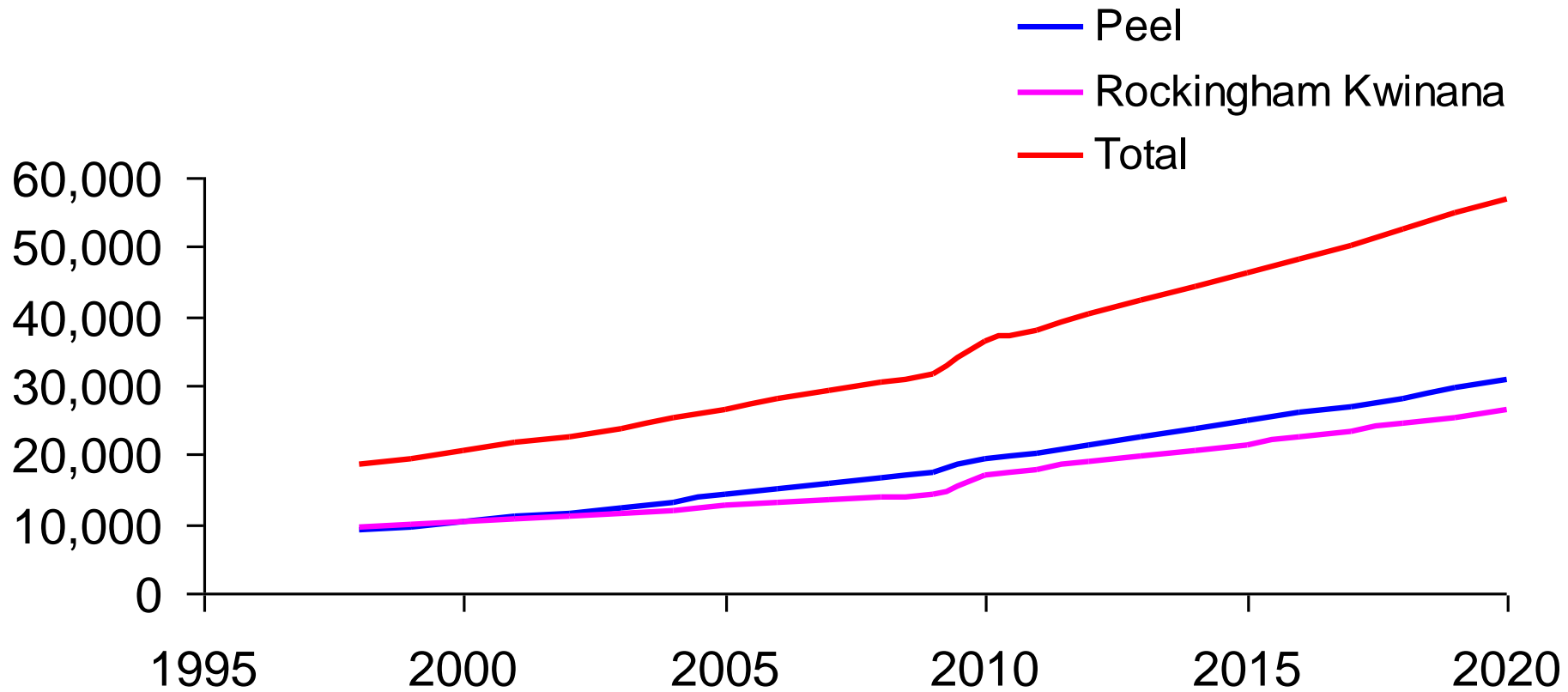


Codde, Bowen & Lloyd (2006)

Adult Population Growth



Older Adult Population Growth



Level of Distress

- High to Very High:
 - State average 9.1%
 - Kwinana 14.0%
 - Rockingham 10.6%



(DoH, Health Survey of Cockburn, Kwinana & Rockingham, 2004)

Rates of Chronic Disease

- Rates per 1000 of:
 - respiratory diseases,
 - circulatory diseases,
 - T2DM,
 - musculoskeletal diseases,
 - and obesity



are all higher than the state and national averages.

(Population health profile of the Rockingham Kwinana
Division of General Practice, 2005)

Rates of Mental Health



©Psychosis by Amber Christian Osterhout

- Rates per 1000 of mental health and behavioural disorders are higher than state and national averages.

(Population health profile of the Rockingham Kwinana Division of General Practice, 2005)

Social Supports

- In the Rockingham & Kwinana districts
 - 19% are single parent families
 - 28% are lone person households



Work

- “While employment rose in WA in the last quarter, Kwinana and Rockingham recorded an increase in *unemployment*”:
 - 11.7% Kwinana
 - 7.7% Rockingham
 - 4.2% WA
 - 5.0% nationally (as at June, 2011)

Dept of Education, Employment & Workplace Relations

Hon Phil Edman MLC, Chairman Rockingham Kwinana Planning and
Development Taskforce

Pilot Study

- Needs analysis as first step.
- Aim was to compare chronic pain patients in the Rockingham area to the Fremantle area.
- Questionnaire sent to:
 - chronic pain patients
 - GPs



Chronic Pain Patients



- Those in Rockingham reported a greater level of pain intensity compared to those in FHHS.
- Study confirmed that patients in Rockingham:
 - have significantly poorer SES
 - visit GP significantly more often
 - consult more GPs in their search for Tx
 - use significantly greater amounts of opioid analgesics and antidepressants (FHHS – over the counter)
 - significantly less satisfied with Tx they received for chronic pain

Their GPs

- GPs in Rockingham saw **FOUR TIMES** as many chronic pain patients per day.
- Only 35% of GPs in Rockingham were satisfied with the level of care they provided their chronic pain patients.



Their GPs

- Over 90% of GPs in both areas reported wanting to refer their patients to a specialist service.
- However, Rockingham GPs perceived poorer access to such services.
- *AND* perceived the services as less effective.



Bridging the Gap



What does this all mean?

1. There is a clear need for a service in PaRK.
2. GPs are likely to refer to the service (however may need some convincing of outcomes).
3. There is already a well-established model (at FHHS and RPH) producing some remarkable outcomes.

Can we Simply Transfer a Pain Service Model to PaRK?

- PaRK catchment area is demonstrably different to other catchments served by pain services in Perth.
- Higher incidence of comorbidity, chronic disease and socioeconomic factors.
- Higher incidence of health care usage (/1000).
- Older adult population growth.

Older Adult



- There is an opportunity with this service to effectively target the older adult population.
- The median age of our patients already is 68.4 years.
- Older adults are generally poorly assessed and undertreated for pain (American Geriatrics Society, 1998; AMA, 2010).
- Older age is independently associated with time to recovery (Henschke et al., 2008).
- Is there a need for a group program tailored for the Older Adult population??

Mental Health

- Prevalence rates for comorbid mental health disorders in patients suffering from chronic pain conditions can be as high as 70%.
- There is an opportunity to target psychological factors and to create close partnerships with mental health services.



e.g., Bair et al., 2008;
Demyttenaere et al., 2007; Kerr et al., 2004

Accessibility

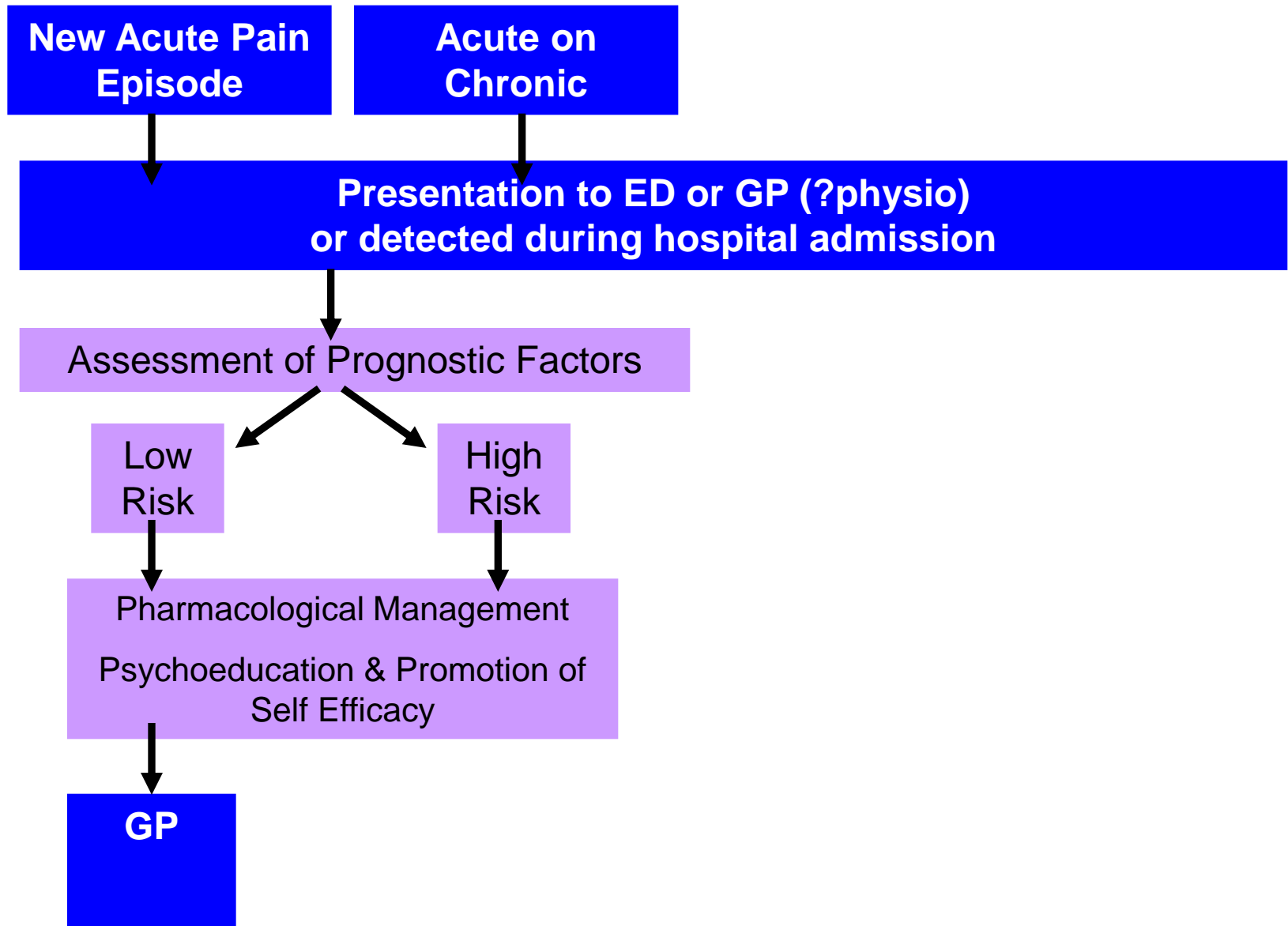
- Accessibility is a priority theme in the *Fourth National Mental Health Plan: An Agenda for Collaborative Government Action in Mental Health 2009-2014*.
- Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.

Accessibility & Early Intervention

- Goal 4 of the National Pain Strategy outlines access to pain services and identification of patients at risk of chronic pain.
- Can we establish a system of identifying those acute patients who are more likely to transition into chronic pain patients?

Prediction of Acute to Chronic

- Screening and targeted intervention are dependent upon prognostic indicators.
 - Research is hampered by methodological limitations and differences.
 - However, there are a number of assessment measures/methods available:
 - Örebro Musculoskeletal Pain Questionnaire (OMPQ)
 - Prognostic risk score
 - Tampa Scale of Kinesiophobia
- e.g., Boersma & Linton, 2005; Brown, 2008; Hockings et al., 2008, Von Korff & Dunn, 2008



Continuity of Care

- Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.

NMHWG, 2005

New Acute Pain Episode

Acute on Chronic

Chronic Pain

**Presentation to ED or GP (?physio)
or detected during hospital admission**

Assessment of Prognostic Factors

High Risk

Screen Phone Call ~6 weeks

Low Risk

High Risk

GP

**Specialist Pain Ax &
STEPS Program**

Recovery



- Is to support people to build and maintain a meaningful and satisfying life and personal identity, regardless of whether or not there are ongoing symptoms of mental illness.
- Thus a recovery-oriented approach represents a movement away from a primarily biomedical view of mental illness to a holistic approach to wellbeing that builds on individual strengths



Thank You



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