

Community-based allied health led model of care to better manage chronic pain



Presented by

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Chronic pain is a major public health issue



Disability, depression and anxiety, loss of income and isolation



Reliance on opioids, other medications and alcohol



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- The cost of pain in Australia. Commissioned by PainAustralia UK: Deloitte Access Economics. 2019.
- Australian Institute of Health and Welfare 2020. Chronic pain in Australia. Cat. no. PHE 267. Canberra: AIHW.
- Australian Government (2021) 'National Strategic Action Plan for Pain Management.' (Department of Health: Canberra, ACT, Australia)
- The Third Atlas of Healthcare Variation 2018 - 5.7 Opioid medicines dispensing all ages, Australian Commission on Safety and Quality in Health care (ACSQHC)
- Southern NSW Chronic Pain Initiative 2016-2019, Improving chronic pain management for people in Southern NSW.
- Henschke N, Kamper SJ, Maher CG. The epidemiology and economic consequences of pain. *Mayo Clin Proc* 2015;90(1):139–47.

Current model of care unsustainable and not fit for purpose



Tertiary pain services have long waiting times



People in regional and remote areas travel long distances to access services



Chronic pain is associated with high health care utilisation and related costs – GP visits and ED presentations

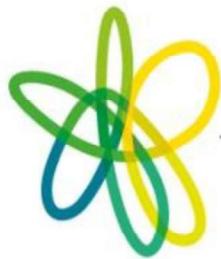


Lack of access to non-pharmacological strategies

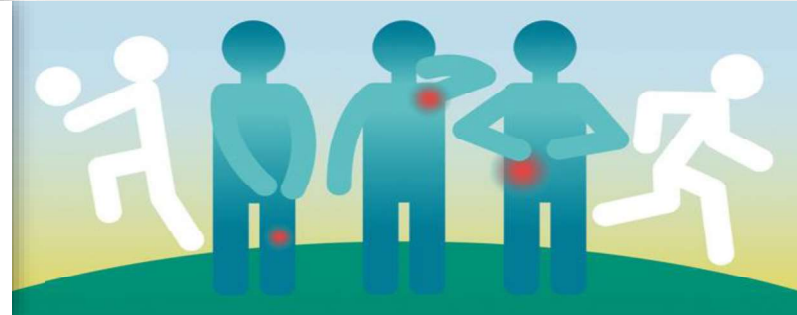


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- Hogg MN, Kavanagh A, Farrell MJ, Burke ALJ (2021) Waiting in pain II: an updated review of the provision of persistent pain services in Australia. *Pain Medicine* 22, 1367–1375. doi:10.1093/pm/pnaa37
- Henderson, J.V., Harrison, C.M., Britt, H.C., Bayram, C.F. and Miller, G.C., 2013. Prevalence, causes, severity, impact, and management of chronic pain in Australian general practice patients. *Pain Medicine*, 14(9), pp.1346-1361.
- Poulin, P.A., Nelli, J., Tremblay, S., Small, R., Caluyong, M.B., Freeman, J., Romanow, H., Stokes, Y., Carpino, T., Carson, A. and Shergill, Y., 2016. Chronic pain in the emergency department: a pilot mixed-methods cross-sectional study examining patient characteristics and reasons for presentations. *Pain Research and Management*, 2016.
- Australian Institute of Health and Welfare (2019) Emergency department care 2017–18, AIHW, Australian Government [https:// www. aihw. gov. au/ reports/ hospitals/ emergency- dept- care- 2017- 18.](https://www.aihw.gov.au/reports/hospitals/emergency-dept-care-2017-18)



The Australian Prevention
Partnership Centre
Systems and solutions for better health



**Professor Fiona Blyth, Dr Simone De Morgan, Ms Pippy Walker, Professor Andrew Wilson
and a steering group of key stakeholders and consumer organisations**

Our directive: to find exemplar evidence-based models of care currently implemented by Primary Health Networks that help people better manage their pain, support opioid alternatives, and are suitable for scale-up across Primary Health Networks in Australia



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Community-based allied health led model of care

Links to consumer-led support groups

Allied health led - upskilling to deliver the group program
+/- individual consultations

e.g., USYD webinar training through the Pain Management Research Institute

Self-management strategies
e.g., goal setting, exercise, diet, mental health coping strategies, sleep management, effective use of medicines

Supporting patient activation



The model of care is promoted by PHNs via Health-Pathways and their health professional and consumer networks

Refresher / follow-up group programs

No cost to consumers to ensure equitable access

Connected and coordinated care and partnership with GPs

GP referral and communication back to GPs

GP links to tertiary hospital services or other appropriate services (e.g., mental health)

7 Primary Health Networks are currently commissioning this model of care – NSW, VIC, QLD, SA, WA

Model of care
adapted to the local
PHN context



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MANAGING CHRONIC PAIN WHO CAN HELP ?

PROGRAM LOCATIONS

Western Australia

- Persistent Pain Program (WA Primary Health Alliance)**
Archie Health
ppp@archiehealth.com.au
or (08) 9498 2582
- Black Swan Health LTD**
info@blackswanhealth.com.au
or (08) 800 858
- 360 Health + Community**
info@360.org.au or (08) 706 922

South Australia

- Living Well with Persistent Pain Program (Adelaide PHN)** (08) 8219 9900
- Central Western Adelaide region
painprogramwest@adelaidephn.com.au
or (08) 859 739
- Northern Adelaide region
north@adelaidephn.com.au or (08) 8954 9800
- Supporting people from culturally and linguistically diverse communities to manage persistent pain (Adelaide PHN)
H.Haeford@atnhs.org.au

Queensland

- Turning Pain into Gain Program (Gold Coast PHN)**
- Early Intervention Subacute Pain Program (Gold Coast PHN)**
lppainprogram@painwise.com.au
or (07) 5635 2495

New South Wales

- Chronic Pain Management Program (South Eastern NSW PHN)** info@comdmnsw.org.au
or (02) 669 002
- Community Chronic Pain Program (Nenean Blue Mountains PHN)** Kate.Tye@nblphn.com.au
or (02) 4739 8111
- Community Chronic Pain Management Program (Western NSW PHN)**
marjela.lindsay@wswphn.org.au
or mcacble.phn@wswphn.org.au
or (02) 8811 7100

Victoria

- Chronic Pain Management Service (North Western Melbourne PHN)** service.enquiries@nwphn.org.au
or phone: casowick@nwphn.org.au or (03) 9347 1188
- Living Well with Pain (North Western Melbourne PHN)**
livingwellwithpaincontact@nwphn.org.au
or phone: casowick@nwphn.org.au or (03) 9448 9321

HELPING YOU AND YOUR HEALTHCARE PROVIDER TO FIND PROGRAMS TO BETTER MANAGE CHRONIC PAIN.

Programs for adults are running in the following catchment regions:

PROGRAMS ARE PROVIDED TO CONSUMERS AT NO COST.

The information in this factsheet was collected from PHNs about pain services in early 2021. Data on any programs in the Northern Territory, Australian Capital Territory and Tasmania was not available at the time of publication.

Common Topics covered include:
Understanding pain, medications, physical activity, nutrition, sleep, thoughts and emotions, goal setting and managing flare ups
In most cases, you are referred to these programs by your GP
Programs vary in duration from 4 weeks up to 6 months and most programs include pre-screening activities and assessment.

This resource was made possible by the Menzies Centre for Health Policy and Economics, Faculty of Medicine and Health, University of Sydney, The Australian Prevention Partnership Centre, the NSW Agency for Clinical Innovation, and Queensland.

For more information about community-based pain programs and Primary Health Networks please go to <https://preventioncentre.org.au/wp-content/uploads/2021/10/Commissioning-community-based-pain-programs-final-report-31.03.21.pdf>

Factsheet about PHN multidisciplinary community-based pain self-management programs

The model of care has been demonstrated to be effective and acceptable to clinicians and patients



Improve self-efficacy / confidence in daily activities and work



Improve functional capacity and quality of life



Reduce opioid usage



Reduce hospitalisations

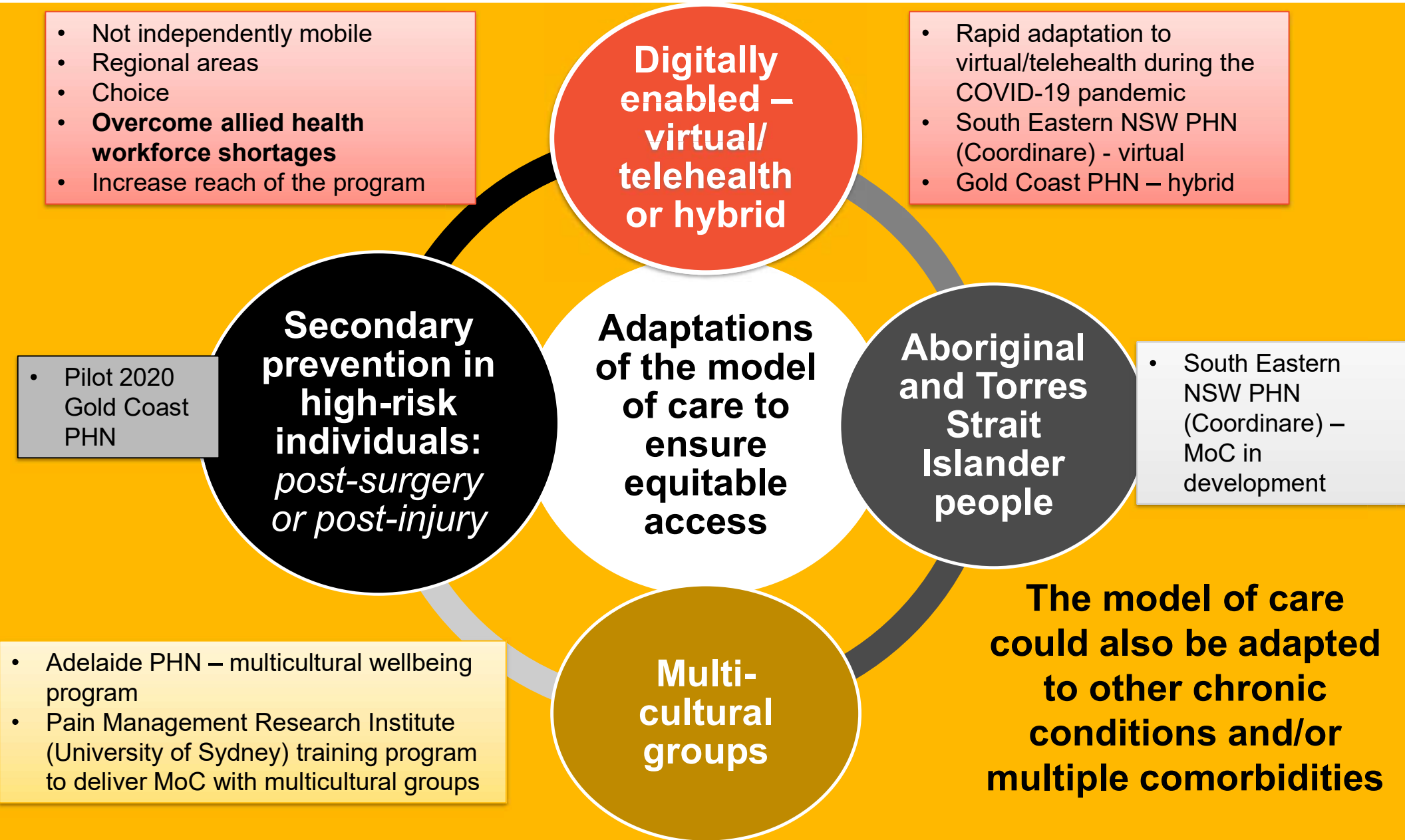


Reduce pain-related GP visits

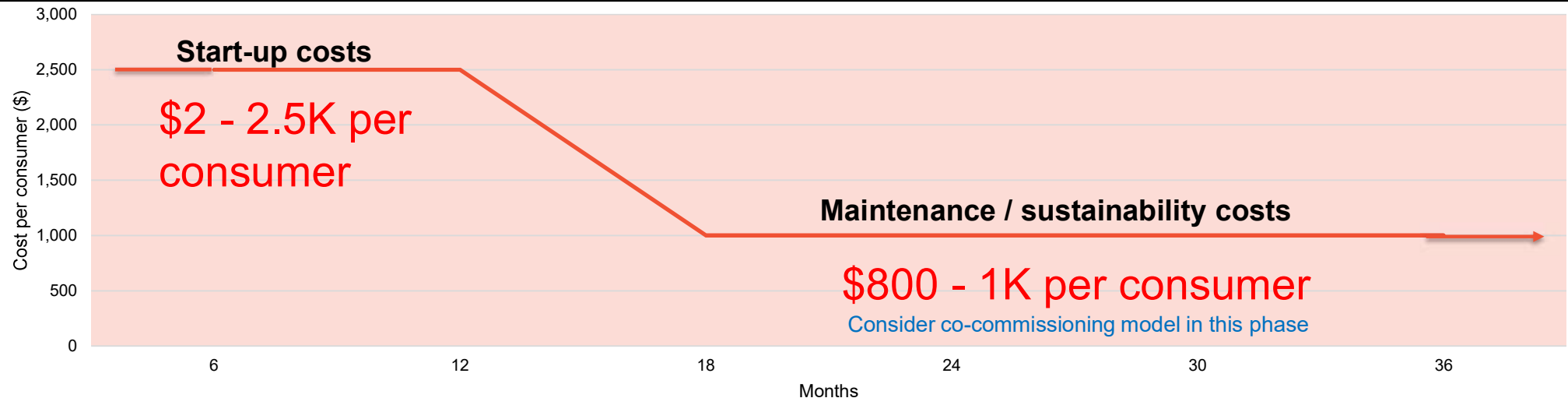


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- Joypaul S, Kelly FS, King MA (2018) Turning pain into gain: evaluation of a multidisciplinary chronic pain management program in primary care. *Pain Medicine* 20(5), 925–933. doi:10.1093/pm/pny241
- Southern NSW Chronic Pain Initiative 2016-2019, *Improving chronic pain management for people in Southern NSW*.
- Clare, A., MacNeil, S., Bunton, T. and Jarrett, S., 2019. 'The Doctor doesn't need to see you now': reduction in general practice appointments following group pain management. *British Journal of Pain*, 13(2), pp.121-129.



Cost per consumer for a Primary Health Network with no pre-existing model of care*



Costs include implementation and evaluation costs and upskilling primary healthcare professionals

Note, upscaling this model of care across PHNs in Australia would reduce costs per consumer due to resource sharing

E.g. MoC with group program (+/- individual sessions) including 30 participants 3 times a year (N= 90) would cost \$180-225K per year in the start-up phase and \$72-90K in the maintenance/ sustainability phase

***Cost modelling provided by Joyce McSwan – Director of PainWise, Turning Pain Into Gain program, Gold Coast PHN**



Recommendation

Primary Health Networks are well-placed to deliver this model of care and it is aligned to the priorities of the Strengthening Medicare Taskforce



The Australian Government invests in supporting every Primary Health Network to commission (or co-commission with Local Hospital Networks) a community-based allied health led model of care for chronic pain with adaptations for other chronic conditions and multiple comorbidities



To scale-up the model of care nationally will require establishing commissioning/co-commissioning and governance arrangements, mechanisms for collaboration and sharing of resources among Primary Health Networks, and ongoing monitoring and evaluation

Connect with me

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Any comments or questions?

- De Morgan S, Walker P, Blyth F, Marks L, Rychetnik L, Nicholas M, Sanders D, Wilson A. Health and service needs, priorities and initiatives of Primary Health Networks related to chronic pain. Australian Journal of Primary Health. Published online 24 June 2022
- De Morgan S, Walker P, Blyth FM, Nicholas M, Wilson A. Community-based pain programs commissioned by primary health networks: key findings from an online survey and consultation with program managers. Australian Journal of Primary Health. 2022 Mar 22.
- Walker P, De Morgan S, Wilson A, Blyth FM. Establishing consensus on key elements and implementation enablers of community-based pain programs to support primary health network decision making: an eDelphi study. Australian Journal of Primary Health. 2021 Dec 16.