

Community Chronic Pain Management Program

Monday 13th May 2019

Nepean Blue Mountains Primary Health Network, Kingswood

5:00pm-7:30pm

Wentworth Healthcare provider of the Nepean Blue Mountains PHN.

Agenda

Welcome and overview Pain Management in NSW EOI, Application and Decision Process Questions

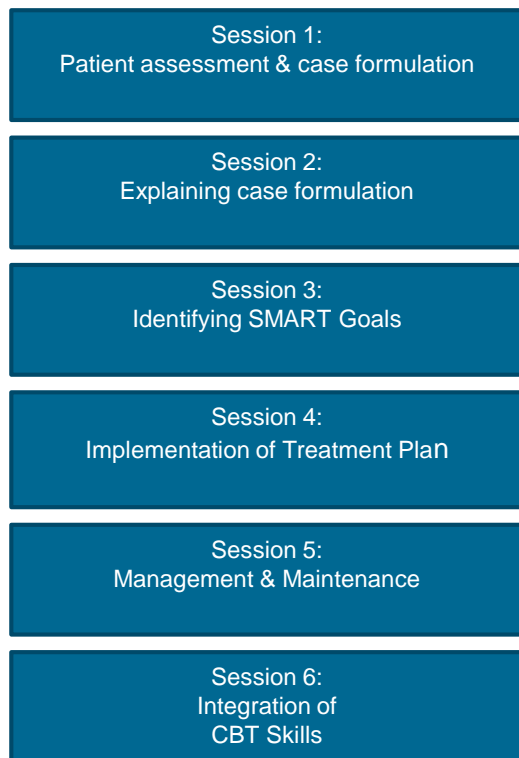


AGENCY FOR
**CLINICAL
INNOVATION**

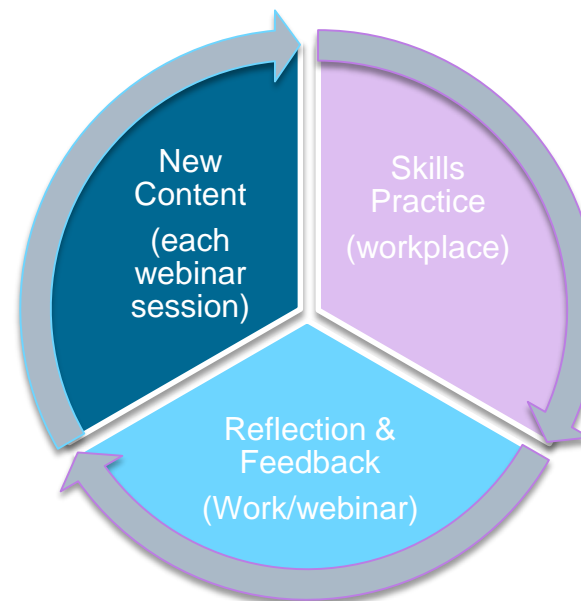
Pain Management in NSW

Self Management in the Community

Sue Rogers, Pain Network Manager NSW, ACI



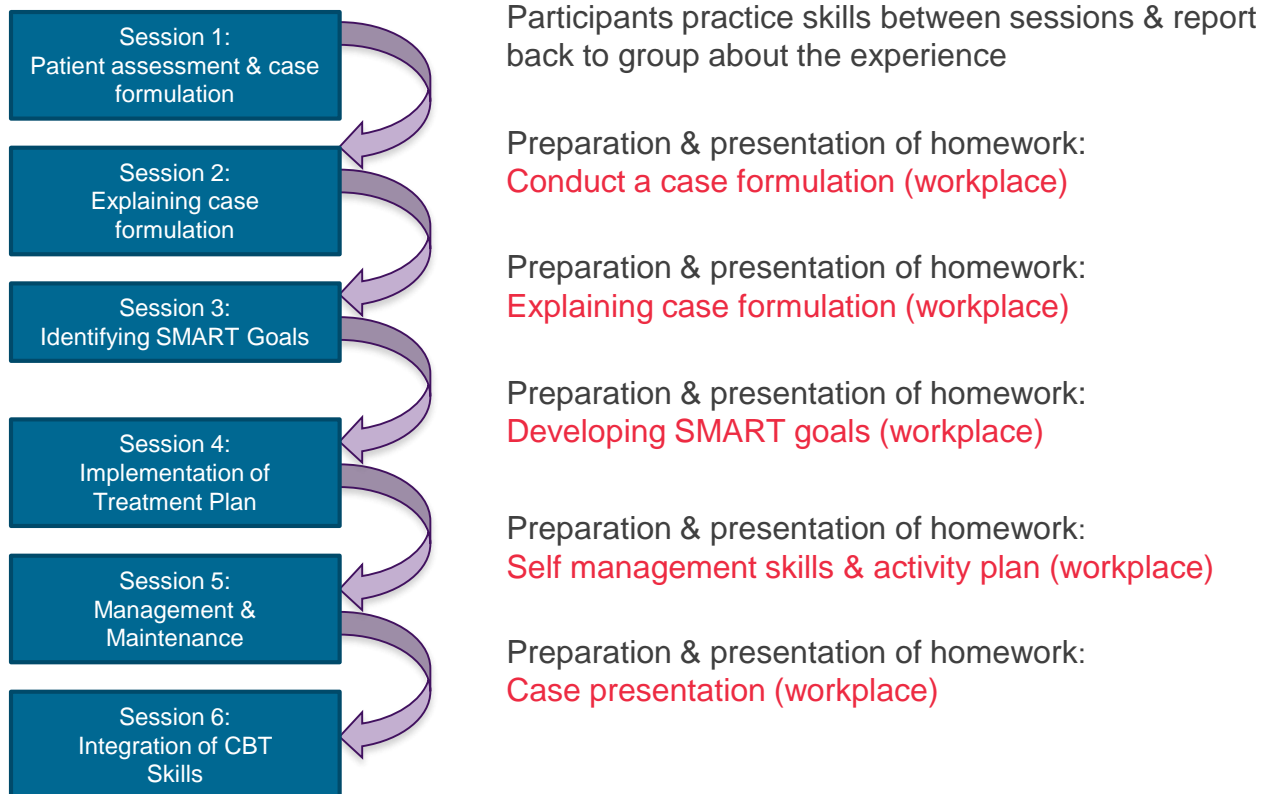
Each webinar PROGRAM comprised of 6 sessions (1.5 hrs duration each) over 6 weeks.



Teaching & Learning Process

Note: each webinar SESSION is divided into 3 main parts

1. Participant reflection/feedback on skills practice (45mins)
2. New session content each week (40mins)
3. Homework (reading/skills practice) for next session (5mins)



The program can be delivered in different ways and will form part of your contract with the PHN. The following is an example of how this can be done:

- Course facilitators attend the 6 week webinar training (MDT – Clinical Psychologist and Physiotherapist)
- Facilitators run:
 - an *Information Session* – invite referred participants to a 2 hour session
 - Pain Management Course – over 6 weeks, 3 hours a week in one session
 - Follow up at 3 months – 2 hour session
 - Follow up at 6 or 12 months – 2 hour session



Target group: consumers with low to moderate pain complexity

Referrals: GP referrals via HealthPathways or emailed directly

Communication: GP's = referrals in and reports back, Consumers = invitation to program and information on pain resources

Evaluation: Consumer program delivery survey and ePPOC, Webinar participant survey

Is an intervention effective or not?

Assessment/follow up via ePPOC questionnaire includes: DASS (Depression, Anxiety, Stress scales), PSEQ (Pain self-efficacy questionnaire), PCS (pain catastrophizing scale), BPI (brief pain inventory)

Main program aims:

- Self-management of their Chronic Pain
- Return to work
- Significant improvement in aspects of their mental health
- Opioids reliance reduced

ePPOC
electronic persistent pain
outcomes collaboration



Pain Update		
Family name (surname)	Given names	Today's date
In the past week, on average, how would you rate your pain?		
No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine		
In the past week, how much has pain interfered with your daily activities/normal work?		
Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes		
How much has each statement below applied to you over the past week?		
I feel that I have nothing to look forward to	Not at all 0	To some degree, or some of the time 1 2 3
I have myself getting agitated	Not at all 0	To some degree, or some of the time 1 2 3
I feel I need drink to panic	Not at all 0	To some degree, or some of the time 1 2 3
Please rate how confident you are that you can do the following things <i>at least once</i> despite the pain:		
I can do some form of work, despite the pain (not necessarily full-time, part-time or casual work)	Not at all 0	To some degree, or some of the time 1 2 3 4 5 6
I can live a normal lifestyle, despite the pain (not at all)	Not at all 0	To some degree, or some of the time 1 2 3 4 5 6
Please indicate the degree to which you have these thoughts and feelings when you are experiencing pain:		
I'm nervous and I think it's never going to get any better	Not at all 0	To a slight degree 1 2 3 4
I become afraid that the pain will get worse	Not at all 0	To a slight degree 1 2 3 4
I can't seem to keep it out of my mind	Not at all 0	To a slight degree 1 2 3 4
I keep thinking about how badly I want the pain to stop	Not at all 0	To a slight degree 1 2 3 4
Please tick over the page all of the medications you are taking (include all prescription and over-the-counter medicines)		

Patient profile at referral

COORDINARE received 60 completed referral questionnaires in this period

Assessment tool scores	COORDINARE	All services
Pain Severity	5.7	6.1
Pain Interference	6.4	6.9
Depression	17.9	18.7
Anxiety	16.4	12.9
Stress	21.4	20.1
Pain Catastrophising	26.0	27.5
Pain Self-Efficacy	28.2	21.4

	COORDINARE	All services
Average number of pain sites	4.7	3.9
Average number of comorbidities	2.9	2.2
% of patients using opioids > 2 days/week	53.4	57.2
Average oMEDD (mg)	48.2	67.3
Average number of drug groups used	1.8	2.4
% of patients unemployed due to pain	44.1	39.0
% of patients experiencing pain >5 years	67.2	39.3

North/South Coast program outcomes



North Coast Programme	
Domain	Clinically significant
Participants	72
Intensity	37%
Interference	63%
Depression	65%
Anxiety	50%
Catastrophising	66%
Self efficacy	65%

South Coast Programme	
Domain	Clinically significant
Participants	60
Intensity	35%
Interference	56%
Depression	65%
Anxiety	32%
Catastrophising	71%
Self efficacy	58%

Patient experience

“Fantastic – will be recommending to others. Intend to keep up because of the achievements in last 6 weeks”

“It took 3 sessions for me to get the picture”

“It has motivate me to do other & extra activity & exercise”

“It is good for me to plan & set goals”

“Gained a lot of insight into my day to day living and how I can cope”

“face to face learning is far better for me”



Instructions and interpretation:

For each of the assessment tools, enter the patients' first score in Time 1 and second in Time 2.

For the **DASS**, clinically significant change occurs when the difference between scores at Time 1 and Time 2 is 5 or more, and the patient moves to a different severity level.ⁱ

Clinical significance on the **BPI** worst pain and average pain questions is measured by the percentage change from Time 1 to Time 2, (i.e. Time 1 score minus Time 2 score divided by Time 1 score).

An improvement of 10% or more represents minimally important change, 30% or more reflects moderately important change, and 50% or more represents substantial clinically important change.ⁱⁱ

For the **PSEQ**, clinically significant change requires a change of 7 or more points coupled with a move to a different level of impairment. The levels for the PSEQ are:

<20 = severe, 20-30 = moderate, 31-40 = mild, >40 = minimalⁱⁱⁱ

Severity categories for the **PCS** are:

<20 = mild, 20-30 = high, >30 = severe

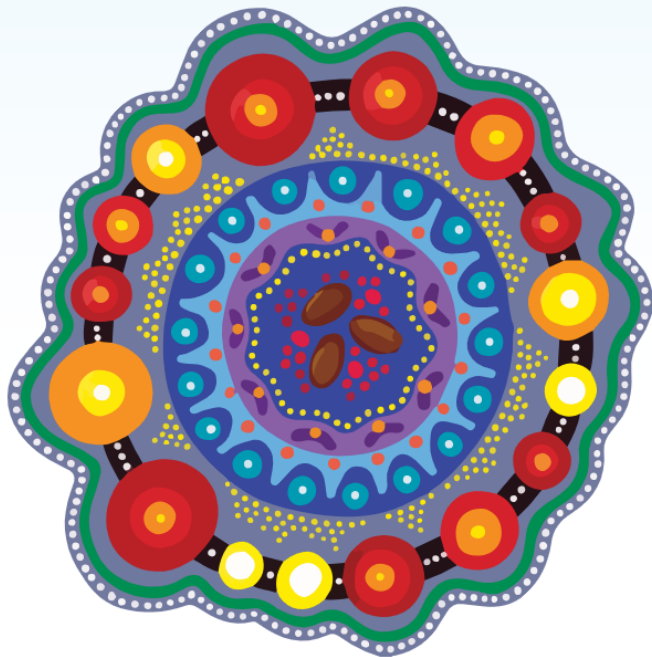
Clinically significant change requires a change in score of 6 or more points, combined with movement to a different severity category.^{iv}

Expansion: rural and remote

35 programs
statewide



ReSourceS for Aboriginal People



About the Artwork

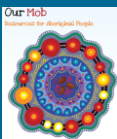
The artist Danielle Sullivan was born in Fairfield Sydney NSW, an urban community that is a far reach from the remote dust of Brewarrina where her mother came from. She acknowledges her culture through the Kunja peoples of the Cunnamulla region in South Western Queensland, and pays respect to the broader family and their special places on both sides of the Queensland and New South Wales borders.

Click on a section below to highlight the artwork:

- ☐ Healthy food, bush tucker, fresh food
- ☐ The purple represents calmness. No Stress.
- ☐ Get active. Exercise. Raising heartbeat.
- ☐ People around us to support.
- ☐ Red, orange, and yellow circles represent flare ups. Some bigger than others.
- ☐ Black line represents chronic pain, continuous line - life journey.
- ☐ Green line represents healthy outer with white glow (dots) the healthy life we strive for.

Show all sections

Aboriginal Resources



Doing something is better than doing nothing!
Mortion is lotion. Pace it don't race it.

HOW TO PACE

- Start with what you can do now
- Take a bit off
- Have a daily plan for your activity even if you have pain
- Start small and regular so you don't flare-up your pain
- Slowly increase your activity over time even if you have some pain
- If you have much more pain than normal (a flare-up) you can do something - not nothing



Jeannie Hunter - Overcoming Pain Thing

Jeannie explains that the hands in this artwork are symbols of healing and treatment provided by her spiritual entities.

The circles of the arc used to represent the varying degrees of pain felt by a person.

The traditional symbol for travel, a line, is used to connect the two circles which represent the country a person is on throughout their journey. This line is curved, however, to indicate the distance after associated with the journey.

The blue circles within the artwork highlight the vibrations of pain before a person receives treatment.



My deadly pain plan

YOU CAN CHANGE your pain

What is important to me?		
What do I want to be able to do 6 months from now?		
How can I start working on this today?		
Who can help me stay on track?		
PAIN PLAN	WHAT I WANT TO DO?	WHAT I WILL DO?
Getting off painkillers	e.g. Slowly cut down	e.g. Talk to my doctor next appointment
Start moving, keep moving	e.g. Walk to school with the kids by next term	e.g. Walk around the block each day this week
Make healthy eating normal	e.g. Lose 5 kilos by the end of the year	e.g. Cut out coca cola first
Sleep	e.g. Sleep 6 hours every night	e.g. Cut out daytime sleep
Look after my mind and spirit		
Sleep better		

The plan can be updated every 4-6 weeks so you keep improving.

www.aci.health.nsw.gov.au/Chronic-pain/our-mob



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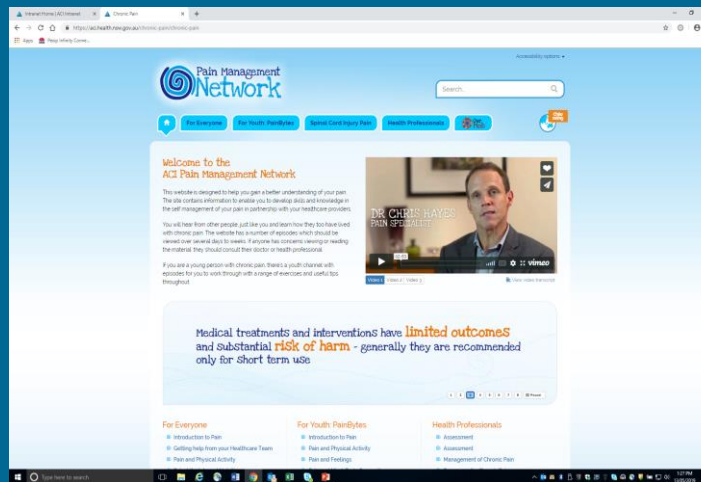
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Pain Management Network

aci.health.nsw.gov.au/chronic-pain





EOI, Application & Decision Process

Kate Tye, Senior Manager - NBMPHN



EOI & Application Process

How to apply: <https://www.tenderlink.com/nbmphn/>

- You must register to access the portal and submit an application for the tender
- Only online submissions received via tenderlink will be accepted –
Submissions received via any other channel will not be accepted

EOI & Application Process

Applicants must respond to all selection criteria:

Selection Criteria	Weighting
1. Outline interest and experience in chronic pain management	10%
2. List all team members, their qualifications and proposed role in team	20%
3. Outline your team's skills / experience in the delivery of health education programs, including providing feedback to GPs as referrers on the progress of their patients	20%

EOI & Application Process Cont.

Selection Criteria	Weighting
4. Outline team's skills / experience in using a) Cognitive Behaviour Therapy (CBT) and/or b) Motivational Interviewing	20%
5. Outline team's skills in managing and assessing patient referrals	20%
6. Outline team's capability to meet reporting requirements	10%
7. List the LGAs (Penrith, Hawkesbury, Blue Mountains, Lithgow) within the NBM region the program will be delivered	Not scored

Decision-Making Process

- An Evaluation Panel is convened
- The Evaluation Panel consists of both internal and external representatives who have relevant interest or experience in Chronic Pain Management
- Submissions are assessed for all of the requested information
- Panel members review each submission against the selection criteria
- Members of the Evaluation Panel form a consensus on a shortlist of the best submissions

Decision-Making Process

- In some cases, additional information may be requested. If this is required, the PHN will be in contact with you via email.
- The preferred applicant(s) is/are selected
- The PHN CEO endorses the selection
- The contract is awarded to the successful applicant(s)
- Feedback is provided to unsuccessful applicants upon request



Questions?

