

painaustralia

**NATIONAL STRATEGIC
ACTION PLAN FOR
PAIN MANAGEMENT**

**STOCKTAKE OF EXISTING INITIATIVES –
COMPANION DOCUMENT**

2019



Purpose:

This companion document to the National Action Plan provides a stocktake of existing activities, initiatives and programs that are occurring at a national or state level

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SUMMARY

In 2010, the National Pain Strategy was launched by 200 stakeholders across the medical and health sectors and consumers. The Strategy was a world-first, providing a blueprint for the treatment and management of acute, chronic and cancer pain and is an important resource for specialists, health care administrators and policy makers. It sets out key priorities 'to improve quality of life for people with pain and their families, and to minimise the burden of pain on individuals and the community'. Interdisciplinary pain management can be provided in specialist pain clinics however, the National Pain Strategy recommends the vast majority of people living with pain could be best supported in primary care with the right models of care and investment.¹

While various states and territories have made policy decisions in response to the Strategy, it has not been adopted at a national level. Specific pain management plans or strategies have been developed in NSW, Queensland and SA. These include additional investments in pain services, information sharing and websites, benchmarking of pain services and the development of models of care that improve access to integrated services and align with the 2010 National Pain Strategy.

Some Primary Health Networks (PHNs) have also made pain a priority, with a focus on integrating pain services using HealthPathways to provide an online portal for use at point of care to equip health practitioners with resources and referral pathways. PHNs have also supported professional development, education and training modules including in regional areas, outreach pain services in regional and remote areas and increasing skills in pain management at the primary care level in regional settings.

Last year, the Australian Government committed to investing over \$16 million to deliver the national roll-out of real time prescription monitoring for medicines to directly address medication misuse, including opioids and other pain medications. Real time prescription monitoring currently operates in Tasmania and Victoria and is rolling out in the ACT in 2019. The further rollout of prescription monitoring is likely to highlight the need and demand for pain management treatments and strategies that provide alternatives to medication.

The pain sector is well supported by our founding members the Faculty of Pain Medicine (FPM ANZCA), the Australian Pain Society (APS) and the Pain Research Management Institute (PMRI) that each provide specific activities to strengthen clinical practice, education and research. Pain medicine is an independent medical speciality and our education and research programs are internationally recognised.

This stocktake highlights that further work and initiatives are required to address the issues of locational disadvantage in accessing pain management, the need for data and better understanding of the prevalence of pain and the proximity to specialist services and the important link between pain management and quality of use of medicines.

It highlights the urgent need for an Australia-wide, strategic policy response to pain that is coordinated at a national level, that recognises the disparate response to pain across the country and brings forward the opportunity for wholesale adoption of best practice models of care. The development of a central information hub to drive nationally consistent messaging and access to best practice information is critical for practitioners and the community.

Painaustralia has consulted widely with States and Territories, Primary Health Networks and medical colleges to bring together the following stocktake of activities that are taking place to provide pain management services. This stocktake is based on the responses we have received from these jurisdictions and organisations and is not intended or able to cover every activity, program or initiative that may be underway.

OVERVIEW: PAIN SERVICES

Pain treatment facilities recognise the multi-factorial nature of pain conditions and bring together diverse skills, training and experience to focus on the assessment and management of patients with pain. Although it is recognised that there is no necessary consensus regarding diagnostic and therapeutic schemata, the essence of pain treatment facilities is to facilitate interdisciplinary consultation.

There are three levels of pain services:

- Level/Tier 1: Multidisciplinary Pain Clinics, usually located in public and private hospitals, staffed by physician and non-physician health practitioners. The team includes a psychiatrist or psychologist and there are least three medical specialties and at least two non-physician healthcare disciplines (e.g. physiotherapy, nursing, social work) available. Level 1 clinics also offer research, teaching and training.
- Level/Tier 2: Pain Management Services, are directed by a physician or someone with appropriate medical training. The team includes a psychiatrist or psychologist and there are least two non-physician healthcare disciplines (e.g. physiotherapy, nursing, social work) available. If analgesic procedures are performed, a registered nurse will be present. Level 2 clinics do not offer research, teaching or training.
- Level/Tier 3: Pain Practices can be a single healthcare provider licensed in their speciality with pain medicine training or equivalent. The provider is knowledgeable about the biological, psychological, and social factors that contribute to pain problems. Should they be unable to help a patient, that patient will be referred to a Level 1 or Level 2 facility.²

A full list of pain services can be found at the Australian Pain Society Facility Directory at <https://www.apsoc.org.au/facility-directory> or on the PainAustralia website

Most public and private pain clinics that offer interdisciplinary care in one physical location are predominately located in the major capital cities, as are the Level 1 Pain teaching clinics.³

Specialist Pain Medicine Physicians (SPMPs) who serve both as a consultant to other physicians and often as the principal treating physician are concentrated in the major cities of NSW, Victoria and Queensland, as are the Level 1 Pain teaching clinics. There is no SPMP in the NT. There are seven paediatric pain clinics in Australia, with three in NSW and none in Tasmania, the ACT or the NT.

There are 316 active fellows of the Faculty of Pain Medicine (FPM) in Australia. The FPM is responsible for the training, examination and specialist accreditation of specialist pain medicine physicians and for the standards of clinical practice for pain medicine in Australia and NZ.

SPMPs provide holistic care that includes prescribing medication, coordinating rehabilitative services, performing pain relieving procedures, counselling patients and families, directing a multidisciplinary team that often includes psychological and psychiatric services, cooperating with other healthcare professionals and liaising with public and private agencies.

In 2005, the discipline of pain medicine was recognised as a medical speciality.

Sixty public and private pain services from across the five states of Australia and New Zealand participated in the Electronic Persistent Pain Outcomes Collaboration (ePPOC) in 2016-17. The program was initiated by the FPM and with seed funding from the Agency for Clinical Innovation (ACI) NSW Government, and aims to help improve services and outcomes for patients experiencing chronic pain through benchmarking of care and treatment. It is used to develop a coordinated approach to research into the management of chronic pain in Australasia.

More information is available at www.ahsri.uow.edu.au/eppoc.

STATE AND TERRITORY GOVERNMENTS: PAIN PROGRAMS AND ACTIVITIES

AUSTRALIAN CAPITAL TERRITORY

The ACT Government has adopted key elements of the 2010 National Pain Strategy, with a focus on increasing skills and knowledge of health practitioners, access to multidisciplinary care and quality improvement, through the following initiatives:

- Pain services are predominately provided through the Pain Management Unit (PMU) at Canberra Hospital and Health Services (CHHS). The PMU has developed significantly as a service in the last five years, being accredited as a Tier 1 Unit by the FPM.
- ACT Health has supported the PMU by increasing funding for a Pain Fellow. This has ensured the sustainability of the service and allowed PMU to train and recruit specialists. PMU has recently recruited two additional part-time specialists.
- There has also been increased funding over last 5 years for recruitment of a Physiotherapist, Occupational Therapist, Psychologist and Social Worker. This recruitment has assisted to decrease the waiting time significantly, with an aim to continue to make progress in this space.
- PMU aims to maintain quality care and endeavours to provide best practice and evidence-based care to patients in a timely manner. Patients are involved in every aspect of their care, including during the development of their individual pain plans.
- All new policy matters are discussed and supported through the involvement of a consumer representative.
- PMU are working on a number of quality improvement projects and audit and developing further group-based activity to provide the best care in a timely manner in a multidisciplinary setting.
- PMU has developed strong relationships with the palliative care and oncology teams at CHHS. This allows seamless involvement of these specialities in managing cancer pain. Cancer pain patients receive high level care locally without the need to travel interstate.
- PMU is in process of developing paediatric pain services in conjunction with the Paediatric Department, supported by ACT Health.
- PMU is working on the development of a pain education and management plan for adolescents and young adults given many of psychosocial stressors are much different in this age group.
- PMU has developed a strong relationship with the Drug and Addiction Department as well as Psychiatry Department given many consumers benefit from combined care.
- PMU is involved in regular teaching of medical students, Junior Medical Officers (JMO), nursing staff, allied health personnel and General Practitioners to increase the knowledge of pain management in different patient environments.
- ACT Health will implement an extension to its existing Drugs and Poisons Information System (DAPIS) that the Health Protection Service has been using since 2014. The proposed extension, named the Drugs and Poisons Information System Online Remote Access (DORA), will enable health professionals to check what monitored medicines have previously been prescribed or supplied to a patient in real time, and is due to be rolled out from March 2019.

NEW SOUTH WALES

The NSW Government launched the \$26 million Pain Management Plan 2012-2016 (PMP) in response to the 2012 report of the NSW Pain Management Taskforce.

The Plan endorsed the Report's mission to 'provide equitable and evidence-based pain services that improve quality of life for people with pain and their families, to minimise the burden of pain on individuals and the community'. This included fostering the development of pain management services across NSW through an integrated model of care for pain management and building and supporting workforce, education and training.

Specific measures included:

- The PMP supported 19 pain services across NSW with varying levels of support and funding including:
 - Four new Tier 2 pain services established at Port Macquarie, Orange, Tamworth and John Hunter Children's Hospital. The existing Tier 2 service at Lismore was also enhanced and Port Kembla's service area now extends to Shoalhaven.
 - Additional resources for new positions to enhance existing Tier 3 services. (\$2.1 million)
- The development of the Agency for Clinical Innovation (ACI) Pain Management Network website. The website is designed to help patients gain a better understanding of their pain and contains information and practical resources to assist them to self-manage their pain in partnership with their healthcare provider. The website also has a section targeted specifically at young people affected by chronic pain as well as tools for doctors and healthcare professionals working in the community.⁴
- Support for all pain services to develop a mini data set and participation in the Electronic Persistent Pain Outcomes Collaboration (ePPOC) to measure quality improvement.

Since 2012, the Agency for Clinical Innovation (ACI) Pain Management Network's key activities in pain management have been provided as follows:

Pain clinic establishment and support/monitoring	There are 20 public pain clinics in NSW that are linked to ACI; meetings occur on a regular basis with each clinic. Support and monitoring activities include; providing advice, trouble shooting and programme development and support.
Development of minimum data set and ePPOC data collection system for all services	ePPOC was initiated and seed funded by ACI in 2012. All 20 public pain clinics submit data on a 6-monthly basis. The reports are available to benchmark services performance for NSW. Annual benchmarking workshops are held to reduce clinical variation.
Development, maintenance and evaluation of a pain management website accessible to consumers and clinicians	The Pain Management Network website was developed and built by the ACI in 2012. It undergoes constant review, maintenance and development to reflect current activity and foci.
Development/maintenance of the Quicksteps web based decision support tool for GPs	The Quicksteps tool was developed and added to the Pain Management Network website. It is an 8-step decision support tool that guides a GP through to the development of a pain management plan.
Development of Spinal Cord Injury (SCI) resources and service model	Resources for pain in spinal cord injury were developed in 2015. This was achieved through additional funding from the Lifetime Care and Support Authority (which is part of icare). These resources have been added to the Pain Management Network website. There are films and fact sheets for consumers. The 'SCI navigator' was developed to provide decision support to clinicians (GPs) for this complex area. A clinical model was also developed as part of this work whereby people living with pain and SCI can access a specialist multidisciplinary team assessment and treatment through the Greenwich Pain Clinic. This service has been established as a supra specialist service where telehealth offers support for rural patients.

Central Coast pilot community pain management programme and evaluation	A pilot pain programme was documented in partnership with the Pain Management Research Institute and the Central Coast Medicare Local in 2014. The target group for this project was people with low to moderately complex pain conditions. The 18 hour programme was designed to be run in the community over a 6 week period. Approximately 60 people (5 programmes) with pain attended the programme over a 12 month period. The results were evaluated using the ePPOC dataset and showed that the programme improved the distress related to chronic pain for this cohort.
North Coast Primary Health Network pain management training and community pain programmes	The success of this programme was promoted amongst the newly established Primary Health Networks (PHNs). The North Coast Primary Health network was the first to fund a webinar series to train clinicians to run a pain programme. Subsequent to that, approximately 8 pain programmes were run and evaluated using ePPOC across the Mid North Coast.
Coordinate PHN pain management training and community pain programmes	Following this, in 2016 COORDINARE PHN implemented a similar model and has now conducted 12 programmes on the South Coast and these will also be evaluated using ePPOC. A series of programmes is being trialled in Broken Hill using the same model.
Development of a telehealth toolkit and implementation support	In order to increase access to pain services, a telehealth toolkit was developed by ACI. Services interested in using telehealth were then trained in how to use the toolkit and supported to implement the service. 14 pain clinics now have telehealth as an option providing access to rural residents.
Development of telehealth and outreach model MLHD, Southern NSW LHD and Far West LHD	Poorly serviced areas in rural NSW who face challenges with access to care and who were not resourced as part of the pain plan were then supported through a telehealth and outreach model. Three metropolitan pain services received modest funding from the Ministry of Health to conduct monthly telehealth clinics for these regions together with 3 outreach visits per year. The outreach visits involve the multidisciplinary team spending several days in the region providing GP education and allied health training and support. This work is supported by a 4-way partnership facilitated by ACI: the partners are the PHN, the Local health District, and the metropolitan pain service.
Development of multicultural resources	In 2016, work began to address the gap for multicultural communities in accessing pain services. Widespread consultation was conducted amongst 4 language groups across Sydney: Greek, Arabic, Vietnamese and Chinese. Community based pain programmes were then co-designed with cultural advisors. 25 members from the multicultural workforce across NSW have been trained in how to conduct pain programmes and 12 programmes have now been conducted and evaluated using ePPOC. This work is ongoing.
Aboriginal programmes and resources	In 2016, consultation across the Aboriginal communities in NSW was undertaken. A steering committee was formed to develop culturally specific tools and resources that would be acceptable to Aboriginal people across NSW. A website called 'Our mob' was launched in July 2018. The website has videos, fact sheets, stories and artwork signifying pain. Training is currently being offered to Aboriginal Health Workers in how to use the resources in everyday practice. A pain programme is currently being piloted on the North Coast of NSW. It has been co-designed by Aboriginal people in partnership with an Aboriginal Medical Service.
Opioid Safety Strategy	The opioid safety strategy is a multipronged approach to attempt to reduce the misuse and over prescribing of opioids in NSW. A decision support tool is being developed. There are some supporting policy changes within NSW health.
Pain and the older person resources	An awareness programme regarding pain in the older person is being pursued. It is intended that resources be developed for use in residential care, community and hospitals.
Pain management in the Emergency Department (ED) resources	A series of resources are located on the Emergency Care Institute website. They have been co-designed to assist ED clinicians to navigate options with people who present with chronic pain. Further work will be undertaken to develop educational and training material, and care coordination pathways.

NORTHERN TERRITORY

In the Northern Territory, Tier 2 pain services operate out of Darwin at the Palmerston Regional Hospital and at Central Australian Health Service Chronic Pain Service at Alice Springs Hospital. Private Tier 3 services are available in Darwin.

The public pain services in Darwin and Alice Springs provide varying multidisciplinary patient-centred care with significant gaps in service delivery. For example, Alice Springs does not have a psychologist within the team, and there are barriers to accessing local appropriate psychology services.

Outreach services are provided on a needs basis through telehealth or through face to face service delivery at Katherine, Gove, Tenant Creek regional hospitals and at remote primary care clinics.

Information about pain services and pain management is provided at point of service. Pain management guidelines are available on the NT Department of Health Policy Guideline Centre providing a policy, procedure and guideline repository and through Central Australian Rural Practitioners Association (CARPA) including Advanced Care Planning.

The NT Health Department has an electronic client information system however further work needs to be done to improve electronic communication between acute and primary health care services.

Services are provided to public hospitals in Alice Spring and Darwin by the Central Adelaide Local Health Network (CALHN) at the Queen Elizabeth Hospital under an agreement between SA Health and Territory Health.

QUEENSLAND

Queensland Health has recognised that persistent or chronic pain affects around one million Queenslanders, including children, adolescents and adults, with demand for persistent pain services continuing to grow.

In 2017, Queensland Health established a statewide Persistent Pain Management Clinical Network to support and improve the multidisciplinary care of patients with persistent pain. The network brings together Queensland's clinical community to deliver practical service improvement initiatives and improve the quality of life for these patients. The network supports the action items set out in the statewide Persistent Pain Service Plan 2016-19, including:

- Establishment of a Clinical Services Capability Framework for persistent pain management services to address current and future clinical needs, and guide and support service delivery in Queensland.
- Development of a broader collaborative Queensland Persistent Pain Management Framework for the full sector involved in care of individuals with persistent pain, linking the Persistent Pain Management Clinical Network to other Queensland Health and external bodies, including: mental health, alcohol and other drug services; aged care; children's services; cancer care, palliative care, rehabilitation services, chronic disease services; Primary Health Networks; consumer support agencies; and, other NGOs.
- Promotion of improved resources in those locations without any persistent pain management services in their Hospital and Health Service, or where the location is a long distance from persistent pain management services, to: facilitate referral and discharge planning; enable provision of pain management programs for remote and rural consumers; and coordinate telehealth services with persistent pain management services.
- Support for the new established Children's Health Queensland Multidisciplinary service implementation based at Lady Cilento Children's Hospital, to optimise sustainability of urban, regional and rural children's persistent pain services, including training for paediatric pain medicine physicians, nurses and allied health staff at the major centre and regional facilities.
- Improvement of education around persistent pain and its management, by collaboration with universities, specialist colleges and other training bodies; instruction in persistent pain management for medical staff in-training, allied health and nurses in our hospitals; and, establishment of centralised on-line educational resources for primary care providers, consumers and carers.
- Work towards improvements in service delivery for patients with persistent pain in Queensland, with promotion of innovation, quality improvement and clinical research in PPMSs. Priority to improving the availability of Persistent Pain Management Services clinical activity data will assist quality assurance and benchmarking.

TASMANIA

The Tasmanian Department of Health (DoH) and the Tasmanian Health Service (THS) offer a range of pain management services, both in clinical and community settings, primarily through the Persistent and Acute Pain Services. These are complemented by a range of outreach services and training initiatives facilitated through Australian Government funding and delivered under the auspices of the TAZREACH and Wellness Framework Programs.

Acute Pain Services

The Acute Pain Services provides pain management support for nursing and medical staff employed within Tasmanian public hospitals. This occurs primarily through daily rounds undertaken by an on-call Anaesthetic Registrar/Pain Management Clinical Nurse Consultant, followed up by a clinical nurse consultant as required during the day. Ongoing education is also provided for nursing staff at all levels (ie student graduate program and registered nurses).

Other functions of the Acute Pain Service include:

- Evaluation of patient pain control and analgesic discharge planning;
- Equipment relevant to the area;
- Collection of data;
- Audit implementation of pain control policies; and
- Review and maintenance of pain management policies and procedures.

Key new initiatives for the Acute Pain Service are the employment of a new acute pain nurse in the North West of the State, and the delivery of a new program to educate staff and patients on the PainHealth website with permission from WA Health. This website has been developed to assist health consumers to access reliable, practical and usable evidence-informed information and skills to assist in the co-management of their musculoskeletal pain.

Persistent Pain Service

The Persistent Pain Service, based in Hobart, is a multidisciplinary pain centre made up of a group of health care professionals who assess and treat the physical, medical, work and social aspects of people with chronic pain through rehabilitation, education, improved self-management and teamwork involvement.

The Service encourages their patients to actively participate in their management process. Patients who wish to manage their pain better and regain control over their life by setting and achieving short and/or long term goals may be eligible to participate in the "Moving with Pain" program, which is a five week long group program run at the Royal Hobart Hospital. Moving with Pain uses practical methods to work on participants' problems of pain, physical difficulties, distress and poor quality of life.

A new multi-disciplinary service for those with chronic pain is also planned for the North and North West, which will link to the existing Hobart-based Persistent Pain Service.

TAZREACH

DoH is the fundholder for several outreach programs funded by the Australian Government. These outreach programs aim to improve health outcomes for people living in rural remote and some urban locations by supporting health professionals to provide outreach services across Tasmania. The programs are administered by the TAZREACH office in DoH.

Pain management programs delivered through TAZREACH include 10 week multidisciplinary self-management programs, delivered twice annually in both Devonport and Burnie.

Wellness Framework

The Australian Government Department of Health, under the *National Partnership Agreement on Improving Health Services in Tasmania – Schedule G*, has made available funding of \$1.371 million to develop a Wellness Framework for Tasmania for the period up to 30 June 2019. This incorporates \$371,000 for outreach pain management services. The following programs are being delivered within this funding:

- A ten week multidisciplinary (psychologist and physiotherapist) self-management program to be delivered once annually in Smithton.
- Three pilots of a multidisciplinary (practice nurse, GPs and pharmacist) program with a special focus on reducing opioid usage at the Huon Valley Medical Centre.
- A ten week multidisciplinary (medical specialist, psychologist and physiotherapist) self-management program to be delivered twice annually at the Federal St Pain Clinic Hobart.

The Wellness Framework has also issued one scholarship to undertake the Professional Certificate in Pain Sciences through the University of South Australia, and is offering up to ten scholarships for clinicians to undertake the Local Pain Educator training, which is a two year program delivered through the University of South Australia, commencing March 2019.

The Wellness Framework is funding the development of a train the trainer model for the “Overcoming Pain, Living Well” self-management program, in partnership with the Tasmanian Health Service, and the delivery of several Stanford-type self-management programs specific to managing chronic pain. It is hoped these new training and pain services will be rolled out in 2019.

SOUTH AUSTRALIA

Since the release of the National Pain Strategy in 2010, SA Health publicly committed to improve access to treatment options for people experiencing chronic pain.

A planning process involving key interested parties including chronic pain specialists, General Practitioners, the Australian Medical Association, consumer and representatives from Primary Health Networks and the Department of Health and Wellbeing developed a Model of Care and accompanying Implementation Plan to address pain management access and demand issues.

The Model of Care was developed in 2016 noting that services for people experiencing chronic pain in SA are limited. The current services have struggled within available resources to meet the changing needs of the SA population and to respond in a planned way to the changing evidence in relation to the best way to manage this condition. As a result, long wait times and poor access are experienced by South Australians needing the support of secondary and tertiary services to manage their pain. Lack of access is particularly acute for children and young people, people living in regional and rural SA as well as other groups in the community including people with a disability and those in nursing homes. Currently SA has the longest wait list time for tertiary services in the country.

Inconsistent models of care across the system and a poor understanding of treatment options in the primary health care sector mean that there could be more people than reported with chronic pain in the community.

To address the key performance indicators developed in the Chronic Pain Implementation Plan, SA Health has recently made progress in the following areas:

- Service expansion with the opening of the new chronic pain services at Modbury Hospital (May 2018) and a new paediatric statewide service at the Women's and Children's Hospital (February 2018).
- Increased funding and resources allocated for The Queen Elizabeth Hospital and Flinders Medical Centre Pain Management Units to promote service expansion.
- Increased funding for all Pain Management Units to provide specialised services for patients who reside in the country.
- Installation and deployment of the software required for all four SA Pain Units to contribute data to ePPOC since 2017/18.
- SA Health is currently working to build support for and to promote the benefits of the Model of Care, with a focus on the self-management care options available to consumers.
- The Heath Pathways program is an online resource that provides assessment, management and referral guidance for GPs and other health professionals in partnership with SA Health and the Adelaide and Country SA Primary Health Networks. A Chronic Pain pathway is nearing completion and will shortly be released for broad consultation.

There is also a dedicated webpage on the SA Health website (www.sahealth.sa.gov.au/chronicpain) that has information and services for people dealing with chronic pain as well as programs/toolkits and self-management resources for both community members and health professionals. It includes links to the National Pain Strategy and the recently developed Model of Care and Implementation Plan for Chronic Pain Management in SA.

The existing pain services, programs and investments in SA include:

- The Central Adelaide Local Health Network (CALHN) Pain Management Unit was relocated from the old Royal Adelaide Hospital in early 2018 and now resides at Queen Elizabeth Hospital, providing Tier 1 multidisciplinary pain management including pain medicine physician, psychiatry, physiotherapy, psychology and nursing as well as group pain management programs and inpatient pain management and training.
- The Southern Adelaide Local Health Network (SALHN) has a Pain Management Unit at Flinders Medical Centre, providing multidisciplinary services to people in the catchment area and in selected country locations.
- A new Chronic Pain service commenced in the Northern Adelaide Local Network (NALHN) at Modbury in May 2018 providing multidisciplinary pain management.
- A new state-wide Paediatric Chronic Pain Service commenced in the Women's and Children's Health Network (WCHN) at the Women's and Children's Hospital in February 2018, providing multidisciplinary pain management and joint allied health therapy.
- Country Health SA Local health Network (CHSALNH) provides pain services in Mount Gambier, Berri and Whyalla.

VICTORIA

Chronic pain services

Victoria has invested in 16 chronic pain management clinics (10 metropolitan and six regional). The clinics are multidisciplinary ambulatory services that provide education, comprehensive assessment, intervention and rehabilitation with a diagnosis of chronic pain.

Treatment may include goal-setting, cognitive strategies, graded exercise programs, rationalised medication use and self-management strategies. Integral to the services model is a focus on enabling clients to gain an improved ability to self-manage their condition and the development of strong links with patients' primary carers to support continuing management in the primary care setting following discharge from a specialist service.

The model used includes having patients attend pre-clinic education/seminars (which helps educate patients and manage their expectation of the treatment approach) and complete a detailed survey of their pain symptoms and current wellness. The expectation is that patients will be discharged back to community care after completing an individualised prescribed program.

In 2018-19, an extra \$15 million was allocated to health services to increase access and reduce waiting times for certain services that included chronic pain management clinics.

The Victorian Department of Health and Human Services also contributes annual funding for Victoria's contribution to ePPOC.

Victorian public health services that offer a chronic pain management clinic:

METROPOLITAN	REGIONAL
Alfred Health Austin Health Eastern Health Melbourne Health Monash Health Northern Health Peninsula Health St Vincent's Hospital Melbourne The Royal Children's Hospital Western Health	Albury Wodonga Health Ballarat Health Services Barwon Health Bendigo Health Goulburn Valley Health La Trobe Regional Health

SafeScript

The Victorian Government is taking action to reduce the growing harms, including deaths, from high-risk prescription medicines by implementing SafeScript, Victoria's real-time prescription monitoring scheme.

SafeScript will provide prescribers and pharmacists with a clinical tool to make safer decisions about whether to prescribe or dispense a high-risk medicine, and facilitate the early identification, treatment and support for patients who are developing signs of dependence.

SafeScript is on track to be available later this year, with an initial roll out focused in the Western Victoria Primary Health Network catchment area, with rollout to extend to the rest of Victoria in 2019.

SafeScript will be accompanied by a range of initiatives to support and prepare patients and health professionals for its implementation including:

- Comprehensive training for prescribers and pharmacists focused on enhancing clinical and counselling skilled in pain management and addiction.
- Additional peer to peer support for GPs to manage patients with more complex needs.
- A dedicated helpline staffed by nurses for patients experiencing prescription medicine dependences.
- A public awareness campaign raising awareness of the harms from prescription medicines and reducing stigma.

WESTERN AUSTRALIA

The following state-wide activities and initiatives that support access to pain management in Western Australia:

The Musculoskeletal Health Network/WA Framework for Persistent Pain 2016 – 2021.

The Network aims to improve health outcomes for people with musculoskeletal conditions and chronic pain and have developed the WA Framework for Persistent Pain 2016 – 2021.

The vision of the Framework is to promote the best possible health and wellbeing outcomes for West Australians experiencing persistent pain.

There are four priority areas in the Framework as follows:

- Priority One – Increasing the awareness of the burden and impact of persistent pain in WA
- Priority Two – Improving clinical management of persistent pain
- Priority Three – Improving navigation of and access to persistent pain services
- Priority Four – Improving the integration of care for people with persistent pain.

The Framework provides direction for WA Health and its partners on policy development and service delivery to achieve improved health outcomes for people experiencing persistent pain, reducing the burden on individuals, families, communities and the health system.

The key actions are as follows:

PRIORITY AREA	ACTION
Increasing the awareness of the burden and impact of persistent pain in WA	1. Develop clinical and public education on best practice principles to improve the understanding and options for persistent pain management provided by established pain specialists (e.g. Australian Pain Society service directory).
	2. Support education and skill development opportunities for healthcare professionals in evidence-based models for pain management to achieve optimal outcomes.
	3. Engage and educate patients about their expectations for earlier multidisciplinary treatment and therapies to adopt and sustain an effective, proactive, self-managed approach for long-term persistent pain (e.g. goal setting, mood management, and exercise).
	4. Promote awareness of the burden of pain and inform organisational stakeholders (e.g. managers, business units) to consider the benefits of pain management options to better understand pain management models.
	5. Facilitate earlier access and sharing of information involving multidisciplinary care for Aboriginals, Torres Strait Islanders, culturally and linguistically diverse (CALD) populations, and people living in rural and remote areas experiencing persistent pain.
	6. Encourage cross-university and institutional collaboration efforts that implement interprofessional, multidisciplinary approaches to pain management (e.g. medicine, nursing, physiotherapy, occupational therapy, exercise physiology, pharmacy, chiropractic science and osteopathy).

<p>Improving clinical management of persistent pain</p>	<ol style="list-style-type: none"> 1. Develop management plans that consider a range of non-opioid modalities with a focus on active rather than passive strategies. 2. Examine the use of non-medical prescription opioids and consider three-monthly reviews of opioid prescriptions, ongoing risk screening and harm reduction strategies to enable early identification of opioid misuse and concerns of health outcomes (e.g. early referral to drug and alcohol services). 3. Support single practice prescribing (to avoid multiple prescribers) including opioid 'contracts' with time limited opioid use and regular monitoring (e.g. pain function scores, urine drug testing, compliance with regulatory systems, assessment of adverse reactions, risk screening of NMUPO, and plan for weaning). 4. Support the role and function of professional case managers to address acute and persistent pain as part of a comprehensive case management process from assessment through to care delivery and between transitions of care. 5. Empower case managers to better understand the impact of pain and pain medication on daily functions by advocating for people experiencing pain, and by facilitating the sharing of information among members of multidisciplinary teams and those coordinating care.
<p>Improving navigation of and access to persistent pain services</p>	<ol style="list-style-type: none"> 1. Support the development and implementation of system navigation tools to improve the 'journey' of people experiencing persistent pain. 2. Promote the establishment of effective triage processes within primary, tertiary, and community care and at all points of care when people access services for persistent pain. 3. Encourage appropriate triage and optimised allocation through the Central Referral System for patients to clinics that understand current models of treatment as well as acute and persistent pain issues. 4. Assist in the development of HealthPathways to include evidence-based triage components of established questionnaires and the ability to filter to appropriate care facilities (e.g. reducing complex care in community settings and better integrated care in secondary and tertiary centres). 5. Investigate the development of appropriate transition models for adolescents with persistent pain to improve the experience of transferring paediatric and adolescent patients to adult pain services.
<p>Improving the integration of care for people with persistent pain</p>	<ol style="list-style-type: none"> 1. Increase the awareness and delivery of timely, accessible, evidence-based, cost-effective treatments. 2. Support collaboration between public and private health sectors in working together to integrate care, provide high-quality safe care, and management of people with persistent pain.

PainHealth Website

The PainHealth website was developed by the Department of Health WA in collaboration and partnership with the Musculoskeletal Health Network, Curtin University and the University of Western Australia.

The website is a consumer-focused resource for education and evidence-based self-management of musculoskeletal pain and aligns with the policies developed by the Musculoskeletal Health Network. The website content was developed by pain experts Dr Stephanie Davis and Professor Helen Slater who continue to maintain and update the website as required.

The PainHealth website provides contemporary information for consumers with musculoskeletal pain to access reliable and usable evidence-based information and skills to assist in the management of musculoskeletal pain.

The website was launched 2013 as Australia's first website dedicated to musculoskeletal pain and has recorded more than 8.1 million hits – with around 620,000 visitors from more than 150 countries accessing the site.

Chronic Pain Management Service

The state-wide Chronic Pain Management Service is located at Sir Charles Gairdner Hospital. The service provides a multidisciplinary approach to all aspects of chronic pain.

PRIMARY HEALTH NETWORKS

Painaustralia wrote to all Primary Health Networks (PHNs) to seek information on initiatives underway that are focused on integrating or supporting pain management. PHNs were established by the Australian Government to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time. PHNs work directly with general practitioners, other primary health care providers, secondary care providers and hospitals.

Despite pain management not being one of seven key priority areas of targeted work by PHNs agreed by Government, 14 PHNs have identified it as a key priority on their website. Further, 10 PHNs responded to Painaustralia highlighting the following activities that are supporting the capacity of primary care to manage pain conditions.

The following information is intended to provide a snapshot of current initiatives and activities but does not provide a synopsis of activity in every PHN across Australia.

NEW SOUTH WALES

Hunter New England Central Coast PHN

- Use of HealthPathways - an online health information portal for health professionals to be used at the point of care. It provides users with information on how to assess and manage of clinical conditions, and how to refer to local specialist and services in the most-timely way. The platform is a shared program with contribution from LHD partners, and includes information for consumers, reference material and resources that can either be printed and provided to patient's during the consultation, or access from the PatientInfo site. A significant amount of content is available across these platforms relating to pain management and specialist pain.
- Continuous Professional Development (CPD) activities – led by CPD Sub-committees of the HNECC Clinical Councils, these events include a range of topics, including pain management and target a broad audience of health professionals. HNECC also partner with the Hunter Postgraduate Medical Institute (HPMI) and support their educational program. In total 24 pain related educational events have been held across the region, one being a RACGP Category 1 event and 11 Category 2. Over 500 clinicians attended these sessions, with topics including:
 - > Chronic pain management post codeine rescheduling
 - > Neuropathic pain
 - > Management of chronic back and neck pain/ Management of thoracic and lumbar pain
 - > Perinatal mental health and pain
 - > Resources to support opioid de-prescriptions
 - > Pelvic pain management
 - > Unravelling the mystery of chronic pain
- Additionally, a Central Coast Regional Pain Seminar occurred for November 2018 in partnership with Central Coast Local Health District (CCLHD).

Murrumbidgee PHN

The Nepean Local Health District (NSW Government) provide a pain service into the Murrumbidgee PHN region. It is delivered mostly via telehealth however they do provide some services face-to-face. Murrumbidgee PHN (MPHN) also have representation on the steering committee for this service.

In addition, pain specialist Dr Romil Jain visits Wagga once a month from his base in Canberra (funded by Rural Doctors Network), with administrative support provided by MPHN. MPHN engage both the visiting Specialist and the Nepean service to provide continuing professional development opportunities GPs.

MPHN are also working with HealthPathways and have the following pain related pathways localised and live for GPs in the Murrumbidgee region:

- Late-stage / Palliative COPD
- Palliative Care Services
- Palliative Care Advice

MPHN are currently working on localising the following HealthPathways over the next 12 months:

- Opioid withdrawal
- Drugs of Abuse
- Pain management in palliative care
- Spinal pain - acute

Western NSW PHN

The Western NSW PHN (WNSW PHN) funds a Pain Management Program run by Broken Hill GP Super Clinic. It aims to increase access to services and improve quality of services. Services are provided via telehealth and face to face.

The Program is a supportive community-based program offering non-opioid pain management alternatives for patients with chronic persistent non-cancer pain.

A multidisciplinary team provides tailored education about pain; training and practice in self-management skills; interactive group discussions; group exercise sessions of graded intensities; and support with the maintenance of gains. It includes inputs from an exercise physiologist, pain nurse practitioner, physiotherapist and psychologist.

It also aims to reduce high dose and risky opioid use in the community. The program is set up as an extension and follow-on from the current pain specialist telehealth services offered by the Broken Hill GP Super Clinic.

WNSW PHN is represented on the Far West Pain Management Telehealth Steering Committee, a partnership facilitated to improve pain management in Far West NSW facilitated by the Agency for Clinical Innovation Pain Management Network.

Western Sydney PHN

Western Sydney PHN (WSPHN) attempts to respond to identified local needs, which includes pain management that are integrated with a range of services including primary care/general practice, palliative care, aged care and after hours. WSPHN notes specific funding is not provided for pain management, and the lack of a specific programs targeting mental health services for people living with pain.

- WSPHN is currently developing 15 clinical and four referral pathways related to chronic pain, which should be ready in the next couple of months.
- 2 Primary Mental Health Care (PMHC) providers list Chronic Pain as an area of speciality and are located across the Western Sydney region.
- WSPHN identify pain management work related to alcohol and other drugs (AOD) and pharmacy, including:
 - > Training for pharmacists on opioids, including the upscheduling of codeine and implications for people with dependence
 - > Funding for a project trialling a community pharmacy screening tool for opioid dependence to help referral into general practice.
 - > AOD clinician involvement in the development of chronic pain Health Pathways.

NORTHERN TERRITORY

Northern Territory PHN

The key initiatives/activities being undertaken/planned by Northern Territory PHN (NTPHN) include:

- Through Health Pathways, looking at localising the pathways relating to chronic pain and the use of codeine with a focus on chronic use and overprescribing.
- Planning with PainWise Australia the delivery of CPD and education sessions to NT health professionals. Specifically, this will be done at our annual Compass Conference (Darwin 23 & 24 November 2018) and recognising that there is considerable demand it is intended that this will occur on an ongoing basis as part of our continuing CPD program. The tyranny of distance (particularly cost) and the availability of people to deliver ongoing CPD training makes the logistics of organising ongoing activities difficult in the NT. NT PHN is committed to the investigating options to ensure that sessions are provided on a regular basis given the interest.
- In conjunction with the Top End Health Service (TEHS) NT PHN is exploring funding options to develop a formal NT Training program using the existing informal education arrangement that TEHS provides to community pharmacists that participate in the TEHS Opiate Pharmacotherapy Program.

QUEENSLAND

Brisbane South PHN

A General Practitioner Pain Management Seminar was held in the Brisbane South PHN area, attended by 65 General Practitioners on 3 March 2018. Local and national guest speakers covered a variety of pain management topics including diagnosis, appropriate investigation, acute and persistent pain, medications and dependency. The seminar provided information on timely topics including managing codeine dependencies and the recent codeine rescheduling. Local speakers provided an update on how to access services available to patients in the region.

Darling Downs and West Moreton PHN

Darling Downs and West Moreton PHN identified the significant burden of pain in their communities. Following consultation with clinicians and the community, they are delivering a Quality Use of Medicines initiative centred on pain management including:

Work Collaboratively with NPS Medicinewise in General Practice

- Provide General Practice education on prescribing via NPS e-learning modules.
- Introduce to primary care in collaboration with NPS the benefits of using MedicineInsight data tool (no cost). Seek to achieve maximum uptake of the data tool and create review and benchmarking activities to support general practice in collaboration with NPS and their case review visits.
- Distribution of NPS resources as appropriate for clinicians, pharmacists and consumers (electronic and paper if required).
- Create RTF referral forms for practice software.
- Include GPs and Nurses in workshop with Pain Specialists and West Morton Health Service.

Pharmacy

- Include pharmacy in workshop with Pain Specialists and WMHS.
- Distribution and use of NPS resources as appropriate for clinicians, pharmacists and consumers
- Provide referral options to GP or list of non-referral pain management options in the community.

Hospital and Health Services

- Coordinate Clinical Team Learnings in Pain medication.
- Delivery of Pain Management workshop in collaboration with Pain Specialists and WMHS.
- Work collaboratively with WMHS to develop a model for Pain Management Student Clinic.

Psychology and Allied Health

- Map pain management/support options in the community and distribute to general practices.
- Create RTF referral forms where appropriate for general practice.

SOUTH AUSTRALIA

Country SA PHN

Country SA PHN (CSAPHN) note the recognition of chronic pain as a chronic condition in Australia has recently seen a turning point for diagnosis, management and models of care that cross the continuum of service delivery. While much of the recognised care is provided in the tertiary sector, emphasis must be placed on early diagnosis and management in the primary care sector, where it is easier for the patient to access services closer to home and before chronic pain advances.

With only two tertiary Pain Management Units in the state both located in Adelaide, treatment can be particularly problematic for people living in country SA. Outreach services are provided at two locations, one of which is funded under a Country SA PHN Innovation trial and is supplementary to a GP led primary care model of pain management; this activity will most likely cease at the end of the funding period.

The biggest difficulties in the recognition of chronic pain across the community is the lack of data which provides evidence to identify the level of prevalence and thereby the extent of the support required. Chronic pain can be associated with many other chronic diseases or be the result of an acute event that has not been resolved. Where associated with another chronic condition, pain management should be included as an active part of the overall management of the condition instead of a separate factor as can occur in some specialist areas.

While medication plays a role in management, every effort should be made by the primary health care sector to activate and support the patient in becoming more knowledgeable of their condition, and to work with non-pharmacological solutions such as, for example, physiotherapy or psychotherapy to support self-management.

Activity 1: Chronic Pain Model of Care Project

A Model of Care for Chronic Pain Management in SA was clinically endorsed by the Ministerial Clinical Advisory Group in June 2016 and approval from the Transforming Health Steering Committee was received in October 2016.

Since that time, CSAPHN have been a member of the Chronic Pain Implementation Committee. The principle role and function of the Committee was to be a state-wide governing committee which provided direction, leadership and support for the development of local LHN chronic pain strategies as well as leading the management of state-wide strategies related to implementation.

The Chronic Pain Implementation committee was required to actively promote and participate in the local implementation of the Chronic Pain Model of Care as well as ongoing review to ensure implementation is successful.

Whilst the Model of Care was initially primarily focussed on Adelaide LHNs and services, in June 2017 all Local Health Networks were advised that there would be increased activity purchased in 2017/18 to assist in the implementation of the Model of Care and address the long wait lists and variation in care. They were further advised that this increased activity allocation was being phased in over the next three years.

All LHNs are asked to consider and provide details on funding allocation to:

- Staffing
- Clinics (new or expanded)
- Increased capacity to deliver services
- Process to deliver services to Country Health SA LHN residents

CSAPHN is aware that pain services delivered from metropolitan LHNs sites have met with key staff from Country Health SA LHN to discuss broad concepts associated with the implementation and to address queries regarding regular outreach services. Southern Adelaide LHN is in discussions to implement services via outreach to Murray Bridge, Mount Gambier and Victor Harbor.

Central Adelaide LHN have increased their existing activity at Whyalla and are planning for additional chronic pain services in Port Pirie and Port Lincoln.

Whilst the Project has now been formally closed and the Implementation Committee no longer required to meet formally, it has been agreed that Country SA PHN will remain connected to key LHN staff to explore any overall issues regards country implementation of the Model of Care.

The Model of Care and Implementation Plan as well as other associated documents and resources can be located at:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+topics/health+conditions+prevention+and+treatment/pain/chronic+pain>

Activity 2: Chronic Pain Management Pilot Project - Yorke Peninsula

CSAPHN in partnership with the Queen Elizabeth Hospital (QEH) Pain Management Unit are delivering a pilot project on the Yorke Peninsula with the aim of increasing the skills of local GPs and Allied Health Professionals to be able to provide an increased level of chronic pain management in the local region. Practices participating in the pilot are Moonta Medical Centre, Owen Terrace Medical Practice, Kadina Medical Associates and Broughton Clinic. The project is providing clinical upskilling and the identification of local referral pathways. The QEH Pain Management Unit Specialists are providing outreach clinics for patients with highly complex chronic pain management needs.

The QEH Pain Management Unit provide advice and education to support the role of the Primary Health Care (PHC) Nurses to assist with ongoing management of these patients through a 'Pain Care Plan'.

Key elements of this program are:

- GPs and Allied Health Professionals including Physiotherapists, Psychologists, Pharmacists, Occupational Therapist, Podiatrists and Primary Health Care Nurses participate in education sessions with staff from QEH Pain Management Unit. Education includes best practice guidelines, pain assessment and support tools for health professionals and patients, and a focus on holistic care.
- Referred patients are reviewed by the QEH Pain Management Unit Team at outreach clinics with the participation of the PHC Nurses from the relevant General Practices who then provide ongoing support to these patients.
- Care coordination is enabled between general practice and allied health services by strengthened channels of communication and facilitation of positive relationship building.
- Increasing knowledge of pain in the community to reduce unnecessary suffering and stigma.
- Supporting digital technologies such as telehealth services to extend capacity and enable collaboration.
- Promotion of an email address for health professionals to seek advice from the QEH PMU Team. rahpmuyorkepeninsula@sa.gov.au where a timely response is provided.
- Identification of local referral pathways and low cost/no cost support services are promoted.
- Provide care pathways aligning with 'SA Health-Model of Care for Chronic Pain Management in South Australia' December 2017 and HealthPathways South Australia.

A Steering Committee provides oversight of the project to guide all clinical aspects, including ensuring clinical safety and risk minimisation to both patients and health professionals. 4

Activity 3: HealthPathways SA - Chronic Pain Management Clinical Pathways

CSAPHN in partnership with SA Health and Adelaide PHN, is implementing HealthPathways across SA to support consistent care and management of health conditions and to improve the health outcomes and journey of patients through our local health system.

HealthPathways is an online portal that provides General Practitioners (GPs) and other health professionals with access to comprehensive, evidence-based assessment, management and localised referral resources for specific health conditions. HealthPathways assists health professionals to care for patients in the community, and establishes standard, agreed referral criteria for local health services across SA.

The portal went live in March 2018 with 30 clinical pathways and 41 referral pathways localised to the South Australian context. The HealthPathways SA Team continues to progress localising over 700 pathways. To support prioritisation of pathway development, the partnership has identified nine key clinical priority areas for SA which includes Chronic Conditions. Within this clinical area, development activity for chronic pain pathways was initiated in September 2017. As at 28th August 2018 the following chronic pain pathways are at various stages of development:

1. Chronic (non-cancer) Pain in Adults
2. Self-management for Chronic Pain
3. Chronic Pain Specialised Advice
4. Medications in Chronic Pain
5. Chronic Pain Specialised Assessment

The HealthPathways SA Team works closely with relevant stakeholders in the development and localisation of all pathways. SA chronic pain subject matter experts, along with key chronic pain health professionals and service providers are involved in various aspects of development process and the pathway is reflective of the state-wide *Model of Care for Pain Management in South Australia*.

It is anticipated that the above identified chronic pain pathways will be published to the HealthPathways SA portal in late 2018. Development progress for chronic pain and all HealthPathways SA pathways is publicly available online via the project website:

<https://saproject.healthpathwayscommunity.org>

TASMANIA

Primary Health Tasmania

- Primary Health Tasmania (PHT) played an active part in the Department of Health Codeine Rescheduling Implementation group, facilitating GP and primary care workshops throughout Tasmania in preparation for the rescheduling of codeine prescribing. This work is continuing into 2018-19 with further workshops planned for primary care providers to outline alternative patient pathways for the management of persistent pain.
- PHT provides deprescribing information and resources available on the PHT website. The resources are currently under review. <https://www.primaryhealthtas.com.au/resources/deprescribing-general-information>
- PHT is currently working with the Tasmanian Health Service Persistent Pain Service discussing how to increase knowledge and capacity within primary care in the management of individuals with persistent pain.
- Tasmanian *HealthPathways* has 6 pain pathways.
- Tasmanian Health Directory - PHT maintains this directory regularly updating service providers and areas of specialism enabling health professionals and consumers to be able to have sight of available services.
- Health Literacy - PHT supports specific work programs linked to improving consumer health literacy levels and ensures that all resources and communications for consumers are health literate appropriate. These could be applied to pain management initiatives.

WESTERN AUSTRALIA

Western Australia Primary Health Alliance

All WA PHN are coordinated through the Alliance including Perth North, Perth South and Country WA Primary Health Networks (PHNs). Specific pain services and other initiatives in pain management across the network are outlined below.

Commissioned services to treat and support patients with pain management:

- Persistent Pain Programs are delivered by three service providers in four locations within the Perth North and Perth South PHN regions. The Program is an evidence-based treatment and support program with a focus on self-management through expert education, individual case management, support, goal setting and improved use of community healthcare services. The program is delivered at no cost to the patient. The program also builds the capacity of the primary care sector to provide improved chronic pain management.
 - > The programs are based on the 'Turning Pain into Gain' program. Patients are provided with a monthly education program for six months with service assessments, to a total of 12 months of support and services. Structured education and training are delivered in group sessions on topics including: understanding pain; challenging thoughts and emotions to improve pain; understanding medicines; medical investigations, exercise planning, pacing and ergonomics; food and pain; and sleep and pain.
 - > The Persistent Pain Model works to develop strong working relationships with general practice and allied health professionals and improves co-ordination of care to ensure patients receive the right care in the right place at the right time. Patients are supported to set goals and connect with allied health professionals. Regular updates and communication back to the patient's general practitioner (GP) occurs along with collaboration on patients' GP Management Plans and Mental Health Plans.

- > A Steering Committee provides support, guidance and oversight of the progress of the three service providers delivering the Pain Education Program. The Committee meets twice a year and reviews GP education sessions; ePPOC implementation and results; integration with general practice; education participation and tertiary sector integration.
- A persistent pain management trial was commissioned in Country WA PHN's South West region to support patients impacted by pain who live in a remote regional area. The program focused on increasing patient understanding of pain and neuroscience through a blend of group and individual sessions. The evaluation demonstrated some improvement in patient reported outcomes including improved pain self-management skills such as the use of alternative strategies to medication. Increased collaboration between health professionals was also demonstrated. The provider is considering funding sources to continue the program with some modifications to address attrition in the cohort numbers.
- Musculoskeletal Rehabilitation Group for the Aged was trialed in the Country PHN's Midwest region to support older people with lower limb osteoarthritis, chronic pain, those with elevated fall risk and those awaiting lower limb orthopaedic surgery. The project was delivered over a six-week period. Patients received exercise and education to reduce falls incidents and option of individual and group-based sessions. Treatment included group-based hydrotherapy, gym-based exercise and education sessions.
- Integrated Chronic Disease Care activities are delivered across Country WA PHN, in 14 locations to provide a collaborative, wrap around model of care for people who have chronic conditions, with a focus on providing clinical care and supporting individuals and families to self-manage their conditions. Chronic Pain can be a symptom of chronic conditions, therefore the integrated chronic disease care program coordinates patient access to treatment and support services to manage their condition.

Initiatives related to the management of pain:

- Non-dispensing pharmacists in general practice (Available to Comprehensive Primary Care practices in PHN North and PHN South). This initiative involves integrating non-dispensing pharmacists in general practice as part of an integrated multi-disciplinary team, to improve health outcomes for patients and to provide effective and efficient care. The non-dispensing pharmacist will work closely with the practice team to provide a coordinated, collaborative and integrated approach, with the overall goal to:
 - > Improve patient health outcomes through the Quality Use of Medicines
 - > Deliver clinical pharmacy and education services
 - > Work closely with, and provide a key point of liaison for, community pharmacies to ensure continuity of care.
- The WA Primary Care Quality Use of Medicines Working Group was established in early 2018. WAPHA and ScriptWise joined forces to support establishment of the WA Primary Care Quality Use of Medicines Working Group in preparation for codeine upscheduling. The Working Group is comprised of representatives from WAPHA, the Royal Australian College of General Practitioners, State Government Specialist Alcohol and Drug Service (Next Step), the Pharmaceutical Society of Australia along with experienced health professionals including specialists in pain management.

- National Prescribing Service MedicineWise Educational Visiting Program is delivered in partnership with NPS Medicine Wise to provide free evidence based educational information on medicines, health conditions and medical tests for GPs, Practice Nurses and Pharmacists on various topics. WAPHA supports and promotes the program including educational visits to regional and remote GP practices and the NPS provides visits to GP practices all over WA. In between face-to-face visits, NPS MedicineWise educational visit topics are also available to be delivered as virtual visits via Skype, to ensure regional and remote practices have the same ongoing access to evidence based CPD as metro practices. In the past year NPS Clinical Services Specialists have delivered educational visits via Skype to GPs in remote practices all over WA, including Derby, Kalgoorlie, Esperance and Christmas Island. The most recent educational topics included:
 - > *Neuropathic Pain*: Touch points for effective diagnosis and management including tools to help diagnose neuropathic pain, so appropriate medicine can be prescribed.
 - > *Lower back pain*: Taking action - confidently recognising when lower back pain requires further investigation and identify patients at risk of chronic, disabling pain.
- MedicineInsight is a quality improvement program developed and managed by NPS MedicineWise with funding from the Commonwealth Department of Health. WAPHA has been working to share information with WA GP practices to encourage them to consider joining the program, which allows GPs to reflect on their own patterns of prescribing and patient care with support from in-practice educational visits on a therapeutic area which provide GPs and practice staff with an opportunity to discuss and reflect on their clinical data alongside the latest evidence and guidelines. MedicineInsight allows practices to identify patients for recall who may be in need of review or potentially at risk. Participating practices are contributing to a de-identified pool of data that can improve the post-marketing surveillance of medicine use in Australia.
- The WAPHA led HealthPathways WA website covers all three PHNs in WA. The site contains condition specific pathways to assist in assessing, managing and referring patients. General Practitioners write the pathways, in consultation with specialists and other health professionals from across the state. Two working groups were held on pain. The first focussed on chronic pain and the second on Low Back Pain in adults. Since being published on HealthPathways website in November 2017, the Low Back Pain in Adults pathway has consistently been in the top two viewed clinical pathways each month. A third working group to develop the Chronic Non-cancer pain pathway is underway.
- Practice Assist provides Western Australian general practice providers, principals, managers and administrators with a free support service. Launched in October 2017, Practice Assist is a joint initiative of Rural Health West and WAPHA. Delivered from a single point of contact for all GP staff in WA, Practice Assist allows a seamless and customer focused service to benefit the greater patient community by enabling providers to deliver high quality primary health care services via a toll-free help desk, email support and practice support visits from Primary Health Liaisons. A dedicated website (www.practiceassist.com.au) contains resource material such as fact sheets and templates, fortnightly electronic newsletter with industry news and updates, workshops and webinars, and practice manager networking events. Current resources include information on management of codeine, drug seeking behaviour and safe prescribing practices.

- Registrar Training and CPD Events are supported and promoted by WAPHA through our partnerships with WAGPET and RACGP. RACGP Accredited education events have included a multi-disciplinary approach to pain management and taking the pain out of pain management. GPs and Registrars have also received information on pain management health pathways and services.
- The Pharmaceutical Society of Australia has been commissioned by WAPHA to develop and deliver a workforce development project in metropolitan and regional locations to upskill pharmacists to assess and manage patients who may have problems associated with alcohol and/or drug use.
- Resources and events for consumers by NPS MedicineWise and Choosing Wisely Australia have been promoted by WAPHA. Local resources and workshops to support consumers and health practitioners respond to the upscheduling of codeine have been developed. *ScriptWise* campaigns, resources and events have been supported and promoted by WAPHA.
- The Primary Health Network's Needs Assessment is developed to support WAPHA in identifying and analysing health and service needs within the PHN regions to prioritise activity. The following information has been identified as part of the Needs Assessment process:
 - > Pain management services in WA are impacted by:
 - ◇ Waiting lists ranging from 2 to 12 months;
 - ◇ Shortage of pain specialists in rural and remote areas, also in urban areas;
 - ◇ Lack of affordable services – most pain management specialists billing privately;
 - ◇ Distance and lack of affordable transport, particularly in rural and remote areas, but also in semi-urban locations.
 - > Metropolitan pain management clinics are often accessed by regional clients in urgent need of specialised care and procedural interventions. For those clients living in rural and remote WA, access and participation in multidisciplinary care can include staying away from home without family support and increased financial costs.

OTHER KEY BODIES

AUSTRALIAN PAIN SOCIETY (APS)

The APS continues to function as the only professional body to represent all health professionals involved in multidisciplinary pain management and related research in Australia.

The APS was formed in 1979 as the Australian Chapter of the International Association for the Study of Pain. It is a not-for-profit organisation and is directed by an elected honorary council. Annual subscriptions are set at the minimal level necessary to cover administrative costs of the society. The APS is truly a multidisciplinary organisation with representatives among its members from many medical specialties, as well as dentistry, psychology, nursing, general practitioners, other health professionals and the basic sciences. The 800 members includes investigators and clinicians who are active in the field of pain and its management.

The Australian Pain Society (APS) has worked closely with PainAustralia (PA) since its formation to further the goals of the National Pain Strategy (NPS). The APS acts to facilitate its membership's activities which are associated with the National Pain Strategy.

Key achievements and activities include:

- Scientific conference held annually - the only conference in Australia offering multidisciplinary insights into the complex nature of pain management from a variety of medical, nursing and allied health perspectives including supporting a consumer day with international speakers and logistic support.
- Members provide education, training and mentoring for GPs and multidisciplinary primary health care professionals
- Developed and updated the *Pain in Residential Aged Care Facilities: Management Strategies 2nd edition*– regarded as the definitive management strategy for pain in aged care facilities (2017)
- *Waiting in Pain: a systematic investigation into the provision of persistent pain services in Australia*, published in the Medical Journal of Australia, 02 April 2012, Volume 196, No 6.⁵
- APS members are active contributors to State pain programs.
- Assistance with and contribution to Australian Medicare Local Alliance (AMLA) pain education seminars.
- Development, update and promulgation of position statements on pain management including:
 - > pain management programs
 - > spinal interventions
 - > neuropathic pain
 - > psychology and pain management

- Supporter and sponsor of the Australian Pain Relief Association (APRA) PhD Scholarships program, a flagship training initiative since 1995.
- Travel Grant Program to financially assist young researchers, students, nurses and allied health professionals to attend and present their posters/free papers at our highly regarded Annual Scientific Meetings
- Supporter of pain management training and services in rural and remote regions of Australia and developing resources for furthering understanding of pain in indigenous Australians.
- Supporter of pain management education in developing countries in our region, e.g. APS Prize for ASEAPS (Association of South East Asian Pain Societies) delegate to attend APS Scientific Meeting
- Provides the National Facility National Facility Directory: a publicly available listing of multidisciplinary pain management clinics
- Promoter and supporter of pain management across our peer organisations, including:
 - > Australian College of Nurse Practitioners and other nursing groups such as PIG-NI (Pain Interest Group-Nursing Issues)
 - > Australian Physiotherapy Association
 - > Australian Psychological Association and the Australian Psychological Society
 - > Faculty of Pain Medicine
 - > Occupational Therapy Australia
 - > Royal Australian College of General Practitioners
 - > The Relationships and Communications Committee has been created to engage with these organisations as well as other bodies e.g. the Australian Medical Association and the Australian Society of Anaesthetists (ASA).
 - > Formation of Pain in Childhood Special Interest Group in 2011 (AMA)

More information about the APS can be found at: www.apsoc.org.au

FACULTY OF PAIN MEDICINE (FPM)

The Faculty of Pain Medicine is a faculty of the Australian and New Zealand College of Anaesthetists and is the professional organisation for specialist pain medicine physicians (Fellows) and specialist pain medicine physicians in training (trainees).

The Faculty is responsible for the training, examination and specialist accreditation of specialist pain medicine physicians and for the standards of clinical practice for pain medicine in Australia and New Zealand. Formed in 1998, the Faculty is the first multidisciplinary medical academy in the world to be devoted to education and training in pain medicine.

Key FPM activities can be found at: <http://www.anzca.edu.au/documents/anzca-annual-report-2017-final-p3.pdf>

FPM Strategic Plan 2013-17	
Vision: To reduce the burden of pain in society through education, advocacy, training and research	
Build fellowship and the faculty	<ul style="list-style-type: none">• Increase the number of trainees and fellows• Strengthen the framework of the faculty• Establish clear policies and procedures throughout FPM
Build the curriculum and knowledge	<ul style="list-style-type: none">• Deliver a world-class training program• Support research that adds to the evidence base for pain medicine• Collaborate with other colleges and training providers to provide appropriate pain medicine education to health professionals
Build advocacy and access	<ul style="list-style-type: none">• Promote and support a unified understanding of pain in the health sector and wider community• Engage with and influence key stakeholders and decision makers• Improve access to pain medicine services

PAIN MANAGEMENT RESEARCH INSTITUTE (PMRI)

Established in 1990, the Pain Management Research Institute (PMRI) is a joint initiative between The University of Sydney and Royal North Shore Hospital. Research, teaching and clinical activities extend from acute pain (e.g. post-operative and trauma) to chronic non-cancer pain (e.g. low back pain, post amputation pain, herpes) and cancer pain management.

PMRI is staffed by a multidisciplinary group of clinicians, researchers and educators who work together to improve our understanding of all forms of pain and their treatments. As a division of the Kolling Institute of Medical Research, PMRI pursues its broad goal of improving human health by:

- Research: PMRI runs an intensive research program investigating severe persistent pain problems. Research is conducted within a biopsychosocial framework and includes the study of basic pain mechanisms and the development and evaluation of innovative multidisciplinary treatments.
- A national and international education program: The Pain Management Research Institute runs an internationally recognised postgraduate degree program in conjunction with The University of Sydney, leading to a Masters level qualification in Pain Management. PMRI also runs continuing education and professional development events for health professionals interested in developing their knowledge further in field of pain management.
- Treating patients with pain in collaboration with the Michael J Cousins Pain Management & Research Centre (PMRC) including acute pain, cancer pain, and chronic non-cancer pain. PMRC is a purpose designed clinical facility in the Douglas Building of Royal North Shore Hospital constructed with funds donated by the business community and the general public.

More information about PMRI is at: <http://sydney.edu.au/medicine/pmri/about/index.php>

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