Innovative Service Model for Chronic Pain Management After Spinal Cord Injury

A telehealth solution

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BACKGROUND
Chronic pain is experienced by approximately 80% of individuals after spinal cord injury (SCI), with 30% reporting severe pain. [1] Chronic pain negatively impacts upon mood, quality of life, relationships, vocational engagement, physical activity & community participation, more than the impact of the spinal cord injury alone. [2] A multidisciplinary pain management program, with emphasis on supported self-management, has been shown to reduce pain related distress and anxiety and reduce pain interference. [3, 4, 5] However, access to specialist pain management services for individuals with SCI is restricted by logistical challenges, location, transport, mobility and care. The SCI Pain Clinic at Greenwich Hospital is testing a model to integrate a novel telehealth service within the outpatient clinic.

AIMS OF THE CLINIC:
- Facilitate access to specialist SCI pain management services providing comprehensive & multidisciplinary care
- Develop resources to promote a supported self-management approach
- Sustainable access for rural & metropolitan NSW residents
- Provide a flexible treatment model based on client’s individual need

CLINIC STRUCTURE:
- Referral obtained from case manager, GP or spinal specialist
- Phone contact with client and case manager to organise clinic attendance, includes SCI care plan & email of “Vidyo” telehealth link details, plus technology test
- Pre-assessment telehealth session with medical director, client and case manager
- Clinic appointment at Greenwich Hospital including review, assessment and treatment planning by medical, physiotherapy and psychology
- Telehealth follow up at 1, 2 & 3 months post clinic to review pain management strategies & progress goals
- Telehealth follow up at 6 months and 12 months to review pain management plan

RESULTS
- A pilot SCI Pain Clinic has been established at Greenwich Hospital, as part of the Lifetime Care & Support Authority funded Chronic Pain and SCI Project, with seven individuals reviewed through the clinic thus far.
- Development of clinic documentation in line with established guidelines [6, 7] including:
  - Telehealth service model
  - Telehealth documentation guide
  - Telehealth documentation checklist
  - Triage & Pre-Assessment forms
  - Technical logbook
  - Vidyo software instructions
  - Service evaluation forms
- Development of supporting resource material such as The SCI Pain Book, the SCI Pain Workbook, the ACI Pain Management Network Website and a SCI resource package for all NSW Pain Clinics.

CONCLUSIONS:
- Participants indicate that telehealth is an effective way to prepare for attending the SCI Pain Clinic at Greenwich Hospital
- Participants report that videoconferencing is convenient for use with laptops, personal computers, tablet computers and smartphones using secure Vidyo software.
- Complementary resources have been developed with extensive consumer and clinician input to encourage a supported self-management approach for individuals with persistent pain after SCI

METHOD
Consultation with clinicians and consumers conducted via online survey, focus groups & interviews throughout NSW; 75% obtain health information online
- Range of devices used include personal computer, laptop, tablet computer and smart-phones.
- 25% obtain health information from books
- Barriers to managing SCI pain include:
  - Knowledge gaps in specialist pain services regarding the needs of people with SCI
  - Resource gaps in specialist spinal cord injury services regarding chronic pain management
  - Telehealth identified as a potential mode of service delivery to improve access to specialist SCI & pain services and overcome the barriers of location, transport, mobility and care.

"The SCI pain clinic was really helpful. I have achieved my goals since attending the clinic & have come off the fentanyl patches. Working with the team gave me confidence. They gave me reassurance that it will get better and helped me get through the hard times as my medication dose went down. I am less frustrated and I have more control over the pain – I feel mentally stronger, my mood is better and now I sleep well at night."

REFERENCES

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