Agency for Clinical Innovation

Pain Management Model of Care: Formative Evaluation

Final Report

February 2015
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Acknowledgements

O’Connell Advisory would like to thank Jenni Johnson - Pain Management Network Manager ACI, Executive of the ACI Pain Management Network, Sallie Newell - Evaluation Analyst Health Economics and Evaluation Team ACI, Pain Management Service Directors, staff and patients, Local Health District Executive, Medicare Locals, GPs and allied health professionals who assisted through providing data for this evaluation.
Executive Summary

The aim of the Pain Management model of care is to provide equitable and evidence-based services that improve quality of life for people living with pain and their families and to minimise the burden of pain on individuals and the community. Further, the model of care aims to integrate care across all aspects of the health care system by increasing partnerships and the capacity of Pain Management Services.

Three tiers of service have been identified to assist in continuity of care: Tier 1 - primary health care; Tier 2 - specialist care services led by medical specialists; and Tier 3 - multi-disciplinary pain services in teaching hospitals. The model of care enables people to transition across the continuum of care.

The Agency for Clinical Innovation engaged O’Connell Advisory to undertake the formative evaluation of the implementation of the NSW Pain Management Plan including implementation of the model of care.

The evaluation plan was developed in consultation with the ACI Pain Management Network Executive.

The goals of evaluation are:

- To determine the impact to date of the additional funding upon Tier 3 Pain Management Services
- To determine the impact to date of the new and existing Tier 2 Pain Management Services
- To determine the impact to date of the supporting Tier 3 Pain Management Services and the levels of support and mentoring provided to new Tier 2 Pain Management Services
- To determine to what extent Tier 1 clinicians to date are engaged within the NSW Pain Management model of care
- To determine the impact to date upon capacity to treat people in NSW with chronic pain, utilising evidence based models of care
- To determine the impact to date of the resources available to community and clinicians.

The evaluation included site visits to four Pain Management Services. Each site visit included:

- An interview with the Service Director
- A focus group with Pain Management Service staff
- A focus group with patients of the service
- An interview with a representative of the Local Health District Executive; and
- Where possible, focus groups with GPs and allied health professionals based in the community.

Further interviews were undertaken with:

- Medicare Locals
- The RACGP; and
- Painaustralia.

Evaluation tools were developed and the evaluation plan finalised. Data were collected through:
• ACI including ePPOC and ACI Pain Management website data
• Phone interviews with Service Directors who did not have a site visit to their service
• Electronic survey tools for:
  o Pain Management Service staff
  o Patients
  o LHD Executive
  o Medicare Locals; and
  o GPs and allied health professionals.

Due to some distortion in response rates for some groups, and a low response for others, responses cannot necessarily be considered as representative of the total population for each group. Response rates for each group are shown in the following table:

Table 1 Summary of data collection from Pain Management Services

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Tier 3 Services</th>
<th>Tier 2 Services</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Supporting¹</td>
<td>Non-supporting</td>
<td>Existing</td>
</tr>
<tr>
<td>Pain Management Service code</td>
<td>A B C D E F G H I J K L M N O P Q R S</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Service director interview</td>
<td>√ √ √ √</td>
<td>√ √ √ √</td>
<td>√ √</td>
</tr>
<tr>
<td>Staff participation in survey*</td>
<td>7 7 6 6 6</td>
<td>1 5</td>
<td>3</td>
</tr>
<tr>
<td>Staff participating in focus groups (approx.)</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Patient participation in survey*</td>
<td>1 14 2</td>
<td>21</td>
<td>5 6</td>
</tr>
<tr>
<td>Patient participation in focus groups (approx.)</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>LHD Executive participated in survey**</td>
<td>√ √ √</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Medicare Local(s)*** in area</td>
<td>√ √ √</td>
<td>√</td>
<td></td>
</tr>
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</table>

¹ Supporting Tier 3 hospitals are linked to and provide mentoring and supports to a nominated Tier 2 service.
<table>
<thead>
<tr>
<th>Service Level</th>
<th>Tier 3 Services</th>
<th>Tier 2 Services</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>distributed survey to Tier 1 clinicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 clinicians refer to Pain Management Service</td>
<td>7 5 16 3 2 2 9 2 1 0</td>
<td>1 0 6 0 3 1 2 0</td>
<td>54</td>
</tr>
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</table>

(* 10 staff and 1 patient did not complete question, ** Responses from Directors/staff working in the Pain Management Service were excluded).

**KEY FINDINGS**

Overall the most important key findings in this formative stage of the evaluation are:

- The increased number of pain programs delivered to people in NSW with chronic pain
- The reduction in waiting time for the majority of NSW Pain Management Services
- A perception by Pain Management Services, staff and patients that there have been improvements in the way pain is assessed and managed
- The need to develop a communication strategy to improve the engagement and involvement of GPs and community-based allied health professionals in delivering a consistent evidence-based model of care
- The ACI Pain Management website is well regarded by those who have visited the website.

The key findings are listed under the goals of evaluation, and other findings below.

**To determine the impact to date of the additional funding upon Tier 3 Pain Management Services**

The additional funding has allowed Tier 3 Pain Management Services to increase their clinical staff FTEs, and in some instances provide some additional administrative support. These additional staffing resources have allowed Tier 3 services to increase the numbers of services delivered, including delivering an increased 73 high and medium/low pain programs in the first six months of 2014 when compared to the same period in 2012, and all but 1 service reporting **reductions in waiting lists ranging from 4-74 weeks, with an average reduction of 27 weeks since 2012**\(^2\). Staff and patients of the Tier 3 Pain Management Services had perceived some improvements in the way pain is assessed, managed and the availability of clinicians able to assess and manage pain.

**To determine the impact to date of the new Tier 2 Pain Management Services**

The new Tier 2 Pain Management Services have all had an impact in delivering services to people with chronic pain in their local area. The new Tier 2 services have delivered 24 medium/low pain programs in the first six months of 2014. Conclusions cannot be drawn about staff and patient views

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\(^2\) Not all Pain Management Services had provided complete data at time of reporting.
about the new services given the low proportion of staff and patient respondents from new or enhanced Tier 2 Pain Management Services.

To determine the impact to date of the supporting Tier 3 Pain Management Services and the levels of support and mentoring provided to new Tier 2 Pain Management Services

Tier 3 supporting services reported providing support to new Tier 2 services through:
- Initial on-site training at the Tier 3 service
- Provision of supporting materials i.e. program manuals, position descriptions
- Face to face support on-site at the Tier 2 service
- Mentoring and professional supervision
- Regular case conferencing for complex patients via video-conference
- Informal advice and support.

The Tier 2 services that had received mentoring reported satisfaction with the support provided.

GPs and allied health professionals do not share the view that there have been improvements in clinician’s capacity to work across the continuum of Pain Management Services.

To determine to what extent Tier 1 clinicians to date are engaged within the NSW Pain Management model of care

There is little evidence of integration to date. Based on the responses received it is considered that there is still limited knowledge, awareness and take up by GPs and allied health professionals of an evidence based model of care, and there is no indication that there is an integrated approach. The feedback from Pain Management Services and GPs/allied health professionals suggests a need for improvements in communications between Pain Management Services and Tier 1 clinicians to support integrated service delivery. Responding GPs and allied health professionals do not share the view that there have been improvements the way pain is assessed and managed, availability of clinicians able to assess and manage pain, and the consistency of care provided to people with pain.

To determine the impact to date upon capacity to treat people in NSW with chronic pain, utilising evidence based models of care

Consistent evidence based model of care
There are indications that a consistent evidence based model of care for Pain Management in NSW is in the process of being established. Key messages regarding a collaborative multi-disciplinary approach with involvement of primary health care providers, with the need for consumers to adopt self-management principles are being heard by the staff of NSW Pain Management Services, noting that respondents were not representative of all Pain Management Services, and skewed largely towards Tier 2 services. Pain Management Service Directors, staff and patients have perceived improvements in clinician’s capacity to work across the continuum of Pain Management Services, and the consistency of care provided to people with pain.
**Capacity to treat people with chronic pain in NSW**

There is clear evidence of an impact upon capacity to treat people in NSW with increases in the number of pain programs delivered January – June 2014 when compared to the same period in 2012, and also **a decrease in waiting lists overall.**

**Improvements in service delivery**

Pain Management Service directors, staff and patients noted improvements in the way pain is assessed, managed and the availability of clinicians able to assess and manage pain. However this view was not shared by responding GPs and allied health professionals. Pain Management Service directors, staff and patients advised that they had perceived improvements in the consistency of care provided to people living with pain.

**Quality of life and productivity of people with chronic pain**

Patients of Pain Management Services report improved quality of life, and improved productivity as a result of their participation in the pain program.

Patient responses may be biased due to small size and the self-selecting nature of this sample.

**State-wide Referral Form**

The state-wide referral form was not widely used. Only two Pain Management Services reported having this form used for all referrals, and had implemented systems and processes to support consistent use. The support and engagement of Medicare Locals was seen as a key success factor.

**Triage and referral of patients with chronic pain**

All Pain Management Services have developed triage processes. Ten Pain Management Services have or are in the process of implementing pre-program educational sessions as a screening tool to determine readiness for change/acceptance. However there are limited referrals between services. Not all Tier 3 services provide high intensity programs. One Tier 2 service does provide high intensity programs. There was no specific data about the number of patients being referred to Tier 1 clinicians for treatment.

**To determine the impact to date of the resources available to community and clinicians**

There is evidence that a number of resources developed and available to clinicians and consumers have been utilised and well received by staff and directors of Pain Management Services and patients.

**ACI Pain Management website**

The ACI Pain Management website has been utilised, and is well regarded by those clinicians who have visited the website, at least once or twice. There was good awareness and utilisation by NSW Pain Management Services. The limited number of responding GPs and allied health professionals who had visited the website were positive about the resources available. Patients who had visited the website rated the website well, but their feedback was slightly less positive on average than
those of clinical staff. It is unclear if this is significant given the number of patients responding to this question.

**Professional development**

Pain Management Services were aware of the activities of the Pain Management Research Institute, with the majority indicating they did utilise the training and educational activities provided. However Medicare Locals and responding Tier 1 clinicians were largely not aware of professional development opportunities relating to pain management. ACI data on pain management education offered to Tier 1 clinicians suggested these sessions were well attended with an average of 76 attendees where data were available. Events facilitated by Medicare Locals seemed to be more successful in terms of numbers of attendees.

**Community understanding**

Pain Management Services and patients have perceived improvements in the effective community understanding about pain management; and the availability of up-to-date consumer resources about pain management. Responding GPs and allied health professionals have not perceived any improvements.

**Electronic Persistent Pain Outcomes (ePPOC)**

The majority of the Pain Management Services reported they had, or were planning to, implement ePPOC. The main issues with implementation were around IT infrastructure which was largely outside of the control of the Pain Management Service.

There had been no analysis of ePPOC data undertaken to date. Pain Management Service Directors were waiting on the first publication of the ePPOC data report.

There is a view that ePPOC data will support and provide further evidence for ongoing clinical service delivery (e.g. patient outcomes and productivity).

**OTHER KEY FINDINGS:**

**Service Delivery**

- Not all Local Health Districts have hospital-based Pain Management Services. There are significant gaps in the southern and western areas of NSW as shown in the figure below.
Figure 1 Medical specialist led Pain Management Services in NSW

The following Local Health Districts do not have medical specialist led hospital based Pain Management Services for people with chronic pain:
- Central Coast Local Health District
- Far West Local Health District; and
- Murrumbidgee Local Health District; and
- Southern NSW Local Health District.

It is recognised that the residents of Murrumbidgee and Southern NSW are able to access chronic Pain Management Services at Albury Wodonga Health and within the ACT although this may not be feasible for all residents.

**LHD Executive support**
- The majority of Pain Management Services felt they had some level of support from LHD Executive, however four identified the Local Health District Executive had limited awareness or understanding. It was anticipated that at least one member of the Local Health District Executive would have some sound understanding of the Pain Management model of care, and in particularly those Local Health Districts which had received additional funding as a result of the NSW Pain Management Plan.

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3 Not to scale
Funding

- The majority of services did not utilise all funding in the first year and were not provided with the opportunity to roll over the full allocation of funding for the first year. This was largely due to the bureaucratic processes required by Local Health Districts to access funding, including delays in approving staff recruitment.
- At least one service has not received the full funding allocated, with 15% being retained by the Local Health District. One service was yet to utilise funds, and one service does not receive financial reports to enable that service to determine if they were utilising the full allocated funding or not.
- Two Pain Management Services raised the issue that whilst the additional funding was equal there were concerns about equity. Some existing Pain Management Services were considered to be well resourced in comparison to others prior to the launch of the Pain Management Plan, and it was suggested that a more equitable distribution of the limited funding would have been more appropriate.

Involvement of local consumer/advocacy groups

- There are opportunities to promote improved community awareness, knowledge and understanding of effective pain management through linkages with local consumer/advocacy groups.

Involvement of primary care agencies

- There were low levels of awareness of, and involvement in the implementation of the pain management model of care reported by Medicare Locals. The move to Primary Health Care Networks may provide opportunities to improve the level of awareness and engagement.

KEY RECOMMENDATIONS

The key recommendations arising from this evaluation are:

1. Develop a communication strategy to ensure the general community are aware of the options available for the management of chronic pain.

2. The introduction of Primary Health Networks should be used as an opportunity to:
   - Develop strategies to improve:
     o the effectiveness of communications and overall engagement between hospital based Pain Management Services and Tier 1 clinicians overall
     o GP and allied health professionals awareness about the ACI Pain Management website
     o GP and allied health professionals awareness about upcoming professional development opportunities about pain management
   - Understand why Tier 1 clinicians do not think there has been improvements in pain management
   - Understand what GPs want to know about pain management services
   - Work in partnership to determine the optimal referral process, including utilising a State wide pain management referral form, in concept
• Work in partnership to improve Tier 1 uptake of the telephone support available from Tier 2 and Tier 3 services

3. Further work should be undertaken to test patients’ perceptions about the improvements in the way their pain is assessed, managed, and the resources made available to the community. This is needed as:
   • There are concerns the results of the survey undertaken in the evaluation may be biased, and responses not indicative of the total population
   • If these results can be confirmed, then work should be undertaken to communicate these findings to GPs and allied health professionals to improve awareness and understanding.

4. Continue to invest in and fully utilise the ePPOC data collection to:
   • Obtain outcome data regarding the impact upon patient productivity and/or ability to return to pre-pain normal activities
   • Communicate the findings to GPs and allied health professionals to promote understanding.

5. Mechanisms should be developed to ensure that each LHD is accountable for how funds allocated to support services to people with chronic pain are utilised accordingly. These mechanisms should include:
   • A requirement that any funds unable to be utilised within a specific financial year are made available in subsequent financial years
   • Guidelines and recommendations on how funding should be utilised may improve understanding and reduce the length of time required to gain approval for expenditure.

6. The provision of Pain Management Services in NSW should be reviewed in light of the reluctance of patients to attend services outside of their local geographic area, particularly in light of the gaps identified in Southern and Western NSW.
1. Introduction and Background

Chronic pain is a significant problem in our society with one in five Australians suffering from chronic pain\(^4\), placing a huge burden on individuals, family and the community.

A National Pain Strategy was released in 2010, followed by the International Pain Summit’s prioritisation of education and training in pain management (held September 2010).

At this time, Pain Management Services in NSW were poorly integrated, with inequitable distribution across the state, despite having world-class centres and research programs in hospitals such as RNSH. Pain Management Services had developed in an unplanned way across NSW, reliant on the skills and expertise of a few clinicians with an interest in this specialty.

Within NSW medical specialist led, hospital based Pain Management Services delivering services to people with chronic pain were established in the following Hospitals

- Children’s Hospital Westmead, Sydney Children’s Hospital Network
- Sydney Children’s Hospital Randwick, Sydney Children’s Hospital Network
- Nepean Hospital, Nepean Blue Mountains Local Health District
- Royal North Shore Hospital, Northern Sydney Local Health District
- Greenwich Hospital, Northern Sydney Local Health District
- Prince of Wales Hospital, South Eastern Sydney Local Health District
- St George Hospital, South Eastern Sydney Local Health District
- Liverpool Hospital, South Western Sydney Local Health District
- St Vincent’s Hospital, St Vincent’s Hospital Network
- Royal Prince Alfred Hospital, Sydney Local Health District
- Westmead Hospital, Western Sydney Local Health District
- John Hunter Hospital, Hunter New England Local Health District; and
- Lismore Hospital, Northern NSW Local Health District.

The NSW Government responded to the release of the National Pain Strategy by establishing a NSW Pain Management Taskforce\(^5\). Consequently, the NSW Ministry of Health released the NSW Pain Management Plan 2012-2016, which included the Pain Management model of care.

The aim of the Pain Management model of care is to provide equitable and evidence-based services that improve quality of life for people living with pain and their families and to minimise the burden of pain on individuals and the community. Further, the model of care aims to integrate care across all aspects of the health care system by increasing partnerships and the capacity of Pain Management Services.

Three tiers of service have been identified to assist in continuity of care: Tier 1 - primary health care; Tier 2 - specialist care services led by medical specialists; and Tier 3 - multi-disciplinary pain services

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\(^5\) NSW Pain Management Plan 2012-206, NSW Health
in teaching hospitals. The model of care enables people to transition across the continuum of care, and this transition is supported through:

- A state-wide referral form
- A state-wide consumer information leaflet
- The ACI Pain Management Network website with resources for clinicians and consumers
- A service directory; and
- The ACI Pain Management Network’s “Guide to Implementing Pain Programmes”.

The NSW Pain Management Plan for implementing the model of care included:

- Enhanced funding for community and hospital-based chronic services to support implementation of the proposed model of care across NSW including:
  - Funding for new positions to enhance existing Tier 3 multi-disciplinary Pain Management Services
  - Funding to establish five new Tier 2 specialist-led Pain Management Services in local health districts (LHD) that did not have chronic pain services and/or gaps in existing networked services, and to enhance one existing Tier 2 service
  - Funding for five Tier 3 services as support services to provide training and development for new Tier 2 services implementing the proposed model of care.

- Additional resourcing for chronic pain research including:
  - Funding to enable systemic evaluation and collection of data on key pain outcome measures across all established Tier 3 and Tier 2 services.

- Greater investment in training, education and workforce development including:
  - Funding to establish five new Pain Management specialist training positions at the nominated Tier 3 support services to enable training, workforce development and sustainability
  - Building capacity in primary care.

The new Tier 2 specialist-led Pain Management Services were located as follows:

- Port Kembla Base Hospital, Illawarra-Shoalhaven Local Health District
- Port Macquarie base Hospital, Mid North Coast Local Health District
- John Hunter Children’s Hospital, Hunter New England Local Health District
- Tamworth Base Hospital, Hunter New England Local Health District; and
- Orange Base Hospital, Western NSW Local Health District.

The following figure shows the distribution of specialist led Pain Management Services across NSW, including services provided by other jurisdictions.
The Pain Management Plan was designed to ensure greater consistency of Pain Management Services across NSW to reduce clinical variation, through state-wide implementation of the ACI Pain Management model of care.

The implementation of the NSW Pain Management Plan is being overseen by the ACI’s Pain Management Network (The Network).

In the Model of Care document, ACI has identified a need to evaluate and report on the implementation of the NSW Pain Management Plan in 3 phases namely:

- **Phase 1** – Monitor the initial implementation of the new funds against the Plan’s themes and objectives
- **Phase 2** – Undertake a formative evaluation with a primary focus on reviewing the nature and functionality of the early implementation activities and outputs, as well as short term outcomes
- **Phase 3** – Undertake a summative evaluation with a primary focus upon assessing the intermediate and longer-term outcomes associated with the Model of Care.

ACI reported upon the initial implementation of the NSW Pain Plan for the first six months ending July 30th 2013 (see NSW Pain Plan Implementation report for the first 6 months ending July 30th
The report highlighted that a number of significant milestones had been achieved, particularly education and training of clinicians and improved self-management for consumers.

ACI engaged O’Connell Advisory to undertake the formative evaluation of the implementation of the NSW Pain Management Plan including implementation of the model of care.
2. Methodology

The evaluation was undertaken in five phases, with the project methodology outlined in Figure 1 below:

**Figure 3 Project methodology**

Phase 1 - Project initialisation
Phase 2 - Develop interim evaluation plan and tools
Phase 3 - Initial evaluation
Phase 4 - Final evaluation
Phase 5 - Reporting

2.1 Phase 1 – Project initialisation

In this phase the evaluators kicked off the project with the ACI Project Team. Key activities in this phase included the following:

- An initial planning meeting with ACI was held to discuss and refine the approach taken in this evaluation. As part of this meeting agreement was reached on the scope of the project. It was agreed to undertake a workshop with the ACI Pain Management Network Executive to develop evaluation questions as outlined as part of Phase 2 of this project, and identified the sites to be visited, as part of Phase 3 – Initial Phase of the Evaluation. The rationale behind having an initial phase was to test the evaluation questions, and inform the development of subsequent survey tools for key stakeholder groups.

- ACI provided an introduction to the organisations to be interviewed or visited, which included:
  - Pain Management Services including:
    - A Tier 3 Supporting service
    - An existing Tier 2 service
    - A new Tier 2 service receiving Tier 3 support
    - A Tier 3 service
  - Pain Management Research Institute
  - Medicare Locals known to be engaged in promoting pain management activities
Tier 1 clinicians engaged through Medicare Locals; and
Painaustralia

- Drafting the project plan which was distributed to ACI for feedback; and
- Finalised the project plan.

### 2.2 Phase 2 – Development of an informal interim evaluation plan and supporting tools

The evaluators developed an informal interim evaluation plan with supporting tools to be utilised when undertaking the initial phase of this evaluation. Key activities in this phase included:

- Finalising the program logic and evaluation questions
- Developing the supporting tools for the initial phase of the evaluation.

#### 2.2.1 Finalise program logic and evaluation questions

A workshop was undertaken with the ACI Pain Management Network Executive with two key purposes:

- Reviewing and building on the program logic model developed by ACI as outlined in the ACI Framework for Evaluating the Implementation of the NSW Pain Management Plan 2012-2016; and
- Developing supporting evaluation questions.

Following the workshop and input from the Network Executive, the evaluators revised the program logic model and established a matrix of evaluation questions. Both were circulated for comment to the Network Executive via the Pain Management Network Manager. A copy of the revised Program Logic is shown in the figure below.
**Implementation of the Pain Management Model of Care**

**Inputs:**
- People in NSW living with chronic pain
- NSW Pain Management Network
- NSW Pain Management Plan 2012-16 (Model of Care)
- Existing NSW public pain management services
- Clinical & administrative staff resources
- LHDs identified with inadequate pain management services
- ACI Evaluation Framework
- ACI Network Manager support
- State-wide standard referral form & guidelines
- LHD Executive support
- MoH funding
- Other funding sources
- ACI consumer reference group or other local advisory groups
- Primary care agencies including Medicare Locals

**Activities:**
- Develop implementation plan for Model of Care in all NSW LHDs
- Enhance Pain Management Research Network for leadership & training
- Develop & support ePOCC pain management for managing referrals
- Develop service system/programs to support pain management, specifically:
  - Referral & triage criteria for each tier level
  - Screening/triage tool to prioritize referrals
  - Optimise program components & duration to meet population needs
  - Process for transition of children into adult services
- Develop a continuum of NSW pain management services, specifically:
  - 5 Tier 2 services established/enhanced in regional LHDs
  - All Tier 3 services enhanced
  - Capacity of 5 Tier 3 services enhanced to support linked Tier 2 services
  - LHDs partner with primary care agencies including Medicare Locals
- Training workforce development and sustainability, specifically:
  - 5 Pain Management specialist training positions in supporting Tier 3 services
  - Clinical positions in all Tier 2 services
  - Education & training by Pain Management Research Institute across NSW
  - Training & mentoring of Tier 2 & 3 services by supporting Tier 3 services
  - Capacity building (digital health) by Tier 2 & 3
- Develop health care professional & consumer education, specifically:
  - Pain Management website
  - Online learning modules, info & facts sheets
  - Promotion & provision of educational activities
  - Partnerships with primary care agencies including Medicare Locals for education

**Outputs:**
- N of LHDs with implementation plan for using Model of Care
- N & diversity of professional involvement
- Professional development opportunities
- ePOCC system used in all services
- Range of promotional & system tools developed for state-wide use
- N of pain programs delivered
- Improved service delivery and access to pain programs in Tier 2 & 3
- Tier 2 services satisfied with Tier 3 support
- N of Medicare locals engaged
- Improved training & mentoring for Tier 2 & 3 staff
- Education opportunities for Tier 1 clinicians
- Consumer awareness, knowledge & uptake of resources
- Health professional knowledge & use of resources
- N of Tier 1 services accredited

**Outcomes:**
- Increased capacity of staff to work across the continuum
- Improved assessment & management of patients across the continuum
- Greater coordination of care for pain management across all services
- Increased throughput & reduced waiting times
- People receive care in appropriate care settings
- Reduce clinical variation in pain management
- Improved data on incidence, costs & outcomes
- Ease the burden of chronic pain for individuals and their families
- Improved quality of life for people living with chronic pain
- Increased productivity of people living with chronic pain
- Better use of healthcare resources

**Stakeholders include (but not limited to):**
- ACI (NSW Agency for Clinical Innovation)
- ACI Pain Management Network
- Local Health Districts
- Pain Management Services
- Health care professionals
- Patients living with pain & their families
2.2.2 Developing the supporting tools for the initial phase of the evaluation

The interim consultation interview guides were developed for the key stakeholders who were identified for interview either individually, or as part of a focus group, as part of the initial phase of the evaluation.

The key stakeholders included:

- Pain Management Service
  - Service Directors
  - Staff
  - Patients
- Local Health District Executive
- Representatives of Medical Locals
- Tier 1 clinicians including General Practitioners and allied health providers (based in the community).

2.3 Phase 3 – Initial evaluation

2.3.1 Conduct site visits

Site visits of four hospital based Pain Management Services was conducted to commence data collection for the purpose of the evaluation. These site visits included:

- Interviews with Service Directors
- Interviews with a Local Health District Executive representative
- Interviews/focus groups with discipline mentors, and those involved in providing training at the Pain Management services in relation to implementing the Pain Management model of care
- Focus groups with Tier 2/3 service staff
- Focus groups with patients of the service.

Interviews were also conducted with staff of Medicare Locals as nominated by ACI, although these were not necessarily those aligned with the Pain Management Services visited. Whilst the evaluators attempted to conduct focus groups with General Practitioners and allied health professionals aligned with those Medicare Locals this was largely unsuccessful, with only one focus group achieved.

2.3.2 Develop survey tools and refining Service Director interview guide

The results of the site visits, interviews and focus groups informed the development of electronic survey tools for:

- Staff of Tier 2/3 services
- Patients of Tier 2/3 services with surveys distributed by Pain Management Services.
- Tier 1 clinicians
- Medicare Locals; and
2.3.3 Develop and finalise the Evaluation Plan

The final evaluation plan was developed including evaluation questions and supporting tools, and circulated to ACI for feedback. Following feedback from ACI the evaluation plan and tools were then finalised.

2.4 Phase 4 – Final evaluation

The final phase of evaluation was designed to collect data from the Service Directors of Pain Management Services which had not had site visits, as well as collecting data utilising the supporting tools developed for:

- Pain Management Service staff
- Pain Management Service patients
- the executive of Local Health Districts which have hospital based Pain Management Services for people with chronic pain
- Medicare Locals; and
- GPs and allied health professionals.

The CE of ACI wrote to all thirteen Local Health Districts/Networks with Pain Management Services (in some cases there were more than one service per LHD or Network), and all seventeen NSW Medicare Locals advising them of this evaluation, and requesting their participation in support of this process.

Key activities in this phase included:

2.4.1 Distribution of electronic data collection tools

The electronic survey tools for staff and patients were distributed to the Service Directors of all nineteen Pain Management Services, who were asked to distribute them accordingly.

The CEs of all seventeen NSW Medicare Locals were also contacted and asked to participate in the evaluation process through:

- Nominating a representative of the Medicare Local to undertake the electronic survey; and
- Distributing the GP/allied health professional electronic survey tool to their local membership.

ACI was also asked to provide service activity data collected for the past 3 years, and data regarding the ACI Pain Management website utilisation to date.
2.4.2 Phone interviews with Pain Management Service Directors
The fifteen Service Directors who had not had a site visit were contacted and asked to nominate a suitable date and time for a phone interview. Those Directors who responded to the requests were interviewed.

2.4.3 Additional data collection
ACI provided additional data as follows:
- Pain Management Service activity for 1 January to 30 June 2012, 2013 and 2014 including numbers of pain programs and waiting times
- Data regarding the ACI Pain Management website activity
- The initial ePPOC data report (overall data only).

2.4.4 Data Analysis
Quantitative and qualitative data analysis was undertaken to:
- Examine the frequency of responses to survey items, including comparisons of responses between the different target groups and service groups regarding the impact on implementation/reach and engagement, impact on service delivery, impact on clinicians and impact on patients
- Examine other data collected, to determine changes in service activity, changes in service waiting times, and the numbers of pain programmes delivered.
- Identify key themes and findings from the site visits
- Summarise findings from surveys and other data sources.

2.5 Phase 5 - Reporting
In this phase the evaluation findings were reported. Key activities in this phase included:
- Preparation of a draft evaluation report. This report focused on answering the evaluation questions
- The draft report was workshopped with the ACI Pain Management network executive. As it was noted there are seventeen members of this committee, a two hour workshop was held to allow direct feedback supported through interactive discussions between the members to assist the finalisation of the report
- The report was then finalised.
3. Data Collection and Overview of Respondents

Data collection for Pain Management Services, patients, LHD Executive and GP/AHP can be summarised as follows:

Table 2: Summary of data collection from Pain Management Services

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Tier 3 Services</th>
<th>Tier 2 Services</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Supporting</td>
<td>Non-supporting</td>
<td>Existing</td>
</tr>
<tr>
<td>Pain Management Service code</td>
<td>A B C D E F G H I J K L M N O P Q R S</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Service director interview</td>
<td>√ √ √ √ √ √ √ √ √ √ √</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Staff participation in survey*</td>
<td>7 7 6 6 1 5 3 3 2</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Staff participating in focus groups (approx.)</td>
<td>6 5 5 4</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Patient participation in survey*</td>
<td>1 14 2</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Patient participation in focus groups (approx.)</td>
<td>3 4 7 2</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>LHD Executive participated in survey**</td>
<td>√ √ √ √</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Medicare Local(s)*** in area distributed survey to Tier 1 clinicians</td>
<td>√ √ √ √</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Tier 1 clinicians refer to Pain Management Service</td>
<td>7 5 1 16 3 2 2 9 2 1 0 1 0 6 0 3 1 2 0</td>
<td>54</td>
<td></td>
</tr>
</tbody>
</table>

(* 10 staff, 22 Tier 1 clinicians and 1 patient did not complete question, ** Responses from Directors/staff working in the Pain Management Service were excluded, *** 2 hospitals had more than 1 Medicare Local in geographic area - not identified).
Pain Management Services have been coded to ensure confidentiality.

In addition to service activity, initial ePPOC and other quantitative data provided by ACI, data were collected through:

a) **Four Pain Management Service site visits which included:**
   - i. Face to face interviews with four Service Directors
   - ii. Focus groups with clinical staff at all four services
   - iii. Interviews with administrative staff where available
   - iv. Focus groups with patients of the service at all four services; and in one site visit
   - v. Focus group with three general practitioners

Focus groups were conducted utilising consultation guidelines developed as part of section 2.2.2. Each Pain Management Service invited past and current patients to attend the patient focus groups.

b) **Eleven phone interviews with Pain Management Service Directors**

c) **A phone interview with a representative of the RACGP**

d) **Five interviews with representatives of Medicare Locals**

e) **One phone interview with Painaustralia**

f) **One interview with PMRI**

g) **One interview with ACI**

h) **Fifty responses to the Patient survey tool**

Patient surveys were limited to adult Pain Management Services, due to ethical considerations.

Patients were asked which hospital their Pain Management Service was located at. Forty-nine responded to the question. Respondents identified six different hospitals:

- Four from metropolitan hospitals (78%); and
- Two from rural hospitals (22%).

Information from the ACI service activity data suggests that the Tier 2 patients are over-represented in this sample.

Participating Pain Management Services did not provide information about the numbers of patients to whom the survey was distributed; and therefore response rates cannot be calculated. However the ACI service activity data suggests that the response rate is low.

i) **GP & allied health professional survey tool – fifty-four responses**

Seven Medicare Locals agreed to distribute or make the survey tool accessible to their local general practitioners and allied health professionals through publishing on their website. Participating Medicare Locals were:

- Central Coast Medicare Local
- Eastern Suburbs Medicare Local
- Far West Medicare Local
Murrumbidgee Medicare Local
New England Medicare Local
Northern Sydney Medicare Local; and
South Eastern Sydney Medicare Local.

There was a wide range of respondents including:
- Thirteen GPs (24%)
- Eight Nurses (15%)
- Six Occupational Therapists (11%)
- Six Pharmacists (11%); and
- Five Physiotherapists (9%).

Other professions responding to the survey included psychologists, osteopaths, and exercise physiologists.

When asked which Pain Management Service(s) they referred to:
- 80% of respondents nominated metropolitan services; and
- 11% nominated NSW rural services.

Two respondents referred to out of state services, three to private services and two indicated they referred to local GPs.

Not all Medicare Locals provided information about the numbers of clinicians the survey was distributed or made available to, and therefore response rates cannot be calculated. However these responses are considered likely to be low.

\textit{j)} Pain Management Service staff survey – Fifty-six responses

Of the forty-six staff who responded to this question:
- 89% of respondents were from metropolitan Pain Management Services; and
- 11% from rural services.

The responses are considered to be likely to be disproportionate.

\textit{k)} Local Health District Executive survey – Four responses

There was difficulty in accessing responses from Local Health District executives. All twelve LHD or Networks with Pain Management Services were contacted initially by ACI. ACI requested participation through nominating executive representatives to undertake the survey. LHDs/Networks who had not responded were followed up twice. Nine LHDs provided nominees. In a number of instances a representative of the Pain Management Service was nominated. When this was readily identified, the LHD was contacted and asked to provide an alternate nominee. However this was not always done.
Overall, there was representation from six LHD/Networks with one LHD responding twice. Four of the seven respondents were identified as being at LHD/Network executive level and three respondents were directly involved with the Pain Management Service.

Responses from this group have been limited to those identified as being representative of LHD Executive.

1) Medicare Local survey – Ten responses

All seventeen Medicare Local Chief Executives (CE) were contacted initially by ACI requesting participation and followed up subsequently twice. There was a 59% response rate to the Medicare Local survey.

No identifying data were collected about the jurisdiction of the Medicare Locals to ensure respondents could not be identified. Commentary identifies that at least one respondent was from a rural area and had links with a new Tier 2 service.
4. Limitations of the evaluation

There were a number of barriers encountered during the evaluation which led to data collection issues, and potential limitations regarding interpretation of the findings.

- Not all Local Health Districts had medical specialist led hospital based pain management services providing services to people with chronic pain. Those Local Health Districts without recognised services were not included for survey.
- Due to budget constraints only four service director interviews were conducted on a face to face basis with the remainder undertaken by phone.
- Medicare Locals were not necessarily willing to distribute survey tools directly to their local GP and allied health professional population, with only seven of the seventeen Medicare Locals engaging with the evaluator in distributing the survey tools. Two participating Medicare Locals only posted the survey tools on their website which meant that only those GPs and allied health professionals visiting the Medicare Local website during the data collection period would be aware of the survey. Therefore, not all GPs and allied health professionals were given an opportunity to participate.
- There was difficulty accessing GPs and allied health professionals during the initial phase of the evaluation. GPs are time poor and often reluctant to participate in these types of activities, particularly when there is no remuneration attached, as was the case for this project.
- Survey distribution to Pain Management Service staff and patients was reliant upon Pain Management Service Directors ensuring these tools were distributed on a timely basis and communicated to key stakeholders. The responses suggest that the survey tools were not distributed in all Pain Management Services.
- Response rates could not be calculated, as although information was requested the majority of those distributing survey tools did not provide data on the number of prospective participants the survey tools were distributed to.
- Not all survey tools were completed by respondents, limiting interpretation.
- Not all questions were answered by respondents, limiting interpretation. Numbers were often too small to allow deductions.
- There is a potential for bias as respondents would self-select to participate – particularly patients as it is considered that those with a positive bias towards the service more likely to participate.

The GP and allied health professional responses are considered likely to be reflective of the difficulties engaging with this group, and strategies to improve engagement should improve this result.
5. **Key Findings**

The findings of this report are reported under each of the program objectives which are:

| 1. To develop a consistent evidence based integrated model of care for pain management in NSW |
| 2. To improve community awareness and understanding of pain and its evidence based management |
| 3. To provide resources for health care practitioners across all levels of the health system to better manage patients with chronic pain |
| 4. To develop a data collection system to reflect outcomes, processes and resourcing needs of chronic pain services in NSW |
| 5. To develop formal triage and screening processes for people with chronic pain or at risk of developing chronic pain to ensure referral to the appropriate level of service. |

The findings are then used to answer the evaluation goal(s) and corresponding program logic item(s) relevant to the specific program objective. The evaluation goal(s) and corresponding program logic item(s) for each program objective (noting an evaluation goal can be related to more than one program objective) are:

1. To develop a consistent evidence based integrated model of care for pain management in NSW
   - To determine to what extent Tier 1 clinicians to date are engaged within the NSW Pain Management model of care; and
   - To determine the impact to date upon capacity to treat people in NSW with chronic pain, utilising evidence based models of care
     - H - Develop implementation plan for model of care in all NSW Local Health Districts
     - N – Number of LHDs with implementation plan for using model of care
     - K – Develop a continuum of NSW Pain Management Services
     - P – Number of pain programs delivered
     - Q – Service delivery and access to pain programs in Tier 2 and 3
     - U – Assessment and management of patients across the continuum and clinical variation in pain management
     - V – Quality of life for people living with chronic pain; and
     - W – Productivity of people living with chronic pain.

2. To improve community awareness and understanding of pain and its evidence based management
To determine the impact to date of the resources available to community and clinicians
- M – Develop health care professional and consumer education; and
- S – Consumer awareness, knowledge and uptake of resources, and consumer satisfaction with service delivery and care.

3. To provide resources for health care practitioners across all levels of the health system to better manage patients with chronic pain
- To determine the impact to date of the additional funding upon Tier 3 Pain Management Services
- To determine the impact to date of the new Tier 2 Pain Management Services; and
- To determine the impact to date of the supporting Tier 3 Pain Management Services and the levels of support and mentoring provided to new and existing Tier 2 Pain Management Services
- L – Training, workforce development and sustainability
- O – Professional development opportunities, training and mentoring for Tier 2 and 3 staff, and educational opportunities for Tier 1 clinicians
- R – Tier 2 service satisfaction with Tier 3 support; and
- T – Capacity of staff to work across the continuum.

4. To develop a data collection system to reflect outcomes, processes and resourcing needs of chronic pain services in NSW
- To determine the impact to date of the resources available to community and clinicians
- J – Develop and support ePPOC pain management database for monitoring outcomes.

5. To develop formal triage and screening processes for people with chronic pain or at risk of developing chronic pain to ensure referral to the appropriate level of service
- To determine the impact to date upon capacity to treat people in NSW with chronic pain, utilising evidence based models of care
- C – State-wide standard referral form and guidelines; and
- I – Develop service systems/programs to support pain management.

Overall the most important key findings in this formative stage of the evaluation were:

- The increased number of pain programs delivered to people in NSW with chronic pain
- The reduction in waiting time for the majority of NSW Pain Management Services
- A perception by Pain Management Services, staff and patients that there have been improvements in the way pain is assessed and managed
- The need to develop a communication strategy to improve the engagement and involvement of GPs and community based allied health professionals in delivering a consistent evidence based model of care
- The ACI Pain Management website is well regarded by those who have visited the website.

The key findings are listed under the goals of evaluation, and other findings below.
To determine the impact to date of the additional funding upon Tier 3 Pain Management Services

The additional funding has allowed Tier 3 Pain Management Services to increase their clinical staff FTEs, and in some instances provide some additional administrative support. These additional staffing resources have allowed Tier 3 services to increase the numbers of services delivered, including delivering an increased 73 high and medium/low pain programs in the first six months of 2014 when compared to the same period in 2012, and all but 1 service reporting reductions in waiting lists ranging from 4-74 weeks, with an average reduction of 27 weeks since 2012. Staff and patients of the Tier 3 Pain Management Services had perceived some improvements in the way pain is assessed, managed and the availability of clinicians able to assess and manage pain.

To determine the impact to date of the new Tier 2 Pain Management Services

The new Tier 2 Pain Management Services have all had an impact in delivering services to people with chronic pain in their local area. The new Tier 2 services have delivered 24 medium/low pain programs in the first six months of 2014. Conclusions cannot be drawn about staff and patient views about the new services given the low proportion of staff and patient respondents from new or enhanced Tier 2 Pain Management Services.

To determine the impact to date of the supporting Tier 3 Pain Management Services and the levels of support and mentoring provided to new Tier 2 Pain Management Services

Tier 3 supporting services reported providing support to new Tier 2 services through:
• Initial on-site training at the Tier 3 service
• Provision of supporting materials i.e. program manuals, position descriptions
• Face to face support on-site at the Tier 2 service
• Mentoring and professional supervision
• Regular case conferencing for complex patients via video-conference
• Informal advice and support.

The Tier 2 services that had received mentoring reported satisfaction with the support provided.

GPs and allied health professionals do not share the view that there have been improvements in clinician’s capacity to work across the continuum of Pain Management Services.

To determine to what extent Tier 1 clinicians to date are engaged within the NSW Pain Management model of care

There is little evidence of integration to date. Based on the responses received it is considered that there is still limited knowledge, awareness and take up by GPs and allied health professionals of an evidence based model of care, and there is no indication that there is an integrated approach. The feedback from Pain Management Services and GPs/allied health professionals suggests a need for

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6 Not all Pain Management Services had provided complete data at time of reporting.
improvements in communications between Pain Management Services and Tier 1 clinicians to support integrated service delivery. Responding GPs and allied health professionals do not share the view that there have been improvements the way pain is assessed and managed, availability of clinicians able to assess and manage pain, and the consistency of care provided to people with pain.

To determine the impact to date upon capacity to treat people in NSW with chronic pain, utilising evidence based models of care

Consistent evidence based model of care
There are indications that a consistent evidence based model of care for Pain Management in NSW is in the process of being established. Key messages regarding a collaborative multi-disciplinary approach with involvement of primary health care providers, with the need for consumers to adopt self-management principles are being heard by the staff of NSW Pain Management Services, noting that respondents were not representative of all Pain Management Services, and skewed largely towards Tier 2 services. Pain Management Service Directors, staff and patients have perceived improvements in clinician’s capacity to work across the continuum of Pain Management Services, and the consistency of care provided to people with pain.

Capacity to treat people with chronic pain in NSW
There is clear evidence of an impact upon capacity to treat people in NSW with increases in the number of pain programs delivered January – June 2014 when compared to the same period in 2012, and also a decrease in waiting lists overall.

Improvements in service delivery
Pain Management Service directors, staff and patients noted improvements in the way pain is assessed, managed and the availability of clinicians able to assess and manage pain. However this view was not shared by responding GPs and allied health professionals. Pain Management Service directors, staff and patients advised that they had perceived improvements in the consistency of care provided to people living with pain.

Quality of life and productivity of people with chronic pain
Patients of Pain Management Services report improved quality of life, and improved productivity as a result of their participation in the pain program.

Patient responses may be biased due to small size and the self-selecting nature of this sample.

State-wide Referral Form
The state-wide referral form was not widely used. Only two Pain Management Services reported having this form used for all referrals, and had implemented systems and processes to support consistent use. The support and engagement of Medicare Locals was seen as a key success factor.

Triage and referral of patients with chronic pain
All Pain Management Services have developed triage processes. Ten Pain Management Services have or are in the process of implementing pre-program educational sessions as a screening tool to
To determine readiness for change/acceptance. However there are limited referrals between services. Not all Tier 3 services provide high intensity programs. One Tier 2 service does provide high intensity programs. There was no specific data about the number of patients being referred to Tier 1 clinicians for treatment.

**To determine the impact to date of the resources available to community and clinicians**

There is evidence that a number of resources developed and available to clinicians and consumers have been utilised and well received by staff and directors of Pain Management Services and patients.

**ACI Pain Management website**
The ACI Pain Management website has been utilised, and is well regarded by those clinicians who have visited the website, at least once or twice. There was good awareness and utilisation by NSW Pain Management Services. The limited number of responding GPs and allied health professionals who had visited the website were positive about the resources available. Patients who had visited the website rated the website well, but their feedback was slightly less positive on average than those of clinical staff. It is unclear if this is significant given the number of patients responding to this question.

**Professional development**
Pain Management Services were aware of the activities of the Pain Management Research Institute, with the majority indicating they did utilise the training and educational activities provided. However Medicare Locals and responding Tier 1 clinicians were largely not aware of professional development opportunities relating to pain management. ACI data on pain management education offered to Tier 1 clinicians suggested these sessions were well attended with an average of 76 attendees where data were available. Events facilitated by Medicare Locals seemed to be more successful in terms of numbers of attendees.

**Community understanding**
Pain Management Services and patients have perceived improvements in the effective community understanding about pain management; and the availability of up to date consumer resources about pain management. Responding GPs and allied health professionals have not perceived any improvements.

**Electronic Persistent Pain Outcomes (ePPOC)**
The majority of the Pain Management Services reported they had, or were planning to, implement ePPOC. The main issues with implementation were around IT infrastructure which was largely outside of the control of the Pain Management Service.

There had been no analysis of ePPOC data undertaken to date. Pain Management Service Directors were waiting on the first publication of the ePPOC data report.
There is a view that ePPOC data will support and provide further evidence for ongoing clinical service delivery.

**OTHER KEY FINDINGS:**

**Service Delivery**

- Not all Local Health Districts have hospital based Pain Management Services. There are significant gaps in the southern and western areas of NSW as shown in the figure below.

**Figure 5 Medical specialist led Pain Management Services in NSW**

- Adult Pain Management Service
- Adult and separate children’s Pain Management Service
- Pain Management Service offered by other jurisdiction

The following Local Health Districts do not have medical specialist led hospital based Pain Management Services for people with chronic pain:

- Central Coast Local Health District
- Far West Local Health District; and
- Murrumbidgee Local Health District; and
- Southern NSW Local Health District.

It is recognised that the residents of Murrumbidge and Southern NSW are able to access chronic Pain Management Services at Albury Wodonga Health and within the ACT although this may not be feasible for all residents.

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7 Not to scale
LHD Executive support

- The majority of Pain Management Services felt they had some level of support from LHD Executive, however four identified the Local Health District Executive had limited awareness or understanding. It was anticipated that at least one member of the Local Health District Executive would have some sound understanding of the Pain Management model of care, and in particularly those Local Health Districts which had received additional funding as a result of the NSW Pain Management Plan.

Funding

- The majority of services did not utilise all funding in the first year and were not provided with the opportunity to roll over the full allocation of funding for the first year. This was largely due to the bureaucratic processes required by Local Health Districts to access funding, including delays in approving staff recruitment.
- At least one service has not received the full funding allocated, with 15% being retained by the Local Health District. One service was yet to utilise funds, and one service does not receive financial reports to enable that service to determine if they were utilising the full allocated funding or not.
- Two Pain Management Services raised the issue that whilst the additional funding was equal there were concerns about equity. Some existing Pain Management Services were considered to be well resourced in comparison to others prior to the launch of the Pain Management Plan, and it was suggested that a more equitable distribution of the limited funding would have been more appropriate.

Involvement of local consumer/advocacy groups

- There are opportunities to promote improved community awareness, knowledge and understanding of effective pain management through linkages with local consumer/advocacy groups.

Involvement of primary care agencies

- There were low levels of awareness of, and involvement in the implementation of the pain management model of care reported by Medicare Locals. The move to Primary Health Care Networks may provide opportunities to improve the level of awareness and engagement.
6. Findings Program Objective 1

Consistent evidence based integrated model of care for Pain Management in NSW.

This program objective relates to the following two evaluation goals:

- To determine the impact to date upon capacity to treat people in NSW with chronic pain, utilising evidence based models of care
- To determine to what extent Tier 1 clinicians to date are engaged within the NSW Pain Management model of care.

**EVALUATION GOALS - KEY FINDINGS**

**To determine the impact to date upon capacity to treat people in NSW with chronic pain, utilising evidence based models of care**

There are indications that a consistent evidence based model of care for Pain Management in NSW is in the process of being established. Key messages regarding a collaborative multi-disciplinary approach with involvement of primary health care providers, with the need for consumers to adopt self-management principles are being heard by the staff of NSW Pain Management Services, noting that respondents were not representative of all Pain Management Services, and skewed largely towards Tier 2 services. Pain Management Service directors, staff and patients have noticed improvements in clinician’s capacity to work across the continuum of Pain Management Services, and the consistency of care provided to people with pain.

There is clear evidence of an impact upon capacity to treat people in NSW with increases in the number of pain programs delivered January – June 2014 when compared to the same period in 2012, and also a decrease in waiting lists overall.

Pain Management Service directors, service staff and patients noted improvements in the way pain is assessed, managed and the availability of clinicians able to assess and manage pain. However this view was not shared by responding GPs and allied health professionals.

Pain Management Service directors, service staff and patients advised that they had noticed improvements in the consistency of care provided to people living with pain.

Patients of Pain Management Services report improved quality of life, and improved productivity as a result of their participation in the pain program.

Patient responses may be biased due to the self-selecting nature of this sample.
**EVALUATION GOALS - KEY FINDINGS continued**

**To determine to what extent Tier 1 clinicians to date are engaged within the NSW Pain Management model of care**

There is little evidence of integration to date. Based on the responses received it is considered that there is still limited knowledge, awareness and take up by GPs and allied health professionals of an evidence based model of care, and there is no indication that there is an integrated approach. The feedback from Pain Management Services and GPs/allied health professionals suggests a need for improvements in communications between Pain Management Services and Tier 1 clinicians to support integrated service delivery. Responding GPs and allied health professionals do not share the view that there have been improvements the way pain is assessed and managed, availability of clinicians able to assess and manage pain, and the consistency of care provided to people with pain.

The relevant program logic items questions and findings for each item are outlined below:

**(H) Development of an implementation plan for the Pain Management model of care & (N) Number of LHDs with implementation plan for using the model of care**

**SUMMARY**

Not all Pain Management Services had a formal implementation plan developed for the utilisation of additional funding provided as a result of the NSW Pain Management Plan.

Service directors were always involved in the development of the plan. The majority of Pain Management Service staff were not involved in the development of, but were aware of the implementation plan.

Key messages for clinicians were:
- Improved access to Pain Management Services
- A multi-disciplinary team approach; and
- A collaborative approach which included primary health care providers.

There were no clear key messages for consumers identified.

The findings are discussed under the following topics:
- Implementation plans for the Pain Management model of care
- Key messages for clinicians; and
- Key messages for consumers.

**Implementation plans for the Pain Management model of care**

Whilst all Local Health Districts receiving funding had implementation plans developed as a result of the additional funding, only eight of the services interviewed responded that they had developed
formal implementation plans. The majority of services interviewed suggested that they were largely delivering services around the model of care identified and their services only needed some modification to achieve this.

Five services were required to develop briefing notes, business cases or business plans to outline how the funding would be utilised. Three services were required to provide budgets however no formal implementation plan or business cases were required to be developed.

The service director was always involved in the planning process. For newly established services, Jenni Johnson, ACI Pain Management Network Manager provided input and guidance to the planning process, and would sometimes be part of the formal steering committee when these were established. Feedback suggests that Jenni was instrumental in identifying potential clinicians within existing acute pain services who were interested in providing chronic pain services. Those clinicians had a pivotal role in establishing the new services, often but not always, becoming service directors.

For existing services the Pain Management Service manager was largely responsible for determining how financial resources would be utilised, often with the involvement of a more senior operational manager and financial input from a hospital business manager.

In all cases the implementation was monitored by the Pain Management Service director, who would provide reports to their direct report, although the reporting was not always formalised. This is supported by the LHD Executive Survey responses to the question – How was the implementation plan monitored and reported? - All respondents advised that the plan was monitored and reported to the Pain Management Service director’s direct report, and in some cases also reported to other members of the hospital management team and/or members of the LHD Executive.

One service did not develop an implementation plan as they did not receive any additional funding, and considered they were already delivering a service following the pain management model of care.

Seventy-three% of Pain Management Service staff responding to the survey indicated that they were aware of the implementation plan. 20% of staff were involved in the development of the implementation plan in a major way, and a further 15% were involved in a minor way. 65% were not involved in developing an implementation plan at all.

Key messages for clinicians
The Pain Management Service staff, LHD Executive, Medicare Local and GP/AHP surveys all contained questions asking if the NSW Pain Management Plan and model of care had any key messages for clinicians.

Overall the perceptions of the key messages for clinicians were:
- Improved access to Pain Management Services
- A multidisciplinary team approach; and
• A collaborative approach which included primary health care service providers.

From Pain Management Service staff respondents there were perceptions of a number of key messages emerging (number of responses):
  • Improved access to Pain Management Services (11);
  • Enhancing communications with, and the knowledge and capacity of clinicians in the primary health care sector to treat people with chronic pain (8);
  • New Pain Management Services were being established with some services being funded to provide additional support (8);
  • Utilising a multidisciplinary approach to chronic pain (6);
  • This will provide improved outcomes to people with chronic pain (6); and
  • There is now a continuum of Pain Management Services (5).

Due to the low response rate from the LHD Executive survey respondents there were no key themes. The reported messages were:
  • Service availability
  • A multidisciplinary team approach; and
  • Increased coordination of care between hospital based and health care providers, support early management and improved access.

From the Medicare Local survey respondents their perceptions were there were no clear messages emerging. Responses included:
  • Avoid opioid use and learn to manage your pain
  • Chronic pain is prevalent in Australia
  • When acute pain becomes chronic people must learn to manage their pain rather than expect a cure
  • In order to manage chronic pain people must change their lifestyle; and
  • Best practice requires a multidisciplinary approach.

Due to the limited awareness of the NSW Pain Management Plan, there were limited responses from the GP/AHP survey respondents. There were two key messages emerging:
  • Improved access (2); and
  • A multidisciplinary team approach (2).

**Key messages for consumers**

The Pain Management Service staff, LHD Executive, Medicare Local and GP/AHP surveys all contained questions asking if the NSW Pain Management Plan and model of care had any key messages for consumers.

Pain Management Service staff respondents felt there were a number of key messages for consumers:
  • Importance of pain self-management strategies (9)
  • Improved access to services (7)
  • A multidisciplinary team approach (4); and
• Improving involvement and capacity of primary health care providers (3).

Due to the low response rate from the LHD Executive survey respondents there were no key messages perceived for consumers.

Medicare Local respondents felt the key message for consumers was:
• Those with chronic pain need to actively manage their pain (2).

There were no clear key messages perceived for consumers by GP/AHP respondents. Responses included:
• How to treat effectively – the need for psycho-social skills
• There is increased support online for self-management
• No level of pain is acceptable – continue to express that you have pain and your level of narcotic will be uptitrated; and
• There are services and help available for people with chronic pain.

(K) Development of a continuum of NSW Pain Management Services
Developing a continuum of NSW Pain Management Services included:
• Establishing five new Tier 2 services in regional/rural Local Health Districts
• Providing enhancements to existing Tier 3 services
• Increasing the capacity of supporting Tier 3 services linked to new Tier 2 services
• Partnering with Medicare Locals to build capacity in primary care

SUMMARY

Pain Management Services report communicating with GPs when developing a care management plan, and if providing on-going care, on discharge as a minimum. The majority of Pain Management Service staff report neutral satisfaction with communication between their service and GPs. Some Pain Management Services report concerns that some GPs do not act on recommendations.

GPs and allied health professionals are largely neutral regarding the communications between themselves and Pain Management Services. Ten respondents suggested communications could be improved. The large number of GPs not responding to this question indicates that there could be limited communications with Pain Management Services.

The findings are discussed under the following topics:
• Limited formal relationships
• Referral processes
• Assessment processes
• Group programs
• Children’s programs; and
• Communications between Pain Management Services and GPs/allied health professionals
Limited formal relationships

Where there were multiple hospital-based Pain Management Services within a LHD or Network there were some limited formal relationships. In one LHD there was general consensus of geographic boundaries of service to ensure an equitable distribution of the local population.

Referral processes

Medicare Locals usually served as an information conduit between hospital based Pain Management Services and local Tier 1 clinicians, and this seemed more effective when the Medicare Local was engaged with the local Pain Management Service. GPs would usually refer patients with chronic pain to hospital based Pain Management Services. As outlined previously, the Pain Management Service would triage the referral. The triage category would determine how long the patient would be likely to wait before assessment.

Assessment process

The patient would then be assessed and a management plan developed. The patient may be referred to other specialists for review and treatment, receive an individualised therapy program or may be referred to a group pain program. The GP is advised of the pain management plan and any follow up treatment provided accordingly. Once discharged from the service the GP is then provided with a discharge summary.

Group programs

Patients attending group programs are provided with the opportunity to have subsequent follow up days with the Pain Management Service at regular intervals.

Transition from children’s to adult services

Those patients who were attending children’s Pain Management Services reaching adulthood who required ongoing care would be referred and transitioned to a local adult Pain Management Service accordingly.

Communications between Pain Management Services and GPs

Whilst Pain Management Services went to a lot of effort to communicate with the GPs, not all services were confident that their recommended management plans were being accepted by GPs. Four services voiced concerns that some GPs did not act on recommendations, particularly about medication management, but continued their current prescribing patterns despite recommendations to the contrary from the Pain Management Service. Three services suggested that not all GPs accepted the current evidence base for treatment. One service provided phone follow ups to prior patients, targeting those who were not identified as ready for the pain management program at time of assessment.

The Pain Management Service staff, Medicare Local, GP/AHP and patient surveys all contained questions asking about the level of communications between hospital based Pain Management Services and GPs.
i. **Pain Management Service staff**

When asked how satisfied they were with the communications between their service and GPs, of the 56 respondents, most were neutral as shown in the figure below.

**Figure 6 Pain management staff survey Q21 survey responses**

![Pie chart showing survey responses](image)

When asked how this could be improved:

- Eleven respondents suggested improved communications between Pain Management Services and GPs
- Eight suggested more awareness re pain management/education/professional development.

Nineteen respondents did not complete the staff survey tool, which could explain the number who skipped this question.

ii. **Medicare Locals**

When asked about the effectiveness of communications between local Pain Management Services and GPs, four of the seven (57%) respondents advised that they couldn’t say. One said effectively, one said ineffectively and one was neutral.

iii. **GPs & allied health professionals**

When asked about the satisfaction with the communication between themselves and their local Pain Management Service they refer their patients to, 50% of those responding were neutral, as shown in the figure below.
When asked how this could be improved:

- Ten respondents suggested there should be better communications between Pain Management Services, GPs and allied health professionals. One respondent stated that the Pain Management Service was not interested in the GP feedback and one respondent reported difficulty accessing information from the Pain Management Service.
- Four respondents suggested more education/professional development.

Ten respondents did not complete the survey. It is unclear why so many survey respondents skipped this question. This could suggest that they may have no communications with Pain Management Services.

iv. Patients

When asked about their views on whether the patient’s GP and local Pain Management Service communicated with each other to help manage the patient’s pain, 27% of respondents advised they couldn’t say. 38% of respondents were either satisfied or very satisfied, as shown in the figure below.
It was noted in one survey response that there was little interaction between hospital based Pain Management Services and allied health professionals, and feedback from interviews support this view. It was suggested that communications between these groups could be improved.

(P) Number of pain programs delivered

<table>
<thead>
<tr>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>There has been an increase in the number of pain programs delivered in NSW when comparing January – June 2014 data with January – June 2012 data. There has also been a decrease in waiting lists overall.</td>
</tr>
</tbody>
</table>

ACI provided information on service activity for Pain Management Services for the period January to June for 2012, 2013 and 2014. The data provided were incomplete, with some services not having any data and some services having incomplete data for 2014. Pain Management Services have been coded alphabetically to maintain confidentiality. The data are shown in the table below:
Table 3 Service activity comparisons from Jan-June 2012 to Jan-June 2014

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Tier 3 Services</th>
<th>Tier 2 Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Supporting</td>
<td>Non-supporting</td>
</tr>
<tr>
<td>Pain Management Service code</td>
<td>A B C D E</td>
<td>F G H I J K</td>
</tr>
<tr>
<td>Service activity data complete 2012-2014</td>
<td>√ √ √ √ √</td>
<td>√ √ × × ×</td>
</tr>
<tr>
<td>Increase in high intensity programmes commenced 2014 compared to 2012</td>
<td>0 0 2 0</td>
<td>44 0 4 ? ?</td>
</tr>
<tr>
<td>Increase in medium/low intensity programs 2014 compared to 2012</td>
<td>1 7 1 5 9</td>
<td>(1) 0 2 ? ? 3</td>
</tr>
<tr>
<td>Decrease in waiting list (weeks) since 2012</td>
<td>34 48 9 37 6</td>
<td>24 (4) 4 38 ? 74</td>
</tr>
</tbody>
</table>

From the data available, there has been an increase in the number of pain programs provided in NSW with an overall increase of 49 high and 69 medium/low intensity pain programs delivered from the comparable period in 2012, for the 15 pain services with complete data. However the data provided for service F seems high and should be validated.

The reductions in waiting lists (weeks) in 2014 when compared to 2012 shows an overall decrease for 9 of the 14 established services from 4 to 74 weeks. Two services reported increases of 4 weeks and two services had not provided data. For the 12 existing services reporting data, the average decrease in waiting lists from 2012 to 2014 was 22 weeks.
(Q) Service delivery and access to pain programs in Tier 2 and 3

<table>
<thead>
<tr>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Management Service directors, service staff and patients perceived improvements in the way pain is assessed, managed and the availability of clinicians able to assess and manage pain. However improvements were not perceived by responding GPs and allied health professionals.</td>
</tr>
<tr>
<td>Pain Management Service directors interviewed all believed that there had been an increase in awareness and knowledge about appropriate pain management among health professionals in all Tiers, although some thought this was a gradual process that was filtering through slowly.</td>
</tr>
<tr>
<td>There was no significant variation in responses between staff of Tier 2 and Tier 3 Pain Management Services.</td>
</tr>
<tr>
<td>However the patients of Tier 3 services responded less positively than patients of Tier 2 services. Caution should be taken in drawing conclusions given the skewed nature of the respondents.</td>
</tr>
</tbody>
</table>

The findings are discussed under the following topics:

- Improvements in assessing pain
- Improvements in managing pain; and
- Improvements with the availability of clinicians able to assess and manage pain.

**Improvements in assessing pain**

Survey responses from Pain Management Service staff, GP/Allied Health Professionals and patients are shown in the figure below.

**Figure 9 Have you noticed any improvements over the past 12 months with how pain is assessed?**
Patients were very positive that improvements had occurred in the way that pain was assessed, with Pain Management Service staff also noting improvements to a lesser extent. There was no significant variation in responses between staff of Tier 2 and Tier 3 Pain Management Services. However, the patients of Tier 3 services responded less positively than patients of Tier 2 services. Caution should be taken in drawing conclusions given the skewed nature of the respondents given the disproportionate responses from Tier 2 services and low numbers.

Responding GPs and allied health professionals did not share this view.

*Improvements in managing pain*

Survey responses from Pain Management Service staff, GP/Allied Health Professionals and patients are shown in the figure below.

**Figure 10 Have you noticed any improvements over the past 12 months with how pain is managed?**

*Improvements in the availability of clinicians able to assess and manage pain*

Survey responses from Pain Management Service staff, GP/Allied Health Professionals and patients are shown in the figure below.

Patients were positive that improvements had occurred in the availability of clinicians able to assess and manage pain, with Pain Management Service staff also noting improvements to a lesser extent. However, responding GPs and allied health professionals did not share this view.
Figure 11 Have you noticed any improvements over the past 12 months with the availability of clinicians able to assess and manage pain?

Patients and staff of Pain Management Services perceived improvements in the availability of clinicians able to assess and manage pain. The largest response from responding GPs and allied health professionals was that they couldn’t say if there had been improvements.

(U) Assessment and management of patients across the continuum and clinical variation in pain management

**SUMMARY**

Pain Management Service directors, service staff and patients advised that they had noticed improvements in the consistency of care provided to people living with pain. This view was not shared by GPs and allied health professionals.

The GP and allied health professional responses are considered likely to be reflective of the difficulties engaging with this group, and strategies to improve engagement should improve this result. Patient responses may be biased due to the self-selecting nature of this sample.

i. **Overview**

Patients in particular perceived improvements with 76% of respondents there had been at least quite a bit of improvement. Pain Management Service directors and staff reported noted improvement with 62% of respondents identifying there had been at least a little bit of improvement. However responding GPs and allied health professionals did not share this view.

ii. **Pain Management Service Directors**

Pain Management Service directors all believed that there was now a more consistent approach to the delivery of Pain Management Services, particularly within the hospital based services. Although
there had been some improvements in reducing the variation of clinical approach to pain management, it was noted that there was still some work to be done to improve consistency of approach within primary care. At least three service directors noted that some GPs did not or were unwilling to accept the approach, and one advising that some GPs continued to prescribe in patterns contrary to the Pain Management Service recommendations following assessment. It was noted that this could be due to pressure from patients unwilling to accept recommendations for change.

### iii. Survey respondents

Pain Management Service staff, GPs/allied health professionals and patients were all asked if they had perceived any improvements in the past 12 months with the consistency of pain management care provided by clinicians.

Only sixteen of the patients responding to the survey responded to this question, and it is unclear why there was such a low response.

Over 40% of patients considered there had been a lot of improvement. 35% of Pain Management Service staff thought there had been a little improvement, however over 40% of responding GPs and allied health professionals couldn’t say if there had been any improvement, as shown in the figure below.

**Figure 12 In the past 12 months have you noticed any improvements in the consistency of pain management care provided by clinicians**
(V) Quality of life for people living with chronic pain

**SUMMARY**

Patients of Pain Management Services report improved quality of life as a result of their participation in the pain program. Patient responses may be biased due to the self-selecting nature of the sample.

Focus groups were conducted with patients who had completed the pain management program at each of the four sites visited. The number of patients varied from 2-7 at the various sites. The participants felt that they now had an improved quality of life as a result of attending the pain program, and some participants strongly agreed with this statement. A few had completely changed their outlook on life as a result of attending the pain program and were strong advocates for the program.

The patient survey included a question which asked if the respondent’s quality of life had improved as a result of their participation in the pain management program. Of the 44 who responded to this question, 55% stated they had at least moderate improvement, and 81% stated they had at least some improvement, as shown in the figure below:

**Figure 13 Patient survey question 9 responses**
(W) Productivity of people living with chronic pain

**SUMMARY**

Patients of Pain Management Services report improved productivity as a result of their participation in the pain program. Patient responses may be biased due to the self-selecting nature of the sample, which is suggested by the ePPOC data.

Participants in the patient focus groups largely felt more productive as a result of attending the pain management program:

- 3 participants were actively seeking work
- 1 participant was undertaking higher education, a possibility not available to that person prior to their completion of the pain program; and
- 3 participants, whilst not re-joining the workforce, described a significant change through improved interactions with their local community.

Patient survey participants were also asked if to what extent they had been able to return to their pre-pain normal activities. 46% of participants responded that they had at least returned to their pre-pain normal activities to a moderate extent. The responses are shown in the figure below:

**Figure 14 Patient survey question 10 responses**

![Pie chart showing responses to Q10: To what extent have you been able to return to your pre-pain normal activities?](image-url)
Respondents were asked if they were in the workforce prior to experiencing their pain and this could be full time, part time or casual. 66% of respondents advised they were in the workforce.

Those respondents who were in the workforce were then asked if they had been able to re-join the workforce.

- 18% had not left the workforce, however a further 25% responded that they had been able to re-join the workforce but on reduced hours or duties
- A further 21% advised they had not been able to re-join the workforce but were more active in their local community as shown in the figure below.

**Figure 15 Patient survey question 12 responses**

![Chart showing survey results for question 12](image)

ePPOC\(^8\) data were also collected about the ability to work. Participating Pain Management Services (12 in total) reported:

- 2207 referral questionnaires
- 81 questionnaires at the start of a pathway in an episode
- 48 questionnaires at the end of a pathway in an episode; and
- 14 post-discharge follow-up questionnaires.

Given the small numbers at end of pathway and follow-up, conclusions are unable to be drawn on productivity from the data.

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\(^8\) EPPOC Patient Outcomes in Pain Management Report 1 (for data submitted to June 2014).
It is understood that this is the first data collection period, and it would be anticipated that subsequent data collections should improve reporting at end of pathway and follow up.

It has been noted that participants in focus groups and surveys were self-selected and therefore results could be biased.
7. Findings Program Objective 2

To improve community awareness and understanding of pain and its evidence based management. This program objective relates to the following evaluation goal:

- To determine the impact to date of the resources available to community and clinicians.

**EVALUATION GOALS - KEY FINDINGS**

To determine the impact to date of the resources available to community and clinicians:

There is evidence that a number of resources developed and available to clinicians and consumers have been utilised and well received by staff and directors of Pain Management Services and patients. The ACI Pain Management website has been utilised, and is well regarded by those clinicians who have visited the website, at least once or twice. There was good awareness and utilisation by NSW Pain Management Services. The limited number of responding GPs and allied health professionals who had visited the website were positive about the resources available. Patients who had visited the website rated the website well, but their feedback was slightly less positive on average than those of clinical staff. It is unclear if this is significant given the number of patients responding to this question.

Pain Management Services were aware of the activities of the Pain Management Research Institute, with the majority indicating they did utilise the training and educational activities provided. However Medicare Locals and responding Tier 1 clinicians were largely not aware of professional development opportunities relating to pain management. ACI data on pain management education offered to Tier 1 clinicians suggested these sessions were well attended with an average of 76 attendees where data was available. Events facilitated by Medicare Locals seemed to be more successful in terms of numbers of attendees.

Pain Management Services and patients have noticed improvements in the effective community understanding about pain management; and the availability of up to date consumer resources about pain management. Responding GPs and allied health professionals have not noticed any improvements.

The relevant program logic items and findings for each item are outlined below:
(M) Develop health care professional and consumer education

SUMMARY

The majority of Pain Management Service staff report awareness of PMRI and other pain management professional development opportunities, and have visited the ACI Pain Management website at least a few times. Those who had visited the ACI Pain Management website rated it highly.

The majority of GPs and allied health professionals are unaware of the website and pain management professional development opportunities. However ACI data on the number attending pain management professional development activities targeted specifically at Tier 1 clinicians suggests these were well attended.

Medicare Locals are currently in the process of transitioning to Primary Health Networks. It is understood this will create some changes in geographical boundaries.

The findings are discussed under the following topics:

- Pain Management Research Institute
- ACI Pain Management Website
- How Pain Management Services promote the ACI Pain Management website
- ACI Pain Management website usage data
- Promoting and improve access to education for Tier 1 clinicians
- Professional development/Training resources developed by Pain Management Services; and
- Educational opportunities for the general community about pain management.

Pain Management Research Institute

The directors and staff of Pain Management Services, Medicare Locals and GPs/allied health professionals were asked if they were aware of the professional development opportunities provided by PMRI.

The responses are shown in the figure below:
Figure 16 Are you aware of the professional development opportunities provided by the Pain Management Research Institute?

Whilst the Pain Management Service directors interviewed were all aware of the PMRI and the professional development opportunities:
- Six were aware and utilised on a frequent basis; and
- Four were aware and utilised on an as needed basis;
- Five were aware but advised they did not use these services. Two were aware of offerings but found the times inconvenient. One service had difficulty getting approval to attend educational seminars within work hours (even if the staff member was willing to fund the cost of attendance.

Responding GPs and allied health professionals were largely unaware, suggesting there are opportunities to improve awareness.

Half of the six respondents to the Medicare Local survey answering this question were aware. However due to the small number of respondents, conclusions cannot be drawn from this result.

**ACI Pain Management Website**

Pain Management Services, Medicare Locals, GP/AHPs and patients were asked if they were aware of ACI Pain Management website. It should be noted that the ACI Pain Management website is a recent innovation, only launched in April 2014.

i. **Pain Management Service directors**

Pain Management Services were all aware of the ACI Pain Management website and were promoting it to patients. The majority of service directors spoke highly of the website and contents. Strategies used to promote the ACI Pain Management website to patients included:
- Recommended in initial correspondence to GP (4)
- Recommended in initial correspondence to patient (3)
• Showing the website and how to navigate in educational sessions (3)
• Playing the video resources in waiting rooms (2)
• Use of videos in educational sessions to stimulate discussion (2)
• Distribution of fact sheets as part of educational sessions (2); and
• Displaying posters and distributing postcards promoting the website (2).

Of the Pain Management Service directors interviewed:
• Five mentioned the videos
• Four mentioned the fact sheets
• Two mentioned the “Pain Bytes” section.

ii. Survey Respondents
Pain Management Service staff, Medicare Locals, GPs and allied health professionals, and patients were asked if they visited the ACI Pain Management website, and the frequency of the visits. The results are shown in the figure below:

Figure 17 How many times have you visited the ACI Pain Management website?

In summary:
• 98% of Pain Management Service staff had visited the website at least once or twice.
• 62% of Pain Management Service patients had visited the website at least once or twice.
• Over half of the respondents to the Medicare Local survey answering the question had visited the website at least once or twice
• However the majority of responding GPs and allied Health Professionals had not visited the website at all, suggesting there is either a lack of awareness and/or interest from this group.
The Pain Management Service staff, Medicare Locals, GP/AHPs and patients who had visited the ACI Pain Management website at least once were then asked to rate various aspects of the ACI website – with the rating of “Poor” scoring 0, and “Excellent” scoring 5. The results were that all respondent groups rated the various aspects of the website as above average, and are shown in the figure below:

Figure 18 ACI Pain Management website rating

These results suggest the information is well received by health professionals and health related services. It is interesting to note that the patient rating was lower across all domains, but it is unclear if this is significant.
The high rating provided by the Medicare Locals and the GPs/allied health professionals that had viewed the materials is encouraging, and suggests that further work is required to raise awareness of the ACI Pain Management website.

Pain Management Service staff were also asked how often they actively promoted the ACI Pain Management website to people with chronic pain. 41% of respondents advised they always promoted the website – with all responses shown in the figure below.

**Figure 19 Pain Management Service staff survey Question 31 responses**

How Pain Management Services promote the ACI Pain Management Website

Those respondents who responded that they did promote the ACI website were then asked how they promoted the ACI Pain Management website. There were a variety of methods identified for promoting the ACI Pain Management website as shown in the figure below (noting that respondents only came from a limited number of services). Respondents were asked to select all that applied.
Patients who had visited the ACI Pain Management website at least once or twice were also asked how they found out about the website. 87.5% of respondents found out about the website through their hospital based Pain Management Service, with 12.5% finding out about the website through their internet search engine.

**ACI Pain Management website usage data**

ACI provided data regarding website utilisation from 24<sup>th</sup> March (date of launch) to 8<sup>th</sup> August 2014, specific to the pain management section of the ACI website. The utilisation of the website is shown in the figure below:

**Figure 21 ACI Pain Management website - utilisation**

After an initial start, which could reasonably be attributed to the review and dissemination of the website by the various NSW Pain Management Services, the website has had consistent use, with
Formative evaluation of Pain Management model of care – Evaluation Plan

over 23000 sessions this period which equates to approximately 174 sessions per day since the website was launched, with more than 56% being repeat visitors to the website.

Geographical information suggests that the reach of the website has extended internationally. 47% of sessions were for people based in New South Wales. There is evidence of utilisation by people outside of the metropolitan areas as shown in the tables below.

Table 4 ACI Pain Management website – geographical data on session usage

<table>
<thead>
<tr>
<th>Country/Territory</th>
<th>Sessions</th>
<th>% New Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Pain Users</td>
<td>23,704</td>
<td>59.18%</td>
</tr>
<tr>
<td>Australia</td>
<td>13,267</td>
<td>54.12%</td>
</tr>
<tr>
<td>United States</td>
<td>1,467</td>
<td>66.94%</td>
</tr>
<tr>
<td>Canada</td>
<td>708</td>
<td>67.06%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>613</td>
<td>65.02%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>446</td>
<td>63.66%</td>
</tr>
<tr>
<td>Greece</td>
<td>154</td>
<td>77.23%</td>
</tr>
<tr>
<td>Spain</td>
<td>89</td>
<td>62.65%</td>
</tr>
<tr>
<td>Ireland</td>
<td>68</td>
<td>63.80%</td>
</tr>
<tr>
<td>Italy</td>
<td>66</td>
<td>64.65%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>67</td>
<td>79.21%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Sessions</th>
<th>% New Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Pain Users</td>
<td>19,287</td>
<td>54.13%</td>
</tr>
<tr>
<td>New South Wales</td>
<td>11,160</td>
<td>50.67%</td>
</tr>
<tr>
<td>Queensland</td>
<td>2,602</td>
<td>59.23%</td>
</tr>
<tr>
<td>Victoria</td>
<td>2,447</td>
<td>61.67%</td>
</tr>
<tr>
<td>South Australia</td>
<td>1,026</td>
<td>56.73%</td>
</tr>
<tr>
<td>Western Australia</td>
<td>872</td>
<td>57.49%</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>852</td>
<td>56.34%</td>
</tr>
<tr>
<td>Tasmania</td>
<td>373</td>
<td>52.62%</td>
</tr>
<tr>
<td>Northern Territory</td>
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<td>78.12%</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>Sessions</th>
<th>% New Sessions</th>
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<tr>
<td>Chronic Pain Users</td>
<td>16,297</td>
<td>54.13%</td>
</tr>
<tr>
<td>Sydney</td>
<td>1,341</td>
<td>51.69%</td>
</tr>
<tr>
<td>Brisbane</td>
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<tr>
<td>Melbourne</td>
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<td>Adelaide</td>
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<tr>
<td>Newcastle</td>
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<tr>
<td>Hobart</td>
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<tr>
<td>Central Coast</td>
<td>119</td>
<td>47.02%</td>
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Promoting and improve access to education for Tier 1 clinicians

i. Pain Management Services

All of the Pain Management Services had attempted to engage Medicare Locals in order to promote and improve access to educational activities; however the ability to do so was limited by the level of Medicare Locals engagement and interest in chronic pain.

- Six of the Pain Management Services advised their Medicare Local as very engaged.
- Three services belonged to networks which did not align with Medicare Local boundaries – despite this two of those three services were actively providing education to primary care health providers including GPs.
- Two services perceived that their Medicare Locals were not really engaged.

The majority of Pain Management Services were either delivering or assisting in the delivery of pain management education forums targeted at GPs and allied health professionals. The majority of services involved in these forums advised these forums were well attended by clinicians from all backgrounds. ACI data indicate there were at least twenty-five professional development forums regarding pain management open to, or specifically targeted at Tier 1 clinicians in 2013 and 2014. Of the 11 sessions where attendance data were available, the average number of attendees was seventy-six, suggesting good take up by GPs and allied health professionals. The limited data available on attendance by profession suggests that there was slightly higher take up by allied health
professionals. The highest numbers of attendees seemed to be those events facilitated by Medicare Locals.

Pain Management Services advised that they promoted the ACI Pain Management website as part of these forums.

Pain Management Services promoted educational activities internally to clinicians via word of mouth, emails or raising at team meetings or forums. ACI and the Australian Pain Society were frequently mentioned as sources of information about upcoming professional development opportunities.

Pain Management Services promoted the ACI Pain Management website as an educational resource to prospective and current patients of the service, as outlined above.

ii. Medicare Locals

Medicare Locals were asked if their local Pain Management Service was engaged with the Medicare Local to promote and improve access to education about pain management.

- One Medicare Local advised their local Pain Management Service was very engaged
- Three Medicare Locals advised their local Pain Management Service was a little engaged
- One Medicare Local advised “No”; and
- One Medicare Local was unsure.

Medicare Locals would promote upcoming professional development opportunities to clinicians

- Through newsletters distributed via emails; and/or
- Via their websites.

iii. GPs and allied health professionals

GPs and allied health professionals were asked if they were aware of professional development opportunities about pain management.

- Only 7% of respondents were aware of professional development opportunities provided by the Pain Management Research Institute
- 33% were aware of other professional development opportunities available to them regarding pain management.

Professional development/Training resources developed by Pain Management Services

The majority of Pain Management Services had not developed their own training resources, but utilised other training resources available. Four services were identified as having developed their own training resources:

- One service was involved in developing a book about pain aimed at consumers;
- One service has its own website (links to the ACI Pain Management website) and includes videos explaining chronic pain targeted at consumers. Another service is in the process of developing a website;
Formative evaluation of Pain Management model of care – Evaluation Plan

- One service had developed a brochure for GPs to provide to patients referred to the service to improve expectations and understanding of what the pain program would provide. Another service is in the process of developing a similar brochure; and
- One service had modified an existing training program to utilise to allied health professionals to build capacity within community based services.

**Educational opportunities for the general community about pain management**

Two Pain Management Services advised that they engaged with consumers to promote their understanding of pain management within the community, speaking at community forums and attending local special interest groups such as Arthritis NSW. One Pain Management Service is in the process of establishing a consumer support group as it is recognised there is a risk of patients feeling unsupported and thus not continuing to undertake recommended management strategies as a consequence. This would provide an opportunity to promote educational activities to consumers once established.

**(S) Consumer awareness, knowledge and uptake of resources and satisfaction with service delivery & care**

**SUMMARY**

Overall, the majority of pain management staff and patient respondents advised that there has been an improvement in the availability of up to date consumer resources about pain management. However GPs and allied health professionals do not share this view.

Patients are satisfied with the management of their pain, and there has been increased patient satisfaction with the management of their pain compared to 12 months ago.

It is possible that the group responding to the patient survey may be biased as survey completion was on a self-selected basis and it is possible that those with more positive views of the service were more likely to provide feedback accordingly.

The findings are discussed under the following topics:

- Consumer awareness, knowledge and uptake of resources about pain management; and
- Consumer satisfaction with the management of pain.

**Consumer awareness, knowledge and uptake of resources about pain management**

Pain Management Service directors & staff, GPs and community based allied health professionals, and patients were asked if they had perceived any improvements with:

- Effective community understanding about pain management; and
- Availability of up to date consumer resources about pain management.

Only 16 of the 50 patients answered this question. It is unclear why there was a low response rate to this question.
Pain management staff and patient respondents also responded that there had been at least a little improvement in the effective community understanding about pain management. However this view was not shared by responding GPs and community based allied health professionals. This suggests that recent changes have not been well communicated to this group or may be overstated.

The following figure shows the responses by the various groups when asked if they had perceived improvements in effective community understanding about pain management. 40% of responding GPs and allied health professionals and over 30% of patients had perceived no improvement, and over 30% of responding GPs and allied health professionals and Pain Management Service staff responding that they couldn’t say.

Figure 22 Have you noticed any improvements in the past 12 months with effective community understanding about pain management

The majority of Pain Management Service staff and patient respondents perceived that there has been an improvement in the availability of up to date consumer resources about pain management, with 67% of pain management staff and 57% of patients stating there had been at least quite a bit of improvement as shown in the figure below. However the majority of responding GPs/allied health professionals saw no improvement or couldn’t say.
Patients were also asked if they had perceived an increase in awareness about effective pain management amongst the following groups:

- People with chronic pain
- General practitioners
- Allied health professionals
- Hospital staff
- Staff of your Pain Management Service.

The largest change was in staff of Pain Management Services, with 10 respondents stating there had been a lot of change and 14 respondents perceiving at least quite a bit of change in awareness in people with chronic pain. The group with the smallest change were responding GPs and allied health professionals. There were perceived changes in all groups, as outlined in the figure below:
Consumer satisfaction with the management of pain
The responses suggest that patients are satisfied with the management of their pain, and there has been increased patient satisfaction with the management of their pain compared to 12 months ago.

i. Pain Management Services
Pain Management Service directors and staff were asked if they had noticed any improvements in the past 12 months with consumer satisfaction with their pain. Pain Management Service directors acknowledged there was satisfaction with increased access and decreased waiting times, however there was some discussion around the concept of satisfaction. It was noted that some patients would not be satisfied as they could be seeking outcomes that were contrary to accepted best practice, particularly those who were looking for a cure or wanting to maintain prescribing regimes that the pain management team considered inappropriate in the long term. That group and any group unwilling to engage in a more self-management regime were considered likely to be dissatisfied despite being offered what the expert team considered to be appropriate pain management strategies.

Of the 37 pain management staff responding to this question:
- 33% said quite a bit of improvement
- 33% couldn’t say
- 14% said there had been no improvement
Patients were asked about their satisfaction with their current pain management. The majority of respondents were either satisfied or very satisfied with their current pain management as shown in the figure below:

Figure 25 Patient survey question 4 responses

Patients participating in focus groups expressed satisfaction with their current pain management.

“The [Pain Management Program] gave me the motivation to get back on with my life”

“This program was a life saver...was extremely depressed...had suicidal thoughts. [This program] gave me information to motivate me and someone to talk to who knew what was going on. Now I am a different person.”

“Before I was watching the clock to tick over so I could take the drugs...I thought I would be on them forever....Now I am off the opiates...I do stuff like walk down the beach. I know how to pace myself to do things and enjoy life.”
Patients participating in the survey were asked how their current satisfaction with their pain management compared to their satisfaction 12 months ago. The majority of respondents were either a lot more satisfied or a little more satisfied as shown in the figure below:

Figure 26 Patient survey question 8 responses
8. Findings Program Objective 3

To provide resources for health care practitioners across all levels of the health system to better manage patients with chronic pain. This program objective relates to the following evaluation goals:

- To determine the impact to date of the additional funding upon Tier 3 Pain Management Services
- To determine the impact to date of the new and existing Tier 2 Pain Management Services
- To determine the impact to date of the supporting Tier 3 Pain Management Services and the levels of support and mentoring provided to new Tier 2 Pain Management Services

**EVALUATION GOALS - KEY FINDINGS**

**To determine the impact to date of the additional funding upon Tier 3 Pain Management Services**

The additional funding has allowed Tier 3 Pain Management Services to increase their clinical staff FTE, and in some instances provide some additional administrative support. These additional staffing resources have allowed Tier 3 services to increase the numbers of services delivered, including pain programs. Staff and patients of the Tier 3 Pain Management Services had noticed some improvements in the way pain is assessed, managed and the availability of clinicians able to assess and manage pain.

**To determine the impact to date of the new Tier 2 Pain Management Services**

The new Tier 2 Pain Management Services have all had an impact in delivering services to people with chronic pain in their local area. Conclusions cannot be drawn about staff and patient views about the new services given the low proportion of staff and patient respondents from new or enhanced Tier2 Pain Management Services.

**To determine the impact to date of the supporting Tier 3 Pain Management Services and the levels of support and mentoring provided to new Tier 2 Pain Management Services**

Tier 3 supporting services reported provided support to new Tier 2 services though:

- Initial on-site training at the Tier 3 service
- Provision of supporting materials i.e. program manuals, position descriptions
- Face to face support on-site at the Tier 2 service
- Mentoring and professional supervision
- Regular case conferencing for complex patients via video-conference
- Informal advice and support.

The Tier 2 services that had received mentoring reported satisfaction with the support provided.

GPs and allied health professionals do not share the view that there have been improvements in clinicians capacity to work across the continuum of Pain Management Services.
The relevant program logic items and findings for each item are outlined below:

(L) Training, workforce development and sustainability

**SUMMARY**

Tier 3 supporting services reported providing support to new Tier 2 services though:
- Initial on-site training at the Tier 3 service
- Provision of supporting materials i.e. program manuals, position descriptions
- Face to face support on-site at the Tier 2 service
- Mentoring and professional supervision
- Regular case conferencing for complex patients via video-conference
- Informal advice and support.

The service directors of Tier 2 services interviewed, that had received mentoring from supporting Tier 3 services reported satisfaction with the support provided.

Tier 3 services reported enhanced clinical services, mainly being increased specialist medical and allied health professional staffing.

Established Pain Management Services perceived that no formal training was provided regarding implementing the model of care. All but one service were readily able to attend workforce development opportunities.

Supporting Tier 3 and new Tier 2 services reported using videoconferencing, however there was limited usage reported by non-supporting Tier 3 and existing Tier 2 services.

It is unclear if there is strong ongoing demand for tele-health in those areas where services have been established. It is noted that there are still three Local Health Districts in NSW without hospital based Pain Management Services. The introduction of Primary Health Networks may be an opportunity to better understand why there has not been a take up of telephone consultations in some areas.

The findings are discussed under the following topics:
- Tier 3 supporting services
- Tier 3 services (general)
- Training and workforce development; and
- Use of technology.

**Tier 3 supporting services**

Tier 3 supporting services provided support to their linked Tier 2 services though the initial establishment phase and on an ongoing basis, although all interviewed advised that the level of support was now starting to lessen. Tier 2 services required less support from Tier 3 services as they gained more experience in dealing with more complex patients.
Tier 3 supporting hospitals utilised their funding to enhance clinician capacity, with three of the Tier 3 supporting services also enhancing administrative capacity.

- All five services (100%) enhanced their psychology FTE
- Four of the five services (80%) enhanced their pain specialist/staff specialist FTE
- Four of the five services (80%) enhanced their nursing FTE, with two of the four utilising funding for specialist nursing positions
- Three of the five services (60%) enhanced their physiotherapy FTE; and
- All five services enhanced other FTE which could include:
  - Addiction
  - Art therapist
  - Scientific officer; and
  - Psychiatry.

Tier 3 supporting hospitals provided their Tier 2 linked hospitals with initial training on site at the Tier 3 service. Tier 2 staff would participate in program delivery as part of their training. The Tier 2 linked service was provided with supporting materials which could include:

- Pain program manuals or guidelines
- Position descriptions; and
- Policies and procedures.

Staff from the Tier 3 supporting service would also visit the Tier 2 service to provide training and support in establishing the service.

The supporting Tier 3 service would hold weekly videoconferences with the linked Tier 2 service. Training and mentoring could also take place via videoconferencing. Mentoring relationships were established for the staff of the Tier 2 linked service by the more experienced Tier 3 services for each of the health professional groups.

Once established, linked Tier 2 services would utilise the Tier 3 supporting services to assist in the treatment of more complex cases. Case conferences would be conducted via videoconference of more complex cases, with Tier 3 services participating in the development of the management plan.

The frequency of the videoconferences has decreased as the Tier 2 service had increased capacity to deal with more complex patients.

Linked Tier 2 services would refer more complex patients to the Tier 3 supporting service. However feedback suggests patients were usually reluctant to travel unless the referral was for an interventional procedure, not provided at the Tier 2 service.

**Tier 3 services (general)**

The non-supporting Tier 3 services also utilised their funding to enhance clinical capacity. Of the six services:
O’Connell Advisory

- All (100%) enhanced their physiotherapy FTE
- Four (67%) enhanced their psychology FTE
- Three (50%) enhanced their nursing FTE;
- Four (67%) utilised their funding for other positions which included:
  - Staff specialist
  - Social worker; and
- Two (33%) enhanced administrative FTE.

The services with pain management specialist training positions appointed responded that the scope of their role was dictated by College guidelines which outlined training requirements.

**Training and workforce development**

Established services distributed and discussed the NSW Pain Management Plan and model of care internally. However, there was no formalised training, as services considered they were providing services to a large extent consistent with the model of care, although it was acknowledged that refinements were required with linkages to community based health care providers. The additional clinical time acquired through the additional funding was, in the majority of cases expansion of existing staff positions, or recruitment of experienced clinicians. Where inexperienced clinicians were recruited, they were inducted into the model of care as part of their on the job training.

All but one service advised that staff were able to attend professional development opportunities, which could include:
- Attendance at the Australian Pain Society annual conference
- Access to PMRI webinars
- Access to PMRI seminars; and/or
- Other professional development activities.

The one service had difficulty gaining approval to attend professional development opportunities, even when the only approval was for leave to attend self-funded activities.

Newly established services were provided with access to education and training about the model of care, and increasing capacity to deliver care largely through support and training provided by their supporting Tier 3 service. This was often supplemented through other professional development activities such as the PMRI webinars.

**Use of technology**

Telephone consultations and video conferencing were frequently cited by new Tier 2 and supporting Tier 3 services as technology used for training and service delivery. At least 1 service noted difficulty accessing due to internal ICT limitations. However there was limited use of videoconferencing by non-supporting Tier 3 services and existing Tier 2 services with only 1 service advising that they actively provide videoconferencing to rural areas. All services were available for telephone consultations if required, with 1 service noting these opportunities were not well utilised by local community health care providers.
(O) Professional development opportunities, training and mentoring for Tier 2 and 3 staff, and educational opportunities for Tier 1 clinicians

**SUMMARY**

Over half of the pain management staff reported awareness of professional development opportunities relating to Pain Management Services. There is a large proportion of responding GPs and allied health professionals who are unaware of additional professional development opportunities arising from the implementation of the Pain Management model of care.

The findings are discussed under the following topics:
- Educational opportunities Tier 2 and 3 services
- Educational opportunities – Tier 1 clinicians
- Tier 3 services (general)
- Workforce development; and
- Use of technology.

**Educational opportunities – Tier 2 and 3 services**

Pain Management Service staff were asked if they were aware of other professional development opportunities provided by other organisations relating to pain management. Of the 39 respondents to this question:
- 54% said “Yes”
- 26% said “No”; and
- 21% were unsure.

**Educational opportunities – Tier 1 clinicians**

GPs and allied health professionals, and staff of Pain Management Services were asked if they had perceived improvements in the past 12 months with the availability of professional development opportunities about pain management for Tier 1 clinicians, as shown in the figure below.
The proportion of responding GPs and allied health professionals stating that they couldn’t say suggests that there could be a lack of visibility about professional development opportunities relating to pain management. It should be noted that GPs are time poor and often may not review materials about professional development opportunities unless it is a specific area of interest. The more positive responses by Pain Management Service staff and data from ACI suggest opportunities are available, but may not be well communicated to all GPs and allied health professionals.

**Summary**

All three newly established Tier 2 service directors interviewed were satisfied with the level of mentoring and supports provided by their supporting Tier 3 service.

The findings are discussed under the following topic:
- Pain Management Service directors; and
- Pain Management Service staff.

**Pain Management Service Directors**

All three new Tier 2 service directors interviewed were satisfied with the level of mentoring and supports provided by their supporting Tier 3 service. Only one service suggested that mentoring provided across professional lines could be improved, as mentoring arrangements were left to the specific senior professional at the Tier 3 service. This resulted in some professional groups receiving less mentoring opportunities than others.
**Pain Management Service staff**

The staff of Tier 2 services participating in focus groups as part of the site visits expressed satisfaction with the mentoring and supports received.

"The support we have received is so good – concern is we can’t become too reliant upon it”

There were five respondents to the Pain Management Service staff survey who worked in a new Tier 2 service. These five respondents were asked about their satisfaction with the support received from Tier 3 supporting services.

- 2 were very satisfied
- 2 were neutral; and
- 1 was dissatisfied.

This feedback may be reflective of the issue outlined above regarding inconsistency of mentoring across professional groups. If any further Pain Management Services are to be created in the future using a similar model of supports, consideration should be given to outlining expectations of mentoring and supports by the Tier 3 supporting service to the Tier 2 service to ensure alignment of expectations with actual delivery.

**(T) Capacity of staff to work across the continuum**

**SUMMARY**

Pain management service directors, service staff and patients advised that they had noticed improvements in clinicians capacity to work across the continuum of pain management. This view was not shared by responding GPs and allied health professionals.

The GP and allied health professional responses are considered likely to be reflective of the difficulties engaging with this group, and strategies to improve engagement should improve this result.

The findings are discussed under the following topics:

- Pain Management Service directors; and
- Pain Management Service staff, GPs and allied health professionals, Medicare Locals and patients.

**Pain Management Service directors**

Fourteen of the fifteen service directors interviewed considered that clinicians now had more capacity to work across the continuum of Pain Management Services. The one service that did not feel there was improved capacity had not been able to utilise the additional funding at time of interview.
“There is now definitely increased capacity to deliver services to people in our Local Health District”

**Pain Management Service staff, GPs & allied health professionals, Medicare Locals, and patients**

Pain Management Service staff, GPs & allied health professionals, Medicare Locals, and patients were asked if they had noticed any improvements in the past 12 months with clinicians capacity to work across the continuum of pain management.

Out of the six Medicare Locals responding to this question, three said they couldn’t say if there had been an improvement in the past 12 months.

Only sixteen of the patients responding to the survey responded to this question, and it is unclear why there was such a low response.

The majority of patients and Pain Management Service staff thought there had been quite a bit of improvement however the majority of responding GPs and allied health professionals thought there had been no improvement as shown in the figure below.

**Figure 28 Have you noticed an improvement in the past 12 months with clinician’s capacity to work across the continuum of pain management?**
9. Findings Program Objective 4

To develop a data collection system to reflect outcomes, processes and resourcing needs of chronic pain services in NSW. This program objective relates to the following evaluation goal:

- To determine the impact to date of the resources available to community and clinicians

**EVALUATION GOAL - KEY FINDINGS**

**To determine the impact to date of the resources available to community and clinicians**

The majority of the Pain Management Services reported they had, or were planning to implement ePPOC.

The main issues with implementation were around IT infrastructure which was largely outside of the control of the Pain Management Service.

There had been no analysis of ePPOC data undertaken to date. Pain Management Service directors were waiting on the first publication of the ePPOC data report.

There is a view that ePPOC data will support and provide further evidence for ongoing clinical service delivery.

The relevant program logic item and findings are outlined below:

**(J) Development and support of ePPOC pain management database**

The majority of Pain Management Services responded that they had implemented the ePPOC data collection system in their services.

Three Pain Management Services reported that they were yet to implement the ePPOC database:

- One was about to implement;
- One had technical issues which were delaying implementation and will be costly to resolve; and
- One was not planning to implement ePPOC. The reason given for not implementing was that implementation would require significant administrative support which would require diverting scarce resources from program delivery – however it was recognised that this decision came at a cost as data would be invaluable in providing evidence of productivity and outcomes.

For those Pain Management Services that had implemented ePPOC, the service appointed a staff member responsible for oversight of the ePPOC data collection. In most cases this was a clinician. The person responsible for ePPOC and any other staff members involved in data entry were provided with training by the University of Wollongong on a face to face basis. All services were satisfied with the training provided.
Three Pain Management Services advised that amendments were required to their ICT environment to facilitate the ePPOC database at some cost to the service which prolonged the implementation process, but once addressed implementation was usually fairly fast, taking somewhere between 1 week to 2 months.

Three Pain Management Services advised that implementing ePPOC had placed a significant administrative burden upon the service. One service noted that the implementation of ePPOC made little change as they had previously collected data prior to admission so the outcome was that forms had changed. One service had incorporated the data collection into existing systems and all prospective patients were required to complete online as part of the referral process – and for this group access to systems were not identified as an issue. One service was attempting to have patients enter in their own data but there were issues with some patients not having ready access to online systems and/or limited computer literacy.

One service with a high proportion of people from CALD background with limited or no English skills suggested that the implementation of ePPOC had put a significant strain on the system as this group required significantly more administrative assistance to ensure complete and accurate data collection.

There were some cost issues associated with amendments to ICT environments. One service advised it had been quoted over $10,000 to get IT systems in place to support ePPOC. Another service had implemented only on 1 computer due to technical issues however it was exploring how to overcome this issue as it was causing issues with workflow. In most cases implementation had gone smoothly although issues could sometimes arise through the need for the University of Wollongong to liaise with local LHD IT support staff when technical issues arose. In most cases the LHD IT support staff were helpful but two Pain Management Services responded that their local LHD support staff were not necessarily receptive.

One service reported some initial push back from consultants referring to the service as the data collection was considered onerous, however this had now been overcome.

All the services that had implemented the ePPOC database were now collecting data however there had been no analysis undertaken to date, and service directors were waiting on the first publication of the ePPOC data report. This was supported through the responses to the Pain Management Service staff survey where 80% of respondents advised that their service had implemented the ePPOC database.
10. Findings Program Objective 5

To develop formal triage and screening processes for people with chronic pain or at risk of developing chronic pain to ensure referral to the appropriate level of service. This program objective relates to the following evaluation goal:

- To determine the impact to date upon capacity to treat people in NSW with chronic pain, utilising evidence based models of care

**EVALUATION GOAL - KEY FINDINGS**

*To determine the impact to date upon capacity to treat people in NSW with chronic pain, utilising evidence based models of care*

The State-wide referral form was not widely used. Only two Pain Management Services reported having this form used for all referrals, and had implemented systems and processes to support consistent use. The support and engagement of Medicare Locals was seen as a key success factor.

All Pain Management Services have developed triage processes. Ten Pain Management Services have or are in the process of implementing pre-program educational sessions as a screening tool to determine readiness for change/acceptance. However there are limited referrals between services. Not all Tier 3 services provide high intensity programs. One Tier 2 service does provide high intensity programs.

There was no specific data about the number of patients being referred to Tier 1 clinicians for treatment.

The relevant program logic items and findings for each item are outlined below:

(C) State-wide standard referral form and guidelines

**SUMMARY**

The state-wide referral form has had limited take up, and current indications are that it is unlikely to be widely adopted in its current format without the support of local primary care agencies. The change to Primary Health Networks may provide an opportunity to hold dialogue with these organisations to determine the optimal approach moving forward.

The findings are discussed under the following topics:
- Pain Management Services
- GPs and allied health professionals; and
- Medicare Locals.
**Pain Management Services**

Only two services responded that their service was receiving the state-wide referral form from all referrers. That is the services had gained the support of their local GPs and referrers to utilise the form when making the referral. Two key success factors suggested were:

- Engagement and support from the Medicare Local in promoting and endorsing the use of the form
- A willingness by the Pain Management Service not to accept referrals until the form was completed.

Nine Pain Management Services had tried to implement the state-wide referral form but found this difficult due to the lack of engagement of referrers. Not all service directors were aware of the issues. However, at least four services suggested GPs being time poor, and lack of integration with practice software, as reasons for low uptake.

Six Pain Management Services had not implemented the State-wide referral form.

- Two were waiting on their Medicare Locals to implement their own electronic referral systems
- One service was comfortable with the existing systems in place
- One service had not implemented and did not think their referrers knew this form was available
- One service was holding off as they understood a revision was soon to be released; and
- One service found this unsuitable for their client group.

**GPs and allied health professionals**

Respondents to the GP/AHP survey were asked if they used the state-wide referral form when referring patients to the chronic Pain Management Services. 49 responded to this question.

The majority of 49 (69%) respondents to the GP/AHP survey advised that they were not aware of the state-wide referral form, as shown in the figure below. A further 14% reported they never used this form.
Those respondents that advised that they often sometimes, rarely or never used the form were then asked why they did not always use the form. Of the six respondents who answered:

- Four indicated that the current state-wide referral form is not integrated into current practice software; and
- Two responded that the form is too lengthy and time consuming.

For the thirteen GPs participating in this survey:

- Eight responding GPs were unaware of this form
- Three respondents never used this form: and
- Two respondents always used this form.

**Medicare Locals**

Medicare Locals were asked if they were aware if GPs in their area were using the state wide referral form. The majority of respondents were unsure or did not know.
(I) Development of service system/programs to support pain management

**SUMMARY**

All Pain Management Services have implemented a multidisciplinary approach to the delivery of Pain Management Services to people with chronic pain. The majority of Pain Management Services have implemented pre-assessment education sessions for patients.

All Pain Management Services provide information to the patients GP when discharged, and the majority provide correspondence to the GP advising of progress throughout the episode of care. Three Pain Management Services advised of referring patients to community based services for treatment when appropriate.

Not all Tier 3 services provide high intensity programs. One Tier 2 service provided a high intensity program. There were limited referrals between services, and these were mainly for interventional services not provided at the referring service.

Variations to the model of care were identified as necessary for children’s services as the GP was often not the referring clinician.

Services with significant CALD populations had additional complexities in managing patients, as it was suggested this group needed more reassurance about self-management, in addition to the usual communication barriers. This group required additional support with data collection.

The findings are discussed under the following topics:

- How Pain Management Services have implemented the ACI model of care
- Modifications to the model of care
- Triaging referrals to the service
- Referral criteria to other tiered services
- The role of Tier 1 clinicians in service delivery
- GPs and allied health professionals; and
- Medicare Locals.

Established Pain Management Services felt that they were largely already delivering upon the model of care as outlined in the NSW Pain Management Plan as shown in figure below, although as one service director responded, the challenge was engaging more with those working within the primary health care sector.
How Pain Management Services have implemented the ACI model of care

Hospital based Pain Management Services operate services provided by a multidisciplinary team. Ten hospital based services have introduced, or are in the process of introducing pre-assessment education sessions as it was recognised that there was value in:

- Providing prospective patients with some information prior to assessment as feedback suggests there is a small proportion of participants who will be satisfied with the information delivered and not require further interventions; and
- Align prospective participant’s expectations of the outcomes of the program accordingly, as it is considered this would result in better patient satisfaction from improving understanding of the program philosophy and content prior to commencement.

Three services spoke of undertaking a medical assessment which then determines if patients will undertake assessments by members of the multidisciplinary team. This is considered a more efficient use of scarce clinical resources.

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Three services reported referring patients to community based clinicians for treatment when appropriate. One service has developed a network of clinicians within the community capable of treating patients following the development of a treatment plan. The development of this network was due to the scarcity of resources prior to the release of the NSW Pain Management Plan, but this practice has continued.

The majority of services ensure that the patient’s GP is kept informed of the outcomes of patient assessment and progress through their episode of care. Two Pain Management Services spoke of sending the patient back to the referring GP for discussion and implementation of the recommended management plan. In most cases required provision of services from the hospital based pain management team due to the lack of perceived capacity and capability within the community.

One of the variations with the model of care spoken about was the lack of perceived treatment within the community at Tier 1. It was unclear to what extent GPs were utilising similar approaches and utilising a multidisciplinary approach to the initial treatment of patients with chronic pain in the community.

Some hospital based Pain Management Services faced issues identifying clinicians with capacity to provide treatments to patients within the community, as Medicare Locals were not engaged. One service suggested that local community based allied health professionals were unwilling to engage with the service as they perceived the service as a threat.

Some Tier 3 services did not provide high intensity programs as the preference was to only provide programs in the low to medium intensity range, and conversely some Tier 2 services provided high intensity programs, and this is supported through the service activity data as shown in Table 3 Section 5.3 (P). There were limited referrals between services outside of the supporting/mentoring arrangements between supporting Tier 3 services and new Tier 2 services whilst the services were being established. One existing Tier 2 service suggested the pattern of referral may not continue once Tier 2 services became established. There was some suggestion that the new Tier 2 services were becoming more self-sustaining.

The main reasons why referrals were made between Pain Management Services were:
- Patients requiring interventional services, as not all Pain Management Services provided these options;
- Patient relocation to different geographic areas;
- Patients seeking second opinions; and
- Patients transitioning from child to adult services accordingly.

**Modifications to the model of care**

For children’s services it was noted that the model of care required adaptation, as the referrer to the service was seldom the GP, but rather Paediatricians as the GP would usually have referred children for further investigation in the first instance.
There were also complications providing group programs given the emphasis was usually on trying to provide children with chronic pain with support and assistance to return to school life. One service advised that group programs were usually limited to occurring during school holidays, when the service would provide a program which provided children with chronic pain with guidance and support on how to manage their pain in the school environment.

For those services which were based in areas with significant CALD populations, there were additional complexities providing service as people from non-English speaking backgrounds often had difficulty accessing information to support them in managing their pain. This group seemed to require additional reassurance that undertaking self-management strategies should not result in increased harm, when compared to others. As a result one service discontinued providing a pre-program educational session as it was considered less effective. One service suggested that the additional supports required to successfully engage and work with people from CALD backgrounds was considerable, particularly those with no or limited English to obtain information and then provide services. This suggests that a group program may have additional complexity when attended by those from CALD backgrounds with limited or no English comprehension.

It was suggested by the directors of services based in areas with significant CALD populations that the level of computer access and literacy from this group was poor, which added further complexity particularly when trying to establish the Electronic Persistent Pain Outcomes Collaboration (ePPOC) as this required a significant amount of data to be collected from patients.

**Triaging referrals to the service**

All Pain Management Services had a specific triaging process, with 1 or 2 senior clinicians usually responsible for triaging referrals to the service. Four Pain Management Services were quite specific about the level of information required to be provided as part of the referral, and would request further information before categorising the patient. Others would make the determination of what category the patient would fall into based on what information was provided.

**Referral criteria to other tiered services**

Pain Management Service directors advised that the majority of services provided very limited referrals to other Tiered hospital based Pain Management Services.

In the majority of cases, the only referrals would be Tier 2 hospital services referring to those Tier 3 services providing interventional services, if in the opinion of that service the referral was appropriate; or to a children’s Pain Management Service if the child was initially referred to an adult service. The majority of Tier 2 services, particularly those in rural areas did not refer unless absolutely necessary but preferred to manage patients locally. New Tier 2 services would consult with Tier 3 supporting services for more complex patients when required and refer to the supporting Tier 3 service when appropriate, and the patient indicated a willingness to travel for service. Patients preferred to remain with their local services where possible. Tier 3 hospitals did not refer to Tier 2 hospitals as a rule. Children’s specialist Pain Management Services would transition those requiring ongoing pain management to adult services when they were about to turn 18.
The role of Tier 1 clinicians in service delivery

Six Pain Management Services advised that they provided telephone consultations to GPs as part of their service with another two services indicating that the service was available but not well utilised.

All Pain Management Services indicated that the referring GP was always kept informed of the patient’s progress. Four Pain Management Services advising that they referred the patient back to the GP with a proposed pain management plan following initial assessment with recommendations for further treatment. For those patients assessed as potentially benefiting from attending a pain program but unready to engage at the time of assessment, five Pain Management Services responded that the GP would be encouraged to refer the patient back when they were ready to engage. One service responded that they would undertake routine follow ups of those patients to determine progress.

Nine services reported that GPs were routinely advised of patient progress throughout their episode of care with the Pain Management Service, including provision of discharge summaries.

Three services responded that they would refer patients to community based clinicians for ongoing treatment in the community when feasible. Three services reported community based clinicians involved in service delivery other than GPs.

It was unclear what proportion of patients was referred specifically back to Tier 1 clinicians for ongoing care without being provided with an option to receive more specialist care by the referring Pain Management Service.
11. Other Findings

The following findings related to inputs of the Pain Management model of care and observations arising considered relevant to this report.

Service Delivery
Not all Local Health Districts have hospital based Pain Management Services. There are significant gaps in the Southern and Western areas of NSW. The following Local Health Districts do not have recognised hospital based Pain Management Services for people with chronic pain:

- Central Coast Local Health District
- Far West Local Health District; and
- Murrumbidgee Local Health District; and
- Southern NSW Local Health District.

It is recognised that the residents of Murrumbidgee and Southern NSW are able to access chronic Pain Management Services at Albury Wodonga Health.

The distribution of existing Pain Management Services may not be considered equitable. Service Directors and staff of Pain Management Services suggested that patients preferred to seek treatment locally. One Medicare Local identified that one improvement would be to improve capacity in rural and remote communities and 2 GP/allied health professionals advised there were no services available locally.

(A) Existing clinical and administrative resources for implementation of the PM Model of Care

SUMMARY

Whilst there were clinical and/or administrative resources made available to support the implementation of the Pain Management model of care for newly created services, there were limited administrative supports made available for existing services to support the implementation of the Pain Management model of care. In some cases no administrative resources were made available.

At the time of the release of the NSW Pain Management Plan there were 14 Pain Management Services providing services for people with chronic pain, 12 based in public hospitals and 2 based in schedule 3 hospitals. At least two services were providing services to people with chronic pain with no formal budget or staff establishment, and were providing services to people with chronic pain through the good will of other departments. This meant there was no security of resources available to provide a comprehensive multidisciplinary service to people with chronic pain.
For those with existing services for patients with chronic pain, the service directors were able to draw on existing clinical resources to support the implementation of the pain management plan. The majority of Pain Management Services interviewed had very limited or no administrative support available.

For services to be established as a result of the NSW Pain Management Plan, clinicians operating within the acute pain service with an interest in working with patients with chronic pain were given the responsibility for establishing the Pain Management Service. Usually there were no existing administrative resources available.

Where new pain services were established, all four LHDs interviewed set up an implementation steering committee to plan and oversee the new service. However, for existing services the Service Director would be responsible for planning and operationalising the resources available through the additional funding. In most cases, the services of a hospital Business Manager would be available to assist with developing a budget for utilisation of the funding. In at least one case the Service Director also had to develop the budgets, despite that not being part of their existing skill sets as no additional supports were made available.

(B) ACI Pain Management Network support of the implementation process

**SUMMARY**

All service directors thought very highly of the support and assistance provided by ACI and in particular Jenni Johnson, ACI Pain Management Network Manager through the implementation process.

Established services saw value through various ACI activities designed to provide support to the implementation process including:

- Promoting understanding of the objectives of the NSW Pain Management Plan and associated funding to LHD and hospital executive
- Assisting service directors to navigate through the various layers of bureaucracy when seeking approvals to utilise allocated funding
- Providing networking opportunities for service directors and key staff which was considered valuable in the ability to share ideas and discuss issues faced
- Providing moral support when challenges arose.

For newly created services, Jenni Johnson, ACI Network Manager was a great resource and support during the implementation process. Some of the supports provided by ACI included:

- Establishing the initial working groups to guide implementation
- Participating on the initial working groups or steering committees
- Providing guidance about the principles of the NSW Pain Management Plan and model of care
- Identifying information and resources to assist in the establishment of the service.
(D) LHD Executive Support

**SUMMARY**

The majority of Pain Management Services felt some level of support from LHD Executive, however some identified limited awareness or understanding. It was anticipated that at least one member of each Local Health District would have some understanding of the Pain Management model of care, particularly those Local Health Districts which had benefited from receiving additional funding as a result of the NSW Pain Management Plan.

- **Pain Management Services**

  From the interviews with the Pain Management Service directors it was noted that two Local Health Districts were supportive of the established chronic Pain Management Services, with the amount of financial resources allocated to the chronic Pain Management Service increasing over time. Three Local Health Districts were described as being supportive in principal of the established chronic Pain Management Services, however would not commit additional funding prior to the NSW Pain Management Plan as it was recognised there was significant competition for scarce financial resources.

  Eight of the fourteen established chronic Pain Management Services were established services with distinct budgets covering all staff engaged to deliver services. However, two of the established Pain Management Services had no cost centre prior to the allocation of additional funding and four services were reliant upon the good will of other departments in establishing a multi-disciplinary approach to provide services to people with chronic pain. These issues were overcome through the additional funding provided with the NSW Pain Management Plan.

  Three established Pain Management Services did not feel supported by their Local Health District executive.

  - One service had faced the prospect of being closed down in the past on the basis of productivity in previous years, and only the intervention of the Medical Advisory Committee and strong community support prevented the closure. This relationship had not improved subsequent to the introduction of the NSW Pain Management Plan
  - Two other services did not feel the LHD Executive had any real awareness of, or understanding of the aims and objectives of that service. It was considered there was little support for the service provided to people with chronic pain subsequent to the introduction of the NSW Pain Management Plan.

  Of the three new Tier 2 services interviewed, two respondents felt supported by their Local Health District executive, with representatives of the LHD participating in the steering committee. In contrast, respondents from one service did not feel sufficiently supported because they felt the LHD did not have a good awareness of or understanding of the aims and objectives of that service.

- **Local Health District Executive**
Conclusions could not be drawn due to the limited responses from those actually representative of Local Health District Executive. The requests for site visits included a request to interview a representative of the Local Health District to determine their understanding of Pain Management Services. Two of the four sites visited included an interview with a member of the Local Health District Executive. One of the two executives interviewed demonstrated an understanding of the aims and objectives of the NSW Pain Management Plan and model of care. Two of the sites arranged for interviews with hospital managers – and only 1 of those managers demonstrated an understanding of the Pain Management Plan and model of care.

(E) Ministry of Health & other funding sources

**SUMMARY**

The majority of services did not utilise all funding in the first year and were not provided with the opportunity to roll funding over. This was largely due to the bureaucratic processes required by Local Health Districts to access funding.

At least one service has not received the full funding allocated, with 15% being retained by the Local Health District. One service was yet to utilise funds, and one service does not receive financial reports.

A number of outpatient services have been able to achieve income through Medicare billings. It is unclear if services are maximising the opportunity to raise revenue.

**Access to funding**

Six of the fourteen established Pain Management Services reported that they had none or very limited dedicated resources available prior to the introduction of the Pain Management Plan. Two established services had no recurrent budget and were only able to provide services through the goodwill of other departments. Two services had managed to provide services through grants which had been or where about to be expended at the time of the NSW Pain Management Plan. One service stated that if the NSW Pain Management Plan had not provided funding, that service would no longer exist. Two services had very limited dedicated resources and were dependent upon the goodwill of other departments to provide a multi-disciplinary service.

It was noted during the consultation that whilst the allocation of the NSW Pain Management Plan was equal for Pain Management Services within their various classifications, the allocation was not necessarily equitable. Two Pain Management Service Directors noted that other Pain Management Services were well resourced in comparison, and considered it would have been more equitable to distribute funding to ensure a more consistent level of resourcing across all Pain Management Services.
Ten Pain Management Services responded that they had not received the full allocation of funding for the first year and this was largely due to the bureaucratic processes required by the Local Health District to access funding. This included delays in approving staff recruitment. None of these services were given the option to roll over unused funds to the next year. Two services responded that they were also not able to spend the full allocation in the last financial year, again due to bureaucratic delays in gaining approval for expenditure.

Two services were unable to comment on whether they had utilised the allocated funding in the first year as they had not seen the relevant financial reports. To date one of those two services is still unable to comment as they do not receive any financial reports at all to allow the service to determine what level of funding has been allocated, and utilised by the service.

Three services reported spending their funds fairly quickly because plans and mechanisms were in place to utilise the funding, and the LHD Executive were supportive in gaining the necessary authorisations, within short timeframes.

One Service Director suggested that the delays in getting authorisation to utilise funding was gaming on the part of the Local Health District seeking to improve their financial position at financial year end.

In part some of the delays can be attributed to the number of approvals required to authorise expenditure. The number of positions required to sign off on approvals for expenditure, which included approving staff recruitment was no less than three including Service Director, and in some cases up to seven.

Two services report they have not received the full allocation of funds to date after the initial year, with one service identifying the LHD is retaining 15% of allocated funding, and at time of review one LHD was yet to fully utilise their allocated funding. As outlined previously one service cannot comment as they do not receive any financial reports outlining how funding has been utilised.

Other Funding or In Kind Support

Very few Pain Management Services received any other funding or in-kind support after implementation of the NSW Pain Management Plan and associated funding. Four established services reported receipt of in-kind support and goodwill of other clinical departments in order to provide support to people with chronic pain, prior to the Plan. The risk was that if the other clinical department had unfilled roster vacancies they would cover their own internal shortfall which meant the Pain Management Service had a deficiency. The formal additional funding provided security of resources however this meant that the in-kind support was subsequently withdrawn.

Four established services advised they had support from a hospital business manager to develop a budget for how the funding would be utilised. One service received significant support from a senior manager in the development of the implementation plan. One service was allocated a 0.8 permanent administrative FTE.
One newly established service was granted a replacement for their substantive position for THREE months whilst setting up the new service.

One established service received funding available from a grant but this was about to be exhausted when the current program funding was announced.

Two services responded that they access funding from providing specific clinics to people able to access compensation (WorkCover, Third Party Insurance). One service noted some reluctance for patients to identify their compensable status as there were often delays in gaining compensable status, and those who had been compensated were reluctant to pay for what they perceived should be a free service. Three services mentioned accessing Medicare billings when feasible.

(F) ACI consumer reference group or other local advocacy groups

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<tr>
<th>SUMMARY</th>
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<tbody>
<tr>
<td>There is limited work being undertaken to promote improved community awareness, knowledge and understanding of effective pain management through linkages with local consumer/advocacy groups.</td>
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The ACI Pain Management Network includes representation from Painaustralia, a national not-for-profit organisation developed to improve the treatment and management of pain in Australia.

Four Pain Management Services advised of participation and/or active involvement by any consumer or advocacy groups:
- One service noted close links with local chapters of Arthritis NSW and the Spinal Cord Injury Association
- One service spoke of an active culture of engaging with consumers to get their feedback regarding service delivery which had resulted in change
- One service had strong support from a group of past participants who were very vocal within the local community and had become informal champions of the service; and
- One service advised that the LHD had engaged a manager for community engagement that had a very good understanding of chronic pain and anticipated this would have an impact upon their service.

One service advised that they would only have contact with their patient representative if there was a complaint or compliment about the service.

The remaining ten Pain Management Services did not advise of any influence of consumer or advocacy groups upon the Pain Management Service.
(G) Involvement of primary care agencies including Medicare Locals

**SUMMARY**

There were low levels of awareness of, and involvement in the implementation of the pain management model of care reported by Medicare Locals. The move to Primary Health Care Networks may provide opportunities to improve the level of awareness and engagement.

The only primary care agencies identified in the implementation of the NSW Pain Management Plan and model of care were Medicare Locals.

**i. Pain Management Services**

Ten Pain Management Services indicated involvement with their Medicare Local through providing education to their GPs and allied health professionals to improve awareness and understanding of how to treat people with chronic pain. The range of involvement varied dependent upon the level of Medicare Local engagement with the Pain Management Service in implementing the model of care, with two Medicare Locals working with their local clinicians to support the implementation of the State-wide Referral form, however this was a minority.

It should be noted that three of the Pain Management Services were located in Networks which do not have distinct geographic boundaries (St Vincent’s, Sydney Children’s Network x 2); however two of these three services were still involved in providing education about pain management to clinicians.

One Pain Management Service perceived that their Medicare Local was not really engaged.

**ii. Medicare Locals**

Ten of the seventeen potential respondents returned the Medicare Local survey. When asked if they were aware if the implementation of the Pain Management model of care, only three answered “Yes”.

Likewise when asked if they were involved in the implementation, only three answered “Yes”. The three Medicare Locals identifying involvement advised they were involved through the delivery of training and education to GPs and allied health professionals.

When asked if the local Pain Management Service engaged with their Medicare Local to promote and improve access to education about pain management, three respondents answered “A little” and one answered “A lot” as shown in the figure below.

Four Medicare Locals commenced but did not complete the survey.
Medicare Locals were then asked how they were involved. Responses included:

- Orientation to the newly established Pain Management Service
- Participation in a chronic pain management working party; and
- Delivering training in pain management in partnership with the local Pain Management Service

### iii. General Practitioners and allied health professionals

There was low awareness of the 2012 Pain Management Plan and model of care among the GPs and allied health professionals responding to the survey, with 63% not aware, and a further 20% not sure.

When asked if they were aware of any changes to the delivery of Pain Management Services in their local area as a result of the NSW Pain Management Plan and model of care, 70% were not aware, as shown in the figure below.
Q4 Are you aware of any changes made in the last 12 months to the delivery of pain management services in your local area as a result of the NSW pain management plan and model of care?

(Answered: 38  Skipped: 4)
12. Recommendations

The recommendations arising from this evaluation are:

Develop a communication strategy to ensure the general community are aware of the options available for the management of chronic pain.

The introduction of Primary Health Networks should be used as an opportunity to:

- Develop strategies to improve
  - the effectiveness of communications and overall engagement between hospital based Pain Management Services and Tier 1 clinicians overall
  - GP and allied health professionals awareness about the ACI Pain Management website
  - GP and allied health professionals awareness about upcoming professional development opportunities about pain management.
- Understand why Tier 1 clinicians do not think there has been improvements in pain management
- Work in partnership to determine the optimal referral process, including utilising a State wide pain management referral form, in concept.
- Work in partnership to improve Tier 1 uptake of the telephone support available from Tier 2 and Tier 3 services

Further work should be undertaken to test patients’ perceptions about the improvements in the way their pain is assessed, managed, and the resources available to the community. There are concerns the results of this survey may be biased, and responses not indicative of the total population. If these results can be confirmed, then work should be undertaken to communicate these findings to GPs and allied health professionals to improve awareness and understanding.

Utilise the ePPOC data collection, when sufficient data available to obtain outcome data regarding the impact upon patient productivity and/or ability to return to pre-pain normal activities. If there is a positive impact then undertake work to communicate these findings to GPs and allied health professionals to promote understanding.

Work should be undertaken to determine if Pain Management Services are maximising revenue opportunities in light of the move to activity based funding for non-admitted services, to ensure Pain Management Services maximise revenue opportunities.

Mechanisms should be developed to ensure that each LHD is accountable for how funds allocated to support services to people with chronic pain are utilised accordingly. These mechanisms should include a requirement that any funds unable to be utilised within a specific financial year are made available in subsequent financial years. Guidelines and recommendations on how funding should be utilised may improve understanding and reduce the length of time required to gain approval for expenditure.
The provision of Pain Management Services in NSW should be reviewed in light of the reluctance of patients to attend services outside of their local geographic area, particularly in light of the gaps identified in Southern and Western NSW.

The ePPOC data collection should continue however consideration should be given on how to support those services with large populations of residents from culturally and linguistically diverse backgrounds.

Pain Management Services should consider:

- The identification and promotion of organisations formed to provide support to those with chronic conditions associated with chronic pain such as Arthritis NSW
- Obtaining regular targeted consumer and community feedback regarding service delivery

Further work should be undertaken to determine if there is a demand for tele-health in those Local Health Districts in NSW without hospital based Pain Management Services.

The service activity data provided to ACI should be explored to understand the factors contributing to the increase in waiting lists for the two services – particularly for the Tier 3 non supporting service. The data for the service reporting significant increases in the number of high intensity pain programs should also be reviewed.

When undertaking the summative evaluation of this program, consider strategies to ensure more representative samples from staff and patients of the various Tiers, and GPs and allied health professionals. This should include a specific engagement strategy to elicit feedback from GPs as it is recognised this group is difficult to engage. The use of incentives and targeting specific events to solicit feedback should be considered.
13. Appendix

a. Evaluation Plan including evaluation tools

Agency for Clinical Innovation

Pain Management model of care: Finalise and undertake formative evaluation

Final Evaluation Plan
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1. Introduction and Background

Purpose of this document

This document describes the Evaluation Plan for the formative evaluation of the NSW Pain Management model of care, prepared by O’Connell Advisory. This is a working document that outlines the approved evaluation design and data management processes. Although key aspects of the Evaluation Plan have been agreed, it is important that the evaluation remains responsive to program changes and to important questions that arise during the life of the evaluation.

Background to the development of the NSW Pain Management model of care

Chronic pain is a significant problem in our society with 1 in 5 Australians suffering from chronic pain\(^{10}\), placing a huge burden on individuals, family and the community.

A National Pain Strategy was released in 2010, followed by the International Pain Summit’s prioritisation of education and training in pain management (held September 2010).

At this time, Pain Management Services in NSW were poorly integrated, with inequitable distribution across the state, despite having world-class centres and research programs in hospitals such as RNSH. Pain Management Services had developed in an unplanned way across NSW, reliant on the skills and expertise of a few clinicians with an interest in this specialty.

The NSW Government responded to the release of the National Pain Strategy by establishing a NSW Pain Management Taskforce\(^{11}\). Consequently, the NSW Ministry of Health released the NSW Pain Management Plan 2012-2016, which included the Main Management model of care.

The aim of the Pain Management model of care is to provide equitable and evidence-based services that improve quality of life for people living with pain and their families and to minimise the burden of pain on individuals and the community. Further, the model of care aims to integrate care across all aspects of the health care system by increasing partnerships and the capacity of Pain Management Services. Three tiers of service have been identified to assist in continuity of care: Tier 1 - primary health care; Tier 2 - specialist care services led by medical specialists; and Tier 3 - multi-disciplinary pain services in teaching hospitals. The model of care enables people to transition across the continuum of care, and this transition is supported through a state-wide referral form, a state-wide consumer information leaflet, the ACI Pain Management Network website with resources for clinicians and consumers, a service directory and the ACI Pain Management Network’s “Guide to Implementing Pain Programmes”.

The NSW Pain Management Plan for implementing the model of care included:

- Enhanced funding for community and hospital-based chronic health services to support implementation of the proposed model of care across NSW including:


\(^{11}\) NSW Pain Management Plan 2012-206, NSW Health
The Pain Management Plan was designed to ensure greater consistency of Pain Management Services across NSW to reduce clinical variation, through state-wide implementation of the ACI Pain Management model of care.

The primary objectives of the implementation of the Pain Management model of care are outlined in Table 1 below:

**Table 1 Program Objectives**

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<th>Program Objectives</th>
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<tr>
<td>6. To develop a consistent evidence based integrated model of care for pain management in NSW</td>
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<td>7. To improve community awareness and understanding of pain and its evidence based management</td>
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<td>8. To provide resources for health care practitioners across all levels of the health system to better manage patients with chronic pain</td>
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<tr>
<td>9. To develop a data collection system to reflect outcomes, processes and resourcing needs of chronic pain services in NSW</td>
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<tr>
<td>10. To develop formal triage and screening processes for people with chronic pain or at risk of developing chronic pain to ensure referral to the appropriate level of service.</td>
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2. Developing the evaluation plan

2.1 Methods

O’Connell Advisory was engaged by ACI to undertake a formative evaluation of the implementation of the Pain Management model of care across NSW.

A program logic approach was used to inform the development of an evaluation plan. This involved a meeting with members of the ACI Pain Management Network expert reference group on 20th May 2014. Members in attendance included:

1. ACI representative – Jenni Johnson – Pain Management Network Manager
2. Members of the ACI Pain Management Network Executive; and

Prior to the meeting members were sent a draft program logic model that was developed by O’Connell Advisory using existing program documentation. A logic model defines the key inputs, activities, outputs/impacts and outcomes of a program or policy. These terms are defined as follows:

<table>
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<th>TABLE 2 Definition of terms</th>
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<tr>
<td><strong>INPUTS</strong></td>
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<td><strong>ACTIVITIES</strong></td>
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<td><strong>IMPACTS</strong></td>
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<td><strong>OUTCOMES</strong></td>
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Detailed discussion and input from meeting members led to a re-drafting of the program logic model which is presented in Figure 1. This program logic model was used to establish a set of evaluation questions that are presented in Table 4. These questions were then incorporated into an evaluation matrix that forms the core of the evaluation plan by detailing the likely priority given to each question, as well as the timing, data sources, and resources required for addressing the questions.

A pilot of the evaluation questions and associated tools (e.g. interview guides) was conducted by undertaking four site visits at one established Tier 2 service, one enhanced Tier 2 service, one supporting Tier 3 service and one non-supporting Tier 3 service. Interviews were undertaken with Service Directors, staff and patients of each service. Meetings were requested with referring community clinicians (Tier 1) and all pilot sites provided some contact phone numbers. However, most community clinicians were not readily contactable by phone, so meetings only occurred at one pilot site with two GPs.
Interviews were also undertaken with representatives of Tier 1 primary care services including:

- A representative of the RACGP
- Painaustralia
- Six Medicare Locals.

Whilst data were collected as part of these site visits, the main purpose of the visits was to assess and further develop the evaluation tools that will be used with all stakeholders, including Tier 1 clinicians, in the NSW-wide evaluation.

3. The Evaluation Plan

The purpose of this evaluation is to determine the progress of implementation of the NSW Pain Management model of care, and how this is currently meeting the program objectives as outlined in Table 1 above. The program’s aim and objectives were included as part of the Program Logic Model developed by the O’Connell Advisory team in consultation with the ACI Pain Management Network executive and key clinicians – see Figure 1. The timeframe for the evaluation specifies completion by mid-November, 2014.

3.1 Goals of evaluation

The goals of evaluation are outlined below:

- To determine the impact to date of the additional funding upon Tier 3 Pain Management Services
- To determine the impact to date of the established and enhanced Tier 2 Pain Management Services
- To determine the impact to date of the supporting Tier 3 Pain Management Services and the levels of support and mentoring provided to established and enhanced Tier 2 Pain Management Services
- To determine to what extent Tier 1 clinicians to date are engaged within the NSW Pain Management model of care
- To determine the impact to date upon capacity to treat people in NSW with chronic pain, utilising evidence based models of care
- To determine the impact to date of the resources available to community and clinicians.

3.2 Stakeholders

The program stakeholders to be included in this evaluation are as follows:

- ACI Project Team
- ACI Pain Management Network
- Tier 2 and 3 Pain Management Services could include (but not limited to):
  - Directors of the Pain Management Service
  - Other staff of the Pain Management Service
- Medical officers
- Nurses
- Physiotherapists
- Psychologists
  - Patients of the Pain Management Service
- Key stakeholders from each hospital where the Pain Management Service which could include (but not limited to):
  - LHD Director of Medical Services
  - LHD Director of Clinical Governance
  - Director of Nursing and Midwifery Services
  - Director of Medical Services
- Primary health care agencies which could include (but are not limited to):
  - Medicare Locals
- Tier 1 Clinicians which could include (but are not limited to):
  - General Practitioners
  - Physiotherapists
  - Psychologists
  - Pharmacists
- Consumer organisations which could include (but are not limited to):
  - Painaustralia.
Implementation of the Pain Management Model of Care

**Aim:** To provide equitable and evidence-based services that improve quality of life for people living with pain and their families; and to minimise the burden of pain on individuals and the community.

**Overarching objective:** To implement the Pain Management Model of Care to address the objectives below.

**Program objectives:**
- To develop a consistent evidence-based integrated model of care for pain management in NSW.
- To improve community awareness and understanding of pain and its evidence-based management.
- To provide resources for health care practitioners across all levels of the health system to better manage patients with chronic pain.
- To develop a data collection system to reflect outcomes, processes and resourcing needs of chronic pain services in NSW.
- To develop formal training and screening processes for people with chronic pain or at risk of developing chronic pain to ensure referral to the appropriate level of service.

**Inputs**
- People in NSW living with chronic pain
- NSW Pain Management Report 2015
- NSW Pain Management Plan 2012-16 (A Model of Care)
- Existing NSW public pain management services
- Clinical & administrative staff resources
- LHDs identified with inadequate pain management services
- ACI Evaluation Framework
- ACI Pain Management Network
- State-wide standard referral form & guidelines
- LHD Executive support
- MoH funding
- Other funding sources
- ACI consumer reference group or other local advisory groups
- Primary care agencies including Medicare Locals

**Activities**
- Develop implementation plan for Model of Care in all NSW LHDs
- Enhance Pain Management Research Network for leadership & training
- Develop & support ePOCG pain mgr database for monitoring outcomes
- Develop service systems/programs to support pain management, specifically:
  - Referral & triage criteria for each tier level
  - Screening/triage tool to prioritise referrals
  - Optimize program components & duration to meet population needs
  - Process for transition of children into adult services
- Develop a continue of NSW pain management services, specifically:
  - 5 Tier2 services established/enhanced in regional/natural LHDs
  - All Tier3 services enhanced
  - Capacity of 5 Tier3 services enhanced to support linked Tier2 services
  - LHDs partner with primary care agencies including Medicare Locals
- Training, workforce development and sustainability, specifically:
  - 5 Pain Management specialist training positions in supporting Tier 3 services
  - Clinical positions in all Tier3 services
  - Education & training by Pain Management Research Institute across NSW
  - Training & mentoring of Tier2 services by supporting Tier3 services
  - Capacity building (eg telehealth) by Tier2/3
- Develop health care professional & consumer education, specifically:
  - Pain Management website
  - Online learning modules: info & fact sheets
  - Promotion & provision of educational activities
  - Partnerships with primary care agencies including Medicare Locals for education

**Outputs**
- N of LHDs with implementation plan for using Model of Care
- N & diversity of professional involvement
- Professional development opportunities
- ePOCG system used in all services
- Range of promotional & system tools developed for state-wide use
- N of pain programs delivered
- Improved service delivery, and access to pain programs in Tier 2 & 3
- Tier 2 services satisfied with Tier 3 support
- N of Medicare Locals engaged
- Improved training & mentoring for Tier 2 & 3 staff
- Tier 3 educational opportunities for Tier 1 clinics
- Consumer awareness, knowledge & uptake of resources
- Health professional knowledge & use of resources
- N of Tier2 services accredited

**Outcomes**
- Increased capacity of staff to work across the continuum
- Improved assessment & management of patients across the continuum
- Greater coordination of care for pain management across all services
- Increased throughput & reduced waiting times
- People receive care in appropriate care settings
- Reduce clinical variation in pain management
- Improved data on incidence, costs and outcomes
- Ease the burden of chronic pain for individuals and their families
- Improved quality of life for people living with chronic pain
- Increased productivity of people living with chronic pain
- Better use of healthcare resources

Stakeholders include (but not limited to):
- ACI (NSW Agency for Clinical Innovation)
- ACI Pain Management Network
- Local Health Districts
- Pain Management Services
- Health care professionals
- Patients living with pain & their families
3.3 Evaluation Project Management and Reporting Requirements

The Evaluator, O'Connell Advisory, reports to ACI who are responsible for overseeing this evaluation. The Evaluator has nominated a project lead to liaise directly with the ACI Pain Management Network Manager on all aspects of the project.

The major milestones of the project are to develop the Evaluation Plan and undertake the formative evaluation and their due dates are outlined in the table below.

Table 3 O'Connell Advisory evaluation plan project reporting requirements

<table>
<thead>
<tr>
<th>Major milestone</th>
<th>Due Date</th>
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</thead>
<tbody>
<tr>
<td>First Deliverable: Final Project Plan</td>
<td>27 June 2014</td>
</tr>
<tr>
<td>Second Deliverable: Final Evaluation Plan including supporting tools</td>
<td>22 August 2014</td>
</tr>
<tr>
<td>Third milestone: Data collection complete</td>
<td>30 September 2014</td>
</tr>
<tr>
<td>Fourth milestone: Draft Evaluation Report</td>
<td>15 October 2014</td>
</tr>
<tr>
<td>Final Deliverable: Final Evaluation Report</td>
<td>15 November 2014</td>
</tr>
</tbody>
</table>

3.4 Evaluation Design

A mixed methods cross sectional design will be used for this formative evaluation. Mixed methods will include:

a) In-depth qualitative interviews and focus groups to gain greater understanding of the process of implementation of the model of care across NSW, taking into account varying contexts and conditions that act as barriers and enablers to implementation.

b) Cross-sectional surveys of staff and patients of Pain Management Services, community-based clinicians (GPs and allied health professionals), and stakeholders within Medicare Locals and local health districts (LHDs), regarding awareness of and experience with Pain Management Services and the implementation of the Pain Management Model of Care.

c) Review and synthesis of quantitative data (e.g. EPPOC data, data from the Pain Management Research Institute, surveys) provided by the LHDs.

d) Triangulation of findings from each method and across different data sources to gain a clear picture of the program at this point in time.

Data collection tools for each method are presented in the Appendices (see pages 21-81) and were developed using the Program Logic Model and questions detailed in Table 4. These data collection tools may also be used to collect comparative longitudinal data if administered at yearly or 18 month intervals.
3.5 Detail of Methods

The participants in this formative evaluation may vary between LHDs dependent upon structures, project governance and engagement. Participants will include representatives from all identified stakeholder groups as outlined in section 3.2.

Timing

It is anticipated that the survey tools developed will be distributed to LHDs, all 19 pain management services, and Medicare Locals early September. Data collection including final key stakeholder interviews will take place September 2014. Data analysis will be undertaken and a draft evaluation report developed in the first two weeks of October. The report will be finalised mid November 2015.

Final key stakeholder interviews

All Service Directors of Tier 2 and Tier 3 Pain Management Services will be interviewed, if not previously interviewed as part of the Pilot Key Stakeholder Interviews.

Key stakeholder surveys

Surveys have been developed for various key stakeholders including:

- LHD Executive
- Staff of Pain Management Services (excluding Service Directors)
- Patients of Pain Management Services
- Medicare Locals
- General Practitioners and Allied Health Professionals.

All survey tools have been developed to be completed electronically, with the option to print PDF versions for those who do not have ready access to computers.

All survey tools are attached at Appendix C.

LHD Executive surveys

ACI will be asked to provide a schedule of contact details for LHD Executives, and email all LHD Executive to advise them of the evaluation, request their participation and advise that O’Connell Advisory will be contacting them with evaluation tools. The purpose of these surveys is to gain a level of understanding of the LHD Executive’s knowledge and understanding of the NSW Pain Management model of care, and intended outcomes. It is suggested that these survey tools will be distributed electronically, with a letter of endorsement and support from the CE of using ACI’s database of LHD executive contact details to distribute.

O’Connell Advisory will provide a reminder to LHD executives as a prompt mid-way through the survey period to maximise responses.

Pain management service staff surveys

ACI will be asked to provide a schedule of contact details for all NSW Pain Management Service Directors, and email all Service Directors to advise them of the evaluation, request their participation and advise that O’Connell Advisory will be contacting them with evaluation tools. This schedule will be used to firstly contact all Service Directors, whose sites did not participate in the pilot site visits.
This contact list will also be used to request the Pain Management Service’s participation through the distribution of evaluation tools.

All Pain Management Services will be asked to distribute the staff survey to staff electronically, and will be asked to advise O’Connell Advisory of the number of staff the survey was distributed to so a response rate can be derived.

All Pain Management Services will be asked to issue electronic reminders after the first week of the survey to maximise responses. A suggested wording is attached as Appendix J.

**Patient Surveys**
The Pain Management Services will also be asked to distribute surveys electronically to patients who have recently completed a pain management program, using the ePPOC database which includes patient details including email addresses. Each pain management service will be asked to distribute electronic versions of the survey to those patients who have completed an episode between the 1st of January and the 31st of July 2014. A PDF version will also be provided which can be printed and given to those patients who do not use or have access to computers. Pain management services will be asked to distribute these to patients who complete a pain management episode, and/or attend for follow up evaluation visits between the 1st and the 30th of September 2014. Staff will be asked to actively promote the survey to maximise responses. This is to ensure that people who do not have ready access to computers or are not computer literate are also able to participate in this survey process. Once each survey has been completed, Pain Management Services will be asked to scan and email the hand written versions to O’Connell Advisory as PDFs. A procedure for pain management services is attached as Appendix H. Pain Management Services will also be asked to advise O’Connell Advisory regarding an estimate of the number of patients to whom the survey was distributed to enable a response rate to be derived. All Pain Management Services will be asked to issue electronic reminders after the first week of the survey to maximise responses to those who received an electronic version of the survey. A suggested wording is attached as Appendix J.

**Medicare Local and GP/Allied Health Professional surveys**
ACI will write to the CE of all Medicare Locals to request their participation in and support of the formative evaluation by approving the distribution of the electronic survey tool to General Practitioners and Allied Health Professionals. ACI will advise that O’Connell Advisory will be contacting them with the evaluation tools, both for the Medicare Locals and for distribution to GPs and allied health professionals, subject to the endorsement of the CE of the Medicare Locals. ACI will provide O’Connell Advisory with a schedule of the Medicare Local CEs and contact details to support the distribution process. As all Medicare Locals have different structures, the CE will be asked to give the survey tool to the member of staff with the most interaction with the local Pain Management Service(s) to complete. Independent survey tools have been developed for NSW Medicare Locals as they have had a role in facilitating education for their local GPs and allied health professionals. Some Medicare Locals have also utilised the Health Pathways tool, a web based information portal to provide information to local GPs about the specialist services in their area. We assume survey distribution would be done via their internal databases/e-mail lists. Where possible, Medicare Locals will be asked to promote survey completion through their internal newsletters by explaining the purpose and value of the evaluation.
A suggested set communication piece that could be used by pain management services and Medicare Locals is attached as Appendix I. It will be suggested that Medicare Locals issue reminders after the first week of the survey period, and a suggested survey follow up is attached as Appendix J.

Medicare Locals will be asked to advise O’Connell Advisory if they have elected to participate in this process, and if so provide an estimate of the number of GPs and allied health professionals the survey was distributed to, so a response rate can be derived.

**Pain management service activity data**

O’Connell Advisory has a Service Activity Snapshot (with data from Jan-July 2012 and 2013). ACI will be asked to provide the latest version of the Service Activity snapshot, or any other dataset with comparable activity data, including waiting list data for the period Jan-July 2014.

These data will be considered by Tier group as follows:

- Supporting Tier 3
- Tier 3
- Existing Tier 2
- New Tier 2
- Children’s services

The data to be reviewed will include:

- Total pain programs delivered
  - High intensity programs
  - Low/medium intensity programs

This information will be used to address the evaluation questions:

*How many pain programs have been delivered to date?*

**ACI Pain Management Website Activity**

ACI will be asked to provide statistics regarding access to the Pain Management Resource Network website including access to various resources.

The data requested will include:

- The number of sessions per month since launch
- The number of new visitors per month since launch
- The number of returning visitors per month since launch
- Overall number of visitors per section of the website.

For each page:

- The number of page views
- The number of unique page views
- Average time on page
- Bounce rate (Bounce rate is a measure of the effectiveness of a website in encouraging visitors to continue with their visit. It is expressed as a percentage and represents the proportion of visits that end on the first page of the website that the visitor sees)
This information will be used to help answer the evaluation question:

- Among consumers has there been an increase in awareness, knowledge and uptake of consumer resources about pain management?

**Pain Management educational activities**
Both ACI and the Pain Management Research Network will be asked to provide schedules of pain management educational activities for health professionals, including attendance, for the periods Jan-June 2012, Jan-June 2013 and Jan-June 2014 respectively.

**ePPOC Data**
O’Connell Advisory will utilise the latest ePPOC dataset “NSW specialist pain services – aggregated data Report for period ending 30 June 2014” and review the following:

- Outcome measures 2 – Ability to work
- Work status – from referral to point of follow up
- Pain affects work or study – from referral to point of follow up

This information will be used to help answer the evaluation question:

- Do consumers participating in a pain management program now feel more able to rejoin the workforce or return to pre-pain normal activities?

It is anticipated that other available ePPOC data would be utilised in the summative evaluation.

**Analysis of qualitative and quantitative data**
Analysis tasks are likely to include:

- Undertake thematic analysis of preliminary and final interviews and preliminary focus groups
- Examination of distributions of survey responses and provisions of cross tabulations where relevant
- Undertake thematic analysis of open-text survey responses
- Review existing data to identify:
  - Impact upon capacity
  - Levels of educational activity
  - Access to state wide resources
- Triangulation of data from different sources to address the evaluation questions.

### 3.7 Evaluation Questions, Data Sources/Method of Data collection and Provider

Table 4 shows each evaluation questions linked via alphabetical code in the Program Logic Model (see Section 3.2 Figure 1). Data sources, methods, the focus of methods, provider and timing are then linked to each question. All data will be collected between July – September 2014.
### Table 5 Evaluation questions

<table>
<thead>
<tr>
<th>Code</th>
<th>Evaluation Questions</th>
<th>Data source</th>
<th>Provider</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>● Were there existing Pain Management (PM) services?</td>
<td>ACI data</td>
<td>ACI</td>
</tr>
<tr>
<td></td>
<td>● What existing clinical resources did you have to draw on for implementation?</td>
<td>Service Director</td>
<td>O’Connell Advisory</td>
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<td></td>
<td>● What about existing admin resources?</td>
<td>interviews</td>
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<td></td>
<td></td>
<td>LHD Executive survey</td>
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<tr>
<td>B</td>
<td>● How has the ACI PM Network provided support through the implementation process?</td>
<td>Service Director</td>
<td>O’Connell Advisory</td>
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<tr>
<td></td>
<td></td>
<td>interviews</td>
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<tr>
<td>C</td>
<td>● Is the PM service using the state-wide standard referral form and guidelines?</td>
<td>Service Director</td>
<td>O’Connell Advisory</td>
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<td></td>
<td></td>
<td>interviews</td>
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<td>Staff surveys</td>
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<td>D</td>
<td>● To what extent does the PM service have LHD Executive support?</td>
<td>Service Director</td>
<td>O’Connell Advisory</td>
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<td></td>
<td></td>
<td>interviews</td>
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<td>Preliminary key stakeholder interviews</td>
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<td>LHD Executive survey</td>
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<td>E</td>
<td>● Has the funding allocated by the MoH been made available to the service?</td>
<td>Service Director</td>
<td>O’Connell Advisory</td>
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<td></td>
<td>● Was any other funding or in-kind services provided to support the service?</td>
<td>interviews</td>
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<td></td>
<td></td>
<td>LHD Executive survey</td>
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<tr>
<td>F</td>
<td>● Are there active consumer/advocacy groups within the LHD? If so, how have they influenced service delivery?</td>
<td>Service Director</td>
<td>O’Connell Advisory</td>
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<td></td>
<td></td>
<td>interviews</td>
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<td></td>
<td></td>
<td>Preliminary key stakeholder interviews</td>
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<tr>
<td>G</td>
<td>● What primary care agencies, including Medicare Locals, have been involved?</td>
<td>ACI data</td>
<td>ACI</td>
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<td>Preliminary key stakeholder interviews</td>
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<td>Medicare Local surveys</td>
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**Formative evaluation of Pain Management model of care – Evaluation Plan**

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<th>Code</th>
<th>Evaluation Questions</th>
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<td></td>
<td><strong>H</strong></td>
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<td></td>
<td>• Has an implementation plan been developed?</td>
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<td>o Who, what, when, where?</td>
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<td></td>
<td>o How was this communicated to key stakeholders?</td>
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<td></td>
<td>o What are the key messages for:</td>
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<td></td>
<td>- Clinicians?</td>
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<td></td>
<td>- Consumers?</td>
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<td>• How is the plan monitored and reported?</td>
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<td></td>
<td>Service Director interviews</td>
<td>O’Connell Advisory</td>
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<td>Preliminary key stakeholder focus groups</td>
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<td>Staff surveys</td>
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<td>Medicare Local surveys</td>
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<td>LHD Executive survey</td>
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<td>GP/AHP survey</td>
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<td></td>
<td><strong>I</strong></td>
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<td></td>
<td>• How has the PM service implemented the ACI PM Model of Care (MoC)?</td>
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<td></td>
<td>• Were any modifications to the Model of Care required (e.g. population specific)?</td>
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<td></td>
<td>Were there any issues arising? If so, how were they overcome?</td>
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<td></td>
<td>• Is the established state-wide referral form used? If yes, how is this working?</td>
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<td>If no, why not?</td>
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<td>• What are the current referral criteria to other tiered services (e.g. Tier 1, 2, 3)</td>
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<td></td>
<td>• How does the PM service triage referrals to the service or elsewhere? Is this centralised? How well does this work?</td>
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<td></td>
<td>• Where do Tier 1 services/staff fit in service delivery?</td>
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<td></td>
<td></td>
<td>Service Director interviews</td>
<td>O’Connell Advisory</td>
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<td>Key stakeholder preliminary interviews</td>
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<td>Medicare Local surveys</td>
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<td><strong>J</strong></td>
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<td></td>
<td>• How has the ePPOC database been implemented within your hospital?</td>
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<td>- How was this resourced?</td>
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<td></td>
<td>- Who was involved? How were they trained?</td>
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<td>- What issues, if any, arose?</td>
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<td></td>
<td>- How long did the implementation take?</td>
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<td>• Is ePPOC data being collected? If so, have the data been analysed?</td>
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<td>• How are the data being used?</td>
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<td>Service Director interviews</td>
<td>O’Connell Advisory</td>
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<td>Preliminary key stakeholder focus groups</td>
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<td>Staff surveys</td>
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<td></td>
<td><strong>K</strong></td>
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<tr>
<td></td>
<td>• How does the continuum of PM services work within each LHD? Who is involved?</td>
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<td></td>
<td>How well does this work? What could be improved?</td>
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<td></td>
<td>• What is the nature and usefulness of the relationship between clinicians from other tiers? How well does the relationship work? What could be improved?</td>
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<td></td>
<td></td>
<td>Service Director interviews</td>
<td>O’Connell Advisory</td>
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<td>Preliminary key stakeholder interviews</td>
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<td>Staff surveys</td>
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</table>
## Formative evaluation of Pain Management model of care – Evaluation Plan

<table>
<thead>
<tr>
<th>Code</th>
<th>Evaluation Questions</th>
<th>Data source</th>
<th>Provider</th>
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<tbody>
<tr>
<td>L</td>
<td>Tier 3 supporting services: How has funding been used to provide supports/mentoring to Tier 2 services (i.e. how has capacity been increased to do this)? What services are provided? How well does this work? How could this be improved?</td>
<td>Medicare Local surveys</td>
<td>O’Connell Advisory</td>
</tr>
<tr>
<td></td>
<td>Tier 2 linked services: What mentoring/supports have been provided by Tier 3 services? How well has this worked? What could be improved?</td>
<td>GP/AHP surveys</td>
<td></td>
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<tr>
<td></td>
<td>New Tier 2 services: Does your service have a PM specialist training position appointed? What is the scope of their role? What workforce capacity development activities have occurred within your PM service?</td>
<td>Service Director interviews</td>
<td>Preliminary key stakeholder interviews</td>
</tr>
<tr>
<td></td>
<td>Tier 3 services (general): What new clinical positions have been appointed to enhance clinical and training requirements? What training is currently provided for clinical staff to:</td>
<td>Medicare Local surveys</td>
<td>O’Connell Advisory</td>
</tr>
<tr>
<td></td>
<td>- Understand PM Model of Care</td>
<td>GP/AHP surveys</td>
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<tr>
<td></td>
<td>- Coordinate and facilitate continuums of care</td>
<td>O’Connell Advisory</td>
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<td></td>
<td>- Increase capacity to deliver service</td>
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<td></td>
<td>- ePPOC and data management</td>
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<td>What technology (e.g. tele-health) is being used to:</td>
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<td></td>
<td>- provide training</td>
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<td></td>
<td>- provide clinical service delivery</td>
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<tr>
<td>M</td>
<td>Has the service accessed any training resources provided by the Pain Management Research Network?</td>
<td>Service Director interviews</td>
<td>O’Connell Advisory</td>
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<tr>
<td></td>
<td>Has the service used the ACI Pain Management website?</td>
<td>Preliminary key stakeholder interviews</td>
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<tr>
<td></td>
<td>- Training resources?</td>
<td>Staff surveys</td>
<td></td>
</tr>
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<td></td>
<td>- Fact sheets?</td>
<td>Patient surveys</td>
<td></td>
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<td>- Webinars?</td>
<td>Medicare Local surveys</td>
<td></td>
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<td></td>
<td>Is the service promoting the ACI PM website to:</td>
<td>GP/AHP surveys</td>
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<td>- Staff?</td>
<td>O’Connell Advisory</td>
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<td>- Consumers?</td>
<td>ACI/PMRI data</td>
<td>ACI/PMRI</td>
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<td>- Tier 1?</td>
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<td></td>
<td>How has the service engaged with Tier 1 primary health agencies including Medical Locals to promote and improve access to education? What happened? Who was involved?</td>
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<td></td>
<td>How has the service engaged with consumers to improve their understanding of pain management?</td>
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<td></td>
<td>Has the service developed its own training resources? If yes, describe.</td>
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<tr>
<td>Code</td>
<td>Evaluation Questions</td>
<td>Data source</td>
<td>Provider</td>
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<td>N</td>
<td>● How has the service promoted educational activities to:</td>
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<td>- Clinicians?</td>
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<td>- Consumers?</td>
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<td>N</td>
<td>Service Director interviews</td>
<td>O’Connell Advisory</td>
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<td></td>
<td></td>
<td>LHD Executive survey</td>
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</tr>
<tr>
<td>O</td>
<td>● Have health professional staff within Tiers 2 &amp; 3, specifically, observed an increase in the professional development activities around pain management? Are they aware of the opportunities provided by the PM Research Network or their LHD?</td>
<td>Preliminary key stakeholder interviews</td>
<td>O’Connell Advisory</td>
</tr>
<tr>
<td></td>
<td>● Have there been increased educational opportunities for Tier 1 clinicians?</td>
<td>Staff surveys</td>
<td></td>
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<tr>
<td></td>
<td>● Has there been an increase in awareness of and knowledge about appropriate management of pain among health care professionals in all Tiers?</td>
<td>Medicare Local surveys</td>
<td></td>
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<td></td>
<td></td>
<td>GP/AHP surveys</td>
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<td>Data from PMRI</td>
<td>PMRI</td>
</tr>
<tr>
<td>P</td>
<td>● How many pain programs have been delivered to date?</td>
<td>ACI data</td>
<td>ACI</td>
</tr>
<tr>
<td>Q</td>
<td>● Have health professional staff and consumers observed any improvements in assessment and management of people living with pain across the continuum?</td>
<td>Preliminary key stakeholder interviews</td>
<td>O’Connell Advisory</td>
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<td></td>
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<td>Staff surveys</td>
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<td></td>
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<td>Patient surveys</td>
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<td></td>
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<td>GP/AHP survey</td>
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<tr>
<td>R</td>
<td>● Are Tier 2 staff satisfied with the provision of support by Tier 3 supporting services?</td>
<td>Service Director interviews</td>
<td>O’Connell Advisory</td>
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<td></td>
<td></td>
<td>Preliminary key stakeholder interviews</td>
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<td>Staff surveys</td>
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<tr>
<td>S</td>
<td>● Among consumers, has there been an increase in awareness, knowledge and uptake of consumer resources about pain management?</td>
<td>Preliminary key stakeholder interviews</td>
<td>O’Connell Advisory</td>
</tr>
<tr>
<td></td>
<td>● Has there been an increase in consumer satisfaction with the management of pain?</td>
<td>Patient surveys</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Evaluation Questions</td>
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<tr>
<td>T</td>
<td>• Do clinicians now have increased capacity to work across the continuum of PM services?</td>
<td>ACI Data</td>
<td>ACI</td>
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<td>Service Director interviews</td>
<td>O’Connell Advisory</td>
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<td>Preliminary key stakeholder interviews</td>
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<td>LHD Executive survey</td>
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<td>Staff surveys</td>
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<td>Medicare Local surveys</td>
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<td></td>
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<td>GP/AHP surveys</td>
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</table>
| U    | • Are PM services now delivering more consistent care for people living with pain?  
     • Has there been a reduction in the variation of approaches to pain management in favour of the more consistent MoC? | Service Director interviews | O’Connell Advisory |
<p>|      |                      | Preliminary key stakeholder interviews |  |
|      |                      | LHD Executive survey |  |
|      |                      | Staff surveys |  |
|      |                      | Medicare Local surveys |  |
|      |                      | GP/AHP surveys |  |
| V    | • Do consumers participating in a PM program feel they now have an improved quality of life? | Preliminary key stakeholder interviews | O’Connell Advisory |
|      |                      | Patient surveys |  |
|      |                      | GP/AHP surveys |  |
| W    | • Do consumers participating in a PM program now feel more able to rejoin the workforce or return to pre-pain normal activities? | Preliminary key stakeholder interviews | O’Connell Advisory |</p>
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<tr>
<th>Code</th>
<th>Evaluation Questions</th>
<th>Data source</th>
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<td>Patient surveys</td>
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<td>GP/AHP surveys</td>
<td>University of Wollongong/ACI</td>
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<td>ePPOC Data</td>
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3.8 Overview of Evaluation Activities and Timeline

The evaluation is expected to be completed by November 2014. All deliverables will be submitted to the ACI Project Steering Team prior to finalisation. An overview of the evaluation activities is shown in the diagram below.

**Figure 34 Overview of Evaluation Project Plan and Deliverables**

- Phase 1 - Project Initialisation
- Phase 2 - Develop evaluation plan and supporting tools
- Phase 3 - Initial phase of evaluation
- Phase 4 - Final phase of evaluation
- Phase 5 - Reporting

<table>
<thead>
<tr>
<th>June</th>
<th>Weekly project updates</th>
<th>November</th>
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Appendix A  Interview/Focus Group Guide – Preliminary Key Stakeholders

Initial Interview Guide – Pain Management Service Director

<table>
<thead>
<tr>
<th>Domain</th>
<th>Questions</th>
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<tbody>
<tr>
<td>Introduction</td>
<td>O’Connell Advisory has been engaged by ACI to undertake a formative evaluation of Pain Management model of care. As part of this evaluation process, we are undertaking site visits to pilot evaluation questions. These site visits will inform the development of the final evaluation plan.</td>
</tr>
<tr>
<td>Your Pain Management Service prior to NSW Pain Management Plan</td>
<td>Please describe what Pain Management services were available within your LHD prior to the development and release of the NSW Pain Management Plan and model of care. What clinical resources were then available to support the PMS? What administrative resources then were available? To what extent did/does your LHD Executive support your Pain Management Service? How did this work?</td>
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</table>
| Implementation                               | • What resources did you have available to support planning for the changes arising from the introduction of the NSW Pain Management Plan [clinical or administrative staff, LHD support]?  
  • How did the ACI Pain Management Network support the implementation process? What resources or supports were provided? How useful were those resources/supports? What could be improved?  
  • Has the funding allocated by the Ministry of Health been made fully available to support the implementation process? If not why not? [What barriers have been identified and what steps have been taken to overcome these?] How was this funding utilised?  
  • Was any further funding or in kind support provided to support the implementation process? If so, what was provided and who provided the funding/in kind support? How was this utilised?  
  • Was a formal implementation plan for the NSW Pain Management Plan and model of care developed [could we get a copy]? Who was involved in the development of this plan? Who was responsible for the development and subsequent delivery? How was this resourced? When was the implementation plan complete? Who had sign off? How was the implementation monitored?  
  • Who were the key stakeholders and how was the implementation plan communicated to them? What were the key
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<tr>
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<td>messages for clinicians &amp; consumers?</td>
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<tr>
<td></td>
<td>• How was this monitored and reported?</td>
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<tr>
<td><strong>NSW Pain Management model of care</strong></td>
<td>• How has the PM service implemented the ACI PM Model of Care (MoC)? How has this impacted your service? What benefits have there been for your region/district?</td>
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<td></td>
<td>• Were any modifications to the Model of Care required (e.g. population specific)? Were there any issues arising? If so, how were they overcome?</td>
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<td></td>
<td>• How does the PM service triage referrals to the service or elsewhere? Is this centralised? How well does this work?</td>
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<td></td>
<td>• Is the established state-wide referral form used? If yes, how is this working? If no, why not? What were the reasons for not implementing this form?</td>
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<td></td>
<td>• What are the current referral criteria to refer to other tiered services [Tier 1,2,3 as applicable]? How does this work? Could this be improved?</td>
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<td></td>
<td>• Where do Tier 1 services/staff fit in service delivery?</td>
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<tr>
<td></td>
<td>• What technology is being used within your service to support service delivery ie tele-health?</td>
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<tr>
<td><strong>Consumer advocacy</strong></td>
<td>Are there active consumer/advocacy groups within the LHD? If so, how have they influenced your service delivery? Do they have an ongoing role within your service? If so, how are they involved?</td>
</tr>
<tr>
<td><strong>Education, training and knowledge</strong></td>
<td>• What training is currently provided for clinical staff to:</td>
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<td></td>
<td>o Understand PM Model of Care</td>
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<td>o Coordinate and facilitate continuums of care</td>
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<td>o Increase capacity to deliver service</td>
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<td>o ePPOC and data management</td>
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<td>• Has the service accessed any training resources provided by the Pain Management Research Network?</td>
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<td>Domain</td>
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<td>• Has the service used the ACI Pain Management website? What is the benefit? Does the service use the training resources? Facts sheets? If so have they been well received? If not, why not?</td>
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<td></td>
<td>• Is the service promoting the ACI PM website to staff, consumers and primary care/Tier 1? If so how? What are the benefits? If not, why not?</td>
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<td>• Has the service developed its own training resources? If yes, please describe. How do these differ from those provided elsewhere?</td>
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<td>• How has the service promoted educational activities to:</td>
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<td>o Clinicians?</td>
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<td>o Consumers?</td>
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<td>• Has this been successful? What could be improved?</td>
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<td></td>
<td>• Is the service utilising technology to provide training to others? If so how?</td>
</tr>
<tr>
<td></td>
<td>• Do you think there has been an increase in awareness of and knowledge about, appropriate management of pain among health care professionals in all Tiers?</td>
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| Primary Care agencies       | • What primary care agencies, including Medicare Locals, have been involved in implementing and delivering the Pain Management model of care?                                                                                                                                  |
|                             | • Does the service promoted the ACI PM website to Tier 1 clinicians? If so how? What has been the feedback? If not why not?                                                                                                                                                                    |
|                             | • How has the service engaged with Tier 1 primary health agencies including Medical Locals to promote and improve access to education? What happened? Who was involved? Was this successful? Have there been increased educational opportunities for Tier 1 clinicians?                     |

| Continuum of service delivery | • How does the continuum of PM services work within each LHD? Who is involved – what are the relationships? How well does this work? What could be improved?                                                                                                                                 |

Formative evaluation of Pain Management model of care – Evaluation Plan
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<tr>
<th>Domain</th>
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<td></td>
<td>• What is the nature and usefulness of the relationship between clinicians from other tiers? How well does the relationship work? What could be improved?</td>
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<td></td>
<td>• Have you observed improvements in assessment and management of people living with pain across the continuum?</td>
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<tr>
<td><strong>Tier 3 - supporting only</strong></td>
<td>• How has the funding associated with providing support services been used to provide supports/mentoring to Tier 2 services (i.e. how has capacity been increased to do this)? What services and supports are provided to your Tier 2 services? How well does this work? How could this be improved?</td>
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<tr>
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<td>• How has the funding assisted the service in providing state-wide referral services as a supporting Tier 3 service?</td>
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<tr>
<td><strong>Tier 3 – all</strong></td>
<td>• What new clinical positions have been appointed to enhance clinical and training requirements?</td>
</tr>
<tr>
<td><strong>Tier 2 – new service only</strong></td>
<td>• What mentoring/supports have been provided by Tier 3 services? How well has this worked? What could be improved?</td>
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<tr>
<td><strong>ePPOC Database</strong></td>
<td>• How has the ePPOC database been implemented within your hospital?</td>
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<td></td>
<td>- How was this resourced?</td>
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<td>- Who was involved? How were they trained?</td>
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<td></td>
<td>- What issues, if any, arose?</td>
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<td>- How long did the implementation take?</td>
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<td>- Was it supported by management?</td>
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<td>- Is ePPOC data being collected? If so, have the data been analysed? How are the data being used?</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>• Do you consider that clinicians now have more capacity to deliver pain management services within your LHD?</td>
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<td></td>
<td>• Is there greater capacity to refer across the continuum of pain management services (ie patients being able to be referred across all tiers)?</td>
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<td></td>
<td>• Has there been an overall change of approach to the delivery of pain management services within your LHD? [Have there been changes in practice/approach in primary care or other specialists involved with people living with chronic pain]?</td>
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<td>Domain</td>
<td>Questions</td>
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<td>• Do you consider that overall, there is now a more consistent approach to the delivery of pain management services for people living with chronic pain?</td>
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**Interview Guide – Clinicians within the Pain Management Service**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Questions</th>
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<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>O’Connell Advisory has been engaged by ACI to undertake a formative evaluation of Pain Management model of care. As part of this evaluation process, we are undertaking site visits to pilot evaluation questions. These site visits will inform the development of the final evaluation plan.</td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td>• Were you involved with the implementation of the NSW Pain Management Plan and model of care development? If so how?</td>
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<td>• What were the key messages during the implementation process? How were these communicated?</td>
</tr>
<tr>
<td><strong>NSW Pain Management model of care</strong></td>
<td>• How does the PM service triage referrals to the service or elsewhere? Is this centralised? How well does this work? What could be improved?</td>
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<tr>
<td></td>
<td>• Is the established state-wide referral form used? If yes, how is this working? If no, why not? What were the reasons for not implementing this form?</td>
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<td>• What are the current referral criteria to other tiered services [Tier 1,2,3 as applicable]? How does this work? Could this be improved?</td>
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<td></td>
<td>• Where do Tier 1 services/staff fit in service delivery?</td>
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<td></td>
<td>• What technology is being used within your service to support service delivery ie tele-health?</td>
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<td><strong>Consumer advocacy</strong></td>
<td>Are there active consumer/advocacy groups within the LHD? If so, how have they influenced your service delivery? Do they have</td>
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<td>Domain</td>
<td>Questions</td>
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</table>
| **Education, training and knowledge** | - Have you received training:  
  - Understanding the NSW PM Model of Care  
  - Coordinate and facilitating the continuum of care  
  - Increasing capacity to deliver service  
  - ePPOC and data management  
- Have you observed an increase in the professional development opportunities available to health professionals regarding pain management?  
- Have you accessed any training resources provided by the Pain Management Research Network? If so which resources? Were they helpful?  
- Have you used the ACI Pain Management website? What is the benefit? Have you used the training resources? Facts sheets? If so, which? Did you find them useful? If not, why not? What could be improved?  
- Do you promote the ACI PM website to staff, consumers and primary care/Tier 1? If so how? What are the benefits? If not, why not?  
- Have you developed your own training resources? If yes, describe? How do these differ from those provided elsewhere?  
- How have you been made aware of professional development opportunities?  
- Do you think there has been an increase in awareness of and knowledge about appropriate management of pain among health care professionals in all Tiers?  
| **Primary Care agencies** | - How are primary care agencies, including Medicare Locals, involved in delivering the Pain Management model of care?  
- Does the service promote the ACI PM website to Tier 1 clinicians? If so how? What has been the feedback? If not why not?  |
### Formative evaluation of Pain Management model of care – Evaluation Plan

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<td>• Has there been increased educational opportunities for Tier 1 clinicians?</td>
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<tr>
<td>Continuum of service</td>
<td>• How does the continuum of PM services work within your LHD? Who is involved – what are the relationships? How well does this work? What could be improved?</td>
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<tr>
<td>delivery</td>
<td>• What is the nature and usefulness of the relationship between clinicians from other tiers? How well does the relationship work? What could be improved?</td>
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<td></td>
<td>• Have you observed improvements in assessment and management of people living with pain across the continuum?</td>
</tr>
<tr>
<td>Tier 3 - supporting only</td>
<td>• Are you involved in providing supports/mentoring to your supported Tier 2 services? If so how are you involved? What supports do you provide? Do you feel this is successful? What could be improved?</td>
</tr>
<tr>
<td>Tier 3 – all</td>
<td>• Do you feel clinical service provision and training capability and delivery has been enhanced in your service as a result of the additional clinical training resources allocated though the additional funding?</td>
</tr>
<tr>
<td>Tier 2 – new service only</td>
<td>• What mentoring/supports have been provided by Tier 3 services? How well has this worked? What could be improved?</td>
</tr>
<tr>
<td>Outcomes</td>
<td>• Do you consider that clinicians now have more capacity to deliver pain management services within your LHD?</td>
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<td>• Do you consider that overall, there is now a more consistent approach to the delivery of pain management services for people living with chronic pain?</td>
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### Interview Guide – Consumers

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<td>O’Connell Advisory has been engaged by ACI to undertake a formative evaluation of Pain Management model of care. As part of</td>
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this evaluation process, we are undertaking site visits to pilot evaluation questions. These site visits will inform the development of the final evaluation plan.

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<tr>
<th>Domain</th>
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| Continuum of service delivery       | • How long have you had the chronic pain? How long were you treated by your GP for the pain before being referred to this service? When were you referred to this service? (If referred prior to introduction of NSW Pain Management model of care) – What happened? How was your pain managed then? What has changed in relation to your pain management? Do you think services have improved?  
• Do you feel confident that your pain is being well managed between your GP and the hospital based pain management service? |
| Education, training and knowledge   | • Are you aware of the ACI Pain Management website? How did you find out about the website – who told you? Have you used the training resources? Facts sheets? If so, which? Did you find them useful? If not, why not? What could be improved?  
• What other resources have you used to find out more about how to manage your pain? How did you find out about them? Where are they found? How do these compare to what is available on the ACI Pain Management website [if aware]?  
• Overall do you think these resources are effective in improving awareness of, and knowledge about pain management in the general community? What could be improved? |
| Consumer satisfaction               | • Overall how satisfied are you with the pain management services you have received? How have these services impacted upon your lifestyle? Are you now able to undertake more of the normal activities of daily living you experienced prior to experiencing the chronic pain? |

Interview Guide – Primary Care

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<td>Domain</td>
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<tr>
<td><strong>Introduction</strong></td>
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</table>
| **NSW Pain Management model of care** | • How did your Primary care agency become aware of the NSW Pain Management model of care? What were the key messages?  
  • Where do Tier 1 services/staff fit in service delivery?  
  • Is the established state-wide referral form used? If yes, how is this working? If no, why not? What were the reasons for not implementing this form? |
| **Primary Care agencies**    | • How are primary care agencies, including Medicare Locals, involved in delivering the Pain Management model of care?  
  • Does your agency promote the ACI PM website to Tier 1 clinicians? If so how? What has been the feedback? If not why not?  
  • Does your agency have a relationship with the hospital based pain management service(s) within your area of influence? What is the nature and usefulness of the relationship? How well does this relationship work? What could be improved? |
| **Education, training and knowledge** | • Have you observed an increase in the professional development opportunities available to health professionals regarding pain management?  
  • Have you been involved in delivering professional development opportunities? If so how many? Who was involved? How well was this received?  
  • If you have been involved in delivering professional development opportunities - Have you used the ACI Pain Management website resources as part of the training provided? If so, which? Did you find them useful? If not, why not? What could be improved?  
  • Have you accessed any training resources provided by the Pain Management Research Network? If so which resources? Were they helpful?  
  • Do you think there has been an increase in awareness of and knowledge about appropriate management of pain among... |
<table>
<thead>
<tr>
<th>Domain</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>health care professionals in all Tiers?</td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>• Do you consider that clinicians now have more capacity to deliver pain management services within your LHD?</td>
</tr>
<tr>
<td></td>
<td>• Is there greater capacity to refer across the continuum of pain management services (ie patients being able to be referred across all tiers)?</td>
</tr>
<tr>
<td></td>
<td>• Has there been an overall change of approach to the delivery of pain management services within your LHD? [Have there been changes in practice/approach in primary care or other specialists involved with people living with chronic pain]?</td>
</tr>
<tr>
<td></td>
<td>• Do you consider that overall, there is now a more consistent approach to the delivery of pain management services for people living with chronic pain?</td>
</tr>
</tbody>
</table>
### Appendix B  O’Connell Advisory Project Plan

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Date/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Management Model of Care - Formative evaluation</td>
<td></td>
</tr>
<tr>
<td>Phase 1 - Project Planning</td>
<td></td>
</tr>
<tr>
<td>Phase 2 - Development of project plan, including engagement strategy</td>
<td></td>
</tr>
<tr>
<td>Phase 3 - Initial phase of evaluation</td>
<td></td>
</tr>
<tr>
<td>Phase 4 - Final phase of evaluation</td>
<td></td>
</tr>
<tr>
<td>Phase 5 - Reporting</td>
<td></td>
</tr>
</tbody>
</table>

### Formative evaluation of Pain Management model of care - Evaluation Plan
### Appendix C  Interview Guide Service Directors

<table>
<thead>
<tr>
<th>Domain</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>O’Connell Advisory has been engaged by ACI to undertake a formative evaluation of Pain Management model of care. As part of this evaluation process, we are undertaking site visits to pilot evaluation questions. These site visits will inform the development of the final evaluation plan.</td>
</tr>
</tbody>
</table>
| **Your Pain Management Service prior to NSW Pain Management Plan** | Please describe what Pain Management services were available within your LHD prior to the development and release of the NSW Pain Management Plan and model of care. What clinical resources were then available to support the PMS? What administrative resources then were available?  
  
  To what extent did/does your LHD Executive support your Pain Management Service? How did this work?  
  
  Who do you report to directly? How does your line of reports feed back through to the LHD Executive? |
| **Implementation**                          | - What resources did you have available to support planning for the changes arising from the introduction of the NSW Pain Management Plan [clinical or administrative staff, LHD support]?  
  
  - How did the ACI Pain Management Network support the implementation process? What resources or supports were provided? How useful were those resources/supports? What could be improved?  
  
  - Has the funding allocated by the Ministry of Health been made fully available to support the implementation process? If not why not? [What barriers have been identified and what steps have been taken to overcome these?] How was this funding utilised?  
  
  - Was any further funding or in kind support provided to support the implementation process? If so, what was provided and who provided the funding/in kind support? How was this utilised?  
  
  - Was a formal implementation plan for the NSW Pain Management Plan and model of care developed? Who was involved in the development of this plan? Who was responsible for the development and subsequent delivery? How was this resourced? When was the implementation plan complete? Who had sign off? How was the implementation monitored? |
<table>
<thead>
<tr>
<th>Domain</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who were the key stakeholders and how was the implementation plan communicated to them? What were the key messages for clinicians &amp; consumers?</td>
<td></td>
</tr>
<tr>
<td>How was this monitored and reported?</td>
<td></td>
</tr>
<tr>
<td>NSW Pain Management model of care</td>
<td>How has the PM service implemented the ACI PM Model of Care (MoC)? How has this impacted your service? What benefits have there been for your region/district?</td>
</tr>
<tr>
<td>Were any modifications to the Model of Care required (e.g. population specific)? Were there any issues arising? If so, how were they overcome?</td>
<td></td>
</tr>
<tr>
<td>How does the PM service triage referrals to the service or elsewhere? Is this centralised? How well does this work? What are the criteria for referral?</td>
<td></td>
</tr>
<tr>
<td>Is the established state-wide referral form used? If yes, how is this working? If no, why not? What were the reasons for not implementing this form?</td>
<td></td>
</tr>
<tr>
<td>What are the current referral criteria to refer to other tiered services [Tier 1,2,3 as applicable]? How does this work? Could this be improved?</td>
<td></td>
</tr>
<tr>
<td>Where do Tier 1 services/staff fit in service delivery?</td>
<td></td>
</tr>
<tr>
<td>What technology is being used within your service to support service delivery ie tele-health?</td>
<td></td>
</tr>
<tr>
<td>Consumers</td>
<td>Are there active consumer/advocacy groups within the LHD? If so, how have they influenced your service delivery? Do they have an ongoing role within your service? If so, how are they involved?</td>
</tr>
<tr>
<td>Has there been an increase in patient satisfaction with the management of their pain?</td>
<td></td>
</tr>
<tr>
<td>Education, training and knowledge</td>
<td>What training is currently provided for clinical staff to:</td>
</tr>
<tr>
<td>o Understand PM Model of Care</td>
<td></td>
</tr>
<tr>
<td>o Coordinate and facilitate continuums of care</td>
<td></td>
</tr>
<tr>
<td>Domain</td>
<td>Questions</td>
</tr>
<tr>
<td>--------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td>o Increase capacity to deliver service</td>
</tr>
<tr>
<td></td>
<td>o ePPOC and data management</td>
</tr>
<tr>
<td></td>
<td>• Has the service accessed any training resources provided by the Pain Management Research Network?</td>
</tr>
<tr>
<td></td>
<td>• Has the service used the ACI Pain Management website? What is the benefit? Does the service use the training resources? Facts sheets? If so have they been well received? If not, why not?</td>
</tr>
<tr>
<td></td>
<td>• Is the service promoting the ACI PM website to staff, consumers and primary care/Tier 1? If so how? What are the benefits? If not, why not?</td>
</tr>
<tr>
<td></td>
<td>• Has the service developed its own training resources? If yes, please describe. How do these differ from those provided elsewhere?</td>
</tr>
<tr>
<td></td>
<td>• How has the service promoted educational activities to:</td>
</tr>
<tr>
<td></td>
<td>o Clinicians?</td>
</tr>
<tr>
<td></td>
<td>o Consumers?</td>
</tr>
<tr>
<td></td>
<td>• Has this been successful? What could be improved?</td>
</tr>
<tr>
<td></td>
<td>• Is the service utilising technology to provide training to others? If so how?</td>
</tr>
<tr>
<td></td>
<td>• Do you think there has been an increase in awareness of and knowledge about, appropriate management of pain among health care professionals in all Tiers?</td>
</tr>
<tr>
<td>Primary Care agencies</td>
<td>• What primary care agencies, including Medicare Locals, have been involved in implementing and delivering the Pain Management model of care?</td>
</tr>
<tr>
<td>Primary Care agencies</td>
<td>• Does the service promoted the ACI PM website to Tier 1 clinicians? If so how? What has been the feedback? If not why not?</td>
</tr>
</tbody>
</table>
| Primary Care agencies | • How has the service engaged with Tier 1 primary health agencies including Medical Locals to promote and improve access to education? What happened? Who was involved? Was this successful? Have there been increased educational
<table>
<thead>
<tr>
<th>Domain</th>
<th>Questions</th>
</tr>
</thead>
</table>
| **Continuum of service delivery**           | - How does the continuum of PM services work within each LHD? Who is involved – what are the relationships? How well does this work? What could be improved?  
- What is the nature and usefulness of the relationship between clinicians from other tiers? How well does the relationship work? What could be improved?  
- Have you observed improvements in assessment and management of people living with pain across the continuum?  
- Does your service have a specialist Pain Medicine specialist training position appointed? What is the scope of their role? What workforce capacity development activities have occurred within your PM service as a result of this appointment? |
| **Tier 3 - supporting only**                | - How has the funding associated with providing support services been used to provide supports/mentoring to Tier 2 services (i.e. how has capacity been increased to do this)? What services and supports are provided to your Tier 2 services? How well does this work? How could this be improved?  
- How has the funding assisted the service in providing state-wide referral services as a supporting Tier 3 service? |
| **Tier 3 – all**                            | - What new clinical positions have been appointed to enhance clinical and training requirements?                                                                                                                                                                                                                                          |
| **Tier 2 – new service only**               | - What mentoring/supports have been provided by Tier 3 services? How well has this worked? What could be improved?                                                                                                                                                                                                                               |
| **ePPOC Database**                          | - How has the ePPOC database been implemented within your hospital?  
  - How was this resourced?  
  - Who was involved? How were they trained?  
  - What issues, if any, arose?  
  - How long did the implementation take? |
<table>
<thead>
<tr>
<th>Domain</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Was it supported by management?</td>
<td></td>
</tr>
<tr>
<td>- Is ePPOC data being collected? If so, have the data been analysed? How are the data being used?</td>
<td></td>
</tr>
</tbody>
</table>
| **Outcomes** | • Do you consider that clinicians now have more capacity to deliver pain management services within your LHD?  
• Is there greater capacity to refer across the continuum of pain management services (ie patients being able to be referred across all tiers)?  
• Has there been an overall change of approach to the delivery of pain management services within your LHD? [Have there been changes in practice/approach in primary care or other specialists involved with people living with chronic pain]?  
• Do you consider that overall, there is now a more consistent approach to the delivery of pain management services for people living with chronic pain? |
Appendix D   Staff Survey tool

Formative Evaluation Pain Management model of care - Staff Survey

Introduction

The Agency for Clinical Innovation has engaged O’Connell Advisory to undertake a formative evaluation of the NSW Pain Management model of care.

The aim of this survey is to seek staff feedback about the model of care currently implemented in your Pain Management Service.

This survey has been designed to be completed by staff of NSW Health Pain Management Services. Alternate survey tools have been developed for other key stakeholders including patients of pain management service, GPs and Allied Health Professionals working within the community.

Your feedback is valuable for future service development. Your responses will be kept confidential and de-identified in any presentation or publication of findings.

This survey will take approximately 10-20 minutes, and can be completed in multiple sittings. Please contact Tina Sinclair on (02) 9239 9086 if you have any problems or difficulties with this survey.

Thank you in advance for your participation.

Demographics

1. What is your professional background?
   - Administrative Officer
   - Medical specialist
   - Nurse
   - Occupational Therapist
   - Pharmacist
   - Physiotherapist
   - Psychologist
   - Social Worker
   - Other (please specify)

Implementation of the pain management model of care

2. Were you involved in the development of an implementation plan for the use of the additional funding associated with the NSW Pain Management model of care?
   - Yes, in a major way
   - Yes, in a minor way
   - No
Formative Evaluation Pain Management model of care - Staff Survey

3. How was this plan monitored and reported (please select all options that apply)

☐ Monitored by Pain Management Service Director only
☐ Monitored by implementation team including Pain Management Service Director
☐ Monitored by Project Manager responsible for implementation
☐ Reported to Pain Management Service Director’s direct report
☐ Reported to other member of hospital management team
☐ Reported to other member of LHD Executive
☐ No formal monitoring or reporting
☐ Not aware of any monitoring or reporting processes

Other (please specify)

4. Were you made aware of an implementation plan?

☐ Yes
☐ No

5. What were the key messages for clinicians?


6. Were there any key messages for consumers?

☐ Yes
☐ No
☐ Unsure
7. What were the key messages for consumers?

8. Which hospital is your pain management service located in?

- Children's Hospital Westmead
- Concord
- John Hunter (adult)
- John Hunter Children's
- Greenwich
- Lismore
- Liverpool
- Napean
- Orange
- Port Kembla
- Port Macquarie
- Prince of Wales
- Royal Prince Alfred
- Royal North Shore
- St George
- St Vincents
- Sydney Childrens Hospital
- Tamworth
- Wollongong
Formative Evaluation Pain Management model of care - Staff Survey

9. Has your service received support from a Tier 3 service?
   - Yes
   - No
   - Unsure

10. Please rate your level of satisfaction with the provision of support by Tier 3 supporting services?
    - Very dissatisfied
    - Dissatisfied
    - Neutral
    - Satisfied
    - Very satisfied

EPOCC Database

Electronic Persistent Pain Outcomes Collaboration Database

11. Has the service implemented the EPOCC database?
    - Yes
    - No
    - Unsure

12. How was this resourced?
    - Initial training provided then existing resources required to administer
    - Additional administrative resources provided through enhancement funding
    - Additional administrative resources provided by LHD/hospital

Other (please specify)

Page 4
13. Who was involved?

14. How were they trained?

15. What issues, if any arose?

16. Are the EPOCC data currently being collected?
   - Yes
   - No
   - Unsure

17. Are the EPOCC data currently being analysed internally by the pain management service?
   - Yes
   - No
   - Unsure
   - Other (please specify)

18. How are the data being used?
19. Has your service engaged with consumers to improve consumers' understanding of pain management?

- Yes
- No
- Unsure

20. How has your service engaged with consumers regarding the Pain Management model of care?

thinking about the release of the NSW pain management plan and introduction of the NSW pain management model of care.

21. How satisfied are you with the communication between your pain management service and GPs?

- Very dissatisfied
- Dissatisfied
- Neutral/Varies
- Satisfied
- Very satisfied
- Can't say
22. How could this be improved?

23. How satisfied are you with the communication between your pain management service and community allied health professionals?

- Very dissatisfied
- Dissatisfied
- Neutral/Varies
- Satisfied
- Very satisfied
- Can’t say

24. How could this be improved?

Education and training

Thinking about the release of the NSW pain management plan and introduction of the NSW pain management model of care.

25. Are you aware of the professional development opportunities provided by the Pain Management Research Institute?

- Yes
- No
- Unsure

26. Are you aware of other professional development opportunities provided by other organisations relating to pain management?

- Yes
- No
- Unsure
27. Has your pain management service accessed any training resources provided by the Pain Management Research Institute?
- Yes
- No
- Unsure

28. Are you aware of the ACI Pain Management website?
- Yes
- No

29. Have you visited the ACI Pain Management website?
- Yes, many times
- Yes, a few times
- Yes, once or twice
- No
- Can't say

30. How useful have you found the following aspects of the ACI website?

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Poor</th>
<th>Neutral</th>
<th>Excellent</th>
<th>Can't say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information for consumers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information for clinicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training resources for consumers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training resources for clinicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fact sheets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall usefulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. How often do you actively promote the ACI Pain Management website to patients with chronic pain?
- Always
- Often
- Sometimes
- Occasionally
- Never
### 32. How does your pain management service promote the ACI Pain Management website to consumers? (select all that apply)

- [ ] Distributing postcards
- [ ] Referencing in letters to consumers when accepting referrals
- [ ] Promoting as part of pre-assessment educational program
- [ ] Promoting as part of pain management program
- [ ] Running videos in pain management service waiting rooms

Other (please specify)

### Outcomes

Thinking about the release of the NSW pain management plan and introduction of the NSW pain management model of care.

### 33. Have you noticed any improvements in the last 12 months with the following?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>Quite a bit</th>
<th>A lot</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>How pain is assessed</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>How pain is managed</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>The consistency of pain management care provided by clinicians</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>The availability of clinician able to assess and manage pain</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Consumer satisfaction with the management of their pain</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Community understanding of effective pain management</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Availability of up to date consumer resources about pain management</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Availability of professional development about pain management for GPs</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Availability of professional development about pain management for allied health professionals</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Your capacity to work across the continuum of pain management</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
</tbody>
</table>
34. Are there any further comments you would like to make about pain management services in NSW?

Thank you

Thank you for your participation in this survey. Your feedback is appreciated.
Appendix E Patient Survey tool

Formative Evaluation Pain Management model of care - Patient Survey

Introduction

The Agency for Clinical Innovation has engaged O’Connell Advisory to undertake an interim evaluation of Pain Management in NSW.

The aim of this survey is to seek patient feedback about the care provided by your Pain Management Service.

This survey should be completed by patients of NSW Health Pain Management Services. Other survey tools have been developed for other key stakeholders including pain management service staff, GPs and Allied Health Professionals working within the community.

Your feedback is valuable for future service development. Your responses will be kept confidential and de-identified in any presentation or publication of findings. Please contact Tina Sinclair on (02) 9239 9086 should you have any problems or issues with this survey.

This survey will take approximately 10 minutes. If you are completing this survey electronically you may leave the survey and come back to complete the survey at another time.

Thank you in advance for your participation.

Demographics

1. Which hospital was your pain management service located at?

- [ ] Concord
- [ ] John Hunter
- [ ] Greenslopes
- [ ] Lismore
- [ ] Liverpool
- [ ] Nepean
- [ ] Orange
- [ ] Port Kembla
- [ ] Port Macquarie
- [ ] Prince of Wales
- [ ] Royal Prince Alfred
- [ ] Royal North Shore
- [ ] St George
- [ ] St Vincent’s
- [ ] Tamworth
- [ ] Westmead

About you
Formative Evaluation Pain Management model of care - Patient Survey

2. How long have you had your pain?
- Less than 12 months
- 1 to 3 years
- More than 3 years

3. When did you first visit a hospital based pain management service (any pain management service)?
- Less than 12 months ago
- 1 year to 3 years ago
- More than 3 years ago

4. How satisfied are you with your current pain management?
- Very dissatisfied
- Dissatisfied
- Neither satisfied or dissatisfied
- Satisfied
- Very satisfied

5. Why are you dissatisfied with your pain management?

Consumer engagement & individual outcomes
Formative Evaluation Pain Management model of care - Patient Survey

6. Have you noticed any improvements in the past 12 months with the following?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>Quite a bit</th>
<th>A lot</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>How your pain was assessed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How your pain was managed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The consistency of pain management care provided by clinicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The availability of clinicians able to assess and manage pain</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Community understanding about effective pain management</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Availability of up to date consumer resources about pain</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

7. In the past 12 months have you noticed an increase in awareness about effective pain management amongst:

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>Quite a bit</th>
<th>A lot</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with chronic pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General practitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allied health professionals working in the community (i.e. physiotherapists, pharmacists)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff of your pain management service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. How does your current satisfaction with your pain management compare to your satisfaction 12 months ago?

- A lot less satisfied
- A little less satisfied
- About the same
- A little more satisfied
- A lot more satisfied
- Can’t say
9. Has your quality of life improved as a result of your participation in the pain management program?

- No improvement
- Some improvement
- Moderate improvement
- Significant improvement
- Can't say

10. To what extent have you been able to return to your pre-pain normal activities?

- Not at all
- A little
- Moderate
- A lot
- Not applicable - pain has not interfered with normal activities

Other (please specify):

11. Were you in the paid workforce prior to experiencing your chronic pain (full time, part time or casual)?

- Yes
- No
### Formative Evaluation Pain Management model of care - Patient Survey

#### 12. Have you been able to rejoin the workforce?
- [ ] No, not working and not more active generally
- [ ] No, but now more actively involved in community activities
- [ ] Yes, but reduced hours or duties
- [ ] Changed my place of work but not hours
- [ ] Yes, back to usual hours or duties
- [ ] Never left the workforce
- [ ] Not applicable
- [ ] Other (please specify)

#### Primary Health Care

#### 13. How well do your local pain management service and your GP currently communicate with each other to help you manage your pain?
- [ ] Not at all
- [ ] Not well
- [ ] Neutral
- [ ] Well
- [ ] Very well
- [ ] Can't say
- [ ] Other (please specify)

---

Page 5
14. How well do your local pain management service and your GP currently listen to each other to help you manage your pain?

- Not at all
- Not well
- Neutral
- Well
- Very well
- Can't say

Other (please specify):

15. Are you aware of the ACI pain management website?

- Yes
- No

16. Have you visited the ACI pain management website?

- Yes, many times
- Yes, a few times
- Yes, once or twice
- No, never

17. How useful have you found the following aspects of the ACI website?

<table>
<thead>
<tr>
<th>Information for consumers</th>
<th>Poor</th>
<th>Neutral</th>
<th>Excellent</th>
<th>Can't say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information for clinicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training resources for consumers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training resources for clinicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fact sheets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall usefulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
18. How did you find out about the ACI pain management website?
- Internet engine search
- My GP
- My hospital based pain management service
- Friend or family member
- Other (please specify)

19. How did your pain management service tell you about the ACI pain management website? (select all that apply)
- Distributing postcards
- Referencing in letters to consumers when accepting referrals
- Promoting as part of pre-assessment educational program
- Promoting as part of pain management program
- Running videos in pain management service waiting rooms
- Other (please specify)

Further comments

20. What has been the most helpful to you regarding your pain management service?

21. What about your pain management service could be improved?
22. Are there any further comments you would like to make about pain management services in NSW?

Thank you

Thank you for your participation in this survey. Your feedback is appreciated.
Appendix F  Medicare Local Survey tool

Formative Evaluation Pain Management model of care - NSW ML survey

Introduction

The Agency for Clinical Innovation has engaged O'Connell Advisory to undertake a formative evaluation of the NSW Pain Management model of care.

The aim of this survey is to seek Medicare Local feedback about the pain management model of care currently implemented in your local area.

This survey has been designed to be completed by representatives of Medicare Locals. Alternate survey tools have been developed for other key stakeholders including staff and patients of pain management service, GPs and Allied Health Professionals working within the community.

Your feedback is valuable for future service development. Your responses will be kept confidential and de-identified in any presentation or publication of findings.

This survey will take approximately 10 minutes and can be completed in multiple sittings. Please contact Tina Sinclair on (02) 9238 9086 if you have any problems or difficulties with this survey.

Thank you in advance for your participation.

Implementation of the Pain Management model of care

1. How did you find out about the NSW Pain Management plan and model of care?
   - Through ACI
   - From existing materials available within the Medicare Local
   - Through colleagues
   - Through own research
   - Not aware of pain management model of care
   - Other (please specify)

2. Were you aware of the implementation of the pain management model of care within your Medicare Local area?
   - Yes
   - No
   - Unsure
### Formative Evaluation Pain Management model of care - NSW ML survey

3. Was your Medicare Local involved with the implementation of the pain management model of care within your area?
- [ ] Yes
- [ ] No
- [ ] Unsure

4. What were the key messages for clinicians from the pain management model of care?

5. Were there any key messages for consumers?
- [ ] Yes
- [ ] No
- [ ] Unsure

6. What were the key messages for consumers?
Formative Evaluation Pain Management model of care - NSW ML survey

7. How has your Medicare Local been involved with the implementation of the pain management model of care (i.e. delivering training and education to GPs and allied health practitioners)?

Statewide referral form

The Agency for Clinical Innovation released a state wide referral form to be used by clinicians when referring patients to a chronic pain management service.

8. As far as you know, are GPs in your area using the state wide referral form?
   - Yes, most
   - Yes, some
   - No
   - Unsure/don't know

9. Do you know why General Practitioners may not be using the state wide referral form? (select all that apply)
   - Too lengthy and time consuming to complete
   - State wide referral is not integrated into current practice software
   - Not aware of reason
   - Other (please specify)

Primary Health Care
10. As far as you know, how effectively do local pain management services communicate with local GPs?
   - Very ineffectively
   - Ineffectively
   - Neutral
   - Effectively
   - Very effectively
   - Can't say

11. How could this be improved?

12. As far as you know, how effectively do local pain management services communicate with community allied health professionals?
   - Very ineffectively
   - Ineffectively
   - Neutral
   - Effectively
   - Very effectively
   - Can't say

13. How could this be improved?

Education and training:

Thinking about the release of the NSW pain management plan and introduction of the NSW pain management model of care.
Formative Evaluation Pain Management model of care - NSW ML survey

14. Are you aware of the professional development opportunities provided by the Pain Management Research Institute?
   - Yes
   - No
   - Unsure

15. Are you aware of other professional development opportunities provided by other organisations relating to pain management?
   - Yes
   - No
   - Unsure

16. Does your local Pain Management service engage with your Medicare Local to promote and improve access to education about Pain Management?
   - Yes, a lot
   - Yes, some
   - Yes, a little
   - No
   - Unsure

17. If so how? Who is involved?
### Formative Evaluation Pain Management model of care - NSW ML survey

18. Have you noticed any improvements in the last 12 months with the following?

<table>
<thead>
<tr>
<th>Area of Improvement</th>
<th>None</th>
<th>A little</th>
<th>Quite a bit</th>
<th>A lot</th>
<th>Can't say</th>
</tr>
</thead>
<tbody>
<tr>
<td>The consistency of pain management care provided by clinicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local clinician's capacity to work across the continuum of pain management</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health professional awareness about effective pain management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriateness of the management of people with chronic pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of professional development about pain management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ACI pain management resources

19. Has your Medicare Local accessed any training resources provided by the Pain Management Research Institute?

- Yes
- No
- Unsure

20. Have you visited the ACI Pain Management website?

- Yes, many times
- Yes, a few times
- Yes, once or twice
- No, never
21. How useful have you found the following aspects of the ACI website?

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Poor</th>
<th>Neutral</th>
<th>Excellent</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information for consumers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information for clinicians</td>
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<td></td>
</tr>
<tr>
<td>Training resources for consumers</td>
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<tr>
<td>Training resources for clinicians</td>
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</tr>
<tr>
<td>Fact sheets</td>
<td></td>
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<tr>
<td>Overall usefulness</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Further comments

22. Are there any further comments you would like to make about pain management services in NSW?

Thank you

Thank you for participating in this survey. Your feedback is appreciated.
Appendix G  GP/AHP Survey tool

Formative Evaluation Pain Management model of care - GP & AHP

Introduction

The Agency for Clinical Innovation has engaged O’Connell Advisory to undertake a formative evaluation of the NSW Pain Management model of care.

The aim of this survey is to seek General Practitioner and community based allied health professionals’ feedback about the pain management model of care.

Your feedback will contribute to the evaluation process.

This survey has been designed to be completed by General Practitioners and allied health professionals working in the community. Alternate survey tools have been developed for other key stakeholders including patients, and staff of pain management services.

All individual survey responses will be treated as confidential. In any presentation or publication information will be provided in a de-identified way so the individual and/or the organisation you represent will not be identified.

This survey is likely to take 5-10 minutes of your time and can be done over multiple sittings. Please contact Tina Sinclair of O’Connell Advisory (02) 9239 9088 should you have any questions or issues with this survey.

Thank you for your participation in this process.

Demographics

1. What is your current profession?

- General Practitioner
- Nurse
- Occupational Therapist
- Pharmacist
- Physiotherapist
- Psychologist
- Social Worker
- Other (please specify)
2. Which hospital based pain management services do you refer to? (select all that apply)

- Children's Hospital Westmead
- Concord
- John Hunter (adult)
- John Hunter Children's
- Greenwich
- Lismore
- Liverpool
- Nambour
- Orange
- Port Kembla
- Port Macquarie
- Prince of Wales
- Royal Prince Alfred
- Royal North Shore
- St George
- St Vincent's
- Sydney Children's Hospital
- Tamworth
- Westmead

Other (please specify)

3. Are you aware of the current NSW Pain Management Plan (2012) and model of care?

- Yes
- No
- Unsure
4. Are you aware of any changes made in the last 12 months to the delivery of pain management services in your local area as a result of the NSW pain management plan and model of care?
   - Yes
   - No
   - Unsure

5. What has changed?

6. What key messages do you recall receiving regarding the new model of care?

7. Were there any key messages for consumers?
   - Yes
   - No
   - Unsure

8. What were the key messages for consumers?
9. How often have you referred patients to hospital based chronic pain management services in the past 12 months?

- Very often
- Often
- Sometimes
- Rarely
- Never

10. Are you using the State wide referral form to refer patients to the hospital based pain management service?

- Yes, always
- Often
- Sometimes
- Rarely
- Never
- Not aware of this form

11. Why are you not using the state wide referral form to hospital based pain management services? (select all that apply)

- Too lengthy and time consuming to complete
- State wide referral is not integrated into current practice software

Other (please specify):
Formative Evaluation Pain Management model of care - GP & AHP

12. Do you refer people with chronic pain to other community health providers?

- Yes, often
- Yes, sometimes
- Yes, but rarely
- No

Other (please specify)

Thinking about the release of the NSW pain management plan and introduction of the NSW pain management model of care.

13. Have you noticed any improvements in the last 12 months with the following?

<table>
<thead>
<tr>
<th>Category</th>
<th>None</th>
<th>A little</th>
<th>Quite a bit</th>
<th>A lot</th>
<th>Can't say</th>
</tr>
</thead>
<tbody>
<tr>
<td>How pain is assessed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How pain is managed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The consistency of pain management care provided by clinicians</td>
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<td></td>
</tr>
<tr>
<td>The availability of clinician able to assess and manage pain</td>
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<tr>
<td>Community understanding about effective pain management</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Availability of up to date consumer resources about pain management</td>
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<tr>
<td>Your capacity to work across the continuum of pain management</td>
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<td></td>
</tr>
<tr>
<td>Availability of professional development about pain management</td>
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<td></td>
</tr>
</tbody>
</table>

Primary Health Care
Formative Evaluation Pain Management model of care - GP & AHP

14. How satisfied are you with the communication between yourself and the pain management service(s) you refer to about your patient(s)?

- Very dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very satisfied

Other (please specify) 

15. How could this be improved?

Education and training

Thinking about the release of the NSW pain management plan and introduction of the NSW pain management model of care.

16. Are you aware of the professional development opportunities provided by the Pain Management Research Institute?

- Yes
- No
- Unsure

17. Have you attended any training provided by the Pain Management Research Institute?

- Yes
- No
- Unsure
**Formative Evaluation Pain Management model of care - GP & AHP**

18. Are you aware of other professional development opportunities available to you relating to pain management?
- Yes
- No
- Unsure

**ACI pain management resources**

19. Are you aware of the ACI Pain Management website?
- Yes
- No
- Unsure

20. Have you visited the ACI Pain Management website?
- Yes, many times
- Yes, a few times
- Yes, once or twice
- No, not at all

**21. How useful have you found the following aspects of the ACI website?**

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Poor</th>
<th>Neutral</th>
<th>Excellent</th>
<th>Can't say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information for consumers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information for clinicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training resources for consumers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training resources for clinicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fact sheets</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Overall usefulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. How often do you actively promote the ACI Pain Management website to patients with chronic pain?
- Always
- Often
- Sometimes
- Occasionally
- Never
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. How do you do this?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Further comments</td>
<td></td>
</tr>
<tr>
<td>24. Are there any further comments you would like to make about pain management services in NSW?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Thank you</td>
<td>Thank you for your participation in this survey. Your feedback is appreciated.</td>
</tr>
</tbody>
</table>
Appendix H  Local Health District Executive Survey

Formative Evaluation Pain Management model of care - LHD Executive

Introduction

The Agency for Clinical Innovation has engaged O'Connell Advisory to undertake a formative evaluation of the NSW Pain Management model of care.

The aim of this survey is to seek Local Health District executive feedback about the model of care currently implemented in your Pain Management Service.

Alternate survey tools have been developed for other key stakeholders including staff and patients of pain management service, GPs and Allied Health Professionals working within the community.

Your feedback is valuable for future service development. Your responses will be kept confidential and de-identified in any presentation or publication of findings.

This survey will take approximately 5-10 minutes, and you are able to leave and return to the survey if required. Please contact Tina Sinclair on (02) 9239 9088 if you have any problems or difficulties with the survey.

Thank you in advance for your participation.

Demographics

1. Which pain management service(s) fall within the jurisdiction of your LHD?

- Children's Hospital Westmead
- Concord
- John Hunter (adult)
- John Hunter Children's
- Greenwich
- Lismore
- Liverpool
- Nepean
- Orange
- Port Kembla
- Port Macquarie
- Prince of Wales
- Royal Prince Alfred
- Royal North Shore
- St George
- St Vincent's
- Sydney Children's Hospital
- Tamworth
- Westmead
### Implementation of the Pain Management model of care

#### 3. Was there an existing pain management service prior to the introduction of the NSW pain management plan (2012) and model of care?

- [ ] Yes
- [ ] No
- [ ] Unsure

#### 4. Did your LHD receive additional funding as a result of the NSW pain management plan and introduction of the model of care?

- [ ] Yes
- [ ] No
- [ ] Unsure

#### 5. Are you aware of an implementation plan developed for the additional funding associated with the NSW Pain Management model of care in your LHD?

- [ ] Yes, very aware
- [ ] Yes, somewhat aware
- [ ] No
- [ ] Unsure

#### 6. Were you involved in the development of an implementation plan for the use of the additional funding associated with the NSW Pain Management model of care?

- [ ] Yes
- [ ] No
7. How was this plan monitored and reported? (please select all options that apply)

- [ ] Monitored by Pain Management Service Director
- [ ] Monitored by implementation team
- [ ] Monitored by project manager responsible for implementation
- [ ] Reported to Pain Management Service Director's direct report
- [ ] Reported to other member of hospital management team
- [ ] Reported to other member of LHD Executive
- [ ] No formal monitoring or reporting
- [ ] Not aware of any monitoring or reporting processes

Other (please specify)

8. What were the key messages for clinicians?


9. Were there any key messages for consumers?

- [ ] Yes
- [ ] No
- [ ] Unsure
10. What were the key messages for consumers?

11. Was the first year of additional funding allocated by the MoH able to be fully utilised by the pain management service?
   - Yes
   - No
   - Unsure

12. What were the reasons for not utilising all additional funds allocated for the pain management service in the first year?

13. How are you involved with the ongoing operations of the pain management service within your LHD?
Formative Evaluation Pain Management model of care - LHD Executive

14. Do you seek any feedback regarding the level and quality of services provided by the pain management service?
   - [ ] Yes
   - [ ] No

15. What feedback is received? How is this provided?

16. What are the positive aspects of the hospital based pain management services provided in your Local Health District?

17. What are the negative aspects?

Outcomes

Thinking about the release of the NSW pain management plan and introduction of the NSW pain management model of care in 2012.
<table>
<thead>
<tr>
<th>Question</th>
<th>None</th>
<th>A little</th>
<th>Quite a bit</th>
<th>A lot</th>
<th>Can't say</th>
</tr>
</thead>
<tbody>
<tr>
<td>The consistency of pain management care provided by clinicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community understanding about effective pain management</td>
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<td></td>
</tr>
<tr>
<td>Availability of up-to-date consumer resources about pain management</td>
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<tr>
<td>Local clinicians’ capacity to work across the continuum of pain management</td>
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</tr>
<tr>
<td>Availability of professional development opportunities about pain management</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Further comments**

**19. Are there any further comments you would like to make about pain management services in NSW?**

**Thank you**

Thank you for your participation in this survey. Your feedback is appreciated.
Appendix I  Pain Management Service Patient Survey distribution procedure

1. Extract a list from the ePPOC database of the email addresses of all patients who completed a pain management episode of care between 1 January 2014 and 31 July 2014.
2. Create an email to all patients utilising the email list created – noting to send the email to yourself and placing the patient email addresses in the BCC field to ensure confidentiality.
3. In the body of text you may wish to use the following text or a variation thereof:

   “Dear xxx,

   This email is being sent to you as a prior patient of the xxx pain management service.

   The NSW Agency for Clinical Innovation has engaged an independent consulting firm to undertake an evaluation of the way pain management services are delivered in NSW. As part of this evaluation the consultants are particularly keen to hear back from former patients of the service.

   Please find attached a link to an electronic survey which has been specifically designed for former patients of pain management services in NSW. This survey should take about 10 minutes to complete.

   This is your opportunity to provide some feedback about the pain management service you have received. All survey responses will go directly to the consultants and are treated as strictly confidential. Our service will not be able to access survey responses.

   All survey responses should be completed by the 26\textsuperscript{th} of September 2014.

   We encourage your participation in this important process.”

4. Distribute email.
5. Print off copies of the PFD version of the survey.
6. Advise all clinicians about the evaluation and the need to encourage participation for patients who are currently completing the program through to the 26\textsuperscript{th} of September, asking that they promote to patients – advising them of the weblink and or distributing the PDF versions of the survey tool for completion that day.
7. Where patients elect to complete the PDF version, collect completed versions, scan and email to tina@oconnelladvisory.com.au – email subject “PM evaluation survey responses”.

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Appendix J Pain Management outline for newsletters and other promotional material for clinicians

“The Agency for Clinical Innovation has engaged O’Connell Advisory to undertake a formative evaluation of the NSW Pain Management model of care. As part of this evaluation process, the evaluators are keen to get feedback from staff of hospital based Pain Management Services, General Practitioners and allied health professionals who treat people who have chronic pain.

The Ministry of Health has made a significant investment in Pain Management, through funding the addition of 5 new hospital based Pain Management services, and providing additional resources for capacity building for some existing services as well as providing additional educational opportunities for clinicians working in primary care.

This is your opportunity to provide feedback about chronic Pain Management Services in NSW.

The evaluators have developed electronic survey tools, and the survey itself has been designed to take no more than 10 minutes of your time. The survey link is:

The survey will close 26th September 2014. All responses will be treated as strictly confidential.”
Appendix K  Pain Suggested wording for prompts to maximise survey responses

Emails:

“Dear xxx,

For those of you who have responded to the survey regarding pain management services, that was distributed via email on the [date] thank you.

For those of you yet to respond we remind you that the survey closes on the 26th of September 2014.

This is your opportunity to provide feedback regarding pain management services in NSW. All survey responses will go directly to the consultants and are treated as strictly confidential. Our service will not be able to access survey responses.

We encourage your participation in this important process.”