Report of focus group discussions about pain management

Background

Margaret Fennen, the NSW&ACT Faculty’s nominated facilitator, conducted a focus group following Dr Chris Hayes’ one hour presentation, *Focus on pain: applying new evidence in general practice*, at the RACGP Twilight Update on 3 April 2013. The purpose of the focus group was to review and discuss current strategies for pain management. The seminar attendees were divided into 4 groups, each with 8-9 members, to discuss 3 elements of pain management:

1. assessment tools
2. patient education
3. patient management plans.

As there were a large number of assessment tools to review and discuss, 2 groups were assigned to review and discuss this aspect of pain management.

The groups were asked to consider the following in their discussions:

- GPs’ and patients’ needs,
- challenges,
- benefits,
- appropriate use,
- challenges, and
- improvements.

The outcomes of the discussions are reported below.

Assessment Tools

GPs’ needs

All GPs agreed that assessment tools are useful to give structure to a consultation and support WorkCover assessments. They also provide helpful information when referring patients to specialists. However, GPs want to know how many tools they should use, which tools are most relevant to specific conditions, and need more information to understand the assessment tools. They would also like a tool that predicts transition through the various stages of pain, i.e. acute to persistent, assesses location and intensity of pain, and provides visual results.
Patients’ needs

Patients need assessments that are short and easy to understand. They need assessment tools that help them identify the location, intensity and duration of pain, so diagrams and visual ratings are useful. Assessments that include functional goals are useful for patients as they assist the patient and GP to develop a management plan. As physiotherapists use the Orebro questionnaire, this is a worthwhile tool to assist the patient, GP and physiotherapist in developing and implementing a management plan. Patients need assessment tools that provide a basis for discussion with their GP or other health professionals.

Challenges

The focus groups identified the following challenges to using the assessment tools reviewed by the groups:

<table>
<thead>
<tr>
<th>Assessment tool</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Brief Pain Inventory (BPI)</td>
<td>Too long, results may not be accurate as it is subjective</td>
</tr>
<tr>
<td>DN4</td>
<td>Focus is too narrow</td>
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<tr>
<td>Orebro</td>
<td>Too long</td>
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<tr>
<td></td>
<td>Complex and work oriented</td>
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<tr>
<td>LANSS Pain Scale</td>
<td>Too detailed and complex</td>
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The groups’ preferred tools were:

<table>
<thead>
<tr>
<th>Assessment tool</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Kessler 10</td>
<td>Reputable and used on software</td>
</tr>
<tr>
<td>DASS 21</td>
<td>More specific</td>
</tr>
<tr>
<td></td>
<td>Simple to use</td>
</tr>
<tr>
<td></td>
<td>Even GPs not familiar with the tool said they could and would use it</td>
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<tr>
<td>PHQ 4</td>
<td>Short and to the point</td>
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The GPs identified other challenges faced in using assessment tools to assist with managing pain as:

- the level of communication between allied health and other health professionals,
- the high cost of multidisciplinary intervention,
- the inconsistency of assessment tools used,
- the accuracy of the information provided by the patient, and
- the compliance of the tools with the management plan.

Suggested improvements

The GPs in the focus groups agreed that they would find assessment tools more useful if they:

- used electronic scoring
- assessed functional goals.
The GPs also believed that Practice Nurses should be involved in the assessment process, which would ease the time constraint on the GPs, and that the tools should include anecdotal information as well as questionnaire style responses.

**Patient education resources**

**GPs’ needs**

The overwhelming feedback about educating patients was that GPs have to invest a lot of time into this aspect of pain management, and be persistent with follow-up. They all agreed that a non-judgemental approach is required to explain the connection between pain and the brain. Therefore, using a template based on the 5 finger plan would provide a structured approach to educating not only the patient, but the family and/or carers as well.

**Patients’ needs**

Patients need education about their pain and pain management that will empower them. All the GPs agreed that the You Tube Brain Man presentation was a most useful tool for educating patients, their families and carers to recognise the connection between pain and the brain. Patients need to understand the negative aspects of ongoing opioid use, and, by being introduced to the concept of brain plasticity, encouraged to focus on a positive outcome. If they understand themselves, they will be more confident to retrain their brains. Similarly, patients need realistic lifestyle education to support the brain retraining process and achieve a positive outcome.

**Challenges**

Educating patients about pain and pain management presents some significant challenges. Patients on disability benefits are concerned about losing their benefits and the threat of unemployment and loss of income so may resist education to change their outlook. Similarly, a patient’s pre-morbid personality will affect his acceptance of pain education. As pain management is most effective when the patient’s family and/or carers are involved, gaining access to all can be difficult. The lack of available pain psychologists is also a hindrance to effective pain education.

**Suggested improvements**

The GPs in the focus groups agreed that patient education is vital to managing pain and rehabilitating patients. However, to avoid duplication and encourage use, there is a need for a one-stop shop of resources that are:

- varied to suit different patient needs, ie visual, written, case studies etc
- available electronically, including on practice software, with easy access
- friendly and easy to understand and follow,
- non-judgemental in their approach,
- consistent, and
- relevant to patient, family and carers.
Management Plans

Challenges

Using management plans with patients presents a range of challenges. The most difficult challenge to meet is time and the cost to both the GP and the patient. The GPs believed that it takes several consultations for the GP and the patient to get to know each other and develop the trust necessary for a management plan to work effectively. There is also the paperwork factor. This time constraint could be partly addressed by involving the Practice Nurse in developing and monitoring the plan with the patient. Also, GPs sometimes experience ‘burnout’ with complex and difficult cases so that management plans ‘fall over’.

Another challenge can be inconsistency of the goals identified by the GP, the patient and other health professionals involved in the case. This can result in the patient not agreeing to the plan and not carrying it out. For this reason, it is important that the plan is relevant to the patient, realistic and achievable.

Whilst a plan may be developed that suits both the GP and the patient, access to allied health services may be difficult for a number of reasons and is limited under chronic care plans. Access to allied health service providers may be limited by finding providers with the appropriate skills to work in a multidisciplinary team, the patient’s ability to get to the provider and the patient’s financial situation.

Benefits

All the GPs agreed that using a management plan benefitted both patient and doctor as it developed a partnership between the patient, the GP and any other health professionals involved in the case. A plan with realistic expectations helps the patient to acknowledge and understand their pain and recognise the management milestones they achieve. It also allows for better communication between colleagues resulting in consistency of assessment and treatment, and may reduce the risk of misuse of medications.

The focus group GPs liked the concept of the 5 finger model and recognised it as an excellent basis for a therapeutic plan.

Suggested strategies for developing and implementing management plans

Management plans should be short, targeted and goal oriented. They need to be relevant and personalised, i.e. anecdotal, not just tick box, and designed to promote consistency of treatment and reinforce aspects such as nutrition, smoking etc. Management plans should also allow for review of medications.

GPs should involve the patient, family, and/or carers, and any other health professionals in developing the plan to ensure that it is relevant, realistic and achievable. The plan should be developed after the patient, family and carers have been educated about pain and pain management so that they understand the concept of ‘pain and the brain’ and the purpose and benefit of the plan. Pain management is a journey undertaken by a number of people together. Therefore the plan should be developed collaboratively during a number of consultations and reviewed and modified regularly so that both the GP and the patient are aware of progress.

Regular review and
acknowledgement of the patient’s achievement of set goals will also encourage both the GP and the patient to persist.

The plan should include Mental Health Item numbers for psychologists and keep allied health (AHP) referrals under Team Care Arrangements (TCA) for physiotherapy etc.

Conclusion

The GPs involved in the focus session were all keen to help their patients with pain management and were fairly unanimous in their comments and opinions. In summary, GPs find it difficult to invest the time and persistence into developing, implementing and monitoring management plans, but agreed that they are worthwhile. The focus group GPs believe that, currently, there is not one assessment tool that meets their needs in assessing a patient’s pain, nor that a combination of the tools available provides a complete ‘picture’ of the patient. They were very enthusiastic about ‘Brain Man’ as an educational tool and the 5 finger model as a basis for discussing brain retraining with the patient and developing an appropriate management plan.

Margaret Fennen