Pain Management Model of Care 2012-2016:
ACI Pain Management Executive Response to Formative Evaluation
Background

In 2012, NSW Health under the leadership of Minister Skinner, committed 26 million dollars over four years towards enhancement of pain management services across NSW, and to support implementation of the NSW pain plan. The state plan was developed in alignment with the National Pain Strategy and the recommendations of a NSW Ministerial Taskforce.

The objective of the pain plan and model of care was 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.

Pain services have been resourced to increase the capacity to provide services to people with pain, and to support the clinicians who manage them.

Ongoing resourcing of the ACI Pain Management Network, including the provision of a full-time manager, has enabled the consolidation and coordination of Pain Service Delivery across NSW. This has been evidenced by active engagement of all NSW Ministry of Health pain services, the private sector, primary care (including pharmaceutical providers) and consumer groups. This level of engagement, and ongoing cooperation had not previously been possible and provides the platform for ongoing quality improvement and delivery.

In 2014, the NSW Agency for Clinical Innovation commissioned O'Connell Advisory to conduct a formative evaluation to assess progress against the NSW pain plan and implementation of the model of care.

The ACI Pain Management Executive is pleased to respond to the findings of the O’Connell Advisory evaluation.

Key Findings from the evaluation:

1. Specific evidence of the outcome of the resource investment is seen through the following:
   - There are increased numbers of pain programs delivered to people in NSW with chronic pain
   - There is a reduction in waiting time for the majority of NSW Pain Management Services
   - There is a perception by Pain Management Services, staff and patients that there have been improvements in the way pain is assessed and managed
   - The ACI Pain Management website has been developed and launched with high levels of activity and positive feedback from users.

2. Consistent application of an evidence based model of care.
   An evidence based model of care for Pain Management in NSW has been established across the state’s pain clinics. Key strategies including a collaborative multi-disciplinary approach, partnership with primary health care providers and the use of self-management principles are being applied by the staff of NSW Pain Management Services.

3. Capacity to treat people with chronic pain in NSW has been increased.
There are 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.

4. Quality of life and productivity of people with chronic pain is improved. Patients of Pain Management Services report improved quality of life and improved productivity as a result of participation in pain programs.

5. ACI Pain Management website
   The ACI Pain Management website has been utilised, and is well regarded by those clinicians who have visited the website and many consumers.

6. Electronic Persistent Pain Outcomes (ePPOC)
   An evidence based system of measuring, reporting and benchmarking patient outcomes has been established for all NSW pain clinics.

7. LHD accountability, support and sponsorship are critical factors in the ability of pain services to deliver all aspects of the model of care.

Areas for further focus

1. Service Delivery
   - Three Local Health Districts have not received any enhancements or had any prior capability or expertise to manage people with chronic pain. There are significant gaps in the identified areas of NSW including Southern NSW, Murrumbidgee and Western NSW LHD.
   - Some NSW pain services received no additional funding in the enhancements to support implementation of the model of care eg St George and Greenwich Hospitals
   - Inequitable allocation of pre-existing and new funding has resulted in some pain clinics remaining under-resourced to manage their local population

2. Primary care support
   - Whilst significant work has been undertaken in the area of primary care support, there is further effort requiring strategic networking and partnering between ACI, LHDs and primary care organisations such as the newly evolving Primary Health Networks, Royal Australian College of General Practitioners and GP NSW.

The ACI Pain Network Executive fully endorses and supports the findings from the evaluation and has the following recommendations.

Recommendations

1. Further resourcing (in some form) is required to support development of local pain management services in the three identified LHDs without a pain service. This may be best serviced via telehealth/videoconferencing providing specialist metropolitan based expertise to local services and providing a mechanism for training in pain management via webinar

2. Under resourced clinics should be identified and prioritised for future enhancements to support the local population

3. The introduction of Primary Health Networks should be used by the ACI pain network as an opportunity to:
o Improve the effectiveness of communications and overall engagement between hospital based Pain Management Services and primary care clinicians.

o Improve GP and allied health professionals awareness about the ACI Pain Management website.

o Improve GP and allied health professionals awareness of upcoming professional development opportunities about pain management.

o Support change in the clinical management of chronic pain in primary care aligned to the evidence.

o Understand what GPs want to know about pain management services.

o Work in partnership to determine the optimal referral process.

o Work in partnership to improve Tier 1 uptake of the telephone support available from Tier 2 and Tier 3 services.

4. Funding of benchmarking through ePPOC must continue to be supported to facilitate measurement of clinical variation and the impact of NSW pain management services. The value and importance of this database is indicated by its spread nationally to other pain management services across Australia which will also increase the power of information collected and reported upon.

5. Planning with the Ministry of Health is required to ensure that each LHD is accountable for delivery of services in line with the funding received to enable pain services to meet expectations and timelines.

6. Continued development of communication strategies is needed to ensure the general community are aware of options available for the evidence based management of chronic pain.

Additional strategic activity will be undertaken by the network over the next 2 year period. These activities were identified through the NSW Taskforce and in the statewide plan.

1. The development of culturally appropriate resources for CALD communities in four target groups; Arabic, Vietnamese, Chinese and Greek.

2. The development of culturally appropriate resources for the Aboriginal community.

3. The development of resources and materials to support the model of care for adolescents transitioning to adult services. An appropriate management structure for this population is likely to be one of the most important projects of the ACI to deal with over the next few years. It has flow on effects to all adult services in the state, and if not appropriately dealt with, is likely to have a major negative impact upon the whole pain initiative instituted by the NSW government.

4. The piloting of a telehealth consultation model for pain management to facilitate access for people who live in rural and remote NSW where pain clinics are not present.

5. Benchmarking workshops to enable NSW pain clinics to explore the data and clinical service variation.