

## CONFERENCE ABSTRACT

### Innovation in pain management: connecting regional and rural community based care to specialist services

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**Introduction:** In Australia 20% of the population live with disabling chronic pain, costing the health system \$34 billion annually. Less than 0.1% are reviewed by specialist services due to limited availability of specialist consultants. Residents in Southern New South Wales (NSW) Local Health District (SNSWLHD) are challenged due to geographical isolation, travelling long distances to access specialist services.

In 2015, NSW Minister for Health, provided recurrent funding of \$100,000 p.a. to support the objectives of the Agency for Clinical Innovation (ACI) 2012 Pain Management Plan. The plan identified the need to improve access to pain services in rural and remote areas. The ACI and SNSWLHD collaboratively tendered to appoint a tertiary provider to deliver the service. St Vincent's Hospital Sydney was successful in the tender to establish a multidisciplinary outreach Pain Clinic in partnership with ACI, SNSWLHD, and South Eastern NSW Primary Health Network (SENSW PHN)-COORDINAIRE.

The challenge is to shift the burden of chronic pain management from the hospital to a more consumer accessible community Model of Care.

**Practice change:** The new model went live in 2016 and includes: upskilling of local primary multi-disciplinary care providers, assessment and self-management education and linking of general practice with tertiary specialists using telehealth.

**Aim/theory of change:** The aim is to deliver evidence based, multidisciplinary pain management in primary care with access to pain specialists for complex patients. Using telehealth technology enables patients to remain close to home, reducing discomfort and costs.

In theory, creating local primary care expert hubs, linked with a tertiary specialist centre, will enable early intervention thereby reducing the societal cost burden.

Targeted population and stakeholders

People suffering chronic pain > 6 months.

**Stakeholders:** Patients, Families and Carers, SNSWLHD Clinicians, Primary Care providers.

**Timeline:** The service has been operational for 12 months and formative evaluation shows that key deliverables are being met. Ongoing evaluation has been embedded in the model.

**Highlights:** The provision of integrated pain management services in the community resulting in the positive response from both consumers and clinicians. Consumer feedback is extremely positive with a 100% satisfaction rating.

**Sustainability/transferability:** The service agreement specifies a minimum number of multidisciplinary telehealth clinics per month plus three multidisciplinary outreach workshops per annum. The relatively low cost of service provision and simple model demonstrates ease of transferability within the region. Upskilling ensures sustainability by increasing capacity within the system together with service agreement monitoring to maintain quality.

**Conclusions:**

Since introduction there have been:

- a) 107 Telehealth consultations.
- b) Evaluation of positive patient experience = 100%.
- c) Evaluation of 71 Providers: Positive experience = 97%, Ability to support their patient more = 91%.

**Discussion/lessons learned:** The move away from hospital to community care is a positive one. Skilled local multidisciplinary teams supported by telehealth enables the consumer to receive the best available service where they live.

The partnership between specialists and local providers, with support of state & federal funding, is achieving outcomes through willingness to network, share new evidence and utilise technology with the consumer at the centre of the model.

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**Keywords:** multi-disciplinary; integrated; upskilling; primary-care; specialist

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