

A health care system to meet our needs

The Power of Innovation

**NSW Pain Management Plan:
a case study in Western NSW**

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Health

Australian Events

1. Faculty of Pain Medicine training program 1999
2. Pain Medicine specialist recognition by Federal Govt 2005
3. Access Economics/MBF Foundation: High price of pain 2007
 - i. Population prevalence 20%
 - ii. Annual cost \$34 billion
4. National Pain Summit - Parliament House Canberra, March 2010 (150 health care & consumer organisations)
5. Qld Health allocated \$39 million over 4 years for State-wide Persistent Pain Strategy 2010
6. NSW ACI Pain Network 2010
7. NSW Ministerial Taskforce report October 2011

International Events

1. International Pain Summit - Montreal 2011
 - i. Declaration of Montreal
 - ii. A Statement of Desirable Characteristics of National Pain Strategies
2. European Chapters of IASP - Brussels May 2011 "Road Map for development of Pain Services" across Europe
3. US Institute of Medicine, National Academy of Sciences "Relieving Pain in America" report - mid 2011
4. British Pain Summit - November 2011
5. Canadian Pain Summit - April 2012

Loeser's 5 crises in pain management

IASP Clinical Updates January 2012

1. Lack of evidence for interventions
2. Largely unknown value of opioids in chronic pain
3. Inadequate education of primary care HPs
4. Funding for pain management providers
5. Access to multidisciplinary care

“Therapeutic balance: biomedical intervention – active management strategies”



Pain medicine density

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Popⁿ (million)	7.32	5.64	4.60	2.37	1.66	0.51	0.37	0.23	22.7
Adult MPC (FPM accredited)	9	4	2 (+3)	3	2	1	0	0	24
MPCs/ million popⁿ	1.23	0.71	0.43 (1.09)	1.27	1.20	1.96	-	-	1.06
Pain Medicine Specialists	79	40	41	28	29	8	1	0	226
Specialists/ 100,000 popⁿ	1.08	0.71	0.89	1.18	1.75	1.57	0.27	-	1.0

Australian Bureau of Statistics 2011, FPM statistics 2012

Lessons from PCOC

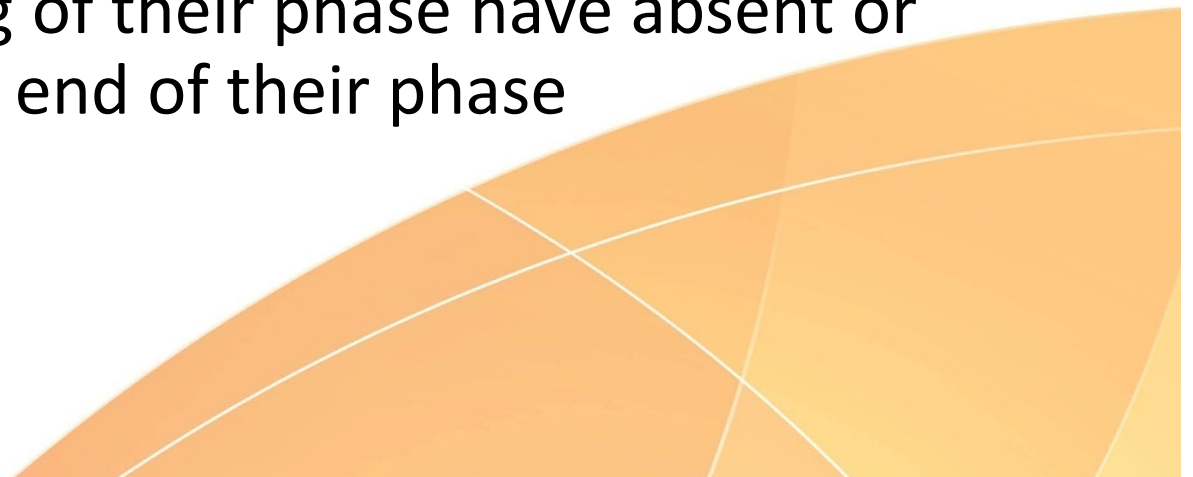
2 National Benchmarks for Pain

Measure 1:

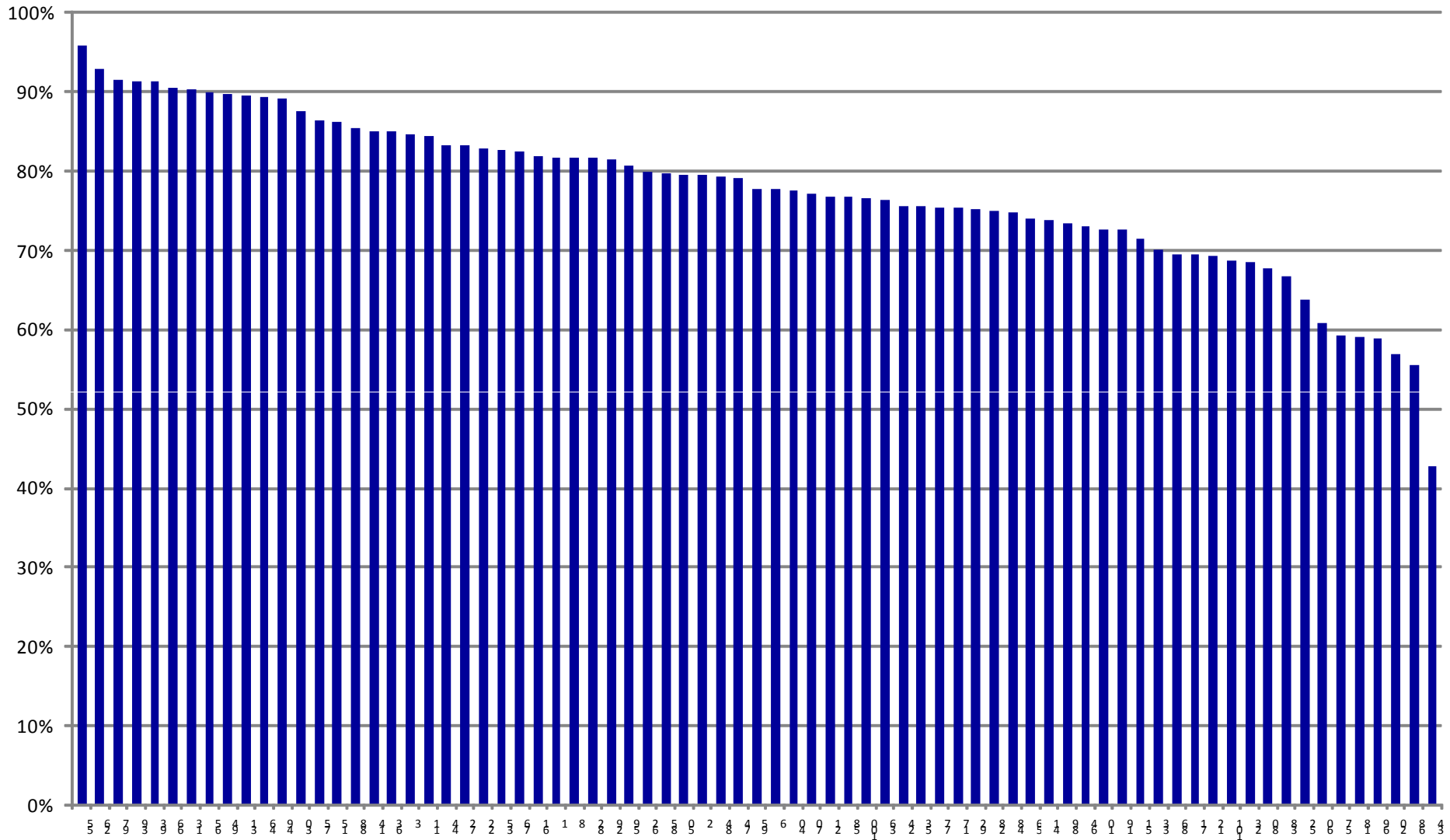
90% of patients with absent or mild pain at the beginning of their phase have absent or mild pain at the end of their phase

Measure 2:

60% of patients with moderate or severe pain at the beginning of their phase have absent or mild pain at the end of their phase

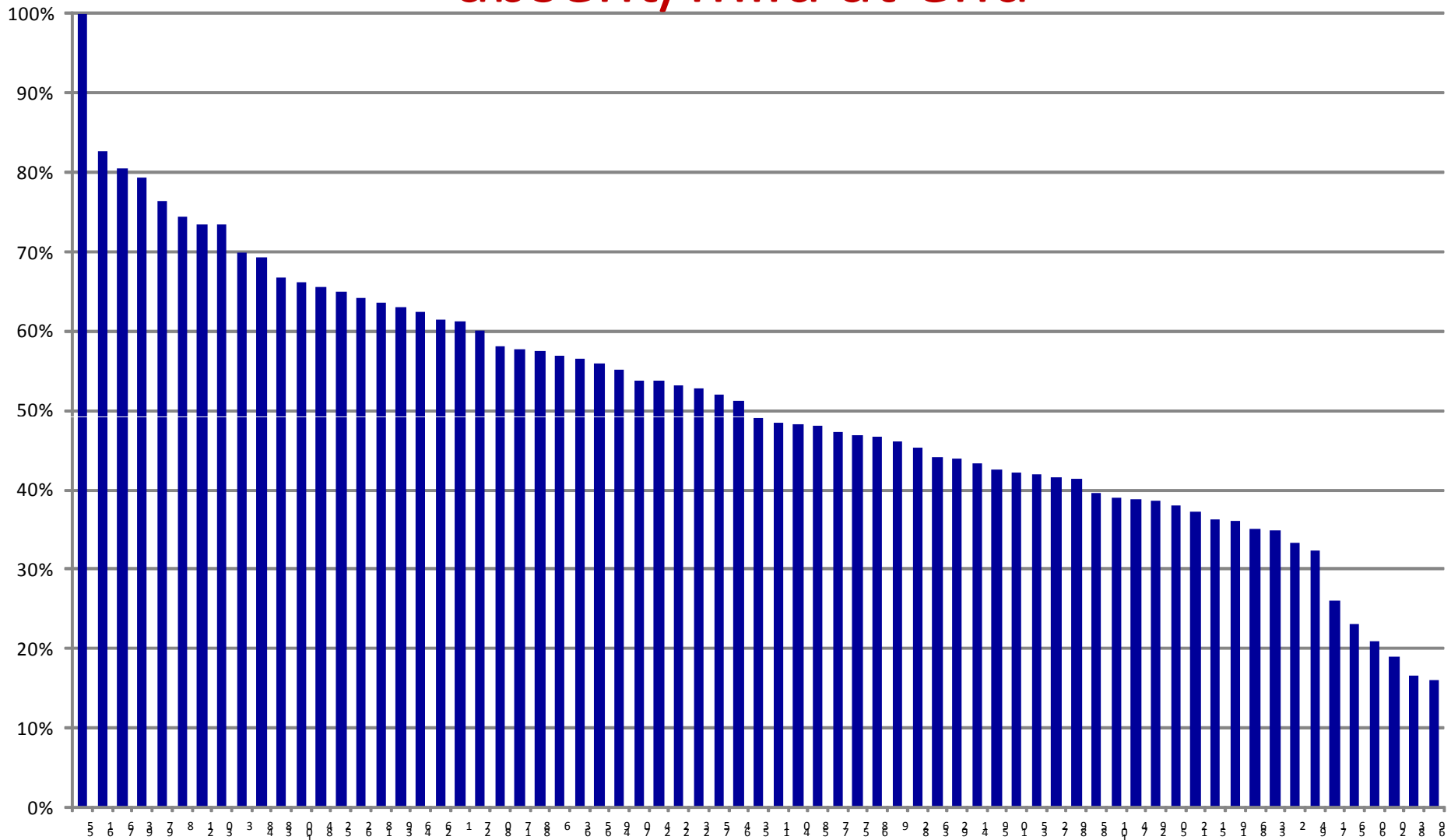


Pain score: Absent or mild at start and end



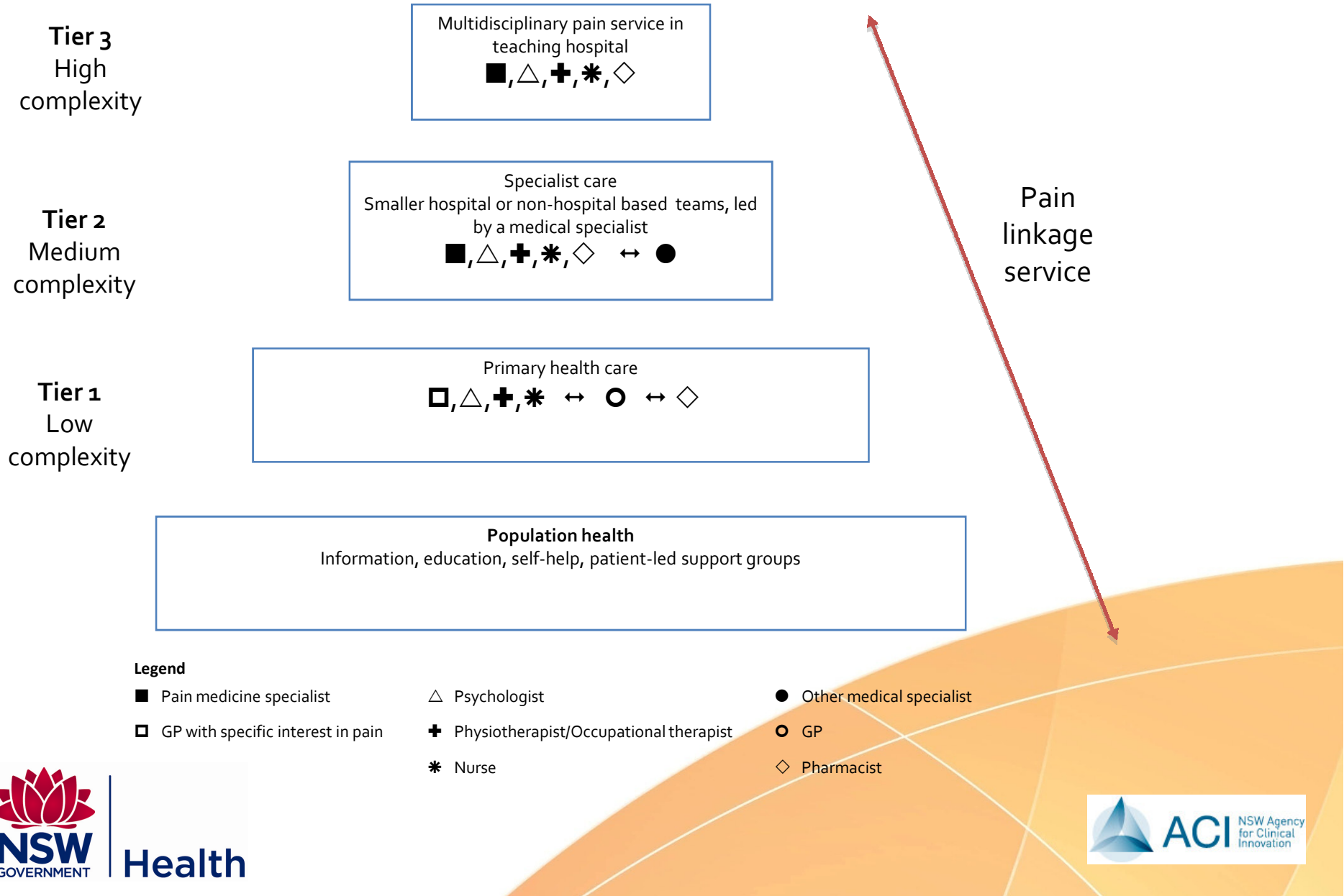
78% of all patient phases and 9% of services met benchmark

Pain score: Moderate/severe at start, absent/mild at end



48% of all phases and 30% of services met benchmark

NSW Model of Care



NSW model of care

ACI/Taskforce estimate \$25 million per annum

- i. 50% to secure existing FPM accredited MPCs (9 adult, 2 paediatric)
- ii. 50% for Tier 2 and Linkage services

NSW Health \$26 million over 4 years to support a new model of care for chronic pain (July 2012)

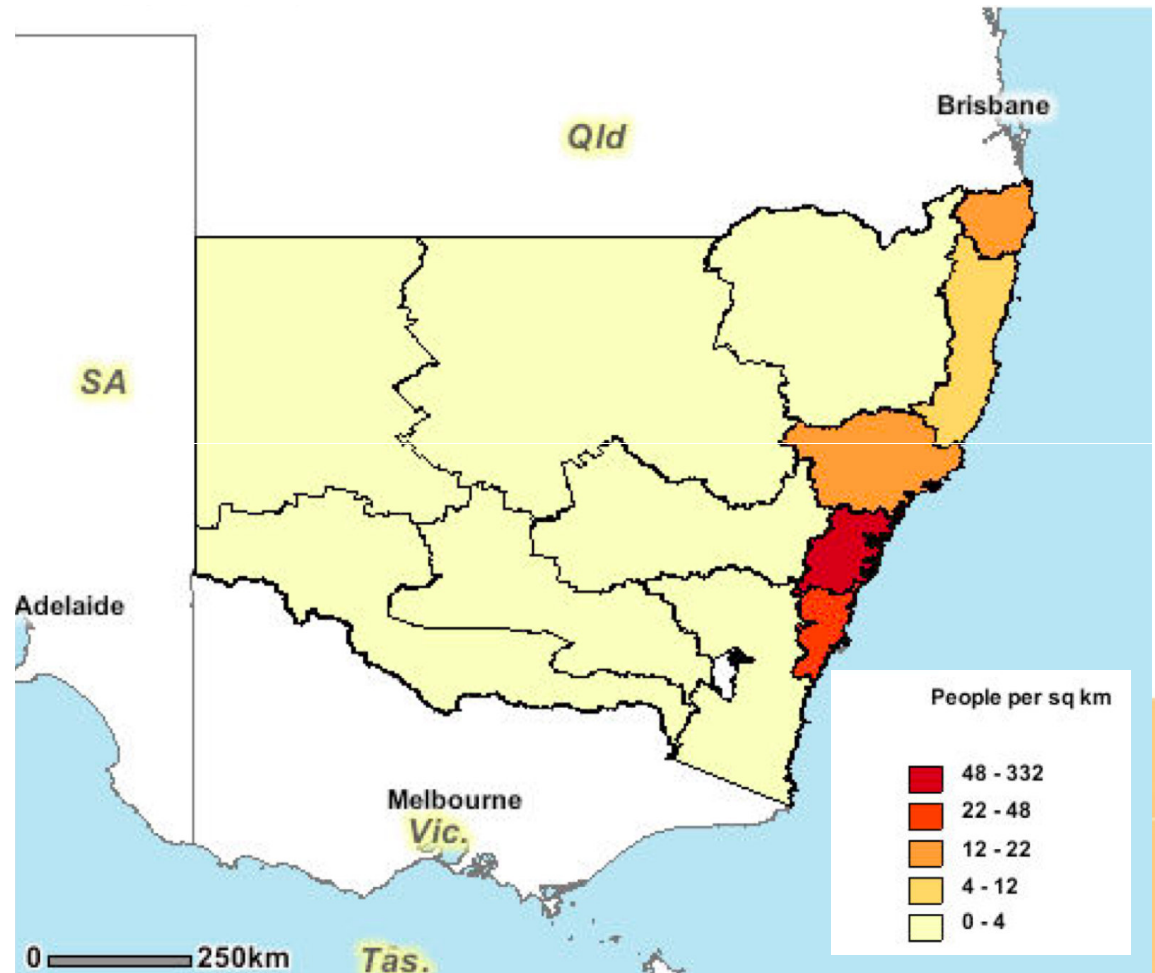
- i. Support 11 existing FPM accredited services (Tier 3)
- ii. 5 x Tier 2 services (support from 5 nominated Tier 3 services)
- iii. Research and outcome measurement

Key priority areas for the Network

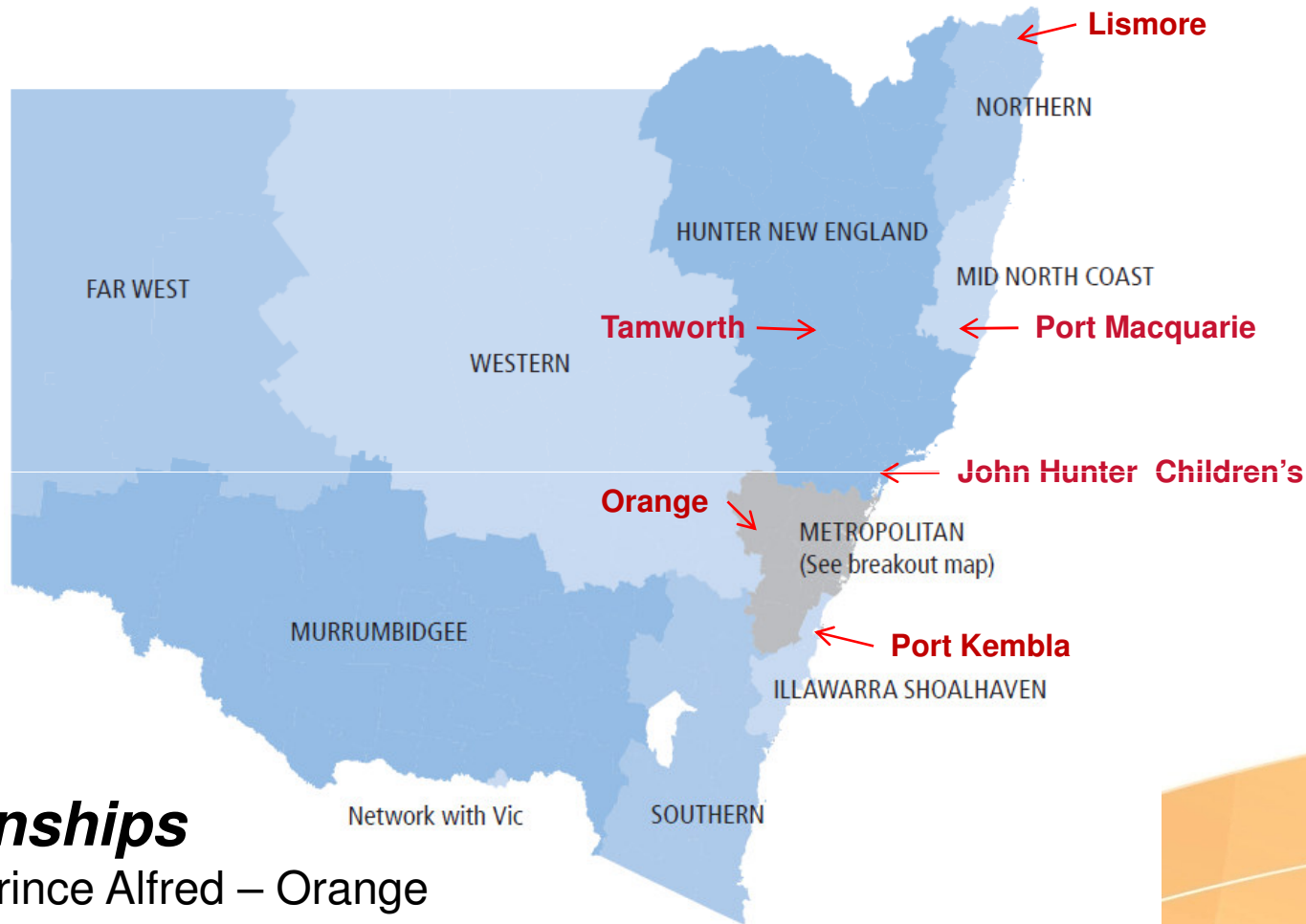
1. State-wide consistency of access & approach
2. Integration of layers/tiers of the model
 - i. Triage/referral
 - ii. Patient transition through services
3. Improvement of service delivery
 - i. Group programs – pre assessment, shorter
 - ii. Less assessment, more management
 - iii. Ratio of new to review patients
 - iv. Less biomedicine more active management
 - v. Outcome evaluation: system, clinical

NSW Population Density

Sydney 380/km²
NSW 9/km²



NSW Tier 2 Services



Relationships

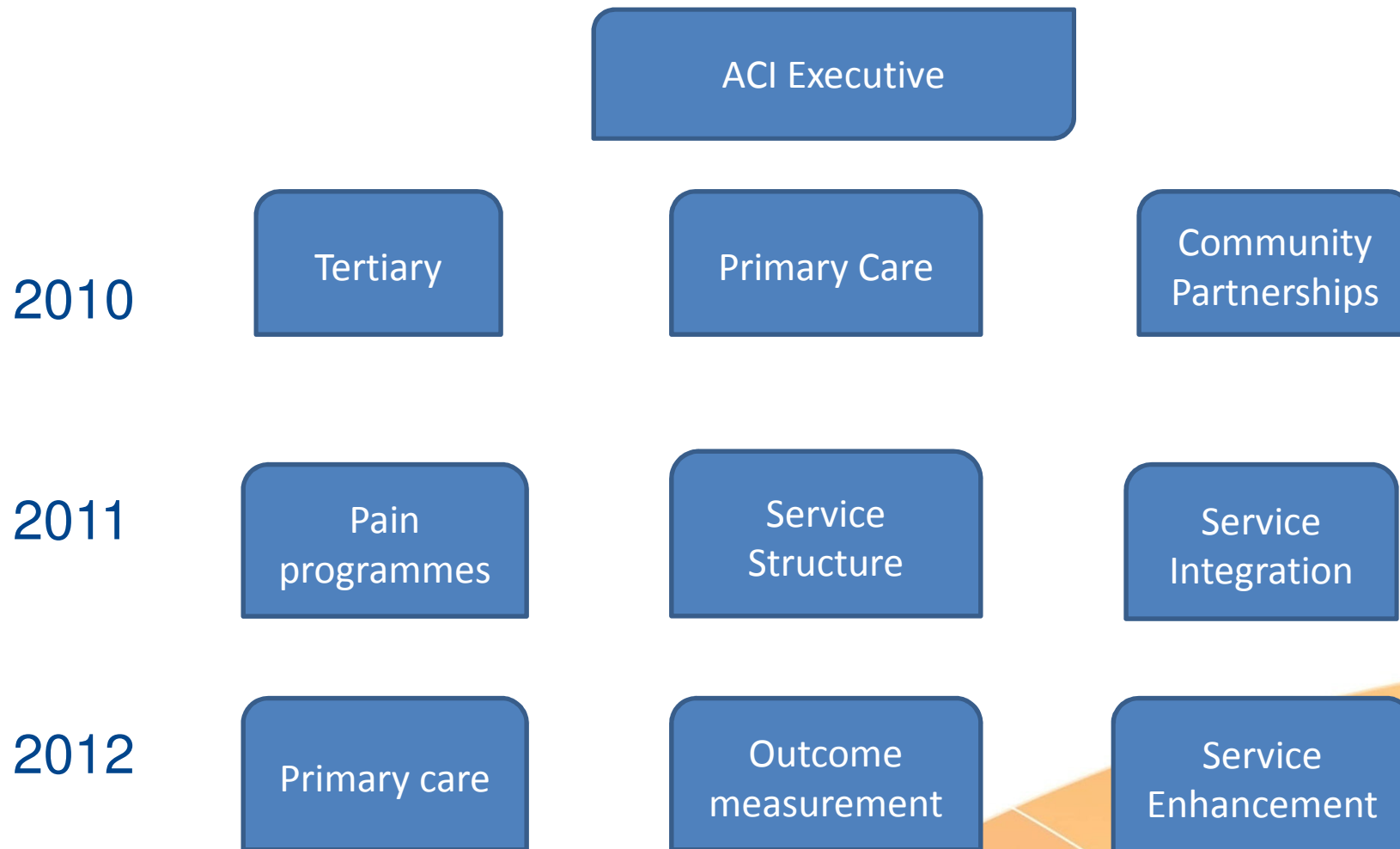
1. Royal Prince Alfred – Orange
2. Prince of Wales – Port Kembla
3. John Hunter – Tamworth
4. Royal North Shore – Port Macquarie, Lismore
5. Westmead Children's – John Hunter Children's

ePPOC

electronic Persistent Pain Outcome Collaboration

1. Collaboration between FPM, APS, NZPS and Australian Health Services Research Institute, University of Wollongong, Prof Kathy Eagar.
2. Consensus regarding minimal clinical dataset
3. Proposed 3 phase strategy
 - i. Business model planning
 - ii. Initial pilot implementation in NSW
 - iii. Larger scale rollout
4. Allocated \$300K per annum
 - i. Statistician
 - ii. ePPOC manager

ACI Pain Network Working Groups



Western NSW: Why Orange & RPA?

- Local champions
- Orange
 - Rehabilitation specialist with interest in pain
 - Acute Pain Service
 - Interventional radiology
 - Potential for further outreach – Forbes , Cowra
- Tier 3: Royal Prince Alfred
 - Willingness to explore new model of care

Western NSW: Upcoming challenges

- Recruitment of new staff in a regional area
- “Localising” a generic model of care
 - Role of Tier 3 support
 - Referral criteria
 - Assessment v management investment
 - Group programs
 - Potential for further outreach – Forbes , Cowra
- Telehealth
- Evaluation

Our Insights: What have we learned

1. Tackle the big picture “model of care”
2. Include a public health perspective
3. Involve primary care and consumers
4. Evaluate existing treatment approaches
5. Build in evaluation of the new model – consider track record of provider
6. “Localise” rather than “mandate”