



Western Health Integrated Pain Service

Dr Andrew Jeffreys
Dr Kathleen Leach
Kelly McLaughlin



Acknowledgement of Country

Western Health acknowledges the Traditional Custodians on the land on which our sites stand, the Wurundjeri Woi-Wurrung, Boon Wurrung and Bunurong peoples of the greater Kulin Nation. We pay our respects to Elders past, present and emerging.

We are committed to the healing of country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

Western Health is committed to respectfully listening and learning from Aboriginal and Torres Strait Islander people and wholeheartedly supports their journey to self-determination.

Session Plan

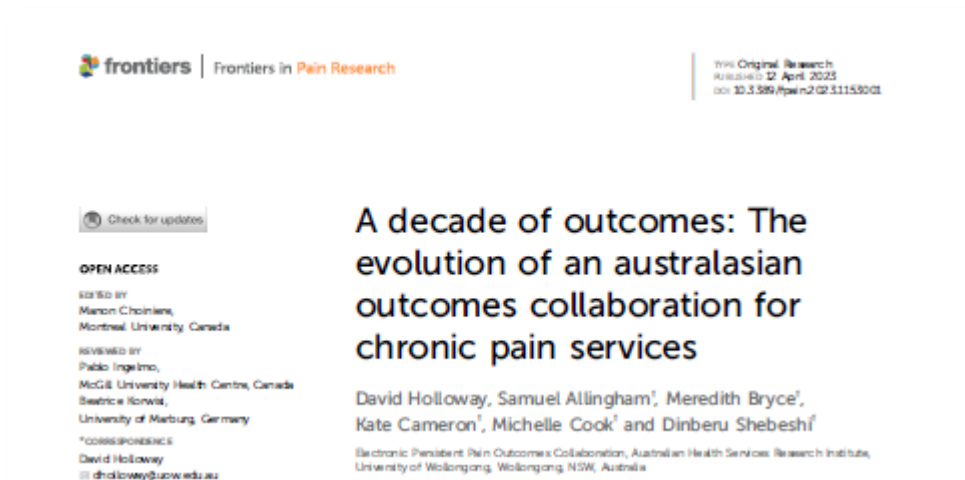
Time	Topic	Learning Outcome
6:30-6:50	Introductions and overview of the characteristics of patients referred to Western Health	Participants will have an improved understanding of the demographic, socioeconomic and clinical characteristics of the patients they are referring to the Western Health Pain Clinic. They will better understand why a multi-disciplinary approach is needed for the complex needs of this patient group.
6:50-7:10	Introduction to the new Western Health integrated Pain Service and new referral guidelines	Participants will understand the Western Health Integrated Pain Service new Model of Care and how they can effectively utilise the multi-disciplinary services and programs offered by Western Health and other services.
7:10-7:30	Clinical Update on Widespread Pain/Fibromyalgia	Participants will be up to date with best practice management of the most common pain conditions, in particular chronic low back pain and chronic widespread pain/fibromyalgia referred to the Western Health Integrated Pain Service. Case studies will be presented to demonstrate the role of the multidisciplinary team at Western Health in supporting GPs in their management of patients with chronic widespread pain.
7:30-7:50	Clinical Update on Deprescribing	Participants will be able to identify patients who would benefit from deprescribing of pain medication and know when to refer to the multidisciplinary team at Western Health and other health services for support.
7:50-8:00	Q & A Session	

Learning Outcome 1

Participants will have an improved understanding of the demographic, socioeconomic and clinical characteristics of the patients they are referring to the Western Health Pain Clinic. They will better understand why a multi-disciplinary approach is needed for the complex needs of this patient group.


Electronic Persistent Pain Outcomes Collaboration (ePPOC)....

- Established in 2013 run by the Australian Health Services Research Institute (AHSRI)
- Over 100 adult and pediatric pain clinics in Australia and New Zealand including Western Health
- Annual and mid-year reports summarize data and benchmarking against other services in Australia and New Zealand.



ePPOC 
electronic persistent pain
outcomes collaboration

- We require all English speaking patients to complete an initial ePPOC questionnaire before being offered an appointment.
- The questionnaires are sent via SMS and email. Patients can call and request a paper questionnaire or come to CBR to complete it with one of the team.
- CALD patients will be given the questionnaire on a case by case basis
- Patients who do not complete the questionnaire will be discharged and a letter sent to the referrer.



Western Health

REFERRAL QUESTIONNAIRE			
Section 1 – Your details			
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		Family name (<i>surname</i>)	Given name(s)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (<i>dd/mm/yyyy</i>) _ _ / _ _ / _ _ _ _	Today's date (<i>dd/mm/yyyy</i>) _ _ / _ _ / _ _ _ _
Address Number and Street:			
City/Suburb:		Postcode:	State:
Phone Home:		Work:	Mobile:
Email address:			
Country of Birth <input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Other (<i>please specify</i>)			
Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If you answered yes, please specify the language</i>			
Are you hearing or sight impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you require help with written or spoken communication? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Height (<i>in cm</i>)		Weight (<i>in kg</i>)	
Are you of Aboriginal or Torres Strait Islander origin? (<i>more than one may be ticked</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander			
Have you ever served in the Australian Defence Force? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a client of the Department of Veterans' Affairs or have you received a benefit or support from the Department of Veterans' Affairs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a compensation case relating to this episode? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>(If yes, record the type of compensation):</i> <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Public Liability <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other			
How did your main pain begin?			
<input type="checkbox"/> Injury at home		<input type="checkbox"/> Motor vehicle crash	<input type="checkbox"/> After surgery
<input type="checkbox"/> Injury at work/school		<input type="checkbox"/> Cancer	<input type="checkbox"/> No obvious cause
<input type="checkbox"/> Injury in another setting		<input type="checkbox"/> Medical condition other than cancer	<input type="checkbox"/> Other (<i>please specify</i>)
How long has your main pain been present? (<i>Tick one box only</i>)			
<input type="checkbox"/> Less than 3 months		<input type="checkbox"/> 12 months to 2 years	<input type="checkbox"/> More than 5 years
<input type="checkbox"/> 3 to 12 months		<input type="checkbox"/> 2 to 5 years	

Referral Questionnaire – Adult, AUS v2.0
Page 1 of 10



Characteristics & outcomes for people with low back pain (LBP)

We examined information provided at referral
& treatment end for over 13,000 patients with
chronic pain; here's what we found...

1/3 reported **LBP** as
their
primary pain 

At referral, people with Primary LBP:

were only in their late 40's
(ave age 48)

were **more likely to have had
pain >5 years** (31%) compared
to those without LBP (19%)



**had scores indicating greater
severity** for pain, mood and
cognition compared to those
without LBP

were more likely to
be **using opioids** (54%)
compared to those
without LBP (40%)



At treatment end, people with Primary LBP:

**Despite
greater
clinical
severity at
referral...**

Almost
75%

reported **positive
improvement** after
treatment



Profile of patients referred to Western Health (WH) Pain Clinic

Table 5 – Referral source	WH		All services	
	Number	%	Number	%
General practitioner/nurse practitioner	61	68.5	12411	59.2
Specialist practitioner	7	7.9	2434	11.6
Other pain management service	2	2.2	532	2.5
Public hospital	18	20.2	1627	7.8
Private hospital	0	0.0	28	0.1
Rehabilitation provider/private insurer	0	0.0	2505	12.0
Other	1	1.1	1416	6.8
Total	89	100.0	20953	100.0

*Profile of patients referred to WH Pain Clinic who completed an
initial
ePPOC n=89*

Average age 50 years



70% are female



**42% are
unemployed
due to pain**



**53% have had
pain for more
than 5 years**



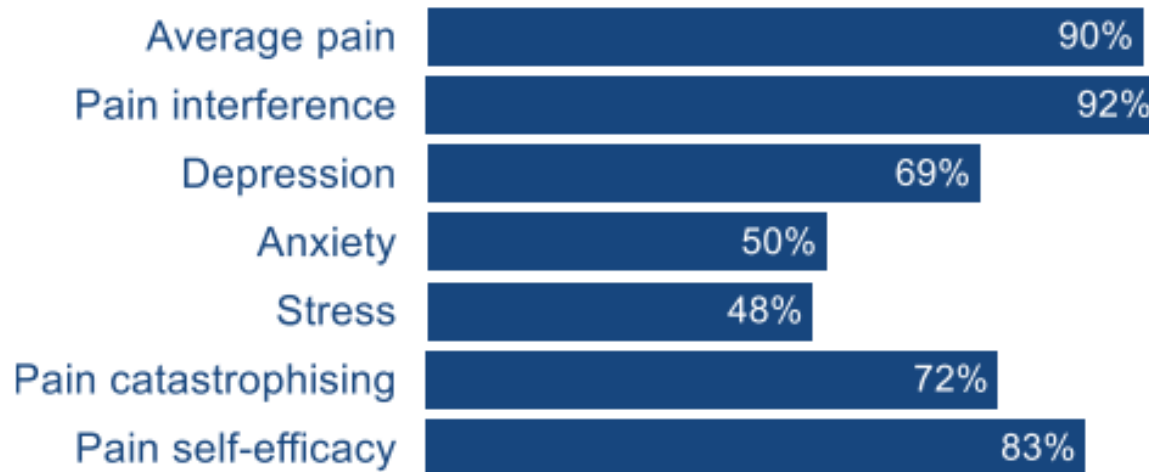
**27% are not
born in Aus/NZ**

ePPOC 
electronic persistent pain
outcomes collaboration

*Australian Health Services Research
Institute, Patient Outcomes in Pain
Management, Western Health Pain
Management 2023 Mid-Year Report*

Profile of patients referred to WH Pain Clinic who completed an initial ePPOC n=89

Patients with at least moderate symptom severity



On average, the 50 patients taking opioid medication were using the equivalent of **43mg of morphine** every day

Profile of patients referred to WH Pain Clinic (n=89)

Table 13 – Pain-related health service use in the past 3 months (average number of times used)

	WH	All services
General practitioner	5.1	4.2
Medical specialist	1.0	1.1
Other health professionals	3.8	4.4
Emergency department presentations	0.4	0.5
Hospital admissions	0.2	0.2
Diagnostic tests	1.6	1.4



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

QUANTITATIVE RESEARCH
<https://doi.org/10.1071/HC23004>



Factors associated with general practitioner visits for pain in people experiencing chronic pain

Dinberu Shebeshi^{A*}, Samuel Allingham^A, Janelle White^A, Hilarie Tardif^A and David Holloway^A

Patients with severe anxiety, stress, pain, pain interference, pain catastrophising and severely impaired pain self-efficacy were more likely to seek help from a GP. Shebeshi et al., 2023

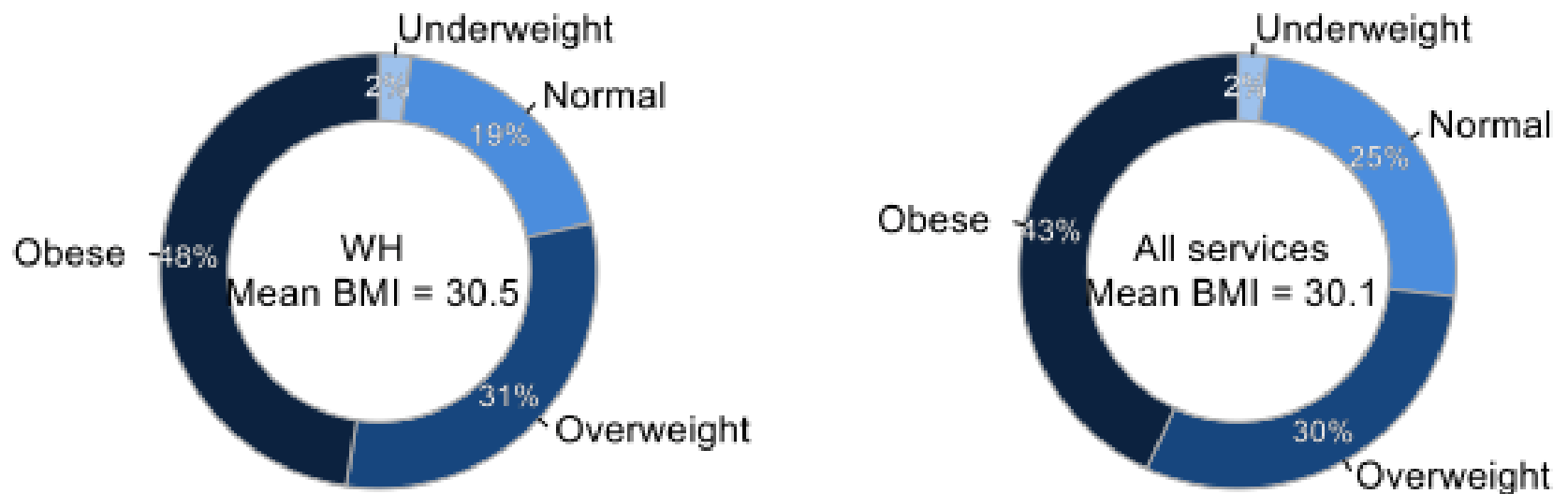
Profile of patients referred to WH Pain Clinic

Table 14 – Comorbid conditions*	WH		All services	
	Number	%	Number	%
Mental health condition	41	46.1	9417	44.9
- PTSD	10	11.2	3269	15.6
- Anxiety	33	37.1	6994	33.4
- Depression	34	38.2	7246	34.6
Arthritis	40	44.9	7669	36.6
Muscle, bone and joint problems (other than arthritis)	37	41.6	7519	35.9
Heart and circulation problems	12	13.5	4289	20.5
- High Blood Pressure	7	7.9	2621	12.5
- High Cholesterol	2	2.2	1556	7.4
Diabetes	9	10.1	2676	12.8
Digestive problems	34	38.2	5996	28.6
Respiratory problems	26	29.2	5318	25.4
Neurological problems	5	5.6	1883	9.0
Cancer	5	5.6	828	4.0
Liver, kidney, and pancreas problems	7	7.9	1520	7.3
Thyroid problems	9	10.1	1793	8.6
Other medical conditions	26	29.2	5225	24.9

* Comorbidities are patient reported

Profile of patients referred to WH Pain Clinic

Figure 5 – Distribution of Body Mass Index



Profile of patients referred to WH Pain Clinic

Table 16 – Pain duration – how long the main pain has been present	WH		All services	
	Number	%	Number	%
Less than 3 months	0	0.0	336	1.6
3 to 12 months	10	11.2	3195	15.5
12 months to 2 years	12	13.5	3507	17.0
2 to 5 years	20	22.5	4900	23.7
More than 5 years	47	52.8	8720	42.2
Total	89	100.0	20658	100.0



electronic persistent pain
outcomes collaboration

Australian Health Services Research Institute, Patient Outcomes in Pain Management,
Western Health Pain Management 2023 Mid-Year Report

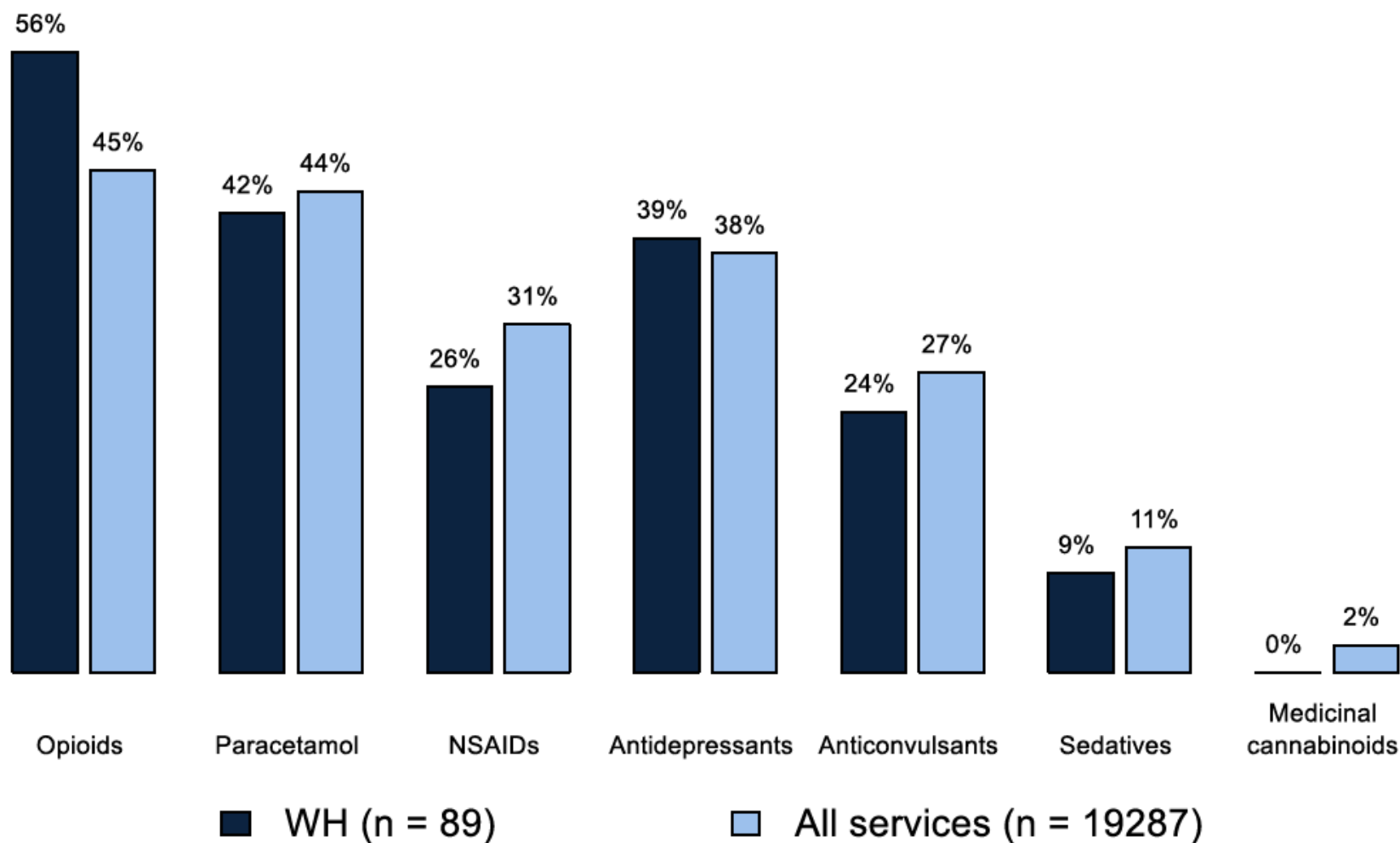
Profile of patients referred to WH Pain Clinic

Table 17 – Main pain area	WH		All services	
	Number	%	Number	%
Head	2	3.2	782	4.5
Neck	5	8.1	1257	7.2
Chest	0	0.0	338	1.9
Back	27	43.5	7270	41.8
Leg	3	4.8	1174	6.8
Arm/shoulder	4	6.5	2005	11.5
Abdomen	5	8.1	758	4.4
Hands	2	3.2	437	2.5
Feet	0	0.0	820	4.7
Groin/pubic area	1	1.6	415	2.4
Buttocks	0	0.0	0	0.0
Knee	6	9.7	891	5.1
Hip	7	11.3	1236	7.1
Total	62	100.0	17383	100.0

Widespread pain/fibromyalgia is common in our clinic

Table 18 – Number of pain areas	WH		All services	
	Number	%	Number	%
1	7	8.0	2513	12.1
2-3	21	23.9	6761	32.7
4-6	33	37.5	7449	36.0
7-9	22	25.0	3203	15.5
10+	5	5.7	768	3.7
Total	88	100.0	20694	100.0

Profile of patients referred to WH Pain Clinic



Profile of patients referred to WH Pain Clinic

Table 22 – Employment status	WH	All services
	n (%)	n (%)
Working full-time	15 (17.4)	3402 (17.5)
Working part-time	5 (5.8)	2798 (14.4)
Unable to work due to pain	36 (41.9)	7150 (36.9)
Unable to work due to a condition other than pain	18 (20.9)	2692 (13.9)
Not working by choice	12 (14.0)	3122 (16.1)
Seeking employment	0 (0.0)	238 (1.2)
Total	86 (100.0)	19402 (100.0)

Table 23 – Work productivity and impairment (%) for people working full- or part-time	WH	All services
Work time missed due to pain	15.7%	25.4%
Pain affected work productivity	56.7%	54.6%
Overall work impairment	63.4%	65.6%

How far away is the pain clinic?

40% of people
live **within 10km** of
their pain service

10% of people
live **over 100km**
from their pain
service

Children and those who live in areas of **high socioeconomic disadvantage** travel **further** to attend their pain service



Citation: Tardif, H., and Blanchard, M.
"Proximity to pain management services in
Australia" (2019). Australian Health Services
Research Institute. 1027.

ePPOC 
electronic persistent pain
outcomes collaboration

*Patients attending
our pain programs
live on average
30 kms away from
Sunshine Hospital*

WH Pain Clinic Patient Characteristics

On average our patients are:

- Female
- Have chronic low back pain
- Had pain for more than 5 years
- Are not working
- Have severe depression
- Have high pain catastrophizing
- Are obese (BMI 30.1)
- Have 3 other chronic health conditions
- And have severely impaired confidence to manage their pain.....

WH Pain Clinic Patient Characteristics

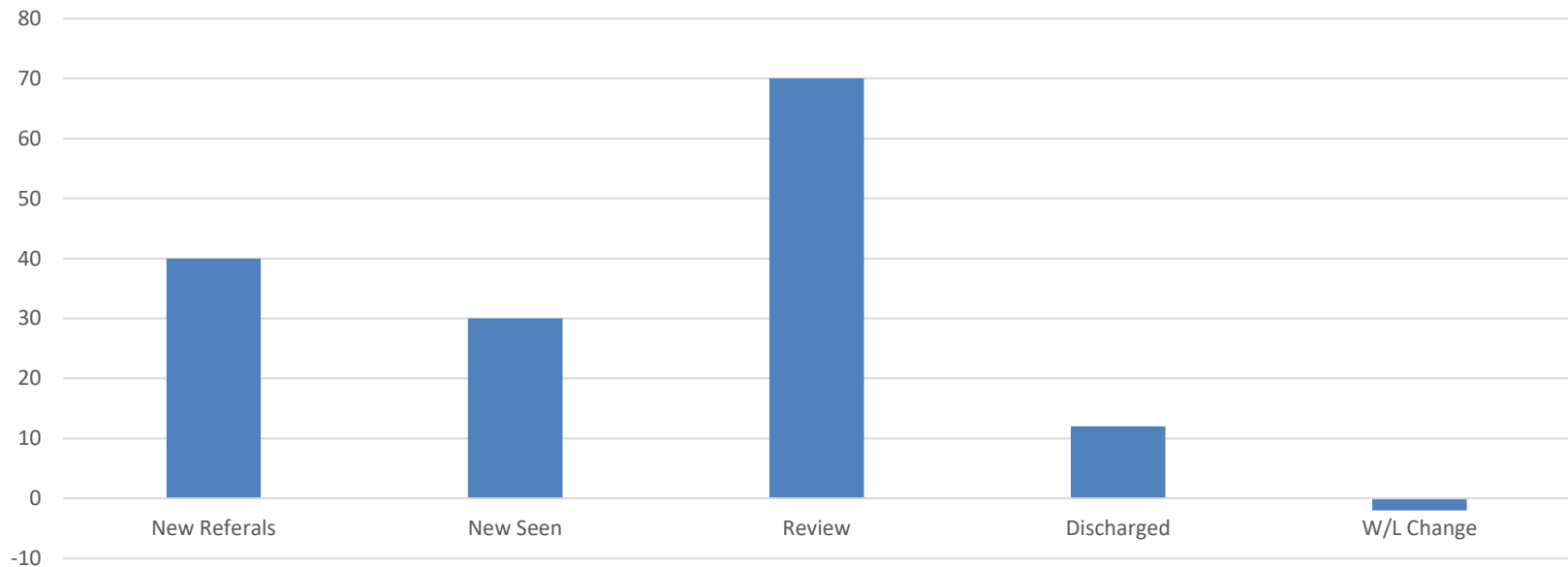
On average our patients are:

- Female
- Have chronic low back pain
- Had pain for more than 5 years
- Are not working
- Have severe depression
- Have high pain catastrophizing
- Are obese (BMI 30.1)
- Have 3 other chronic health conditions
- And have severely impaired confidence to manage their pain.....



*Generated by AI &
powered by ePPOC*

Pain Medicine Clinic Average Monthly Activity



Pain medicine clinic held 1/week = average 3 medical sessions per week

Currently > 1500 patients on medical waitlist

This had led to patients waiting years to see anyone

Why a New Model?

‘Putting someone on a waitlist is equivalent to telling them they need to wait before anything will change’

Expediting first contact provides an opportunity to commence change towards less suffering far earlier

Learning Outcome 2

Participants will understand the Western Health Integrated Pain Service new Model of Care and how they can effectively utilise the multi-disciplinary services and programs offered by Western Health and other services.

Introducing the Western Health Integrated Pain Service

- Urgent (90 days) see the pain specialist +/- offered a pain management program at Western Health
- Non-Urgent patients managed by allied health (90 days).
- Patients need to complete an ePPOC to be offered an appointment for the Virtual Western Health Informed Pain Clinic and a phone consultation with a member of the allied health pain team.



Western Health

VIRTUAL INFORMED PAIN CLINIC SCHEDULE

Join the clinic at 11 am on Zoom via computer, smart phone or dial in on your home phone.



 Learn more about pain from our Clinical Service Director and Pain Consultant Dr Andrew Jeffreys.

.....

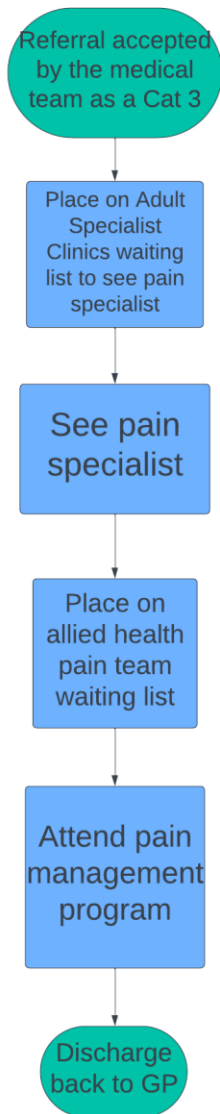
 Hear about how pain management programs can help you take control of your pain from our Allied Health Pain Team.

.....

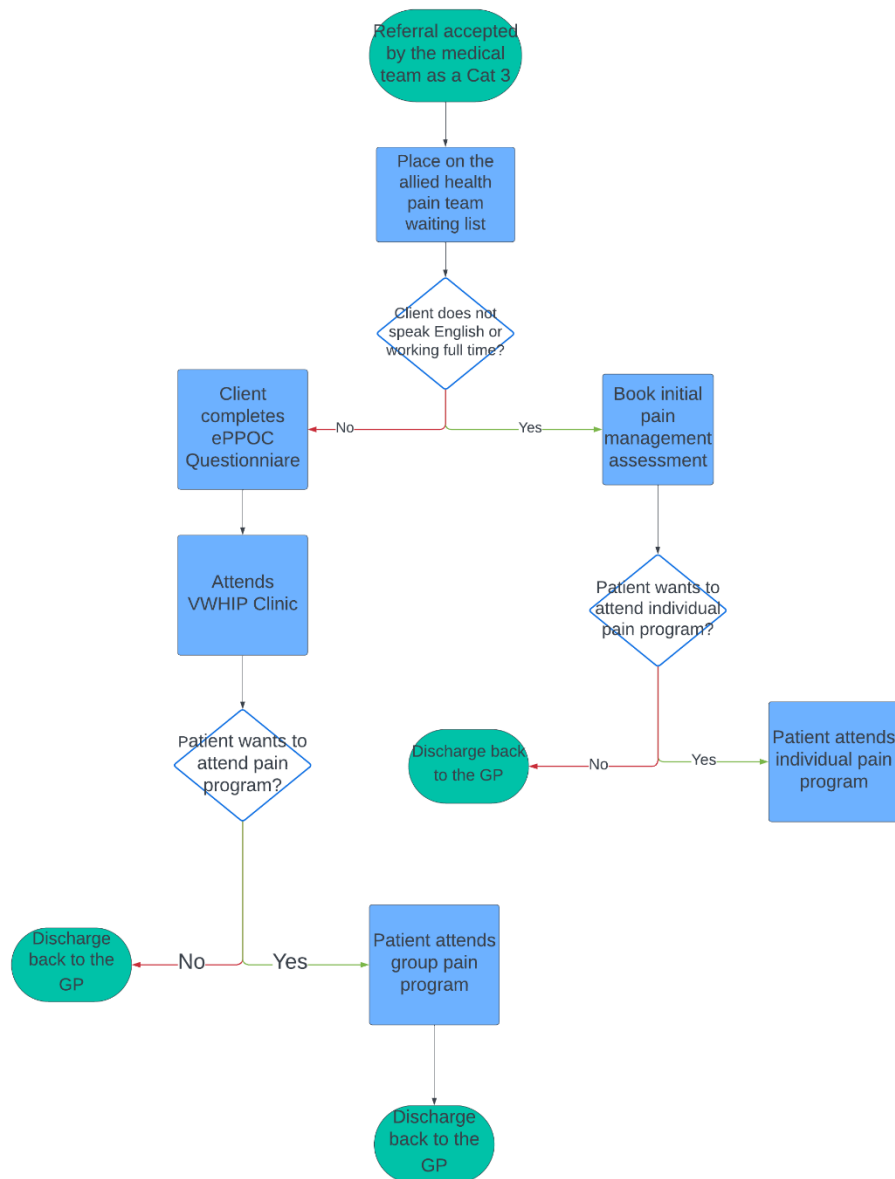
 Have a phone consultation with a member of our Allied Health Pain Team to discuss which pain self management program might be right for you

A BETTER AT HOME INITIATIVE FROM WESTERN HEALTH

Pain Clinic Old MOC



Pain Clinic New MOC



Pain Medicine Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of chronic pain conditions:

1. **Pain Medicine Clinic:** consultation appointment with a Pain Specialist, and/or Pain Fellow and/or Pain Nurse Practitioner
2. **Multidisciplinary Assessment Clinic:** A multidisciplinary assessment with a view to participating in one of our outpatient pain programs

Program Information:

- Pain Medicine services incorporate an accepted biopsychosocial model of care recognising that a pain cure is often not achievable with currently available therapies.
- Medical management includes medication management and selected interventional pain management techniques.
- Cognitive behavioral approaches are often used with input from pain psychology, pain physiotherapy and pain medicine.
- We provide education about the many factors that contribute to chronic pain and how it differs from acute pain. Treatment focuses on self-management, emotion management and calming techniques, improving beliefs around pain and function, pain flare management, improving sleep, movement restoration, pacing strategies to get back to regular daily activities, and exercise.

Note: some patients may access the service through both of these clinics.

Conditions not seen at Western Health Pain Medicine Clinics:

- Patients with primary substance use disorder should seek access via Drug and Alcohol services. The Pain Medicine Clinic does not provide opioid replacement therapy.
- Patients with primary palliative care needs should seek access first via Palliative Care Services/Symptom Management Clinic. Pain Medicine is available for subsequent consultation if required.
- Please note that our physiotherapists do not offer 'hands on' therapies such as massage or acupuncture. We do not offer hydrotherapy in our group based pain management program.

Clinic DNA (Did Not Attend) Policy:

In order to ensure equitable access, and reduce waiting time, please be aware that we require 24 hours notice of inability to attend an appointment.

Failure to provide this notice results in a "Did Not Attend" (DNA). Should a patient have two DNA's ***specialist clinics may discharge the patient depending on individual assessment of circumstances. Re-entry into the clinic will then require a new referral.***

Access & Referral Priority Pain Medicine:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT	ROUTINE
Appointment timeframe 30 days	Appointment timeframe greater than 30 days, depending on clinical need.
<ul style="list-style-type: none"> • Suspected complex regional pain syndrome • Difficult to manage cancer pain 	<ul style="list-style-type: none"> • All other non-cancer pain

Adult Specialist Clinics (outpatients)

Fax: 03 8345 6856

Email: outpatients@wh.org.au

Three options for free Pain Management Programs in the West...

1. Western Health Virtual Move Do Live pain program
2. The Living Well with Pain Program at Co-Health
3. The Mindspot Pain Course



The Virtual Move, Do, Live Pain Course.....

- Face to face assessment work up
- The program runs **9.30am –2.00pm** on *Monday, Wednesday & Friday* for 4 weeks
- **9.30am – 11.15 am:** Exercise sessions via Zoom
- **11.30 – 12.30 pm:** Workshops via Zoom
- **1.00pm – 2.00pm:** Workshops via Zoom
- Patients learn pain management skills and put them into their daily routines to get the most out of the program
- Patients have a 1 and 3 month follow-up also via Zoom



Face to Face Group Pain Management at Co-Health...

Living Well with Pain



Program Details

Location: cohealth Footscray
(78 Paisley Street, Footscray)

Duration: 8 x sessions over 4 weeks

Days/Time: Tuesday and Thursday 1-4pm

Facilitators: Physiotherapist and Clinical Psychologist

Cost: Free



cohealth

Over 65? We need the patient to consent to a My Aged Care Referral.

Free Online Pain Management....



Online assessment and treatment
for anxiety and depression

Tel. 1800 61 44 34

I Need Urgent Help



-A +A Login



Home Why MindSpot? Conditions We Treat Assessments Our Treatment Courses Health Professionals Contact Us



Start Your
Online Assessment



Log In For
Treatment



Pain Course

What Is The Aim Of The Pain Course?

The Pain Course is an internet-delivered pain management program for adults aged 18 years and over. The course aims to help people with chronic pain manage the impact of pain on their day-to-day life and their emotional wellbeing. The course is not designed to 'cure' or 'treat' pain but to help people manage pain and maintain a good quality of life despite pain. The Pain Course provides the information and practical skills you would normally receive from a mental health professional if you attended a specialist pain management clinic.

Take The Brief
Anxiety Quiz



Take The Brief
Depression Quiz



What Is MindSpot?
Take A Tour



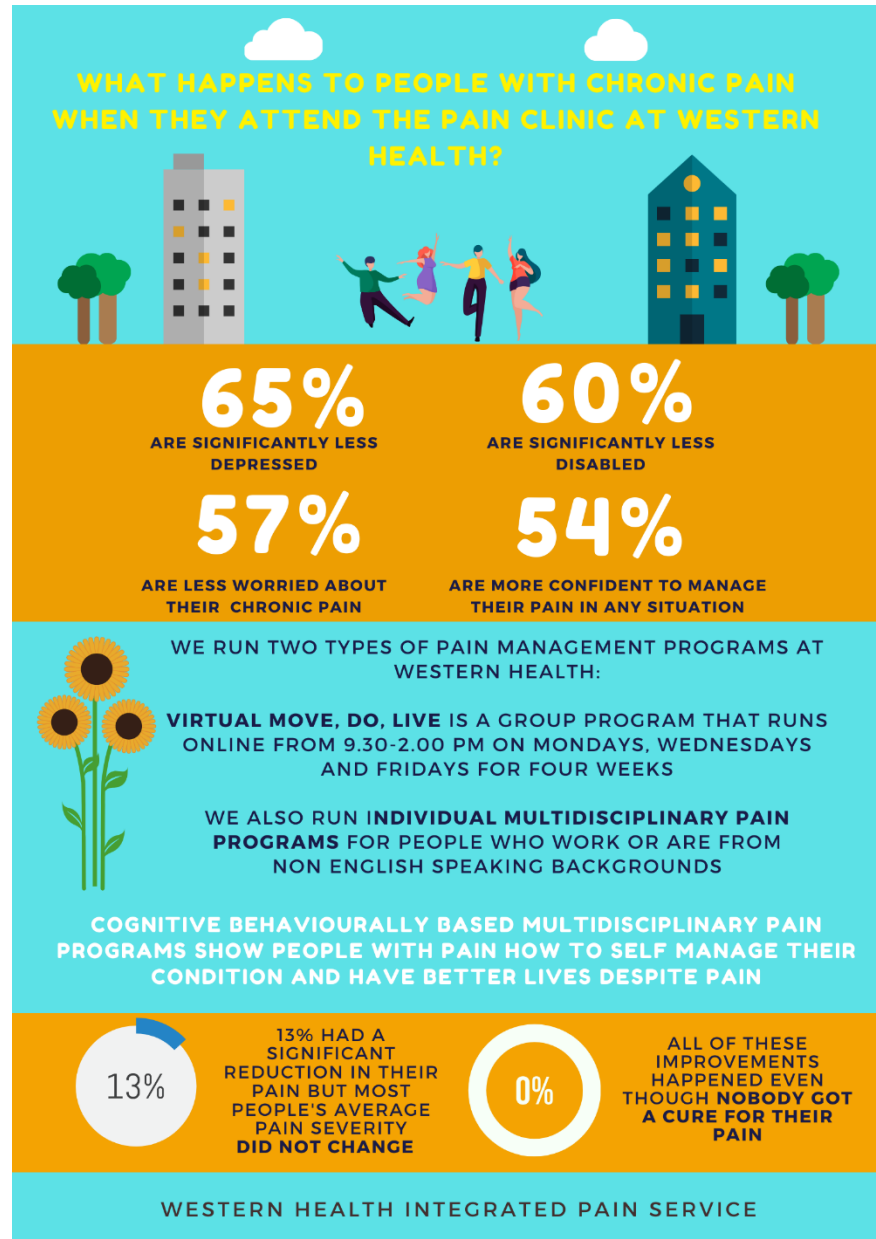
Download Info About
MindSpot Clinic



Patients can self refer

Go to www.mindspot.org.au

WH Pain Clinic Patient Outcomes



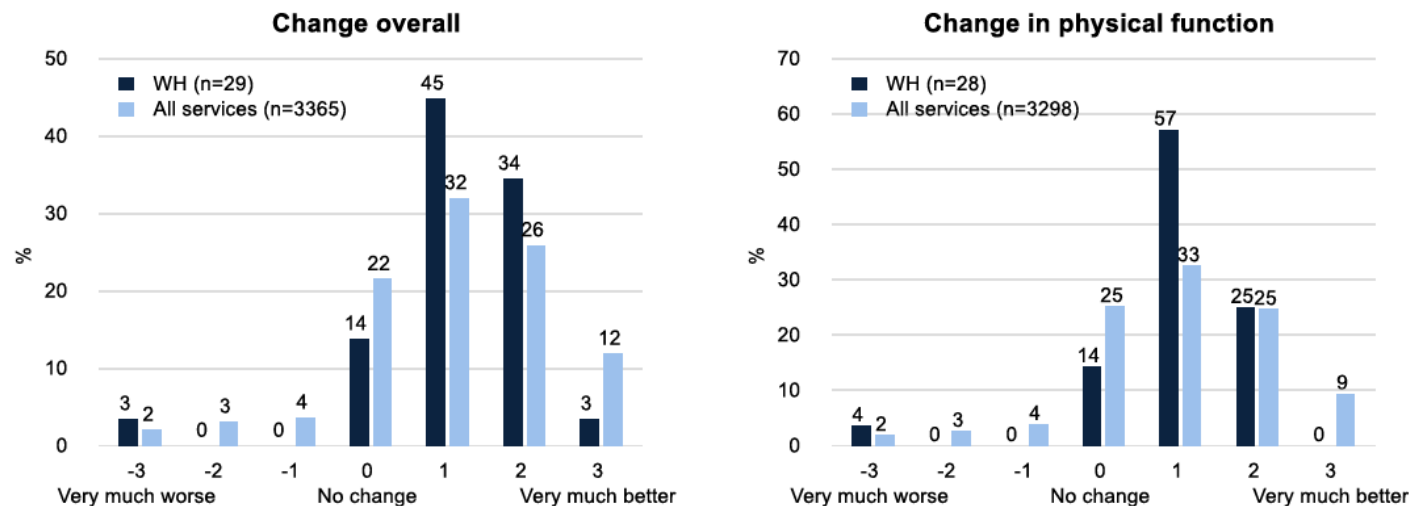
Australian Health Services Research Institute, Patient Outcomes in Pain Management, Western Health Pain Management 2023 Mid-Year Report

Western Health Pain Clinic Outcomes

Patient impression of change

The ePPOC Patient Impression of Change (ePIC) tool (formerly referred to as the global rating of change) captures the person's perception about how their condition has changed (both overall and in respect to physical functioning) compared to before receiving treatment at the pain service.

Figure 14 – Patient impression of change at episode end



82.8% of these patients reported making at least some overall improvement³, and 82.1% reported an improvement in their physical abilities (69.7% and 66.5% at all services – see Figure 14).



Western Health Pain Clinic Outcomes

Health service utilisation

Table 65 reports the average number of times patients used each health service type in the last three months for pain-related reasons.

Table 65 – Average number of pain-related health service use in the past 3 months, reported at referral, episode end and follow-up	WH			All services		
	Referral	Episode end	Post-episode	Referral	Episode end	Post-episode
General practitioner	3.3	1.5	1.0	4.0	2.4	2.4
Medical specialist	1.8	0.4	0.4	1.3	0.7	0.6
Other health professionals	10.0	6.7	7.3	6.5	3.9	4.0
Emergency department presentations	0.0	0.8	0.0	0.2	0.2	0.2
Hospital admissions	0.0	0.5	0.0	0.1	0.1	0.1
Diagnostic tests	1.8	1.8	0.0	1.1	0.6	0.6

Western Health Pain Clinic Outcomes

Table 29 – How the episode ended	WH		All services	
	Number	%	Number	%
Treatment complete – self management/referral to primary care	95	58.3	6115	57.5
Referral to another pain service	4	2.5	227	2.1
Patient discontinued by choice	50	30.7	2038	19.2
Died	2	1.2	40	0.4
Active treatment complete – ongoing review	12	7.4	1280	12.0
Lost to contact/Not to follow-up	0	0.0	881	8.3
Other	0	0.0	44	0.4
Total	163	100.0	10626	100.0

What These Programs Don't Offer...

1. Hydrotherapy

2. Massage

3. Acupuncture

4. Maintenance Therapy

Patients are encouraged to speak to their GP if they are interested in accessing any of these treatments

