Persistent Pain Program-
Turning Pain Into Gain

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**Persistent Pain Program – Turning Pain Into Gain**

- The program was developed by the Director of PainWISE, Joyce Mc Swan.
- It has been run by the Gold Coast Primary Health Network since 2012.
- The WA Primary Health Alliance have contracted Black Swan Health to deliver the program in Wanneroo and Midland for 2 years from July 2018.
Persistent Pain Program-Demonstrated Outcomes

- Increased ability to perform activities of daily living
- Clinically significant improvement in the ability to cope with and manage despite pain
- Reduction in hospitalisations
- Increased confidence and ability to self-advocate and self-manage pain

(Source: Assessment of the 2015-2016 persistent pain program provided by the Gold Coast Primary Health Network. Dr Michelle King. Griffith University)
# Program Goals

- Improve health literacy in the understanding of persistent pain.
- Improve self management skills in managing persistent pain.
- Improve primary care health utilisation by patients.
- Alleviate isolation through group education and support.
- Assist patients to reach individualised pain treatment goals.
- Support primary health services and avoid hospital admission/re-admission due to persistent pain.
What does the program involve?

• A Clinical Facilitator, with expertise in pain management, provides individualised case management, assisting with health service navigation and supporting patients to achieve their pain management goals over a 12-month period.

• All patients attend the self-management pain education program.
Role of the Clinical Facilitator

• Establish a rapport with the patient and explain the aims of the program i.e. whole patient based care
• Case formulation: Identifying all possible contributors to the patient’s current situation
• Integrating the information into a coherent framework
• Establishing beliefs and expectations and identifying goals
• Collaborating with GPs and AHPs
Turning Pain Into Gain
Education program

• Will run for 2 hours each month for 6 months

• The six workshop topics are:
  - Understanding pain
  - Taking control of your pain
  - Understanding pain medicines
  - Medical investigations and movement planning
  - Food and pain
  - Sleep and pain
What does the patient receive?

- Regular face to face meeting with the Clinical Facilitator
- 6 month pain education program with expert presenters
- Extra allied health interventions;
  - patients actively engaging in the program can access an additional 3 Allied Health services
  - these are in addition to the Medicare allocated 5 EPC services.
  - these sessions will be agreed between the Clinical Facilitator and the patient
Eligibility requirements

The patient needs to meet ALL the following criteria to be eligible for the program:

• Had persistent pain which has lasted more than 3 months
• Not suitable for surgical or urgent pain specialist intervention
• Not a palliative care patient
• Requires improved self-management strategies and skills to optimise ongoing care
• Able to participate in group education sessions
• Not on Workers Compensation
• Initial clinical assessments and reviews will be held at our Joondalup, Midland or Osborne Park premises depending on the patient’s preference.

• The group education sessions will be held at:
  - Wanneroo Library and Cultural Centre or
  - Black Swan Health’s premises in Midland.
Referral process

- GPs and Specialists can refer to the program by completing the referral form which can be downloaded from our website at [www.blackswanhealth.com.au](http://www.blackswanhealth.com.au)
Cost

• There is no cost to the patient to attend the group or individual sessions.
Who is on Black Swan Health’s pain team?

Clinical Facilitator/Physiotherapist, Simone Berzen

• Has been specializing in pain management for over 10 years ago and has worked on a variety of pain management programs over this period including STEPS.

• Regularly attends pain conferences, courses and presentations to keep abreast of the latest developments in pain management.
Who is on Black Swan Health’s pain team?

Clinical Psychologist/ Sleep Specialist, Mary Roberts

• Mary has worked in the area of pain for 8 years which has include STEPS and conducting group programs at the Pain Medicine Unit at Fremantle Hospital for people with both chronic pain and sleep problems

• Close to completing her PhD. Research topic “An exploration of the relationship between sleep and persistent pain”.
Who else is on Black Swan Health’s pain team?

Other members of the team include:

• Pharmacist: Sarah Muriale
• Dietitians: Dayna Jaeschke, Jenna Matters
• Clinical Registrar: Raymon Horley
• Clinical Psychologist: Johanna Thorsland
• Exercise Physiologists: Kelsey Drew, Ashlee Thom
How will the Persistent Pain Program be evaluated?

• Information will be collated and reported on by the Electronic Persistent Pain Outcomes Collaborative (ePPOC).

• ePPOC is an initiative of the Faculty of Pain Medicine.

• It aims to help improve services and outcomes for individuals experiencing chronic pain through benchmarking of care and treatment.

• The first phase of ePPOC began in 2013, with eight adult pain services in NSW.

• ePPOC is now being progressively rolled out to adult and paediatric specialist pain services throughout Australia and New Zealand.
Electronic Persistent Pain Outcomes Collaborative

• ePPOC involves the collection of a standard set of data items and assessment tools by specialist pain services throughout Australia and New Zealand to measure outcomes for their patients as a result of treatment.

• This information will be used to develop a national benchmarking system for the pain sector, which will lead to better outcomes and best practice interventions for patients in chronic pain.

• Client data is collected at baseline and post-intervention.
How will the Persistent Pain Program be evaluated?

• Data will be collected on;
  Pain intensity
  Physical function
  Cognition
  Mood
  Healthcare utilisation
  Medication
Case Study

- **Patient:** 65-year-old female. Retired in 2016. Widow with grown children who are supportive.
- **Diagnosis:** Complex medical history including diagnoses of fibromyalgia, osteoarthritis, rheumatoid arthritis and chronic fatigue.
- **Pain History:** Advanced OA in right knee and right shoulder. Pain in hands, feet, neck, shoulders and lower back.
- **Treatments to date:** Left shoulder replacement, total right knee replacement, steroid injection in right shoulder. Medications included Actemera, Oxycodone, Milnacipran, Dothep, Thyroxine, Karvea,
- **Mental Health:** severe depression and anxiety.
Case Study (continued)

• **Care Coordination**: The patient attended our pain group program in August 2017 and was reviewed in clinic by our multidisciplinary care team on the December 2017.

• All members of the team contributed to a group letter which included assessments for each specialty and a recommended management plan. This was sent to all members of the client’s care team including the patient.

• Since attending the clinic session, the client has continued to see the Physiotherapist, with whom she has built a good rapport, for twice weekly group exercise classes.
Case study-outcomes

- Information was collected using the Electronic Persistent Pain Outcomes Collaboration.
- Comparing data at baseline and 5 months later the positive outcomes for this client included:
  - Significant improvements in pain self-efficacy
  - Significant improvements in reported depression, anxiety and stress.
  - Decrease in pain catastrophising
Pain Severity and Interference

- **Severe:**
  - Referral: 7.9
  - Pathway End: 8.5

- **Moderate:**
  - Referral: 7.2
  - Pathway End: 8

- **Mild:**

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Legend:
- ● Pain Severity
- ▲ Pain Interference
Pain Catastrophising

Referral: 03/08/2017
Pathway End: 30/01/2018

Severe
High
Mild

Score:
- 38 at Referral
- 23* at Pathway End
Pain Self-Efficacy

Severe

Moderate 19

Mild

Minimal Impairment

Referral 03/08/2017

Pathway End 30/01/2018
DASS 21

DEPRESSION
- Extremely Severe: 36
- Severe
- Moderate
- Mild: 12
- Normal

ANXIETY
- Extremely Severe
- Severe: 26
- Moderate
- Mild: 6
- Normal

STRESS
- Extremely Severe
- Severe: 32
- Moderate
- Mild
- Normal: 14

Referral: 01/08/2017
Pathway End: 30/01/2018
Case study - patient’s feedback

• The patient was recently interviewed (Aug 2018) to provide feedback on her experiences. She reported that when she was initially referred to the pain management program she struggled with moving, had to climb stairs sideways, was fatigued after a few minutes walking, was unable to pick up her 6-year old granddaughter and could not pull herself up out of a chair.

• At her individual review she was offered the opportunity to join Black Swan Health’s circuit based exercise program called Strength to Strength. A individualised, graded, paced, functional exercise program was developed for. She has made significant progress;

  – Initially she could only cycle on a stationary bike for 2 minutes and now she can cycle for up to 30 minutes.
  – She can walk up stairs, pick up her granddaughter, get up easily out of a chair and she can walk further distances due to the improvement in her strength, endurance, flexibility and decreased pain sensitivity.
  – Her flare ups have reduced in frequency and when they do occur she is now able to better manage them due to less catastrophising and reduced anxiety.
  – She continues to improve.
Contacts

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Questions?