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Managing pain in general practice: The role of allied health in improving patient experience

This webinar will start soon.

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Managing pain in general practice: The role of allied health in improving patient experience

Zoom webinar – Tuesday 2 June, 6.30pm-8pm

Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

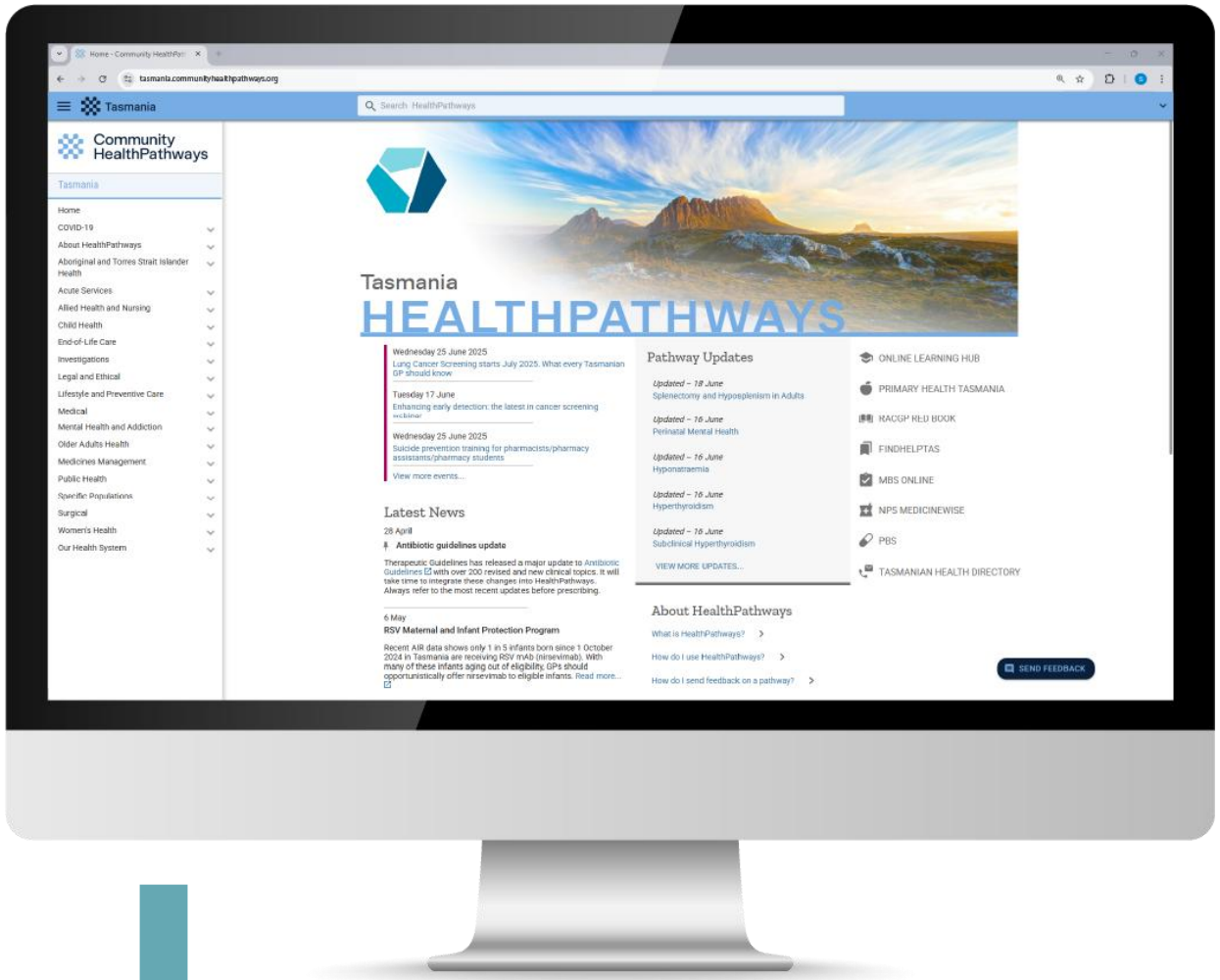
Learning outcomes

After this session, I will be able to:

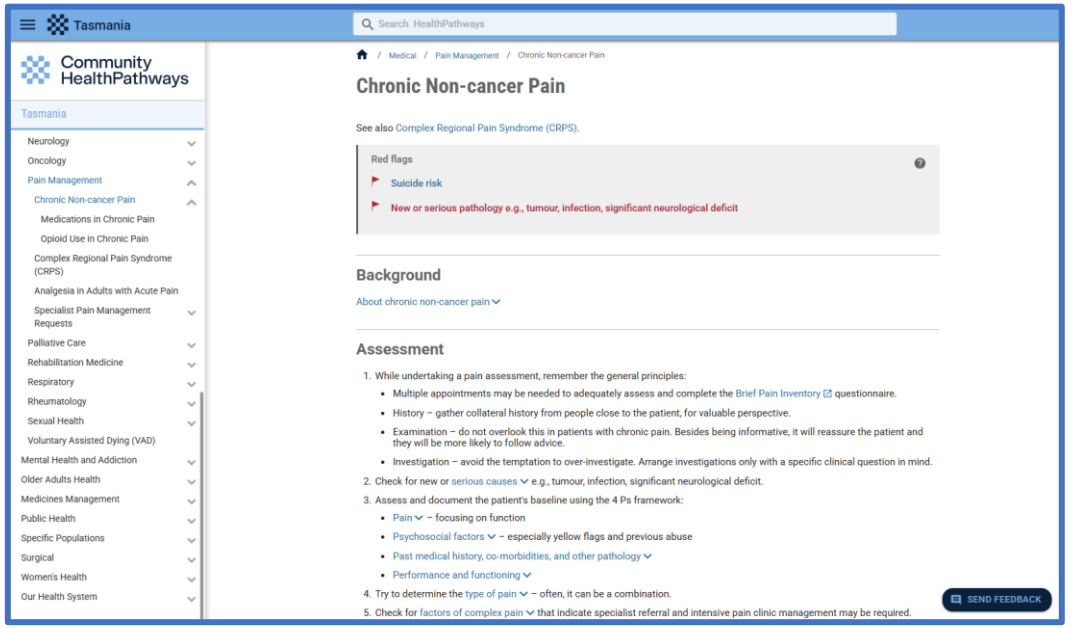
- Describe the roles of pain specialists and selected allied health professionals in the multidisciplinary management of persistent pain.
- Identify appropriate clinical scenarios for referral to allied health services versus specialist pain services in general practice.
- Apply a multidisciplinary approach to pain management using a case-based example to improve patient experience and care coordination.
- Develop referral pathways, including cost and access considerations, to support timely and appropriate allied health involvement in pain management.

Housekeeping

- Tonight’s webinar is being recorded.
- Please use the Zoom Q&A feature to ask questions.
- At the end of the webinar, your browser will automatically open an evaluation survey. We appreciate you taking the time to complete this to help us improve our events program.
- CPD – 1.5 hours Educational Activities
- Please don’t forget to register for your next webinar here



Community HealthPathways



To sign in or register, please visit the Tasmania HealthPathways home page.

Scan here

Presenters

Dr Frank Meumann

Specialist Medical Practitioner
(Persistent Pain Program)

Tasmanian Health Service

Lil Cox

Occupational Therapist
(Persistent Pain Service North Trial Coordinator)

Tasmanian Health Service

Jason Rogers

Physiotherapist

Allcare Physiotherapy

Coralie Ponsinet

Registered Counsellor and Social Worker

Wonderful Mess

Marni Whish-Wilson

Accredited Exercise Physiologist and Exercise Scientist

Wynyard Rehab and Exercise Physiology

The roles of the GP, allied health professionals and pain specialists in managing patients with persistent pain

Dr Frank Meumann

By the end of this short session you will:

- Know there are complex processes with persistent pain
- Have reflected on the roles of the GP, allied health professionals and pain specialists in managing patients with persistent pain

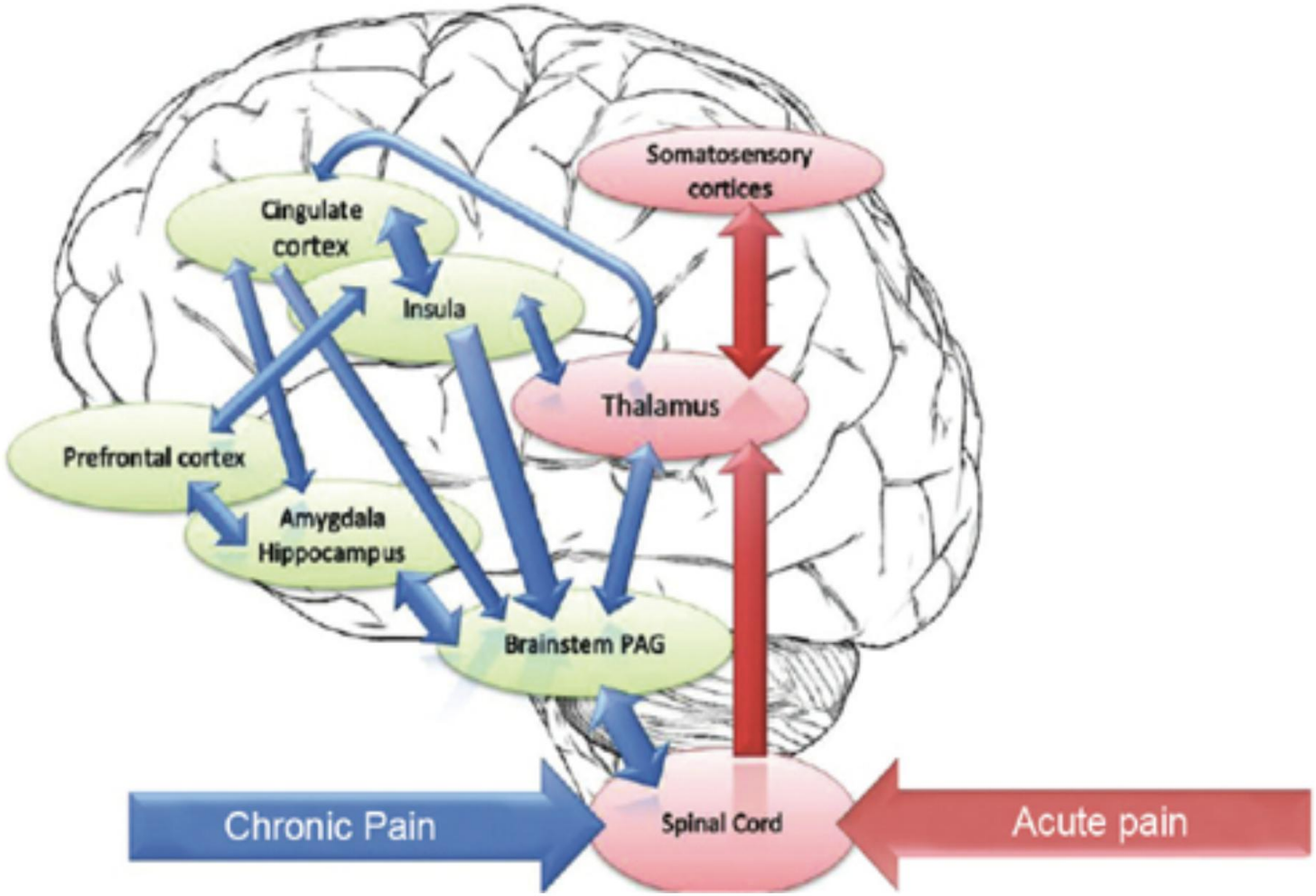
IASP definition of pain

An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.

Chronic/persistent pain - more than three months

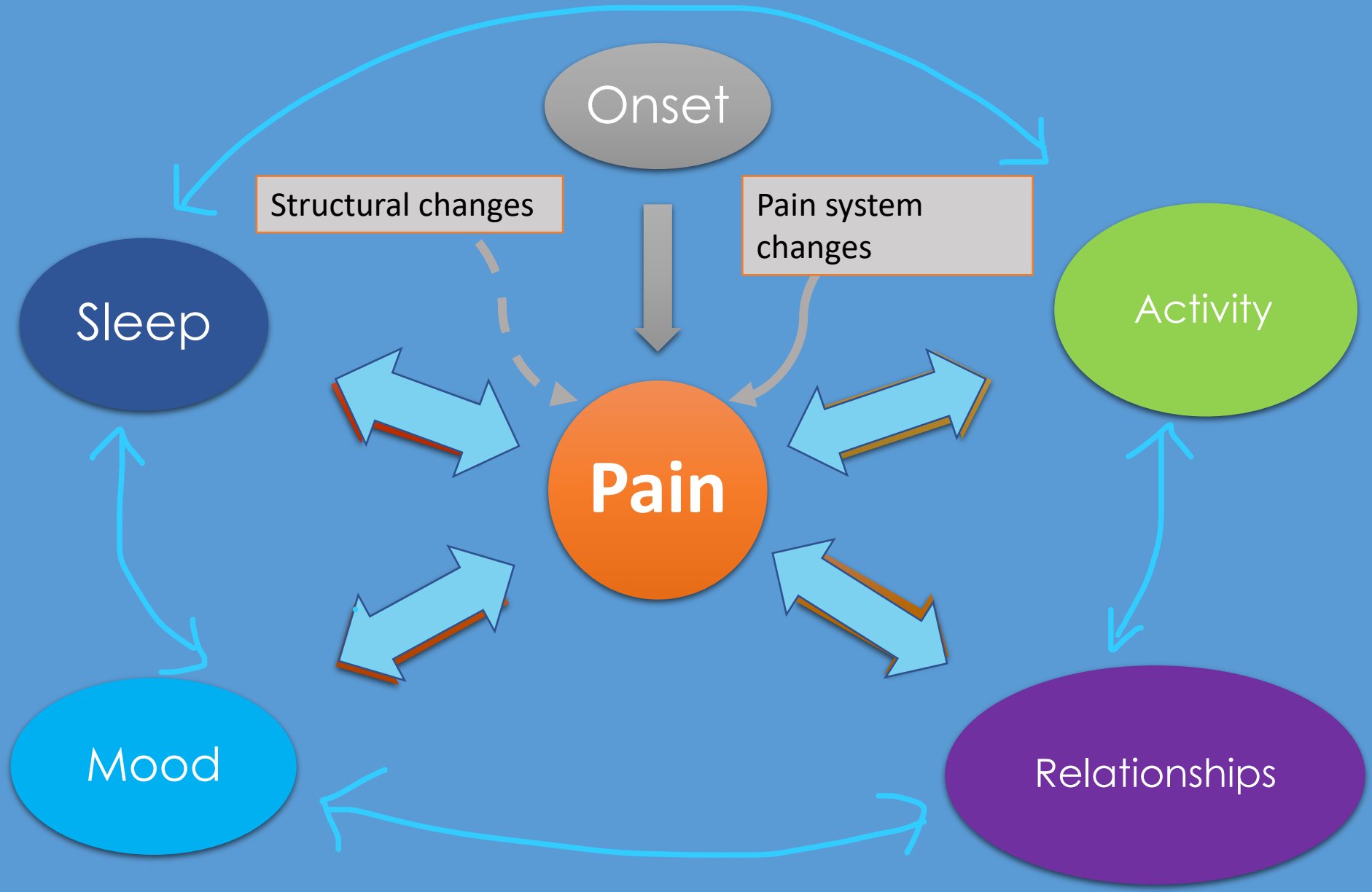
Be aware of complex pain processes

- Multiple systems: neuro-immune-endocrine
- Multiple brain areas
- Pain sensitization: peripheral and central
- Pain inhibition



From: Grant, Mark.Pain Control with EMDR, 8th edition

The bio-psycho-social approach to persistent pain


Onset
Structural changes
Pain system changes
Sleep
Activity
Pain
Mood
Relationships

My take-home messages for GPs

- Be aware of the transition from acute to chronic pain
- The clinician-patient relationship is paramount – ‘your pain is real’, ideas, concerns, expectations
- Identify the pain type – nociceptive, nociplastic, neuropathic
- Look for red flags, e.g. fracture, infection, cancer, neurological, spinal instability
- Give the safety message if possible, ‘You are safe to move’

My take-home messages for GPs

- Explain the ‘pain wheel’ – sleep, mood, activity, relationships
- Use medications, recognizing their limitations
- Refer for procedures, if indicated and recognizing their limitations

My take-home messages for GPs

- Pain flare-ups are not emergencies (provided it's not a new pain)
- Caution with opioids, especially when OMEDD is above 50 mg – ANZCA FPM calculator app.
- Refer to allied health practitioners and psychologists who know about pain
- Refer to pain specialists when appropriate

Case study: Bill with back pain

- Bill is a 60 year old man who lives with his supportive wife and has no children.
- Receives the Disability Support Pension.
- Nociceptive, mechanical, cervical, lumbar, buttock and left thigh pain.
- Avoidant activity pattern, although plays golf once a week.
- History of a significant acquired brain injury (anterior right frontal lobe) at the age of 30, with subsequent cognitive challenges.
- History of depression.
- Poor sleep.
- Takes relative high doses of tapentadol (oral morphine equivalent daily dose (OMEDD) is 105mg, 120mg on golf days).
- High alcohol intake - at risk of opioid-induced ventilatory impairment.

Occupational Therapy - is a client centred profession concerned with promoting health through occupation. Our primary goal is to enable people to participate in activities of everyday life.

(WFOT 2012)

Occupation is……

Subjectively experienced – productivity, pleasure, restoration

Situated in time

Universal

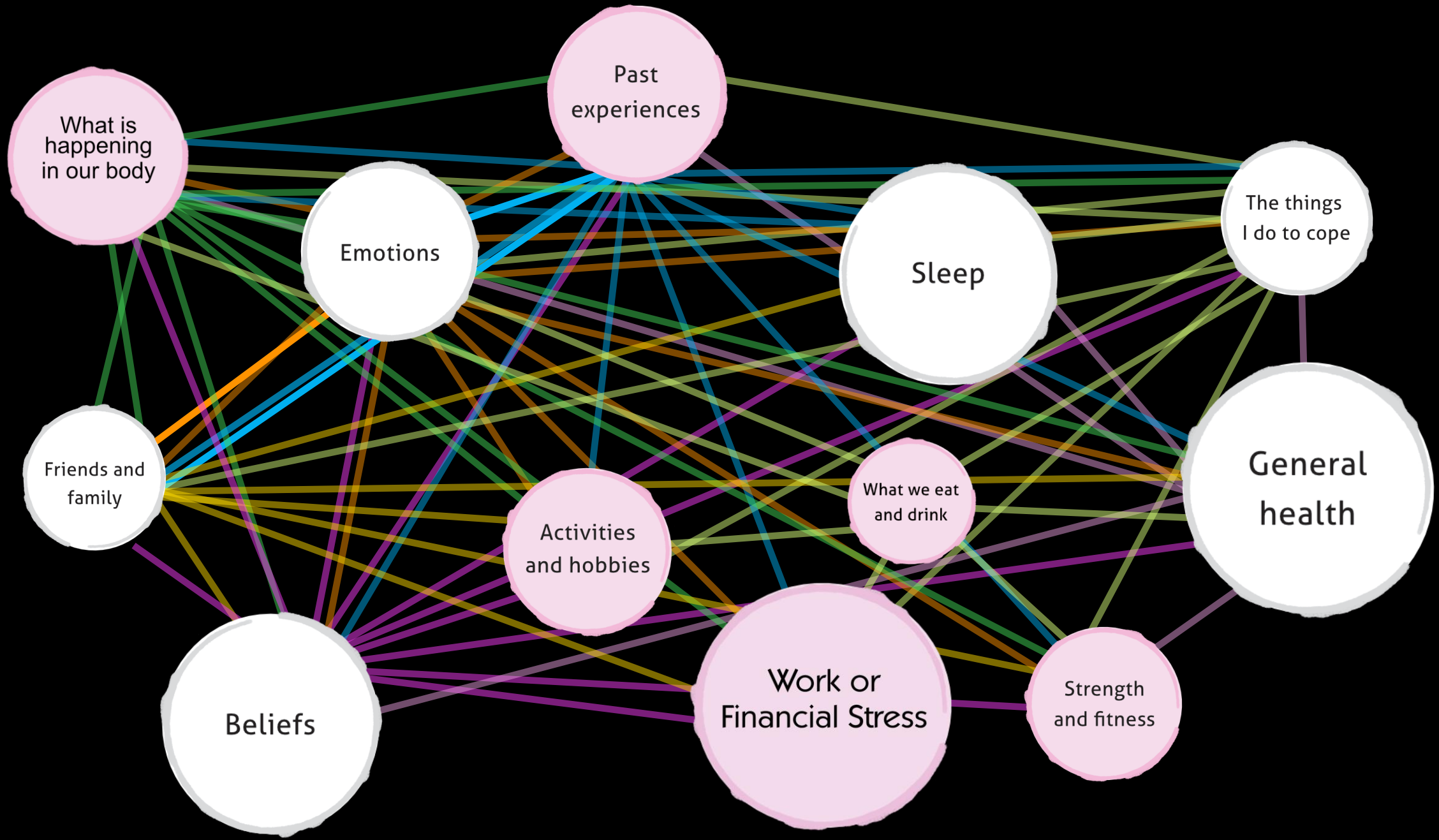
ALL pain is real and personal to you

TASMANIAN HEALTH SERVICE

Tasmanian Government

An Occupational Perspective of Health

Wilcock & Hocking, 2015


What is happening in our body
Past experiences
Emotions
Sleep
The things I do to cope
Friends and family
What we eat and drink
General health
Activities and hobbies
Beliefs
Work or Financial Stress
Strength and fitness

Bill with back pain.....

"no daily routines involving physical activities"

"usually gets up twice of about one hour each night"

"subsequent cognitive challenges"

"lives with supportive younger wife who is working"

Physiotherapy in Persistent Pain

Role of physiotherapy

Assess & measure impairments, function & capacity

Develop & implement a *biopsychosocial*-informed treatment plan based on shared goals *

Educate, motivate & empower

- pain science principles
- goal setting
- pacing & graded activity principles

Screen for red flags

Communicate findings to patient, GP & team

* Tailored to individual's context- pain beliefs, confidence, preferences, mood, finances, social supports, comorbidities, sleep...

When to refer

Clinical indicators

Movement-related concerns impacting activity & participation

Modifiable impairments contribute to activity limitations (amenable to physiotherapy)

Screening tools → risk of poor progress with usual care (e.g. STarT Back)

Patient factors

Need for guidance to achieve shared activity goals

Preference for active (physiotherapy) management

Patient motivated for change

ALLCARE PHYSIOTHERAPY

What's important to Bill? Key Steps in Bill's Physio Plan

🥅 **Set Shared Goals.**

Long-term: A second round of golf per week.

Short-term: Increase walking distance, build putt and swing volume.

📏 **Find a Safe Baseline.**

How much can Bill walk, swing or putt *without flaring* — and repeat the next day?

📈 **Graded Progression.**

Do something **every day**, increase weekly. Chase small wins to build confidence.

📚 **Educate & Empower.**

The 'sensitive nervous system'. Promote safety & confidence. An active approach, 'Bill'-centred.

🔥 **Prepare for Flares.**

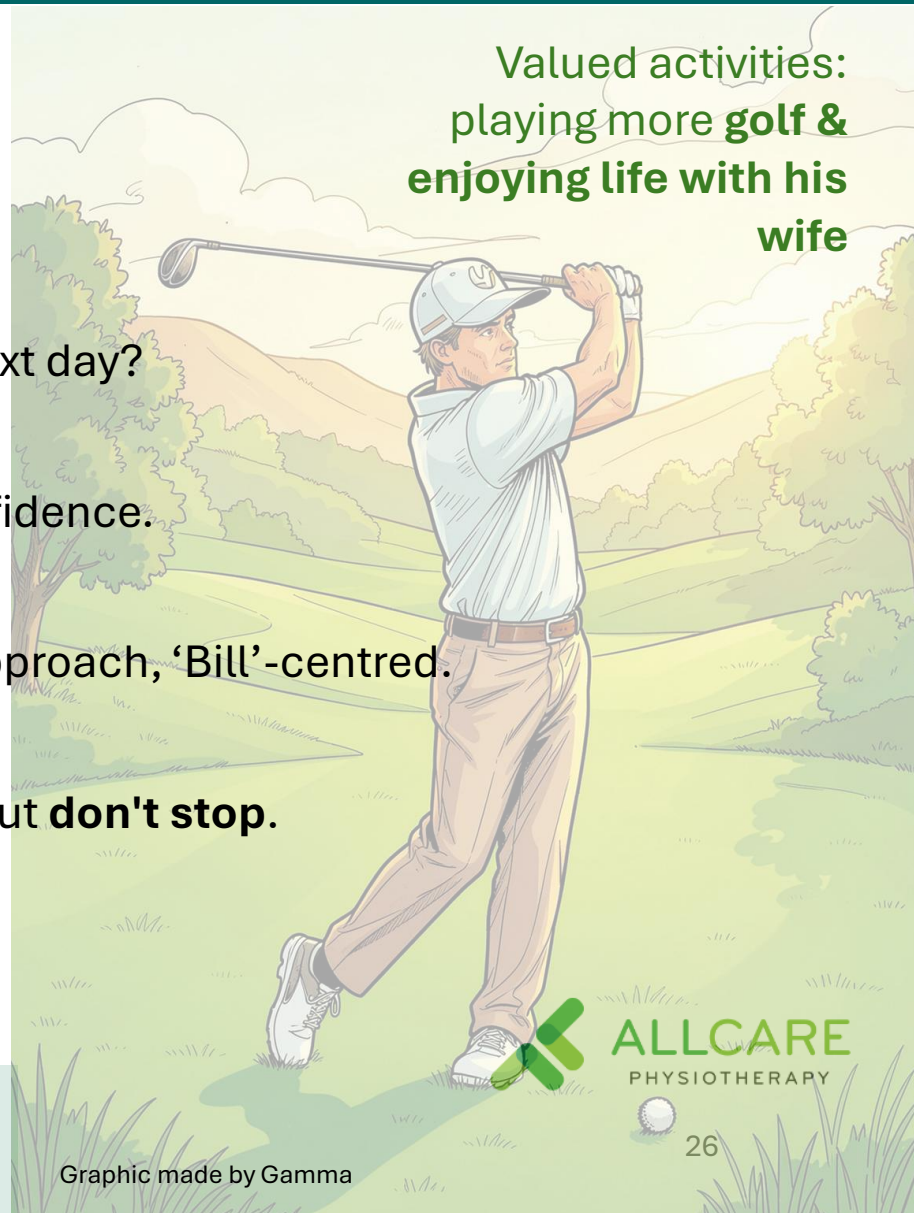
Have a plan: breathing, relaxation, movement strategies. Swap or pace- but **don't stop**.

⛳ **Consider Contributing Factors**

Impairments specific to activity e.g. spinal rotation mobility for swing.

Other pain system sensitisers e.g. sleep.

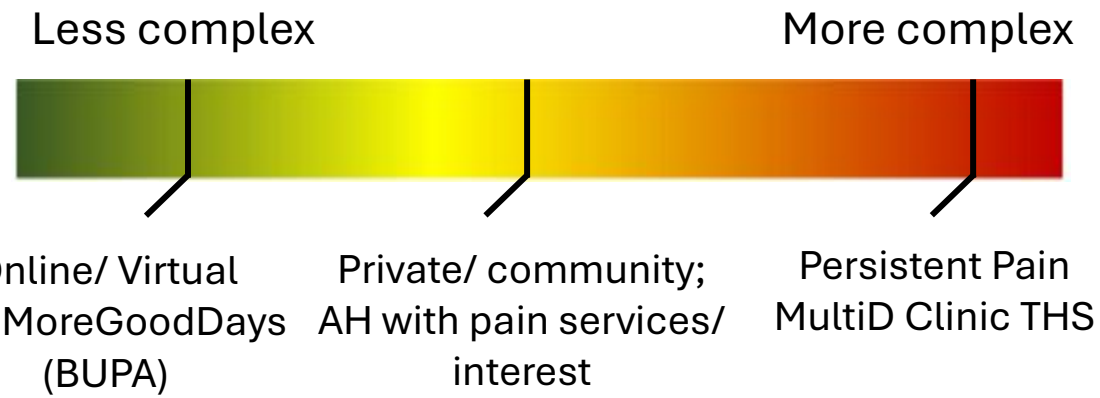
Potential barriers such as cognitive function, mood, finances...



Graphic made by Gamma

Referral Pathways and Navigating Care

Care Continuum



Payment schemes

- Private: ~$115 (30 min) to $190 (45 min)
- CCMP: up to 5 AH sessions- covers $62
- NDIS/ MAIB/ WC/ DVA- no gap

Special Interest Groups within physiotherapy

21 National Groups within APA:
Musculoskeletal, Paeds, Neurology… & **Pain**

Professional Credentialling

1. General AHPRA registration
2. APA Titled physiotherapist
3. Specialist physiotherapist (as awarded by ACP)

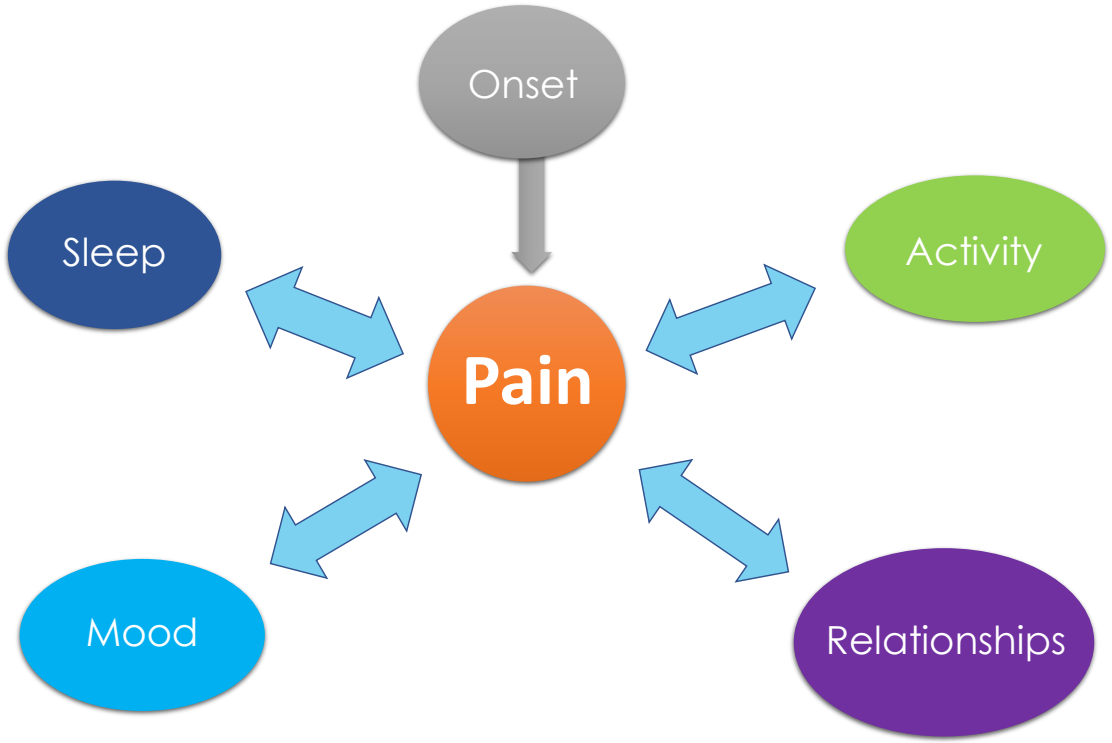
Pain group members in TAS:
Not many! 6 total- 4 in south, 2 in NW

https://www.tashealthdirectory.com.au/specialties/1/home

https://choose.physio/find-a-physio

ALLCARE PHYSIOTHERAPY

When to refer to a mental health professional for persistent pain?



Look out for:

- Isolation, strained relationships
- Helplessness
- Hopelessness
- Increasing use of medication or substances

Mental health support can help even in the absence of a formal mental health diagnosis.

How to refer:

- Referrals can be under a mental health care plan but don't have to
- Build a network of practitioners who can support with persistent pain (psychologists but not only: counsellors, accredited mental health social workers)
- Listen to your patients
- ACA, PACFA, AASW directories

The role of mental health professionals

Unpacking stories related to pain and sense of identity

Reflect on these stories and add a perspective to how pain fits in their lives, **“You are more than your pain”.**

Psychoeducation about pain

Empower people to better understand themselves and their pain, following their pace and always validating that **all pain is real.**

A point about language: “Patients have to rely primarily on language to communicate their pain experience. These are the circumstances in which both patients and doctors might have more challenges in communicating, and in which patients tend to feel misunderstood and misbelieved.” (Lorimer Moseley)

What mental health support for Bill?

Tangible signs that support is needed: history of depression, poor sleep, high alcohol intake.

Deeper signs and indications on where to focus support::

- “Medications make me feel ordinary. I’m between pain and a mental wreck”
- He generally avoids activity because this increases his pain.
- When asked about his understanding of the causes of his pain he said, “still issues with nerves in my lower back” and “I’m lost’”.

What is Exercise Physiology

Accredited Exercise Physiologists (AEPs)

University-qualified allied health professionals

Accredited by ESSA

Eligible under Medicare, DVA and other compensable schemes

Role of an AEP

Exercise- based management of chronic and complex health conditions

Education and self-management support

Behaviour change and adherence

Prevention and health promotion

Return to function, activity or sport

When to refer

Persistent pain (>3 months)

Fear of movement or activity avoidance

Chronic disease management or prevention

Deconditioning or reduced function

Mental health impacting physical health

How Exercise Physiology can help Bill

Challenges

- Persistent pain
- Activity avoidance
- Reduced function and confidence
- Depression and poor sleep
- Opioid use + alcohol intake

AEP goals for Bill

✓ Return to activity
✓ Functional goals (increased golf participation)
✓ Reduced fear of activity
✓ Improved overall health and independence

Strategies

Pain Education
Load management, pacing
Graded return to activity participation
Specific patient goal-oriented exercise
Monitoring and supporting behaviours and mental health

function, behaviour, and lifestyle — not just pathology

Referring to Exercise Physiology

Referral Pathways

Medicare (Gap fee or Bulk Billed)

- Chronic Condition Management Plan (CCMP)
- Type 2 Diabetes

DVA (no Gap)

- D904 referral

Other

- MAIB, Workers Compensation, NDIS, My Aged Care, where eligible.
- Self-referral is sufficient for Private Health or privately paying patients

What to include

Completed referral form (i.e. D904 with conditions)

Reason for referral

Health summary with current medications

Investigation Reports (i.e. Scans)

Finding an AEP

Exercise & Sports Science Australia (ESSA) directory

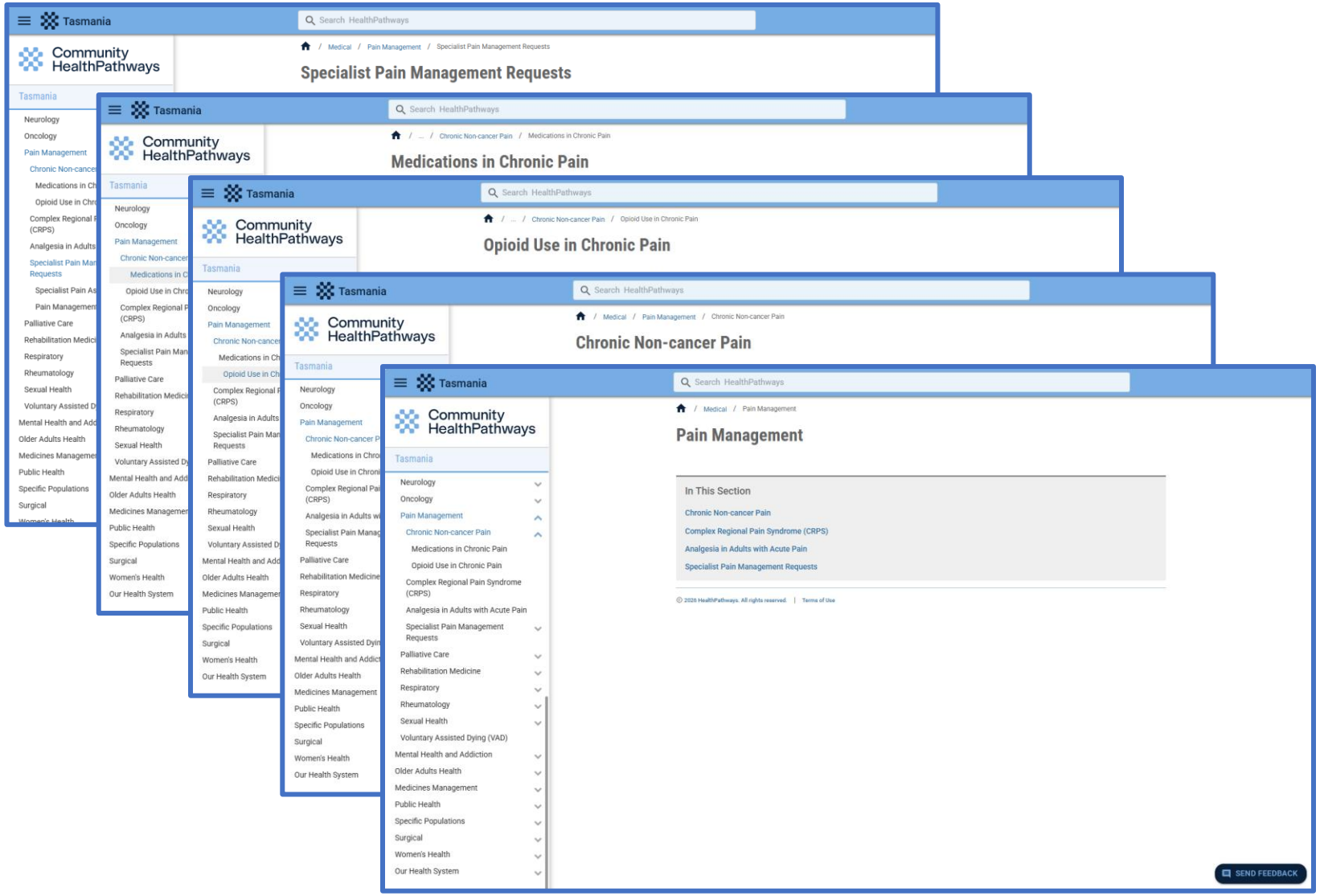
PHT's Tasmanian Health Directory

Local Practices and Multidisciplinary Clinics

Secure Pathways

Clinics may use different systems, eg. Healthlink

Persistent pain pathways



Q&A

Connect & Learn

Networking breakfasts for allied health professionals

Held quarterly, 7.00am to 8.30am

Thursday 18 June: **Hobart**

Tuesday 23 June: **Burnie**

Thursday 25 June: **Launceston**

Scan here to register!

AI in general practice: risks, benefits and readiness

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Join digital health expert and World Health Organization consultant Chris Boyd-Skinner for a practical session exploring the evolving role of artificial intelligence (AI) in primary health care.

Complimentary dinner | Limited places available

Devonport

Date: Tuesday 23 June
Registration: 6pm
Seminar : 6.30-8.30pm
Where: Paranaple Convention Centre

Find out more and register

Launceston

Date: Wednesday 24 June
Registration: 6pm
Seminar : 6.30-8.30pm
Where: The Sebel

Find out more and register

Hobart

Date: Thursday 25 June
Registration: 6pm
Seminar : 6.30-8.30pm
Where: RACV Hotel

Find out more and register

Pathways to Safety – family violence workshops

Workshops for clinicians

- Wednesday 10 June, 6pm-9pm
  Devonport
- Wednesday 26 August, 6pm-9pm
  Launceston

Scan here to register!

Workshops for practice staff

- Thursday 11 June, 6pm-8pm
  Devonport
- Thursday 27 August, 6pm-8pm
  Launceston

Scan here to register!

Final words

- After this webinar ends, your browser will open a link to a short evaluation survey – we really appreciate your feedback!
- Statements of attendance will be emailed to participants.
- For event queries, please contact events@primaryhealthtas.com.au

Thank you!

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