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# Fast Track Pain Management

Initiative Type

Service Improvement

Status

Deliver

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<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/fast-track-pain-management>

## Summary

The Fast Track Pain Management project impacts on activity-based funding, consumer outcomes, equity of access for all relevant stakeholders and drives Aboriginal and Torres Strait Islander research specific to persistent pain management.

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## Key dates

Mar 2021

Jun 2021

## Implementation sites

CQHHS – Tablelands – Atherton, Mareeba; Cassowary Coast – Innisfail, Tully, Mission Beach

## Partnerships

Inter HHS – Townsville HS, Torres and Cape Health Service • Many GP practices in outreach locations. • Aboriginal Community Controlled Health organisations. • Menzies School of Health Science • My Health for Life • Statewide Persistent Pain Management CI

## Key Contacts

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## Aim

Improve access to pain management for three vulnerable groups: Rural and Remote, Aboriginal and Torres Strait Islander, Frail and Elderly.

## Benefits

- improved access to high value care to our three large vulnerable groups
- decreased Emergency Department presentations for persistent pain
- increased regional and rural clinician skills in persistent pain management
- optimised patient pain management medication.

## Background

The *Pain is everybody's business* report shows people living in rural and remote areas are less able to attend appointments to persistent pain services. First Nations people have unique pain management needs and are less likely to be referred to a persistent pain management services, despite similar or slightly higher prevalence rates of musculoskeletal pain than their non-indigenous counterparts. Pain is currently under-diagnosed and inadequately managed in Australian residential aged care facilities (RACFs). The Australian Pain Society proposes indicators for the assessment of pain in residential aged care facilities and for an ideal pain management system.

## Solutions Implemented

- hybrid model of clinical service delivery: physical outreach and telehealth
- capacity building of local healthcare workforce
- relationships and partnerships formed with healthcare workers in rural and remote locations

## Evaluation and Results

### Evaluation and Results

- improved access to care through 18 multiday visits, 14 educational events and many relationships established
- 97% of patients agreed or strongly agreed that program content and model of care was an acceptable approach. Nil disagreed. Evidence shows this is a key factor in improving outcomes for

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pain management

- 96% of patients preferred care delivered close to home. Many described inability to travel to Cairns or Townsville for complex pain management
- 59% of individuals (n=96) who have had ≥1 Emergency Department (ED) visits in 12 months prior to first appt to the service have not returned to ED since their first appt. This increases to 71% following their last appointment for those who have not Failed To Attend (FTA) or cancelled (n=57). Difficult to interpret due to large fluctuations in ED presentation trends during this time period. Further analysis in final report
- Aboriginal and Torres Strait Islander engagement strategy established in partnership with three Aboriginal Community Controlled Health Organisations, expert reference group, field experts and Menzies School of Research.
- two-part workshop delivered to rural residential aged care facility with excellent feedback. Uptake of recommendations to be evaluated.

## Lessons Learnt

Relationships, importance of relationships. This includes all stakeholders - team, referrers, local health care workers, business team and legal team:

- formal contracts between HHS and NGOs, inter HHS agreements take many months. Allow lead in time prior to clinicians starting for officer to build relationship and execute contracts.
- empowered team improves rapport building with patients, flexibility in service delivery and ultimately outcomes of project.

## References

### Articles

[Scriven et al – Eval. Of multisite telehealth group model for pers. Pain for rural/remote participants](#)  
[Clin ed – cont. education; pain competencies - Fisher](#)  
[ACI - PMP's – which patient, for which program?](#)  
[A&TSI - Lin – unmet needs, S/R; Strong et al; Arthur](#)

## Further Reading

Pain Resources

- [ACI website](#)
- [Mindspot](#)
- [Pain Toolkit](#)
- [Menzies brain story series](#)

