

# Persistent Pain Management Services

CSCF v3.2

## Module overview

Please note: This module must be read in conjunction with the Fundamentals of the Framework (including glossary and acronym list) and the Children's Services Preamble.

## Introduction

Persistent pain, that is, pain that lasts longer than three months, has a significant impact on the individual, social support network and community. The resulting burden is often underestimated in terms of both prevalence and economic impact.

For instance, persistent pain affects one in five people, both children and adults however, when managed optimally, persistent pain can generate cost savings within the health care system amounting to billions of dollars. <sup>1</sup>

## Model of Care

Persistent pain and its effective management is a complex multidimensional phenomenon.

The current model of care in Queensland, consistent with best practice, is two tiered.

The first tier covers people in the community who manage their persistent pain using their own resources, some with the help of a general practitioner or allied health/ nursing practitioner. Online resources for general practitioners and patients provide education and management strategies.

For those individuals who have not achieved a successful outcome, as determined by them and their General practitioner, further assistance can be provided (the second tier of care).

This module relates to the second tier and outlines the approach to care for more complex cases and is built on an integrated biopsychosocial framework of healthcare. Such cases are referred for tertiary care to specialist multidisciplinary persistent pain services. This framework ensures that a person's experience of suffering is addressed from multiple perspectives and reduces the risk of overreliance on opioid prescription as the primary solution to managing pain.

The second tier is based on a stepped care approach and depends on the complexity of pain presentation, which in turn is determined by the amount of resources and level of expertise

required to manage the pain. It is supported by a multidisciplinary team of health professionals that typically have specific qualifications and/or expertise in pain and pain management and work in partnership with consumers across various health care settings including, inpatient consultation, ambulatory clinics and within the community.

Persistent pain services include assessment, measurement, treatment and management. Strategies for treatment require a comprehensive, multifaceted, integrated and biopsychosocial approach, that covers emotional, social and physical interventions. Pain management programs may be residential, ambulatory or community based and may include assessment, education, skill development, self-management strategies, rehabilitation, reconditioning, medication review and adjustments, pharmacotherapy or interventional procedures.

Many services employ a family or social focus to aid adjustment beyond the program, for example, participation in the workforce, volunteering, further educational programs and vocational retraining. The overall goal is to achieve self-management of pain by patients in association with their GP or community providers.

The integration and coordination of care across the components of care, service settings and geographical locations, in addition to effective communication, are critical to achieving optimal outcomes in persistent pain management.

Persistent pain services should have a documented process for the referral of patients to higher care centres for both management and transfers back to local services with capacity to continue the established management plans.

## Module Scope

Many patients with low complexity, high resilience and adaptive coping strategies are managed in the community by primary care and local allied health practitioners without referral to pain services. Minimum requirements for these Level 1 capability services are not included in this module.

This module does not address service requirements for emergency presentations with pain such as acute pain and new neurological symptoms e.g. cauda equine syndrome; patients with acute mental health issues or any medical / surgical condition where there may be serious underlying disease e.g. malignancy or infection.

Services to manage cancer pain and palliative care pain, where the patient's specialist team request input from a specialist pain medicine services, are encompassed by this module. This module also applies to persistent pain services provided to vulnerable groups, for example children, the elderly, indigenous groups, those with intellectual and physical disabilities, those living in rural or remote areas with restricted access to resources and those with specialized pain such as pelvic pain.

Children and young people with persistent pain need to be treated under the care of appropriately trained and qualified staff with requisite skills and expertise. If the service is treating children, there are specific supporting services needed as detailed in the Support Service Requirement section of this module. Persistent Pain services offered within a public facility should report separately if they are providing services to children. There is provision

within the framework for adolescents and transition or transfer of care from one service to another.<sup>2</sup>

Not all pain services have the capacity to manage patients with substance use disorders or severe acute mental health issues. Services do provide pharmacological and interventional treatments when appropriate, with the risks assessed and explained. However, these interventions are associated with significant risks, therefore the services also have an obligation to provide appropriate education and commit to ongoing research for patient quality and safety.

This module outlines three levels of patient complexity and five levels of services to manage the patient complexity, with inclusion of education and research as fundamental to patient safety for high level services. Patients are categorized by the complexity of their pain presentation and individual needs.

**Table 1: Levels of patient complexity**

| Patient complexity | Description  |
|--------------------|--|
| <b>Low</b>         | Persistent pain with low impact co-morbidities and pain is being managed by ongoing therapeutic intervention   |
| <b>Moderate</b>    | Persistent pain, with moderately impacting co-morbidities and some patients requiring intervention by pain specialist and multidisciplinary team   |
| <b>High</b>        | Persistent pain, with highly complex co-morbidities, requiring pain specialist and multidisciplinary team interventions and patients likely require complex medical and surgical sub-specialty support |

## Service networks

In addition to the requirements outlined in the Fundamentals of the Framework, specific service network requirements include:

- Utilisation of pain care networks to enhance the seamless delivery of persistent pain management services and manage / reduce risks of gaps in treatment, including:
  - effective triage services with clear referral and care pathways
  - close working relationships with other services that may require specialist pain input (e.g. services for oncology, surgery, older person care, chronic disease and addiction)
  - use of a hub-and-spoke model to build service networks as necessary
  - transition and transfer of care processes for young people moving to adult health services
  - patient advocacy
  - provision of professional leadership
  - professional support

- provide education and support for community organisations
- adjust services for various groups including rural and remote medical practitioners, allied health and nursing
- adjust services for various vulnerable groups including indigenous groups, the elderly and those with a disability.
- Documented processes with primary care and community support services to facilitate discharge planning.
- Documented processes between lower and higher-level services and across service networks as necessary.
- Consultancy (outreach) service provision by higher level services, where applicable.

The service-networking medium of telehealth is actively encouraged. Such services offer assessment and treatment to individual patients irrespective of their location.

## Service requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific service requirements include:

- A systematic biopsychosocial approach to assessing patients experiencing persistent pain, and the multiple systems in which they live and seek assistance.
- Provision of patient-centred, culturally appropriate case management that utilises shared decision making where appropriate.
- Provision of information, skill development, physical and psychological rehabilitation for patients, their families and healthcare professionals about proactive self-management and evidence-based care.
- Provision of relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.
- Depending on level of the service, education and training for medical practitioners, allied health and nursing.
- Quality and risk management programs in line with the current National Safety and Quality Health Services Standards

## Workforce requirements

In addition to the requirements outlined in the Fundamentals of the Framework, specific workforce requirements include:

- Multidisciplinary teams, such as:
  - specialist Pain Medicine Physicians
  - other relevant medical specialists including psychiatrists, neurosurgeons, rehabilitation physicians, rheumatologists, addiction specialists or access to these when they are not part of the team and when clinically appropriate
  - general practitioners
  - nurse/nurse practitioner

- allied health professionals including physiotherapists, occupational therapists, psychologists, pharmacists, exercise physiologists, social workers, nutritionists and dieticians
- other relevant services.
- Clinicians demonstrate ongoing education and training in clinical programs relevant to the practice of pain management and commensurate with their responsibilities in persistent pain management.
- Supervision is required on a case-by-case basis if the clinician's contact with specific groups of persistent pain patients, such as children, is intermittent or limited.

## Persistent Pain Services

|                      | Level 2  | Level 3   | Level 4   | Level 5   | Level 6   |
|----------------------|--|---|---|---|---|
| Service description  | <p>As per module overview, plus:</p> <ul style="list-style-type: none"> <li>Provides pain assessment and management services for community-based patients with low complexity pain management needs</li> </ul> | <p>As per Level 2, plus:</p> <ul style="list-style-type: none"> <li>Provides pain assessment and management services to ambulatory or community-based patients with moderate complexity pain management needs</li> <li>access to pain medicine specialist support on request</li> </ul> | <p>As per Level 3, plus:</p> <ul style="list-style-type: none"> <li>Provides pain assessment and management services to ambulatory patients, and by referral, to inpatient specialist consultation for moderate complexity pain management needs</li> </ul>                   | <p>As per Level 4, plus:</p> <ul style="list-style-type: none"> <li>Provides pain assessment and management services to ambulatory patients, and by referral to inpatients with high complexity pain management needs</li> </ul>                          | <p>As per Level 5, plus:</p> <ul style="list-style-type: none"> <li>Provides the highest level of specialist care and is a major referral centre</li> <li>Provides support and transfer of patients requiring high level care and back to moderate care services as required with clear pathways defined</li> </ul> |
| Service requirements | <ul style="list-style-type: none"> <li>Documented referral processes with higher level local services</li> </ul>   | <ul style="list-style-type: none"> <li>Utilising digital health pain management program effectively (for example Reboot, MindSpot)</li> <li>Provides documented processes for transfer and referral to specialist pain management clinics</li> </ul>                                    | <ul style="list-style-type: none"> <li>Provides multidisciplinary assessment and pain management to individuals or group treatment plans or programs.</li> <li>Provides outreach services including telehealth as required</li> <li>Provides basic pain management</li> </ul> | <ul style="list-style-type: none"> <li>Provides complex interventional procedures such as neurolytic blocks for cancer</li> <li>May provide complex interventional procedures for non-cancer pain management including spinal cord stimulation</li> </ul> | <ul style="list-style-type: none"> <li>Provides clinical leadership and consultation liaison</li> <li>Provides opportunities for research in pain management</li> <li>Provides complex interventional procedures including cancer blocks, spinal cord</li> </ul>  |

|                               | Level 2  | Level 3   | Level 4   | Level 5  | Level 6   |
|-------------------------------|--|---|---|--|---|
|                               |  |   | <p>procedures (e.g. Caudal epidural, facet joint injections)</p> <ul style="list-style-type: none"> <li>• Has access to surgical and emergency services</li> <li>• Provides a documented process for transfer and accessing higher level care and receipt from higher level facility to continue care</li> <li>• Access to procedure room and post procedure care.</li> <li>• Provides partnership arrangements with local general practitioner/s and other local care providers</li> </ul> | <p>and intrathecal pumps</p> <ul style="list-style-type: none"> <li>• Provides inpatient consultation by referral for cancer and palliative pain on request</li> <li>• Provides outreach and education services via telehealth and/or face to face as required</li> <li>• A higher level of pain medicine education amongst multidisciplinary team.</li> </ul> | <p>stimulation and intrathecal pumps.</p>   |
| <b>Workforce requirements</b> | <p>As per module overview, plus:</p> <p><b>Medical</b></p> | <p>As per Level 2, plus:</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>• Registered medical practitioner with a</li> </ul> | <p>As per Level 3, plus:</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>• Registered medical practitioners with</li> </ul>  | <p>As per Level 4, plus:</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>• Director and supervisor of</li> </ul>  | <p>As per Level 5, plus:</p> <p><b>Medical</b></p> <ul style="list-style-type: none"> <li>• Includes the ability to provide specialist</li> </ul> |

|  | Level 2  | Level 3  | Level 4   | Level 5  | Level 6   |
|--|--|--|---|--|---|
|  | <ul style="list-style-type: none"> <li>Medical practitioner with a special interest in pain (via telehealth or face to face)</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li>access to registered nurse</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li>access to physiotherapy, OT and psychology</li> <li>access to Aboriginal and Torres Strait Islander health workers where appropriate</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>links to peer support groups locally and educational information for persistent pain (ACI pain management website and APMA).</li> </ul> | <p>special interest in pain (may have completed further pain education e.g. FPM Better Pain Management course)</p> <ul style="list-style-type: none"> <li>access to pain specialist from a higher centre</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li>access to registered nurse with knowledge, skills and experience in persistent pain management (including access by telehealth)</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li>access to physiotherapist, occupational therapist and psychology staff who possess, or can access directly or through telehealth, professionals with knowledge, skills</li> </ul> | <p>recognised pain specialist training (FFPMANZCA)</p> <ul style="list-style-type: none"> <li>ability to refer to specialist services such as psychiatry, addiction specialist, rehabilitation and surgical via telehealth or face to face.</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li>access to registered nurse who possess clinical experience and interest in pain management (e.g. may have completed training courses in pain) and who may have direct telehealth access to professionals with expertise in persistent pain management</li> </ul> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li>access to physiotherapist,</li> </ul> | <p>training with specialist training FFPMANZCA and have ability to provide training for pain medicine registrars and Fellows</p> <ul style="list-style-type: none"> <li>may provide FFPMANZCA Registrar training</li> <li>ability to access medical subspecialist care including psychiatry</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li>nurse manager (however titled) with appropriate training or qualifications and experience specific to persistent pain management.</li> <li>suitably qualified and experienced registered nurse in charge of each shift.</li> <li>other suitably qualified and</li> </ul> | <p>and subspecialist services for patients with care needs of the highest complexity</p> <ul style="list-style-type: none"> <li>Provides FFPMANZCA Fellow training</li> <li>on site access to wider range of sub-specialities including neurologist, neurosurgeons, palliative care physician, rheumatology or other relevant sub-specialities</li> </ul> <p><b>Nursing</b></p> <ul style="list-style-type: none"> <li>Registered Nurse with very high-level knowledge, skills, and experience, training and/or qualifications specific to persistent pain management.</li> </ul> <p><b>Allied health</b></p> |



|                                     | Level 2 | Level 3   | Level 4  | Level 5   | Level 6  |
|-------------------------------------|---------|---|--|---|--|
|                                     |         | <p>and experience in persistent pain management</p> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>has access to specialist paediatric service on site or remotely in partnership with a higher-level paediatric service if required</li> </ul> | <p>occupational therapist and psychology staff who possess clinical experience and interest in pain management (e.g. may have completed training courses in pain) and who may have direct telehealth access to professionals with expertise in persistent pain management</p> <ul style="list-style-type: none"> <li>access to other allied health professions as indicated by patient needs e.g. social worker, dietician, exercise physiologist</li> <li>Interpreter services accessible as required.</li> </ul> | <p>experienced nursing staff appropriate to service being provided.</p> <p><b>Allied health</b></p> <ul style="list-style-type: none"> <li>Access to pharmacists for patient medication review/s.</li> <li>access to physiotherapist, occupational therapist, and psychology staff with high-level knowledge, skills, and experience specific to persistent pain management, some of whom may hold post-graduate qualifications relevant to persistent pain.</li> </ul> | <ul style="list-style-type: none"> <li>access to physiotherapist, occupational therapist, and psychology staff with very high-level knowledge, skills, and experience specific to persistent pain management, many of whom hold post-graduate qualifications relevant to persistent pain.</li> <li>access to dedicated persistent pain services from pharmacists.</li> <li>Provides a level of team leadership for the allied health team for example Allied health team leader</li> </ul> |
| <b>Specific risk considerations</b> |         |   | In addition to what is outlined in the   | As per Level 4  | As per Level 4   |

|  | Level 2 | Level 3 | Level 4   | Level 5 | Level 6 |
|--|---------|---------|---|---------|---------|
|  |         |         | Fundamentals of the Framework, specific risk management requirements include: <ul style="list-style-type: none"> <li>• access to security</li> <li>• policies and processes to manage potential risks associated with caring for substance compromised clients</li> </ul> |         |         |

### Support service requirements for persistent pain services

|  | Level 2 |            | Level 3 |            | Level 4 |            | Level 5 |            | Level 6 |            |
|--|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|
|  | On-site | Accessible | On-site | Accessible | On-site | Accessible | On-site | Accessible | On-site | Accessible |
| Anaesthetic                                  |         |            |         |            | 3       |            | 3       |            | 5       |            |
| Alcohol and other drugs (relevant section/s) |         |            |         |            |         | 4          |         | 4          |         | 5          |
| Children's anaesthetic*                      |         |            |         |            |         |            | 3*      |            | 5*      |            |

|  | Level 2 |   | Level 3 |    | Level 4 |   | Level 5 |   | Level 6 |   |
|--|---------|---|---------|----|---------|---|---------|---|---------|---|
| Intensive care                             |         |   |         |    |         | 4 |         | 5 | 5       |   |
| Intensive care – children’s*               |         |   |         |    |         |   |         | 5 | 5*      |   |
| Medical                                    |         | 2 |         |    |         | 4 |         | 4 | 6       |   |
| Medical – Children’s*                      |         |   |         | 3* |         |   |         | 5 | 6*      |   |
| Medical imaging                            |         | 2 |         | 2  | 2       |   | 4       |   | 5       |   |
| Medication                                 |         | 2 |         | 2  | 3       |   | 5       |   | 5       |   |
| Mental health (relevant section/s)         |         |   |         |    |         | 4 |         | 4 |         | 5 |
| Pathology                                  |         | 2 |         | 2  | 2       |   | 3       |   | 5       |   |
| Perioperative – Perioperative - Acute Pain |         |   |         |    |         |   | 5       |   | 6       |   |
| Perioperative (relevant section/s)         |         |   |         |    | 3       |   | 3       |   | 5       |   |
| Rehabilitation                             |         |   |         |    |         | 4 |         | 5 |         | 5 |
| Surgical                                   |         |   |         |    | 3       |   | 3       |   | 5       |   |

|                         | Level 2 |  | Level 3 |  | Level 4 |  | Level 5 |  | Level 6 |  |
|-------------------------|---------|--|---------|--|---------|--|---------|--|---------|--|
| Surgical – Children’s * |         |  |         |  | 3       |  | 3*      |  | 5*      |  |

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach

\* If providing children’s services

## Legislation, regulations and legislative standards

Refer to the Fundamentals of the Framework for details.

## Non-mandatory standards, guidelines, benchmarks, policies and frameworks

In addition to what is outlined in the Fundamentals of the Framework, the following are relevant to persistent pain care services:

- Statewide Clinical prioritisation criteria persistent pain services, Queensland Health <https://www.health.qld.gov.au/clinical-practice/referrals/statewide-specialist-services/persistent-pain>
- Faculty of Pain Medicine, guidelines for training Fellows <http://fpm.anzca.edu.au/documents/fpm-traininghandbook-20171121-1-5.pdf>

## Reference list

1. National strategic action plan for pain management 2019 <https://www.painaustralia.org.au/static/uploads/files/national-action-plan-final-02-07-2019-wfpnnlamkiqw.pdf>
2. Statewide Clinical prioritisation criteria persistent pain services, Queensland Health <https://www.health.qld.gov.au/clinical-practice/referrals/statewide-specialist-services/persistent-pain>