

This guide was developed by a working group of pain medicine physicians, other related specialists, general practitioners, nursing and allied health representatives and should be considered in conjunction with local outpatients processes. It is to assist Persistent Pain Management Services streamline discharge planning and communication processes with General Practitioners and other primary care providers. It is to be tailored to specific patient needs and represents usual practice, however variations are expected as clinical staff utilise professional judgement.

Discharge planning

A Persistent Pain Management Service:

- » is *consultative and time-limited*; the patient's nominated General Practitioner (GP) will remain their primary care provider throughout the patient's interactions with the service
- » aims to *discharge the patient within twelve months* of initial service provision with a pain management plan
- » aims to *streamline the patient's journey* wherever possible and provide services underpinned by evidence-based best practice
- » outlines service aims and objectives and patient roles and responsibilities prior to or at initial service provision
- » seeks engagement and encourages active participation from the patient's family and/or nominated support person where appropriate
- » encourages the use of GP Management Plans (GMPs) with Team Care Arrangements (TCAs) for persistent pain patients with multidisciplinary care needs and offers allied health support for professionals providing services through these arrangements following the patient's discharge from the service.

A Persistent Pain Management Service recognises that:

- » the person with pain, their GP, community services and support systems are all partners in persistent pain management and should be involved wherever possible in service discharge planning
- » effective and efficient service delivery is underpinned by high quality information and communication systems
- » discharge planning, processes and tools to support effective and efficient discharge planning should be continually updated and improved.

Communication

A Persistent Pain Management Service will:

- » ensure that patient information is coordinated and made available to all relevant providers in an efficient and timely manner
- » liaise with the patient's nominated GP at significant time points regarding assessment, identified issues, management goals and key recommendations
- » develop a personalised pain management plan in consultation with the patient and their GP as early as possible, and prior to discharge from the service at a minimum
- » reassess and adjust the pain management plan with the patient and their GP when required throughout the patient's journey through the service.

Documentation

Documentation to reflect the following should be directed to the patient's GP at significant time points, and at assessment and discharge from the PPMS at a minimum:

Summary of assessment/identified key issues:

- » Primary and secondary presenting pain syndrome(s)/pain diagnosis (and if different from information received in original referral)
- » Pain Medicine Physician opinion and treatment options following patient review (or clear indication that the patient was not assessed by a Pain Medicine Physician)
- » Allied Health assessments (if completed), key findings and recommendations
- » Pain prognosis, and if different from information received in original referral:
 - » Natural history/progression of pain condition
 - » Expectation of functional improvement
 - » Limits of current management/patient behaviour on expected functional improvement
 - » Identified potential barriers to continued improvement.

Results:

- » Results of any investigations, tests and therapy trials (pharmaceutical and non-pharmaceutical) undertaken within the PPMS.

Management goals:

- » Management goals, as determined in consultation with the patient.

Medication management recommendations:

- » Prescribed medications
- » Titration advice
- » Alternate options
- » Opioid management plan (if applicable)
- » What medications to avoid and why
- » Alcohol and other substance management.

Other key recommendations:

- » What the GP can do to support the patient in the community and avoid re-referral
- » How to manage 'flare ups'
- » If/when re-referral may be indicated
- » Suggested local resources/support services.

Copy of patient's Pain Management Plan:

- » Include copy of the patient's personalised pain management plan (if applicable).

