

# Do pain management programs keep working for compensable patients?

## Three year follow up

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# Learning Outcomes

1. Appropriate expectations regarding what can be achieved during a pain management program
2. Outcomes related to health and wellbeing, medication utilisation and occupational status immediately following and 3 years after attendance at a multidisciplinary pain management program
3. Strategies that GPs and other clinicians can engage to support clients before during and after pain management programs, including the provision of quality resources



# Australian Pain Society

## Position statement on Pain Management Programs

- Improve understanding of persistent pain
- Improve function *despite* ongoing pain
- Provide coping skills and strategies
- Promote self management
- Reinststate activities of daily living, including work
- Reduce or modify future use of health care services

# Key Points

## **Pain**

Pain reduction is a goal but pain elimination is not the expected (or a reasonable) end point

## **Communication**

Alignment of goals between all stakeholders

## **Time**

Desired behaviours related to coping need time to be normalised. Passive therapies usually work against this.

# Network Pain Management Programs

- Meet the APS position statement criteria
- Not otherwise influenced by WorkSafe / TAC
- Standardised clinical outcome measures
  - ✓ Fast service
  - ✓ Work as a reasonable outcome
  - ✓ Communication
  - ✓ Medication use and mental health
  - ✓ Future services and treatment

# Evaluation of Network Pain

- Medication utilisation
- Changes in health care utilisation
- Clinical outcome measurement
- Occupational outcomes

*95% of clients completed their  
Network Pain Management Program*

# Medication utilisation

**Prior:** 60% were prescribed medication

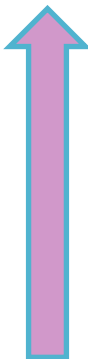

**After:** 35% were prescribed medication

↓ Opioids and Sedatives ↓  
↑ Neuropathics ↑

*Sustained or improved 3 years after program completion*

# Health care utilisation

Difference in costs 12 months after PM cf 12 mths before PM



<b>Overall</b>	<b>-38%</b>
<b>GP</b>	<b>-36%</b>
<b>Physiotherapy</b>	<b>-81%</b>
<b>Other allied health</b>	<b>-70%</b>
<b><i>Psychiatry</i></b>	<b><i>153%</i></b>
<b><i>Psychology</i></b>	<b><i>41%</i></b>
<b><i>Pharmacy</i></b>	<b><i>52%*</i></b>

\* Due to neuropathic medication costs

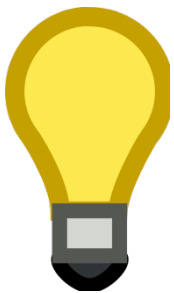


# Clinical outcome measurement

## Brief Pain Inventory: Pain Intensity

- Pain intensity drops slightly
- Not statistically significant, smaller than MDC

*BUT function improves and medication reduces **without** an increase in pain*



# Clinical outcome measurement

## Brief Pain Inventory: Pain Interference

- 71% reported improvement
- 12% didn't change
- Statistically significant, larger than MDC
- Enjoyment, sleep, activity, mood



# Clinical outcome measurement

## Fear Avoidance Beliefs Questionnaire

### Physical

- 74% improved
- 13% didn't change
- Statistically significant, larger than MDC



### Work

- 61% improved
- 12% didn't change
- Statistically significant

# Occupational outcomes

Certified as unfit at assessment:

- 41% were reclassified as fit for....

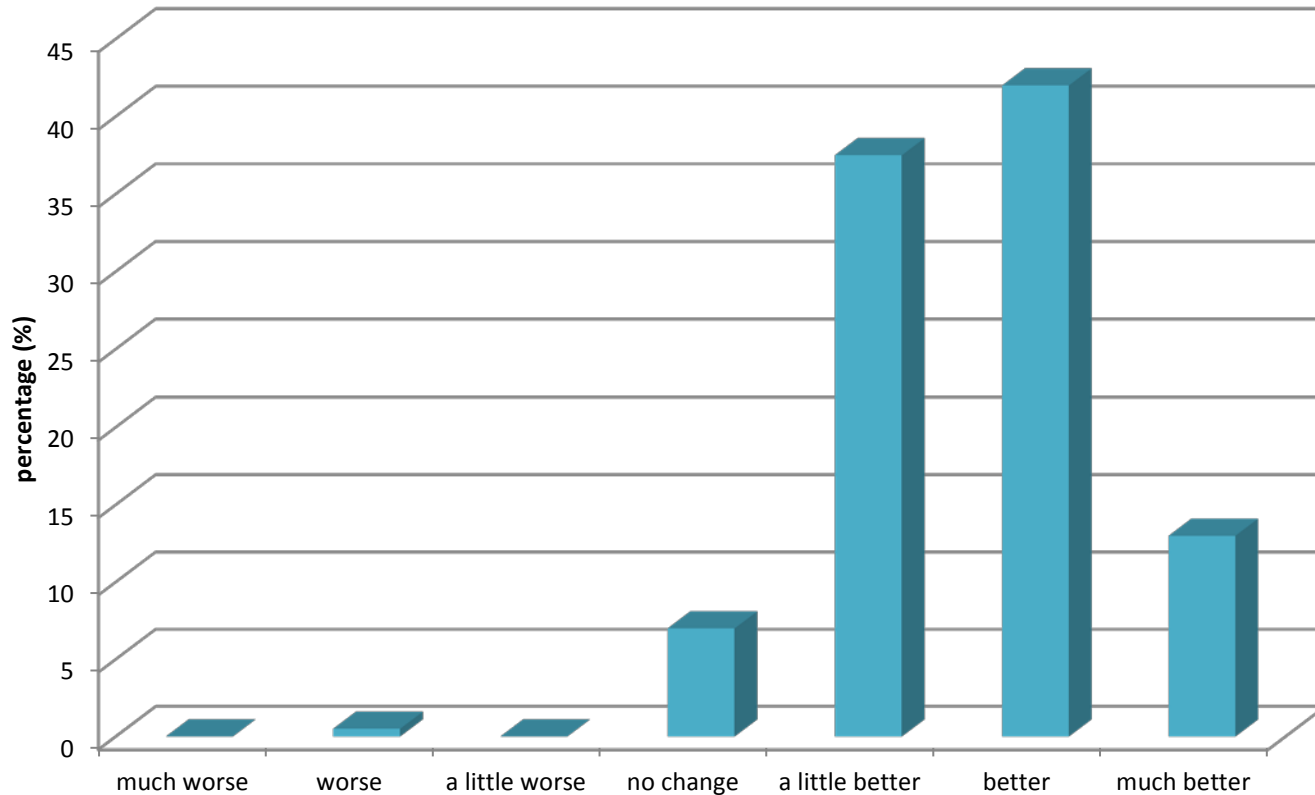
Certified as fit for some duties at assessment:

- 50% had increased hours and/or capacity

*These changes occurred by discharge and continued to improve at follow up visits*

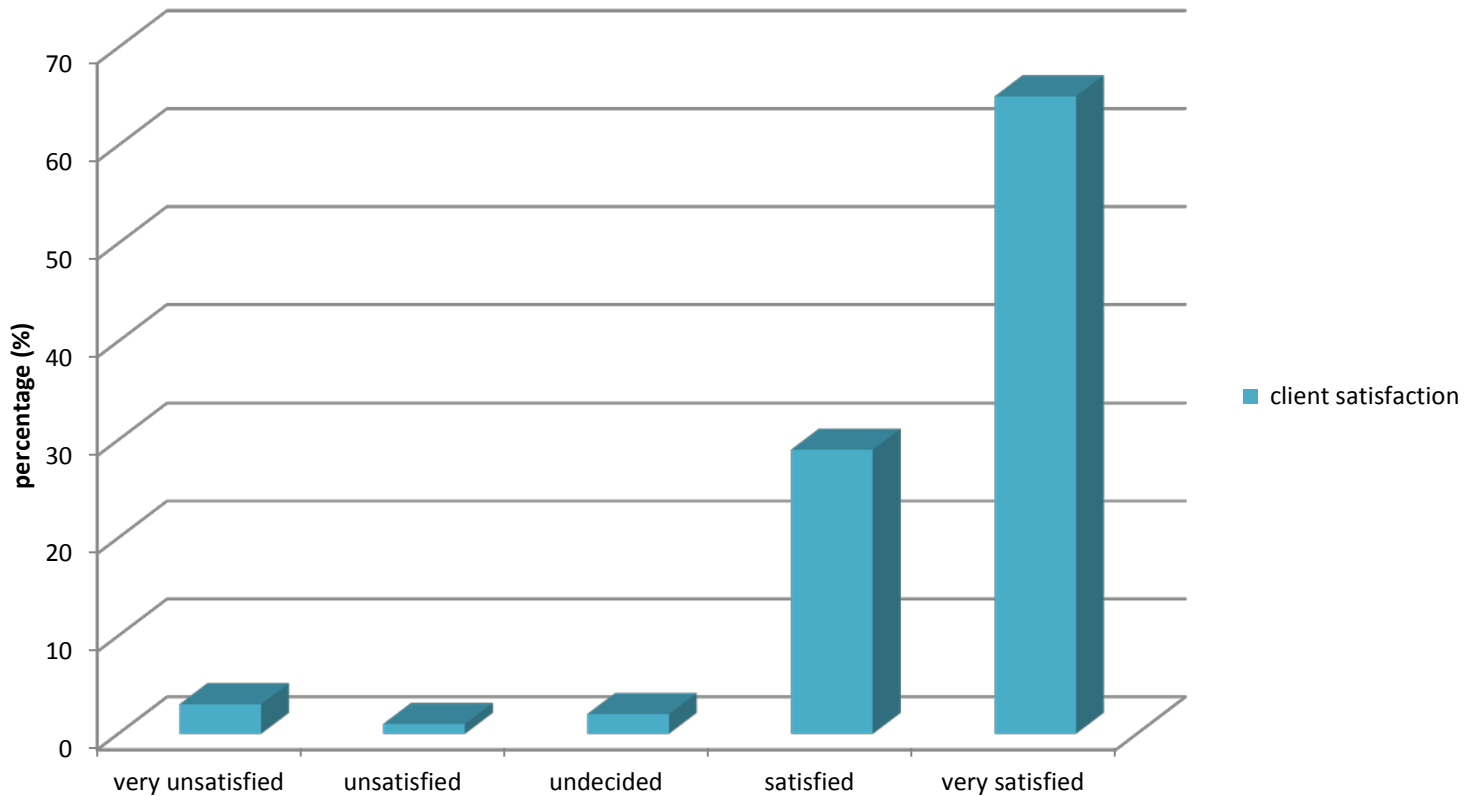
*We can't find jobs for our clients, but we can remove some of the barriers*

# Global Impression of Change




***92.5% reported improvement***

# Client satisfaction



*94% were satisfied*



***Do pain management  
programs keep working for  
compensable clients?***

# Evaluation of Network Pain

- ✓ Medication utilisation
- ✓ Changes in health care utilisation
- ✓ Clinical outcome measurement
- ✓ Occupational outcomes