

Supplementary Material

Community-based pain programs commissioned by primary health networks: key findings from an online survey and consultation with program managers

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Supplement 1: Key elements and implementation enablers of community-based pain programs

The eDelphi survey established a list of 18 expert-agreed key elements and 14 agreed implementation enablers of community-based pain programs as outlined in the tables below.

Key Elements			
1	Multidisciplinary care	1	Apply the biopsychosocial model of pain using a multidisciplinary approach
		2	Focus on active self-management strategies and apply behaviour change principles
		3	Incorporate exercise and mood/stress management strategies in addition to education in group sessions
		4	Provide education about safe and effective use of pain medicines, including opioids and complementary medicines
2	Led by health professionals	5	Be facilitated by primary health care professionals trained in pain management
		6	Provide education, training and support for health care providers involved in programs
3	Consumer focused	7	Be tailored to consumers with persistent pain (subacute or chronic) to address key issues and focus on awareness and prevention of pain-related disability
		8	Provide group-based sessions with (or referrals to) individual consultations tailored to consumer needs
		9	Engage consumers who have previously completed the program, or other experienced consumers, to validate the lived experience with pain
		10	Address consumers needs for support, which may involve the inclusion of family members and carers in aspects of the program
		11	Include a pre-program session to provide education to consumers and their families/carers about the program
4	Accessible and appropriate	12	Ensure access for consumers of different backgrounds and locations
		13	Be tailored to Aboriginal and Torres Strait Islander people and CALD groups with persisting pain, acknowledging language, cultural norms and appropriate engagement pathways
		14	Provide consumer resources that are tailored to the local context and consumer needs (e.g. acute vs. chronic pain, Aboriginal, Torres Strait Islander and CALD consumers)
5	Continuous improvement and evaluation	15	Include a plan for monitoring and evaluation, which may involve the adoption of standardised data collection systems and partnerships with local universities
		16	Have key indicators to evaluate impact, and routinely collect data from consumers before, during and after the program
		17	Collect regular feedback from consumers, commissioned providers and other health professionals involved in the delivery of the program to evaluate program acceptance
		18	Include standardised processes for continuous improvement and adaptation based on evaluation findings

Implementation Enablers			
1	Program commissioning, governance and management	1	Consider adaptation of an existing program that incorporates the key elements of community-based consumer pain programs
		2	Identify a local champion
		3	Establish an advisory group of program providers and other key advisors to help plan, implement and monitor programs
2	Health professional engagement, communication and support	4	Establish links with local health districts, other relevant agencies, primary health care providers and commissioned providers to establish health professional networks and generate program referrals
		5	Promote the program widely through PHN, health professional and other local agency communications
		6	Establish standardised processes for referral into the program
		7	Establish standardised communication processes, including feedback of outcome data back to the referring doctor and other involved primary health care providers
3	Consumer engagement, communication and support	8	Facilitate and/or support the setup of health professional training and support to deliver the program (e.g. links with hospital pain specialists for clinical support)
		9	Ensure group sessions include regular breaks for participants
		10	Ensure resources provided to patients are accessible and user friendly (e.g. via multiple media sources such as printed materials, emails, online videos, telephone or interactive videoconferencing)
		11	Consider the use of technology to expand access for patients that cannot attend group sessions (e.g. telehealth-based programs)
4	Costs, funding and other resource considerations	12	Consider linking participants with or establishing local support groups facilitated by a health care provider to promote long term behaviour change and patient engagement
		13	Where possible, minimise costs to the consumer to participate in the program
		14	Consider a range of funding streams or combining funding from multiple streams including chronic disease, mental health and alcohol and other drugs in addition to co-commissioning opportunities with in-kind support from other agencies

Supplement 2: Primary Health Network Survey: Community-based Pain Programs

The aim of this survey is to understand the features of your community-based pain program and the different models that are currently implemented by Primary Health Networks (PHNs).

We are interested in program models as they existed prior to the COVID-19 pandemic, however the survey does include a section that asks about whether and how your program may have been adapted during this period.

The information from this survey will be presented to PHN representatives at a videoconference session and developed into an information resource for all PHNs.

This survey should take no more than 45 minutes to complete. Survey responses will be identifiable to the researchers; however, any reporting of survey results will not contain any personal information.

If you have not done so already, please see the attached Participant Information Statement for information about this research

Confirming your consent to participate in this survey

I have read and understand the Participant Information Statement, and consent to participate in this survey

1. What is the name of the community-based pain program your PHN is involved with?

2. Is this program an adaptation of another pain program?

Yes
 No

2a. Please describe (e.g. This program is an adaptation of X (title) program by x PHN)

3. Has this program been adapted by another PHN or other organisation?

Yes
 No

3a. Please describe (e.g. This program has been adapted by x PHN)

4. Please describe how your PHN is involved in this program (e.g. funding, commissioning providers, promoting the program, training facilitators etc.)

5. In what year did your PHN start their involvement in this program?

6. Please name the locations this program is provided, and how many programs are provided at these locations each year

7. Are any commissioned providers involved?

Yes
 No

7a. Please describe who and what they are commissioned to provided

8. Are any other partners involved in the implementation or promotion of the program? (e.g. Local Health District, Local Hospital Network, NSW

Yes
 No

8a. Please describe who they are and their role(s).

9. Is there a program 'champion' or 'champions' (this may include you)?

- Yes
 No

9a. Please describe their affiliation and role(s).

10. Is there a program working group/advisory group?

- Yes
 No

10a. Please describe the types of organisations (or name the organisations) the members of this group are from and the main function of this group

11. What are the eligibility criteria to participate in this program?

- Adults
 Children
 Acute pain
 Subacute pain
 Chronic non-cancer pain
 Cancer related pain
 Other

11a. If selected 'other' please describe

12. Are there any exclusions? (e.g. worker's compensation patients)

- Yes
 No

12a. Please describe

13. Are family members or carers of consumers able to participate in aspects of the program?

- Yes
No

13a. Please explain how

14. Please describe the strategies for promoting this program to consumers and health professionals

15. Please describe the pathways of referral into the program including who can refer into the program (e.g. general practitioners, allied health providers, specialists) and what is required (e.g. do referrals require a GP signature?)

16. Are there any feedback mechanisms back to the referrer? (e.g. feedback letter provided to GP)

- Yes
 No

16a. Please describe

17. What is the total duration of the program and the frequency and duration of individual program sessions? (e.g. 9 to 12 hours of program involvement over approximately 4 to 6 months. 2x2hr sessions weekly for 10 weeks)

18. Please provide details of the program group session format, including, for example:

- duration (including break times)
- educational topics covered
- and any other activities (e.g. exercise)

- I will answer this question here
 I would like to upload a file with this information
 I would like to do both

Please provide as much description of the program as possible so that we can understand how the program is implemented and the content of the program.

18a. Please provide program group session format details here

18b. Please upload your file here

19. Does the program have a pre-program component? (e.g. a group preparation session, individual assessment?)

- Yes
No

19a. Please describe

20. Are individual case management sessions provided within this program?

- Yes
No

20a. Please describe

21. Does the program involve referrals to allied health professionals external to the program for individual sessions?

- Yes
 No

21a. Please describe

22. Are any post-program activities provided for consumers? (e.g. Support group after participation in the pain program)

- Yes
 No

22a. Please describe

23. What types of health care professionals are involved in the delivery of the program?

- Physiotherapist
 Psychologist
 Pharmacist
 Exercise physiologist
 Pain specialist
 General practitioner
 Other

23a. If selected 'other' please describe

24. Please describe how the different types of health professionals are involved in the program (e.g. primary facilitators, guest presenters)

25. Is it a requirement for this program that facilitators are trained in pain management?

- Yes
 No

25a. Please provide details of the training requirement and who this applies to

26. Are facilitators provided with any additional education, training and/or support to be involved in the program?

- Yes
 No

26a. Please describe any individual and/or group-based education, training and/or support and who funds it

27. Does your PHN provide training or support to deliver the program?

- Yes
 No

27a. Please describe how your PHN is involved

28. Are any consumers involved in the program delivery? (e.g. consumers who have previously completed the program)

- Yes
 No

28a. Please describe how

29. Has this program been tailored for Aboriginal or Torres Strait Islander people?

- Yes
 No

29a. Please describe how

29b. Has this need been identified?

- Yes
 No

29c. Any comments?

30. Has this program been tailored for any culturally and linguistically diverse groups?

- Yes
 No

30a. Please describe which groups and how

30b. Has this need been identified?

- Yes
 No

30c. Any comments?

31. Prior to the COVID-19 pandemic, was this program adapted for people who could not travel for face-to-face programs or would prefer non-face-to-face modes?

- Yes
 No

31a. Please tick all modes that were provided

- Telephone
 Videoconference
 Online modules
 Email
 Social media
 Other

31b. If selected 'other' please describe

31c. Has this need been identified?

- Yes
 No

31d. Any comments?

32. Are any resources provided to program participants for further information or support? (e.g. printed materials, online webinars, websites, social media sites)

- Yes
 No

32a. Please describe and indicate which ones you provide if any. This information will be useful for other PHNs.

33. Are any information resources tailored to your local PHN context or specific groups?

- Yes
 No

33a. Please provide detail of how resources are tailored and by whom

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34. Did this program close during the period of restrictions due to the COVID-19 pandemic?

- Yes
 No

34a. Please describe the strategies used to adapt the program to a non- face-to-face mode (e.g. Telehealth, webinars, Facebook, SMS messaging, telephone calls)

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-

34b. Please indicate what worked well, and whether you encountered any challenges with adapting the program

34c. Please describe the overall level of participation in or engagement with the adapted program by consumers (e.g. how did this compare to usual levels of engagement and participation?)

34d. Any comments?

35. Do you think any of the strategies you used to adapt this pain program during the pandemic have led to (or will lead to) a re-design of this pain program after the pandemic (or to implementing an additional online program/component above the face-to-face program to increase accessibility to the program)?

- Yes
 No

35a. Please describe

35b. Any comments?

36. Please describe how this program is evaluated and monitored and the type of data that is collected (e.g. ePPOC data, patient or health professional feedback, costs) and who pays for any evaluation

37. Are any external partners involved in evaluating the program?

- Yes
 No

37a. Please describe

38. Please explain who receives any outcome data?
(e.g. PHN in a report, referring health professional)

39. Are there any processes for continuous improvement and adaptation of the program based on evaluation findings?

Yes
No

39a. Please describe

40. Is there any cost for consumers to participate in the program?

Yes
 No

40a. Please describe

41. What funding stream(s) does your PHN use to fund the program?

42. Is the program funded by any other external sources?

Yes
 No

42a. Please describe

43. If possible, could you please provide an outline of costs (including any in-kind contributions) to implement this program.

I will answer this question here
 I would like to upload a file with this information
 I would like to do both
 I am unable to provide information on program costs

This will help other PHNs who are thinking of implementing a community-based pain program.

43a. Please provide an outline of costs (including any in-kind contributions) to implement this program here

43b. Please upload your file here

44. Are there any publicly available publications about this program? (e.g. evaluation reports, peer reviewed publications, newsletter articles)

Yes
 No

44a. Please list and include links where available

45. Please provide any other information about your community-based pain program or comments in relation to this survey
