

### Supplementary Material

#### Health and service needs, priorities and initiatives of primary health networks related to chronic pain

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**Supplement 1: Primary Health Network (PHN) health and service issues related to chronic pain with supporting evidence across the study components**

PHN HEALTH AND SERVICE ISSUES RELATED TO CHRONIC PAIN	Example quotes from participants*/ PHN Needs Assessments	STUDY COMPONENTS				
		PHN NA**	interviews	Online surveys	Workshop	Deliberative dialogue
<b>a) High prevalence and burden of chronic pain particularly due to musculoskeletal conditions (for example, arthritis and back pain) and increasing prevalence of chronic pain due to the ageing population</b>	PHN Needs Assessment: <i>"Identified need: Persistent pain: High rates of musculoskeletal conditions in X and X region; and ageing population means more musculoskeletal conditions projected."</i> PHN Needs Assessment: <i>"The severity of impact of musculoskeletal disease may be as high as other chronic diseases, and as a comorbidity, musculoskeletal disease can also negatively impact mental health through persistent low-level chronic pain."</i>	X	X			
<b>b) Poor access to specialist pain clinics with workforce shortages, increasing demand and long waitlists compounded by limited reach to regional and remote areas</b>	<i>"We don't have a tertiary hospital here. The wait list is long. If you live in the southernmost part of that region then it's over 500 kilometres to reach that pain service. The lack of service, plus the demonstrated need was what motivated our PHN to do something about it."</i> PHN representative, interview	X	X		X	
<b>c) A need for greater involvement of primary care in chronic pain management using a multidisciplinary approach</b>	<i>"Waiting lists at the hospitals are overwhelmed. Not only are they overwhelmed but there's a lot of inappropriate referrals. A lot of the people that wait a very long time are those that could be better managed in primary care."</i> PHN representative, interview <i>"Chronic pain should not be trying to be managed by the GP in the 10-to-15-minute consult, that there needs to be that thought around that this [chronic pain] requires a multidisciplinary approach from early, and rather than what seems to happen."</i> PHN representative, interview	X	X		X	
<b>d) A need for greater education and training for primary care providers related to chronic pain management</b>	<i>"There were massive issues with over-prescription of opioids. A lack of confidence in general practice about their ability to manage chronic pain. We had some stats that suggested it was around 33% of the GP's were competent enough to manage the chronic pain..."</i> PHN representative, interview	X	X		X	X
<b>e) High opioid prescribing especially in regional areas and a need for multidisciplinary and non-pharmacological pain management</b>	PHN Needs Assessment: <i>"Identified need: Persistent pain: Pain-related GP treatments frequently focus on prescribing medication; High levels of opioid dispensing across region, particularly in X area; Need for more awareness and support for prevention and self-management; Focus on multidisciplinary and coordinated care."</i>	X	X			X
<b>f) Poor access to community-based programs or services</b>	<i>"We need to have a couple of programs available to people a year. That's what we think would work"</i> PHN representative, workshop	X	X		X	X
<b>g) Poor access to allied health providers due to workforce shortages, particularly in regional areas, and cost barriers</b>	<i>"The feedback we have here, particularly from consumers themselves, is that a lot of the treatment that they receive or can access is really that opiate-dependent treatment rather than looking at that team-based approach. So, it's very difficult, again, to access physiotherapy or other allied health professionals, particularly if you can't afford to pay."</i> PHN representative, interview	X	X		X	X
<b>h) Poor understanding of chronic pain among consumers and the general community</b>	<i>"The things I see is the need for that paradigm shift in pain management about how we talk about pain and how we consider it, is a medication the right choice?"</i> PHN representative, interview		X		X	X

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<b>i) PHN focus is largely on the management of chronic pain rather than secondary prevention of chronic pain</b>	<i>"Our focus is really on management within primary care. Although we've planned the space and try to improve connections between hospital and community, I guess we have probably less influence on that more acute end of it."</i> PHN representative, interview	X	X		X	X
<b>j) A need for better integration between secondary and primary care related to pain management including adequate preparation and follow-up of patients after surgery</b>	<i>"I think one of the important areas where there is a fairly large gap that people fall down is after hospital discharge when they're discharged on potent medications without necessarily a tapering plan or an understanding of the normal trajectory of their pain. So, they're just sort of let free and their GP's expected to provide more. So, that's an issue that needs a whole lot more work done around it."</i> PHN representative, interview		X			X
<b>k) Lack of knowledge among primary care providers about the secondary prevention of chronic pain and a need for greater education and training</b>	<i>"We just feel at this time that they [screening of acute and sub-acute pain in patients] are not even on the GP's or allied health's radar. Also integrating this [screening tools] with HealthPathways as well. And to promote the management of sub-acute pain in addition to chronic pain. I think our group felt that this is a whole new space that we are moving into and that we need to raise that awareness."</i> PHN representative, deliberative dialogue			X		X
<b>Reasons for Primary Health Networks (PHNs) not identifying chronic pain as a need or priority</b>						
<b>a) Competing priorities within PHN chronic disease management focus (e.g., diabetes and cardiovascular disease related initiatives)</b>	<i>"Our chronic disease management just seems to focus on those more traditional areas of chronic disease, diabetes, heart, cardiac, etc."</i> PHN representative, interview	X	X			
<b>b) Chronic pain frequently not considered a distinct condition in PHN needs analyses with chronic pain embedded in other conditions and issues, for example, musculoskeletal conditions, chronic disease, mental health and Alcohol and Other Drugs (AOD) issues</b>	<i>"I think chronic pain would be more embedded. We don't in our Needs Assessment or anything like that, chronic pain doesn't come up, particularly. I would imagine that, yes, a chronic disease is a very big priority for us, and arthritis is part of that. We work a lot with general practitioners, dealing with people in chronic pain every day. It's not anywhere in the needs assessment but it is, I would say, it's a very big issue for our people in our region."</i> PHN representative, interview		X			
<b>c) A lack of quality local data at a PHN level about health and service needs related to chronic pain and a lack of quality local data at a PHN level about opioid prescribing</b>	<i>"Many practices do [collect practice data] and it's the practice manager who often takes the role of looking after, looking at the data, clinical, PHN's provide clinical data reports, we get data from general practices, they're identified. And we're able to aggregate it and feed it back to them. But it's incomplete, it's very, very incomplete. We don't get it from every practice."</i> PHN representative, interview  <i>"I think a lot of the data that we've got has been gathered in consultation with the state government. We do work very closely with the tertiary pain systems on these, so it hard to get that data, but ... particularly because there isn't any way of collecting emergency department presentations on chronic pain or such, because it doesn't come in under that, it comes in under the spine, brain...."</i> PHN representative, interview	X	X			

\*PHN NA: Primary Health Network Needs Assessment \*\*PHN names and any identifying features have been removed