

# Optimising the integrated management of children and young people with persistent pain

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Queensland Interdisciplinary Paediatric Persistent  
Pain Service



## Why are we talking about paediatric persistent pain?



- Paediatric persistent pain is common – mid range prevalence estimates 20% (King et al. 2011)
- Specialist pain management providers are confined to tertiary services, effective management often requires collaboration with local practitioners
- Persistent pain management is counterintuitive

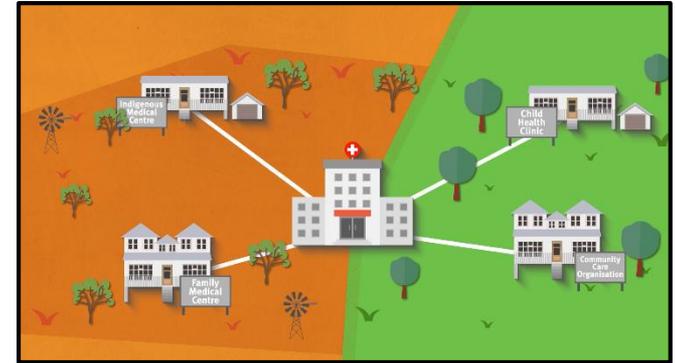


## Why are we talking about paediatric persistent pain?

- Association with high levels of school absenteeism and reduced school engagement, impacting educational outcomes (Agoston et al. 2016)
- High risk for pain disorders, physical symptoms, and mental health problems in adolescence and adulthood
  - Corresponds with internalising psychological disorders, such as anxiety and depression (Noel et al. 2016)
  - Children with unresolved persistent abdominal pain carry long-term vulnerability to anxiety that persists even if the abdominal pain resolves (Grace 2013)
  - Increased risk for both suicidal ideation and suicide attempt (Noel et al. 2016)
  - Correlated with chronic insomnia, which predicts activity limitations and lower quality of life (Law et al. 2012)

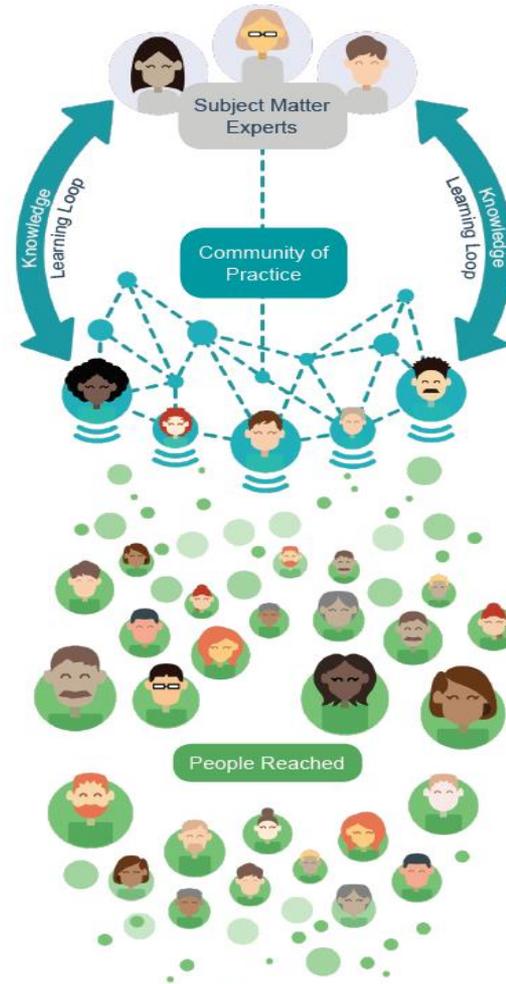
# Project ECHO

- Hub and spoke model
- A platform for **collaborative, case-based learning**
- Each ECHO session involves:
  - Brief presentation
  - Case/s presented by participants
- Support one another in the delivery of best-practice care



# What is ECHO?

- An online network
- A community of practice

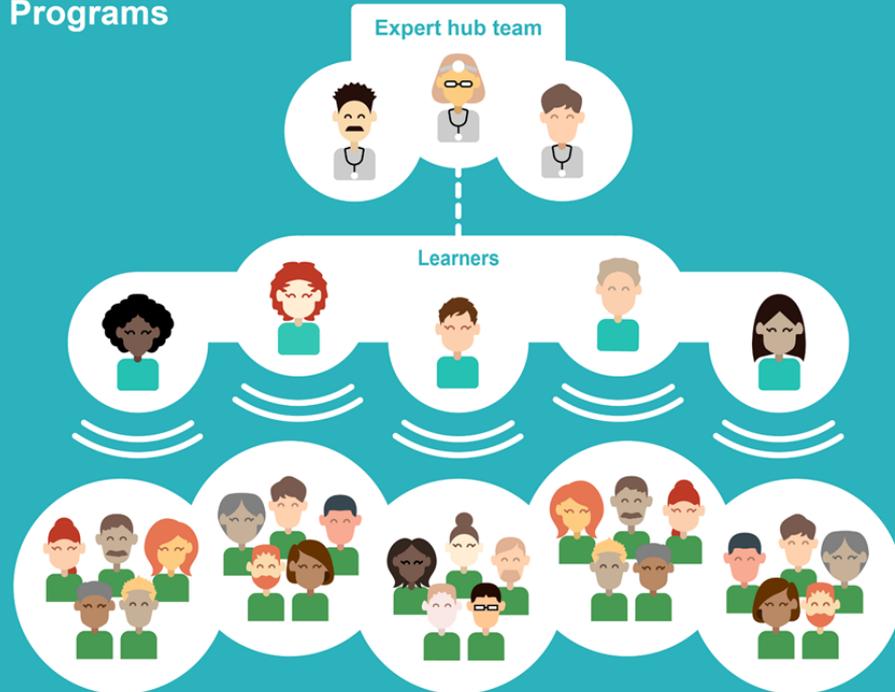


# Telemedicine vs ECHO

## Traditional Telemedicine



## TeleECHO™ Programs



# All teach, all learn



# Case presentations



## Project ECHO®

### Paediatric Persistent Pain - case presentation template

#### What help would you like with this patient?

Delivering functional pain education in paediatric setting  
Prevention of re-admission

#### Section 1: Patient information (non-identifiable)

Age:

11

School Grade:

Grade 6

Gender:

Female

Ethnicity –please  
specify:

Caucasian

#### Section 2: Pain History (100 words or less):

Since June 2016 there have been 13 presentations to government health facilities regarding lower quadrant/hip pain. Each admission involved extensive medical imaging and investigation; of which L hip transient synovitis was questioned as a possible diagnosis initially, however in July 2016 a diagnosis of

# Aims of the Paediatric Persistent Pain ECHO network



- To leverage specialist resources across vast geographical context
- To harness existing local resources
- To create collaborative partnerships between services



- Reduce duplication between single providers with the same patient
- Increase resiliency in existing service providers – by reducing professional isolation, improved professional satisfaction (Arora et al. 2010)



**Provision of holistic, coordinated, integrated care to enhance outcomes for child or young person and their family within their local area**



## Key outcomes

- Positive feedback regarding networking and knowledge sharing opportunity
- 14 de-identified cases discussed, with documented recommendations provided to participants for each



***The Referral Question:***

Appropriate pain intervention within the school setting – including education and capacity building for teachers and teacher aids

***Impression:***

11 year old male in Grade 6 at a state special school, with a current complaint of lower back and knee pain without a clear pattern that has been increasing lately. Background of ASD, ADHD and intellectual disability.

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***The following key recommendations were made:***

- Consider the impact of increased activity demands in class, including physical, sensory and cognitive
- Explore with the family and teacher whether or not structural problems are the most likely cause – tools such as the 'traffic lights' or 'zones of regulation' can help the student to communicate how they're coping, and to gain a shared understanding across school and at home. Particularly in cases where parents have a biomedical focus, these tools help to start thinking more holistically about beliefs and feelings towards pain.
- If you're identifying any elements of fear of movement, empower the teacher/s with appropriate language to acknowledge these fears while still encouraging movement 'you're sore, but safe'
- Consider the level of interest and motivation this child has, to make the prescribed exercises as enjoyable as possible
- Suggest formulating a toolbox of strategies to help this student adopt a self-management approach, with the support of the class teacher

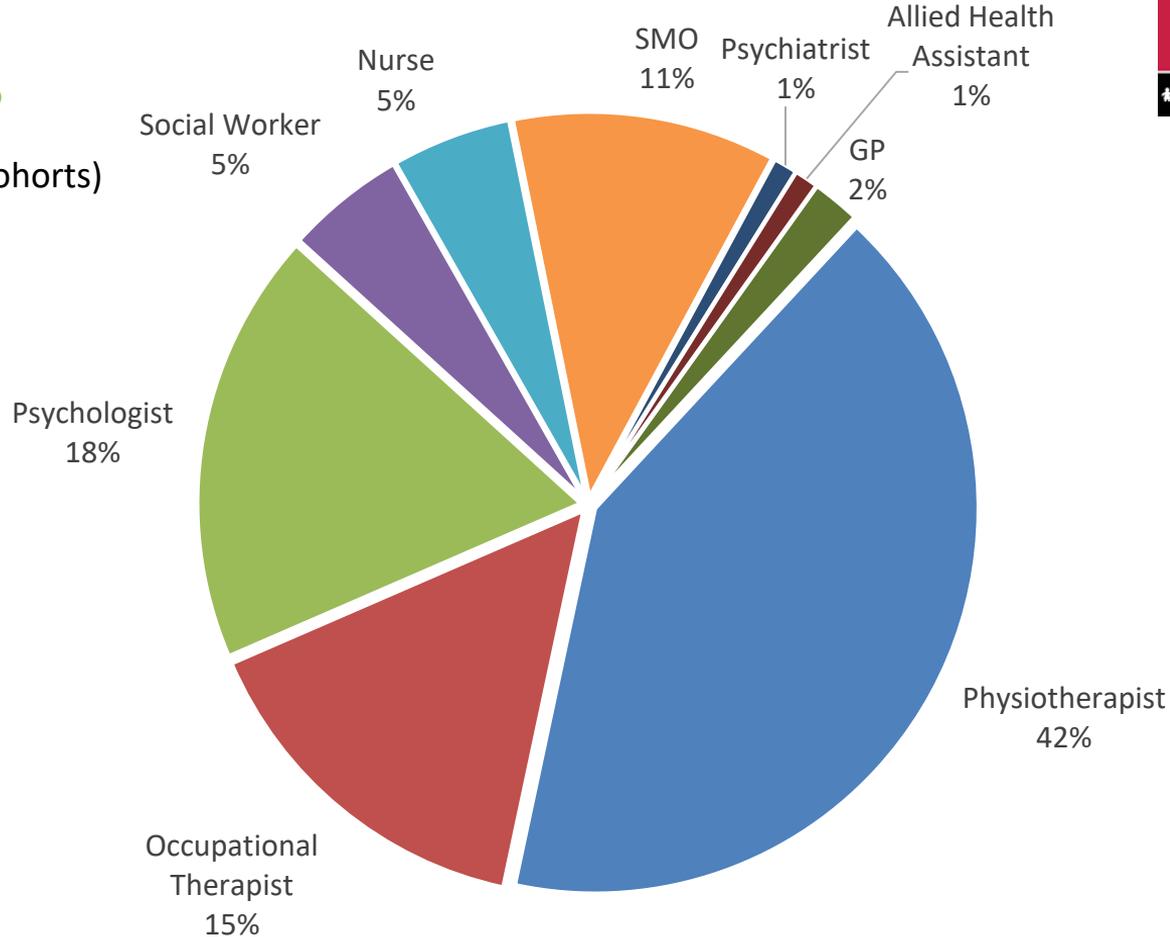
## Impact story

- Stimulated discussion about pain understanding and management in schools
- Highlighted the difficulties of changing the way persistent pain is managed in a school setting
- Created motivation from ECHO participants to work towards meaningful collaboration, and consolidate a common language for pain
- Empowered local therapists



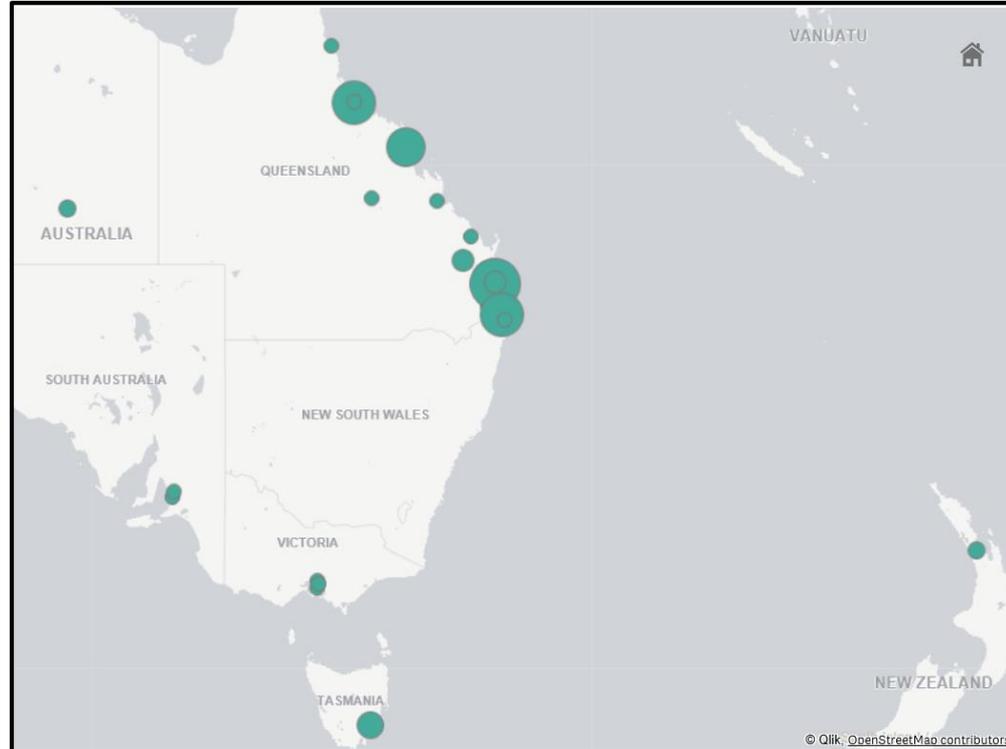
# Participants

(n=98, 2018 and 2019 cohorts)



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(n=98, 2018 and 2019 cohorts)



# Opportunities

- ECHO Networks – bringing people together to:
  - Support provision of best-practice care
  - Improve access to education & mentoring for isolated professionals
  - Strengthen links between discipline groups and across sectors





# Thank you!

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