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

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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
  o Corresponds with internalising psychological disorders, such as anxiety and depression (Noel et al. 2016)
  o Children with unresolved persistent abdominal pain carry long-term vulnerability to anxiety that persists even if the abdominal pain resolves (Grace 2013)
  o Increased risk for both suicidal ideation and suicide attempt (Noel et al. 2016)
  o 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

Expert hub team

Learners
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
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)

- Physiotherapist: 42%
- Occupational Therapist: 15%
- Psychologist: 18%
- Social Worker: 5%
- Nurse: 5%
- SMO: 11%
- Psychiatrist: 1%
- Allied Health Assistant: 1%
- GP: 2%
- Allied Health Assistant: 1%
- Physiotherapist: 42%
Participants

(n=98, 2018 and 2019 cohorts)
Opportunities

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

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References

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