

## Pain Medicine Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of chronic pain conditions:

- 1. Pain Medicine Clinic:** consultation appointment with a Pain Specialist, and/or Pain Fellow and/or Pain Nurse Practitioner
- 2. Multidisciplinary Assessment Clinic:** A multidisciplinary assessment with a view to participating in one of our outpatient pain programs

### Program Information:

- Pain Medicine services incorporate an accepted biopsychosocial model of care recognising that a pain cure is often not achievable with currently available therapies.
- Medical management includes medication management and selected interventional pain management techniques.
- Cognitive behavioral approaches are often used with input from pain psychology, pain physiotherapy and pain medicine.
- We provide education about the many factors that contribute to chronic pain and how it differs from acute pain. Treatment focuses on self-management, emotion management and calming techniques, improving beliefs around pain and function, pain flare management, improving sleep, movement restoration, pacing strategies to get back to regular daily activities, and exercise.

**Note:** some patients may access the service through both of these clinics.

## Referrals:

The Pain Medicine specialist clinic can accept referrals for patients:

- Older than 16 years.
- Suffering from persistent non cancer pain (three months or longer).
- Suffering from difficult to manage cancer pain of any duration.

### S8 permits:

While your patient is on our waiting list, a referral acknowledgement letter can be used to liaise with the Department of Health and Human Services to request an interim permit. You should automatically receive both a receipt of referral and a notification of triage outcome, which can be used for these purposes. If you don't receive these, please contact Adult Specialist Clinics.

## Conditions not seen at Western Health Pain Medicine Clinics:

- Patients with primary substance use disorder should seek access via Drug and Alcohol services. The Pain Medicine Clinic does not provide opioid replacement therapy.
- Patients with primary palliative care needs should seek access first via Palliative Care Services/Symptom Management Clinic. Pain Medicine is available for subsequent consultation if required.
- Please note that our physiotherapists do not offer 'hands on' therapies such as massage or acupuncture. We do not offer hydrotherapy in our group based pain management program.

## Clinic DNA (Did Not Attend) Policy:

In order to ensure equitable access, and reduce waiting time, please be aware that we require 24 hours notice of inability to attend an appointment.

Failure to provide this notice results in a "Did Not Attend" (DNA). Should a patient have two DNA's ***specialist clinics may discharge the patient depending on individual assessment of circumstances. Re-entry into the clinic will then require a new referral.***

## Access & Referral Priority Pain Medicine:

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

<b>URGENT</b>	<b>ROUTINE</b>
<b>Appointment timeframe 30 days</b>	<b>Appointment timeframe greater than 30 days, depending on clinical need.</b>
<ul style="list-style-type: none"><li>• Suspected complex regional pain syndrome</li><li>• Difficult to manage cancer pain</li></ul>	<ul style="list-style-type: none"><li>• All other non-cancer pain</li></ul>

## Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide timely treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, the referral may be returned, and you may be asked to provide additional information:

Condition:	Key Information Points:	Clinical Investigations:
<b>Suspected Complex Regional Pain Syndrome (CRPS)</b>	<ul style="list-style-type: none"> <li>• History and examination</li> <li>• Timing of triggering episode</li> <li>• Clinical features indicating possible CRPS</li> <li>• Psychosocial issues</li> <li>• Previous specialist opinions</li> <li>• Past treatments</li> <li>• Response to treatments</li> <li>• Other past medical history</li> <li>• Medication list</li> </ul>	<ul style="list-style-type: none"> <li>• X-rays and other imaging (if available)</li> </ul>
<b>Difficult to manage cancer pain</b>	<ul style="list-style-type: none"> <li>• Current pain problem</li> <li>• Psychosocial issues</li> <li>• Previous specialist opinions</li> <li>• Past treatments</li> <li>• Response to treatments</li> <li>• Other past medical history</li> <li>• Medication list</li> <li>• Indicate if opinion regarding particular pain intervention is requested</li> </ul>	<ul style="list-style-type: none"> <li>• X-rays and other imaging (if available)</li> </ul>
<b>All – non cancer pain</b>	<ul style="list-style-type: none"> <li>• Current pain problem</li> <li>• Psychosocial issues</li> <li>• Previous specialist opinions</li> <li>• Past treatments</li> <li>• Response to treatments</li> <li>• Other past medical history</li> <li>• Medication list</li> <li>• Indicate preferred initial triage stream (medical/multidisciplinary) if required.</li> <li>• Indicate if opinion regarding particular pain intervention is requested</li> </ul>	<ul style="list-style-type: none"> <li>• X-rays and other imaging (if available)</li> </ul>