

Summary

Objective

Community Service Level Two is for clients with persistent pain concerns and complex barriers to their pain rehabilitation and whose need cannot be met under Community Service Level One. The key objectives of Community Service Level Two are to:

- Help the client develop self-management strategies to manage their pain.
- Return the client to work (before or in conjunction with other services), independence, and manage their pain to the best extent possible.
- Improve the client's quality of life and functioning.

Owner

Name withheld

Expert

Procedure

1.0 Components of the service

a Mandatory:

- assessment by members of the Interdisciplinary Team
- an initial Interdisciplinary Team meeting
- includes a medication review by a registered pharmacist where clinically appropriate
- interventions tailored to the Client
- early identification and mitigation for new and emerging barriers to recovery

b Additional services (if required and criteria are met):

- interventional procedures for persistent pain
- interventional procedure management coordination and follow up for persistent pain
- incidentals
- Specialist Pain Medicine Physician if the Interdisciplinary team determines that it is clinically appropriate to do so (can be either in-person or via desktop review).

2.0 Who provides this service?

a Community Services Level Two must be delivered by at least two of the health professionals from the Core Interdisciplinary Team.

b Core Interdisciplinary Team must consist of

- Medical Practitioner
- Occupational Therapist
- Physiotherapist
- Psychologist
- Pharmacist
- Specialist Pain Medicine Physician (SPMP)
- Registered Nurse (Optional)
- Nurse Practitioner (Optional)
- Nurse Specialist (Optional)

c Given that a biopsychosocial approach is best practice it is unlikely that the substantial delivery of Client specific treatment and rehabilitation could be provided by allied health professions alone.

d In addition to the core team listed above, the Interdisciplinary Team may also include the professions listed below

- Chiropractor
- Counsellor
- Psychotherapist
- Dietitian
- Osteopath
- Social Worker
- Registered Nurse
- Nurse Practitioner
- Nurse Specialist (Pain)

- e Community Service Level Two must include:
 - at least one in-person consultation with a medical specialist and
 - at least one in-person consultation with a psychologist

Community Service Level Two can include:

- an in-person assessment or desktop review by a Specialist Pain Medicine Physician where clinically appropriate (funded via standalone Specialist Pain Medicine Physician assessment codes available within the Pain Management Services contract).

3.0 Referrals into this service

- a Recommendations for Community Services Level Two will be made following the Initial Triage Assessment via the ACC7984 Triage Assessment report form.

Providers will require approval from ACC before commencing any services.

- b ACC referrals

ACC Recovery Team Member sends an ACC6271 Pain Management Triage Assessment Referral to a Pain Management Service provider to assess the Client and determine the best clinical pathway via the Initial Triage Assessment.

4.0 Initial Triage assessment and recommendation for Pain Management Services

- a The Initial Triage assessment must be completed within 10 working days of referral.

An extension to this timeframe is permitted where Specialist Pain Medicine Physician Assessment is required.


- b The Triage Assessment for each Client must include:
 - identification of the cultural needs of the Client
 - the type(s) of pain the Client is experiencing
 - an evaluation of all possible causes/contributors to the pain/s and describe the relationship between the pain the Client is experiencing and the ACC covered injury
 - a note of any co-morbidities
 - brief summary of ePPOC results
 - list of medicines (either from the Clients GP or self reported by the Client)
 - completion of the ACC7984 Triage Assessment report form
- c ACC must respond to the provider about the Initial Triage report as soon as possible and advise if the recommendation has been approved or declined. If Clinical Guidance is being sought in relation to the recommendations outlined in the Triage Assessment report this must be communicated with the provider and an estimated timeframe provided if possible.

5.0 Specialist Pain Medicine Physician

- a Specialist Pain Medicine Physicians can complete a comprehensive assessment and provide specialist opinion to the Interdisciplinary Team if required at Triage, Community Service Level One and Community Service Level Two to provide additional support to the Interdisciplinary Team.
There are three types of Assessments:
 - A standard assessment is expected to take up to 2.5 hours including administration, notes, face to face assessment, discussion and report writing.
 - A complex assessment is expected to take more than 2.5 hours. The case information includes extensive background information, or several conflicting options for treatment or rehabilitation, or the assessment will be undertaken in two parts whilst results of investigations are obtained.
 - Desktop file review must include a review of clinical information, including any relevant Client notes provided with the referral, an opinion on diagnosis/es including any differentials, specific recommendations for any further investigations, treatment and/or rehabilitation with explanatory rationale and reporting to ACC

6.0 Reporting

- a An Initial action plan (using the ACC6272).
 - The provider develops the plan with the client and sends to ACC.
 - The Recovery Team Member reviews the plan to make sure they have no major concerns and has 24 hours to provide feedback to the pain provider about the plan.
- b Review update report (using the ACC6272).
 - At the midpoint of the programme, the provider gives an update against each rehabilitation goal and indicates whether there are any barriers to achieving the goal.
- c Completion report (using the ACC6272).
 - For each rehabilitation goal, the provider indicates which goals are complete and suggests next steps if needed.
 - This is due within 10 days of programme completion.

- d** Exception reports (via email).
- Used when a situation arises that indicates the client will not achieve the agreed outcome(s) within the approved timeframes indicated on the initial plan.
 - Exceptions can occur for the following reasons:
 - extension (increase in timeframe only) – when the programme needs to extend beyond the negotiated timeframes
 - on hold (programme stops for a defined and agreed period of time) – when the major components of the service, such as functional rehabilitation, psychology sessions or group education, can't continue due to a change in the client's circumstances, eg a new injury or surgery
 - transition from one level of service to another (referral to CSS2 or Tertiary from CSS1 or CSS2) – this would only happen in exception circumstances.
 - escalation – this is the standard process we use to maintain good relationships with our providers, escalate issues that they raise with us and address provider performance issues quickly
 - The escalation report should be submitted as soon as there is sufficient evidence to determine additional resources will be required or at least two weeks before the end of the programme (whichever is sooner).
 - ACC must respond to exception reporting within 24 hours.
- e** Clinical notes.
- f** Other ad hoc updates via email or phone as agreed between the case owner and supplier.
-  ACC6272 Pain management plan, review, update and completion report

7.0 Timeframe and limits

- a** As it is based on the needs of the client, delivery of Community Services Level Two has no timeframes, however we anticipate the duration to be around six months.

8.0 Support from Tertiary Support Services

- a** The team working with a Client receiving Community Support Level Two may call on additional support through the Tertiary Support Service.

Key features of the Tertiary Support Service

- receives and responds to email or phone requests from Community Service Providers with advice relevant to the clinical presentation of the Client
- provides support by attending a case conference via telephone to provide advice and input into the clinical discussions
- reviews and provides recommendations to rationalise the number of interventions if appropriate
- allows Tertiary Service Delivery Suppliers to recommend to ACC that a Client currently receiving Community Services be referred to the Tertiary Service Delivery for more complex or clinically intensive services
- allows follow up/liaison with a Client and Community Service Provider when the Client has been discharged from the Tertiary Delivery Service into a Community Services programme
- works with the Community Services to determine whether the Client needs to transition into Community Service Level Two.

9.0 Further information relating to Pain management Services

- a** For further information regarding the Pain Management Service, you can review the Operational Guidelines and Service Schedule.

-  Pain Management Services - Service Schedule
-  Pain Management Services - Operational Guidelines