
ReBoot for Persistent Pain

Initiative Type

Service Improvement

Status

Deliver

Added

10 May 2018

Last updated

06 June 2022

URL

<https://clinicalexcellence.qld.gov.au/improvement-exchange/reboot-persistent-pain>

Summary

ReBoot is an web-based pain education and self management tool with multiple applications for patients with chronic pain waitlisted or being treated in tertiary pain services, being managed in the community by GPs or being managed in rural and remote health services.

Key dates

Nov 2017

Dec 2018

Implementation sites

Sunshine Coast Persistent Pain Management Service, North Queensland Persistent Pain Management Service

Partnerships

We partnered with NPS Medicinewise to provide access to the program for Queensland general practitioners.

Key Contacts

Dr. Denise Beaudequin

7001

paul.blee.hiu

Principal Project Officer

Sunshine Coast Hospital and Health Service

(07) 5202 0983

Denise.Beaudequin@health.qld.gov.au

Aim

This project aims to improve care for patients with persistent pain in Queensland by providing earlier clinical contact to pain service waitlisted patients, by providing access to pain education for rural, remote, incapacitated or working patients, and by facilitating supported discharge from tertiary pain services.

Benefits

- **For patients on PPMS waiting list**
 - Provides earlier clinician contact than face to face appointments
 - Gives clinicians a second opportunity (during Reboot phone consultation) to more precisely triage waiting list patients
 - Provides pain education, management strategies and options to patients waiting for a face to face appointment
 - Prepares patients for their episode of care with the pain service through multimodal approach
 - Introduces patients early to self-management as an adjunctive strategy
- **For current pain service patients (Cohort 2)**
 - Reinforces approaches introduced during face to face care
 - Serves as a standalone education tool for rural, remote, working and incapacitated patients
 - Provides a solution to lack of engagement with group education
- **For patients about to be discharged (Cohort 3)**
 - Provides ongoing support for patients after discharge
 - Strengthens collaborative links with GPs and other health professionals
 - Serves as a relapse prevention tool
 - Reduces need for re-referral

Background

Persistent pain is a common and costly health condition. It is estimated that chronic pain affects 20 per cent of the Australian population. The estimated costs associated with chronic pain exceeded \$34 billion in the year 2007, making it Australia's third most costly health condition. Evidence indicates that a multidisciplinary pain management program that provides education, self-management and pain coping skills and functional improvement, is an effective mode of therapy for many chronic pain patients. However, timely access to such programs is severely limited and many Queenslanders with chronic pain cannot repeatedly attend and complete outpatient-based programs. This initiative arose from the need to provide cost effective treatment for an increasing number of patients with persistent pain, and a global interest in digital health solutions.

Evaluation and Results

In the first three months of the project, a 32 per cent reduction in waiting list numbers was achieved at Sunshine Coast Hospital and Health Service. This outcome was linked with a 96 per cent increase in patients having an initial service event at Sunshine Coast PPMS in November and December as a result of ReBoot, compared with the median number of patients having an initial service event in all Queensland persistent pain management services during that period.

Lessons Learnt

Challenges included convincing clinicians to implement and evaluate the program on the grounds that it was low-cost, safe, effective and low risk, despite limited empirical evidence.

References

[This Way Up Website](#) Schultz, R., et al. (2012). "The reboot program – a new less-intensive outpatient pain management program: preliminary evidence." *Anaesthesia and Intensive Care* 40(3): 549-550.

PDF saved 13/11/2024