

PAIN REHABILITATION RESEARCH

Reporting on the integration of a
pain rehabilitation implementation
strategy within AIA Australia
claims management

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HEALTHIER, LONGER,
BETTER LIVES

Project team



Dr Emma Karran

Emma is a Post-Doctoral Research Fellow of IMPACT in Health at the University of South Australia. She has expertise in clinical trials, implementation research and systematic reviews in the field of persistent pain. Her current projects and interests relate to exploring the social determinants of health as they relate to pain outcomes, optimising low back pain and spinal cord injury pain management in primary care and exploring how health equity approaches can be integrated into research and practice. Emma's mixed-methods research is both driven and informed by her extensive experience as a Physiotherapy Clinician and Educator.



Dr Vanessa Glennon

Vanessa has extensive experience developing, managing and delivering projects across a variety of disciplines. She holds a PhD in Biological Sciences; has ten years international experience in television broadcasting and production management; and over seven years in health research roles within the tertiary education sector. Vanessa is currently a Research Associate with the Body in Mind research group at the University of South Australia and an Adjunct Research Fellow in the School of Public Health and Preventive Medicine at Monash University where she is involved in research projects focused on health service delivery improvement and the development of living clinical guidelines.



Prof G. Lorimer Moseley AO

Lorimer is a pain scientist, educator and clinician. He is Director of IIMPACT in Health at the University of South Australia, a Fellow of the Australian Academy of Health & Medical Sciences, an Honorary Fellow of the Faculty of Pain Medicine, ANZCA, and an Honoured Member of the Australian Physiotherapy Association, their highest honour.

The 2019 Australian Research Report judged him Australia's Field Leader in Pain & Pain Management. He has authored 350 scientific articles and the two highest selling pain books internationally. His contribution to the understanding and management of persistent pain has been recognised by governments or professional societies in 14 countries and in 2020, he was made an Officer of the Order of Australia for his work in public and professional pain education and services to medical science and physiotherapy.



Introduction

This is a summarised report describing and evaluating an innovative strategy by AIA Australia (AIAA) to integrate a broad educational initiative within the musculoskeletal claims management setting that included the provision of a high-value, evidence-informed pain coaching program for claimants. The initiative was conducted between March 2019 and March 2020 and involved the participation of 32 AIA claimants residing across five Australian states who were unable to work due to musculoskeletal-related pain.

Project purpose

AIAA reports high rates of chronic persistent musculoskeletal pain conditions among claimants and observes that many of these individuals proceed down a path of investigations, interventions, inactivity and prolonged physical disability. Improving outcomes for claimants and reducing times for their return to work are of clear and considerable importance to both claimants and AIAA alike.

The insurance claims management setting provides an opportunity for the integration of enhanced and innovative care pathways that have potential to deliver improved claimant health outcomes and rates of return to work. With this aim, AIAA contracted the University of South Australia to develop and evaluate an implementation strategy designed to promote the adoption and sustainability, within the claim management setting, of a care pathway for eligible claimants comprising a remotely delivered, evidence-based intervention.

The intervention

The intervention offered was the RecoveryCoach program, AIAA refer to this program as the Pain Coach Program, which is a 6-session education-based pain coaching program for people with chronic persistent pain. It provides education about pain and tissue healing to increase patient (claimant) confidence, facilitate their re-engagement with pre-disability activity and encourage active self-management 'coaching'. It is delivered remotely by phone or internet by physiotherapists or exercise physiologists experienced in the program's clinical application among adults with chronic persistent pain.

The implementation strategy

A multi-stage approach to implementation was taken including education and training of AIAA claims staff, offering the program to eligible claimants with a consistent feedback loop and collaboration between AIAA and the University of South Australia.

Evaluation

We evaluated this program by looking at how it would improve claimant health outcomes and assist to achieve best practice claims management for musculoskeletal conditions.

Results

The pain education training session that was provided to AIAA claims staff prior to the roll out of the intervention was extremely well-received and was observed to increase enthusiasm in the team involving education and learning. However, the full benefit of the training was confined to the earliest stages of the recruitment process as the team did not remain the same. A recorded education/training session to show to new team members would therefore have been beneficial.



Outcome measures

A range of validated survey instruments was used to assess participants' perceptions of their pain and its impact on their health and wellbeing. Surveys were administered just prior to commencing the Pain Coach program and again one month after completion to detect any changes.

To determine pain interference, participants were asked to indicate a number between 0 and 10 (where 0 = no pain; 10 = worst pain imaginable) that best described how pain had interfered, during the last week, with their: general activity; mood; walking ability; normal work; relations with other people; sleep; and enjoyment of life.

Overall pain severity and pain interference reduced by 9% and 8.5% respectively. Notable reductions in pain were observed with:

17.9% improvement in general activity

17.3% improvement in enjoyment of life, and

16.6% improvement in mood.

Improvement was also noted for pain self-efficacy: the overall score increased by 25% with:

44.4% improvement in accomplishing goals

40.0% improvement in enjoying activities/hobbies

40.0% improvement in 'living a normal life'

44.0% improvement in doing some form of work, and

44.4% improvement in socialising with family and friends.

Participant experience survey

A survey was designed to gauge satisfaction, perceptions and opinions about Pain Coach and sent to participants on their completion of the program. The responses were extremely positive, nearly all participants indicated they would recommend the program to others (96.5%), were able to make sense of what the Pain Coaches told them (96.5%) and found the program worthwhile (93%). Very high agreement was also recorded for program relevance (89%) and confidence in the Pain Coaches (89%).

Feedback

Participants were asked what they liked most about the program, what they liked least, and to provide any additional comments they cared to make.

The positives - What participants liked most (n=27)

Having a 'coach'

Participants valued the support, encouragement and empathy the coaches provided and acknowledged the positive impact of these attributes on their motivation and confidence.

Learning about themselves and their pain

It was evident that participants valued the information provided by the Pain Coach and the impact of this knowledge on their understanding of pain and how it related to their personal situations.

Having someone to talk to (who listened)

Having the opportunity to talk to someone who would listen to their situation without judgement was highly appreciated by participants.

While not all participants provided additional comments, among those who did, there was an outpouring of positivity.

Gratitude

Participant responses revealed immense gratitude for being able to have the opportunity to participate in the Pain Coach program; to the coaches for their expertise, guidance and empathy; and for the self-(re)discovery that participation had enabled.

The negatives - What participants liked least (n=26)

Not being face-to-face or seeing the Pain Coach

For a small number of participants, their experience of Pain Coach would have been enhanced if they were able to see their coach face-to-face or on-screen.

"Thank you so much for helping me start my journey back to being myself again."

"I thought this program was fantastic... the podcasts and pain information really helped."



Conclusion

The Pain Coach program is consistent with best practice but represents a shift from what remains the mainstream approach to managing persistent pain in the wider community. As such, engagement with Pain Coach may be different from the initial claimant expectations and community norms. Despite this, the positive feedback received from participants and the trend observed among the improved health outcome measures support the conclusion that participation in Pain Coach was beneficial. The endorsement of the Pain Coach program from the AIA claims staff will play a key role in achieving positive outcomes and, as such, training of claims staff should remain an explicit objective of future implementation.

For more information regarding the Pain Rehabilitation Research, please contact Simonie Fox, National Wellbeing Manager, AIA Australia on au.wellbeingprograms@aia.com

