SPOTLIGHT ON GOOD PRACTICE
PAIN MANAGEMENT

Enrique Barez
Integrated Organisation Araba, Osakidetza
Basque Country
Basque Country’s Health System

- Population: 2.17M
- Financed by taxes: 3,605 M€ in 2018
- Universal Healthcare coverage
- Healthcare providers
  - Basque Public Health Service-Osakidetza
    - 13 Integrated Care Organisations (ICO)
      - 14 Acute Hospitals, 313 Primary Care Centres
      - +30,000 Healthcare professionals
    - 2 Sub-acute Hospitals
    - 3 Mental Health Nets
  - Private health centres
Assessment Process

1. Select a Good Practice viable to be transferred. Integrated Approach in Pain Management

2. Identify the two sub-groups
   4 people. 2 from the context, 2 from the practice

3. Introductory meeting
   Meeting to introduce the project and the Scirocco Tool

4. Individual self-assessment surveys (4)
   Using the current online version of the Scirocco Tool

5. Workshop
   Consensus scores & features and discussion
ICO Araba

- Population 400,000
- More than 40 primary care centres
- 3 Hospitals
- Pain clinic
March 2014. They had a serious problem. More than 230 patients to be attended as first consultations and no time or place to serve them. So they agreed to change the management model.
For patients: there are patients with reduced mobility, with intense work schedules, bad weather...
# Integrated Approach to Pain Management

## Improve patients pain management, coordinating the conventional care with various forms of non f2f services

### Change Pain Management Model

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Agreements</th>
<th>Primary Care Centers</th>
<th>Pain Unit</th>
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</table>

### Integrated care approach

- Joint management Primary Care & Pain Unit
- Stratification
- Non face-to-face care
  - Teleconsultations and real-time sharing of patient information
    - Primary Care, hospitals and the pain unit
  - Personal health folder
- Personalised Management Plan
- Electronic prescription
1. Scheduled telephone consultations

Accounting for 1/3 of the follow-up to the Pain Clinic of OSI Araba. Both by doctors and by nurses. They have reduced visits and unexpected calls by 78%.
2. Remote control of known patients

To control the evolution (diagnostic tests, income, emergency ...). We get in touch with patients if there is a reason.
3. Videoconferencing
4. Consultations through the Health Folder (For asking questions, giving recommendations or writing a pain diary...)
Docotc Barez he tenido una mejoria a las dos semanas, al mes he tenido otra mejoria ahora hay dias que en ratos no me acuerdo de la pierna y otros dias que me duele todo el dia en resumen con la radiof
Motivo de Consulta

Alertas
- 26/10/2010 Alergia a Beta Lactámicos
- 06/10/2005 EVITAR TOMA DE PENICILINA Y DERIVADOS
- 26/10/2010 tramadol

Antecedentes Familiares y Personales

Diagnósticos de Episodios Previros

Tratamiento habitual

Evolución (Anamnesis-Exploración física)

Barez Hernandez, Enrique Manuel 19/09/2016 12:03:45
Explico bomba intratecal entiende y acepta. Meto en LE. Doy CI.

Sin Informe de alta

Últimas actividades

Constantes del Paciente

Evolutivos del paciente

21/07/2016 DIARIO PACIENTE
5. mHealth: prescribing pain-related apps for smartphones and tablets, to improve their quality of life.
More time for f2f consultations

Using non f2f care
Challenge Addressed by the Good Practice

- Improve the satisfaction of patients with pain
- Decrease the delays of first consultations in Pain Unit
- Avoid unnecessary travel of chronic patients with pain
- Enhance training of Primary Care professionals in pain care
- Improve the satisfaction of health professionals dedicated to pain management

The waiting times for first ordinary and regular consultations has gone down from more than 100 days in 2011 to 11 days in 2014, 17 days in 2015 and 16 days in 2016. Two days for priority patients.
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5. Workshop
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Individual Self-assessment Surveys

Managerial

Personal Health folder’s manager
Director of integration of the ICO

Practitioner

Head of the Anaesthesiology Department
Head of the Pain Unit
Assessment Process

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Workshop

Managerial

- Personal Health folder’s manager
- Director of integration of the ICO

Practitioner

- Head of the Anaesthesiology Department
- Head of the Pain Unit
The Personal health folder is used as a tool for patient empowerment. Using it, patients can interact with the clinicians. This procedure replaces some face-to-face consultations.

- Have cohesive structures between primary and specialized care and common communication channels and tools.
- It would be desirable to have integrated the social sector.

- The use of a fully integrated EHR that is accessible to all professionals.
- The use of tele-consultations between primary care and the hospital.
- The use of a Personal health folder, accessible for the entire population, which allows intercommunication between them and the health professionals.
Implementation & Transferability - Not as relevant

- Some functional integration between health care levels.
- To have working groups, with certain order and leadership.
- Have some funding to plan and implement the intervention.
- Screening request and appointments prioritisation according to the patient’s morbidity risk.
Key findings and Conclusions

➢ The consensus workshop has been key to achieve the results
➢ The features can reduce the variability
➢ The language used in the tool is somewhat complicated for front line professionals. A further refinement could be beneficial

“I would love to know not only the degree of transferability, but the level of effective transfer achieved between regions… I imagine it will take a few years, I will wait… let me know”
THANK YOU!