



ACI NSW Agency
for Clinical
Innovation



**Our
Mob**

GUIDE

Telehealth consultations with Aboriginal people for pain management

Pain Management Network



Collaboration. Innovation. Better Healthcare.

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this through:

- *service redesign and evaluation* – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services
- *specialist advice on healthcare innovation* – advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment
- *initiatives including Guidelines and Models of Care* – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system
- *implementation support* – working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW
- *knowledge sharing* – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement
- *continuous capability building* – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign.

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A key priority for the ACI is identifying unwarranted variation in clinical practice. ACI teams work in partnership with healthcare providers to develop mechanisms aimed at reducing unwarranted variation and improving clinical practice and patient care.

www.aci.health.nsw.gov.au

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Artist acknowledgment

Danielle Sullivan was born in Fairfield Sydney NSW, an urban community that is a far reach from the remote dust of Brewarrina where her mother came from. She acknowledges her culture through the Kunja peoples of the Cunnamulla region in South Western Queensland, and pays respect to the broader family and their special places on both sides of the Queensland and New South Wales borders.

The key messages addressed in the artwork are:

- Some images representing healthy lifestyle, good food, stress management, exercise
- Pain is a life journey
- Hope
- Issues of grief, loss and trauma relating to pain
- Stigma of pain
- Pain is woven into Country and way of life.



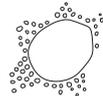
Healthy food
Bush tucker
Fresh tucker.



The purple represents calmness.
No stress.



Get active, exercise, raising heartbeat.



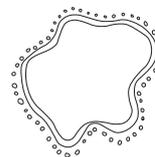
People around us that support.



Black line represents the chronic pain,
continuous line - life journey.



Red, orange and yellow circles represent
flair ups. Fire colours, some bigger than others.



Green line represents healthy outer with white
glow (dots)... the healthy life we strive for.

Introduction

The management of chronic pain involves the delivery of a service such that the patient learns a range of skills and strategies to manage pain during their lifetime. For Aboriginal people, this may require additional considerations and approaches to optimise the success of the consultation and follow up management.

Pain clinic services can be offered via telehealth to Aboriginal people using Healthdirect Australia's videocall and other platforms. The service can be offered in several ways – directly to a person in their own home, to the GP's room, to the Aboriginal Medical Service or to the hospital. It may be optimal to ensure a health or community worker is in attendance, as well as any family members desired. Medicare incentive payments are available for the specialist and the GP. (See MBS and telehealth www.humanservices.gov.au/health-professionals/services/medicare/mbs-and-telehealth).

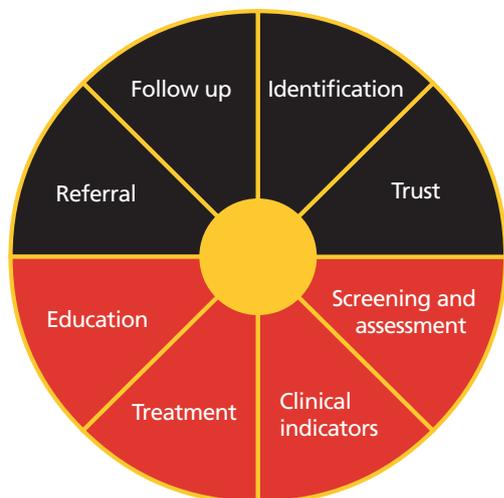
There are some principles and approaches that will optimise the consultation outcomes. To be effective, programs need to be holistic, culturally safe, centred on respect and trust, and delivered in partnership with appropriate agencies and people.

Principles

1. All telehealth consultations should ask patients routinely whether they identify as an Aboriginal or Torres Strait Islander person. Identification should initiate a conscious effort on the part of the treating team to address any barriers that may limit the effectiveness of the consultation.
2. All efforts should be made to ensure that the environment for the consultation is safe through clear and respectful identification of the people involved at both ends, and informed consent regarding the intent, process and recommendations.
3. Confidentiality must be conveyed and assured.
4. Respectful discussion will address and recognise cultural values and traditions. Use open questioning methods to assess understanding, such as 'What do you understand you need to do next?', 'Is that going to be easy to manage?', 'What might get in the way of getting this done?' and 'What would make it more likely to occur?'
5. Be aware of personal communication style: a conversational or 'yarning' style may ensure the best outcome. (www.lowitja.org.au/using-yarning-research-methodology).
6. Recognise and develop partnerships with appropriate Aboriginal/other providers or organisations.
7. A person-centred, and often family-centred, approach will optimise outcome.
8. The enabling role of Aboriginal service providers should be recognised and built into the plan and appointment where appropriate.
9. Demonstrate understanding of racial and economic disadvantage over time that has resulted in mistrust towards government services and systems. For example, the person may be unwilling to complete registration forms and questionnaires. The person may indicate a 'yes' response when they mean 'no'.

Person and service-centred considerations

1. Use the chronic care for Aboriginal people model.¹



2. Develop local relationships with Aboriginal service providers.
3. Understand the role of community Elders and members.
4. Understand the impact of community events in relation to appointment schedules: death, sickness, celebrations or significant events.
5. Trust in service providers will need to be established prior to the consultation at the distant and local end.
6. The person may benefit from the support of family, health worker and or community worker before, during and after the consultation.
7. A flexible approach to appointments and implementation of action plans and recommendations should be adopted – consider timing of appointments, availability of transport, and family/other support.
8. Ensure a short time frame between referral and first appointment to optimise attendance.
9. Check contact details and have at least two contact numbers if possible.
10. Consider and support health literacy and other literacy.
11. Consider affordability of pain management strategies with respect to implementation e.g. cost of medication, allied health referrals, transport costs etc.
12. Consider opportunistic referral to appropriate people.
13. A discussion about family and Country is an important aspect of the introductory part of the consultation in order to establish rapport. Use ‘tell me about your family’ and ‘where are your family from?’. If the person is not on Country, this can be a confronting and isolating experience and can affect the person’s experience of pain.
14. The individual’s personal, cultural and historical context should be taken into consideration as part of the assessment, as well as additional roles in the family or community. Ask ‘Did you grow up here?’ and ‘What was it like then?’.
15. Health issues related to pain should be considered in the broader social, financial, cultural, environmental and emotional context. Spiritual factors are crucial.
16. The person’s needs may have to be addressed by appropriately gendered staff. Both men and women may prefer to be treated by appropriately gendered staff.
17. Reluctance to express and manage pain and associated shame may be a barrier to effective treatment. Care should be taken to address sensitive issues carefully such as privacy and gender matching of the clinician and patient. Several consultations may be needed.
18. Understand the capacity and willingness of the person to implement strategies independently. Appropriate people and services can be identified to provide support as necessary.
19. Involve family and community as much as possible in the treatment plan.

The consultation

Before the consultation, it is important to consider how to best support the attendance of the person and optimise health outcomes.

1. Make appointments as soon as possible.
2. Provide flexible appointment options.
3. Identify key support people to attend the appointment as desired.
4. Be sensitive to any community events.
5. Understand local community context and linkages.
6. Clarify the purpose of the consultation and the potential benefits.
7. Be aware that out of pocket costs may be a disincentive to attendance.
8. Address transport requirements.
9. Establish liaison with Aboriginal service providers and other key stakeholders.
10. Understand how the broader historical context may influence understanding and compliance with recommendations. For example, people who are from the stolen generation may not freely provide accurate information about their background.

During the consultation

1. Create a safe environment.
2. Be conscious of personal space.
3. Use a simple conversational style or 'yarning'. Avoid jargon.
4. Avoid a fast pace – do not be concerned if there are long delays between question and answer.
5. Explain why you need to ask specific or sensitive questions.
6. Explore loss and grief issues as the consultation progresses – ask 'How does that make you feel?'.
7. Ask about what gives the person pleasure in screening for depression.
8. Make open ended suggestions.
9. Provide flexibility and choice.

10. Listen and take time: avoid interrupting.
11. When considering medications; discuss side effects, cost, relative priority and the consequences of sharing and not taking medications, if this is the agreed plan.
12. Check if the person is registered for the [Closing the Gap prescription scheme](http://www.humanservices.gov.au/health-professionals/enablers/education-guide-closing-gap-pbs-co-payment-measure-supporting-indigenous-health), as medications can be free or at a reduced price. (www.humanservices.gov.au/health-professionals/enablers/education-guide-closing-gap-pbs-co-payment-measure-supporting-indigenous-health)
13. Develop a program that involves family or community.
14. Repeat the plan.
15. Plan follow up preferably through local workers.
16. Document the consultation and agreed plan.
17. Agree and clearly allocate responsibility with the person and other providers.
18. Establish support for self-management.
19. Provide written material and/or write down a summary of the consultation. The individual may later discuss the details of the consultation with family or trusted friends.

After the consultation

1. Make appropriate referrals to health and non-health professionals.
2. Liaise with Aboriginal service providers or organisations to facilitate post telehealth follow up.
3. Be flexible with the timeframes set.
4. Follow up actions and review.
5. Arrange follow-up appointments.

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