The practice of multi-disciplinary pain assessment in Australia and New Zealand – Survey results of clinicians working in specialist persistent pain settings.

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Introduction

This current study is an expansion of a survey of pain clinicians working in specialist services in Australia that was presented as a poster at the 2019 NZ Pain Conference to include New Zealand clinicians. The application of multidisciplinary pain assessment appears to vary throughout the world (Dansie & Turk, 2013; Pao-Feng, 2011). Different disciplines provide unique contributions to the assessment (Bagraith et al 2018). Some pain clinics use a multi-disciplinary model where clients see a range of health professionals either at the same time or separately. Others operate in isolation.

This study targeted pain clinicians working in Australia and New Zealand to survey their preferred methods and delivery procedures when undertaking pain assessments and reviews. In particular, are multiple health professionals involved in the pain assessments at the same time or individually and what benefits or challenges have been seen by performing assessments and reviews simultaneously?

The survey also focuses on whether a specific model of chronic pain underpins their assessments.

Method

Participants

Respondents included 105 clinicians, 80 from Australia and 25 from New Zealand who responded to an online self-report survey. Clinicians indicated that they were working in pain services as listed on the APS Website, and the IASP website. A link advertising the survey was also included in the NZPS Newsletter.

Materials

The survey was constructed with 17 questions relating to the type of service respondents worked in and how they go about undertaking their pain assessments. Questions were mostly in a yes/no/sometimes format or with tick box options. Room for other comments or 'other' categories was also given.

Procedure

The survey was sent out using Qualtrics software allowing for the identity of respondents to remain confidential.

Results

Participants were asked to describe their health service. Their responses are displayed below.

Figure 1 – How would you describe your health service?

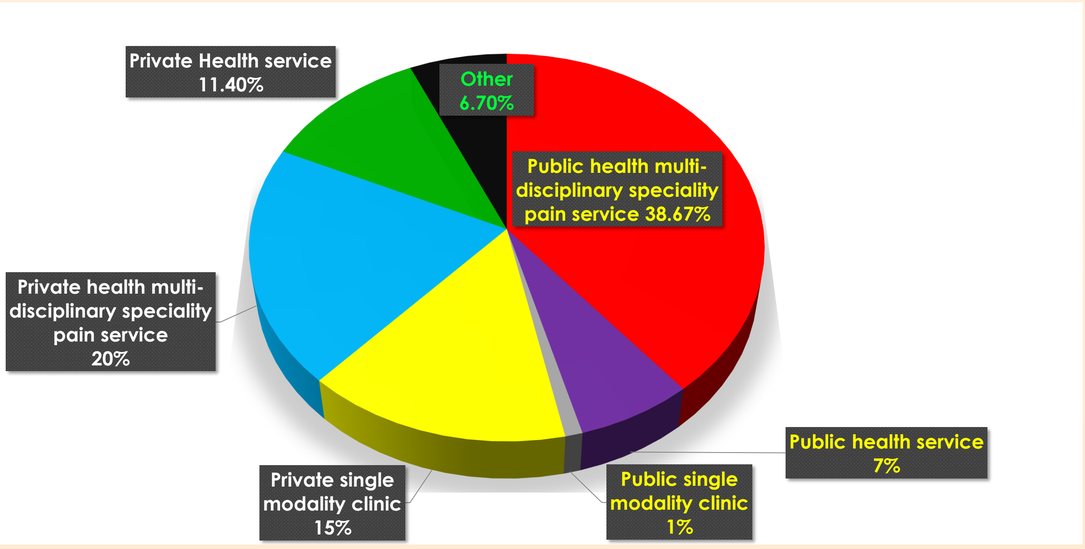
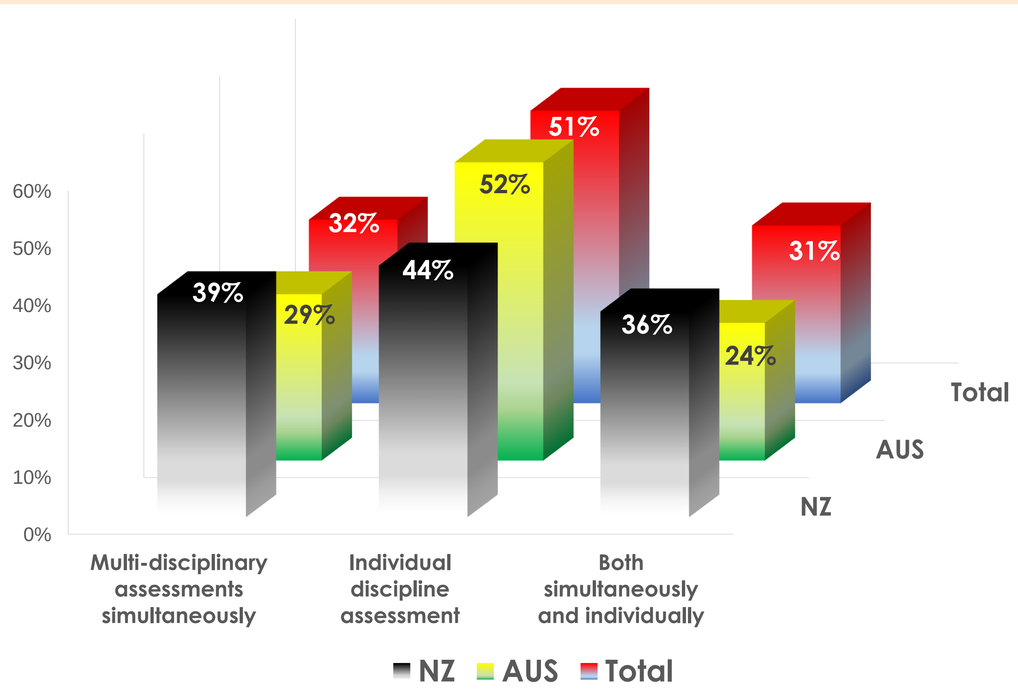


Figure 2– Do you perform multidisciplinary assessments individually or at the same time?



When asked if multidisciplinary assessments were performed individually, at the same time or both in some cases the results seemed to clearly reflect a difference between the private and public sectors with **simultaneous assessments predominantly taking part in the public sector (89%) both in Australia and New Zealand.**

The clinicians who took part in pain assessments simultaneously demonstrated a strong preference for the practice with **56% saying they always preferred it** (AUS 52% & NZ 69%), **25 % saying that they sometimes preferred it** (AUS 28% & NZ 19%), and **18% saying that they didn't have a preference for performing assessments together** (AUS 20% & NZ 13%).

Table 1– Reported Benefits and Challenges of a Simultaneous Assessment?

Benefits	NZ	AUS	Challenges	NZ	AUS
Medical staff endorse the bio-psycho-social model which helps to influence the patient toward change	52%	41%	Difficult to bring everyone together at the same time	48%	29%
The role of the whole team is explained better	44%	43%	Patients report that they don't like it or want it	8%	5%
Patients feel that they are understood holistically	52%	48%	Patient feels ganged up on	16%	11%
Patients feel believed and validated	44%	44%	Patient feels that they are considered crazy because there may be a psychologist in the room	32%	9%
No benefit seen	0%	1%	No challenges experienced	4%	15%
Multidisciplinary care plans created together	52%	39%	Patients may feel judged or pressured to take part in certain therapies	8%	14%
Enhanced communication and handover between health professionals involved in care	56%	48%	Patients may not want to talk about sensitive information with so many people present	28%	26%
More comprehensive screening and assessment	48%	43%	Takes too long	4%	19%
Collaborative goal setting	48%	44%			
It acts as an intervention in its own right	36%	41%			
Other	12%	21%	Other	8%	15%

Interestingly **93%** of respondents who **do not** currently take part in simultaneous pain assessments said they **would be interested** in trying it if they saw benefit and if it were logistically and financially viable.

The combination of clinicians taking part in assessments simultaneously seemed to vary with the most common combination being physiotherapists and psychologists. The distribution of clinicians taking part in assessments is displayed in Figure 3.

Figure 3 What health professionals are involved in assessment?

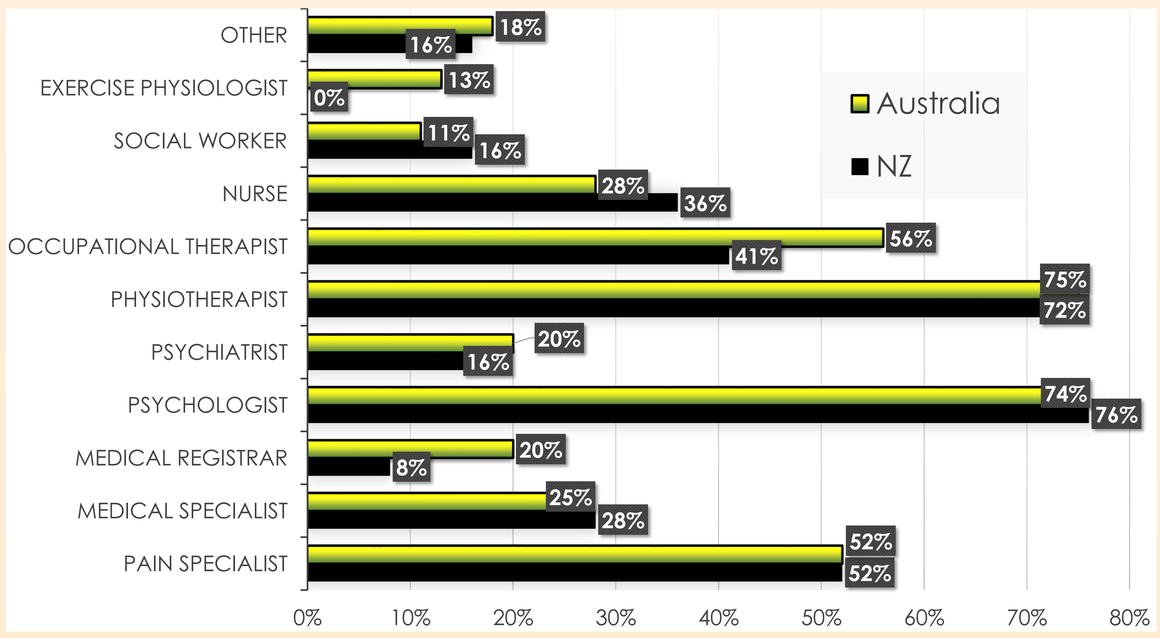
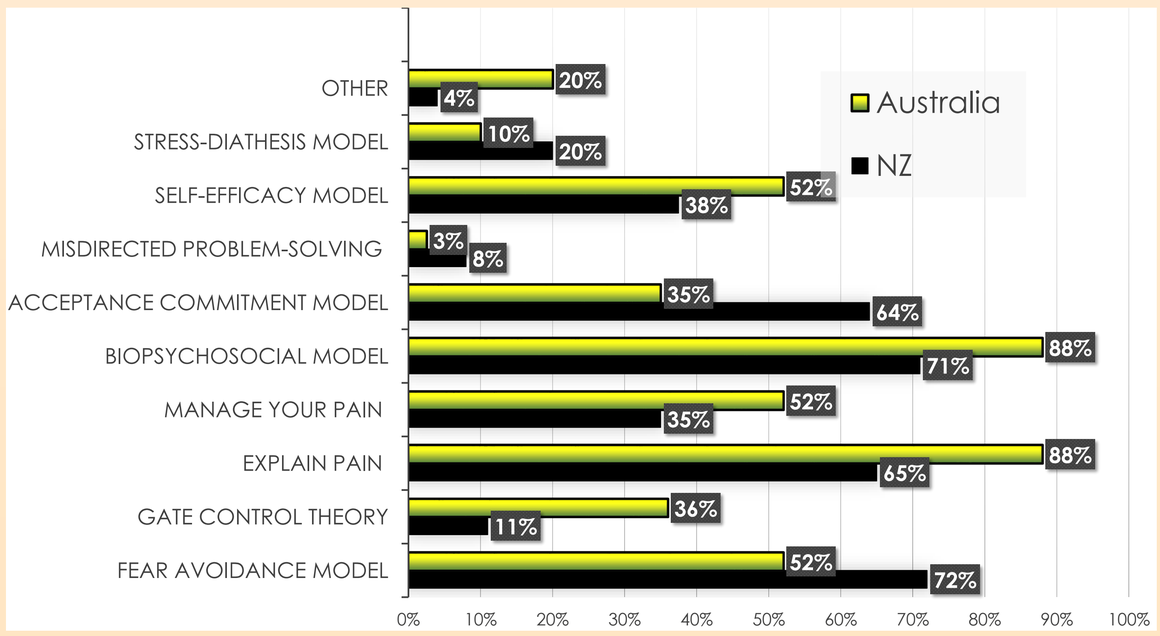


Figure 4– What model of pain (or combination) underpin your assessments?



Other Key Findings

- *96 % of respondents (99% AUS, 96% NZ) indicated that 1 or more models of chronic pain underpin assessment*
- *39 % indicated that pain education is provided prior to assessment (39% AUS, 32% NZ,)*
- *72 % indicated that pain education is provided at assessment (67% AUS, 88% NZ,)*
- *76 % indicated that pain education is provided post assessment (74% AUS, 84% NZ,)*
- *Many services indicated that they were in fact 'interdisciplinary ' rather than 'multidisciplinary'*
- *Many 'extra comments' were offered which were mostly highly supportive of simultaneous assessment*

The project team would like to sincerely thank the clinicians that have contributed to this Survey