

iPainCentre Beaumont Hospital Integrated Pain Team

Dr Joanne O'Brien Kelly PhD, RANP, RNP, RGN Advanced Nurse Practitioner in Pain Management











The team



- Consultant in Pain Medicine Dr David Moore
- Specialist Physiotherapist in Pain Management Roisin Ormond
- Psychologist TBA
- Advanced Nurse Practitioner in Pain Management Joanne O'Brien Kelly
- iPainCentre Administrator Tanya Clarke













iPainCentre – who are we?

Our Mission	To improve quality of life for those living with pain in our community	
Our Vision	An innovative, fully integrated community pain service	
Core Values	Kindness Truct	Quality
values	Trust	Empowerment













Beaumont Hospital Chronic Pain Service

- Only pain service in the RCSI Hospital Group with the largest catchment area out of the 17 public funded pain clinics in the country
- In 2019, a total of 1,773 new patient referrals were seen raising to 2,160 in 2022
- Approximately 50% of referrals are for low back pain, and 20% of referrals have a combination of radicular pain, fibromyalgia and musculoskeletal pain.
- Over 70% of patients are suitable for an integrated community based pain management service supported by a hospital-based team

4. Purcell IA., et al (2022) National survey of publicly funded chronic pain management services in Ireland. IMJS









iPainCentre – Our Aim

- Optimise care for chronic pain patients
- Deliver this care in the community for the majority of patients
- Improve outcomes
- Reserve hospital clinic access for complex cases
 - 3 phase approach to develop pathways for patients with low back pain (Phase 1), radicular pain (Phase 2) and fibromyalgia (Phase 3)









Pathway 1 – Low Back Pain

- Back pain is a leading cause of disability worldwide¹
- It covers a spectrum of different types of pain (nociceptive, neuropathic, nociplastic or non-specific)²
- 80% of people will experience low back pain at some point 20% of these will go on to experience persistent or chronic low back pain.
- Prevalence of chronic pain in Ireland is 36%³ 50% have chronic low back pain as their primary issues
- 1. Hartvigsen J., et al (2018) What is low back pain and why we need to pay attention. The Lancet.
- 2. Knezevic N., et al (2021), Low back pain. The Lancet
- 3. Raftery M., et al (2011), Prevalence, Impact and Cost of Chronic Pain (PRIME) study. PAIN.

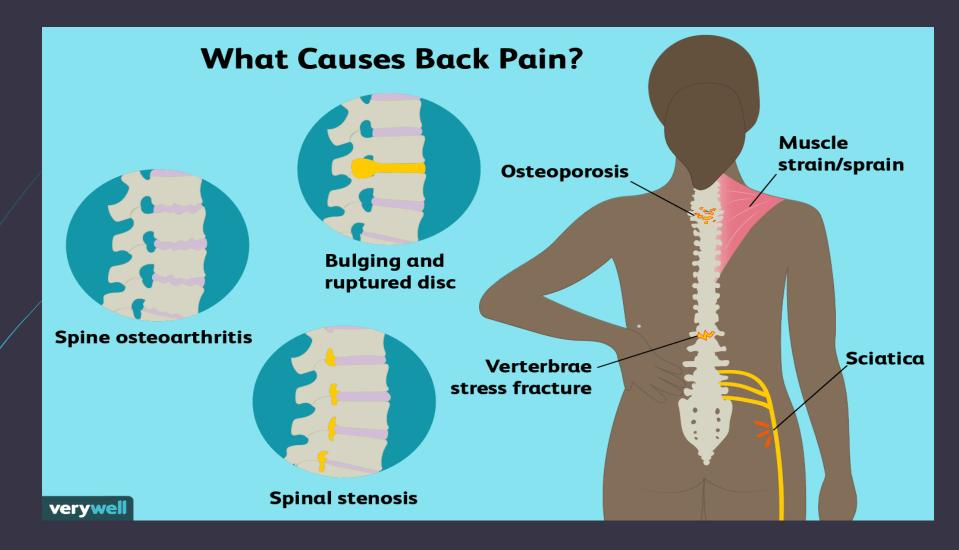












The elements that make up the lumber spine are prone to different stressors, and each alone or in combination can contribute to low back pain ²

For most people with low back pain, it is not possible to identify a specific nociceptive cause ¹











Non-specific LBP – Best Practice Guidelines

- Low back pain should be managed in the community
- Management should primarily focus on education and advice
- Patients should be encouraged to remain active
- Continuing to work is key
- Imaging/scans/MRI are only necessary if a specific condition that requires different management to non-specific low back pain is suspected (Red Flags)
- The first choice of therapy should be non-pharmacological
- The use of opioid medication is strongly discouraged

3. Foster et al., 2018

4. Murphy C., et al (2022) Clinical Pathways for the management of low back pain from primary to specialised care; a systematic review





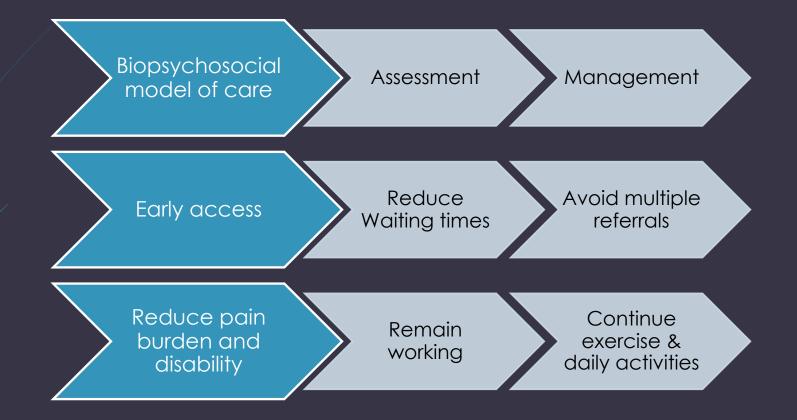






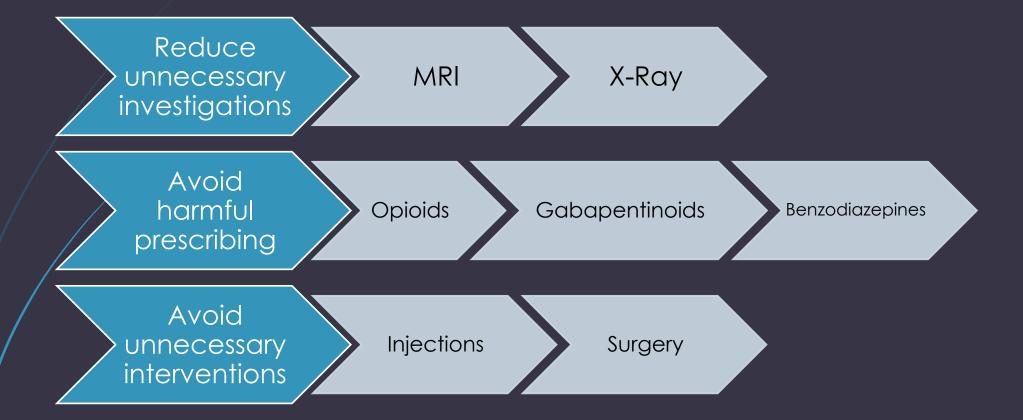


iPainCentre Low Back Pain Strategy





iPainCentre Low Back Pain Strategy













iPainCentre – Pathway Quality Care Standards

- Initial Assessment/ Red Flags
- Imaging
- Psychological Assessment
- Patient Education
- Self-Management and Physical Activity
- iPainCentre Interventions
- Medications
- Review and onward referral





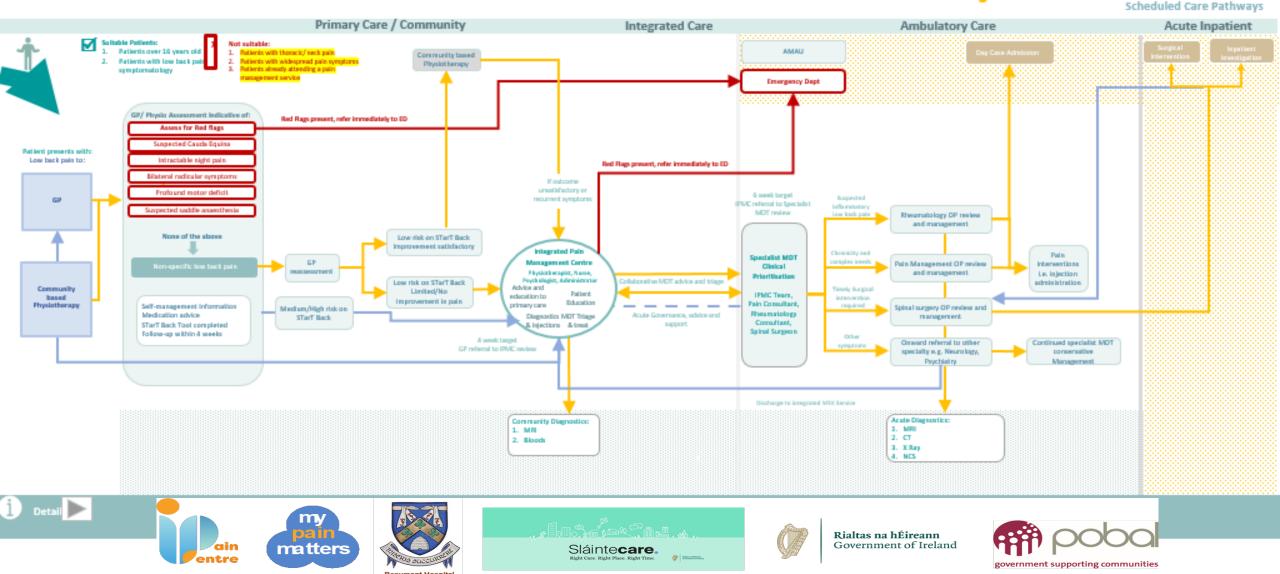








Low Back Pain Pathway



Challenges

- RANP appointed in June 2023 but Physiotherapist Specialist was not appointed until July
- Still awaiting appointment of Psychologist
- Still awaiting full time release of Administrator
- Building pathway
- Identification of Clinic space
- Identification of Physiotherapy and Exercise Space
- Building relationships with community based physiotherapy services and local General Practitioners
- IT Challenges











iPainCentre activity since September 2023

- 68 Patients have been reviewed to date
- 70% of those assessed had non-specific low back pain
- Average STarTBack score 5.5 (range 2 8)
- 45.5% were employed, 22% retired, 16% unemployed and 16% not specified
- 90% of patients had MRI Scans prior to MDT review
- 9% were prescribed strong opioids
- 10% were prescribed Benzodiazepines
- 15% were prescribed Gabapentinoids









Interventions

- 26% of patients require 1:1 physiotherapy.
- 20% are in need of a group pain rehabilitation programme
- 19% were suitable for a spinal injection and were referred for same
- 9% require 1:1 Psychology intervention and support
- 7% needed onward referral for surgical review, rheumatology review or the services of the hospital based pain team
- 16% of patients were suitable for discharge
- 13% of patients attended a 2 hour Pain Management Workshop











References

- 1. Hartvigsen J., et al (2018) What is low back pain and why we need to pay attention. The Lancet.
- 2. Knezevic N., et al (2021), Low back pain. The Lancet
- 3. Raftery M., et al (2011), Prevalence, Impact and Cost of Chronic Pain (PRIME) study. PAIN.
- 4. Purcell A., et all (2022) A national survey of publicly funded chronic pain management services in Ireland. IJMS





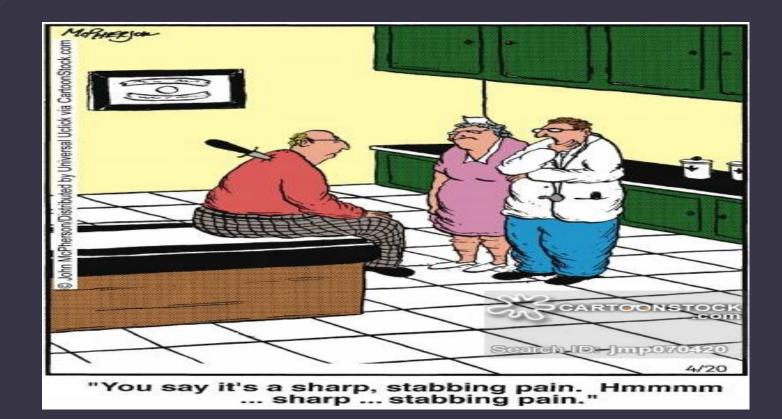








Thank you







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