

# Welcome to Project ECHO Population Health Network: Reproductive Health Series

## Series 1: Session 5

“Managing persistent pelvic pain in primary care: Part 2- Supporting patient self management and developing a team care approach”



Supporting general practice, commissioning health services into gaps and driving service integration.

**phn**  
WESTERN VICTORIA  
An Australian Government Initiative

# Acknowledgement of Countries



Ask the question. Do you identify as Aboriginal or Torres Strait Islander?

I'd like to begin by acknowledging the Traditional Owners and custodians of the lands and waterways from which we are all zooming in from today.

- the Wadda Wurrung, Gulidjan, Gadubanud, Keeray Wurrung, Peek Wurrung, Gunditjmara, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jaadwa and Jupagalk peoples

We recognise their diversity, resilience, and the ongoing place that First Peoples hold in our communities.

We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation.

We support self-determination for First Nations Peoples and organisations and will work together on Closing the Gap.

# **What problem are we trying to solve?**

*People with/or at risk of persistent pelvic pain need access to prevention, secondary prevention, early recognition and management....But they face a challenge and barriers*

- What barriers do they face? What challenges do providers face implementing best practice approaches?*
- What solutions can be offered in practice?*

## **Session 5 Learning outcomes**

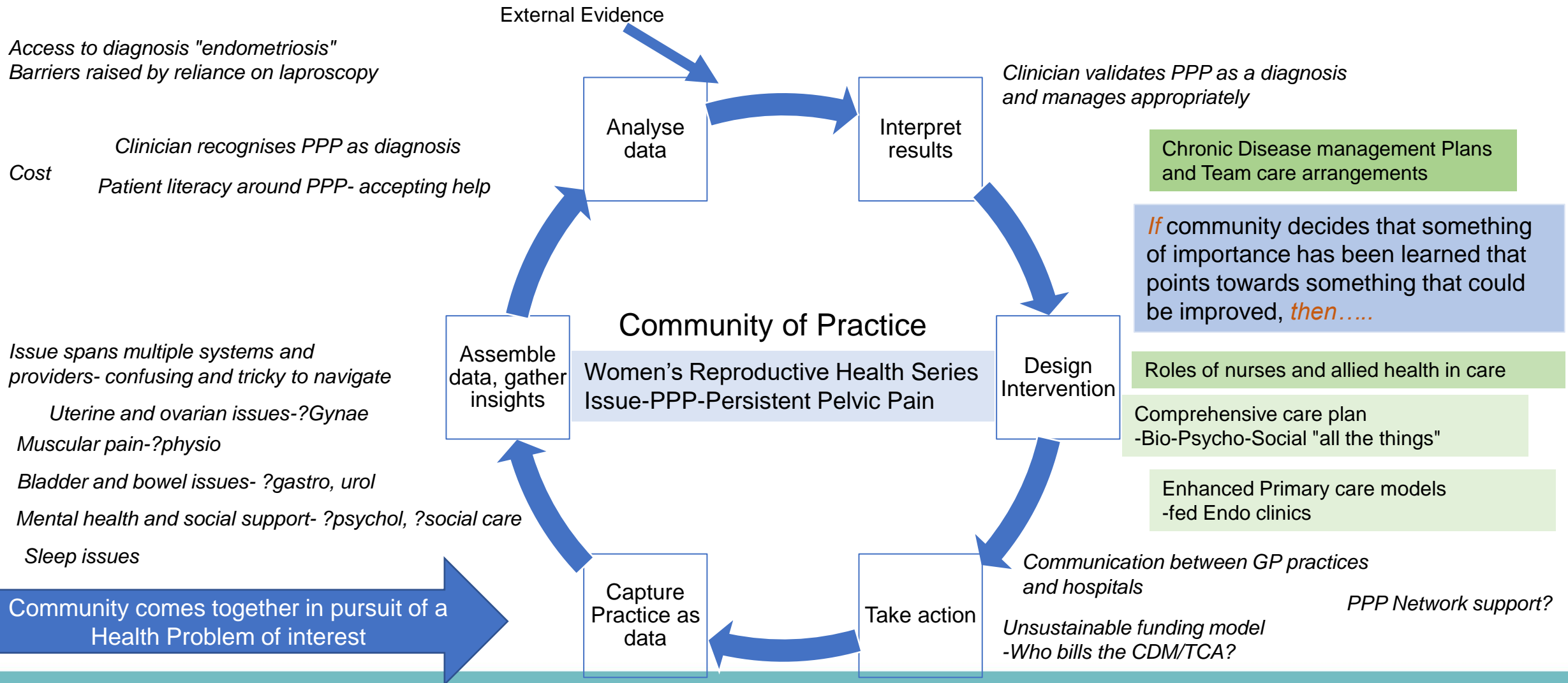
- Describe the difference between persistent pelvic pain and endometriosis
- Discuss the elements of a patient centred care plan for persistent pelvic pain
- Relate best practice to current care models in primary care and consider how to adapt practice to meet the needs of women with persistent pelvic pain
- Describe the roles of other medical professionals, allied health team members and specialist services in the management of persistent pelvic pain

Don't forget to fill out our session evaluation at the end of the session.



# Persistent Pelvic pain in Primary care

## Understanding through a Learning Health Systems approach



## Agenda– Reproductive Health Series 1: Session 5

### “Managing persistent pelvic pain in primary care: Part 2- Supporting patient self management and developing a team care approach”

**Facilitator: Dr Bianca Forrester**, Clinical Lead of Innovation and Learning, Western Victoria Primary Health Network

**Naomi White**, Senior Manager Regional Partnerships and Public Health – Grampians, Western Victoria Primary Health Network

- Health Alerts and New announcements

**Marilla Drutt**, Obstetrician Gynaecologist, University Hospital Geelong, St John of God Geelong, Epworth Geelong, Deakin University

- Persistent Pelvic Pain

**Case presentation: Dr Caitlyn Pring**, Kardinia Pelvic Pain Clinic

**Network Co-ordinator: Jemma Missbach**, Western Victoria Primary Health Network





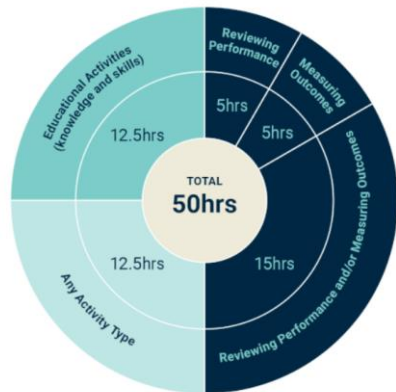
# Etiquette/Zoom use

- Clearly name yourself with first name and surname.
- Introduce yourself / Role / Region / Organisation in “chat”
- Use chat to ask questions
- Please remain on ‘mute’ except when speaking
- **Please turn video on**
- In-session Evaluation at the end



- These sessions will be recorded for ongoing training and quality improvement purposes.
- The didactic presentations ONLY will be disseminated on our learning channel.
- Discussions will be de-identified where used for QI or research purposes.
- Please let us know if you would not like your comments recorded.

Minimum requirements



ECHO is a Peer Group Learning Activity  
EA- Passive activity  
RP- Interactive activity  
MO- QI activity supported by ECHO

# Health Alerts:

- **COVID numbers**

- Hospitalisations are down on last week by 2%. There are 118 people in hospital with COVID with 2 in ICU with one on a ventilator.
- 4.2 million Victorians are eligible for a COVID Booster (provided they haven't had COVID in the last 6m)
- Average of 6 deaths related to COVID are recorded each day at this time. 43 in the last week

- Increasing cases of Flu B – push to vaccinate children and youth

- **Health warnings**

- Increasing cases of antibiotic resistant Shigella – especially in men who have sex with men
- Ayurvedic medicines possibly containing scheduled poisons and heavy metals -

# Health Alerts: Notification of Rheumatic Heart Disease and Acute Rheumatic Fever cases

- On 31 July 2023, acute rheumatic fever (ARF) and rheumatic heart disease (RHD) will become routine notifiable conditions in Victoria.
- ARF and RHD can occur as a complication of infection with the Group A Streptococcus (GAS) bacterium.
- Both ARF and RHD are medical conditions caused by GAS but are not themselves infectious diseases.
- Medical practitioners who reasonably believe that a patient has, or may have, ARF or RHD must notify the Victorian Department of Health within five business days.
- ARF and RHD disproportionately impact certain Victorian populations including Aboriginal and Torres Strait Islander people and Pacific Islander people, leading to chronic complications and health disparities.
- [Acute rheumatic fever \(ARF\) and rheumatic heart disease \(RHD\) | health.vic.gov.au](https://www.health.vic.gov.au/acute-rheumatic-fever-arf-and-rheumatic-heart-disease-rhd)



# New Announcements



- COVID Vaccine expiries – All stock must be discarded
  - Pfizer 12 years+ purple has now expired. All remaining stock must be discarded
  - Moderna BA.1 all stock has now expired. All remaining stock must be discarded
- Moderna BA.4-5 PFS (pre filled syringes) increase ordering amount from 50-100
- Non Medicare card holders, reimbursement available from the WVPHN for these vaccinations.
  - If you have completed vaccinations to persons without a Medicare Card, your clinic is eligible for reimbursement, please email [covidenquiry@westvicphn.com.au](mailto:covidenquiry@westvicphn.com.au) for further information.
- Over ½ RACF residents have received their 5th dose – still more work to do
- All vaccinating clinics would have received an email last week with updated resources, please ensure staff take the time to familiarise themselves with the updated information and factsheets

# Persistent pelvic pain

Diplomates Day Program RANZCOG symposium  
2022 @ College Place

Dr Marilla Druitt MBBS BMedSc FRANZCOG

University Hospital Geelong, St John of God  
Geelong, Epworth Geelong, Deakin University



ST JOHN OF GOD

Geelong Hospital



Barwon  
Health



AVONLEA  
CLINIC



DEAKIN  
UNIVERSITY

# Disclaimer & conflicts

Trained as a laparoscopic surgeon

Involved in writing the Endometriosis Guidelines for Australia

Involved in MBS reviews of pain funding

Have an MRFF \$893k grant for a trial of a Mind Body Intervention for Pain & Endometriosis – the Happi study

I believe Endometriosis is a risk factor for pain, like smoking is a risk factor for pain.

# Models versus philosophy

Complex health conditions need complex interdisciplinary solutions eg diabetes, ppp

Philosophy – treat people with shared decision making with cost effective treatments in a bio psycho social spiritual way

Model

primary care (someone who cares, GP, nurse, could be physio, OT) for intake assessment with or without questionnaire prior

Provide clinicians to assist with

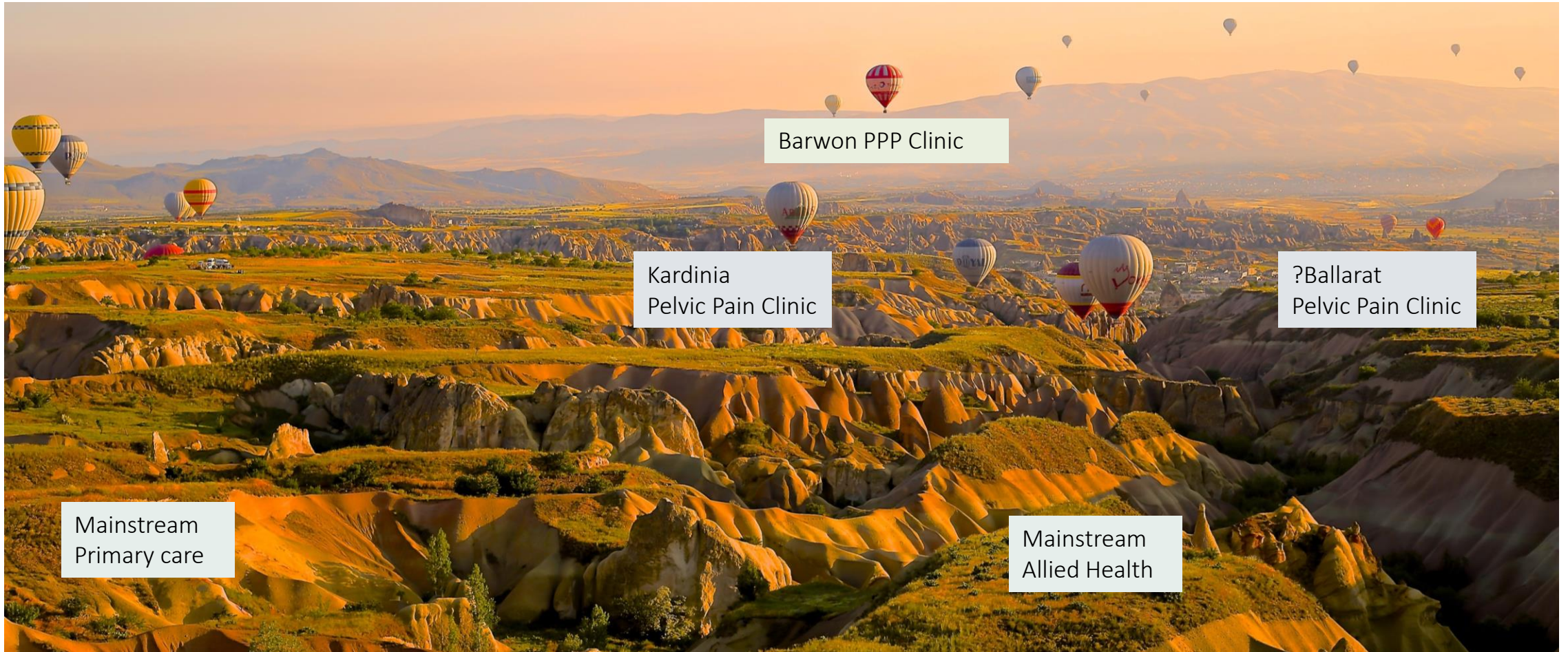
*Biomedical* – hormones, exclude cysts & polyps, exclude porphyria and coeliac disease, consider endometriosis

*Movement/exercise person* – physio, yoga teacher, OT, ex phys

*Psycho* – introducing the concept “you can’t have pain unless you have a brain” so enlist the brain in the retraining, target concepts (Millie Mardon), pain education/CBT

*Social* – education peer support groups, research studies  
(spiritual)

# A vision for our Region



Barwon PPP Clinic

Kardinia  
Pelvic Pain Clinic

?Ballarat  
Pelvic Pain Clinic

Mainstream  
Primary care

Mainstream  
Allied Health



# A vision for tertiary services

1. Inter disciplinary team care- Enhanced clinics, enhanced models, integrated care
2. Patient Education Programs and support groups- including SMA,
3. Decent links between hospital and primary care
4. school and community education
5. Great software, Data collection and analysis
6. Research!



# Persistent Pelvic Pain is Complex: where do you start?

This is a treatable condition and women can live full lives with persistent pelvic pain. Address patient expectations. Teach them! We are aiming for self management.

‘Of course it seems like you’re the only one going through this, but I can reassure you that there are many women out there just like you and we know there are things which are helpful. Would it be ok if we talk about things that might be helpful?’

Focus on Function! Literally one step at a time.

Addressing nociceptive inputs (somatic and visceral – including bladder and bowels)

Applying positive pressure to the wonderfully adaptive CNS

*Sleep, exercise, diet, mood, social function*

Appreciate different realities: the fact your patient attended on time is often the result of significant organisation and/or effort. ‘Thank you for making your appointment today. I can see that you are here and wanting to help yourself’

‘Empower the patient to do things for themselves and provide opportunity for control and choices.

# Last week provided overview...

## What is in the toolbox for GPs and nurses?

1. Questionnaires & body maps *-A few more things for your tool kit*
2. History taking
3. Address comorbidities
4. Offer examination
5. **Provide a diagnosis**
6. Pain education (*"PPP" v "Endo"*)
7. Medications
8. Social prescribing
9. Clinician care and learning

*Discussed last week*



# Questionnaires

1. Patient - information gathering, teaching

1. Validated for pain research:

*Pain Self Efficacy Questionnaire (PSEQ) - if low score = will need lots of Pain education and psychological treatments*

*Depression Anxiety and Stress Score (DASS21):*

useful for non mental health clinicians. Easy to identify flags for patients who may have underlying anxiety, depression and/or significant stressors.

Nociplastic pain elements with not improve unless this is addressed. - PPFA questionnaire - looks friendly, clinician designed, not too long; could pay \$200/year to use it, sort out deal for a hospital

*Pain Catastrophising Scale (PCS)*

2. Clinician - teach, save time (no time to read all of history on SMR), collect data, inform treatment - red flags for poor postop outcomes

# Pelvic Pain Questionnaire for Girls and Women



Thank you for completing this questionnaire. It includes questions about you, your pain, your medical history and your family history.

For some of the questions you will be asked how bad your pain is on a scale from 0-10. A score of 0 would mean no pain at all, and 10 would be the worst pain you can imagine.

Other questions ask you to circle the answer that describes your pain best.

If your problems vary from month to month, think about how they might affect you on a typical month over the last 3 months.

You will find information on pelvic pain for you and your family at [www.pelvicpain.org.au](http://www.pelvicpain.org.au)

Firstly, please describe the problem that worries you most

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## You and your pain

1. Your age \_\_\_\_\_
2. How many days over an average month would you have pelvic pain or discomfort of *any* kind, even mild pain? (number 1-30) \_\_\_\_\_
3. How many days over an average month would you be *entirely* well with no pelvic discomfort at all? (number 1-30) \_\_\_\_\_

*(Please note that the answer to Q 2 and Q 3 should add up to 30)*

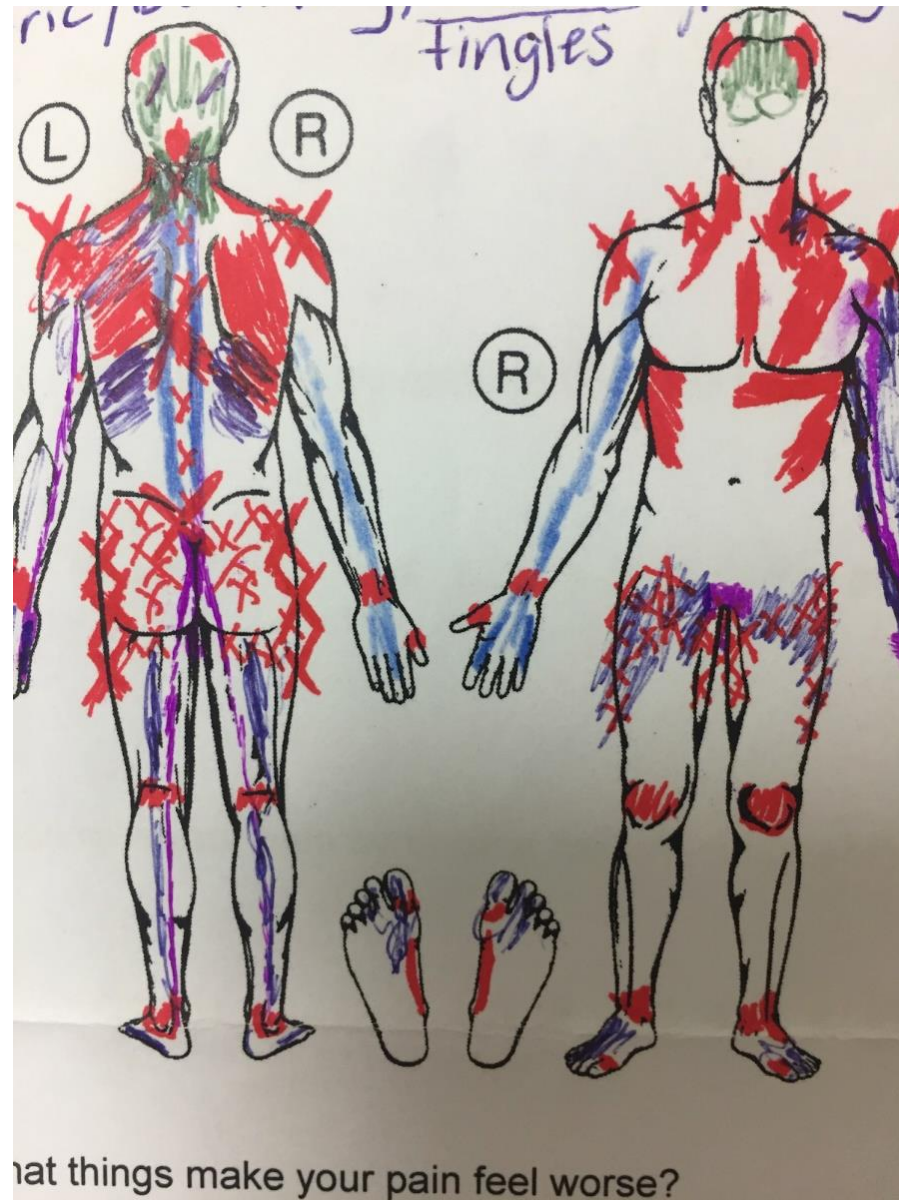
## Your Operations

4. Please list any operations you have had and the year they were done.

_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____
_____	Year _____

If you have any operation records, please bring these with you to your appointment.

# Body map



# RATE: Raising Awareness Tool for Endometriosis

The screenshot shows a web browser window displaying the RATE website. The browser's address bar shows the URL [rancog.edu.au/womens-health/patient-information-guides/other-useful-resources/rate](http://rancog.edu.au/womens-health/patient-information-guides/other-useful-resources/rate). The website header features a yellow ribbon icon and the text "Raising Awareness Tool for Endometriosis" next to an illustration of diverse people. Below the header is a breadcrumb trail: "Women's Health / Patient Information / Other Useful Resources / RATE". A "SECTION MENU" button is visible on the right. The main content area has the title "Raising Awareness Tool for Endometriosis (RATE)" in orange. The introductory text states: "The Raising Awareness Tool for Endometriosis (RATE) is a quick-to-use electronic resource for health professionals and their patients to help identify and assess endometriosis – and endometriosis-associated symptoms – to reach a faster diagnosis and achieve more effective management of symptoms." It also mentions that the tool was developed by a team of experts including gynaecologists, general practitioners, pain medicine specialists, fertility specialists, emergency physicians, and nurses, working with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). A navigation bar with numbered links (1-13) is present, with link 1 highlighted. A "TOP" button is located at the bottom right of the content area. The Windows taskbar at the bottom shows the date as 19/09/2020 and the time as 12:52 PM.

1. Health professionals & patients can fill out together
2. Take to doctor
3. Links to info

*Mentioned last week*



# Provide a diagnosis

Persistent Pelvic Pain definition

- 3-6 months of non cyclical pain

\*NB Language “Chronic Pain” vs “Persistent Pain”

Providing management for PPP is not dependent on specialist assessment

Providing good care for PPP is not dependent on a diagnosis by laparoscopy

Endometriosis definition

# PE Target concepts

Eg Target Concepts of NOI/Pain revolution Butler & Moseley & their curriculum for teaching with education theory

1. pain does not mean my body is damaged
2. thoughts, emotions, and experiences affect pain
3. I can retrain my overprotective pain system

Hayley Leake Pain 2021

# Health literacy

the ultimate global currency of health and well-being. Without health literacy, medicine fails, public health fails, and people pay the cost for these failures with their lives - *Richard H. Carmona 2020*

## Low health literacy

Lower engagement with health services, including preventative services eg cancer screening

Higher hospital readmission rates

Poorer understanding of medication instructions

Lower ability to self manage care

*Australian institute for health and welfare 2020*



# Multidisciplinary approach

# Social Prescribing

Connect them to their community using

friends

family

hobbies and interests

Workplace (paid or volunteer), study

Patient support groups?

Research participation?



# Further Learning and Resources

Pelvic Pain Foundation Australia



[www.pelvicpain.org.au](http://www.pelvicpain.org.au)

<https://www.ogmagazine.org.au/wp-content/uploads/2019/06/OG-Mag-Winter-2019-For-Web.pdf>

<https://www.pelvicpain.org/IPPS/Content/Professional/Publications.aspx>

<https://menstruationmatters.com.au/>

Health Pathways

Western Victoria

HealthPathways

## Background

About persistent **pelvic pain**

## Assessment

### 1. Take a history:

- Assess **history of pain** and associated symptoms. Consider:
  - using the **Pelvic Pain Assessment Form**.
  - asking the patient to record symptoms in a **menstrual diary** or **pain diary**, and a **bladder diary** if any urinary symptoms.
- Assess all medications and treatments tried (including non-prescription, herbal and supplements).
- Ask about the impact of symptoms on daily life e.g., work, sleep, relationships, sexual functioning, daily living activities.
- Take a full gynaecology, obstetric, and sexual history.
- Ask about history of **sexual abuse** and **intimate partner violence**. Assess current safety if indicated.





# Podcasts

<https://integrativepainscienceinstitute.com/podcasts/>

Curable: Like mind, Like body

<https://thepelvichealthpodcast.podbean.com/>

The **HaPPI** study

## Do you have endometriosis and pain?

And want to improve your wellbeing?



**We are examining the effectiveness of mind-body interventions for people with endometriosis and pain.**

Eligible participants will be randomised to 1 of 3 mind-body interventions for 8-weeks. Participants will need to meet the study criteria\* and participate in an interview to take part in the study.

For more information please email:  
**[thehappistudy@deakin.edu.au](mailto:thehappistudy@deakin.edu.au)**

\*To be eligible you will need to have diagnosed endometriosis (documented in a letter from your physician), be at least 18 years of age, not currently pregnant, have access to the internet, no major physical issues or injuries and not undergone a recent course of therapist-led yoga or cognitive behaviour therapy.

Deakin University CRCOS Provider Code: 001218



# Bookings Open: PPV Meeting in Geelong Saturday October 14<sup>th</sup>



## Speakers:

Associate Professor Helena Frawley, Allied Health Research, University of Melbourne University.

“Conservative therapies for endometriosis-associated pain”

**Multidisciplinary Panel: “The Latest and greatest in pelvic pain”**

Our panel present their pick of recent publications and presentations about pelvic pain

Saturday October 14<sup>th</sup> 9am -1pm, followed by lunch

Novotel Hotel, Eastern Beach Road, Geelong

Coffee on arrival, Morning tea and Buffet lunch included.

\$100 per person

Tickets at Try booking: <https://www.trybooking.com/CKGXD>

Places are limited, bookings close Wednesday Oct 10th

Enquiries: [pelvicpainvic@gmail.com](mailto:pelvicpainvic@gmail.com)

<https://www.tourismgeelongbellarine.com.au/>

## **Our presenters:**

**Associate Professor Helena Frawley** is a world renowned researcher in Pelvic Physiotherapy and pelvic floor dysfunction.

The talk she will present is based on her well received plenary presentation at the World Congress of Endometriosis, in May 2023.

Don't miss this comprehensive summary regarding where the evidence is at for non-surgical management of pelvic pain associated with endometriosis.

## **"The Latest and Greatest"**

Our **Multidisciplinary Panel** have reviewed research and recent meetings to bring you their 'pick of the crop'

There will be something for everyone with presentations from all areas relevant to pelvic pain:

Gynaecology, Pelvic Physiotherapy, Pain Medicine, Psychology and General Practice.

After each presentation there will be plenty of time for questions and discussion.

**Morning tea and lunch** will provide opportunities for meeting and connecting with colleagues

**Parking** at the Novotel is limited so we recommend you park in the waterfront beachside parking or in one of the two undercover parking garages close to the hotel.

**Dietary requirements?** When you Book through our [try booking link](#) you will be able to notify of dietary requirements.

# Question for the experts

- I would like to ask your thoughts about education for patients around use of anti-inflammatories?
- The majority of patients I talk to try to avoid or 'push through' pain before taking NSAIs, so educating them about why and how to use them is necessary.
- Is this something that GPs could be doing better, or does the Panel have any ideas regarding this?

# Case Presentation:

- **Situation:** Federal funding for Enhanced Primary care approach to PPP
- **Background:** Developed a MDT model of care to support consumers
- Pre-consult work-up
  - Patient self assessment and education package
  - nurse triage
  - Supported telehealth
- Long appointment with Nurse at intake
  - CDM/TCA agreement or review existing plan
- Second appointment GP, nurse, Physio
  - Agreed upon TCA and plan
- **Assessment:** Model aligns with Best practice and evidence informed approach. Seeks to work within funding footprint, and MBS compliance principles



Question: Keen to understand how this model could work alongside primary care models



# Please send us your cases



If you have a case, you would like to discuss with the group:

- **Case template** [here](#)
- Email [projectechocovid19@westvicphn.com.au](mailto:projectechocovid19@westvicphn.com.au)
- Use the comment box in the evaluation form



# HealthPathways Reproductive Health

## CLINICAL

[Termination of Pregnancy \(TOP\)](#)

[Follow-up for Termination of Pregnancy \(TOP\)](#)

[Contraception and Sterilisation](#)

[Contraceptive Implant](#)

[Intrauterine System or Device \(IUD\)](#)

[Contraceptive Injection](#)

[Persistent Pelvic Pain](#)

[Endometriosis](#)

[Cervical Screening](#)

[Cervical Cancer](#)

[Cervical Polyps](#)

## REFERRAL

[colposcopy](#)

[non-acute gynaecology assessment](#)

[gynaecology advice](#)

[acute gynaecology assessment](#)

[Referral for termination of Pregnancy](#)

## CONTACT

•New to HealthPathways?

Visit <https://westvic.communityhealthpathways.org/> and select 'register now'

•Use the "send feedback" button on the website or email: [healthpathways@westvicphn.com.au](mailto:healthpathways@westvicphn.com.au)

•The HealthPathways team can arrange for passwords to be bypassed if you provide your practice IP address.

## WHO CAN USE HEALTHPATHWAYS?

•GPs and Health Professionals within the Western Victoria region can access HealthPathways. The portal is not designed to be used by the general public and can only be accessed by using a secure login and password. There is no cost to access.



## Session Evaluation

- Please take the time to evaluate this **session**
- [Link](#) pasted into the chat



## Upcoming Sessions

- **Thursdays @ 7.30am**
- Weekly til 7 September

