**Project ECHO: West Vic PHN Hub – Population Health Network: Reproductive Health Series**

**Series 1 - Session 5, Thursday 3rd of August 2023**

**Bianca Forrester (Session facilitator & Clinical Lead of Innovation and Learning): Introduction**

* Project ECHO – panel & participant discussion about population health
* Managing persistent pelvic pain in primary care: part 2- supporting patient self-management and developing a team care approach
* There is a current overreliance on a laparoscopic diagnosis of endometriosis for treatment
* Clinicians can diagnose persistent pelvic pain without surgical intervention
* Acknowledgment of countries

**Naomi White (Senior Manager Regional Partnerships and Public Health): West Vic PHN**

* COVID-19 hospitalisations are down: currently 118 people in hospital with COVID-19
* An average of 6 deaths related to COVID-19 are reported each day (43 in the past week)
* Increasing cases of influenza B – push to vaccinate children
* Increasing antibiotic resistant Shigella: especially in men who have sex with men
* Ayurvedic medicines possibly containing schedules poisons and heavy metals
* Rheumatic Heart Disease and Acute Rheumatic Fever are now reportable diseases
* Expired COVID vaccine stock must be discarded
* Non-Medicare card holders are able to have vaccinations reimbursed through the PHN

**Dr Marilla Druitt (Obstetrician and Gynaecologist): University Hospital Geelong & Deakin Uni**

* Biopsychosocial and movement model to managing persistent pelvic pain
* Multidisciplinary approach: GP, physiotherapist, psychologist, peer support groups
* Medical: hormones, consider endometriosis, exclude: cysts, polyps, porphyria and coeliac’s
* Movement: physiotherapy, yoga, occupational therapy, exercise physiology
* Psychotherapy: CBT, pain education (can’t have pain unless you have a brain), podcasts
* Social: education, research, support groups, scripted sentences to address pain
* Optimise sleep, exercise, diet, mood and social function 🡪 use a pain questionnaire
* Tertiary services vision: interdisciplinary team care, patient education and support groups, links between tertiary and primary care, school and community education, data collection and analysis, research

**Case presentation by Dr Caitlyn Pring (Kardinia Health)**

|  |
| --- |
| Situation:   * Federal funding for enhanced primary care approach to persistent pelvic pain * Self-refer or referral from GP   Background:   * Developed an MDT model of care to support consumers   Pre-consult work-up:   * Patient self-assessment and education package sent prior to initial contact * Nurse triage 🡪 chase up previous investigations, reports and management * Supported through Telehealth   Long appointment with nurse at intake:   * CDM/TCA agreement or review existing plan   Second appointment (case conference) approx. 1 hr   * GP, nurse and/or physiotherapist * Agreed upon TCA and plan   Assessment and individualised care:   * Model aligns with best practice and evidence informed approach * Seeks to work within current funding footprint 🡪 group and individual sessions   Questions for the group:   1. What do you think of the model and how can we work together? |

**Clarifying questions:**

* How are you going to work with the tertiary sector?

**Recommendations:**

* Reinforcing non-surgical interventions even for those very keen on surgical options
* Early referral to specialists for patients fixated on a surgical diagnosis or intervention
* Value in case conference time to get the patient onboard with biopsychosocial approach