

**Special Interest Report Platform Rapid 5 Presentation**  
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**THE PAINHEALTH WEBSITE: A WESTERN AUSTRALIAN POLICY-INTO-PRACTICE INITIATIVE TO DELIVER HOLISTIC, CONSUMER-FOCUSED BEST-EVIDENCE PAIN MANAGEMENT FOR PEOPLE WITH MUSCULOSKELETAL PAIN**

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**Background:** In Australia, musculoskeletal disorders are the leading cause of disease burden characterised by years lived with disability and second only to cancer for disability-adjusted life years. To help address this health burden, painHEALTH was developed for consumers with musculoskeletal pain and their treating interdisciplinary health professionals, to deliver best practice pain management.

**Purpose:** Development, evaluation and implementation of an online health platform to facilitate access to evidence-informed musculoskeletal pain management, aligned with contemporary health policy.

**Methods:** A policy-into-practice approach 4 phased approach was used:

**Phase 1:** the *interdisciplinary team* developed prototypes to optimise the delivery of content and user engagement with the website (look/feel, ease of navigation, interactivity). Information and navigation algorithms were developed to allow mapping and refinement of navigation pathways.

**Phase 2:** to inform content, evidenced-based information about musculoskeletal pain management was extracted and synthesised based on high quality, published literature (randomised controlled trials, systematic reviews, meta analyses, clinical guidelines, existing web-based resources, and our previous implementation studies).

**Phase 3:** quality assurance was assessed by evaluation of the website and the platform refined based on this feedback.

**Phase 4:** painHEALTH was implemented through WA Health channels and partner agencies. Phases 1–3 utilised an external reference group (health consumers ( $n = 8$ ); expert pain management clinicians/researchers ( $n = 10$ ); health policy officers ( $n = 3$ )) to provide evaluation data. Evaluation measures considered best practice for assessment of website quality were used (11 categories; numeric rating scale 0–100;

100 = best possible outcome) and responses to standardised questions (8 categories) measuring needs, language, content, functionality, interactivity, navigation, content accessibility, features were assessed using Likert scales (strongly disagree (1) to strongly agree (5)).

**Results:** The evaluation group rated the final website favourably ( $N = 18$ ; mean  $\pm$  SD (0–100) across 11 categories:  $90 \pm 6$ ). Responses to the majority of questions within the additional 8 categories indicated favourable outcomes (Likert median per category: 4.0–5.0). Phase 4 commenced with full implementation and ‘www’ access on April 11th 2013. As of October 14th 2014, painHEALTH had attracted 2,760,214 hits, with over 149,475 visitors (~30% returning), averaging 245 visitors per day in over 142 countries (50.9% Australian). Implementation ‘on-flow’, as an adjunct to usual care, has occurred naturally through uptake by pain medicine units, Rural Health Services, Medicare Locals, The Department of Veterans Affairs, and 5,100 community pharmacies.

**Conclusion(s):** painHEALTH uptake argues the need for innovation in health care, where consumers act as effective ‘agents of change’. Developing an online platform to deliver engaging, practical knowledge and integrated self-management skills in an accessible and sustainable way is critical given that musculoskeletal health is an Australian national health priority area.

**Implications:** painHEALTH helps to build health capacity through upskilling consumers and health professionals, and potentially improving the distribution of the health workforce by allowing seamless access, regardless of geographic location. Extending this approach to other chronic conditions and adapting the platform for use in various clinical settings is highly achievable.

**Keywords:** Musculoskeletal pain; Models of care; Health policy

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