

# Chronic pain virtual care toolkit

Pain Management Network

August 2023

The information in this document should not replace a clinician's professional judgement.

<b>Title</b>	Chronic pain virtual care toolkit		
<b>Replaces</b>	February 2015. Chronic pain virtual care toolkit		
<b>Revised</b>	April 2023. Review of evidence, minor changes throughout.		
<b>Next review</b>	2028		
<b>Produced by</b>	The ACI Pain Management Network		
<b>Preferred citation</b>	NSW Agency for Clinical Innovation. Chronic pain virtual care toolkit. Sydney: ACI; 2023		
TRIM ACI/D23/1096	SHPN (ACI) 230476	ISBN (ACI) 978-1-76023-569-7	ACI_8214 [08/23]

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## High-level summary

This toolkit supplements the [ACI Virtual Care website resources for clinicians and consumers](#) and provides information specific to clinicians delivering pain management services via virtual care in NSW hospitals.

Key points:

1. Virtual Care Service Model connects local health districts (LHDs) to primary care
2. Clinical financial considerations for a chronic pain virtual care clinic
3. High-level overview – comprehensive resource evaluation for clinicians using virtual care.

Resources are available from ACI Virtual Care to support health professionals and consumers with virtual care:

- [Virtual care in practice](#)
- [Virtual care: Implementation checklist](#)
- [Virtual care: Embedding safety in practice](#)
- [Virtual care: A guide to a successful virtual consultation](#)
- [Virtual care in open plan offices](#)
- [Using video conferencing for mental health consultations](#)
- Additional resources are available on the [Virtual Care Central](#) SharePoint site (login required).

This document has been updated with 2023 contemporaneous evidence in virtual care delivery with search terms including virtual care in NSW Health, virtual care, video conferencing and telephone-based Medicare Benefit Scheme items.

# Virtual care service model: connecting LHDs to primary care

## Clinical and financial considerations for a chronic pain virtual care clinic

### Introduction

Virtual care is a safe and effective way to provide specialist pain services. It is conducted using telephone or video conferencing. It is especially beneficial when consumers are in rural and remote areas that are not serviced by a local pain clinic. It is also convenient for patients living in a metropolitan area who are unable to leave home. The technology enables the continuity of care, with a broader engagement of the clinical team. It can include family and carers, regardless of their location. This makes it easier to coordinate consultations to ensure clinical decisions are made in partnership. When necessary, patients, carers and general practitioners (GPs) can forward diagnostic test results for review during virtual consultations.

The principles of virtual care have been developed to complement existing clinical principles and models of care, ensuring that care remains high quality, safe and consumer centred. The clinically appropriate provision of virtual care provides consumers with a choice on how they would like to receive their care. The ACI has developed a [series of virtual care resources](#) to support health professionals and consumer to access and use virtual care.

This document aims to:

- provide comprehensive guidance on implementing and delivering virtual care services between LHD pain services and GPs
- strengthen the connection within NSW Health pain services by connecting metropolitan pain services, offering comprehensive on-site services, with rural and remote LHDs without on-site pain services.

Key process and challenges that need to be considered in providing virtual care for chronic pain include:

- Financial considerations for pain services.
- Access to specialist evidence-based pain management within NSW Health.
- Facilitating virtual care connections with specialist pain management services and GPs.
- Providing appropriate pre-clinic and admission support, and triaging activity to primary care.
- Providing follow-up patient support and education, maximising health improvement outcomes.
- Providing support and training to healthcare professionals in regional, rural and remote areas.
- Removing the burden of travel for the patient by providing care closer to home. This avoids them having to travel for extended periods which may be difficult for people with chronic pain.

## The keys to success

Successful implementation of the virtual care service model in NSW pain services requires the following:

1. Patients are eligible for this service.
2. LHD staff comply with roles and responsibilities.
3. Patient privacy and confidentiality are maintained.
4. Documentation is completed.
5. Financial obligations are considered.

## 1. Eligibility for virtual care

For a NSW resident to access [Medicare funded virtual care](#), the following conditions are required:

- They must have a Medicare number.
- They must live less than 15km from the nominated (referred) pain clinic. The [Australian Standard of Geographical Classification Remoteness Area \(ASGC-RA 01\)](#) can be used to confirm the patient lies outside RA01.
- They must be a non-admitted patient (hospital or emergency department).
- Pain specialists, with or without a team of allied health professionals, speak to the patient via telephone or videoconferencing.
- Medicare activity-based funding requires that the healthcare provider is in a public hospital while delivering virtual care.

## 2. Roles and responsibilities for delivering pain management virtual care

### Pre-clinic

The pre-clinic preparation involves the following (refer to Table 1 for more detail).

- A phone or videoconference with the patient to plan for the virtual care consultation, and to document the patient's key issues.
- A phone or videoconference with the GP and/or practice management to discuss the key management strategies.

### Post-clinic

The post-clinic consultation could include the following.

- A phone or videoconference with the patient and their local primary care provider, GP, or case management team.
- The patient follows up with specific clinicians and disciplines, as documented in the management plan.

**Table 1: Roles and responsibilities**

Role	Responsibility		
	Pre-clinic	During clinic	Post-clinic
<b>Client</b>	<p>Engage with pain clinic via phone to arrange an appointment and a practice session</p> <p>Attend virtual care assessment with GP or case manager</p>	Attend the appointment	<p>Follow up recommendations in the management plan</p> <p>Participate in a review/evaluation process after the consultation</p>
<b>General practitioner</b>	<p>Provide a referral to nominated pain specialist within the pain clinic. This is essential if the client is funded by Medicare</p> <p>+/- engage with client and specialist team via teleconference</p> <p>Provide the results of relevant scans or investigations at least two days prior to virtual care consultation</p>		<p>Follow up recommendations from pain clinic</p> <p>+/- participate in post clinic review/evaluation teleconference</p> <p>Provide a local contact for any additional services recommended in the pain management plan</p>
<b>Case manager</b>	<p>Consult with all parties and arrange approval for services</p> <p>Engage with client and specialist team via teleconference</p>		<p>Follow up recommendations from pain clinic</p> <p>+/- participate in post clinic teleconference</p> <p>Provide a local contact for any additional services recommended in the pain management plan</p>

<b>Pain specialist</b>	Consult with client and GP	Assess client's pain and recommend appropriate pain management strategies  Communicate and delegate responsibility for follow up	Follow up with patient at identified interval(s) post assessment
<b>Physiotherapist</b>	Consult with patient, case manager and GP regarding pain presentation and strategies tried	Assess, discuss and demonstrate education in pacing and exercise	Follow up and support patient and local staff regarding implementation of recommended strategies
<b>Psychologist</b>	Consult with patient, case manager and GP regarding pain presentation and strategies tried	Perform psychology assessment, education regarding sleep, thoughts and mood	Follow up and support patient and local staff regarding implementation of recommended strategies
<b>Nurse</b>	Consult with patient, case manager and GP regarding pain presentation and strategies tried	Perform nursing assessment and provide education	Follow up and support patient and local staff regarding implementation of recommended strategies. Liaise with patient's carer as required

### 3. Privacy and confidentiality

Each site participating in the virtual care consultation needs to have a system of ensuring confidentiality during the virtual care intervention. This is best achieved by:

- using secure software for the consultations
- having a dedicated time and quiet space for virtual care interventions.

A private and confidential environment is key when conducting virtual care from a healthcare facility. It also applies when a clinician is working from home under an agreement of flexible work arrangements.

For further information about suitable environments to provide care refer to these specific resources:

- [Virtual care: A guide to a successful virtual consultation](#)
- [Virtual care in open-plan offices.](#)



## 4. Documentation

It is essential that documentation is completed during the same time by clinicians at both ends of the virtual care consultation in accordance with medico-legal requirements. It is essential to document the following in the patient's notes:

- Time and date of consultation
- Consent to care (consent to participate in a virtual consultation is not required unless the pain service requests consent for in-person care as a standard procedure)
- Mode of delivery and participants, and in the case of a hybrid consultation, note modality of participants
- Assessment and clinical findings
- Outcomes, recommended actions and responsibility for action specifically designated to individuals

## 5. Financial considerations

For general financial considerations refer to the [Virtual care in practice resource](#) (see page 34, Financial considerations).

For specific financial considerations and funding chronic pain services, note that individuals with chronic pain are funded via two key processes:

For specific financial considerations and funding chronic pain services, note that people with chronic pain are funded via two key processes:

- Medicare-funded individuals are billed through the Medicare Scheme, with a range of specific Medicare billing codes as shown in Table 2.
- Workers' compensation or compulsory third party (CTP) and public liability insurance funded patients require pre-approval for each of the service aspects. Also, attendance of the providers is required from the workers compensation insurer.

### Medicare Benefit Scheme funded pain virtual care services

Table 2 outlines Medicare-funded payments for virtual care for pain services (current at the time of publication). Up-to-date Medical Benefit Scheme (MBS) item information can be obtained from [MBS Online](#).

There are things clinicians need to be aware of regarding claiming the full scope of services when delivering pain services via virtual care to a non-admitted public patient.

Ensuring full payment for Medicare-funded virtual care pain services items is important. Occasions of Care (OOC) delivered by virtual care are an additional cost added to the pain management intervention provided to the patient at the time of the consultation.

## Example of how Occasions of Care delivered by virtual care are billed

Pain Intervention(s) OOC MBS Items that are usually delivered in-person	
<u>Virtual Care MBS item</u>	+
<b>Total MBS billed Occasion of (virtual) Care</b>	

This funding model acknowledges the time and complexity required by the pain management clinic to provide virtual care services. Other billing examples:

- **Bulk billed scenario:** A medical practitioner or specialist, nurse practitioner, practice nurse or allied health professional provides a virtual care consultation and intervention from a public hospital facility to a remotely located patient. In this instance the MBS item relating to the intervention used within the consultation is applied (same as the MBS item which is used for in-person consultations), and the MBS virtual care item is added to this episode of care.
- **Non-bulk-billed scenario:** Patient pays up front and claims back a part of payment via Medicare. The pain specialist sends the patient an invoice for the episode of care by post, the patient then pays and receives a rebate.
- **Bulk billed virtual care pain service delivered by distance pain specialist:** If a pain specialist wishes to bulk bill a patient there are multiple methods in which this can be done. The first method requires involvement from the referring practice, the final two do not.
  - The clinician with the patient fills out the assignment of benefit form on the specialist's behalf, obtains the patient's signature, and the practice sends it to Medicare.
  - The remote specialist sends the assignment of benefit form to the patient, who signs it and forwards it to Medicare.
  - The remote specialist can request an email agreement. In this case the remote specialist sends an email to the patient with details of the service, and the patient replies agreeing to assign the Medicare benefit. Follow the following steps to successfully obtain assignment of Medicare benefit by an email agreement from the patient.

**Email agreement: Patient assigns Medicare benefit to a pain specialist service in order to receive bulk-billed virtual care services**

For a patient to assign their right to a Medicare benefit to the clinician by email, they must complete the following steps.

**Step 1**

At the time of the virtual care video consultation, advise the patient that Medicare will be bulk billed for the service, and the patient will need to:

- agree to the service being bulk billed
- check the details in the email sent to their nominated email address, and
- reply to the email which will be considered a signature agreeing to assign the benefit.

**Step 2**

Before lodging the claim, send an email to the patient that includes specific details.

Note: due to privacy reasons, the Medicare card number and provider number must not be included in the email.

**Step 3**

Once the pain service has received a reply email from the patient with the correct information, the pain service is required to:

- Complete a bulk bill (assignment of benefit) noting 'email agreement' in the signature block. When the service notes 'email agreement' on the manual bulk bill (assignment of benefit) form, this indicates that all of these outlined steps have been followed.
- Submit the claim to Services Australia in accordance with MBS.
- Send a completed copy of the bulk bill (assignment of benefit) form to the patient.
- Securely store the email with the patient's consent and email signature (in hard copy or electronic form) for audit purposes for at least two years (for manually lodged claims only). For electronic claims, the email signature does not need to be noted, but you must keep the patient's email consent on file.

**Table 2: MBS videoconferencing items for pain service – MBS online** (current as at May 2023)

Pain specialist telehealth MBS group/sub-group	MBS item number	MBS online	Fee/MBS benefit (as at April 2023)
Group A24 - Pain and palliative medicine Subgroup 1 - Pain medicine attendances	2801	<a href="http://www9.health.gov.au/mbs/search.cfm?q=2801&amp;sopt=l">http://www9.health.gov.au/mbs/search.cfm?q=2801&amp;sopt=l</a>	Fee: \$161.90 Benefit: 75% = \$121.45 85% = \$137.65
Group A24 – Pain and palliative medicine Subgroup 1 – Pain medicine attendances	2806	<a href="http://www9.health.gov.au/mbs/search.cfm?q=2806&amp;sopt=l">http://www9.health.gov.au/mbs/search.cfm?q=2806&amp;sopt=l</a>	Fee: \$81.05 Benefit: 75% = \$60.80 85% = \$68.90
Group A4 - Consultant physician attendances to which no other item applies	110	<a href="http://www9.health.gov.au/mbs/search.cfm?q=110&amp;sopt=l">http://www9.health.gov.au/mbs/search.cfm?q=110&amp;sopt=l</a>	Fee: \$161.90 Benefit: 75% = \$121.45 85% = \$137.65
Group A4 - Consultant physician attendances to which no other item applies	116	<a href="http://www9.health.gov.au/mbs/search.cfm?q=116&amp;sopt=l">http://www9.health.gov.au/mbs/search.cfm?q=116&amp;sopt=l</a>	Fee: \$81.05 Benefit: 75% = \$60.80 85% = \$68.90
Group A4 - Consultant physician attendances to which no other item applies	119	<a href="http://www9.health.gov.au/mbs/search.cfm?q=119&amp;sopt=l">http://www9.health.gov.au/mbs/search.cfm?q=119&amp;sopt=l</a>	Fee: \$46.15 Benefit: 75% = \$34.65 85% = \$39.25
Group A4 - Consultant physician attendances to which no other item applies	132	<a href="http://www9.health.gov.au/mbs/search.cfm?q=132&amp;sopt=l">http://www9.health.gov.au/mbs/search.cfm?q=132&amp;sopt=l</a>	Fee: \$283.20 Benefit: 75% = \$212.40 85% = \$240.75
Group A4 - Consultant physician attendances to which no other item applies	133	<a href="http://www9.health.gov.au/mbs/search.cfm?q=133&amp;sopt=l">http://www9.health.gov.au/mbs/search.cfm?q=133&amp;sopt=l</a>	Fee: \$141.80 Benefit: 75% = \$106.35 85% = \$120.55

**Table 2 continued: MBS videoconferencing items for pain service – MBS online**  
(current as at May 2023).

GP service telehealth MBS group/sub-group	MBS item number	MBS online
Medicare Benefits Schedule - Note AN.1.1	Related Items: 91890 91891 91892 91893 91894 92210	<a href="http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&amp;q=AN.1.1&amp;qt=noteID&amp;criteria=telehealth=AN.1.1&amp;qt=noteID&amp;criteria=telehealth">http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&amp;q=AN.1.1&amp;qt=noteID&amp;criteria=telehealth=AN.1.1&amp;qt=noteID&amp;criteria=telehealth</a>

## Steps to implement virtual care model

This is a high-level overview of the steps that need to be taken to use virtual care to consult with a consumer who experiences chronic pain.

Number	Phase	Modality	Checklist
1.	Referral received	Referral	<input type="checkbox"/> Referral received for pain clinic <input type="checkbox"/> Pain team to consult with referring GP, specialist or therapist regarding patient's pain presentation, current and earlier strategies tried, appropriate investigations and documentation provided <input type="checkbox"/> Pain team to consult with patient to ensure willingness to attend virtual care service model
2.	Pre-appointment	Phone	<input type="checkbox"/> Pain team representative phones patient and GP to arrange date and coordination for set up <input type="checkbox"/> Link sent to parties <input type="checkbox"/> Test equipment – organise a quick test with the host user before the virtual care consultation
3.	Pre-appointment	Video-conference	<input type="checkbox"/> Introduce all attendees including their discipline and role <input type="checkbox"/> Introduce the purpose of the session <input type="checkbox"/> Establish verbal consent for care within pain services <input type="checkbox"/> Conduct assessment
4.	Post appointment	Phone	<input type="checkbox"/> Phone follow up by one or more members of the pain clinic team two weeks after the consultation
5.	Post appointment follow-up options	Video-conference	<input type="checkbox"/> Virtual care consultation options are as follows: <b>1 month</b> <ul style="list-style-type: none"> <li>• medical</li> <li>• physiotherapy</li> <li>• clinical psychology</li> <li>• nursing</li> </ul>

			<input type="checkbox"/> <b>2 months</b> <ul style="list-style-type: none"><li>• medical</li><li>• physiotherapy</li><li>• clinical psychology</li><li>• nursing</li></ul>
			<input type="checkbox"/> <b>3 months after clinic</b> - multidisciplinary virtual care
			<input type="checkbox"/> <b>6 months</b> <ul style="list-style-type: none"><li>• medical</li><li>• physiotherapy</li><li>• clinical psychology</li></ul>
			<input type="checkbox"/> <b>12 months</b> <ul style="list-style-type: none"><li>• medical</li><li>• physiotherapy</li><li>• clinical psychology</li></ul>