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Supplementary Material

Establishing consensus on key elements and implementation enablers of community-based pain programs to support primary health network decision making: an eDelphi study

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Survey 1 of 3: Establishing consensus on community-based consumer pain program best practice principles and implementation enablers

The aim of this eDelphi survey is to establish expert consensus on best practice principles and implementation enablers of community-based consumer pain programs. This will (1) allow existing programs to be mapped against these principles and enablers to identify the different models available and (2) support Primary Health Network (PHN) decision making on the implementation of these programs.

This is the first of three surveys that will be sent to you as part of this project. Each survey should take no more than 15 minutes to complete. Survey responses will be identifiable to the researchers, however any reporting of survey results will not contain any personal information.

The first page of questions will ask about demographic information so that we are able to describe our expert panel.

The second section will ask for your opinion on the relevance of 10 proposed best practice principles for community-based consumer pain program, followed by a section asking for your opinion on the relevance of 22 proposed implementation enablers. You will also have the opportunity to add to these lists.

Page 1 of 4

The following questions will allow us to describe our expert participant group

What is your highest level of education?

◯ PhD
◯ Post-graduate
◯ Tertiary
◯ High school
◯ Other
((select one))

What are your pain related roles?

☐ Academic with expertise in pain research
☐ Clinician that specialises in pain management
☐ Developer and/or commissioned provider of pain programs
☐ Executive level staff member of a peak pain agency
☐ Consumer advocate
☐ Other
((select all that apply))

Please describe your pain related role/s.

_____

How many years of experience do you have for the above indicated role/s?

◯ 0-5
◯ 5-10
◯ 10-15
◯ 15-20
◯ 20+
◯ N/A
((select one))

In what jurisdiction in Australia are you based?	◯ New South Wales ◯ Victoria ◯ Queensland ◯ Tasmania ◯ Western Australia ◯ South Australia ◯ Northern Territory ◯ Australian Capital Territory ((select one))
In what type of area is your professional activity conducted?	◯ Metropolitan area ◯ Regional area ◯ Metropolitan and regional areas ((select one))

Page 2 of 4

Thinking now about best practice 'principles' that have been identified as foundational to community-based consumer pain program design

Please indicate your opinion on the relevance of the below 10 proposed best practice principles of community-based consumer pain programs. You will have the opportunity to provide details or explanation for your responses at the bottom of this page.

Programs should:

	It should remain in the list (unchanged)	It should be removed from the list (it is not relevant to consumer pain programs)	It should be rephrased	It should be merged with another principle (basically they refer to the same thing)	It is an implementation enabler, NOT a principle (should be included in the other list)
1. Apply the biopsychosocial model of pain	○	○	○	○	○
2. Engage a multidisciplinary team	○	○	○	○	○
3. Provide group-based sessions with (or referrals to) individual consultations tailored to consumer needs	○	○	○	○	○
4. Target consumers with acute, subacute and/or chronic pain	○	○	○	○	○
5. Focus on active self-management strategies	○	○	○	○	○
6. Provide education about safe and effective use of pain medicine	○	○	○	○	○
7. Provide education, training and support for health care providers involved in programs	○	○	○	○	○
8. Ensure access for consumers of different backgrounds and locations	○	○	○	○	○
9. Provide consumer resources that are tailored to the local context	○	○	○	○	○
10. Include a plan for program monitoring and evaluation	○	○	○	○	○

Please provide any relevant justification or further explanation of your responses from the above proposed best practice principles (for example, if you indicated that a principle should be rephrased please explain how this should be worded)	_____
Please indicate whether there are any additional (up to five) best practice principles you think should be added to this list and provide a rationale for its inclusion	_____

Page 3 of 4

Thinking now about 'enablers' that have been identified for implementation and sustainability of community-based consumer pain programs

Enablers have been grouped as they relate to the following:
1. Program commissioning, governance & management (enablers a-c)
2. Health professional engagement, communication & support (enablers d-i)
3. Consumer engagement, communication & support (enablers j-p)
4. Quality improvement & evaluation (enablers q-u)
5. Costs, funding & other resource considerations (enabler v)

Please indicate your opinion on the relevance of the below 22 proposed implementation enablers of community-based consumer pain programs. You will have the opportunity to provide details or explanation for your responses at the bottom of this page.

PHNs commissioning consumer pain programs should:

1. Program commissioning, governance & management

	It should remain in the list (unchanged)	It should be removed from the list (it is not relevant to consumer pain programs)	It should be rephrased	It should be merged with another enabler (basically they refer to the same thing)	It is a best practice principle, NOT an enabler (should be included in the other list)
a. Consider adaptation of an existing program that addresses the best practice principles of community-based consumer pain programs	○	○	○	○	○
b. Appoint a champion (clinical local champions (for example, GPs with a special interest) and non-clinical champions (for example, consumers, managers, administrators, funders))	○	○	○	○	○
c. Establish a working group of program providers and other key advisors to help plan, implement and monitor the program	○	○	○	○	○

2. Health professional engagement, communication & support

	It should remain in the list (unchanged)	It should be removed from the list (it is not relevant to consumer pain programs)	It should be rephrased	It should be merged with another enabler (basically they refer to the same thing)	It is a best practice principle, NOT an enabler (should be included in the other list)
d. Establish links with local health districts, other relevant agencies and commissioned providers to establish health professional support networks and generate program referrals	○	○	○	○	○
e. Promote the program widely through PHN, health professional and other local agency communications	○	○	○	○	○
f. Establish standardised processes for referral into the program	○	○	○	○	○
g. Establish standardised processes for feedback of outcome data back to the referring doctor	○	○	○	○	○
h. Facilitate and/or support the setup of health professional networks for training and support to deliver the program (e.g. links with hospital pain specialists for clinical support)	○	○	○	○	○
i. Ensure program facilitators are trained in pain management	○	○	○	○	○

3. Consumer engagement, communication & support

	It should remain in the list (unchanged)	It should be removed from the list (it is not relevant to consumer pain programs)	It should be rephrased	It should be merged with another enabler (basically they refer to the same thing)	It is a best practice principle, NOT an enabler (should be included in the other list)
j. Include a pre-program session to provide education to patients about the program	○	○	○	○	○
k. Ensure group sessions include regular breaks for participants	○	○	○	○	○

l. Incorporate exercise or other active component (e.g. meditation) in addition to education in group sessions	○	○	○	○	○
m. Ensure resources provided to patients are accessible and user friendly	○	○	○	○	○
n. Consider the use of technology to expand access for patients that cannot attend group sessions (e.g. telehealth)	○	○	○	○	○
o. Consider targeting programs to specific population groups as local need requires (e.g. Aboriginal and Torres Strait Islander or culturally and linguistically diverse groups)	○	○	○	○	○
p. Consider linking participants with or establishing local support groups to promote long term behaviour change and patient engagement	○	○	○	○	○

4. Quality improvement and evaluation

	It should remain in the list (unchanged)	It should be removed from the list (it is not relevant to consumer pain programs)	It should be rephrased	It should be merged with another enabler (basically they refer to the same thing)	It is a best practice principle, NOT an enabler (should be included in the other list)
q. Consider establishing a partnership with a university for support with program evaluation	○	○	○	○	○
r. Consider adopting standardised data collection systems (for example, The Electronic Persistent Pain Outcomes Collaboration (ePPOC))	○	○	○	○	○

s. Establish key indicators to evaluate impact, and routinely collect data from patients before, during and after the program	○	○	○	○	○
t. Collect regular feedback from consumers, commissioned providers and other health professionals involved in the delivery of the program to evaluate program acceptance	○	○	○	○	○
u. Establish standardised processes for continuous improvement and adaptation of the program based on evaluation findings	○	○	○	○	○

5. Costs, funding and other resource considerations

	It should remain in the list (unchanged)	It should be removed from the list (it is not relevant to consumer pain programs)	It should be rephrased	It should be merged with another enabler (basically they refer to the same thing)	It is a best practice principle, NOT an enabler (should be included in the other list)
v. Where possible, minimise costs to the consumer to participate in the program	○	○	○	○	○

Please provide any relevant justification or further explanation of your responses from the above proposed implementation enablers (for example, if you indicated that an enabler should be rephrased please explain how this should be worded)

_____

Please indicate whether there are any additional (up to five) implementation enablers you think should be added to this list and provide a rationale for its inclusion

_____

Page 4 of 4

Feedback on this survey

Were the questions in this survey easy for you to complete?	◯ Very easy ◯ Easy ◯ Somewhat easy ◯ Difficult ◯ Very difficult ((select one))
Please provide any additional comments or feedback in relation to this survey	_____

Survey 2 of 3: Establishing consensus on community-based consumer pain program key elements and implementation enablers

Thank you again for completing the first of three eDelphi surveys to establish consensus on best practice principles and implementation enablers of community-based consumer pain programs. In the first survey we asked for your opinion on the relevance of 10 principles and 22 implementation enablers.

Based on feedback that several enablers were seen to be better suited to the list of best practice principles, the research team have reflected and decided to list the 'key elements' of community-based consumer pain programs to reflect aspects of program design that are best practice. In changing the list from 'principles' to 'key elements' we hope to produce a list for PHNs that can be practically applied when selecting or designing their own programs.

Based on the results from the first survey, the following changes have been made to the list of proposed key elements and enablers:

Key elements

3 remained the same6 were rephrased (1 merged with another element)9 were added from the list of enablers (including 2 enablers being merged with an existing element, and one being rephrased)2 new were addedEnablers

4 remained the same9 were rephrased9 were moved to the list of elements (including 2 enablers being merged with an existing element, and one being rephrased)1 new was addedThis has resulted in a list of 18 key elements and 14 enablers for consideration by the expert panel in round 2. In the second and third surveys we will be asking your opinion on the importance of these key elements and enablers. If there is agreement that proposed key elements or enablers are not important for community-based consumer pain programs, they will be removed from the list for round 3.

Like the first survey there will be an opportunity for you to provide any comments or feedback at the end of this survey. Thank you again for your commitment to this exercise.

Page 1 of 3

Thinking about the 'key elements' that have been identified as aspects of community-based consumer pain program design that are best practice

Key elements have been grouped as they relate to the following:
a. Multidisciplinary care (elements 1-4)
b. Led by health professionals (elements 5-6)
c. Consumer focused (elements 7-11)
d. Accessible and appropriate (elements 12-14)
e. Continuous improvement and evaluation (elements 15-18)

Please indicate your opinion on the importance of the below 18 proposed key elements of community-based consumer pain programs. You will have the opportunity to provide any relevant explanation for your responses at the bottom of this page.

Programs should:

a. Multidisciplinary care

	Essential (Must be part of consumer pain programs)	Very important (Should be there but not essential)	Of average importance (An important part of consumer pain programs, but its absence will not change the program dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)
1. Apply the biopsychosocial model of pain using a multidisciplinary approach	○	○	○	○	○
2. Focus on active self-management strategies and apply behaviour change principles	○	○	○	○	○
3. Incorporate exercise or other active component (e.g. meditation) in addition to education in group sessions	○	○	○	○	○
4. Provide education about safe and effective use of pain medicines, including opioids and complementary medicines	○	○	○	○	○

b. Led by health professionals

	Essential (Must be part of consumer pain programs)	Very important (Should be there but not essential)	Of average importance (An important part of consumer pain programs, but its absence will not change the program dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)
5. Be facilitated by primary health care professionals trained in pain management	○	○	○	○	○
6. Provide education, training and support for health care providers involved in programs	○	○	○	○	○

c. Consumer focused

	Essential (Must be part of consumer pain programs)	Very important (Should be there but not essential)	Of average importance (An important part of consumer pain programs, but its absence will not change the program dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)
7. Be tailored to consumers with acute, subacute and chronic pain	○	○	○	○	○
8. Provide group-based sessions with (or referrals to) individual consultations tailored to consumer needs	○	○	○	○	○
9. Engage consumers who have previously completed the program, or other experienced consumers, to validate the lived experience with pain	○	○	○	○	○
10. Be inclusive of family members and carers to help support consumers	○	○	○	○	○
11. Include a pre-program session to provide education to consumers and their families/carers about the program	○	○	○	○	○

d. Accessible and appropriate

	Essential (Must be part of consumer pain programs)	Very important (Should be there but not essential)	Of average importance (An important part of consumer pain programs, but its absence will not change the program dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)
12. Ensure access for consumers of different backgrounds and locations	○	○	○	○	○
13. Be tailored to Aboriginal and Torres Strait Islander people and CALD groups	○	○	○	○	○

14. Provide consumer resources that are tailored to the local context and consumer needs (e.g. acute vs. chronic pain, Aboriginal, Torres Strait Islander and CALD consumers)	○	○	○	○	○

e. Continuous improvement and evaluation

	Essential (Must be part of consumer pain programs)	Very important (Should be there but not essential)	Of average importance (An important part of consumer pain programs, but its absence will not change the program dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)
15. Include a plan for monitoring and evaluation, which may involve the adoption of standardised data collection systems and partnerships with local universities	○	○	○	○	○
16. Have key indicators to evaluate impact, and routinely collect data from consumers before, during and after the program	○	○	○	○	○
17. Collect regular feedback from consumers, commissioned providers and other health professionals involved in the delivery of the program to evaluate program acceptance	○	○	○	○	○
18. Include standardised processes for continuous improvement and adaptation based on evaluation findings	○	○	○	○	○

Please provide any relevant explanation for your responses above, or suggestions for any changes (e.g. rephrasing or merging) to the proposed key elements

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Page 2 of 3

Thinking now about 'enablers' that have been identified to enable implementation of community-based consumer pain programs through referral, uptake, retention, acceptance, feasibility or sustainability

Enablers have been grouped as they relate to the following:
a. Program commissioning, governance & management (enablers 1-3)
b. Health professional engagement, communication & support (enablers 4-8)
c. Consumer engagement, communication & support (enablers 9-12)
d. Costs, funding & other resource considerations (enablers 13-14)

Please indicate your opinion on the importance of the below 14 proposed implementation enablers of community-based consumer pain programs. You will have the opportunity to provide details or explanation for your responses at the bottom of this page.

PHNs commissioning consumer pain programs should:

a. Program commissioning, governance & management

	Essential (to implementation of consumer pain programs)	Very important (Should be there but not essential)	Of average importance (An important enabler of consumer pain program implementation, but its absence will not change implementation dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)
1. Consider adaptation of an existing program that incorporates the key elements of community-based consumer pain programs	○	○	○	○	○
2. Identify a local champion	○	○	○	○	○
3. Establish an advisory group of program providers and other key advisors to help plan, implement and monitor programs	○	○	○	○	○

b. Health professional engagement, communication & support

	Essential (to implementation of consumer pain programs)	Very important (Should be there but not essential)	Of average importance (An important enabler of consumer pain program implementation, but its absence will not change implementation dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)
4. Establish links with local health districts, other relevant agencies, primary health care providers and commissioned providers to establish health professional networks and generate program referrals	○	○	○	○	○
5. Promote the program widely through PHN, health professional and other local agency communications	○	○	○	○	○
6. Establish standardised processes for referral into the program	○	○	○	○	○
7. Establish standardised communication processes, including feedback of outcome data back to the referring doctor and other involved primary health care providers	○	○	○	○	○
8. Facilitate and/or support the setup of health professional training and support to deliver the program (e.g. links with hospital pain specialists for clinical support)	○	○	○	○	○

c. Consumer engagement, communication & support

	Essential (to implementation of consumer pain programs)	Very important (Should be there but not essential)	Of average importance (An important enabler of consumer pain program implementation, but its absence will not change implementation dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)
9. Ensure group sessions include regular breaks for participants	○	○	○	○	○
10. Ensure resources provided to patients are accessible and user friendly (e.g. via multiple media sources such as printed materials, emails, online videos, telephone or interactive videoconferencing)	○	○	○	○	○
11. Consider the use of technology to expand access for patients that cannot attend group sessions (e.g. telehealth-based programs)	○	○	○	○	○
12. Consider linking participants with or establishing local support groups facilitated by a health care provider to promote long term behaviour change and patient engagement	○	○	○	○	○

d. Costs, funding and other resource considerations

	Essential (to implementation of consumer pain programs)	Very important (Should be there but not essential)	Of average importance (An important enabler of consumer pain program implementation, but its absence will not change implementation dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)

13. Where possible, minimise costs to the consumer to participate in the program	○	○	○	○	○
14. Consider a range of funding streams or combining funding from multiple streams including chronic disease, mental health and alcohol and other drugs in addition to co-commissioning opportunities with in-kind support from other agencies	○	○	○	○	○

Please provide any relevant explanation for your responses above, or suggestions for any changes (e.g. rephrasing or merging) to the proposed implementation enablers

_____

Page 3 of 3

Feedback on this survey

Were the questions in this survey easy for you to complete?	◯ Very easy ◯ Easy ◯ Somewhat easy ◯ Difficult ◯ Very difficult ((select one))
Please provide any additional comments or feedback in relation to this survey	_____

Survey 3 of 3: Establishing consensus on community-based pain program key elements and implementation enablers

Thank you again for completing the first two of three eDelphi surveys to establish consensus on best practice key elements and implementation enablers of community-based pain programs.

All key elements and enablers reached agreement in the second survey. Based on feedback from several participating experts, two key elements have been reworded as detailed below:

Key element 7: Be tailored to consumers with persisting pain (subacute or chronic) to address key issues and focus on awareness and prevention of pain-related disability

Key element 13: Be tailored to Aboriginal and Torres Strait Islander people and CALD groups with persisting pain, acknowledging language, cultural norms and appropriate engagement pathways.

This third and final survey is asking for your opinion on the importance of all key elements and enablers, this time with knowledge of the results from survey 2. You should have received an individualised report detailing the overall results from survey 2 alongside your individual responses.

We encourage you to review the survey 2 results summary before completing this survey.

There will be an opportunity for you to provide any comments or feedback at the end of this survey. Thank you again for your commitment to this exercise.

Page 1 of 3

Thinking about the 'key elements' that have been identified as aspects of community-based pain program design that are best practice

Key elements have been grouped as they relate to the following:
a. Multidisciplinary care (elements 1-4)
b. Led by health professionals (elements 5-6)
c. Consumer focused (elements 7-11)
d. Accessible and appropriate (elements 12-14)
e. Continuous improvement and evaluation (elements 15-18)

Please indicate your opinion on the importance of the below 18 key elements of community-based pain programs. You will have the opportunity to provide any relevant explanation for your responses at the bottom of this page.

Programs should:

a. Multidisciplinary care

	Essential (Must be part of community pain programs)	Very important (Should be there but not essential)	Of average importance (An important part of community pain programs, but its absence will not change the program dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)

1. Apply the biopsychosocial model of pain using a multidisciplinary approach	○	○	○	○	○
2. Focus on active self-management strategies and apply behaviour change principles	○	○	○	○	○
3. Incorporate exercise or other active component (e.g. meditation) in addition to education in group sessions	○	○	○	○	○
4. Provide education about safe and effective use of pain medicines, including opioids and complementary medicines	○	○	○	○	○

b. Led by health professionals

	Essential (Must be part of community pain programs)	Very important (Should be there but not essential)	Of average importance (An important part of community pain programs, but its absence will not change the program dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)
5. Be facilitated by primary health care professionals trained in pain management	○	○	○	○	○
6. Provide education, training and support for health care providers involved in programs	○	○	○	○	○

c. Consumer focused

	Essential (Must be part of community pain programs)	Very important (Should be there but not essential)	Of average importance (An important part of community pain programs, but its absence will not change the program dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)

7. Be tailored to consumers with persisting pain (subacute or chronic) to address key issues and focus on awareness and prevention of pain-related disability	○	○	○	○	○
8. Provide group-based sessions with (or referrals to) individual consultations tailored to consumer needs	○	○	○	○	○
9. Engage consumers who have previously completed the program, or other experienced consumers, to validate the lived experience with pain	○	○	○	○	○
10. Be inclusive of family members and carers to help support consumers	○	○	○	○	○
11. Include a pre-program session to provide education to consumers and their families/carers about the program	○	○	○	○	○

d. Accessible and appropriate

	Essential (Must be part of community pain programs)	Very important (Should be there but not essential)	Of average importance (An important part of community pain programs, but its absence will not change the program dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)
12. Ensure access for consumers of different backgrounds and locations	○	○	○	○	○
13. Be tailored to Aboriginal and Torres Strait Islander people and CALD groups with persisting pain, acknowledging language, cultural norms and appropriate engagement pathways	○	○	○	○	○

14. Provide consumer resources that are tailored to the local context and consumer needs (e.g. acute vs. chronic pain, Aboriginal, Torres Strait Islander and CALD consumers)	○	○	○	○	○

e. Continuous improvement and evaluation

	Essential (Must be part of community pain programs)	Very important (Should be there but not essential)	Of average importance (An important part of community pain programs, but its absence will not change the program dramatically)	Of little importance (Nice to have it, but won't be missed if it's not included)	Not important at all (Remove from the list)
15. Include a plan for monitoring and evaluation, which may involve the adoption of standardised data collection systems and partnerships with local universities	○	○	○	○	○
16. Have key indicators to evaluate impact, and routinely collect data from consumers before, during and after the program	○	○	○	○	○
17. Collect regular feedback from consumers, commissioned providers and other health professionals involved in the delivery of the program to evaluate program acceptance	○	○	○	○	○
18. Include standardised processes for continuous improvement and adaptation based on evaluation findings	○	○	○	○	○

Please provide any relevant explanation for your responses or suggested changes to the list of key elements _____

Page 2 of 3

Thinking now about 'enablers' that have been identified to enable implementation of community-based pain programs through referral, uptake, retention, acceptance, feasibility or sustainability

Enablers have been grouped as they relate to the following:
a. Program commissioning, governance & management (enablers 1-3)
b. Health professional engagement, communication & support (enablers 4-8)
c. Consumer engagement, communication & support (enablers 9-12)
d. Costs, funding & other resource considerations (enablers 13-14)

Please indicate your opinion on the importance of the below 14 implementation enablers of community-based pain programs. You will have the opportunity to provide details or explanation for your responses at the bottom of this page.

PHNs commissioning community pain programs should:

a. Program commissioning, governance & management

	Essential (to implementation of community pain programs)	Very important (should be there but not essential)	Of average importance (an important enabler of community pain program implementation, but its absence will not change implementation dramatically)	Of little importance (nice to have it, but won't be missed if it's not included)	Not important at all (remove from the list)
1. Consider adaptation of an existing program that incorporates the key elements of community-based pain programs	○	○	○	○	○
2. Identify a local champion	○	○	○	○	○
3. Establish an advisory group of program providers and other key advisors to help plan, implement and monitor programs	○	○	○	○	○

b. Health professional engagement, communication & support

	Essential (to implementation of community pain programs)	Very important (should be there but not essential)	Of average importance (an important enabler of community pain program implementation, but its absence will not change implementation dramatically)	Of little importance (nice to have it, but won't be missed if it's not included)	Not important at all (remove from the list)
4. Establish links with local health districts, other relevant agencies, primary health care providers and commissioned providers to establish health professional networks and generate program referrals	○	○	○	○	○
5. Promote the program widely through PHN, health professional and other local agency communications	○	○	○	○	○
6. Establish standardised processes for referral into the program	○	○	○	○	○
7. Establish standardised communication processes, including feedback of outcome data back to the referring doctor and other involved primary health care providers	○	○	○	○	○
8. Facilitate and/or support the setup of health professional training and support to deliver the program (e.g. links with hospital pain specialists for clinical support)	○	○	○	○	○

c. Consumer engagement, communication & support

	Essential (to implementation of community pain programs)	Very important (should be there but not essential)	Of average importance (an important enabler of community pain program implementation, but its absence will not change implementation dramatically)	Of little importance (nice to have it, but won't be missed if it's not included)	Not important at all (remove from the list)
9. Ensure group sessions include regular breaks for participants	○	○	○	○	○
10. Ensure resources provided to patients are accessible and user friendly (e.g. via multiple media sources such as printed materials, emails, online videos, telephone or interactive videoconferencing)	○	○	○	○	○
11. Consider the use of technology to expand access for patients that cannot attend group sessions (e.g. telehealth-based programs)	○	○	○	○	○
12. Consider linking participants with or establishing local support groups facilitated by a health care provider to promote long term behaviour change and patient engagement	○	○	○	○	○

d. Costs, funding and other resource considerations

	Essential (to implementation of community pain programs)	Very important (should be there but not essential)	Of average importance (an important enabler of community pain program implementation, but its absence will not change implementation dramatically)	Of little importance (nice to have it, but won't be missed if it's not included)	Not important at all (remove from the list)

13. Where possible, minimise costs to the consumer to participate in the program	○	○	○	○	○
14. Consider a range of funding streams or combining funding from multiple streams including chronic disease, mental health and alcohol and other drugs in addition to co-commissioning opportunities with in-kind support from other agencies	○	○	○	○	○

Please provide any relevant explanation for your responses or suggested changes to the list of implementation enablers

Page 3 of 3

Feedback on this survey

Were the questions in this survey easy for you to complete?	◯ Very easy ◯ Easy ◯ Somewhat easy ◯ Difficult ◯ Very difficult ((select one))
Please provide any additional comments or feedback in relation to this survey	_____