

# Development of an on-line group pain management programme in Aotearoa NZ: iSelf-Help

Wellington Regional Pain Management Service

***Ehara taku toa i te toa takitahi engari he toa takimano***

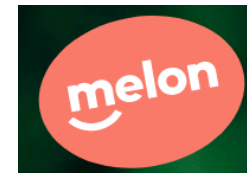
*My strength is not that of an individual but that of the collective*

Capital, Coast and Hutt Valley

**Te Whatu Ora**  
Health New Zealand



Centre for Health, Activity,  
and Rehabilitation Research  
*School of Physiotherapy*

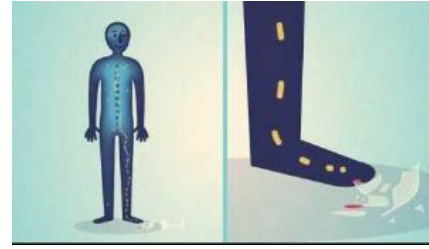


# Abstract



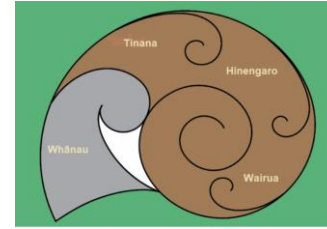
- Context: Persistent or chronic non-cancer pain affects one in five people in Aotearoa New Zealand (AoNZ). Māori, people living in areas of high deprivation and adults over 65 years are at greatest risk.
- Challenge: Best practice recommends non-pharmacological approaches and group-based Pain Management Programmes (PMPs) for long-term improvements in persistent pain-related disability. However, there are cultural and geographical barriers and travel and time-based challenges that can exclude people from accessing in-person delivered group PMPs
- Outcome: Co-design of a culturally-responsive, online-delivered, group pain management programme (iSelf-help) for people with persistent pain that would provide an “as good as” education and support for participants as the in-person group, as evidenced by equitable outcomes.

# Outcomes



- The finalised version of iSelf-help is comprised of 12 online modules and a dedicated welcoming page.
- Each module includes: short videos explaining the key concepts for each topic, animations, patient stories, written information, illustrated texts and evidence summaries.
- Hosted by the Melon Health platform the group has access to a closed and moderated community chat. The modules are opened sequentially on a weekly basis and two on-line facilitated group Zoom sessions are available to the group every week. One session is facilitated by a patient partner of the Participatory Action Research (PAR) team and the other session is facilitated by a Wellington Regional Pain Service (WPRS) Allied Health clinician.
- Randomised Control Trial commenced 2019, final cohort completed May 2022. Results currently being collated and analysed

# Addressing Health Inequities



- Co-created with patients: A participatory action research (PAR) framework. The PAR team included patient partners who had previously completed an in-person PMP group at the WRPS, WRPS Pain Management clinicians, health researchers, and digital health experts. The co-creation process was held over a period of nine months.
- Cultural responsiveness and safety: Co-creation included three focus groups comprised of Māori living with persistent pain in collaboration with Tu Kotahi Māori Asthma and Research Trust. All contents were reviewed by a Health literacy expert and some key contents were translated into Te Reo.
- All contents were finalised through iterative discussion among the PAR team and consultation with Māori whānau. The preliminary version of iSelf-help was tested with the PAR group patient partners and Māori living with persistent pain and their feedback was incorporated into the final version.

# Implementation / Translation to Practice

- This on-line group platform is the first in NZ to provide an Allied Health clinician facilitated programme, co-designed with past group participants and Māori whānau, and with clinician and peer support via group Zoom sessions and a moderated community chat.
- There are transferable skills for facilitators moving from in person to on-line group programmes but new and different skills are needed as well and some different challenges come with the on-line setting
- Potential to roll out nationally under Te Whatu Ora – Health New Zealand. Not essential for facilitating clinicians to be in same geographical area or community as participants.
- A nationally accessible on- line platform funded by Te Whatu Ora – Health New Zealand would be ideal rather than outsourcing to a private platform

Kia whakairia te tapu  
Kia wātea ai te ara  
Kia turuki whakataha ai  
Haumi e. Hui e. Tāiki e!

Restrictions are moved aside  
So the pathways are clear  
To return to everyday activities

- Are there any policy or practice implications as a result?
- If so, what levers would support this change?