



# 2018-19 Pre-Budget Submission

December  
2017

**pain**australia  
working to prevent and manage pain

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# EXECUTIVE SUMMARY

Australia's response to our nation's pain burden is at a critical juncture.

The social and economic cost of one in five Australians aged under 65 and one in three Australian aged over 65 living with chronic pain (ongoing or recurrent pain) is significant. It includes financial and social exclusion, poor quality of life and impact on mental health for those living with pain and their families, and reduced productivity for the nation.

Recently, the Productivity Commission recommended a health system reboot to focus service delivery on integrated and patient-centred care, which could save the economy up to \$140 billion over the next 20 years.<sup>1</sup>

With chronic pain costing the economy at least \$34 billion<sup>2</sup> a year – our third most costly health burden<sup>3</sup> and the leading cause of early retirement and absenteeism<sup>4</sup> – our response to pain is a critical priority and requires a more effective response. The Global Burden of Disease Study (2013) revealed that lower back pain was a leading cause of years lived with disability (YLDs) between 1990 and 2013.<sup>5</sup> As our population ages and chronic conditions rise, the prevalence of chronic pain will only increase.

Recent and necessary changes to codeine regulation highlight the large number of Australians dependent on pain medications who are not accessing, or are not aware of, alternative pain management strategies and treatments.

Without a national strategy on pain, we will continue to rely on pain medications including opioids. The misuse of these medications is already having a deep impact. The United States faces an opioid addiction crisis fuelled by the misuse of prescription medications, but this is also a significant issue for Australia<sup>6</sup>, particularly in regional areas<sup>7</sup> where there are limited pain services<sup>7</sup>. Ongoing misuse of opioids is costing our health system<sup>8</sup>.

To date, our national response to more effectively prevent and manage our pain burden has been fragmented. It has been a missing link within broader national conversations on the ageing of our population, prevention and early intervention to reduce chronic conditions, reducing cost of health care and increasing productivity.

By making pain a national priority for policy change, we have an opportunity for a different outcome.



Together with high-level national priority setting for the long term, a number of key proposals are outlined in this submission that can be readily developed or upscaled in the short and medium term.

The adoption of these priorities will light the path towards a reinvigorated and longer term national pain strategy that seeks to empower consumers, prevent and intervene early, expand treatment services, build capacity in our workforce, minimise impact in our workplaces and better understand the impact of pain and how we can best respond.

In preparing this submission, Painaustralia is mindful of the fiscal environment and several proposals may leverage existing investments being made at a state level or other key partners, and utilise and enhance existing primary health care services, while significantly reducing health costs.

In 2010, Australia was the first country in the world to develop a national framework for pain, as 200 delegates gathered to develop a National Pain Strategy which provides a blueprint for the treatment and management of acute, chronic and cancer pain. Pain medicine is an independent medical speciality and our education and research programs are internationally recognised. We must harness the opportunity of our collective local knowledge and expertise.

With the nation's pain burden increasing, now is the time for the Australian Government to work with Painaustralia and the pain sector, to advance a national response to this costly health challenge.

# 2018-19 PRE-BUDGET SUBMISSION TABLE

PRIORITY OBJECTIVE	PROPOSAL	COST
Priority Objective: Minimising our pain burden is a national priority	Proposal 1: Update the National Pain Strategy to ensure it reflects best practice	\$500,000 over 2 years
Priority Objective: Empowering consumers through awareness and promotion	Proposal 2: Support a national web-based consumer support network	\$500,000 over 2 years
Priority objective: Preventing persistent chronic pain and reducing opioid misuse	Proposal 3: National Summit to reduce opioid use	\$500,000
	Proposal 4: Develop a national strategy to reduce opioid use after discharge from hospital	\$1,750,000  (\$250,000 to develop a national scheme (noting costs should be shared between jurisdictions in view of the development of a national real-time prescription monitoring scheme)  \$1,500,000 over three years to monitor and evaluate the program)
	Proposal 5: Develop national standardised pain and rehabilitation programs for recovery after surgery	\$250,000
Priority Objective: Minimising the impact of pain on the workforce and productivity	Proposal 6: Implement a national approach to better support people to return to work following an injury that includes early intervention and multidisciplinary pain management pathways	\$200,000 over three years
Priority objective: Expanding pain treatment and consumer support including regional services and priority groups	Proposal 7: Evaluate offering of online pain management support programs for consumers	\$250,000
	Proposal 8: Establish a mini-pain program model for adoption across rural and regional areas	\$1,000,000 over three years
	Proposal 9: Expand telehealth options to support more pain services in regional areas	\$1,000,000
	Proposal 10: Develop a pain management program for people living in residential aged care	\$300,000  (\$150,000 to develop a national guide  \$150,000 to distribute APS RACP Management Guidelines)
Priority Objective: Building capacity of the health and aged care sector to integrate pain management in practice	Proposal 11: Expand training opportunities for medical professionals	\$1,500,000 over three years (to train 200 staff)
	Proposal 12: Develop a specific pain management training program for aged care workers	\$200,000 over two years
Priority Objective: Understanding pain, its impact and how we can best respond through research and evaluation	Proposal 13: Secure the continuous improvement of pain services through the Electronic Persistent Pain Outcomes Collaboration (ePPOC)	\$3,350,000 over three years  (\$3,000,000 over 3 years to secure a national ePPOC (to be shared with the states and territories).  \$250,000 to support the development of a model to adopt ePPOC in a primary health setting.  \$100,000 to pilot participation in the national ePPOC by interested primary health care providers).
	Proposal 14: Update and deepen our understanding of the economic cost of pain	\$150,000
	Proposal 15: Immediate release and analysis of ABS data on pain in the National Health Survey	\$10,530 (costing provided by ABS)
	Proposal 16: Support pain medicine as a strategic priority for disbursement from the Medical Research Future Fund (MRFF)	\$500,000 to fund a priority project that focuses on pain
		<b>TOTAL: \$11,960,530 (2018-19 to 2020-21)</b>

# ABOUT PAINAUSTRALIA

**P**ainaustralia is the leading national peak body to develop and inform national pain strategies and policies and was formed in 2011 to work with government, health professional and consumer stakeholders to facilitate implementation of the National Pain Strategy.

Painaustralia's primary mission is to improve the quality of life for people with pain and their families and minimise the burden of pain on individuals and the community. Effectively tackling pain – as a complex physical, psychological and environmental condition – is in the interest of every Australian.

With over 150 members and partners across a diverse range of stakeholders including consumers, medical specialists, pharmacists, academics, carers,

pharmaceutical companies, allied health professionals and others with an interest in pain, Painaustralia consults our network widely to inform practical and strategic solutions to address this complex and widespread issue.

Painaustralia also provides essential sources of information for consumers, medical practitioners and researchers.



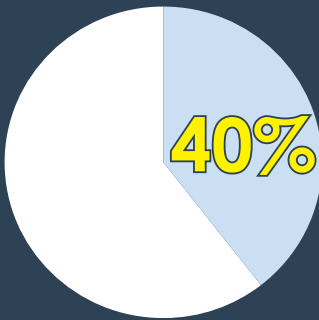
**painaustralia**  
working to prevent and manage pain

## Acknowledgement

This submission has been informed by our network including our remarkable pain specialists, medical practitioners and allied health practitioners, researchers and academics, consumers and carers working to improve the lives of Australians, their families and strengthen communities to minimise our pain burden. We thank them for their contribution.

# Australia's pain burden: a snapshot

**1** in **5** GP consultations involve a patient with chronic pain.

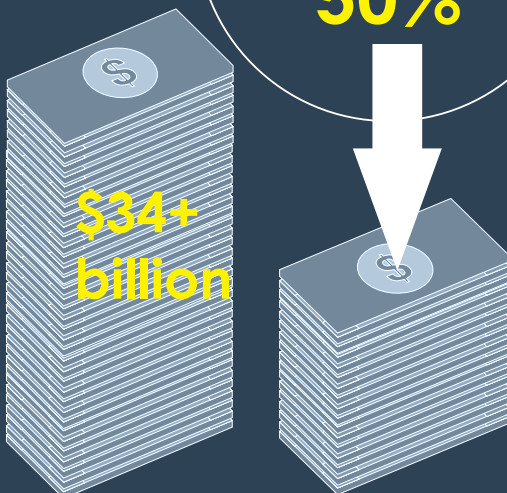


**40%** of forced early retirements in people of working age are due to chronic pain.

Chronic pain costs the Australian economy **\$34+ billion** per year.

Effective and timely treatment could reduce this cost by

**50%**



## Chronic pain affects:

**1** in **5** Australians (including kids and teens)



**1** in **3** over 65



**80%** of aged care residents



**30-40%** of Australians with chronic pain presenting for treatment have major depression.

Suicidal behaviour is **2-3** times higher in people with chronic pain than the general population worldwide.



# PAINAUSTRALIA BUDGET 2018-19 PRIORITIES

## Priority Objective: Minimising our pain burden is a national priority

### Proposal 1 - Update the National Pain Strategy to ensure it reflects best practice

The National Pain Strategy, launched seven years ago, provided a blueprint for the treatment and management of acute, chronic and cancer pain and is an important resource for specialists, health care administrators and state departments of health, who have made some investments in response to the Strategy.

The Strategy's objectives, developed by a broad coalition of stakeholders, remain relevant today, as well as the key priorities for reform and investment.

However, it is vital the Strategy remains a living and useful document for specialists, practitioners and policy makers and resources are required to ensure the Strategy can be most effectively used in training and professional development settings.

This could include ensuring policy developments are reflected in the Strategy, like the National Strategic Framework for Chronic Conditions and the Medicare Benefits Schedule Review, as well as emerging health issues, like over-reliance on pain medications.

A refresh of the strategy for specialists would provide a useful resource for those working and training in pain medicine, as well as an important touchstone to policy makers and the opportunity to update them on current models of care and emerging evidence, including best-practice in the international context.

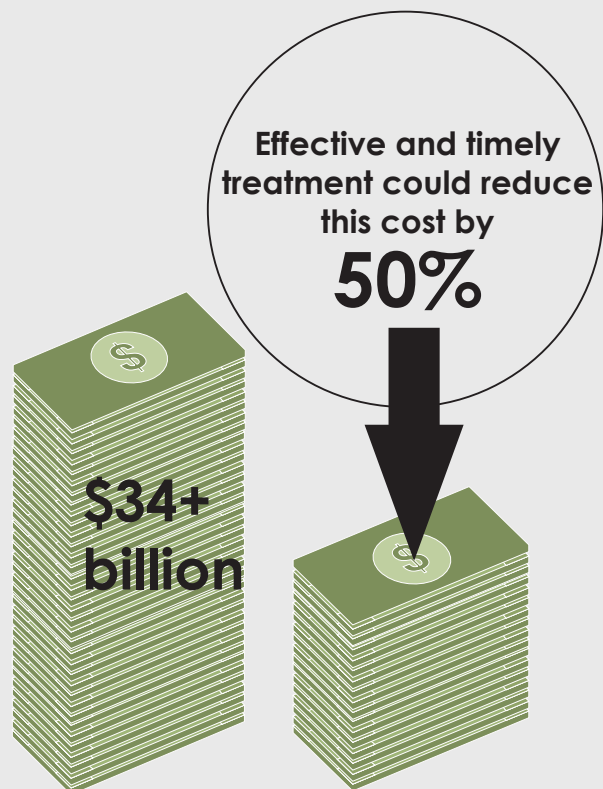
It would also provide an update to governments and inform policy makers about key trends, evidence and best-practice treatments and support for pain. It could also be applied across the public and private sectors, as well as provide an overarching framework across levels of government that each have a role in ensuring the Strategy's objectives are met.

The process to update the Strategy requires consultation and engagement across the pain medicine and services sector including specialists, consumers and researchers and the many health professionals who provide multidisciplinary pain services.

Painaustralia through its extensive network of consumers, medical specialists, pharmacists, academics, carers, pharmaceutical companies, allied health professionals and others with an interest in pain is best placed as the leading national peak to bring the key stakeholders together to inform and coordinate the update of the Strategy. Painaustralia would also provide updates to governments and policy makers on the outcomes.

**Cost: \$500,000 over 2 years**

Chronic pain costs the Australian economy **\$34+ billion** per year.



## Priority Objective: Empowering consumers through awareness and promotion

### Context:

Knowledge is critical to empowering and supporting people with pain and their carers to be proactive in managing their pain.

Timely, accurate and accessible information can transform the way consumers seek and receive best-practice treatment and support and it is vital to enabling self-management. There is strong evidence that greater health literacy is associated with a reduction in health costs and use of health services.<sup>9</sup>

Greater awareness in the community is also important in reducing stigma and exclusion of people with pain from work and other activities.

The changes to codeine rescheduling from 1 February 2018, the need for greater understanding about the limited evidence of medicinal cannabis, and growing awareness of the issues with pain medications continue to highlight Australia's pain burden.

Active engagement of consumers, including better self-management that is supported by technology, is a key outcome sought through the National Strategic Framework for Chronic Conditions.

### Case study:

#### Empowering Consumers and Carers in the Kimberley

For Indigenous communities in rural and remote Australia, particularly those with no access to pain clinics or telehealth services, chronic pain management becomes a case of knowledge sharing. In 2015, the Unity of First People of Australia (UFPA) partnered with Essential Pain Management (EPM), a pain management education program, to provide training to a group of 'Cultural Carers' who were identified as key individuals in Kimberley communities. Topics addressed included: what is pain; why should we treat pain; simple classification of pain; pain treatment (focusing on non-drug strategies), self-management; the importance of exercise; and barriers to treatment. Carers were able to understand the impact of pain on family relationships and how managing pain can help entire families, and then return to their communities and share what they had learned. Feedback from the training day was very positive, with all participants stating the EPM had improved their understanding of pain, their ability to assess it, and their willingness to talk about pain within their communities.

## Proposal 2 - Support a national web-based consumer support network

A national online network that provides the community with access to the most up to date information about treatment options, pain management tools and link consumers and their carers is required.

Currently, online information hubs and support networks for Australians with pain are disparate, with varying levels of support provided by volunteers, industry, clinical networks and state governments for a range of different online consumer activities. Some existing resources requires assessment to ensure they are reliable and accurate.

With the knowledge of clinicians, researchers and consumers as well as a network of consumers, Painaustralia is well placed to provide a reputable, up to date and connected information hub. Examples of existing sites provided at a state level include the Pain Management Network<sup>10</sup> delivered by the Agency for Clinical Innovation (ACI) in NSW (funded through the NSW Pain Plan 2012-2016, as part of integrated services model which improving outcomes for patients in comparison with other states).

The online network would include:

- information about pain and best practice treatment options
- the most up to date information about where to seek help, including local health care net works
- self-check tools to help consumers screen for risk factors
- resources for consumers to actively manage their pain
- real-life stories from consumers about how they manage their pain and remain engaged in life and work
- interviews with leading health professionals
- information for health professionals and a community of practice
- an online forum to connect consumers, carers and other people affected by pain
- information for priority groups, including Aboriginal and Torres Strait Islander Australians, culturally and linguistically diverse (CALD) groups, children and young people and older people, and will include advice to specialists who work with these groups.

**Cost: \$500,000 over 2 years**



## Priority Objective: Preventing persistent chronic pain and reducing opioid misuse

### Context:

Significant health benefits and cost savings to the economy will arise from greater emphasis on prevention and the early intervention in the treatment and management of pain. Prevention and early intervention are a critical part of best practice model of care to:

- prevent people transitioning from acute to chronic pain;
- reducing use of medication, including opioids and other analgesics;
- support people to return and continue work, family and recreation activities.

Prevention and early intervention activities need to be applied in a range of settings:

- employment settings;
- primary and secondary health care
- tertiary care, including acute hospital care;
- the community;
- by individuals

Prevention is a key priority area of the National Strategic Framework for Chronic Conditions.

### Case study:

#### Multidisciplinary Pain Management

At the age of 34, father-of-two Peter Panagiotopoulos injured his back in a work accident. He started taking Panadeine Forte and ended up on a cocktail of opioids. The medication made him depressed and anxious and this put a strain on his marriage. Peter says: "I was in a zombie-like state for at least two years. I had been looking for a magic potion but when I realised my condition was here to stay, I decided to get off the medication and do something to help my pain. I participated in a three-week intensive pain management program called ADAPT at Royal North Shore Hospital and with my hard work and the help of the facilitators, I stopped all medication within the first week. I was given the understanding and tools to manage my pain a different way. Today I still have pain, but I can cope with it using daily meditation, stretches and walks. I have a whole different perspective on pain. For me ADAPT was a God-send, my enthusiasm for life has come back."

### Proposal 3 - National summit to reduce opioid use

Between 1992 and 2012, opioid dispensing increased 15-fold (500,000 to 7.5 million)<sup>11</sup> with associated costs to the Australian Government increased 32-fold (\$8.5 million to \$271 million), while opioid-related harms, hospitalisations and accidental deaths also increased.<sup>12</sup>

People with unmanaged or poorly managed chronic pain are at risk of drug dependence and misuse, as well as accidental overdose – despite opioids being largely ineffective for chronic pain.

We acknowledge the positive steps being taken by the Australian, state and territory governments to a national roll-out of real time prescription monitoring, a range of other strategies led at the national level is required to address the urgent public health challenge of rising opioid use facing Australia and the rest of the developed and the needless loss of life from misuse of these drugs.

Opioids caused the largest number of drug-induced deaths since the 1990s,<sup>13</sup> while people with chronic pain continue to go without alternative treatments and support that reduce the need for opioid and other pain medications.

A range of stakeholders and policy levers are required to stem the rise of the misuse of opioids and other medications like benzodiazepines associated with rising addictions and deaths.

A national summit that brings together the key health, medical, research and consumer groups, with key leadership and engagement from the Federal Government, can identify key objectives and actions that are needed to minimise the harms being caused by opioids.

It is vital this conversation take place in the short term to address this urgent public health challenge.

With Australia's mix of leading pain specialists, clinicians, researchers including international leading organisations like the National Drug and Alcohol Research Centre (NDRAC) and broad commitment to the National Pain Strategy, we have a unique opportunity to demonstrate what can be done at a local and national level to address this growing international concern.

**Cost: \$500,000**

## Priority Objective: Preventing persistent chronic pain and reducing opioid misuse

### Proposal 4 - Develop a national strategy to reduce opioid use after discharge from hospital

A national scheme for discharge prescription monitoring of pain medications in all Australian hospitals would involve developing a toolkit and software that can be made readily available.

By developing a national guide and software package that public and private hospitals can quickly and easily adopt, the first steps can be taken to act on this most urgent public health issue.

This could draw on existing models such as St Vincent Hospital in Sydney's Opioid Stewardship program: a new approach to opioid discharge prescribing and a scheme in place at the Royal Adelaide Hospital, while enabling a nationally consistent scheme to be applied in public and private sector settings.

The program works by using monitoring software to understand what patients have been using before discharge and using this information to determine what prescriptions are appropriate on discharge.

There is also a focus on increasing doctor and patient knowledge of the consequences of prescribing and taking medications and improved communication with community health providers to ensure ongoing use is limited.

Ongoing evaluation of the program is essential, including monitoring patient follow up. The project would also enable the development of national data on the impact of opioid use following hospitalisation as well as coordinating activity and outcomes with the real-time monitoring systems being developed at a national level.

**Cost: \$1,750,000**

***(\$250,000 to develop a national scheme (noting costs should be shared between jurisdictions in view of the development of a national real-time prescription monitoring scheme)***

***\$1,500,000 over three years to monitor and evaluate the program)***

### Proposal 5 - Develop national standardised pain and rehabilitation programs for recovery after surgery

To reduce length of stay in hospital, mortality and morbidity, a standardised pain program to support patients to rehabilitate as quickly as possible after surgery, is required.

Currently, approaches to rehabilitation after surgery are disparate. International and Australian research demonstrate positive outcomes on health, physical function and medication co-ordinated if recovery programs are implemented at a local level. Greater access and standardisation of such programs would provide benefits on a national scale.

A national approach would involve developing guides for hospitals, allied health clinicians and medical professionals who work with patients before and after their surgery, information and support programs before surgery and standard rehabilitation including pain strategies during the hospital and immediate recovery phase.

**Cost: \$250,000**



## Priority Objective: Minimising the impact of pain on the workforce and productivity

### Context:

The cost of chronic pain to our workplaces and our nation's productivity is momentous, accounting for 40% of early forced retirements in people of working age. The Productivity Commission's recent report 'Shifting the Dial' highlighted the critical need for better healthcare to lift productivity and showed Australian men with chronic pain earn significantly less than men without pain.

The total cost of chronic pain is estimated at more than \$34 billion per year – with productivity accounting for the largest component, around \$11.7 billion (34%).

The Pain Global Index 2017 (GPI 2017) found 68% of Australians surveyed suffered weekly body pain, workers

took an average of 3.3 sick days for body pain and 1.4 sick days for head pain. 28% of workers with body pain struggle to concentrate at work, 21% perform below standard due to pain, and 24% say their body pain has had a negative impact on career progressions.<sup>14</sup>

A range of stakeholders can take a greater role in addressing this issue, including private insurers, government agencies responsible for overseeing and regulating the workers' compensation and injury management scheme, and employers.

### Proposal 6 - Implement a national approach to better support people to return to work, following an injury that includes early intervention and multidisciplinary pain management pathways

It is proposed a national guide and resource to better support people to return to work is developed that can be adopted by State Governments and rolled out across Australia in partnership with hospitals, employers, insurers and health practitioners.

This would build on the findings of the 2016 Work Injury Screening and Early Intervention (WISE) study<sup>15</sup> which proved that outcomes for workers at risk of poor recovery can be improved by early identification and coordinated physical and psychological treatment.

The study identified patients in NSW hospitals at risk of poor recovery or return to work within days of their injury through a brief questionnaire, and prompt and coordinated application of treatment and resultant reduced average recovery time from 53 days to 29. Treatment protocols were agreed by key stakeholders for each patient (workplace, insurer, treatment providers, and insurance scheme regulator).

Those identified with barriers to recovery were offered the opportunity to address their concerns with a nominated psychologist (in addition to usual care by their treating doctor and physical therapist). Any work-related issues identified by the psychologist or workplace return to work coordinator were then addressed simultaneously at the workplace.

It is recommended that the development of a nationally consistent approach to workplace return following injury is placed on the COAG agenda through the Industry and Skills Council as an urgent priority. Resources would be made available to consider the range of existing approaches and identify the more effective model of care and most cost-effective programs that can be further developed with subsequent coordination and invested partners, like private insurers.

**Cost: \$200,000 over three years**



## Priority Objective: Expanding pain treatment and consumer support including regional services and priority groups

### Context:

Multidisciplinary pain management embraces a combination of medical, physical and psychological therapies and is the most effective way to reduce disability and improve function, as it addresses all the factors that influence the pain experience.

Multidisciplinary pain management involves a team of health professionals to provide assessment and use a range of treatments to help people with pain meet their goals.

Patients face long waiting times to access multidisciplinary pain services in public hospitals—frequently more than a year—resulting in deterioration in quality of life and reduction in ability to return to work.

Most people with chronic pain are best managed at the primary or community level with multidisciplinary support including self-care, while specialist services in public hospitals need to be freed up to treat more complex patients and provide training and support in primary and secondary services.

Ideally, primary care teams can be supported by specialist pain teams, and refer more complex patients to these centres if necessary.

Lack of access to services is especially critical in rural, regional and remote areas and indigenous communities. Despite some expansion of paediatric pain telehealth services in NSW and WA, the potential of telehealth to expand pain services in regional areas has not yet been fully realised.

Poor understanding of pain management and treatment in residential aged care facilities can lead to under-treatment and a reliance on pain medication. Pain management programs offer a timely and cost-effective way to better equip residents with knowledge of pain and its treatment.

## Proposal 7 - Management support programs for consumers

A small number of online pain management support programs for consumers are available in Australia, but require expansion and promotion to ensure their full potential can be reached.

These programs include THIS WAY UP (developed and supported by St Vincent's Hospital, Sydney)<sup>16</sup>, the eCentre Clinic<sup>17</sup> chronic pain program (developed and supported by Macquarie University) and the Agency for Clinical Innovation's Pain Management Network.<sup>18</sup>

THIS WAY UP for example offers an innovative approach providing a series of low-cost online courses that clinicians can prescribe their patients. Clinicians can then monitor their patient's progress, or the programs can be accessed as self-help tools. It involves an eight-lesson program for chronic pain, including physical, psychological and social aspects.

Such a program greatly enhances treatment options for people who are unable to access physical services due to geography or cost, noting that some communities also face barriers through ineffective broadband services.

It is proposed that existing investments in currently available online programs are leveraged to expand course offerings for chronic pain.

It is also proposed resources are made available to promote courses including a series of workshops in each state and territory.

**Cost: \$250,000**

### Case study:

#### Telehealth for Pain

Single father-of-three Peter Hodges lives in Mudgee New South Wales, a 1.5 hour trip from the nearest public pain clinic at Orange Base Hospital and more than 4 hours from services in Sydney. On WorkCover benefits since his work injury left him with ongoing chronic pain and the sole carer for his children, he says seeing a pain specialist would have been impossible without telehealth: "I went to Dubbo for a pain management course with the team from Orange. It was good advice and confirmed what I was doing to manage my pain was right. After that they got me an appointment with a pain specialist from the clinic at Orange, which I was able to do via teleconference sitting with my GP in Mudgee. The specialist recommended some changes to my medications, which were very helpful. I'm on a very tight budget and I wouldn't have been able to afford the petrol to Orange and back. Telehealth makes things a lot easier."

## Priority Objective: Expanding pain treatment and consumer support including regional services and priority groups

### Proposal 8 - Establish a mini-pain program model for adoption across rural and regional areas

Primary and community health services have a vital role to play in providing an accessible point of entry to general pain management services, particularly in rural and regional areas where there are limited pain specialists.

Building capacity in Primary Health Networks (PHNs) is essential to expand services available across Australia.

The Australian Government could develop a model project to support a mini pain program to provide a coordinated pain care package. This model could incorporate a pain educator and provide a basis for other PHNs to adopt in their own region. Examples of a similar model are underway in Western Australia and South Australia.

Such a strategy would involve supporting a local GP, nurse, psychologist and physiotherapist (or other relevant clinicians that may be available e.g. pharmacist) to develop a mini-pain program in their community with possibilities for outreach, telecommunications and ongoing support. Priority patients could be referred,

offered telehealth once referred by their GP, or other interventions as appropriate via links to established tertiary services in metropolitan areas. The aim is to reduce referral numbers and build capacity to provide care in the community.

The Faculty of Pain Medicine's (FPM) Better Pain Management program would provide a useful online education model to support this project.<sup>19</sup> Comprising 12 online education modules, it has been designed for specialist and general medical practitioners, medical students, nurses and allied health practitioners engaged in the care of patients with persistent pain. The Pain Management Research Institute and Royal College of General Practitioners also offer education programs that could be accessed.

Through this model, outcomes measurement could be developed to assess interventions in primary care using the ePPOC system, which is currently does not measure outcomes in primary health.

**Cost: \$1,000,000 over three years**

### Proposal 9 - Expand telehealth options to support more pain services in regional areas

The Federal Department of Health has a strong track record in delivering a number of telehealth projects through its Telehealth Pilot Programme.

A telehealth pain service can quickly and effectively be developed for rollout across Australia drawing on existing examples of telehealth projects that are already underway in a small number of jurisdictions, and the substantial expertise of Australia's pain specialists and clinics, mostly based in capital cities.

In NSW, telehealth is supporting a multidisciplinary team approach to chronic health in regional areas, through the Pain Management Network since 2015. Virtual appointments are made available through a simple and accessible web based browser.

For example, the Orange Pain Clinic together with the Complex Pain Clinic at the Children's Hospital Westmead received direct training and support and a clinical toolkit was developed for the six-month trial.

Services have also been offered in Coonamble, Kandos, Taree and Canberra. Recent expansion of innovative telehealth and outreach options into Murrumbidgee, Southern NSW and Far West is supporting the implementation of the pain model of care, providing alternative treatments.

The Westmead Children's Hospital Complex Pain Clinic also provided follow up telehealth services to paediatricians located in regional and remote areas.

The project was a collaboration between the ACI, Local Health Districts and specialty networks as well as Health Direct Australia and the NSW Ministry of Health. All chronic pain clinics in NSW have since been offered the telehealth model in 2016.

Funding to expand these telehealth services in other states is necessary by establishing a national scheme, noting there will be significant cost savings to in reduced travel costs to access city-based specialist services.

**Cost: \$1,000,000**

## Priority Objective: Expanding pain treatment and consumer support including regional services and priority groups

### Case study:

#### Outreach and Telehealth in North Queensland

The North Queensland Persistent Pain Management Service at Townsville is one of Australia's most innovative public pain management hubs, providing telehealth, outreach and satellite services across 800,000 square kilometres – more than three times the size of Victoria. The large multidisciplinary unit at Townsville has established permanent satellite clinics at Cairns and Mackay, which provide psychology and physiotherapy services. A Consultant, Registrar and Clinical Nurse Consultant from the Townsville service travel the 350 kilometres north to Cairns and 390 kilometres south to Mackay every six weeks to provide additional assessment and treatment services. At Mt Isa, 900 kilometres west of Townsville, a full multidisciplinary team visits every six months, as there are no local specialist pain management allied health services. After the initial assessment, telehealth services are used with a view to discharge patients to primary care after six to 12 months.

### Case study:

#### Local Pain Educator Network

The Local Pain Educator Network is part of Pain Revolution, an initiative aimed at improving pain outcomes in rural and regional communities by building capacity in existing workforce to deliver evidence-based pain science and informed self-managed care. Selected health practitioners will be trained and upskilled via a comprehensive pain science curriculum to become Local Pain Educators (LPEs). They will have ongoing support from leading pain scientists and clinicians. LPEs will also be linked in with a broader network of pain educators around the country and go on to share this knowledge within their communities. Pain Revolution is working closely with speciality associations, PHNs and local health districts to recruit LPEs in target regions to deliver pain education programs. Three LPE candidates across disciplines (i.e. GP, nurse, physiotherapist, psychologist) will be recruited for each community. Resources for this program are being made possible through fundraising, including the Pain Revolution Bike Ride which will travel 750kms through regional New South Wales in April 2018 to raise funding and awareness.

## Proposal 10 - Develop a pain management program for people living in residential aged care

There is no specific national pain management program for residents of aged care facilities, yet the provision of an 'off the shelf' program would greatly assist aged care providers to run programs in their facilities.

Pain management programs do not need to be delivered by health professionals, but they do need to be delivered by someone with appropriate training.

Examples of effective existing programs that could be drawn on to develop a national model include the following.

- The pain management education program for culturally and linguistically diverse (CALD) communities developed by the Pain Management Research Institute (PMRI, University of Sydney), facilitated by the NSW Agency for Clinical Innovation (ACI) and multicultural health workers. The program has been translated into Chinese, Arabic, Vietnamese and Greek, with the Chinese program the first to be delivered this year. It relies on health educators trained by the Pain Management Research Institute (PMRI) delivering the program in the patients' native language.

- The PMRI offers the Seniors ADAPT pain management program, which is a group-based, outpatient treatment program for people aged over 65. In a study involving 140 patients, Seniors ADAPT was found to be more effective than exercises and usual care in helping improve participants' levels of distressing pain, pain interference in activities, mood and unhelpful attitudes to pain. The principles and approaches of the program could be adapted for a national scheme.
- The industry-sponsored Pain Advocacy Nurse in Aged Care (PANACEA) program has been developed to assist nursing staff to identify and optimally manage pain in residents of aged care facilities, and has recently been incorporated into Catholic Healthcare facilities.

Initiatives supporting pain management for residents in aged care facilities would be informed by the Australian Pain Society's Pain in Residential Aged Care Facilities (RACF) Management Guidelines (2<sup>nd</sup> edition, 2018).

**Cost: \$300,000**

**(\$150,000 to develop a national guide**

**\$150,000 to distribute APS RACP Management Guidelines)**

# Priority Objective: Building capacity of the health and aged care sector to integrate pain management in practice

## Context:

Comprehensive and ongoing education and training in pain management will give medical, nursing and allied health professionals the knowledge to deliver best practice care, assessment and referral pathways.

Up to 80% of residents in aged care facilities experience chronic pain.<sup>20</sup> The evidence suggests those with dementia or cognitive impairment receive less pain management

than cognitively intact older persons and there are a range of barriers that prevent the delivery of effective pain management services.<sup>21</sup>

Evidence suggests lack of knowledge about multidisciplinary management of chronic pain is a critical factor throughout the health sector, leading to poor management practices including the over-reliance on prescription pain medications.

## Proposal 11 - Expand training opportunities for medical professionals

Several programs have been developed by the FPM and PMRI, and access to these programs should be expanded to GPs and allied health professionals. ACI and Primary Health Networks provide some financial support for health professionals to participate in their training courses but there is a significant waiting list for access to these limited scholarships.

Examples of existing teaching programs include:

- The FPM Better Pain Management program is a 12-month module internet-based interactive teaching program targeting common issues in primary care including opioid prescribing and pain following surgery. This program is suitable for general practitioners and allied health professionals.
- The PMRI at the University of Sydney has developed a range of education resources including a webinar-based skills training program for health professionals, an eight-day workshop to advance skill development in pain management, and specific one-day workshops for clinicians.

- The Royal Australian College of General Practitioners (RACGP) offers a learning module Effective Pain Management.

A funding pool should be made available to Primary Health Networks to meet demand for training programs including management, facilitation and delivery of training by the FPM, PRMI and other relevant organisations.

A database of health practitioners who have completed courses could also be developed, which could be made available on the national website to support consumers living with pain (Proposal 2), or the Painaustralia website.

**Cost: \$1,500,000 over three years (to train 200 staff)**

## Proposal 12 - Develop a specific pain management training program for aged care workers

There is currently no identified, national or uniform pain management training program for aged care workers. Ongoing education for residential aged care staff should be tied to accreditation to address a lack of knowledge of pain and its treatment.

The education and training should include:

- best-practice management of chronic pain in older people;
- recognition of non-verbal Behavioural and Psychological Symptoms of Distress (BPSD) which are usually signs of pain in residents with dementia; and

- a clear referral pathway for the treatment of chronic pain, which can be escalated depending on the situation.

A range of existing education and training programs could be used in the interim, such as the industry-sponsored Pain Advocacy Nurse in Aged Care (PANACEA) Learning module which fits within the APS RACF Management guidelines, which also offer opportunity to develop a nationally-consistent pain management training program for aged care workers.

**Cost: \$200,000 over two years**

## Priority Objective: Understanding pain, its impact and how we can best respond through research and evaluation

### Context:

Pain medicine was recognised as a medical speciality in Australia in 2005, and in some ways, is an emerging health sector.

While we have a network of exceptional leaders in pain management and medicines, and a small number of dedicated pain research programs across Australia, a clear and strategic research agenda for pain is essential to help identify gaps in knowledge and practice.

This includes understanding the causes and consequences of chronic pain and how to prevent and minimise its impact.

The translation and dissemination of early clinical research will ensure results can translate into health practice and policy, as well as communicating to consumers

### Proposal 13: Secure the continuous improvement of pain services through the Electronic Persistent Pain Outcomes Collaboration (ePPOC)

Operating for the last three years, ePPOC collects a set of data items and assessment tools by specialist adult and paediatric pain services throughout Australia and New Zealand to measure outcomes for their patients and provides a benchmarking system for the pain sector.

The information enables a vital insight into pain services, a coordinated approach to research the management of pain in Australia and New Zealand, and brings the clinical sectors together. Ultimately it is helping to improve services and outcomes for people with chronic pain.

Participation in ePPOC is currently voluntary and aims to assist pain management service providers to improve practice by:

- providing clinicians with a way to assess individual patient experience;
- defining a common clinical language to streamline communication between pain management providers; and
- facilitating the routine collection of pain management data to drive quality improvement through reporting and benchmarking.

ePPOC currently collects data from more than 70 tertiary pain services and eight paediatric in Australia and New Zealand. To date, funding has been provided on a time-limited basis by NSW, Victoria and the Accident Compensation Corporation (ACC) New Zealand to support participation of public tertiary pain clinics in these jurisdictions. However in other states and territories it is up to the individual services to participate, including making the financial commitment required and some states are not represented.

The cost of national implementation of ePPOC is approximately \$1 million per annum, and it is proposed this be shared between federal, state and territory governments.

There is also no funding for primary care pain services to participate in this vital initiative. It is recommended funding be provided by the Federal Government to develop measurement tools and processes suitable for a primary care setting and then support their participation across Primary Health Networks. As discussed in Proposal 8, a model for outcomes measurement in a primary health setting could be developed by adopting the ePPOC system in the model for a rural mini pain program.

**Cost: \$3,350,000 over 3 years  
(\$3,000,000 to secure a national ePPOC (to be shared with the states and territories)**

**\$250,000 to support the development of a model to adopt ePPOC in a primary health setting**

**\$100,000 to pilot participation in the national ePPOC by interested primary health care providers)**

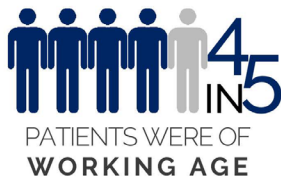






An Australasian initiative to improve services and outcomes for people with chronic pain.

AT REFERRAL



OF PATIENTS WERE  
 TAKING OPIOID  
 MEDICATION ON MORE  
 THAN 2 DAYS A WEEK

PATIENT OUTCOMES



Daily morphine equivalent  
 intake reduced from  
 58 mg to 47 mg

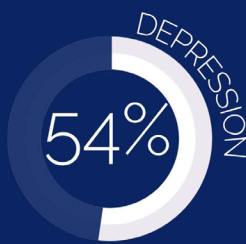
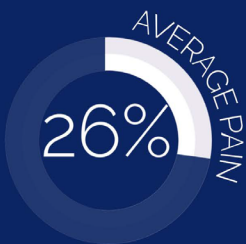


of patients stopped  
 using opioids on more than  
 2 days per week



of patients reduced  
 the number of drug  
 groups they used

PATIENTS REPORTING CLINICALLY IMPORTANT GAINS FOLLOWING TREATMENT



**75%** OF PATIENTS REPORTED SIGNIFICANT  
 IMPROVEMENT IN AT LEAST ONE OF THESE AREAS

## Priority Objective: Understanding pain, its impact and how we can best respond through research and evaluation

### Proposal 14: Deepen understanding of the economic cost of pain

The last major report to estimate the economic cost of chronic pain was published in 2007. 'The high price of pain: the economic impact of persistent pain in Australia' was commissioned by the MBF Foundation in collaboration with the PMRI (University of Sydney) and prepared by Access Economics.

An update and expansion on this report with targeted research, which found the costs of chronic pain to the economy and community to be immense, is critical to understand the impact of pain on:

- productivity;
- health care costs;
- communities and families; and
- socio-economic outcomes.

**Cost: \$150,000**

### Proposal 15: Update collection of information on pain in the National Health Survey

The last comprehensive analysis of data collected by the Australian Bureau of Statistics (ABS) on the characteristics of pain in Australia followed the 2007-08 National Health Survey (NHS).

The data collection provides a comprehensive understanding of the issues of pain and its profound impact on Australians and their quality of life, including:

- number of Australians impacted;
- relationship to health status;
- relationship to mental health;
- incidence for people living with disability; and
- health risk factors.

Painaustralia has been informed that data on pain has also been collected in 2011-12, 2014-15 and in the most recent health survey 2017-18, but this has not yet been publicly released or analysed.

The release and analysis of this data is critical and must be an urgent priority to inform policy responses that prevent and address chronic pain.

**Cost: \$10,530 (costing provided by ABS)**

### Proposal 16: Support pain medicine as a strategic priority for disbursement from the Medical Research Future Fund (MRFF)

The Medical Research Future Fund (MRFF) is providing grants of financial assistance to support health and medical research and innovation, with the objective of improving the health and wellbeing of Australians. Making pain management a strategic priority will assist in improving funding for laboratory, medical and social research in pain, and facilitate research translation into policy and practice.

Specific issues include:

- identifying and supporting centres for research excellence in pain;
- promoting collaboration between laboratory and clinical based researchers; and
- supporting multi-centred trials of innovative therapy and/or models of care in pain medicine.

Australia has some of the world's leading pain researchers in the animal physiology, brain imaging and social aspects of pain: broadening this skill base and providing improved support and co-ordination could produce significant discoveries and practice change. Australia's health care system and regulatory practices make it a suitable environment for rapid transition of international and local drug and biological agent development into early (phase 1, 2) clinical trials.

It is recommended funding made available from the MRFF to fund a priority project that focuses on pain and into the future establishment of an ongoing fund for research, in consultation with the health and research sector.

**Cost: \$500,000 to fund a priority project that focuses on pain**

# PAIN AUSTRALIA BUDGET 2018-19 PRIORITIES

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