

PAINAUSTRALIA
BUDGET
SUBMISSION
2021 TO 2022

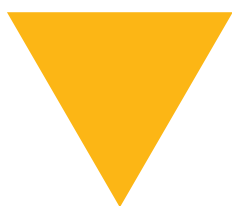
JAN 2021

Working Together
to Address
Chronic Pain

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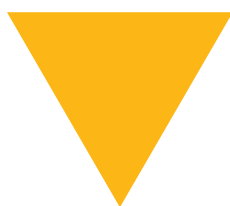
PAINAUSTRALIA BUDGET SUBMISSION 2021 TO 2022

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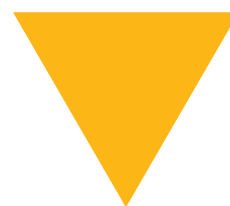
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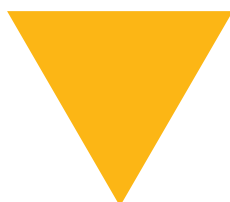
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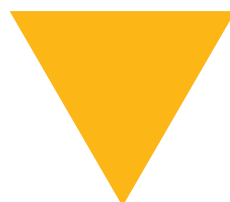
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FOREWORD

The economic, social and health impact of chronic pain is significant. Chronic pain – persistent or recurrent pain lasting longer than three months – affects the quality of life and participation in community, work and education of many Australians. The Cost of Pain Report by Deloitte highlighted the significant impact of chronic pain on Australians' quality of life and the economy, which we as a country can no longer ignore.

Painaustralia was asked by the Government to develop a National Strategic Action Plan for Pain Management (the Action Plan), which we completed in 2019. The Action Plan outlined key goals and objectives aimed at improving the lives of millions of Australians and is currently being considered by State and Territory Health Ministers.

In June 2020, the Government announced changes to the regulation of opioids which left many consumers without ongoing pain management treatment and prescribers unclear about prescribing opioids for chronic pain conditions. Nearly three Australians are losing their life to opioid misuse and harm every day, and while the regulation changes were intended to create a solution to the 'opioid problem', the rollout of the regulations led to harmful experiences for people living with pain. Consumers, pain specialists and GPs in our networks expressed to us how these changes, combined with poor communication about them, led to significant negative health and wellbeing outcomes, including suicidal ideation in many consumers. With suicidal behaviour already two-to three times more likely with people who live with pain, any changes to medication regulation and pain management strategies need to be well considered, with stakeholders involved and informed regarding any changes.

A large number of Australians are dependent on pain medications and we need a considered, thoughtful and collaborative approach to how we will manage chronic pain in this country, including emerging therapies such as medicinal cannabis. Multidisciplinary care is the most effective way to manage pain however many consumers are not able to afford access or are unaware of alternative pain management strategies and treatments.

This Budget submission focusses on three key priority areas. Along with the items outlined in the Action Plan, these activities will provide immediate, practical and long-term benefits for people who live with chronic pain.

We welcome the opportunity to provide a submission to the 2021–22 Budget process and look forward to working together to help the 3.4 million people who live with chronic pain in this country.

About Painaustralia



Carol Bennett
CEO of Painaustralia

Painaustralia is the leading national peak body and its mission is to improve the quality of life for people with pain, their carers and 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, health 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.

Pain in Australia *

In 2021



Chronic pain affects **3.4 million** Australians.



68 per cent of people living with chronic pain are of working age.

40%

40 per cent of early retirement is due to chronic pain issues.



Suicidal behaviour is **two-to three times** more likely for people with chronic pain.



The national financial burden of pain is estimated to be **\$73.2 billion** in 2018 and will increase to **\$215.6 billion** by 2050.



A multidisciplinary approach to pain management is essential for better health outcomes, however, nearly **70 per cent** of all GP consultations relating to pain result in a medicine prescription.

Painaustralia's Budget Submission focusses on three main proposals:

1. National Consumer Support and Awareness Program
2. Local Pain Support Worker Program
3. MBS items to support multidisciplinary and mental health care for people living with chronic pain

1 National Consumer Support and Awareness Program

Problem

The low community awareness of pain issues and treatment options leads to poor pain management strategies and health outcomes. Consumers and prescribers need better information about best-practice care and the multidisciplinary pain management strategies available to them.

Solution

Engage, educate and empower consumers and prescribers through a targeted community awareness and education campaign, accompanied by consumer information, resources and support.

Engage

Media campaigns have been shown to be a highly effective strategy to improve population health. Painaustralia calls on the Australian Government to fund a targeted community education and awareness campaign on pain and its management, with materials and messages developed in partnership with consumers, health professionals and health and community groups. The campaign should aim to improve understanding of best-practice care, including care pathways, self-management strategies, evidence and guidelines, and quality use of medicines.

The campaign should involve vertically integrated communication strategies including TV, radio, social media, print media and clinic-based media to share messages and reach out to a wide community audience. Tailored communication strategies will be needed for specific groups such as Aboriginal and Torres Strait Islander people, culturally and linguistically diverse Australians, recipients and residents of aged care services, and carers.

Support consumers to understand and manage their pain through a focused media campaign to inform, support and educate the community about best practice pain management.

Cost: \$1.5 million per annum

Educate

Prescribers should be supported to take on chronic pain patients including those identified at risk, higher distressed persons with coexisting mental health issues and those in post acute care, including those at risk of developing persistent pain. Several programs have been developed by the Faculty of Pain Medicine and Pain Management Research Institute and access to these programs should be expanded to GPs and allied health professionals.



A funding pool should be made available to Primary Health Networks to meet demand for training programs.

Provide access pathways for GPs needing tertiary pain specialist support.

Cost \$500K to be allocated to PHNs for 50 priority GP training places each.



Empower

Explaining the neuroscience of pain has been shown to improve pain and movement and reduce fear avoidance. Over the last 20 years between 1996 and 2016, research aimed at understanding pain has attracted \$133 million. In comparison, in the five years between 2012 and 2017, cardiovascular disease has received \$687 million of research funding. The Cost of Pain Report by Deloitte in 2018 found that the financial cost of chronic pain is \$73 billion a year and by 2050 it will be \$215.6 billion. Developing online courses at a low initial one-off investment could provide cost savings for years to come while also leading to better health outcomes for patients.

Develop a series of low cost self directed online courses that clinicians can prescribe to their patients.

Cost \$265,000

2 Create a local Pain Support Worker Program

Problem

There is a gap in knowledge and support to enable people living with chronic pain, particularly those with the highest, most complex needs, to better self-manage their conditions.

Solution

A community-based Pain Support Worker program targeting those most in need, to improve chronic pain self-management and care.

A community-based Pain Support Worker Program will improve health outcomes and resilience for people living with pain, by engaging them as partners in their care and promoting active self-management. The program will also contribute to reduced health system costs, by decreasing inappropriate emergency department and primary medical presentations, imaging, specialist care, surgery and other tertiary care; while improving access to other forms of care such as mental health support.

We propose the development and implementation of a Pain Support Worker model, which will allocate trained personnel to provide one-on-one support for people living with chronic pain, targeting those with the highest and most complex needs. Pain Support Workers will be skilled to offer pain education, care coordination and general support for people living with pain in the community, with a strong focus on promoting an informed self-management approach.

It is critical that people with chronic pain are educated and supported to manage their pain effectively in the community setting. The limited availability of specialist pain services means that many people living with pain have to wait significant periods to access these services.

Through this active self-management approach, the Pain Support Worker model would engage people with pain to understand their treatment options and be active partners in managing their own pain, in accordance with proven pain management strategies and clinical guidelines. The model is similar to the Federal Government program for the Breast Care Nurse (BCN) Initiative which has resulted in improved experience for patients and clinicians, along with savings to the health system of \$1,527 per new breast cancer patient seen through reduced health service utilisation.¹ There is also ample evidence internationally that well-designed community-based interventions have significant potential to improve population health².

Conduct a pilot program of 20 local pain workers in rural and regional areas of most need.

Cost: \$2 million per annum for a three-year pilot program for 20 Pain Support Workers.

3 MBS items to support multidisciplinary and mental health care for people living with chronic pain

MBS multidisciplinary

Problem

Multidisciplinary care is established to be the most beneficial and cost-effective approach to managing chronic pain. However, the Medicare Benefits Schedule (MBS) does not currently support the development, implementation and review of multidisciplinary pain management plans.

Solution

Introduce new MBS item/s to support multidisciplinary pain management planning and review.

Like all chronic conditions, chronic pain is best managed in the community, and evidence supports a multidisciplinary model of care that takes into account the physical, psychological, social and environmental factors that influence the experience of chronic pain. Multidisciplinary pain management interventions have been found to be superior to standard treatment of pharmaceutical and invasive care for chronic pain management³.

In its current form, the MBS does not support this best-practice model, leading to unnecessary use of hospital-based services and more significantly, over-reliance on medication including opioids, which is associated with significant harm. Data from The Cost of Pain Report reveals that 68 per cent of pain management consultations will end with a GP prescribing pain medication. Another 13 per cent will end in imaging, but less than 15 per cent can hope to be referred to an allied health professional⁴. This unfortunately means that for the 3.4 million people living with chronic pain, access to best-practice care is problematic at best, and fatal at worst.

The MBS Review undertaken over recent years examined how MBS items could be better aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Review Taskforce established an expert Pain Management Clinical Committee (the Committee). The Committee produced a report including several recommendations for changes to the MBS, particularly to promote multidisciplinary pain management⁵. The Committee recommended that the MBS should support high value care for chronic pain through the support of multidisciplinary approaches including planning, monitoring and review through consultations, group pain management, and telehealth; noting that these recommendations recognise the emerging and established best practice of multidisciplinary approaches, for example, Mental Health Care Planning.

Accept and implement the MBS Pain Management Clinical Committee's recommendations to introduce a new MBS item/s for multidisciplinary pain management planning and review.

Cost: To be accommodated within the broader MBS budget, with offsetting savings accruing from reductions in unnecessary healthcare presentations and inappropriate use of opioids.

Five additional mental health visits for people with chronic pain issues

Problem

Nearly 1.45 million people in pain also live with depression and anxiety. Support for mental health is insufficient for people living with chronic pain.

Solution

Provide additional mental health support for people with chronic pain issues.

The physical, mental and emotional toll of chronic pain impacts every facet of patients' lives, and nearly 1.45 million people in pain (or nearly 45 per cent of patients) also live with depression and anxiety⁶. Painaustralia is concerned about the health of people living with chronic pain who we know already face many difficulties in balancing their physical and mental health.

Much of the evidence indicates that chronic pain does not exist in a vacuum, but has varied co-morbidities and far-reaching consequences. With the addition of a global pandemic that compounds and exacerbates these issues, the need for people living with chronic pain to focus on managing both their mental and physical health has never been greater.

In the backdrop of the COVID-19 pandemic, a recent survey has revealed the negative impact the coronavirus lockdown has had on the mental health of ordinary Australians: one in four relationships under strain, one in two people feeling isolated and 57 per cent suffering stress. Figures released by the Australian Bureau of Statistics show one in five Australian adults with severe or very severe pain also suffer from depression or other mood disorders – four times the rate for people without pain – and one in three have high levels of psychological distress. There are high levels of suicide ideation, plans and attempts in people with ongoing pain, and physical health problems have been implicated in 21 per cent of suicides in this country.

Over four million Australians live with chronic pain and prevalence increases as we age, with as many as one in three older Australians and up to 80 per cent of aged care residents in chronic pain. People are waiting up to a year or more to access best-practice pain care in a multidisciplinary public pain clinic. Many rely on medicines that can lead to further health problems.

Provide for an additional five mental health visits for people with chronic pain issues.

Cost: To be accommodated within the broader MBS budget, with offsetting savings accruing from reductions in unnecessary healthcare presentations and inappropriate use of opioids.



CONCLUSION

Addressing chronic pain needs to be a national public health priority. The Federal Government has made progress in addressing some of the systemic barriers to adequate pain management for Australians. However, there is an opportunity to build on these foundations by addressing the priority areas identified in this submission, in conjunction with other initiatives as part of the National Strategic Action Plan for Pain Management.

The economic, social and health impact of chronic pain can no longer be ignored. The Cost of Pain Report by Deloitte highlighted the significant impact of chronic pain on Australians' quality of life and the economy. These three key areas will offer people who live with chronic pain immediate and effective support, provide economic returns for Australia and reduce pressure on our health care system.

The Australian Government should continue to build on its effort to address chronic pain by implementing the recommendations outlined in this Submission.

We commend this Submission for consideration in the Federal Budget process.

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