



MEDICAL BENEFITS SCHEDULE REVIEW: DRAFT REPORT
FROM THE PAIN MANAGEMENT CLINICAL COMMITTEE

APRIL 2019

Introduction

Painaustralia is pleased to provide a submission to the consultation on the Draft Report (the Report) of the Pain Management Clinical Committee (the Committee) of the Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce).

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain.

Painaustralia members include pain and other specialists, health practitioners, health groups, consumers and researchers. Painaustralia works with our extensive network to inform practical and strategic solutions to address this complex and widespread issue.

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.

In its current form, the MBS does not support the realisation of a multidisciplinary, patient-centred approach in primary, secondary or tertiary healthcare settings. This approach continues to be endorsed by the pain sector and is articulated in the National Pain Strategy (the Strategy) which provides a blueprint for the treatment and management of acute, chronic and cancer pain. The growing evidence base continues to support the Strategy as best practice. As noted in the draft recommendations, as the specialty area of pain management matures, it is clear that the structures that support must also mature.

Strategic action is now vital in tackling the growing burden of pain. Since the inception of the Taskforce and the establishment of the Pain Management Clinical Committee, new data has emerged that highlights the need for urgent policy change. The cost and impact of pain has grown exponentially in our community, and it is vital that we act fast to manage this pressing issue.

Overall, Painaustralia is supportive of the Committee's recommendations and the directions outlined in the report. Our submission predominantly focussed on the recommendations for the addition of new MBS items, specifically section 6 of the report. In particular, we support and endorse:

6.1.1 Recommendation 26: Access to multidisciplinary pain management planning

- a. introduce a multidisciplinary Chronic Pain Management Plan item

6.1.2 Recommendation 27: Access to appropriately trained allied health services

- a. funded allied health visits available for people with a multidisciplinary Chronic Pain Management Plan item

6.1.3 Recommendation 28: Access to appropriately spaced multidisciplinary review of the person and of the management plan

- a. Multidisciplinary Chronic Pain Management Plan review item

6.1.4 Recommendation 29: Access to group therapy for pain management

6.1.5 Recommendation 30: Telehealth

Painaustralia recommends that the Committee review current consultation and Inpatient Management Items and their usage pathways to ensure that the transition to the proposed new items is effective.

Background

The growing prevalence and cost of pain

Chronic pain affects more than 3.24 million Australians. Chronic pain, also called persistent pain, is pain that continues for more than three months after surgery, an injury, as a result of disease, or from another cause.

For those who experience chronic pain, the pain can be debilitating and have an adverse effect on work, sleep, and relationships. Individuals with chronic pain may also commonly experience comorbidities such as depression, sleep disturbance and fatigue.

These comorbidities often contribute to worse health, societal and financial outcomes – for example, major depression in patients with chronic pain is associated with reduced functioning, poorer treatment response, and increased health care costs

Painaustralia's new report, The Cost of Pain in Australia by Deloitte Access Economics, provides the most comprehensive analysis of the financial impact of chronic pain in Australia to date. It found that more than 68% of people living with chronic pain are of working age. Without action, the prevalence of chronic pain will increase to 5.23 million Australians (16.9%) by 2050.

The report has pulled data out of the health, aging and disability sectors, to reveal the staggering cost of chronic pain to taxpayers. In 2018, this figure was \$73.2 billion in direct health, productivity and related costs and \$66.1 billion in quality of life costs totalling \$139 billion. This was on top of the fact that last year alone, Australians paid \$2.7 billion in out of pocket expenses to manage their pain, with costs to the health system in excess of \$12 billion.

WITH THE TRUE COST OF PAIN IN AUSTRALIA EXPOSED, **ACTION IS URGENT**

painaustralia

Millions of aussies in chronic pain are overlooked as they fall through the gaps of our health system, and struggle day-to-day, while costing the nation billions.

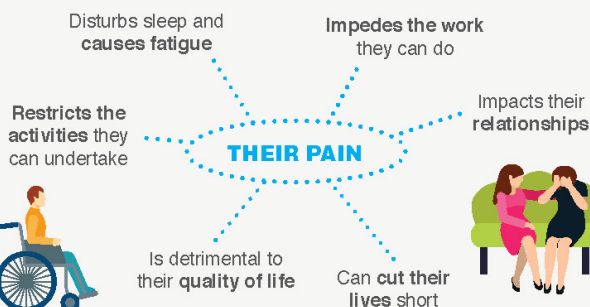
Chronic pain impacts the physical, mental & emotional wellbeing of millions:

44.6%
also live with
depression and anxiety

increasing
to over **2.33M**
by 2050



In 2018, approximately 3.24 million Australians lived with chronic pain; this is set to rise to 5.23 million by 2050. 68.3% are of working age.



As the population ages, the burden of chronic pain only increases as will the billion dollar hit to an individuals back pocket and the economy:

\$73.2b
in 2018
comprising of:

equating to **\$22,588**
per person



\$12.2b
Health System costs



\$48.3b
Productivity losses



\$12.7b
Informal care, aids, deadweight losses

If action is not taken, the annual cost of chronic pain in Australia will rise from \$139.3 billion in 2018 to an estimated \$215.6 billion by 2050*.

\$66.1b
Reduction in quality of life



\$2.7b
Out of their own pocket

*In real 2018 dollars, and in the absence of changes to treatment or prevalence rates, and assuming that costs remain constant in real terms.

The impact of inaction

Despite the burgeoning cost and impact of pain, our current clinical pathways are failing consumers. An epidemic of pain in Australia has seen problematic increases in the level of harm and deaths due to opioid misuse. With over three million people prescribed 15.4 million opioid scripts in 2016–17, it is unsurprising that opioids now account for 62% of drug-induced deaths, with pharmaceutical opioids now more likely than heroin to be involved in opioid deaths and hospitalisations.¹ In 2016–17 there were 5,112 emergency department presentations and 9,636 hospitalisations due to opioid poisoning, with three deaths per day attributed to opioid harm, higher than the road toll.²

Currently the MBS does not support best-practice model of multidisciplinary care, leading to unnecessary use of hospital based services and more significantly, an over-reliance on medication including opioids, which is associated with significant harm. Data from the new Deloitte report reveals that³ than 68% of pain management consultations will end with a GP prescribing pain medication. Another 13% will end in imaging, but less than 15% can hope to be referred to an allied health professional.

This unfortunately means that for the 3.24 million people living with chronic pain, access to best practice care is problematic at best, and fatal at worst. Understandably the physical, mental and emotional toll of chronic pain impacts every facet of patients' lives, with nearly 1.45 million people in pain also living with depression and anxiety. New data also finds that the reported comorbidity for chronic pain and depression or anxiety is estimated at 44.6% of patients, which is within the range of estimated values from the international literature.⁴

The lack of pain specialist care and GPs with limited options to deal with chronic pain means that millions of Australians are falling through the cracks of the country's health system. They are not receiving the multidisciplinary care they deserve and are inappropriately prescribed opioids, which is not the recommended treatment for chronic pain. This leads to significant social, health and economic costs to all Australians.

Best practice Pain Management

As noted in our submission to the Committee in August 2018, services and supporting funding models that underpin and streamline a multidisciplinary approach in a range of health care settings are crucial.

These recommendations are aligned to the 2015 Primary Health Care Advisory Group and includes consideration of blended funding models to allow greater collaboration and continuity of care between general practice, specialists and allied health providers for complex conditions like chronic pain.

The policy context and clinical evidence underpins the importance of multidisciplinary care to address chronic pain. For example, the need to appropriately use pain medications while preventing misuse and dependence and changes in the availability and recommended usage of opioid-containing medications. The latest clinical evidence also highlights the need for avoidance of low-value interventions as, for example, spinal fusion surgery for lower back pain.

As such, we are pleased to note the Committees recommendations that consultations with specialist pain medicine physicians, and allied health professionals, as well as the development of multidisciplinary care plans and treatment pathways, are central to effectively managing chronic pain. This broad approach is equally applicable to cancer related pain and in preventing the progression of acute pain to chronicity.

CHRONIC PAIN AND MENTAL HEALTH



The impact on personal life is greatest in young adults, with **four in five** people with chronic pain aged 20-24 reporting interference in daily life



almost **one in three** Australian adults with severe or very severe pain have high or very high levels of psychological distress



Up to **two-thirds** of people with arthritis say their condition has affected them emotionally

4x

Rates of depression are four times higher among people with chronic pain than people without pain



Research indicates there are strong links between anxiety, depression and chronic physical illness.

painaustralia

Enabling Multidisciplinary Access

New data in the Cost of Pain report shows that multidisciplinary pain management interventions were found to be superior to standard treatment of pharmaceutical and invasive care for chronic pain management. The intervention improved quality of life, as measured by quality adjusted life years (0.03 QALYs saved per person) and was cheaper in terms of health expenditure (by \$226 per person). Multidisciplinary care also improved work attendance, reducing absenteeism by an additional seven days per person per year compared to standard care. Doubling access to multidisciplinary care could be achieved for an outlay of \$69.7 million and, when accounting for reductions in health expenditure and productivity losses, and associated gains in wellbeing and would result in a benefit to cost ratio of 4.9 to 1.

In light of this analysis, Painaustralia strongly supports the recommendations outlined by the Committee in this context, and our support for each of the options is as detailed in the next section.

RECOMMENDATIONS FOR NEW ITEMS

As noted in the Committee's recommendations, there is a need for an effective multi-modal approach for at-risk individuals with acute pain or individuals who have chronic pain to address both biological and psychosociocultural factors that may be contributing to the condition.

Painaustralia notes and supports the five recommendations made by the Committee which seek to provide a framework for a robust, effective and efficient approach to multidisciplinary care for chronic pain management, covering access to multidisciplinary services from planning, supporting its use and reviewing its effectiveness. We are particularly supportive of the framework that contextualises the new items and aims to enable access via a variety of methods, including face-to-face and group meetings as well as telehealth technologies.

With regards to the various options outlined in the report, we support and endorse:

6.1.6 Recommendation 26: Access to multidisciplinary pain management planning

- b. introduce a multidisciplinary Chronic Pain Management Plan item

This option best captures the myriad of issues that chronic pain represents, and elevates its recognition as a chronic condition that needs a multipronged, multidisciplinary approach to management. Listing chronic pain specifically in MBS material that relates to chronic disease item numbers would make this a clear inclusion. Such an approach would also be well supported through the Committee's framework that recommends:

- A form of shared medical record must be used between members of the team for ongoing care of the chronic pain patient to facilitate communication with all members of the multidisciplinary team.
- Allied health participants should be accredited in chronic pain management as determined by the relevant colleges or professional bodies.
- A time and complexity tiered approach should be built in to address the differing levels of need of patients.

As the committee notes, the GP mental health plan items (items 2700 to 2717) have provided a structured framework for GPs to undertake early intervention, assessment and management of patients with mental health conditions, as well as providing referral pathways to clinical psychologists, registered psychologists, and appropriately trained social workers and occupational therapists.

Appropriate pain management training can help GPs to further develop and improve their skills in diagnosing, treating and referring patients with chronic pain to appropriate services.

Painaustralia notes the Committee's estimate of need for this item number which states that approximately 35,000 people would require access each year to these item numbers. Painaustralia would like to recommend to the Committee our new report, Cost of Pain, that provides a detailed analysis of the prevalence of pain (across all federal electorate divisions), to provide further insights to inform this estimate.

6.1.7 Recommendation 27: Access to appropriately trained allied health services

- b. funded allied health visits available for people with a multidisciplinary Chronic Pain Management Plan item

Currently specialists wishing to refer patients to allied health professionals (with MBS reimbursement) work through the general practitioner or participating nurse practitioner. However, evidence suggests that this referral pathway is not optimal.

As noted by the Committee, from a patient perspective it is often difficult, costly (to the patient and the healthcare system), unnecessary and often ineffective to be seeing a specialist as well as a GP. This fragmented approach can result in untimely, under-treatment of individuals.

We are supportive of a enabling access to allied health services through the creation of a multidisciplinary chronic management plan item. We support this option being implemented by allied health participants who are accredited in chronic pain management as determined by the relevant colleges or professional bodies. We also support a tiered number of visits according to need

6.1.8 Recommendation 28: Access to appropriately spaced multidisciplinary review of the person and of the management plan

- b. Multidisciplinary Chronic Pain Management Plan review item

This recommendation provides validation that review items, that are important in facilitating communication between team members and promoting interdisciplinary care, can take significant time which is currently not rebatable under the MBS.

Painaustralia is supportive of a multidisciplinary chronic pain management plan review item, which is supported with provisions that ensure that:

- *all participants should be accredited in chronic pain management as determined by the relevant colleges or professional bodies.*
- *there must be specific communication between members of the pain management team regarding review of progress and recommended future needs.*
- *the review mechanism could potentially unlock access to additional relevant allied health rebates if required.*
- *Review may or may not require case conferencing, documented communication in a shared medical record between all members of the team regarding progress and future needs would be adequate.*

6.1.9 Recommendation 29: Access to group therapy for pain management

Painaustralia is supportive of recommendation 29 that facilitates access to group therapy for pain management. As noted by the Committee, intensive pain management group programs have the highest level of evidence of benefit and efficiency in treating chronic pain, yet this is currently not recognised under the MBS. This would decrease the cost to the individual and the health care system of procedures, medication and medical visits.

6.1.8 Recommendation 28: Access to appropriately spaced multidisciplinary review of the person and of the management plan

Across the spectrum of health and welfare people in rural, regional and remote Australia experience worse health outcomes. They have less access to services and are exposed to increased health risks. Service access data reveals⁵ that people in remote areas access MBS services at up to half the rate as people in metropolitan areas and the health workforce is under-represented.

This is particularly challenging with regards to pain management, where multidisciplinary care is seen as the best possible treatment option. Australians in rural and remote areas tend to experience higher rates of medication prescription and higher rates of pain conditions, likely due to higher prevalence rates and decreased access to appropriate pain management interventions.

Some health professional disciplines don't exist in many remote areas. In others, professions like optometrists, occupational therapists, dietitians and podiatrists are represented at between one fifth and one third the rate of metropolitan areas.⁶ This is a vital gap that needs to be bridged, especially if we want all Australians to achieve better health outcomes.

Consultation and Inpatient Management Items

Inpatient care may include consultations, and or inpatient management in conjunction with a multidisciplinary team, including other specialities and allied health personnel. MBS items that may be accessed in this process currently include:

- Consultation items: 2801, 2806, 132, 133, 110, 116, 17610, 17645
- Contribution to pain management plans, case conferences: 2946, 880

Painaustralia would recommend that the Committee review the pathways through which consultation and inpatient management items related to acute, inpatient care currently work, in particular 2801 and 2806. These are items traditionally based around post-operative pain service with nursing and ANZCA fellow input.

Feedback received by stakeholders indicates that the creation of new items similar to 132/133 may remove some of the funding barriers that result in shorter assessments and procedure directed management.

The need for a lower code/rate for simple in hospital assessment (e.g. post-operative) is also necessary (similar in rate to current 2801/6) to define this use and provide clear data on use of items 132/133. A new item would also still recognise in-hospital and outpatient assessment of the complex pain presentation. This could be a time based item number that recognises that a more complex presentation requires more time, which would be a reasonable surrogate of complexity.

Similarly, if a physician sees a primary pain presentation, this number should be separated from assessments for primarily rehabilitation indications as this would then allow better data collection regarding pain management activity (whether from anaesthesia or physician based specialists).

These proposed recommendations may address the inequity currently in the system, and will ensure clarity around use of the new item numbers.

Conclusion

Worldwide, the need for more effective treatment for pain has steadily gained recognition as the cornerstone of patient-centered care. Addressing pain is in the interests of all Australians, as pain not only contributes to poor health, social and financial outcomes for individuals, but also represents a significant economic burden and puts major pressure on the health care system.

Many people living with pain cannot get access to best practice pain management, often due to cost, location or low awareness of treatment options, and medication is playing an increasing role. To date, pain has not been a national health policy priority, despite its significant impact on people's lives.

The Committee's work provides us with a unique opportunity to address crucial public health challenges presented by chronic pain, and significantly elevating its management across the healthcare system by the implementation of its recommendations. We look forward to the outcomes of important Review.

References

- 1 Australian Institute of Health and Welfare 2018. Opioid harm in Australia and comparisons between Australia and Canada. Cat. no. HSE 210. Canberra: AIHW
- 2 Royal Australian College of General Practitioners (2018). Australian overdose deaths are increasing – and the demographics are changing. News GP. Access online [here](#).
- 3 Deloitte Access Economics (2019), The cost of pain in Australia. Access online [here](#).
- 4 Op. Cit. Deloitte Access Economics (2019).
- 5 Department of Health 2018. Annual Medicare Statistics. Access online [here](#).
- 6 National Rural Health Alliance 2018. Aged Care Legislated Review submission. Access online [here](#).

painaustralia

Mailing address: PO Box 9406 DEAKIN ACT 2600

Phone: 02 6232 5588

Email: admin@painaustalia.org.au

Website: www.painaustalia.org.au