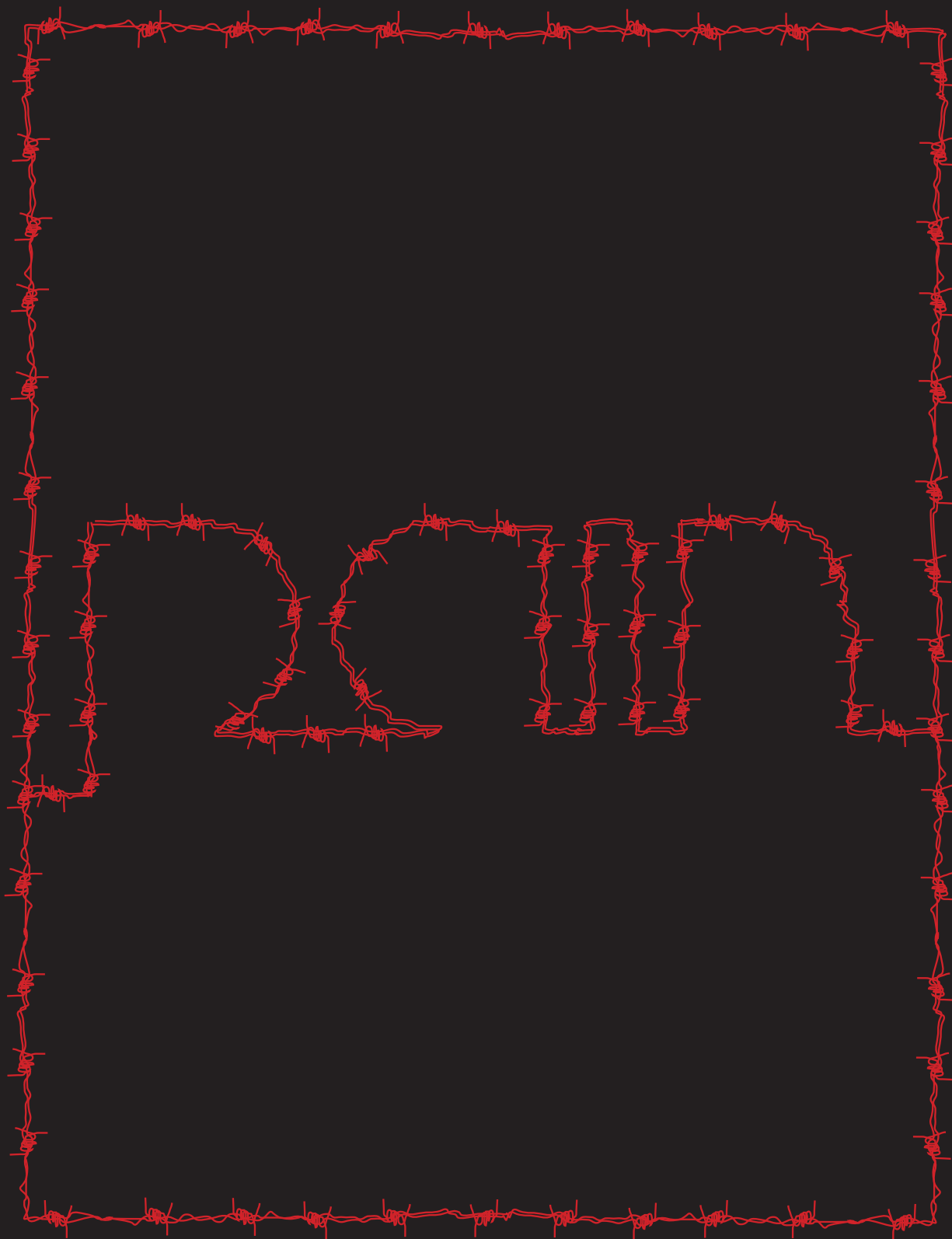


painaustralia annual review 2013



“Pain affects millions of Australians and takes hundreds of thousands of people out of the workforce, reducing productivity and significantly affecting living standards, tax revenue and welfare dependence.

We have better ways to manage pain than ever before with a strategic action plan available in the National Pain Strategy and momentum building across the country.

We need all Australian governments to support the work now being done to implement the strategy in order to influence real change and improvement.”

Professor Deborah Schofield, Director, Painaustralia

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CHAIRMAN'S FOREWORD

It has been a privilege to serve as Chairman of Painaustralia over the past year and to be part of the exciting developments now occurring to address the enormous social and economic burdens of pain.

The majority of State and Territory Governments have now endorsed the National Pain Strategy and have committed funds to develop pain services. Painaustralia's partnership with the Australian Medicare Local Alliance is helping to improve access to pain management services in primary care.

Painaustralia's review of progress highlights a remarkable range of initiatives being led by enlightened health professionals in both the private and public sector, as well as community groups providing support for people with pain.

As the Federal Government seeks to reign in health and welfare costs, Painaustralia has a great deal to offer. A key objective of the National Pain Strategy is to address chronic pain and disability and its enormous impact not only on quality of life but also on workplace productivity.

This is a major focus of the work of Professor Deborah Schofield, Chair of Health Economics at the University of Sydney who has joined the Painaustralia board. Deborah's research has revealed the enormous cost of chronic pain and its impact on family incomes, tax revenue and increased welfare costs.

It is clear that the application of current knowledge about the management of pain can contribute significantly to improving health outcomes and productivity – a major goal for the Australian government that can only benefit all Australians. So we are confident our work is adding value on many levels.

I would like to thank our board members who have contributed valuable time and expertise to Painaustralia, and in particular acknowledge and thank James Wood AO QC, who stepped down this year.

We thank all of our members and partners for your tremendous efforts and support of Painaustralia and look forward to working with you in the year ahead.



Robert Regan
Chairman

CHIEF EXECUTIVE OFFICER'S MESSAGE

When the National Pain Summit was held in 2010, chronic pain was not on the health care agenda. Although the 2007 MBF Foundation Report *The High Price of Pain* had revealed the enormous social and economic burden of chronic pain, little was being done to address this.

The quality of life of one in five Australians was diminished by chronic pain and the warning was clear that this number would escalate with an ageing population, increasing health care costs and welfare payments. The National Pain Strategy, launched in 2011, provided a comprehensive plan to address this, and three years later, we are starting to see a transformation in the way pain is understood and managed.

While many initiatives are now underway at the crucial primary care level and education and training are available for multidisciplinary health professionals, service delivery is hampered by the lack of an appropriate Medicare funding model for chronic pain. This needs to be addressed as a priority.

We greatly value the partnership we have established with the Australian Medicare Local Alliance and its commitment to support a coordinated national approach to establishing multidisciplinary pain services in primary care. We also commend the mighty efforts of volunteer bodies like the Australian Pain Management Association and Chronic Pain Australia that provide compassionate care and support – without funding – for people in pain, who are often isolated and desperate.

I would like to thank members of the Australian Pain Society, the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists and the Pain Management Research Institute, University of Sydney, as well as our corporate partners who provide financial support for Painaustralia and our pro bono service providers, for their generosity.

In closing, I would also like to acknowledge the remarkable contribution made over the past three years by my colleague Karina Knight, who is leaving Painaustralia to advance her career elsewhere. Thank you Karina. You leave an invaluable legacy.



Lesley Brydon
Chief Executive Officer

1. PAINAUSTRALIA: WHO WE ARE AND WHERE WE HAVE COME FROM

Painaustralia was formed in 2011 as a not-for-profit body to work with state and federal health authorities, health care professional and consumer bodies, funders, educational and research institutions and other stakeholders to facilitate implementation of the National Pain Strategy 2010.

We receive no government funding and rely on financial support from members and corporate partners, the generosity of pro-bono service providers and collaboration with key stakeholders to carry out our work.

Our mission is to improve the quality of life for people with pain and their families and to minimise the social and economic burden of pain on individuals and the community.

The National Pain Strategy was developed by more than 150 health professional and consumer bodies and approved by consensus at the National Pain Summit in 2010. It provides a plan for effective delivery of evidence-based pain management strategies for acute, chronic and cancer pain. A world-first, this comprehensive document is now being used as a blueprint for pain services in many other countries around the world.

Goals of the National Pain Strategy

Goal 1: People in pain as a national health priority

Goal 2: Knowledgeable, empowered and supported consumers

Goal 3: Skilled professionals and best-practice evidence-based care

Goal 4: Access to interdisciplinary care at all levels of the health system

Goal 5: Quality improvement and evaluation

Goal 6: Research to improve the understanding and treatment of pain

CATEGORIES OF PAIN COVERED BY THE STRATEGY

Acute pain: Short-term pain that acts as a warning for the body to seek help. Without effective, timely treatment, acute pain can move into the transition phase and become chronic

Chronic pain: Severe pain that continues on a regular basis, beyond the time expected for healing (generally three months). It may be due to an underlying disease condition, surgery or trauma, but can exist without any clear cause

Cancer pain: Due to a cancer or associated medical conditions, or may be a side effect of treatment



“Pain has had a devastating impact on my life. I couldn’t keep a job, my marriages broke down, and my daughter was removed from my care. When my pain was finally diagnosed we tried every medication but they were only temporarily effective and very expensive. My surgeon suggested a spinal cord stimulator which gave me incredible relief, and I’m now back at work and studying at university. Being pain-free and drug-free is the most amazing feeling.”

Bernadette

Why we need the National Pain Strategy

Pain is one of the biggest health issues in Australia today and our third most costly health problem, yet it remains one of the most neglected and under-funded areas of health care. One in five Australians, including adolescents and children lives with chronic pain, increasing to one in three people over the age of 65, costing \$34.3 billion per year.ⁱ

Lack of access to services is a key issue, especially in regional and remote areas, where the prevalence of chronic pain is amongst the highest in the country.ⁱⁱ Long waiting times at tertiary pain centres continues to be a barrier to timely access to services in metropolitan areas.ⁱⁱⁱ

Impact of Chronic Pain in Indigenous Communities

Contrary to earlier beliefs, chronic pain conditions such as lower back pain (LBP) are impacting as severely upon indigenous Australians as non-indigenous Australians. This is having a significant impact on employment and cultural commitments in remote communities and appropriate government support is needed.^{iv,v}

Impact of Chronic Pain on Workplace Productivity

Pain affects millions of Australians and takes hundreds of thousands of people out of the workforce, reducing productivity and significantly affecting living standards, tax revenue and welfare dependence.^{vi, vii, viii, ix}

The number of people on disability payments with musculoskeletal and mood disorders is increasing. These conditions are the most common cause of long term disability, and the leading cause of Years Lived with Disability in Australia, according to the most recent Global Burden of Disease Study, with lower back pain number 1 in Australia and globally.^{x, xi}

Of those aged between 45 and 64 and unable to work due to chronic pain, 45% live in poverty and have accumulated approximately 85% less in savings, including for retirement, than those with no chronic health problems and able to work full time until age 65.^{vi, vii, viii, ix}

However, in most cases, chronic pain can be successfully managed with reduction in disability and significant improvement in return to work rates. Studies undertaken on behalf of WorkCover, the Motor Accident Authority NSW, WorkSafe and the Transport Accident Authority in Victoria have demonstrated this outcome.^{xii, xiii}

THE PREVALENCE OF PAIN IN AUSTRALIA

- One in five Australians, including adolescents and children
- One in three people over the age of 65
- 3.2 million Australians living with chronic pain, projected to increase to 5 million by 2050

THE ECONOMIC IMPACT OF PAIN IN AUSTRALIA

- Total costs \$34.3 billion per year
- Health system costs \$7 billion per year
- Productivity Costs \$12 billion due to lost workforce
- Lost tax revenue \$1.2 billion
- Increased welfare payments \$790 million

PainAustralia Board and Management

We have an experienced board which brings skills in law, corporate and financial strategy and management, health economics, consumer advocacy and clinical excellence to ensure a high level of strategic leadership and corporate governance.



Chair – Robert Regan

Appointed Chairman in April 2013, Robert is Partner in Charge of the Sydney Office of Corrs Chambers Westgarth, Member of the Corrs Executive Leadership Team and Director of the Australian Centre for International Commercial Arbitration. The Australian Finance Review lists Robert as one of Australia's 'Best Lawyers' for Infrastructure and Construction.



Treasurer – Geoffrey Applebee

Geoff is a highly experienced adviser to professional services firms and partners, and a director of a diverse group of companies and not-for-profit organisations, and an independent member of several government audit committees.



Director – James Wood AO QC (retired Dec 2013)

A former judge of the Supreme Court of NSW and Royal Commissioner into NSW Police Corruption, James was Chair of the NSW Law Reform Commission and Member of the Human Research Ethics Committee.



Director – Professor Deborah Schofield

Appointed in 2013, Deborah is Professor and Chair of Health Economics, NHMRC Clinical Trials Centre and School of Public Health, Sydney Medical School, University of Sydney. She has a national and international reputation for her work in economic modelling of the health system.



Director and Clinical Representative – Professor Milton Cohen

Milton is a pain physician and rheumatologist on the St Vincent's Sydney Campus, a Fellow of the Royal Australasian College of Physicians and a past Dean of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists, as well as its current Director of Professional Affairs.



Director and Clinical Representative – Professor Michael Cousins AO

A world-leading pain medicine specialist, Michael is Director of the Pain Management Research Institute, University of Sydney – Royal North Shore Hospital. He was the Chair of the National Pain Summit (Canberra, March 2010) and the International Pain Summit (Montreal, September 2010) as well as Founding Dean of the Faculty of Pain Medicine (ANZCA) and Founding President of the Australian Pain Society.



Director and Clinical Representative – Dr Tim Semple

Appointed in April 2013, Tim is the immediate past President of the Australian Pain Society, and a pain medicine specialist and anaesthetist in the Department of Anaesthesia, Hyperbaric Medicine and Pain Medicine at the Royal Adelaide Hospital.



Community Director – Diana Aspinall

Diana is the nominee of the Consumer Health Forum of Australia and is a Senior Consumer Representative. She is a retired Registered Nurse with a Masters in Health Promotion Planning, and is involved with several consumer and health organisations including the Nepean Blue Mountains Medicare Local



Community Director – Elizabeth Carrigan

Elizabeth is the nominee of the Australian Pain Management Association and has a background in education as well as a strong track record in health advocacy. She has been invited by the Chair of the IASP’s Education Special Interest Group to be a member of their international patient panel.



Chief Executive Officer – Lesley Brydon

A former pharmacist with experience in healthcare communications and advocacy, Lesley was Executive Director of the National Pain Summit (Canberra, 2010) and National Pain Strategy.

Painaustralia Members and Partners



Painaustralia works collaboratively with members and partners, including more than 150 organisations that contributed to the National Pain Strategy. Founding partners (category A members) the Australian Pain Society (APS) and the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists (FPM, ANZCA), provide much of Painaustralia’s core funding, along with the Pain Management Research Institute (University of Sydney, Royal North Shore Hospital). We are fortunate to have a number of corporate partners, pro-bono service providers and donors (see acknowledgements at page 19).

The National Pain Strategy has been supported by the majority of State and Territory Governments, the Consumer Health Forum of Australia and key initiatives are being undertaken by leading medical colleges and specialties, universities and peak bodies such as the Royal Australian College of General Practitioners, the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia, the Australian College of Nursing, Australian Practice Nurses Association, Arthritis and Osteoporosis Victoria, Arthritis and Osteoporosis Western Australia, the National Rural Health Alliance, as well as allied health bodies and private sector health care providers.

Painaustralia has also formed a partnership with the Australian Medicare Local Alliance, with more than half of the 61 Medicare Locals identifying pain as an area of need and most of these responding to this with education, training and clinical initiatives coordinated nationally through the AML Alliance in collaboration with Painaustralia.

2. RAISING COMMUNITY AWARENESS AND CHANGING ATTITUDES

Because pain is largely invisible, people who live with chronic pain commonly feel isolated and misunderstood – by co-workers, friends, family, and even healthcare professionals.

Chronic pain often leads to decreased enjoyment of, or inability to participate in normal activities, loss of function, role change, relationship difficulties, and diminished work capacity.^{xiv}

Despite its devastating impact, chronic pain struggles to get the same awareness as other disease entities such as cancer and mental health, although media interest is growing.

Media

An impressive collection of stories can be accessed on our website along with a range of moving and courageous personal stories from people living with pain.



“Hayley is a young, vibrant woman who hasn’t been able to work for five years and who may never find the strength to have children. She is part of a national tragedy... more than 2.5 million Australians are missing out on treatments that could improve not only their health and their quality of life, but that could also save the health system \$7 billion annually.”

The Australian Women's Health Weekly – January 2013



“We send soldiers to war with two jobs: kill people or inflict pain on them so they can't fight anymore... But we haven't tackled (the residual) pain with the full capacity of modern science... In a world where health funding is always rationed, chronic pain control has been left at the bottom of the ration list.”

*Professor Ken Donald AO, Patron Australian Pain Management Association
Good Weekend – September 2013*



“WA Health recognised the burden of persistent pain in the community... we wanted to have a resource that consumers could use that would be applicable to a broad range of people and overcome geographic obstacles... The resource provides consumers with practical, evidence – informed knowledge and skills to better manage their condition in collaboration with their health team.”

*Dr Andrew Briggs, Western Australian Health Department
with Dr Norman Swan, The Health Report, Radio National – April 2013*



“One in five Australians suffer from persisting pain. There is a lot you can do, don't feel overwhelmed, consult with your local health practitioners, and form a plan as to how you can do the things which are important to you. You've just got to try hard, keep going, keep motivated, and keep mobile.”

*Dr William Howard, Director, Austin Health Chronic Pain Services, Melbourne
A Current Affair, Channel 9 – May 2013*

Advocacy

With the aim of engaging stakeholders and providing input to health policy, Painaustralia representatives met with key government and opposition leaders and departmental officers, participated in government inquiries, made presentations to conferences, wrote articles for publication, exhibited at major events and participated in research projects.

Significant outcomes include the following:

- Funding of \$365,000 was allocated to Painaustralia in June 2013 by the Federal Department of Health for education and training of primary care professionals in collaboration with the Australian Medicare Local Alliance. Programs are now being delivered through the Faculty of Pain Medicine (ANZCA) and the Pain Management Research Institute, University of Sydney, in collaboration with the Australian Pain Society
- The NSW Minister for Health, Jillian Skinner, has made a recommendation to the Standing Council of the Australian Health Ministers' Advisory Council (AHMAC) for recognition of chronic pain as a chronic disease and for all states to participate in the National Pain Outcomes Database (ePPOC)
- Confirmation from the Federal Department of Health that people with chronic pain are eligible for treatment under a Chronic Disease Enhanced Care Plan
- The ACT government identified chronic pain as a chronic condition, not just a symptom of other chronic diseases, in its ACT Chronic Conditions Strategy 2013-2018
- Launch of the *Campaign for Pain Issues Paper* and website (campaignforpain.org.au). The campaign received official support from The Greens and a number of federal and state MPs, and 170 letters were sent to local MPs by supporters
- A Fact Sheet, *Chronic Pain – a Major Issue in Rural Australia*, produced by Painaustralia in collaboration with the National Rural Health Alliance

Submissions

- To Health Workforce Australia for funds for education, training and mentoring of primary care health care professionals, in collaboration with Australian Medicare Local Alliance. A small amount of funding was provided (see above)
- To the Review of Medicare Locals, supporting their crucial role in the development and delivery of multidisciplinary pain services in primary care
- To the development of the 6th Pharmacy Agreement, supporting the proposal for an expanded role for pharmacists in providing information on the need for multidisciplinary pain management and self-management strategies, in addition to their traditional role in providing medicines advice
- To the NSW Government Inquiry into the Medical Use of Cannabis, acknowledging a limited potential role for therapeutic products containing cannabinoids
- Three submissions to the Pharmaceutical Benefits Advisory Committee in relation of the PBS listing of pain medications
- Input to the National Disability Insurance Scheme (NDIS) Consultation Paper seeking to ensure people with chronic pain are considered appropriately within the NDIS
- Input to Suicide Prevention Australia Position Paper on *Chronic Illness, Chronic Pain and Suicide Prevention*
- Input to National Drug and Alcohol Research Centre (NDARC) POINT (Pain and Opioids in Treatment) study on opioid usage and risk of misuse and diversion
- Input to Victorian alcohol and drug association Position Paper: Chronic Pain and AOD

Events, Presentations and Editorial Contributions

- Painaustralia, in collaboration with consumer organisations, held a Consumer Symposium in Canberra, in conjunction with the Australian Pain Society's Annual Scientific Meeting (March 2013)
- *Walking Wounded* – a seminar for war veterans run by the Australian Pain Management Association in collaboration with the Department of Veterans Affairs and the Returned and Services League – targeted the needs of armed forces personnel (March 2013)
- The Painaustralia AGM lecture was presented by Professor Deborah Schofield, Chair of Health Economics, University Sydney, who spoke on the impact of chronic pain on productivity (April 2013)
- Painaustralia presented and exhibited at the Pharmaceutical Society of Australia Clinical and Practice Expo (May-June 2013)
- Painaustralia supported National Pain Week, hosted by Chronic Pain Australia to raise awareness and increase understanding of chronic pain (July 2013)
- Painaustralia exhibited at the Australian Medicare Local Alliance National Primary Healthcare Conference (November 2013)
- Educational workshops were delivered for the Pharmaceutical Society of Australia and the Faculty of Nursing, University of Sydney
- Editorial contributions were written for publications of the National Rural Health Alliance; Australian Practice Nurses Association; Pharmaceutical Society of Australia; Pharmacy Guild of Australia; Arthritis and Osteoporosis NSW; Consumers Health Forum of Australia; eHospice; and the Sydney Morning Herald, Opinion page

Why we need your support

Painaustralia is a registered not-for-profit charity with Direct Gift Recipient (DGR) status. We receive no government funding and depend entirely on the financial support of members and corporate partners, and the generosity and goodwill of pro-bono service providers, as well as collaboration with key stakeholders to carry out our work.

Many people look to Painaustralia for information and advice, including healthcare professionals, students, the media, and people living with pain as well as their families and friends. We are committed to achieving the goals of the National Pain Strategy and to do this, we need your support.

Membership information is available on our website: www.painaustralia.org.au

3. COMMUNICATING WITH MEMBERS AND STAKEHOLDERS

Painaustralia’s website has become a leading hub of information about pain with resources for health professionals, consumers and media, information about pain, recent research, events and links to related sites.

Our new website, *Campaign for Pain*, is focused on advocacy to raise awareness about the impact of chronic pain and seek support from policy makers.

Painaustralia’s fortnightly e-news bulletins now reach more than 2100 subscribers, and Painaustralia is active on social media, helping to promote new information and initiatives in pain. 19 newsletters were published and emailed in 2013, with subscribers more than doubling in the 12 month period.



www.painaustralia.org.au

- For calendar year 2013 - 30,349 unique visitors
- On average they visit 2.17 pages
- 81% from Australia
- Sessions about 2.5 minutes



www.campaignforpain.org.au

- In the six months Jul-Dec 2013 - 1,793 unique visitors
- On average they visit 2.6 pages
- 77.49% from Australia
- Sessions about 2.6 minutes
- More than 170 letters sent to MPs



4. ACTION TO ADVANCE THE NATIONAL PAIN STRATEGY

A great deal is being achieved to advance the goals of the National Pain Strategy with commitment and funding from state and territory governments, through Medicare Locals as well as through private health care providers and community organisations.

Progress through Medicare Locals:

Painaustralia's partnership with the Australian Medicare Local Alliance is supporting development of primary care pain services through facilitation of education, training and mentoring of health professionals.

More than 30 Medicare Locals have identified pain as an area of need in their communities, with the majority taking steps to develop workforce capacity and to provide services. A major barrier to this in most areas is lack of appropriately trained primary care professionals and restrictive funding options under Medicare. We report on these initiatives in more detail in our Progress Review of the National Pain Strategy, which can be accessed at www.painaustralia.org.au

Major projects include:

- STEPS (Self Educative Pain Management Sessions) is now operating in four Medicare Locals in Western Australia, with training and mentoring from Fremantle Pain Medicine Unit and Curtin University^{xv}
- The ACI pain network is helping to establish links between tertiary pain services and all Medicare Locals in NSW^{xvi}
- A grant from Hunter Medicare Local enabled the development of the Brief Early Intervention Program developed and run by Innervate Pain Management
- Gold Coast Medicare Local is running a persistent pain education pilot project – *Turning Pain into Gain*
- Development of Nurse Clinics: Trials underway with a pain management focus in Country North SA Medicare Local and Grampians Medicare Local, which has a focus on Musculoskeletal pain

Education and Training for Primary Care:

- Face-to-face education and webinar-based training is being delivered for Medicare Locals by the Pain Management Research Institute, University of Sydney (PMRI) facilitated by the AML Alliance and Painaustralia
- The Royal Australian College of General Practitioners and the Faculty of Pain Medicine (ANZCA) have developed a free online pain management education program for GPs also available to nurses and allied health through GP learning
- New web-based education is in development as a partnership between FPM (ANZCA), the AML Alliance and Painaustralia
- The Discipline of Pain Medicine, University of Sydney is running Pain Symposia for undergraduates in Medicine, Health Sciences and Law
- Numerous education and training initiatives for primary care health professionals are being conducted by FPM (ANZCA) and APS members, with some funded by Painaustralia Collaboration members
- *Pain Heroes* – a chronic pain management program for Aboriginal and Torres Strait Islander People initiated by the Institute for Urban Indigenous Health, and other programs for Indigenous health workers are in development

State by State Progress

There has been considerable progress to implement the recommendations of the National Pain Strategy at state level.

New South Wales:

Funding of \$26 million was provided by the NSW Government for a state-wide pain plan. The plan is being implemented under the direction of the NSW Agency for Clinical Innovation Pain Network and major advancements – many of which have national benefits – include:

- Comprehensive web-based resources for health care professionals and consumers, available at www.aci.health.nsw.gov.au/chronic-pain
- A paediatric outreach pain service managed jointly by the Sydney Children's Hospital and Westmead Children's Hospital
- Development of a national persistent pain outcomes database (ePPOC), managed by Wollongong University. This is now collecting data from 30 pain clinics in NSW and Victoria and is being expanded to include other states
- Enhancement of services (including paediatric pain services at John Hunter Hospital) in 11 metropolitan hospitals. Most of these are providing outreach services through Telehealth
- Establishment of five Regional Tier 2 Services (Orange/Dubbo, Tamworth, Port Kembla, Port Macquarie and Lismore)
- All tertiary pain centres are connecting with their Medicare Locals to provide support for primary care services, helping to reduce long wait times for access to multidisciplinary pain clinics, where average wait time was around two years
- A new tertiary pain management service has been established at Greenwich Hospital, run by Hammondcare, with a multidisciplinary team led by Professor Philip Siddall. The team has authored *The Pain Book*, a valuable resource for health professionals and consumers
- Dr Melanie Lovell, Director of Palliative Care at Greenwich Hospital, chaired the working group for development of the *Australian Cancer Pain Management Guideline and Implementation Strategy*
- New pain services are being delivered by Hunter Pain Clinic and Innervate

NSW Health Funding for Research and Education:

- Funding for WorkCover early intervention trial with NSW health workers. A similar trial is being conducted with the Motor Accident Authority (led by the PMRI with The George Institute)
- Funding for the PMRI as the NSW lead centre for pain management research and education
- Renaming of Royal North Shore Hospital's Pain Management Centre as the 'Michael J Cousins Pain Management and Research Centre' by The Hon. Jillian Skinner, MP

Queensland:

- QLD Health allocated \$39 million in 2011 for a state-wide pain management plan
- Pain clinics now operating in Royal Brisbane and Women's Hospital, Brisbane South Metro, Gold Coast, Sunshine Coast, and Townsville
- The clinics are now supporting primary health care professionals with education, training and mentoring, with the aim of reducing wait times
- Community support groups run by The Australian Pain Management Association have expanded and are now operating in Brisbane, Gold Coast, Townsville, Mackay, and Bundaberg, with no committed funding
- St Vincent's Private Hospital opened a new \$3 million Queensland Centre For Pain Management, which offers an adult pain program and *LEAP into life*, an innovative program for adolescents as well as treatment facilities
- *Support Kids in Pain* (SKIP) based in Brisbane is operating as Australia's first not-for-profit organisation providing multidisciplinary treatment, support and education to children aged 15 and under living with chronic pain and their families. It supports and then helps transition appropriate adolescents into the LEAP program for continued pain support

Victoria:

- The Sub-acute Ambulatory Care Services (SACS) has been enhanced to embrace improved pain management
- Three new regional Tier 2 clinics are now operating at La Trobe, Shepparton and Bendigo, in addition to Barwon/Geelong, to improve access to pain services
- A total of 13 tertiary pain clinics are now operating across the state and collecting data through ePPOC
- A program supported by WorkSafe Victoria and the Transport Accident Commission has increased the availability of skilled health professionals and case managers providing early intervention pain management programs for compensable clients in Melbourne

Western Australia:

- WA Health funded a \$600,000 dedicated pain service for children and adolescents at Perth's Princess Margaret Hospital
- PainHEALTH – a valuable website resource for consumers and health professionals on musculoskeletal pain funded by WA Health was launched and has now had more than 1.5 million hits, and almost 70,000 visitors from more than 82 countries
- WA Health Networks have been expanded to incorporate a pain management group linking with state-wide pain services
- Fremantle Hospital Pain Medicine Unit has supported the development of primary care pain services in several Medicare Locals
- WA Health and Arthritis and Osteoporosis WA have funded the provision of interprofessional pain management education in metropolitan and remote areas
- Curtin University is providing interprofessional pain education and Rural Roadshows taking pain management education into regional areas of the state
- WA Health funded a project to improve pain management skills among indigenous health workers
- Notre Dame University, Fremantle announced plans to establish a Chair of Pain Medicine, with a major donation from Perth philanthropists Geoff and Moira Churack

Australian Capital Territory:

- ACT Health identified chronic pain as a separate chronic condition, not just a symptom of other chronic diseases, in its ACT Chronic Conditions Strategy 2013-2018, after strong advocacy efforts by the Canberra-based arm of the Australian Pain Management Association and other consumer organisations
- ACT Health funded (\$1.5 million) for the establishment of a Tier 1 pain clinic at Canberra Hospital, and appointed Dr Romil Jain as Director to revamp pain services across the hospital

Tasmania:

- Tasmania Medicare Local has employed a pain program manager who is facilitating pain education for primary care health professionals to expand access to services

Research:

Research initiatives in Australia and internationally continue to shed light on the factors that influence the development of chronic pain – such as genetics, social and environmental factors – as well as new pharmacological and non-pharmacological approaches to treatment.

Currently, pain is not designated as an NHMRC priority area and this should be reviewed given the urgent need for greater understanding and better treatments for chronic pain as well as the significant opportunities for world leadership and potential export revenue from radical new developments and technologies.

“When people join our online forum they get an overwhelming sense of relief that they are not alone. They can talk to other people and access a wealth of information.”

Mary Wing – Chronic Pain Australia
www.chronicpinaustralia.org.au

“Often when people call our helpline, they are in crisis or on the verge of suicide. APMA provides urgently needed, practical help and support to manage their distress.”

Elizabeth Carrigan – Australian Pain Management Association
Pain Link Helpline: 1300 340 357

6. FUTURE ACTIVITIES

Painaustralia conducted a review of the progress of the National Pain Strategy to report on at our Annual General Meeting on April 29, 2014 at Parliament House in Canberra. This is available for comment on our website – www.painaustralia.org.au

The report will inform the development of our next three-year strategic plan.

Our future advocacy work will aim to address the impact of chronic pain on workplace productivity, drawing on evidence that early intervention and improved management of pain can improve health outcomes, prevent disability and reduce welfare payments.

We are planning a pilot study to demonstrate and evaluate the health outcomes and economic benefits that could be achieved by implementing the multidisciplinary model of care at primary care level, nation-wide.

Finding future sources of funding to support Painaustralia's continuing operations remains an absolute priority, so we welcome your membership, support and donations.



"The hardest thing was accepting that one way of living came to a grinding halt. I was taken over by pain and had to quit my job, it ended up being two years before I could really get back into the workforce again. I feel like my life is a lot more normal now."

Andrew

Source: www.painmanagement.org.au

"The Medicare Local framework provides an opportunity to accelerate the development of crucial new services at primary care and community levels, and GP-led primary care teams must play a key role."

Dr Ian Thong – GP and Co-Chair, Primary Care Committee, ACI Pain Network

ACKNOWLEDGEMENTS

We would like to express our sincere thanks to the following companies and individuals who have generously provided us with pro-bono services:

- Corrs Chambers Westgarth for legal services
- Deloitte Touche Tohmatsu for the PainAustralia audit
- Financial Reporting Specialists (FRS) for the preparation of financial statements
- Moore Stephens Sydney for Taxation Advice
- Morris and Partners for graphic design work
- Frame Set Match for video production services
- Jane Baré for HR and recruitment advice and assistance
- PainAustralia offices are provided by Lesley Brydon

We also acknowledge and thank the Faculty of Pain Medicine, ANZCA and The Australian Pain Society for financial support, and members of the PainAustralia Collaboration for the provision of unencumbered educational grants to assist in our work:

- CSL Ltd/Grunenthal Australia Ltd
- Mundipharma
- Pfizer Australia

We also acknowledge and thank the following for major donations:

- Pain Management Research Institute, University of Sydney
- Graham and Pam Nock Foundation
- Medtronic Australia

REFERENCES

- ⁱ MBF Foundation (2007). The high price of pain: the economic impact of persistent pain in Australia. Pain Management Research Institute, University of Sydney
- ⁱⁱ National Rural Health Alliance Fact Sheet: October 2013. Chronic Pain – A Major Issue in Rural Australia
- ⁱⁱⁱ Semple, T.J. and Hogg, M.N. Waiting in Pain Editorial. *MJA* 196 (6) April 2012
- ^{iv} M Webster and J Francis, Proceedings, APS ASM Darwin 2011
- ^v Ivan, L. et al. 'I am absolutely shattered': The impact of chronic low back pain on Australian Aboriginal people *Eur J Pain* 2012 16 1331-1341
- ^{vi} Schofield, D. et al. The personal and national costs of lost labour force participation due to spinal disorders: impacts on income, taxes, government support payments. *The Spine Journal* 2013 12(12): 1111-8
- ^{vii} Schofield, D. et al. The personal and national costs of lost labour force participation due to arthritis: an economic study', *BMC Public Health* 2013, 13:188 doi:10.1186/1471-2458-13-188
- ^{viii} Schofield, D. et al. Labour force participation and the influence of having back problems on income poverty in Australia. *Spine* 2012 37(13): 1156-63
- ^{ix} Schofield, D. et al. Early retirement and the financial assets of individuals with back problems. *European Spine Journal* 2011 20(5): 731-736
- ^x Schofield, D. et al. Impact of chronic disease on labour force participation. *MJA* 2008. 189:447-450
- ^{xi} GBD Profile: Australia. Downloaded from www.healthmetricsandevaluation.org 10/03/14
- ^{xii} Nicholas, M. et al. WorkCover Trial with Injured Workers, February 2014
- ^{xiii} Daly, A. Guiding compensable clients out of pain. Australian Physiotherapy Association. *InTouch* 2013
- ^{xiv} Cohen, M. et al. Stigmatisation of patients with chronic pain: the extinction of empathy. *Pain Medicine* 2011 Nov;12(11):1637-43
- ^{xv} 'STEP-PING into the Pain Gap in primary Care at the Perth North Metro Medicare Local WA'. National Primary Health Care Conference 2012
- ^{xvi} NSW Pain Management Plan 2012-2016 – NSW Government Response to the Pain Management Taskforce Report

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