



painaustralia annual report 2012

painaustralia™
working to prevent and manage pain

“ *With one in five Australians including adolescents and children living with chronic pain, rising to one in three people over 65, it's time to make pain a national health priority.* **”**

Professor Michael Cousins AM

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CHAIRMAN'S FOREWORD

As Painaustralia reports on our second year of operation, it is encouraging to see that the recommendations of the National Pain Strategy are being adopted in a number of health jurisdictions.

Two states – New South Wales and Queensland – are now implementing state-wide pain management plans while others are integrating pain management into their chronic disease management frameworks. A total of 14 new regional pain centres have opened up in three states, and progress is also being made to improve access to education and training for health professionals.

At the national level, Painaustralia is working with the Australian Medicare Locals Alliance to support Medicare Locals to establish pain services in their communities.

Painaustralia brings together the entire pain community including healthcare professionals, consumers and other stakeholders. Together we have the capacity to influence policy makers and healthcare providers to transform the way that pain is understood and managed. While progress to date is very positive, there is still a great deal more to be done.

Painaustralia receives no government funding. We depend entirely on the financial contributions of members and supporters and the generosity and goodwill of pro bono service providers. Our small executive team do a remarkable job with very limited resources and we are indebted to many of our member organisations for their collaboration and support.

I would like to sincerely thank those organisations and other key contributors: our national Board of Directors, the organisations that support us financially and the many health professionals and community representatives who are committed to our goals.

We still have a long way to go together and our priority must be to gain the formal commitment of all Australian governments, to recognise pain as a health priority.

Perhaps 2013 is the year when that can happen.



Robert Regan
Deputy Chairman

Note: Sadly, our Chairman, James Strong AO passed away prior to completion of this report. Deputy Chairman Robert Regan has stepped in to present this foreword.

CHIEF EXECUTIVE OFFICER'S MESSAGE

Five years ago I resigned from my role as Executive Director of the Advertising Federation of Australia. I was living with severe daily pain and my capacity to do the job effectively was compromised.

I decided to stop work and focus on my health. To try and conquer the constant pain and increasing disability I was facing from advanced osteoarthritis.

That was when I met Michael Cousins and found that one in five people live with chronic pain, and at my age, one in three. In many cases, pain much worse than mine. At least my pain had a name, and a distinct cause; for many others, the cause of their pain was undiagnosed; and attempts at treating it unsuccessful.

I have since learned that back problems and arthritis – both associated with chronic pain – are the most common reasons for people to drop out of the workforce. Clearly, I was not alone.

In an era when there have been so many advances in healthcare and in a fortunate country like Australia, this seemed totally unacceptable. And worse than that, Australia was not the only country with this shameful secret.

But things are changing at a rapid pace. Three years ago, Australia held the world's first National Pain Summit. We developed the world's first National Pain Strategy. And since the formation of PainAustralia in 2011, there has been a significant shift in awareness of chronic pain – in the media, the community and a growing number of health jurisdictions, as you will read in this report.

This is good. But it's not good enough.

Many individuals – people with pain, health professionals and enlightened health authorities – have contributed to the work that has been done to improve pain services. But these efforts are fragmented, under-funded and in need of national co-ordination.

There is an urgent need for leadership by the Federal Government to make pain a national health priority. Pain may not kill people like cancer and heart disease, but it can destroy people's lives. And since most of us are now living longer, it would be nice to be able to look forward to a long working life and a retirement without pain.

We must continue our efforts to achieve this goal.



Lesley Brydon
Chief Executive Officer

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

Painaustralia is a national network of healthcare, consumer and related organisations, formed in 2011 to facilitate implementation of the National Pain Strategy.

Our network spans the entire pain community creating a strong alliance which aims to influence policy makers, funders, healthcare providers and the community to transform the way pain is understood and managed.

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

The National Pain Strategy: is the result of 15 months of collaborative work by more than 200 health professionals, consumers and other stakeholders, culminating in the National Pain Summit, held in Canberra in 2010.

The Strategy provides a national framework for delivering best practice assessment, treatment and management of acute, chronic and cancer-related pain, with a focus on improving access to Interdisciplinary pain services at all levels of the health system.

The goals of the National Pain Strategy:

1. People In pain as a national health priority;
2. Knowledgeable, empowered and supported consumers;
3. Skilled professionals and best-practice evidence-based care;
4. Access to interdisciplinary care at all levels;
5. Quality improvement and evaluation;
6. Research.

The National Pain Strategy is aligned with recommendations developed by the International Association for the Study of Pain, and is a world-first.

THE CATEGORIES OF PAIN COVERED BY THE NATIONAL PAIN 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 is commonly due to surgery, trauma or other condition, but can exist without any clear cause.

Cancer pain: a side-effect of treatment, or due to the cancer itself.



“I participated in a three week intensive pain management program, where through my own hard work and the support of facilitators, I learned techniques to manage my pain. I was weaned off all medication including daily opioids within the first week. Today I manage my pain through regular meditation, plenty of stretches and daily walks. The program was a God-send; my enthusiasm for life is back.”

Peter

Why we need the National Pain Strategy

Pain is one of the biggest health issues today – yet it remains one of the most neglected areas of healthcare.

Chronic pain ranks third only to cardiovascular disease and musculoskeletal conditions in health expenditure. It is estimated that half of the \$7 billion cost of chronic pain to the health system could be saved by providing effective and timely treatment.

One in five Australians lives with chronic pain, including adolescents and children, rising to one in three people aged over 65.¹

Up to 80 percent of these people are missing out on treatment that could improve their health and quality of life – due to a serious shortage of pain services and qualified health professionals.²

For acute or cancer pain, it is estimated that 50 percent of adults and children are under-treated, despite the possibility of effective treatments for most patients.³

There are only five dedicated pain clinics for children in public hospitals across Australia, and pain clinics for adults are severely limited especially in regional, rural and remote areas and in indigenous communities.

Pain presents a major problem in residential and community aged care. Data from the Department of Health and Ageing reveals that 80 percent of people in residential aged care report pain as a problem, and 92 percent are taking at least one analgesic medication daily. Studies by the National Ageing Research Institute found that pain in aged care facilities is frequently under-treated or over-treated and very poorly managed in people with dementia, due to their difficulty in communicating pain.

Left untreated, chronic pain can affect all aspects of life, such as sleep, sex, work, exercise and routine self-care. This can have a devastating impact on personal relationships, social interactions and lifestyles.

THE PREVALENCE OF PAIN IN AUSTRALIA

- One in five Australians, including adolescents and children, lives with chronic pain.
- A 2007 survey estimated that 3.2 million Australians live with chronic pain, and this figure is projected to increase to 5.0 million by 2050.
- People with disability are almost 10 times more likely to have severe pain than those without disability.⁴

THE ECONOMIC IMPACT OF PAIN IN AUSTRALIA⁵

- The total cost of chronic pain is estimated at \$34.3 billion per annum.
- Productivity costs represent \$11.7 billion per annum.
- Health system costs represent \$7.0 billion per annum.
- Chronic pain is the third most costly condition in health expenditure.

Painaustralia Board and Management

We have a capable Board of Directors with extensive experience in corporate governance. It includes people with clinical expertise in pain as well as community directors with expertise in law, financial management, education and consumer advocacy.



Chair – James Strong AO

A widely respected business leader, James was on the board of several companies and committees, chairing many of them. In 2006 he was made an Officer of the Order of Australia for services to business and commerce, and to the arts as an administrator and philanthropist.



Deputy Chair – Robert Regan

Robert is Partner in Charge of the Sydney office of Corrs Chambers Westgarth, and Director of the Australian Centre for International Commercial Arbitration.



Treasurer – Geoffrey Applebee

Geoff is a highly experienced adviser to professional services firms and their partners and is 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

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



Director – Kieren Perkins OAM

Kieren is State Manager QLD National Australia Bank Private Wealth. One of the greatest swimmers of all time, he was awarded the Medal of the Order of Australia in 1992. He is also a dedicated carer for his son Harry, who lives with chronic pain.



Community Director – Diana Aspinall

Diana is the nominee of the Consumer Health Forum of Australia. She is a retired Registered Nurse with a Masters in Health Promotion Planning, and is involved with several consumer and health organisations.



Community Director – Elizabeth Carrigan

Elizabeth is the nominee of the Australian Pain Management Association. She has a background in education and a strong track record in health advocacy.



Clinical Representative – Associate Professor Milton Cohen

Milton is a rheumatologist and pain physician on the St Vincent's Sydney Campus and a past Dean of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists.



Clinical Representative – Professor Stephen Gibson

Stephen has dual roles as Psychologist at the National Ageing Research Institute (Royal Melbourne Hospital), and Professor in the Department of Medicine, University of Melbourne.



Clinical Representative – Professor Michael Cousins AM

A world-leading pain medicine specialist, Michael is Director of the Pain Management Research Institute (University of Sydney/Royal North Shore Hospital). He was Chair of the National Pain Summit (Canberra, 2010) and the International Pain Summit (Montreal, 2010).



Chief Executive Officer – Lesley Brydon

A former pharmacist with experience in corporate communications and healthcare 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 the 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).

Why we need your support

We are a registered not-for-profit charity with Direct Gift Recipient (DGR) status. We receive no government funding and depend entirely on the financial contributions of our members and supporters, and the generosity and goodwill of pro bono service providers.

Operating within a very limited budget, the CEO and two part-time staff are responsible for government and stakeholder advocacy; media relations and publicity; researching, writing or collaborating on submissions on key issues; writing and distributing e-news and newsletters; membership administration; maintaining our website; communicating through social media; and organising events.

Many now look to Painaustralia for information and advice, including healthcare professionals, the media and people living with pain.

We are committed to continue working to achieve the goals of the National Pain Strategy and to do this, we need and welcome your support.

2. COMMUNITY AWARENESS AND DESTIGMATISATION

There is a need to transform the way that pain is understood within the community and destigmatise the predicament of people with pain, especially chronic pain.

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

Chronic pain commonly leads to decreased enjoyment of normal activities, loss of function, role change, relationship difficulties and diminished work capacity.⁶

People who have never experienced chronic pain can be inclined to dismiss those who do as being weak, unable to cope, with a “low pain threshold”.

It's fair to say that pain is where depression was 40 years ago – widely misunderstood, highly stigmatised and poorly treated. Yet today, depression has been legitimised. We know it can be a serious biological illness, that if left untreated can ruin lives and lead to suicide.

Sadly, chronic pain struggles to get the same awareness, despite the fact that it too destroys lives and the risk of death by suicide is twice as high in people who have chronic pain.⁷

Children with chronic pain often drop out of school, and can become socially withdrawn and isolated, fail to achieve their academic potential, and miss job opportunities. Their families are also affected, with parents missing work and siblings marginalised.⁸

THE PSYCHO-SOCIAL IMPACT OF CHRONIC PAIN

- Four in five people with chronic pain aged 20-24 report interference in daily life. The second highest reported interference is in the 55-59 age group.¹
- One in five Australian adults with severe or very severe pain also suffer from depression or other mood disorders.⁹
- Risk of death by suicide may be twice as high in people who have chronic pain.⁷
- Back problems and arthritis, both associated with chronic pain, are the most common reasons for people to drop out of the workforce, accounting for 40 percent of forced retirements.¹⁰



“Our son Ronan was just two when he was diagnosed with polyarticular juvenile arthritis, and the past two years have been a nightmare. Ronan needs strong medications morning and night, an injection every four days, and he has chemotherapy once a week, which makes him feel terrible. He has regular appointments with the GP, paediatrician, rheumatologist, occupational therapist, eye specialist and paediatric rheumatologist. Ronan's brother wishes he could do magic to make Ronan better. And so do we.”

Scott



“I went from being a futures trader, planning to pay off a house with my bonuses, to struggling to pay the rent on the disability pension. In my darkest moments, I attempted suicide three times. The pain from my back was overwhelming, and I couldn't cope any longer. Today, thanks to a spinal cord stimulator and the lessons I learned from a multidisciplinary pain management program, I've accepted my pain, and I'm much happier.”

Charmian

Advocacy

With the aim of informing stakeholders and influencing health policy, Painaustralia met with key Government and Opposition leaders, participated in a number of government inquiries, made presentations to various stakeholder groups, provided articles for publication and exhibited at major events.

Meetings with government: The Hon Tanya Plibersek MP, Federal Minister for Health
The Hon Peter Dutton MP, Shadow Minister for Health
Senator Concetta Fierravanti-Wells, Shadow Minister for Mental Health and Ageing
Senator Nick Xenophon, Independent Senator for South Australia
Senator Clare Moore, Labor Senator for Queensland
Mr Nathan Smyth Director General, Population Health Division, Department of Health and Ageing
Professor Chris Baggoley, Chief Medical Officer, Department of Health and Ageing
Dr Graeme Killer AO, Chief Medical Officer, Department of Veteran's Affairs
The Hon Jillian Skinner, NSW Minister for Health and Minister for Medical Research

Meetings with policy advisors: The Hon Tony Abbott MP, Leader of the Opposition
The Hon Mark Butler MP, Minister for Mental Health and Ageing
The Hon John Hill MP, Minister for Health South Australia
The Hon David Davis MLC, Minister for Health Victoria

Submissions: Health Workforce Australia
NSW WorkCover Review
Review of Disability Support Pension Assessment Tables
Medical Use of Cannabis
Pain Management in Aged Care (Letter to Minister for Mental Health and Ageing, The Hon Mark Butler)
Concern about opioid misuse highlights the issue of chronic pain (Sydney Morning Herald Opinion and Letter to Health Minister Tanya Plibersek and Department of Health and Ageing)

Presentations: National Primary Care Health Conference
Much Ado About Pain Consumer Conference Melbourne
Pharmaceutical Society of Australia Lecture Series
Hunter Pain Clinic (The clinic made a generous donation to Painaustralia)
Prince of Wales Hospital Pain Clinic

Exhibitions: National Primary Care Health Conference, Adelaide
Pharmaceutical Society of Australia Conference, Sydney

Raising community awareness and changing attitudes

There is growing media interest in the issue of chronic pain. Prominent publications, such as *The Australian*, *The Sydney Morning Herald* and *The Age*, television programs such as *The 7.30 Report* and *SBS Insight* and radio programs including *Radio National Life Matters*, 2 UE Alan Jones, have broadcast in-depth interviews.

Major features have appeared in *Men's Health* magazine and *The Australian Women's Weekly Health Report*. *The Medical Journal of Australia* published a detailed report informed by the Australian Pain Society's landmark *Waiting in Pain* report and the Department of Veterans' Affairs devoted the March issue of its *Men's Health Peer Education* magazine, to chronic pain.

Painaustralia contributed articles to *The Australian Journal of Acupuncture* and *Chinese Medicine*, *Primary Times* (journal of the Australian Practice Nurses Association), and *Health Voices* (journal of the Consumer Health Forum) and *The Sydney Morning Herald*.

Painaustralia supported National Pain Week (July 22-28), which attracted wide media coverage, and the Global Year Against Pain, hosted by the International Association for the Study of Pain.

An impressive collection of stories can be accessed on our website (www.painaustralia.org.au), along with a range of moving and courageous personal stories from people living with pain.

3. COMMUNICATING WITH MEMBERS

Painaustralia's website is a portal for information about pain, with resources for health professionals, consumers and media, information about pain and recent research, events and links to related sites.

The site receives around 3,000 hits per month, some 70 percent are new visitors, and 30 percent returning visitors.

Our fortnightly e-news bulletins reach more than 1000 subscribers here and overseas, while two printed newsletters were issued during the year. We also maintain an active social media presence.



“I used to self-medicate with over-the-counter medication, above the recommended dosage, because the pain was unbearable. It started when I was 15 as period pain, and it took more than 10 years to diagnose endometriosis. It affected my ability to study and work, and I found the lack of understanding shown by doctors, teachers and employers very frustrating. Since I couldn't say anything other than I was suffering from period pain, many people didn't understand how serious it was.”

Olivia

4. PROGRESS WITH THE NATIONAL PAIN STRATEGY

Following is a summary of progress being made in line with the goals of the National Pain Strategy. Painaustralia congratulates the state health authorities, working groups, healthcare professionals, consumer organisations and individuals whose commitment and hard work has begun to transform understanding and treatment of pain.

GOAL 1: People in pain as a national health priority

While the Federal Government has acknowledged the National Pain Strategy, pain is not yet recognised as a health priority and there is no federal funding for pain.

Federal Health Minister, Tanya Plibersek has encouraged our work with the Medicare Locals and acknowledged the achievements of Perth North Metro Medicare Local, where the STEPS (Self Training Educative Pain Sessions) Program has reduced waiting times at Perth and Fremantle pain clinics from two years to two months and substantially reduced GP visits and the demand for surgery.

Action by State Health Departments:

Australian Capital Territory: The new ACT Government's health policy includes funding of \$1.2 million for pain services at Canberra Hospital.

Queensland: Funding of \$39.1 million allocated by Queensland Health in 2010 over four years has enabled the establishment of three new regional Persistent Pain Management Services (PPMS) in North Queensland (Townsville), Sunshine Coast and the Gold Coast, in addition to a new community based Persistent Pain Management Service within the Metro South Hospital and Health Service in Brisbane, to complement the existing service at Royal Brisbane and Women's Hospital. Funding for the four new services will be recurrent from the 2013-14 financial year.

Recent developments include:

- North Queensland PPMS provides consultations via telehealth services for patients residing in rural and remote areas.
- Sunshine Coast PPMS has a close relationship with many general practitioners in the local area, organising regular general practitioner interest group meetings.
- The service located at the Royal Brisbane and Women's Hospital is currently redesigning its model of care to align with the other services.
- Patient fact sheets have been developed to assist patients with self-managing persistent pain. These fact sheets, developed with consumer input, will soon be available at the services, as well as on the Queensland Health Persistent Pain website.

New South Wales: The launch of the NSW Pain Management Plan with funding of \$26 million over four years, has enabled the establishment of four new regional pain centres in Port Macquarie, Port Kembla, Tamworth and Orange hospitals and enhancement of services in Lismore Hospital, in addition to the development of a multi-disciplinary regional children's service at John Hunter Children's Hospital.

The NSW Agency for Clinical Innovation (ACI) Pain Network is leading a number of initiatives that have the potential to be of benefit nationally, including:

- Development of evidence-based clinical resources for pain management for primary care health practitioners, which will be valuable tools for use within Medicare Locals.
- Development of a web-based consumer educational resource and service directory.
- An outreach program to provide access to paediatric pain services in regional areas.
- A pain outcomes database to enable the systematic collection and evaluation of data, being developed by Wollongong University in collaboration with health authorities in other states.

NSW Health also made the first major ongoing commitment by any Australian government to fund basic and clinical research.

We especially acknowledge the work of the ACI for its leadership. While the ACI's primary goal has been to deliver a comprehensive state plan, it has never lost sight of how this work can eventually be of benefit nationally.

Victoria: In 2011-12, the Victorian Government committed an additional \$9.3 million to its Subacute Ambulatory Care Service (SACS), after a review of pain services in the State identified pain as a growth area. The funding established new interdisciplinary pain clinics in the regional centres of Shepparton and Traralgon, in addition to the regional clinics already operating at hospitals in Ballarat, Bendigo and Barwon.

Western Australia: WA Health has progressed efforts towards implementation of the National Pain Strategy through improving integration of pain services between the tertiary hospital sector and primary care. A draft framework has been completed which describes the delivery of health services for people with musculoskeletal health conditions, including musculoskeletal pain.

Dr Stephanie Davies Head of Service at the Pain Medicine Unit at Fremantle Hospital has led the development of the primary care STEPS (Self Training Educative Pain Sessions) program at Perth North Metro Medicare Local, and she and the PNMML team are mentoring other Medicare Locals in the development of similar services.

South Australia: While SA Health has acknowledged the National Pain Strategy and the potential to integrate pain management services into its Statewide Clinical Networks, no formal state strategy has been developed. Pain services are provided in some regional areas through Medical Specialist Outreach Assistance Program (MSOAP).

Of national importance, is the education and advocacy work of Adelaide Gynaecologist and Pain Medicine Specialist Dr Susan Evans, who with Professor Theiry Vancaille of the Royal Women's Hospital, Sydney, has led a nationwide effort to improve knowledge and treatment of pelvic pain. Recently they have found an influential ambassador in writer and sex therapist Bettina Arndt.

Tasmania: Improved access to pain services is a priority in Tasmania, where the Royal Hobart Hospital Pain Clinic is providing education for GPs and working through the MSOAP to develop local pain networks in the north and north-west of the state. Recent enhancements in the model of care at the Clinic have reduced wait times from 18 months to four months.

The Department of Health and Human Services in collaboration with the National Drug and Alcohol Research Council has reviewed opioid prescribing in the state in the context of the states's average per capita consumption of opioids, which is 36 percent higher than the national average. The resulting report, *A Review of Opioid Prescribing in Tasmania – A Blueprint for the Future*, provides recommendations to support quality use of medicines and avoid harm from misuse of opioids.

GOAL 2: Knowledgeable, empowered and supported consumers

There is substantial evidence that people with chronic pain who engage in active approaches to managing their pain have less disability and better health outcomes than those who depend on passive therapies, such as "hands on" treatments, medication and surgery alone.¹¹

Self-management begins with helping people understand that chronic pain is unlikely to disappear entirely and that treatment is unlikely to return them to their previous condition. It results in people taking ownership of their own pain management program.

Painaustralia promotes this knowledge by providing information for individuals and organisations. Painaustralia Community Directors Elizabeth Carrigan and Diana Aspinall and our Consumer Committee contribute to this work.

Member organisation, the Australian Pain Management Association (APMA) provides Pain Link, a help line for people in pain, while APMA and Chronic Pain Australia provide web based resources and community support for consumers – all without any government funding.

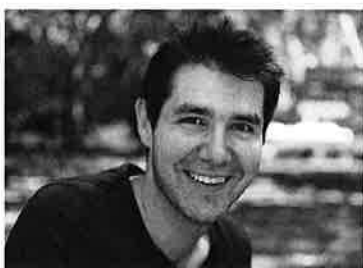
We urgently need to achieve Federal Government support and funding for these vital community initiatives. It is encouraging to see the government funded Men's Shed Association offering counselling and support for men with chronic pain.

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

The lack of access to pain services is directly related to the shortage of qualified pain specialists and the lack of pain education and training for multi-disciplinary health professionals. Some progress is now being made to address this:

- The Royal Australian College of General Practitioners has launched an online pain management education program for GPs, *Effective Pain Management in General Practice*. Developed in collaboration with the Faculty of Pain Medicine of the Royal Australian and New Zealand College of Anaesthetists, it provides tutorials on pain diagnosis, psychological factors, chronic pain, neuropathic pain, low back pain, and the use of opioids in pain management.

- The Pain Management Research Institute, University of Sydney/Royal North Shore Hospital, (PMRI) has expanded its program of Multidisciplinary Pain Management Workshops for healthcare professionals.
- The PMRI team has also developed a webinar program to provide interactive training for multidisciplinary pain teams in regional areas.
- The Department of Health and Ageing funded Mental Health Professionals Network has expanded its programs to facilitate knowledge sharing on Persistent Pain and Mental Health, with support from Painaustralia.
- Three new pain management specialist training posts will become available in 2013. Funded by the Federal Government through the Australian and New Zealand College of Anaesthetists, the posts will be at North Queensland Persistent Pain Service, the Barbara Walker Pain Centre at St Vincent's Hospital in Victoria, and the Melbourne Pain Group.
- The release of World Health Organisation Guidelines on the Pharmacological Treatment of Persisting Pain in Children with Medical Illnesses in March 2012, provides a valuable resource to address this critical area of need.
- New evidence-based clinical practice guidelines for cancer pain management in adults are in the final phase of development.
- For undergraduates, the Discipline of Pain Medicine at University of Sydney held its Inaugural Pain Management Symposium in March 2012, attracting more than 300 undergraduates from a range of healthcare disciplines.
- The Australian Pain Society's Annual Scientific Meeting, held at Darwin Convention Centre, continues as the flag ship educational event for multidisciplinary health professionals. International keynote speakers in 2012 included Dr Nadine Attal, Professor Celeste Johnston and Professor Allan Basbaum



“I have constant “pins and needles” in my hands and feet, a burning sensation over the right side of my body, and I get sharp pains in my arms and legs 24/7. Touching or hugging someone, holding a phone, opening a door, or doing most things other people take for granted, causes me pain. My family and friends often forget I have MS because I’m always smiling, and I just get on with life, but when I’m lying in bed the pain is more than real. I’m lucky if I get two hours sleep a night.”

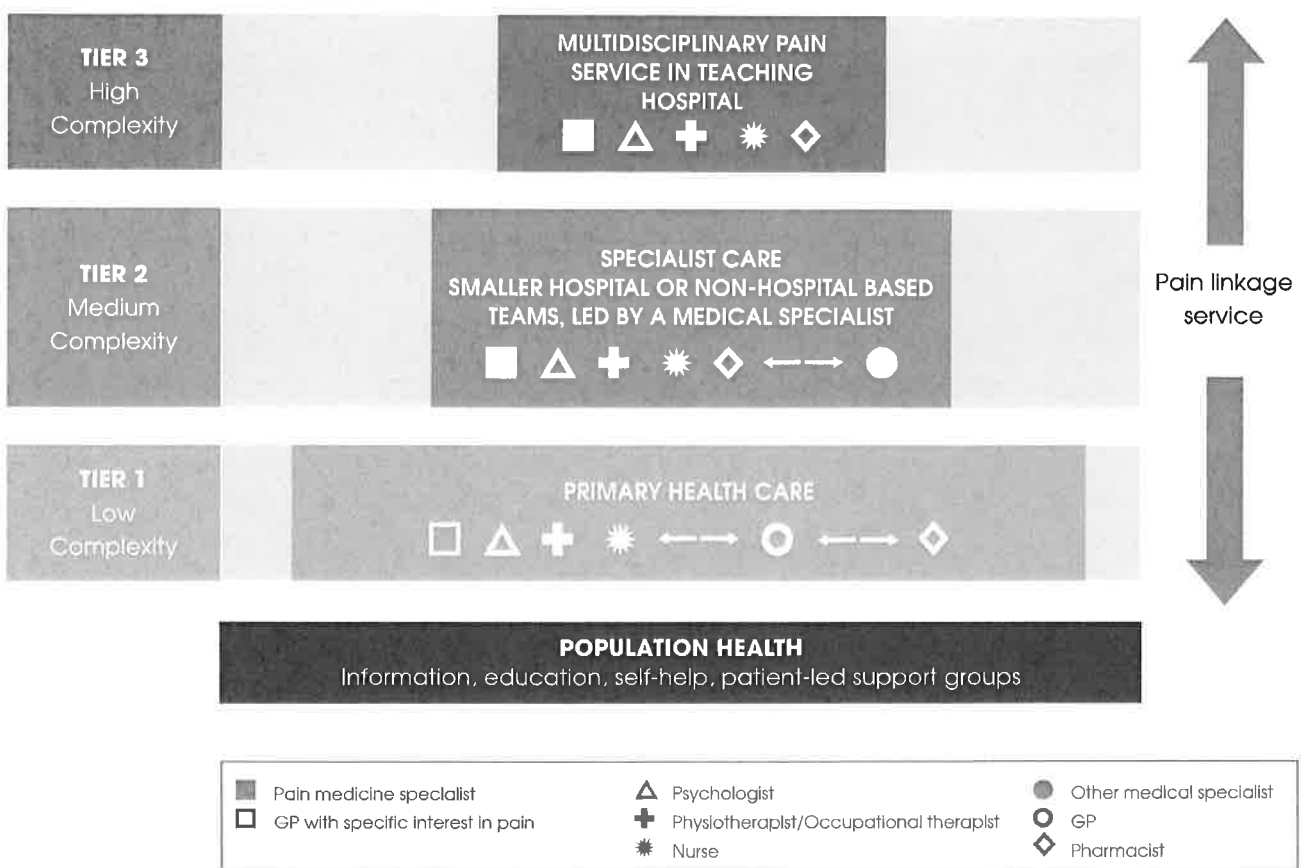
Stephen

GOAL 4: Access to interdisciplinary care at all levels

A robust health system calls for the seamless integration of interdisciplinary care between community, primary and tertiary levels, delivered in a timely fashion, particularly for public patients who currently face long wait times.¹²

The National Pain Strategy and the NSW Health Pain Management Model of Care recommend the ideal framework, for integrated services delivery. In this model, early intervention and interdisciplinary assistance at the primary care level would reduce pressure on specialist care and resources in hospitals. See figure below.

Proposed model of care



For people with chronic pain, often referred for various tests and procedures, the new eHealth system, in particular a Personally Controlled Electronic Health Record (PCEHR), will ensure every healthcare professional they visit can access all their records.

Telehealth is being utilised in a number of pain centres to enhance services for people in regional, rural and remote areas, and the elderly in residential aged care. This allows patients the opportunity to benefit from a video consultation with a specialist pain physician or psychiatrist or a multidisciplinary pain team.

GOAL 5: Quality improvement and evaluation

The development by NSW Health of a National Pain Outcomes Database will enable national benchmarking of outcomes of pharmacological and non-pharmacological pain management interventions. Other states are being consulted and asked to contribute to this project.

GOAL 6: Research

New South Wales led the way, as the first Australian government to allocate funding to basic and clinical pain research through special funding of the Pain Management Research Institute, University of Sydney, Royal North Shore Hospital (PMRI) as part of the NSW Pain Management Plan.

The PMRI and George Institute, in collaboration with Concord Hospital, received funding for an early Intervention research trial aimed at improving management of workplace injuries and preventing development of chronic pain. An initial trial at Concord Hospital has shown that early intervention following injury can improve rates of return to work and reduce compensation costs up to 25 percent.

The Australian and New Zealand College of Anaesthetists allocated more than \$1 million to fund 21 research projects through the Anaesthesia and Pain Medicine Foundation, which supports medical research and education that saves lives, improves health outcomes and reduces pain. The research will be carried out in leading hospitals and universities in Australia, New Zealand and Hong Kong.

The Australian Pain Society and the Australian Pain Relief Association have continued their PhD scholarship program, which awards a three-year scholarship to enable full-time research into any aspect of the mechanisms, diagnosis or treatment of acute or chronic pain.

5. THE FUTURE

There is good reason to feel proud of the progress that Australia is making to improve the lives of people with pain.

However, Federal Government leadership is critical to ensure a comprehensive, cost-effective, whole of government and community approach to addressing this serious health issue.

The number one goal for Painaustralia in 2013 is to continue our efforts to secure recognition of pain as a health priority in the election policies of all political parties.

We need and welcome your support for this.

ACKNOWLEDGEMENTS

We acknowledge and thank the following organisations for pro bono services:

- Corrs Chambers Westgarth for legal services
- Deloitte Touche Tohmatsu for PainAustralia audit
- Financial Reporting Specialists (FRS) for preparation of financial statements
- Moore Stephens Sydney for Taxation advice
- Morris and Partners for graphic design work

We also acknowledge and thank the following companies for the provision of unencumbered educational grants to assist us in our work:

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

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