

# Relationship between the National Strategic Framework for Chronic Conditions and the National Pain Strategy

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## What is the National Strategic Framework for Chronic Conditions (the Framework)?

Developed in 2017 by the Australian Government in partnership with states and territories through the Health Ministers' Advisory Council, the Framework provides high level guidance for the development and implementation of policies, strategies, actions and services to reduce the impact of chronic conditions.

The Framework (2017-2025) provides overarching direction to policy makers at all levels of government so that 'all Australians live healthier lives through effective prevention and management of chronic conditions'. It supports Australia's commitments through the World Health Organisation (WHO).

## What are chronic conditions?

Chronic conditions are broadly defined as 'a range of chronic and complex health conditions across the spectrum of illness' that:

- are long term and persistent;
- have complex and multiple causes;
- usually onset gradually;
- occur across the life stages, but predominately in older age; and
- compromise quality of life.

## How is the Framework different to other health policy approaches?

The Framework recognises tackling these conditions and their causes as the biggest

challenge facing Australia's health system as the leading cause of illness, disability and death in Australia. It notes the shifting 'burden of disease' from infectious diseases and injury to prevention and coordinated management.

The Framework moves away from a disease-specific approach and provides national direction applicable to a broad range of chronic conditions. It recognises that there are often similar underlying principles for the prevention and management of many chronic conditions like shared health determinants, risk factors and multimorbidities across a broad range of chronic conditions as well as some of the common elements in the management of a diverse range of conditions.

## What is the National Pain Strategy (the Strategy)?

The Strategy is a blueprint for the treatment and management of acute, chronic and cancer pain and is an important resource for specialists, health care administrators and policy makers. Its mission is 'to improve quality of life for people with pain and their families, and to minimise the burden of pain on individuals and the community'. The Strategy was the key outcome of the National Pain Summit (2010) of 200 stakeholders including consumers.

While various states and territories have made policy decisions in response to the Strategy, it has not been adopted at a national level.

## What do the Framework and the Strategy share in Mission and Purpose?

- ➔ Recognise the need for national action, leadership and strategies to improve quality of life.
- ➔ Recognise the significance of chronic disease as the biggest challenge facing health systems due to their cost (direct and indirect) to health systems and the economy and impact on quality of life for individuals, families and communities (including stigma, isolation and disability).
- ➔ Chronic pain sits within the Framework's definition of a 'chronic condition' and has strong relationship with social determinants of health and other risk factors.
- ➔ The Framework recognises musculoskeletal conditions as one of the four most costly conditions.
- ➔ People living with chronic pain often have other chronic conditions or co-morbidities
- ➔ Require action and priority setting at all levels of government and by partners including non-government organisations, researchers, the private sector, individuals and communities.

## **GOALS, OBJECTIVES AND ACTIONS**

The Framework and the Strategy each contain specific **goals, objectives and actions** required to meet outcomes that achieve the overall missions.

The Framework also identifies a range of **enablers** such as health workforce, research, data and technology which are essential for the delivery of both agendas as well as key challenges that are contributing to the impact of chronic conditions and failure of current system to respond.

While the Framework is ‘high level’ and emphasises the role of a range of partners in its implementation, **it is recommended Australian Health Ministers endorse and implement the National Pain Strategy as a key pillar in meeting its goal to reduce the prevalence and impact of chronic conditions.**

Given the shared vision of each document and the opportunity for shared learnings, it is recommended the Strategy is considered and the pain service sector is engaged to support the development of the Framework, including the development of:

- nationally agreed performance measures to be monitored in a consistent manner across the care continuum including primary to tertiary care;
- case studies drawn from the work of pain services and specialists to prevent chronic pain and provide best practice services; and
- companion documents to support the Framework that focus on specific conditions.

The table below demonstrates how the National Pain Strategy can inform and support the implementation of the National Framework for Chronic Conditions.

<b>National Strategic Framework for Chronic Conditions – Objectives</b>	<b>How the National Pain Strategy supports the objectives of National Strategic Framework for Chronic Conditions</b>	<b>Challenges and Further Work for consideration</b>
<p><b>Objective 1: <u>Prevention</u> for a healthier Australia</b></p> <ul style="list-style-type: none"> <li>• Promote health and reduce risk</li> <li>• Partnerships for health</li> <li>• Critical life stages</li> <li>• Timely and appropriate detection and intervention</li> </ul> <p>Outcome: Reduce the prevalence of chronic conditions, and ensure people with chronic conditions receive timely interventions to achieve optimal health outcomes.</p>	<p>The Strategy supports the objective of prevention to reduce chronic conditions through the following priority areas:</p> <ul style="list-style-type: none"> <li>• Goal 1 is to make people in a pain a national health priority. By making pain a national priority by leaders and policy-makers, awareness amongst the public and the health workforce will increase as will a focus on preventing pain. This includes de-stigmatising the predicament of people with chronic pain.</li> <li>• Goal 2 is to enable knowledgeable, empowered and supported consumers which includes improving community understanding of the nature of chronic pain and best practice management.</li> </ul>	<ul style="list-style-type: none"> <li>• The Strategy does not include prevention as a core goal. If the Strategy is updated, a focus on the role of pain services and primary care in reducing behavioural and biomedical risk factors as well as social, economic and physical determinants, together with a broader focus on preventing chronic pain.</li> <li>• Chronic pain is widely misunderstood and is often dismissed as a symptom of other conditions. As a first step, Governments, leaders and policy makers need to acknowledge specific strategies are required to prevent chronic conditions and chronic pain as one of the group of chronic conditions requiring specific strategies for prevention.</li> </ul>

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	<ul style="list-style-type: none"> <li>• The provision of easily accessible information and support programs to assist people with pain, carers and practitioners to understand and more proactively manage chronic pain is critical to prevent the escalation of chronic pain and reduce its impact.</li> <li>• Goal 3 is to enable skilled professionals and best practice evidence-based care. A suitably qualified health and aged care workforce is critical to not only manage pain but prevent progression escalation from acute to chronic pain.</li> <li>• Within the health workforce, the development of systems and guidelines are critical to ensure adequate management of pain, including the escalation from acute to chronic pain.</li> <li>• Goal 4 of the Strategy is to ensure access to interdisciplinary care at all levels as close as possible to where people live to reduce the impact of chronic pain on quality of life. Self-management is a central element in best practice pain management and can reduce disability and improve quality of life.</li> <li>• The Strategy highlights the close relationship between mental health and chronic pain. For example, the most important factors in determining whether acute low back pain progresses to a chronic phase are in the psychological and sociological environmental domain rather than being in the physical area.</li> </ul>	<ul style="list-style-type: none"> <li>• The National Pain Strategy describes the relationship between acute and chronic pain and the need to prevent the escalation to chronic pain through a range of pharmacological and non-pharmacological strategies. This is particularly important in the context of preventing chronic conditions.</li> <li>• Self-management of chronic pain has a critical role in reducing its severity and impact but significant resources are necessary to improve health literacy which is critical to increase understanding of self-management strategies. COAG could consider using self-management of chronic pain as a case study in the important role of health literacy in preventing and reducing the impact of chronic conditions.</li> <li>• Pain medicine is an independent medical speciality in Australia and our education and research programs are internationally recognised. Australian governments have a unique opportunity to harness the opportunity of the expertise and knowledge of pain health sector in preventing chronic pain (and other chronic conditions) through effective partnerships.</li> <li>• Partnerships with employers are also critical to prevent chronic pain, given its strong association with workplace injury. Prevention must include workforce screening, best practice work health and safety.</li> <li>• Many key enablers identified in the Framework are critical to prevent chronic pain including more resources, technology (including social media and</li> </ul>

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		apps), health literacy and health workforce – all require investment at all levels of government.
<p><b>Objective 2: Provide <u>efficient effective and appropriate care</u> to support people with chronic conditions to optimise quality of life.</b></p> <ul style="list-style-type: none"> <li>• Active engagement – people with chronic conditions have an informed role in their care management</li> <li>• Continuity of care – consistent, holistic, coordinated care across the health system to manage chronic conditions</li> <li>• Accessible health services for people with chronic conditions</li> <li>• Information sharing – consistent, relevant and secure health information</li> <li>• Supportive systems that work together to meet the needs of people with chronic conditions.</li> </ul> <p>Outcome: People with chronic conditions will receive coordinated, person-centred and appropriate care, fewer complications multimorbidities or disabilities associated with chronic conditions and fewer Australians will die prematurely due to specific chronic conditions.</p>	<ul style="list-style-type: none"> <li>• Central to the Strategy is timely access to patient-centred, coordinated, evidence based care at all levels, that supports knowledgeable, empowered and supported consumers.</li> <li>• The Strategy details how best-practice pain management often requires coordinated interdisciplinary assessment and management involving, at a minimum, physical, psychological, and sociological risk factors in each patient.</li> <li>• The Strategy identifies a clear ‘Model of Care’ to deliver best practice pain services across primary, secondary and tertiary health care, to include access to an interdisciplinary team of appropriately skilled practitioners, (virtual or actual), both in community and in hospital settings and that these services are developed and evaluated in collaboration with consumers.</li> <li>• It also focuses on ensuing meaningful communication about pain management between practitioners and patients, and between practitioners.</li> <li>• Goal 5 of the Strategy focuses on quality improvement and evaluation to enhance outcomes in pain management in collaboration with consumers and facilitate the appropriate, safe and effective use of pain medicines and technologies.</li> </ul>	<ul style="list-style-type: none"> <li>• Best practice pain services currently offer an interdisciplinary approach encompassing physical, psychological and sociological risk factors in each patient. For some patients they are unable to access pain services due to cost or location and they can be are poorly integrated with primary health care. Services are also fragmented across jurisdictions. A significant investment is needed to improve access to these services closer to where people live to improve quality of life for people living with chronic pain, which can lead to other chronic conditions including mental illness and disability. Opioid dispensing is disproportionately higher in regional areas, which may reflect lack of access to suitable treatment.</li> <li>• Regional and rural areas do not have the same level of access to pain treatment and support services as metropolitan areas. A national rural pain management strategy that encompasses investment in telehealth, educators and primary health networks is required to address accessibility to best practice health services.</li> <li>• Technology is an important enabler for people with limited mobility or people living in regional areas who require pain services, as well increasing access to online support programs which are proving effective and innovative.</li> <li>• An examination of the interdisciplinary approach offered in Australian pain services could inform other</li> </ul>

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		<p>chronic condition treatment and support services and could be facilitated through the implementation of the Framework and COAG.</p> <ul style="list-style-type: none"> <li>• Self-management of chronic pain has a critical role in best practice pain service delivery, but significant resources are necessary to increase understanding of self-management strategies among consumers and practitioners at all levels. COAG could consider using best practice pain management as a case study in the vital role of active engagement in providing effective care models for people with chronic conditions.</li> <li>• Key investment in consumer-based information networks which may include web and telecommunication support systems is critical to improve active engagement of people living with chronic pain.</li> <li>• The effective and appropriate use and prescribing of pain medications requires the full engagement of the pain health sector, primary, secondary and tertiary health and effective and integrated information sharing systems are critical to prevent misuse.</li> <li>• The Framework principles include ensuring decisions and responsibilities are clear and accountable, and achieve best value with public resources. Australia’s pain services sector could provide a useful case study as a number of Australian pain services are actively evaluating their outcomes through the Electronic Persistent Pain Outcomes Collaboration (ePPOC). ePPOC collects a set of data items and provides a benchmarking system for the pain sector</li> </ul>

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		<p>enabling a vital insight into pain services, a coordinated approach and brings the clinical sectors together. Participation in ePPOC is currently voluntary and national investment through COAG would secure the program's future.</p>
<p><b>Objective 3: <u>Target priority populations</u></b></p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander health</li> <li>• Action and empowerment – community empowerment and targeted action for priority populations.</li> </ul> <p>Outcome: Priority populations have a reduced risk of developing chronic conditions, few complications, multimorbidities or disabilities associated with chronic conditions, and Aboriginal and Torres Strait Islander people have reduced risk of developing chronic conditions and an improved life expectancy.</p>	<ul style="list-style-type: none"> <li>• The Strategy identifies chronic pain as being strongly associated with markers of social disadvantage. Interdisciplinary pain services are restricted for rural and remote residents, Aboriginal and Torres Strait Islander communities, and to some degree, other culturally and linguistically diverse (CALD) populations. Specialised services are required for these groups.</li> <li>• There is also inequity in access to treatment for acute pain and cancer pain, with considerable variation in services from hospital to hospital and community to community.</li> <li>• Older people with chronic pain may have mobility problems and cognitive impairment, and people with chronic pain generally are at risk of comorbid mental illness, social isolation, family breakdown and loss of income as a direct result of their pain.</li> <li>• These factors further limit their access to care and their ability to advocate for their own care needs. Provision of interdisciplinary or multidisciplinary pain management services in the community, linked to interdisciplinary pain clinics as proposed by the National Pain Strategy, would do much to improve access to care for lower-income groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Research and consultation with the community and the pain sector is needed to identify areas of greatest need across the life cycle. For example, there are only a small number of paediatric pain clinics and there is a significant misunderstanding of pain among residents and aged care workers in residential aged care.</li> <li>• Some written materials on pain self-management have been translated into different languages, but this is very limited to date and assessing pain across cultural gaps can be challenging and costly.</li> <li>• Community empowerment for target populations will require significant efforts from the health sector, governments and communities, however good examples arise in the pain services sector.</li> <li>• The integration of chronic pain as priority in the Aboriginal and Torres Strait Islander Health Plan is recommended given its increased prevalence and relationship to other chronic conditions.</li> </ul>

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	<ul style="list-style-type: none"> <li>The Strategy proposes that the model of care should be flexible enough to enable delivery through locally available services where appropriate, and with triage criteria for specific multidisciplinary services that best meet the need of the individual patient. It further proposes that innovative models of service provision and evaluation be developed to meet the needs of people in rural and remote areas.</li> </ul>	

## CONCLUSION

The National Strategic Framework for Chronic Conditions provides a useful strategy to create a healthier future for Australians with a lower incidence of chronic conditions and more effective management. There is significant overlap between the priorities and objectives of the Framework and those identified in the National Pain Strategy.

Australia's pain burden is increasing and has a strong relationship to the prevalence of chronic conditions, the social determinants of health and other risk factors and the ageing of the population. The Framework recognises musculoskeletal conditions as one of the four most costly chronic conditions.

Yet one in five Australians and one in three Australians over the age of 65 live with chronic pain. It cost the economy at least \$34 billion a year and lower back pain is the leading cause of years lived with disability. Without prevention and management strategies, our reliance on pain medications will continue.

Given chronic pain clearly meets the criteria of the chronic condition as outlined in the Framework, it should be included in the delivery of the Framework as one of the conditions. While several other specific conditions have been prioritised in the delivery of the Framework, chronic pain has not been acknowledged or prioritised, despite its significant social and economic impact.

Australia is in a strong position to advance a National Pain Strategy. It was the first country in the world to develop a national strategy that provides a blueprint for the treatment of acute, chronic and cancer pain. Painaustralia strongly recommends the National Pain Strategy is used as a key pillar in development and implementation of strategies that seek to prevent and reduce the impact of chronic conditions.

Painaustralia and the pain sector can work with all levels of government to stem the tide of chronic conditions and minimise their social and economic impact on individuals, families and communities.