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working to prevent and manage pain

9 November 2015

Professor Bruce Robinson
Chair Medicare Benefits Review
Department of Health
Canberra ACT 2601

Dear Professor Robinson

Thank you for the opportunity for Painaustralia to put forward this submission which recommends improved funding models to support evidence-based pain management practice, within a chronic and complex condition framework.

We trust that the review process will take into account the prevalence of chronic pain[i], the enormous social and economic burden that it represents to the health system, the individual and the community[ii] and the opportunities presented by the current reviews to address key recommendations of the National Pain Strategy, in particular in primary care.[iii]

Like all chronic conditions, chronic pain is best managed in the community and evidence supports a multidisciplinary model of care that takes into account the physical, psychological, social and environmental factors that influence the experience of chronic pain.

Currently the MBS does not support this best-practice model, leading to unnecessary use of hospital-based services and over-reliance on medication including opioids, which is associated with significant harm.[iv]

Our submission recommends MBS funding be made available for best practice pain management services, where the participating GPs and allied health professionals have achieved accreditation by undertaking a specified level of education and training in pain management (refer submission point 6):

1. An MBS item number for a Chronic Pain Care Plan which recognises the complex nature of pain and combines the current Chronic Disease Management Plan (5 allied health consultations) and the Mental Health Care Plan (6 plus 4 sessions with a clinical psychologist).

2. MBS funding for a chronic pain group program similar to that funded by Medicare for group Mental Health programs.

3. Telehealth funding for multidisciplinary pain management teams in primary care (including physiotherapist and clinical psychologist)

4. An MBS item number for Pain Educator, which recognises that education about chronic pain and self-management skills can lead to positive improvements in a person's pain experience and function.

5. An MBS item number for a GP with specialist qualifications in pain medicine as a Fellow of the Faculty of Pain Medicine (FFPMANZCA)

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We trust the taskforce will give due consideration to our recommendations and would value the opportunity to engage in more detailed discussions, in the course of the review process.

Yours sincerely

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[ii] Access Economics. (2007). The high price of pain: the economic impact of persistent pain in Australia. Report by Access Economics Pty Limited for MBF Foundation in collaboration with University of Sydney Pain Management Research Institute.

[iii] National Pain Strategy (2010). http://www.painaustralia.org.au/images/pain_australia/NPS/National%20Pain%20Strategy%202011.pdf

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Painaustralia Recommendations to the Medicare Review

1. Medicare item number for a chronic pain care plan – different number from other chronic disease plans

The experience of chronic pain is complex, and best-practice chronic pain management requires a multidisciplinary approach which takes into account the physical, psychological and social or environmental factors associated with the pain. A primary care team would typically include a GP, nurse, physiotherapist and clinical psychologist, all with special education and training in pain management. An accreditation system is also proposed (see below) which would link to Practice Incentive Payments.

The experience of pain is often linked to psychological disorders such as depression and anxiety, and patients benefit significantly when such factors are addressed as part of a comprehensive assessment and treatment program.[i] [ii]

Studies undertaken in the workplace setting demonstrate that early intervention including psychological assessment and support can prevent the transition of acute or sub-acute pain to chronic pain.[iii]

Painaustralia recommends a Medicare Item Number for Chronic Pain Care Plan which combines the Chronic Disease Management Plan (5 allied health consultations) and the Mental Healthcare Plan (6 plus 4 sessions with a clinical psychologist); with the Item number being available only to accredited practitioners including GPs and allied health professionals.

The item number would allow for an extended assessment/consultation with an accredited GP and the development and coordination of a care plan with up to 15 visits to appropriately accredited allied health professionals (see point 6 below). It would also allow for case conferencing and mandated reporting requirements between the clinicians involved using common language/ terminology (eg: the Mental Health Care Plan).

Painaustralia also recommends that clinicians involved in the care plan are mandated to collect patient outcome data in line with the Electronic Persistent Pain Outcome Collaboration (ePPOC).

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2. MBS funding for participation in group pain programs

Group pain management programs have various formats and may be high, medium or low intensity programs.[iv]

Group programs run in primary care pain clinics have shown positive patient outcomes (see examples attachment A). There is also evidence of the value of clinics delivered by nurse practitioners.[v]

Some Medicare Locals developed pre-clinic group programs where patients on the waiting list for tertiary clinics (often for a year or more) were offered a low intensity program as an interim measure, funded from core or flexible funds.[vi]

Currently there is no funding available for these programs from Medicare or private health funds.

Painaustralia recommends a chronic pain group program similar to that funded by Medicare for group Mental Health programs.[vii] This would have significant value in supporting self-management with people living with chronic pain, reducing their reliance on medication and other more expensive interventions or treatments.

3. Telehealth funding for multidisciplinary pain management teams in primary care

Tertiary pain clinics in most states are currently providing support to GP led multidisciplinary teams in primary care settings in regional and rural Australia.[viii] However funding models to support this are inadequate. While funding is available for some team members, there is no funding for example, for physiotherapy services. It is important to acknowledge that most physiotherapy in pain management does not involve "hands on" therapy but rather promotes improved function and self-management strategies through movement and specially tailored exercise. This kind of therapy can be delivered very well via telehealth.

It is important that the chronic pain care plan allows this form of delivery in order to provide services in rural, regional and remote communities where the incidence of chronic pain is often higher than in metropolitan areas.[ix]

It is understood that the Royal Flying Doctor Service is often called on to manage chronic pain conditions, so access to support from experts in tertiary clinics via telehealth would be valuable in this situation.[x]

Painaustralia recommends Telehealth funding for GP- led allied health primary care teams including physiotherapists and clinical psychologists.

4. Medicare item number for Pain Educator (PE)

There is evidence that education about chronic pain and self -management skills can lead to positive improvements in a person's pain experience and function.

Such education can be provided by a Pain Educator. This is a healthcare professional that provides education about pain assessment, evaluation, and management within a clinical practice or via formal presentations and direct contact with other healthcare professionals and/or patients. The USA has a well-functioning society of certified pain educators.

Pain educators may practice in a wide range of healthcare settings, e.g. medical and dental practices, community pharmacies, rehabilitation services, hospice and palliative- care facilities, residential aged care facilities, physical and occupational therapy practices with a focus on transferring knowledge to and teaching others about pain.[xi]

Australia already has accredited Diabetes Educators who play a key and valued role in the ongoing support of people living with and self-managing their diabetes.[xii]

Painaustralia recommends the establishment of a similar certification, accreditation and funding process to that of Diabetes Educators for Pain Educators. This is potentially an expanded role for a nurse or allied health professional requiring a specified level of education and accreditation which provides access to an MBS Item Number.

5. MBS item number for specialist GPs

A growing number of GPs are choosing to specialise in Pain Medicine, with dual degrees as fellows of the Faculty of Pain Medicine (FFPMANZCA) and FRACGP.

Painaustralia recommends that an MBS Item number be available for care by GP specialists, enabling them to direct team-based arrangements and consult with other GPs to help manage complex patients.

These highly skilled health professionals are trained to specifically manage patients with chronic pain, coordinate multidisciplinary services and provide pain management education to individuals and groups. Specific funding for this relatively small number of specialists with a

targeted Medicare Item number would create a sustainable funding model for community based pain services, improve patient accessibility and reduce burden on hospital based services. These professionals can also provide Telehealth support to GPs and patients in rural and remote communities.

6. Accreditation for GPs and allied health professional

Pain Management Accreditation would be awarded to GPs, pharmacists, nurses and allied health professionals who complete a specified level of education and training, and undertake ongoing CPD requirements. Suitable education programs would include:

- RACGP GP Learning Pain Management Program.[xiii]
- Faculty of Pain Medicine Better Pain Management program for GPs, nurses, pharmacists, allied health.[xiv]
- Pain Management Research Institute, University of Sydney Pain Management Education Programs and Webinar Training.[xv]
- Basic pharmacotherapy training would also be of value to facilitate more effective assessment and management.

Painaustralia recommends that access to the Medicare Item number would be linked accreditation and would also require:

- Mandated use of agreed assessment and management tools; (as developed by NSW ACI Pain network).[xvi]
- Case conferencing and/or a minimum level of communication between GP and allied health professionals, which specifies "clinically important content of communication, including proven documentation between team members".
- Use of **My Health Records** electronic recording system as an integral component of the care plan.
- Optimum/maximum waiting times from referral to first appointment (as for ATAPS) may also be linked to funding.

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Attachment A

Models of chronic disease prevention and management in primary health care which improve outcomes for high end frequent users of medical and health services

Community Pain Management Programs

a. STEPS

In Western Australia, Perth North Medicare Local delivered the STEPS (Self Training Educative Pain Sessions) program based on a pre-clinic model originally developed by the Fremantle Hospital Pain Medicine Unit.

Participants in the pre-clinic program reported significantly improved health outcomes with reduced reliance on medication.[xvii]

Data from the Fremantle Hospital STEPS pre-clinic program shows significant reduction in Wait times and costs at public pain medicine units in Perth and increased use of active pain management (self-care) strategies and patients satisfaction.[xviii]

- Clinic 1: waiting times reduced from 105.6 weeks to 16.1 weeks
- Clinic 2: waiting times reduced from 37.3 weeks to 15, 2 weeks
- Unit costs per patient reduced from $1805 (in public hospital unit) to $541 (in STEPS Pre-clinic program)
- Less than half (48%) of patients requested referrals to tertiary centres after participating in STEPS; while 52% chose to utilise self- care or co-care with community based health professional

The community program run by Perth North Medicare Local reported significantly improved patient outcomes. The cost per individual of this program ranges from $1100 - $1500 depending on numbers participating – still significantly less costly than the hospital based program.

b. Austin Health

Austin Health offers 'StepIn', a 10 hour community-based education model taught by psychologist, physiotherapist and pain doctor. This is the entry point to their service, except for cancer pain, people with insufficient English language skills and acute Complex Regional Pain Syndrome (CRPS) or orofacial pain. Clients can proceed to StepUp, conducted 6 hours per day, one day per week, over 8 to 10 weeks, and then to StepForward, which can include any of a selection of services aimed at transitioning the client back into their community.

c. Central Coast Pilot

The key outcomes of a recent pilot of a community-based multidisciplinary pain program showed increased functionality of participants and decrease of pain related GP consultations. The Central Coast Medicare Local supported by the ACI Pain Network operated a series of five low intensity chronic pain management programs.[xix] [xx] The programs ran for 18 hours over 6 weeks and participants were reviewed at four weeks and twelve weeks post program.

Program cost was $600 per participant ($6,000 for group of 10).

All participants demonstrated an improvement in 2 or more measures of the ePPOC tool at the twelve week review. Although the average scores, for the participants as a whole, do not demonstrate clinically significant changes, 75% of participants showed a clinically significant gain in one or more measure. The majority of participants identified improvement in functional abilities and progressed 60% or more towards their individually identified SMART goals.

Participants rated satisfaction with the program highly and comments were positive indicators of the program's empowerment of participants to manage pain and regain a functional lifestyle.

Referring General Practitioner feedback indicates noticeable changes in participants coping strategies and a decrease in pain related consultations. Fifty percent of referrers, who provided feedback, would continue to refer to a similar program based on the results noted. The referrers were approached for feedback six weeks following their participant's final review.

These examples support the case of funding of group pain programs as recommended in 2.

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[v] Broderick JE et al. (2014) Nurse practitioners can effectively deliver pain coping skills training to osteoarthritis patients with chronic pain: A randomised, controlled trial, PAIN 155: 1743-1754

[vi] Davies S et al. (2011) Preclinic group education sessions reduce waiting times and costs at public pain medicine units. Pain Medicine 12:59-71) http://onlinelibrary.wiley.com/doi/10.1111/j.1526-4637.2010.01001.x/abstract

[vii] http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-gp-mental-health-care-pdf-qa

[viii] http://www.painaustralia.org.au/the-national-pain-strategy/national-pain-strategy-2014-review.html

[ix] National Rural Health Alliance (2013) Chronic Pain – A major issue in rural Australia. Fact sheet.

[x] Henderson JV et al. (2013) Prevalence, Causes, Severity, Impact, and Management of Chronic Pain in Australian General Practice Patients, Pain Medicine, 15 July 2013

[xi] http://www.paineducators.org/certified-pain-educator/

[xii] http://www.adea.com.au/about-us/

[xiii] http://gplearning.racgp.org.au/Account/Login?ReturnUrl=%2f

[xiv] https://members.anzca.edu.au/networks

[xv] http://sydney.edu.au/medicine/pmri/education/index.php

[xvi] http://www.aci.health.nsw.gov.au/chronic-pain

[xvii] Self-Training Educative Pain Sessions (STEPS) report prepared by Perth North Medicare Local June 2013; (also program outcome data to be presented at APS scientific conference in March 2015)

[xviii] Small STEPS, big strides for those in pain, Medical Forum, 2012

[xix] http://www.ccnswml.com.au/programs-services/pain-management/pain-management-update

[xx] www.painaustralia.org.au/images/pain_australia/Medicare_Local/Community_Pain_Management_Program_Project_Report_June_2015.pdf

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