painaustralia™
working to prevent and manage pain

8 August 2017

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Dear David

Re: Submission to the Discussion Paper 'Why we need a new rural and remote health strategy'

I am writing to you on behalf of Painaustralia, the leading national peak body working to improve understanding and treatment of acute, chronic and cancer related pain. Our submission provides comment related to the National Rural Health Alliance (NRHA) Discussion Paper, 'Why we need a new rural and remote heath strategy' (June 2017).

Given its prevalence and in particular with an ageing population, we are keen to see direct reference to pain management in the NRHA's Discussion Paper. We believe that improving access to pain management will be necessary in order to achieve the vision statement that 'people in rural and remote Australia are as healthy as other Australians' and that it is entirely consistent with the five goals of the National Strategic Framework for Rural and Remote Health (the Framework).

It is estimated that up to one in five Australians and one in three older Australians live with chronic pain, and one in five GP consultations involve a patient with chronic pain,[1,2,3] The prevalence of chronic pain, particularly musculoskeletal pain, is higher in rural and remote Australia.

The NRHA fact sheet 'Chronic Pain – A major issue in rural Australia' notes that people who live outside major cities are 23% more likely to have back pain (the most commonly reported location of pain, and thus a reasonable proxy for chronic pain); this figure rises to 30% increased likelihood for rural Australians aged 55 to 64. Rural residents are also 13% more likely to be overweight or obese, and this excess body weight can lead to osteoarthritis and chronic pain. The industries of rural and remote areas (such as agriculture, mining, forestry and fishing) have higher incidences of injury, which can also lead to more cases of chronic pain.[4]

People with chronic pain have the greatest levels of disability in our community.[5] It is the leading cause of early retirement from the workforce, with back problems and arthritis accounting for around 40% of forced retirements[6] and the level of workforce participation in people with chronic pain could be as low as 19%.[7]

Untreated chronic pain can have profound consequences in every area of life, commonly resulting in decreased enjoyment of normal activities, loss of function, role change and relationship difficulties, and these experiences can exacerbate feelings of isolation and stigmatisation.[8] It can also severely impact mental health, with 31% of adults with severe or very severe pain experiencing high or very high levels of psychological distress.[9]

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Major depression is the most common mental illness associated with chronic pain, present in 30-50% of patients .[10] People without access to appropriate treatment and support can feel helpless and desperate leading to possible suicide, and studies have shown that there are high levels of suicide ideation, plans and attempts in people with chronic pain. Relative to non-pain controls, risk of death by suicide may be double in people who have chronic pain.[11]

For adolescents and young adults with chronic pain, inability to participate in social activities or to work can significantly impact quality of life. Children with chronic pain often drop out of school and fail to achieve their academic potential. They can become socially withdrawn and their families are also affected, with parents missing work and siblings marginalised.[12]

Chronic pain places a major burden on our economy, third only to cardiovascular disease and musculoskeletal conditions among the National Health Priority Areas.[13] The estimated cost of chronic pain is at least $34 billion per year. These costs are highest when the level of pain and disability is higher. This is why one of our priorities is to improve management through treatment plans targetting the impact of pain on daily functioning.[14]

While chronic pain is difficult to treat and may be a lifelong chronic condition, evidence shows that multidisciplinary pain management is the most effective approach for minimising the impact of pain, improving function and quality of life and enabling participation in productive activities.

Multidisciplinary pain management involves a team of health professionals managing patients with person-centred plans. This approach involves ongoing and regular consultations with a range of health professionals in addition to the coordinating doctor, usually a psychologist and physiotherapist, and possibly also a pharmacist and social worker or vocational counsellor trained in multidisciplinary pain management.[15] Group pain education sessions teach people to understand pain and how they can self-manage their pain (self-management is an important part of pain management). Support groups are also encouraged. (To learn more about multidisciplinary pain management please visit our website www.painaustralia.org.au)

It is well known that pain management services along with pain specialists and allied health professionals trained in pain management are limited in rural and remote Australia. Access issues delay treatment and therefore increase levels of disability and reduce capacity for return-to-work and impact quality of life. People who are unable to access effective multidisciplinary treatment can become dependent upon opioid painkillers or opt for potentially unnecessary surgery (this is particularly the case in relation to spinal fusions and knee replacements).[16,17]

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Key Issues

Following are some key issues that we have identified in relation to the issue of chronic pain in rural and remote Australia, along with recommendations for improvement.

1. Inadequate access to pain services

It is well known that people living in rural and remote Australia are disadvantaged when it comes to accessing best-practice multidisciplinary care for chronic pain.

According to the Australian Pain Society classification, there are three levels of pain services: multidisciplinary pain clinics offering a range of health professionals and a medical physician as director, along with research, teaching or training (these are located in public and private hospitals); pain management services that may or may not be in a hospital and do not include research, teaching or training; and pain practices where there is one or more health professional with specific training in pain medicine or equivalent. Any of these may offer group pain education programs, or they may also be offered in community centres. There may also be support groups at the community level. For children and adolescents, paediatric pain services are necessary to tailor for specific ages and stages of development, and to offer support to parents and families.

All of these types of services are important for individuals to access the treatment they require in order to receive the best level of care and the greatest opportunity to achieve a reduction in pain and disability and an improvement in function and quality of life. The National Pain Strategy recommends a seamless transition between all levels of pain services and communication between health professionals, working as a team to support individuals with chronic pain.[18]

There has been progress to establish more pain services in rural areas in some jurisdictions. A good example is the Persistent Pain Management Service in Townsville, which was developed with funding through Queensland's $39-million Statewide Persistent Pain Strategy. The service, located at Townsville Hospital, is now providing telehealth, outreach and satellite services across 800,000 square kilometres. It has permanent satellite clinics at Cairns and Mackay, which provide psychology and physiotherapy services and are visited every six weeks by a pain clinician from Townsville. At Mt Isa, 900 kilometres west of Townsville, a full multidisciplinary team visits every six months, and many of their patients are from Indigenous communities. After initial assessment, telehealth services are used. The model of care is based on self-management and rehabilitation and the aim is to discharge patients to primary care after six to 12 months.

In Perth, the new Complex Pain Service at Princess Margaret Hospital (a peadiatric hospital) is using telehealth to provide support to patients and families from rural areas. Although there is a requirement to attend a one-day pain education program (called PACE, Pain Activity and Coping Education, designed to give young people the tools to effectively manage pain), follow-up support is then offered through Skype. In New South Wales, Westmead Children's Hospital and John Hunter Children's Hospital are now providing specialist telehealth services to patients living in rural and remote areas of the state.

There are other pain management programs being developed that are accessible online. St Vincent's hospital in Sydney has a new chronic pain course, which is believed to be Australia's first multidisciplinary online pain management program with physiotherapy, psychology and pain education videos, Tai Chi, narrative stories and exercises.[19] However, while online programs can be effective they are often better used as a follow-up, after face-to-face consultation.

Despite progress, most Australians are still waiting in pain. It is common to wait up to a year to access a multidisciplinary pain service, meanwhile their condition and wellbeing worsen.[20] For children and adolescents, there are even fewer options. Painaustralia is aware of families prepared to travel interstate, desperate to find help for their child.

Addressing issues related to accessing best practice pain care is consistent with the first two goals of the Framework:

1. Improved access to appropriate and comprehensive health care; and
2. Effective, appropriate and sustainable health care service delivery.

Recommendation: More health care funding directed toward the establishment of adult and paediatric pain services in rural Australia and more telehealth services offered for ongoing support and follow-up.

2. Insufficient health professionals trained in pain management

Effective pain management requires multidisciplinary collaboration between doctors, nurses and allied health professionals. It should not rely on pharmacological treatment or surgical interventions (only in some cases surgery is warranted), but should include a range of other strategies, focusing on helping the patient to self-manage their pain. As pain affects every area of life and no two people are the same, a patient-centred care plan is essential, coordinated by a GP who understands the principles of multidisciplinary pain management and supported by a team of health professionals. Unfortunately this model of best practice care is not easily accessible for most people living in rural and remote Australia.

Pain specialists are generally only available in major cities and there are also few GPs with training in multidisciplinary pain management. Therefore in order to be properly assessed and receive specialist care, patients must travel to major cities for appointments. This can be very taxing on the individual and their family, particularly when an overnight stay and extra expenses are needed, and can create a barrier to accessing specialist care. Some people simply cannot afford the petrol and accommodation costs, in addition to the specialist costs, or they have no one to drive them to the appointment.

Many people with chronic pain are unable to travel long distances because it is too uncomfortable and painful or because it can cause a flare up of their pain condition. A flare up can be very distressing and most people try to avoid it. Painaustralia has heard reports of people refusing specialist care simply because they are physically unable to make the return trip without it resulting in a flare up. Others say the travel means they have to stay in bed for one or more days to recover after travelling to the city for an appointment.

In central west New South Wales there is only one Pain Specialist, Dr Ian Thong, who drives 1,000 kilometres each week to offer consultations to Dubbo, Mudgee, Orange, Lithgow, Katoomba, Parkes, Forbes and Cowra. Most clinics are offered once a month and his permanent clinic is in Orange. People in this area are some of the lucky ones, because they no longer have to travel to Sydney or Canberra for appointments, however, while admirable on the part of the doctor, this is not a viable model long-term.

Allied health professionals trained in pain management are also limited. This is problematic because management of chronic pain is very specific and requires additional training in order to provide effective care. At the same time, regular allied health support, often weekly, is an integral part of best-practice multidisciplinary care. Physiotherapists and psychologists trained in best practice pain management are particularly important. Cognitive Behavioural Therapy (CBT), where patients learn to retrain their brain and change their perspective on pain, is an integral part of a multidisciplinary approach to care. Painaustralia has heard of people trying to apply CBT strategies on their own, using books they have purchased or information they have accessed online, without success because they lack support.

Addressing these issues is consistent with the third goal of the Framework:

3. Appropriately skilled and well-supported workforce.

Recommendation: More pain specialist positions allocated to regional hospitals, incentives for more rural GPs to undertake specialist training in pain management, and a greater focus on education and training in best practice multidisciplinary pain management for doctors and allied health professionals working in rural and remote Australia.

3. Lack of coordinated national approach

There is a serious lack of leadership at the national level to improve policy in relation to best-practice treatment and management of pain.

Australia already has a National Pain Strategy, developed by more than 150 stakeholder organisations and agreed to by consensus at the National Pain Summit in Canberra in 2010. This strategy has informed the development of state-wide pain strategies in most jurisdictions in Australia.

However the work of policy reform has been fragmented and under-funded and there is an enormous need for a coordinated national approach to improve treatment of acute and chronic pain and provide equitable access to effective pain management services across Australia and in every health care facility.

Addressing these issues is consistent with the fifth goal of the Framework:

5. Strong leadership, governance, transparency and accountability.

Recommendation: There is an urgent need for national leadership by the Federal Government to implement the recommendations of the National Pain Strategy—Australia's blueprint for best-practice treatment and management of pain—to ensure quality pain care for people in rural and remote Australia.

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Conclusion

Painaustralia believes it is critical that any policy document developed by the NRHA directly address issues related to accessing best practice multidisciplinary pain management. We believe this will be essential to achieving the vision that 'people in rural and remote Australia are as healthy as other Australians'.

The current situation means that many people with chronic pain living in rural and remote Australia are unable to access the level of health care they need to avoid further deterioration of their condition and improve quality of life.

Giving due consideration to the recommendations in this submission will protect the rights of these people and address the imbalance in health care between Australians living in rural and remote areas and those living in major urban centres.

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