

22 September 2016

Professor Stephen King
Chair of Review Panel
Review of Pharmacy Remuneration and Regulation
Pharmacy Review (MDP 900)
GPO Box 9848
Canberra ACT 2601

Dear Professor King

We thank you for the opportunity to put a submission to the Review on behalf of our key stakeholders—people living with chronic pain, their families and carers.

Painaustralia has made a comprehensive contribution to the Consumer Health Forum submission, so this additional submission focuses specifically on the important role that community pharmacists can play to assist people with chronic pain.

We recommend that community pharmacists be encouraged to undertake approved (accredited) training to enable them to provide a dedicated pain management counselling service to patients as an extension of the MedASSIST program (see below). The service would also be offered in other instances where patients seek help for pain management.

The aim of the service is to ensure patients are using medicines appropriately in conjunction with other strategies including self-management techniques.

This service would need to be appropriately remunerated in order to cover costs - ideally through Medicare (in particular for people on concession); or through Primary Health Networks or by a fee payable by the patient, which may be claimed through private health insurance.

We believe many patients would be willing to pay for such advice as it represents a more readily accessible, less expensive source of professional advice and support than a GP consultation. A report on the Diabetes Care Program offered through community pharmacy in Australia affirms that many patients are willing to pay for a service which is readily accessible; which they can't get elsewhere and where they see value.¹

However, in light of the high costs of chronic pain to the community and the health system, we believe there is a significant incentive for such services to be funded by Medicare or private health insurance, potentially delivering savings in health care costs through reduced demand for medications and fewer GP and hospital visits.

A dedicated chronic pain management service provided through community pharmacies would address a major area of need, especially in regional, rural and remote communities.

What does this service look like?

It is well recognised that medications alone are not effective in treating chronic pain which calls for a multidisciplinary approach that addresses the physical, psychological and environmental factors that influence the condition.

In addition to monitoring and advising on the use of medications, appropriately trained pharmacists would provide advice to patients about self-management and non-pharmacological strategies for managing chronic pain and make recommendations and referrals where extended treatment or support is indicated.

For example, the pharmacist may make recommendations or referrals to a GP (for a pain management care plan); to a pain clinic or an allied health professional for further help with pain management; or to a drug and alcohol service where needed.

Ideally, community pharmacists will be actively engaged with their Primary Health Networks to facilitate links with GPs, allied health professionals and community services in their area with the necessary skills to assist the person with chronic pain.

Why we need this service.

Chronic pain affects one in five Australians and one in three people over the age of 65. At a total cost to the community of \$34 Billion including \$7 billion in health care costs and \$11 billion in productivity—it is one of the most costly health conditions and the major cause of forced retirements from the workplace.²

Pain is the most common reason people seek medical help—with one in five GP consultations involving a person with chronic pain.³ In pharmacy, analgesics are the most commonly requested over the counter medications.⁴

Despite the prevalence of chronic pain and the human and economic cost, there is a major shortage of pain services, with long wait times at public pain clinics and very limited access to best practice multidisciplinary services in primary care.⁵

There is also a significant and growing public health issue associated with the inappropriate prescribing of opioid medications for chronic non-cancer pain.⁶

The 2015 ATLAS on Variation in Health Care released by the Australian Commission on Safety and Quality in Health Care, highlighted widespread variation in patterns of opioid dispensing across Australia. Rates of dispensing were up to ten times higher in some areas, especially in lower social-economic and some regional communities where there is a serious lack of access to multidisciplinary pain services.⁷

The Commission's report indicates the need and opportunity for community pharmacy to play a much more proactive role to help people living with pain and avoid harm through inappropriate medication use.

We strongly recommend that community pharmacy is supported and appropriately remunerated to provide this service as part of an integrated approach to addressing a massive public health—and economic—issue.

Painaustralia and the National Pain Strategy – How we can help.

Painaustralia is able to work with national pharmacy bodies, Primary Health Networks and other stakeholders to facilitate access to health professional education and training and consumer resources required to implement this plan.

Painaustralia is a national advocacy body working to improve access to pain services for people living with chronic pain by facilitating implementation of a National Pain Strategy.⁸

The National Pain Strategy provides a national framework for delivery of best practice evidence-based services for people with acute, chronic and cancer pain. It recommends a model whereby pain is effectively managed where possible in the community and primary care, using evidence-based strategies, with accessible referral pathways through to specialists or tertiary pain clinics for more complex cases.

The strategy distinguishes between acute pain, which is usually short term and relatively easy to treat; and chronic pain, which has a distinct pathology which represents a chronic disease in its own right.

MedsASSIST.

Painaustralia collaborated with the Pharmacy Guild in the development of MedsASSIST the real-time recording and monitoring system for medicines containing codeine which was developed in response to concerns about patient safety relating to these medicines and as effective alternative to making them Prescription Only Medicines.

We also assisted in development of educational tools to enable pharmacists to provide follow up advice and support including a Fact Sheet for patients on Self-Management of Chronic Pain using non-pharmacological strategies.

We are committed to continue to work with community pharmacies to help address the enormous burden of chronic pain.

We would be pleased to have the opportunity to discuss this proposal and to collaborate in a trial to evaluate the benefits of the concept of pain management services provided by community pharmacies.

Yours sincerely



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¹ AJP HCM Vol 4 Issue 4

² 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.

³ SAND abstract No. 150 from the BEACH program 2009-10.

http://sydney.edu.au/medicine/fmrc/publications/sand-abstracts/150-Chronic_Pain.pdf

⁴ The value of OTC medicines in Australia (2014)

http://www.asmi.com.au/media/14036/final_web_copy_asmi_valuestudy_a4.pdf

⁵ <https://www.mja.com.au/journal/2012/196/6/waiting-pain-systematic-investigation-provision-persistent-pain-services>

⁶ Harrison C et al., *MJA* 2012 196(6):380-381

⁷ <https://www.safetyandquality.gov.au/atlas/chapter-5-opioid-medicines/>

⁸ National Pain Strategy 2011 <http://www.pinaustralia.org.au/advocacy/national-pain-strategy.html>