

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-122

OUTCOME 0: Whole of Portfolio

Topic: PAIN MANAGEMENT

Written Question on Notice

Senator Boyce asked:

Given the evidence for using opioids long-term for persistent pain is in doubt in terms of improving functional outcomes for patients and the best practice for chronic persistent pain is for medicines to be combined with non-medicine strategies such as cognitive behavioural therapy and physiotherapy ie multidisciplinary pain medicine -
Is there any planning or consideration underway to enhance this multidisciplinary approach to pain medicine as currently there are very few pain management treatment facilities in primary care?

Answer:

The National Pain Strategy 2010 showed solid evidence of the benefits of multidisciplinary care (interdisciplinary care) at all levels of care for chronic pain including in early intervention, workplace intervention, ongoing management, hospital care, psychological therapies and rehabilitation.

The Australian Government has a range of programs and initiatives which provide for multidisciplinary care supporting people experiencing chronic pain:

- Medicare Benefits Schedule (MBS) items for pain management – subsequent to the recognition of pain medicine as a specialty in 2005, a suite of items was introduced in May 2006 to support multidisciplinary care for pain management. The items are targeted at pain management services provided by consultant physicians or specialists practising in the specialty of pain medicine (under Group A24). These include items for coordinating or participating in multidisciplinary team case conferences with at least two other formal care providers from different disciplines.
- GP Super Clinics Program – has, as one of its key objectives, the provision of integrated, team-based, multidisciplinary primary health care, particularly in the context of the management of chronic conditions such as pain management issues. Of the 24 operational GP Super Clinics, 19 are providing physiotherapy and/or psychology services. Some sites also provide targeted pain management services.

- Medicare Benefits Schedule (MBS) items for multidisciplinary care – several groups of items are available for multidisciplinary care across the health system including in pain management. These include items for multidisciplinary care plans (Group A15) and related referred allied health and dental services (Groups M9, N1, N2 and N3), MBS items for GP Mental Health Care Plans and related referred allied health services (Groups A20, M6 and M7).
- Main stream funding programs – provide funding for access to a wide range of health services relating to pain management as treatment subsidies via the MBS and the Pharmaceutical Benefits Scheme, as transfer payments to the states and territories for preventive and community health, and for hospital-based care including services such as specialist pain management clinics through to joint replacement surgery. Subsidies for private health insurance expenditure are also available for relevant primary health care services such as physiotherapy, psychology, chiropractic and osteopathy and dental care via the Private Health Insurance rebate. These arrangements provide the mechanisms for funding multidisciplinary pain management.

Further information on initiatives and programs relating to pain management is provided in response to the related Question on Notice E12-123.