

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-123

OUTCOME 0: Whole of Portfolio

Topic: PAIN MANAGEMENT

Written Question on Notice

Senator Boyce asked:

The former Minister stated: "It is unlikely that the National Pain Strategy could be actioned by making persistent pain a National Health Priority Area." Given that, "According to the findings of the 2007 Access Economic's report the cost of chronic pain in 2003 was comparable to that of diabetes and of musculoskeletal conditions, and ranked higher than asthma, which are all National Health Priority Area (The High Price of Pain: the economic impact of persistent pain in Australia), why is the Government not addressing: workforce shortages of pain medicine specialists and allied health and general practice practitioners with pain management training; insufficient education & training in the area of pain management in the wider health care sector; inadequate assessment and treatment of pain in primary health care; inadequate coordinated pain management services at the community level; serious pain non-management issues existing in nursing homes & hostel care for seniors. Are the recommendations of National Medicine Policy committee regarding achieving quality use of opioid analgesic medicines in Australia for the treatment of chronic non-cancer pain, as mentioned in the National Medicines Policy committee report of November 2011, going to be implemented?"

Answer:

Decisions on National Health Priority Areas are made by all governments – the Commonwealth, states and territories and not by a single jurisdiction. Further, any decisions about implementation of the National Pain Strategy's goals would occur independent of any process to establish chronic pain as a National Health Priority.

Both the National Pain Strategy and the Access Economics report 'The High Price of Pain: the economic impact of persistent pain in Australia' support the use of multidisciplinary care in chronic pain management. Information on Commonwealth Government support for access to health services for pain management in primary health care, particularly multidisciplinary care for chronic pain management, is included in the response to the related Question on Notice E12-122.

In addition to these initiatives the Australian Government has a range of programs and initiatives which provide for care of people experiencing chronic pain:

- Main stream funding programs - the Government provides funding for access to a wide range of health care for all conditions including chronic pain through arrangements under Medicare and Private Health Insurance via the Private Health Insurance rebate.
- National Prescribing Service (NPS) - In 2011, the NPS undertook a “Be Medicinewise” mass media campaign, with one element focusing on managing pain. This component included general information, tools and resources for health professionals and consumers on managing pain, specific information and resources about pain relief for children and acute lower back pain. In addition, the NPS conducts regular education programs for health professionals focusing on pain. As a part of these programs, the NPS publishes health professional publications (such as Prescribing Practice Review and NPS News) and health professional activities (such as case studies and clinical audits), as well as consumer resources (such as patient factsheets and toolkits).
- Specialist Training Program - In 2012 under the Specialist Training Program the Department of Health and Ageing is funding the Australian and New Zealand College of Anaesthetists to develop on-line teacher training modules that will focus specifically on teachers (clinical supervisors) in rural and regional areas. This will include course delivery in rural centres with the objective of expanding the network of trainers within the anaesthesia, intensive care and pain medicine specialties.
- Introduction of Medicare Locals from July 2011 - Medicare Locals aim to improve the integration and coordination of services for patients, including for pain management, and provide support to clinicians and service providers to improve patient care, including uptake of best practice.
- The Aged Care Act 1997 and the Quality of Care Principles 1997 - care and services provided to residents of aged care facilities must take into account the individual needs of residents and the required outcomes under the Accreditation Standards. High level residential care (such as nursing homes) must also provide nursing services to support the establishment and supervision of a complex pain management or palliative care program, including monitoring and managing any side effects.

With regard to your question on the National Medicines Policy Committee, the Committee prepared preliminary advice in relation to achieving quality use of opioid analgesic medicines in Australia for the treatment of chronic non-cancer pain.

This advice is being considered by the Department in the context of the broader policy, regulatory and clinical issues relating to pharmaceutical use and misuse in Australia, such as the NPS: Better choices, Better health education programs, the impending Electronic Recording and Reporting of Controlled Drugs initiative and development of a revised version of the Guiding Principles for Medication Management in Residential Aged Care Facilities.