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The impact of pain on rural and regional Australia: problems and solutions

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Executive summary

Worldwide, the need for more effective treatment for pain has steadily gained recognition as the cornerstone of patient-centred care. Addressing pain is in the interests of all Australians, as pain not only contributes to poor health, social and financial outcomes for individuals, but also represents a significant economic burden and puts major pressure on the health care system.

With at least one in five Australians living experiencing chronic pain today, it is an escalating health issue and carries a significant economic burden in lost productivity and health costs. Addressing pain is in the interests of all Australians.

Yet many people living with pain cannot get access to best practice pain management, often due to cost, location or low awareness of treatment options, and medication is playing an increasing role. To date, pain has not been a national health policy priority, despite its significant impact on people's lives.

While pain management remains poorly implemented across Australia, in our rural and regional communities the contrast is even starker. Across the spectrum of health and welfare people in rural, regional and remote Australia experience worse health outcomes. They have less access to services and are exposed to increased health risks. Service access data reveals¹ that people in remote areas access MBS services at up to half the rate as people in metropolitan areas and the health workforce is under-represented.

This is particularly challenging with regards to pain management, where multidisciplinary care is seen as the best possible treatment option. Some health professional disciplines don't exist in many remote areas. In others, professions like optometrists, occupational therapists, dietitians and podiatrists are represented at between one fifth and one third the rate of metropolitan areas.² This is a vital gap that needs to be bridged, especially if we want all Australians to achieve the health outcomes we are currently seeing.

The lack of treatment places in rural and remote communities' results in more Australians living in these communities left with poor health outcomes. This is an unacceptable situation, and we need to do more to prioritise healthcare and pain management in these communities.

The issues

Millions of people live with chronic pain, and the pain burden is growing

Australia is facing a pain epidemic. It is one of the leading causes of disability, absenteeism and forced early retirement in Australia. New research by Deloitte Access Economics on the cost of pain in Australia in 2018 indicates that 3.24 million Australians live with chronic pain today.³ This figure is projected to increase to 5.23 million by 2050⁴, as Australia's population ages and the prevalence of chronic conditions – many of which are significantly associated with chronic pain – continues to increase.⁵

Pain carries a significant economic cost

Chronic pain is costing Australia over \$73 billion annually (\$139.3 billion if quality of life impacts are included).⁶ And these vast numbers have a massive toll on our communities.

There were estimated to be 9.9 million missed workdays due to chronic pain each year in Australia in 2006.⁷

Chronic pain is estimated to be Australia's third most costly health condition in terms of health expenditure, noting musculoskeletal conditions are the second most costly, and injuries the fourth (both carry a strong association with chronic pain).⁸

Pain is closely associated with other health conditions, mental health and disability

The issue of chronic pain remains deeply integrated across our public and private health systems. Chronic pain is the most common reason that people seek medical help⁹ and one in five Australians live with chronic pain. Pain is also common to many chronic conditions and its impact spans the health, disability and ageing systems. People with chronic pain have the greatest levels of disability in our communities.¹⁰

Chronic pain is a leading cause of economic and social exclusion

It is the leading cause of early retirement from the workforce, with back problems and arthritis accounting for around 40% of forced retirements¹¹ and the level of workforce participation in people with chronic pain could be as low as 19%.¹²

Untreated chronic pain also has 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. It can also severely impact mental health, with over a quarter of adults with severe or very severe pain experiencing high or very high levels of psychological distress.

Most people with chronic pain do not have access to best practice pain services, which includes mental health care. This is typically due to location and/or cost, with a lack of services in rural and remote areas. Stigma about chronic pain and mental health conditions also prevent people from seeking and receiving treatment.

While there is a higher incidence of mental health conditions for people living in rural and remote areas and the impact is much greater,¹³ people living outside major metropolitan areas are also more likely to experience chronic pain and may be more susceptible to mental health conditions.

People who live outside urban areas are 23% more likely to experience back pain, with higher percentages in the 55 to 64 age group, and 30% more likely to have a long-term health condition due

to an injury.¹⁴ This may be due to the location of physically demanding jobs in industries such as agriculture, fisheries, forestry and mining in rural and remote areas.

The barriers

People can't access pain services

Despite these high social and economic costs, access to appropriate care remains hindered.

Up to 80% of people living with chronic pain are missing out on treatment that could improve their health, quality of life and workforce participation¹⁵ including access to pain specialists and one-stop pain clinics that offer interdisciplinary care, but also services at the primary care level.

Most public and private pain clinics that offer interdisciplinary care in one physical location are predominately located in the major capital cities.¹⁶ Specialist Pain Medicine Physicians (SPMPs) are concentrated in the major cities of NSW, South Australia, Victoria, Western Australia and Queensland. There is no pain specialist in the NT.

There are only seven paediatric pain clinics in Australia, with none in Tasmania, the ACT or the NT. The physiotherapy workforce, integral to interdisciplinary pain management, is also not evenly distributed and there is a shortage in rural and remote areas.¹⁷

People living with chronic pain face unacceptably long waiting times to access allied health and multidisciplinary pain services in public hospitals—frequently more than a year— and a large number rely on the private health system to access appropriate care to manage their condition, prevent complications, and retain their quality of life, despite the fact that the value of this insurance is quickly eroding.

There is low awareness of pain and its treatment options

Awareness of pain and pain management is also low among health practitioners and consumers. For example, clinicians' beliefs and practice behaviours relating to low back pain (LBP) were found to be discordant with contemporary evidence on the most effective treatments.¹⁸

Challenging beliefs about pain and its treatment is critical to build resilience in consumers and producing more effective health outcomes.¹⁹ Explaining the neuroscience of pain has been shown to improve pain and movement and reduce fear avoidance.²⁰

However over the last 20 years between 1996 and 2016, research aimed at understanding pain has attracted \$133 million. In comparison, between 2012 and 2017, cardiovascular disease has received \$687 million of research funding.²¹

People living with chronic pain also report having to navigate an increasingly complex health care system while advocating and coordinating with specialists: neurologists; pain; rehabilitation; physiotherapists; psychologists; pharmacists; and general practitioners. The overall lack of coordinated services and prohibitive healthcare costs for people living with chronic pain has added to the barriers they face in accessing appropriate care, in both the public and private health systems.

Over-reliance on medications

These barriers to accessing appropriate care have created many unforeseen challenges. While the 'opioid crisis' here in Australia is not comparable in magnitude the issues plaguing other developed countries, opioids and related harms continue to represent an increasing risk to Australian communities. The Third Australian Atlas of Healthcare Variation released in December 2018, found

that between 2013–14 and 2016–17 the rate of opioid medicines dispensing per 100,000 people increased by 5% nationally.²²

The AIHW's new report, 'Opioid harm in Australia: and comparisons between Australia and Canada' also paints a bleak picture of rising dependence, accidental overdose, hospitalisations and death among those using opioids like oxycodone, codeine and morphine. 3.1 million people were prescribed 15.4 opioid scripts last year, and with an average of 3 deaths per day, we do have a very serious situation.

Specific and significant changes have been made in 2018 to address these issues, including the up-scheduling of codeine and the decision to progress real time prescription monitoring. However, there is more that can be done to address over-reliance on pain medications and its negative consequences.

Overall, it is vital that we find more effective pathways for the management of chronic pain. The most effective way to reduce pain-related disability, improve function and quality of life, and increase the chances of returning to work for people with chronic pain is known as multidisciplinary pain management.²³ Since chronic pain is not just a physical condition but an experience that affects people psychologically, emotionally and socially (biopsychosocial) management must be holistic in order to be effective.

The solution: the national Action Plan

The Australian Government announced support for the development of the first ever National Strategic Action Plan for Pain Management (the Action Plan) in May 2018.

The Action Plan sets out the key priority actions to improve access to, and knowledge of best practice pain management in the next three years.

Painaustralia, the national peak body working to improve the quality of life for people living with pain, has consulted widely with consumers and consumer groups, clinicians, allied health practitioners, key health groups, researchers, experts and the whole community to understand what people think the key priorities are for the Action Plan.

These consultations have confirmed the need for action and nationally coordinated policy setting. Greater awareness of pain and pain management, more timely access to consumer-centred interdisciplinary services and research to underpin greater knowledge of pain as well as new treatments have emerged as key priorities, as has harnessing leaps in research, clinical evidence and technology.

The Action Plan builds on the strong foundation and advocacy of Australia's pain sector which developed the National Pain Strategy in 2010 to provide a blueprint for best practice pain management.

The Action Plan also leverages and builds on key activities taking place at a state and territory level and through primary health networks (PHNs) that have increased community awareness of pain management, integrated services, provided education and training for health practitioners and invested in pain services. The Action Plan also seeks to foster innovation in service design and delivery, particularly when it comes to rural and regional Australia.

Some actions emerged as the key priorities during the consultation process. These high priority actions have been guided by principles of assessment including ensuring they:

- have the greatest positive impact for consumers
- will be the most effective investment of efforts and resources
- ensure consumers and carers are given a strong voice
- are evidence based and meet principles of best practice pain management
- can be widely supported and endorsed
- deliver on the goals of the National Pain Strategy or meet a newly identified goal
- meet unmet need
- have the support of key enablers.

Actions addressing need in rural and regional Australia

For rural and regional Australia, this includes actions like the review of existing models of ‘mini pain programs’ that can be extended in regional and/or rural communities to provide coordinated care packages and increase capacity of health practitioners. Existing models include the Pain Revolution Local Pain Educator (LPE) model and other models in South Australia and Western Australia that embed capacity in regional and rural communities in pain management and education.

This sees health practitioners enrol in pain courses and then become pain educators and mentors once training is complete (‘train the trainer’), as well as improving coordination of services between general practice and allied health and referral pathways. Some PHNs are also undertaking activities to address the needs of people with persistent pain in their communities through expert education programs and individual case management, indicating potential for PHNs more broadly to play a key role in this area.

Conclusion

Overall, national leadership and action on pain is critical to ensure Australians live healthier lives through effective prevention and coordinated management of chronic conditions: the leading cause of illness, disability and death in Australia. The Action Plan aligns to the goals of the National Strategic Framework for Chronic Conditions published by Australian Health Ministers Advisory Council (AHMAC) in 2017 and will underpin Australia’s obligations as a member state of the World Health Organisation and its efforts through the Global Action Plan for Prevention and Control of Non-Communicable Diseases 2013-2020.

The Action Plan comes at a critical time: pain management finds itself at the intersection of key global public health challenges of the 21st century including the safe and effective use of medications and the urgent need to stem the rise of chronic conditions.

The Action Plan will provide a key step towards a national and holistic policy framework that will support consumers, health practitioners and the wider community to improve the quality of life for people with pain, their families and carers and minimise its impact.

The significant gaps in service access in rural and regional Australia and the high prevalence of comorbid pain and chronic health conditions highlights the need for the Action plan to be tailored to the needs of these communities.

Ultimately, if we can address chronic pain, we can alleviate a large burden of disease as well as the growing opioid and pain medication problem in our rural and regional areas.

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Presenter

Over the last two decades, **Carol Bennett** has worked at senior executive levels in national health and aged care organisations and has served on national and international boards and advisory groups. Carol has been National CEO of Alzheimer’s Australia, Consumers Health Forum of Australia, Rural Health Workforce Australia and the Victorian Alcohol and Drug Association. She has also managed her own consulting business, working with national peak groups, and is a current member of the Medicines Australia Advisory Council, Australian Health Practitioner Regulation Agency National Paramedicine Board and Director of Lifeline Canberra.