

# **pain**australia

SUBMISSION FROM PAINAUSTRALIA TO  
INDEPENDENT REVIEW OF NURSING  
EDUCATION

**JUNE 2019**



## Introduction

Painaustralia is pleased to provide a submission to the Independent Review of Nursing Education (the Review).

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain.

Painaustralia members include pain and other specialists, health practitioners, health groups, consumers and researchers. Painaustralia works with our extensive network to inform practical and strategic solutions to address this complex and widespread issue.

Like all chronic conditions, chronic pain is best managed in the community and evidence supports a multidisciplinary model of care that takes into account the physical, psychological, social and environmental factors that influence the experience of chronic pain.

Unfortunately, evidence now suggests that our healthcare system is failing people living with chronic pain. Many Australians living with pain are currently unable to access best practice pain assessment and management, whether due to cost, location, low awareness of treatment options, or lack of access to health professionals with knowledge and skills in pain management. As detailed in our submission, the consequences of these gaps are immense.

Of particular relevance to this review is the fact that awareness of pain and knowledge about best practice pain assessment and care remains low in the health professional community, particularly at primary care level. Given the AIHW data that 38.9 million non-admitted patient care service events, were provided for public patients, of which 46% were in allied health and/or clinical nurse specialist intervention clinics, we must ensure that our nursing workforce is well equipped and trained to provide best practice pain management to a large and growing cohort of Australians.

A comprehensive and evidence-based blueprint to address chronic pain is now available, in the form of Australia's first ever National Strategic Action Plan for Pain Management<sup>1</sup>, that can inform the Review.

Our submission addresses the terms of reference that examines the effectiveness of current educational preparation of, and articulation between, enrolled and registered nurses and nurse practitioners in meeting the needs of health service delivery.

Our recommendations include:

- An overarching education strategy
- Expanded training opportunities
- A single validated assessment and monitoring tool for chronic pain
- Improved decision support systems and resources

Painaustralia also supports and endorses the issues and recommendations raised by our founding members, the Australian Pain Society, in their submission to the Review.

Overall, Painaustralia is supportive of the objectives of the Review. Nurses and other health care professionals need improved education and training as well as better decision support systems and tools to equip them to deliver better pain management. Ensuring that pain management is embedded in the education and training of this crucial workforce will not only improve the lives of people with chronic pain but will also benefit the many thousands of nurses and midwives who work to support people living with chronic pain.

# Background

## The growing prevalence and cost of pain

Chronic pain affects more than 3.2 million Australians. Chronic pain, also called persistent pain, is pain that continues for more than three months after surgery, an injury, as a result of disease, or from another cause.

For those who experience chronic pain, the pain can be debilitating and have an adverse effect on work, sleep, and relationships. Individuals with chronic pain may also commonly experience comorbidities such as depression, sleep disturbance and fatigue.

These comorbidities often contribute to worse health, societal and financial outcomes – for example, major depression in patients with chronic pain is associated with reduced functioning, poorer treatment response, and increased health care costs.

The consequences of these gaps are immense. The price paid by people with chronic pain is continued physical and psychological ill health, social exclusion and financial disadvantage. Opioids continue to be over-prescribed for pain, with unacceptable consequences including dependency and opioid-related deaths. Society as a whole pays the price too. The total financial costs associated with chronic pain were estimated to be \$73.2 billion in 2018, which equates to \$22,588 per person with chronic pain.<sup>2</sup>

Painaustralia’s new report, The Cost of Pain in Australia by Deloitte Access Economics, provides the most comprehensive analysis of the financial impact of chronic pain in Australia to date. It found that more than 68% of people living with chronic pain are of working age. Without action, the prevalence of chronic pain will increase to 5.23 million Australians (16.9%) by 2050.

The report has pulled data out of the health, aging and disability sectors, to reveal the staggering cost of chronic pain to taxpayers. In 2018, this figure was \$139 billion. This was on top of the fact that last year alone, Australians paid \$2.7 billion in out of pocket expenses to manage their pain, with costs to the health system in excess of \$12 billion.

### WITH THE TRUE COST OF PAIN IN AUSTRALIA EXPOSED, ACTION IS URGENT painaustralia

**Millions of Aussies in chronic pain are overlooked as they fall through the gaps of our health system, and struggle day-to-day, while costing the nation billions.**

**Chronic pain impacts the physical, mental & emotional wellbeing of millions:**

2018 > **1.45M**  
Australians

2050 > **2.33M**  
Australians



In 2018, approximately 3.24 million Australians lived with chronic pain; this is set to rise to 5.23 million by 2050. 68.3% are of working age.

**THEIR PAIN**

- Disturbs sleep and causes fatigue
- Impedes the work they can do
- Impacts their relationships
- Can cut their lives short
- Is detrimental to their quality of life
- Restricts the activities they can undertake



**As the population ages, the burden of chronic pain only increases as will the billion dollar hit to an individuals back pocket and the economy:**

**\$73.2b**  
in 2018  
comprising of:



equating to **\$22,588**  
per person



**\$12.2b**  
Health System costs



**\$48.3b**  
Productivity losses



**\$12.7b**  
Informal care, aids, deadweight losses

If action is not taken, the annual cost of chronic pain in Australia will rise from \$139.3 billion in 2018 to an estimated \$215.6 billion by 2050\*.



**\$66.1b**  
Reduction in quality of life



**\$2.7b**  
Out of their own pocket

\*In real 2018 dollars, and in the absence of changes to treatment or prevalence rates, and assuming that costs remain constant in real terms.

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## The impact of inaction

Despite the burgeoning cost and impact of pain, our current clinical pathways are failing consumers. An epidemic of pain in Australia has seen problematic increases in the level of harm and deaths due to opioid misuse. With over three million people prescribed 15.4 million opioid scripts in 2016–17, it is unsurprising that opioids now account for 62% of drug-induced deaths, with pharmaceutical opioids now more likely than heroin to be involved in opioid deaths and hospitalisations.<sup>3</sup> In 2016–17 there were 5,112 emergency department presentations and 9,636 hospitalisations due to opioid poisoning, with three deaths per day attributed to opioid harm - higher than the road toll.<sup>4</sup>

Currently, the MBS does not support this best-practice model leading to unnecessary use of hospital based services and more significantly, an over-reliance on medication, including opioids, which is associated with significant harm. More than<sup>5</sup> 68% of pain management consultations will end with a GP prescribing pain medication. Another 13% will end in imaging, but less than 15% can hope to be referred to an allied health professional.

This unfortunately means that for the 3.2 million people living with chronic pain, access to best practice care is problematic at best, and fatal at worst. Understandably the physical, mental and emotional toll of chronic pain impacts every facet of patients' lives, with nearly 1.45 million people in pain also living with depression and anxiety. The reported comorbidity for chronic pain and depression or anxiety is estimated at 44.6% of patients, which is within the range of estimated values from the international literature.<sup>6</sup>

The lack of pain specialist care and GPs with limited options to deal with chronic pain means that millions of Australians are falling through the cracks of the country's health system. They are not receiving the multidisciplinary care they deserve and are inappropriately prescribed opioids, which is not the recommended treatment for chronic pain. This leads to significant social, health and economic costs to all Australians.

## The solution: The National Strategic Action Plan for Pain Management

A comprehensive and evidence-based blueprint to address chronic pain is now available, in the form of Australia's first ever National Strategic Action Plan for Pain Management (the Action Plan). This new Action Plan, developed in 2018 with support from the Australian Government, builds on the strong foundation and advocacy of Australia's pain sector which developed the National Pain Strategy in 2010. The Action Plan aims to improve the quality of life for people living with pain, and to minimise the pain burden for individuals and the community.

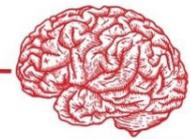
The Action Plan was developed with extensive expert, health practitioner, and consumer input, and identifies that we need to:

- Recognise people in pain as a national public policy priority
- Inform, support and empower consumers to understand and manage pain
- Inform and support health professionals to deliver evidence-based care
- Provide consumers with timely access to effective pain management services
- Continuously evaluate and improve pain management
- Implement a national research strategy to improve knowledge and translation
- Implement effective pain prevention and early intervention strategies
- Support people with pain to participate in work and community.<sup>7</sup>

## CHRONIC PAIN AND MENTAL HEALTH



The impact on personal life is greatest in young adults, with **four in five** people with chronic pain aged 20-24 reporting interference in daily life



almost **one in three** Australian adults with severe or very severe pain have high or very high levels of psychological distress



Up to **two-thirds** of people with arthritis say their condition has affected them emotionally

**4x**

Rates of depression are four times higher among people with chronic pain than people without pain



Research indicates there are strong links between anxiety, depression and chronic physical illness.

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## Considerations for the Review of Nursing Education

We must design education systems that inform and support health professionals to deliver evidence-based pain assessment and care, through an overarching education strategy, expanded training opportunities, a single validated assessment and monitoring tool, and better decision support systems and resources.

Pain specialists are well equipped to deal with chronic pain, but are few in number, with just a little over 300 specialists across the whole of Australia. Consequently, the vast majority of people with pain are supported through GP-led primary care. However, available evidence suggests that many GPs and health professionals could benefit from further training and support to deliver quality assessment and care for people with pain<sup>8</sup>. Right now, there is heavy reliance on pharmaceuticals, with over 68% of GP attendances for pain resulting in a prescription for pain management<sup>9</sup>.

Better access to pain clinics and specialists is important, but appropriate pain assessment and care at the primary care level is also critical. Health professionals including GPs, primary care nurses, pharmacists, clinical psychologists and psychiatrists, physiotherapists and other allied health practitioners need to be accessible and must be well equipped to offer evidence-based multidisciplinary team care to people with pain<sup>10</sup>.

Currently, clinicians' beliefs and practice behaviours in responding to common pain conditions such as low back pain can often be discordant with contemporary evidence<sup>11</sup>.

Over-reliance on opioids to manage pain is a particular concern and is most likely to occur where GPs are unaware of alternative care pathways, or because they know that access to pain centres can take years in urban areas and is unavailable at all in rural and remote areas<sup>12</sup>. Opioid prescribing in Australia increased by 30% between 2009 and 2014<sup>13</sup>, and opioids have been prescribed in some regional areas at 10 times the rate of other areas.<sup>14</sup> Given that opioid induced deaths nearly doubled between 2007 and 2016, and more than three quarters of all drug deaths involved pharmaceutical opioids, ensuring safe and effective use of these medications is a high priority.<sup>15</sup> It is estimated that more than 60 lives could be saved each year from a nationwide GP education program addressing chronic pain and opioids, delivering a benefit to cost ratio of more than 6 to 1<sup>16</sup>.

Nurses and other health care professionals need improved education and training, and better decision support systems and tools, to equip them to deliver better pain management.

### **Recommendation 1: An overarching education strategy**

In their submission to the Review, the Australian Pain Society notes that there is considerable variation in content in undergraduate nursing programs with pain and its management not considered a core subject, rather a symptom to be considered especially for cancer pain and palliation.

To address this, the Action Plan proposes the development of an overarching education strategy to promote evidence-based pain management education across health practitioner disciplines, through undergraduate, postgraduate, and continuing education. The Review should take into account this consideration for the future needs of the nursing workforce.

### **Recommendation 2: Expanded training opportunities**

Goal three of the Action Plan also notes that health practitioners should be encouraged and incentivised to undertake training in pain assessment and management, and training opportunities need to be accessible and compatible with existing professional capacity. The Action Plan recommends licencing for an expanded number of health practitioners to complete the full Australian and New Zealand College of Anaesthetist's Faculty of Pain Medicine Better Pain Management Program, or greater access for more practitioners to have access to selected modules of relevance. Additionally, the provision of short courses to expand general knowledge in primary care should also be offered.

### **Recommendation 3: A single validated assessment and monitoring tool for chronic pain**

Health practitioners including nurses, particularly at the primary care level, need a single validated tool to assess and manage pain. This tool should combine existing best practice assessment techniques and be based on a sociopsychobiomedical approach. Targeted approaches will be needed for specific groups including Aboriginal and Torres Strait Islander people, culturally and linguistically diverse Australians, and children and young people.

### **Recommendation 4: Improved decision support systems and resources**

Existing decision support systems and tools relevant to pain assessment and management, such as medical software packages, treatment protocols and plans, and online information and advice, should also be reviewed, and potential for enhancements identified so that they can better support nurses and midwives in providing effective pain management.

## **Conclusion**

Overall, Painaustralia is supportive of the aims of the Review and its principle considerations around how the education and preparation of nurses in Australia will ensure the nursing workforce is well placed to meet the future needs of Australian communities and our health system.

Addressing chronic pain is an urgent national health priority and needs to be recognised as such. With the release of the National Strategic Action Plan for Pain Management, and the publication of new research on the cost of pain in Australia, there is a compelling case to act now. Real and immediate action will not only improve the lives of people with chronic pain but will benefit also benefit and improve the practice of the many thousands of nurses and midwives who work to support people living with chronic pain.

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