2020
2021

SUBMISSION TO THE 2020-21 FEDERAL BUDGET FROM PAINAUSTRALIA

DECEMBER 2019

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FOREWORD

Addressing pain is in the interests of all Australians as pain not only contributes to worse health, social and financial outcomes for individuals but also represents a significant burden to the economy and a major pressure on the health care system.

Data released by the Health Minister, the Hon Greg Hunt MP, this year has shown how significant this burden is: with 3.24 million Australians living with chronic pain, the economic impact was a staggering $73.2 billion in 2018, which equates to $22,588 per person with chronic pain.[1]

According to the 2015 Burden of Disease report, back pain and related problems are the second most burdensome health condition following Coronary heart disease.[2] For working age Australians (25-64 years) musculoskeletal conditions, including back pain, is ranked in the top two conditions responsible for burden measured in disability adjusted life years.

We now know that 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. The toll that these gaps result in are one that our health system or economy cannot continue to bear. This is why we must take immediate action to address the gaps in our current policy frameworks.

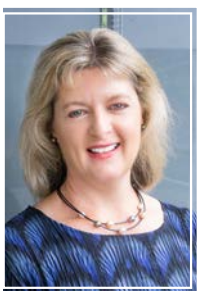
The National Strategic Action Plan for Pain Management (the National Action Plan) funded by the Federal Government is a document that is being considered for endorsement by the Australian Health Ministers Council. This document lays out the blueprint for action. The Federal Government has already announced a small number of funding initiatives that will progress key outcomes set out in the National Action Plan.

Our pre-budget submission outlines some important initiatives which include:

- community awareness and education about pain.
- acute and community level opioid Stewardship programs.
- rural and regional pain co-ordinator programs.
- a new model of care for older people with low back pain.

Real and immediate action will not only improve the lives of people with chronic pain but will benefit all Australians through economic returns and reduced pressure on our health care system.

Painaustralia urges the Federal Government to consider the proposals in this submission carefully to address the growing burden of pain conditions on our community and economy.



Carol Bennett
CEO of Painaustralia

Pain in Australia

In 2018

3.24 million Australians lived with chronic pain
This is set to rise to 5.23 million by 2050

44.6% also live with depression and anxiety

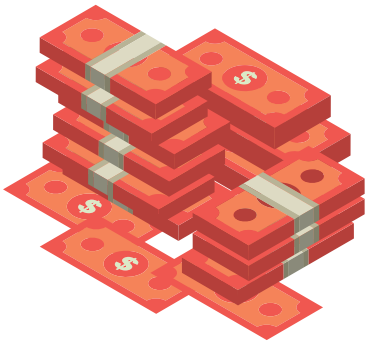
20% of all GP presentations in Australia involve chronic pain

1/100 will receive multidiciplinary care

Referrals to pain specialists occur in less than 15% of GP consultations where pain is managed

Medications are used in close to **70%** of GP consultations for chronic pain management

FINANCIAL COST



$139.3 billion

$12.2 billion
health system cost

$48.3 billion
lost productivity

$12.7 billion
other financial cost

$66.1 billion
reduction in quality of life

SUMMARY OF PROPOSALS

With more than 3.24 million Australians experiencing chronic pain today, it is an escalating health issue that 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, while medication is playing an increasing role.

The National Action Plan seeks to foster innovation in service design and delivery. In this Pre-Budget submission, Painaustralia proposes 4 important initiatives that encompass the objectives of the National Action Plan and provide solutions to existing problems across the spectrum of our health settings including:

- a broad scale public health awareness campaign
- addressing opioid related harm in acute and community-based settings
- enabling access to best practice care in our rural and regional communities and
- improving quality of life and care in our aged care sector.

All of these proposals complement gaps in our existing policies and regulatory approaches and rely on strong partnerships across the sector. As we continue to roll out medication regulatory changes to minimise opioid related harm, these programs will build vital support pathways that can continue to meet the pain management needs of millions of people living with chronic pain. Importantly, these programs will also help deliver on the objectives of the National Action Plan.

The proposals bring together peak professional groups as well as our nations top researchers, ensuring the ongoing viability and sustainability of these activities. Together, these four proposals represent the 'low hanging fruit' across our health sector, as they provide cost savings and huge public health benefits for minimal federal investment.

Proposal 1

Inform, support and empower consumers to understand and manage pain

Proposal 2

Establishing Opioid Stewardship Models across Acute and Community Care

Proposal 3

Implementing the Pain Care Coordinator Model in Rural and Regional Australia

Proposal 4

Implementing a new model of care for older people with low back pain living in residential aged care facilities

PROPOSAL 1

Inform, support and empower consumers to understand and manage pain

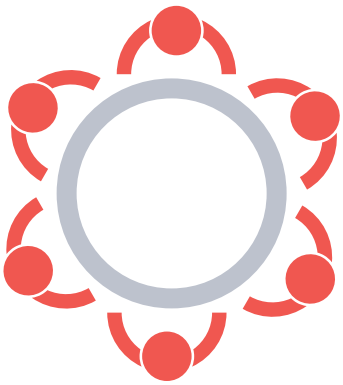
Problem:
There is low community awareness of pain issues and treatment options. People with chronic pain not only experience poor health, social and financial disadvantage, but are commonly subject to stigma, misunderstanding, and social and employment exclusion.

Solution:
Improve community understanding of pain and its treatments through a community awareness campaign, accompanied by consumer information, resources and support.

The Problem

Lack of community understanding of chronic pain often leads to social and economic exclusion of people with pain conditions. As chronic pain is largely invisible, people living with chronic pain can feel misunderstood and stigmatised by co-workers, friends, family, and even the medical profession.[3] This contributes to mental health problems including depression, and low participation in work and study. Improving community understanding of pain will promote improved social inclusion and increased economic participation for people with pain.

It is also fundamental that people with pain themselves understand how best to manage their pain. Substantial evidence shows that people with chronic pain who are engaged in active approaches in managing their condition have less disability than those who are engaged in passive therapies, such as taking medication or surgery.[4] Challenging beliefs about pain treatment, including beliefs about the need for opioids, scans and surgery, helps build consumer resilience and produce better health outcomes.[5] Explaining the neuroscience of pain has also been shown to improve pain and movement and reduce fear.[6]



The Solution: A community awareness public health campaign

We propose that the Australian Government fund and implement a community awareness public health campaign on pain and its management, with materials and messages developed in partnership with consumers, health professionals and health and community groups. The campaign needs to provide an understanding of the extent and experience of living with pain, and improve understanding of best practice care, including care pathways, self-management strategies, evidence and guidelines and quality use of medicines. This campaign will complement and support the objectives of current Federal Government funded initiatives like the Pain Management – Consumer Awareness and Education and Health Professional Education and Training initiatives aimed at health professionals grant program.

The campaign should involve vertically integrated communication strategies including electronic and social media, radio, as well as clinic-based media to share messages across a wide community audience. Tailored communication strategies will be needed for specific target groups such as Aboriginal and Torres Strait Islander people, culturally and linguistically diverse Australians, recipients and residents of aged care services, and carers.

Cost: *$1.5 million*

Impact:
Greater community understanding of pain and pain management will promote inclusion of people with pain, improved consumer participation in best practice pain treatments, and greater resilience in managing chronic pain as well as improved pain management and an associated reduction in burden of disease.

PROPOSAL 2

Establishing Opioid Stewardship Models across Acute and Community Care

Problem:
The harm caused by opioids is well-known in Australia and internationally; the misuse of pharmaceuticals is now the greatest cause of drug-related death in Australia. The rise in harm is driven by a range of factors including unrealistic expectations of pain management, over-prescribing, and lack of evidence-based educational programs for health professionals.

Solution:
Establishing a pharmacist led opioid stewardship model in acute and community care settings. Pharmacist-led opioid stewardship programs are an innovative, evidence-based strategy which address multiple stages of the patient journey and address opioid-related harms associated with pain management in both hospitals and community-based settings.

The Problem

The dose and quantities of opioids prescribed at discharge from hospital have been identified as a risk factor for long-term use.[7] A report from the Society of Hospital Pharmacists of Australia (SHPA) also found more than 70% of respondents reported that even when opioids had not been required in the 48 hours prior to discharge, they were still provided to the patient to take home 'just in case'. This is concerning given research finding the provision of a prescription or supply of opioids places the patient at a higher-risk of opioid harm, which may be unnecessary in these cases.

Similarly, in community-based settings we know that nearly 70% of GP consultations on chronic pain management end with the prescribing of a pain medication.

These statistics highlight the need for targeted programs to address high rates and inappropriate opioid prescribing practices in both inpatient hospital as well as outpatient and community environments.

Opioid stewardship is a concept that is modelled after the antimicrobial stewardship programs that have been widely implemented and are now a requirement for The National Safety and Quality Health Service (NSQHS) Standards in order to achieve accreditation.

According to the Institute for Safe Mediation Practices Canada, opioid stewardship may be described as "coordinated interventions designed to improve, monitor, and evaluate the use of opioids in order to support and protect human health." Opioid Stewardships models in North America have been remarkable for both the reduction achieved in opioid prescribing and the rapid implementation programs.[8]

There is an opportunity to develop and evaluate a similar opioid stewardship program in settings with a high prevalence of opioid use that could involve a team consisting of a pharmacist and physician or GP, to implement a near real-time audit and feedback assessment based on opioid prescribing patterns. Pharmacist-led stewardship in the form of point-of-care education and can be made available to provide prescribers with the knowledge to improve their awareness and understanding of current guidelines for opioid use, ultimately resulting in improved prescribing practices.

The Solution: Hospital Based Opioid Stewardship Model

SHPA's recent audit of hospital activities found that the presence of an opioid stewardship service substantially increased the likelihood of a range of opioid-related harm minimisation activities being implemented across both medical and pharmacy areas.

An audit of a service delivered for two years in a major Victorian hospital reflected an increase in smaller qualities of oxycodone dispensed to patients, increased analgesic weaning in hospital and inclusion in medical discharge summaries. Pharmacist-led opioid de-escalation in orthopaedic patients was shown to reduce opioid requirements by 25% without adversely impacting pain scores.

Pharmacist-led Opioid Stewardship services have been trialled in some innovative Australian hospitals and are showing promising results. SHPA intends to advocate to each jurisdictional government regarding the need for additional hospital funding for the introduction of a pharmacist-led Opioid Stewardship Service in each principal referral hospital.

Painaustralia is supportive of SHPA's proposal on the implementation of a two-year pilot in principal referral hospitals in order to accelerate adoption in all hospitals which undertake surgeries and are currently unable to provide these services to patients.

The Solution: General practice pharmacists and community based opioid stewardship

There are currently over 100 pharmacists working in general practice in Australia. The Pharmaceutical Society of Australia (PSA) has extensive experience in working with and supporting general practice pharmacists. PSA has been involved in three Primary Health Network (PHN) trials around the country looking at integrating pharmacists into general practice and has provided education, advice and support to pharmacists and practices in these trials. PSA also offers the only online foundation training for pharmacists new to working in general practice, in addition to practice guidelines and a suite of practice support tools for pharmacists working in this setting.

Opioid stewardship requires strong multidisciplinary support and involvement; clinician and consumer education; adequate communication across practice settings; and review of prescribing patterns.[9] Pharmacists are recognised as a key stakeholder in opioid stewardship programs.[10] General practice pharmacists are ideally placed to optimise opioid use and pain management in primary care settings due to their unique expertise in medicines use, and ensuring patients attending general practices receive pain management that is safe, appropriate and evidence-based.

Cost:

The hospital-based pharmacist led opioid stewardship model will cost $150-200k per annum for each principal referral hospital in Australia. It is anticipated that this proposal will be jointly funded between Federal and State Governments.

The general practice pharmacist led opioid stewardship model will cost $4million and will include grants for 150 general practices across rural, regional and urban Australia towards the employment of a pharmacist for 15 hours a week.

Impact:

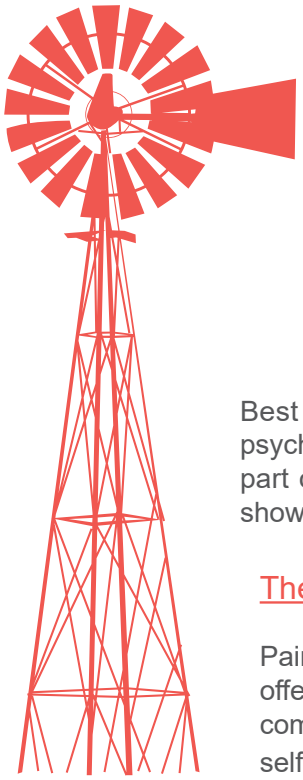
The opioid stewardship pharmacist mitigates harms associated with hospital and community based opioid prescribing by collaborating with prescribers, managing the supply of opioids and increasing patient education.

PROPOSAL 3

Implementing the Pain Care Coordinator Model in Rural and Regional Australia

Problem:
Many Australians living in Rural and Regional Australia with pain cannot access best practice pain management resulting in significant opioid related harm and greater burden of disease.

Solution:
Implement and evaluate a Pain Care Coordinator pilot.



The Problem

In 2018, the prevalence of persistent pain was higher in regional areas than in capital cities.[11] Australians living in regional/rural communities have poor access to pain services,[12] which is a driver of social inequity and likely contributes to the generally poorer health status of people living outside urban centres.[13] People living in regional and rural areas are more likely to have high lifestyle related risk factors such as smoking, low exercise, high blood pressure and high alcohol consumption.[14] All these factors are known to co-present with persistent pain.[15]

Best practice guidelines for persistent pain indicate that education, active and psychological therapies as well as self-management strategies should be a critical part of first line care.[16] Pain education and understanding pain biology has been shown to improve pain and function.[17]

The Solution: Pain Care Coordinator

Pain Care Coordinator is a community-based role for continuation in care offering pain education, care coordination and general support for patients in the community who are recovering from persistent pain using an education, active and self-management approach.

Aims of Pain Coordinator Model

- To reduce the burden of pain on primary and tertiary care services
- To increase quality of care and access to best practice pain care in accordance with clinical guidelines
- To reduce pain-related emergency department visits and hospital admissions
- To reduce patient burden and anxiety
- To promote an informed self-management approach and resilience for future episodes and setbacks
- To decrease inappropriate referrals to imaging, specialist, surgical and tertiary care

The model will be implemented in collaboration with Pain Revolution, a collective of researchers, clinicians, consumers and industry partners working to improve access to best practice pain care and education in rural and regional areas across Australia.

Pain Revolution has been upskilling and supporting country clinicians in pain care through the Local Pain Educator Program (LPE). The Pain Care Coordinator Model will build on existing infrastructure, resources, successes and experience generated through delivery of the LPE Program.

This model was developed in collaboration with Painaustralia, the Australian Pain Society, and the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists. Members of these peak organisations will form an expert advisory group to oversee the project.

The role operates within the local health service and is coordinated nationally by Pain Revolution. The Pain Care Coordinator's role will be to work collaboratively with consumers to develop and achieve a personalised management and recovery plan, drawing on available resources in the community. The role would be available to allied health practitioners and nurses, who are provided with advanced skills in pain education and care.

Pain Care Coordinator model was developed in response to the National Pain Strategy and is specifically included as a key recommendation of the National Action Plan which is being considered for endorsement by the Australian Health Ministers.

Pain Care Coordinators would be linked in with a state-based pain specialist mentor for regular clinical support and complex case-based discussions. The role would be supported by a Community of Practice made up of Pain Care Coordinators nationally, facilitated by a multidisciplinary expert reference group, for peer exchange and an interdisciplinary approach to case-based discussions. The model is similar to the Federal Government program for the Breast Care Nurse (BCN) Initiative which has resulted in improved experience for patients and clinicians, along with savings to the health system of $1,527 per new breast cancer patient seen (through reduced health service utilisation). [18]

Cost:

A three-year pilot program for 20 Pain Care Coordinators, embedded within regional/rural communities for $1.5m per annum

Impact:

More people with pain will have timely access to consumer-centred best practice pain management including early intervention strategies and interdisciplinary care and support, improving quality of life and social and economic participation especially in regions where there are limited services and supports.

PROPOSAL 4

Implementing a new model of care for older people with low back pain living in residential aged care facilities

Problem:
Older Australians with low back pain in residential aged care are not receiving best practice, evidence-based care resulting in increased morbidity and health system costs.

Solution:
Implementing a new model of care for older people with low back pain living in residential aged care facilities is a cost-effective way of reducing the burden of disease associated with low back pain.

The Problem

Low back pain is currently ranked the *number one cause of disability in the world*[19] and in older people (i.e. those 60 years of age or older) it represents more than 19 million disability-adjusted life years (DALYs) globally.[20] The condition affects one in four older Australians and often results in severe disability, loss of mobility and independence and financial distress.

The prevalence of pain in residential aged care facilities is even higher, reaching 40 to 80%. Older adults with low back pain are more likely to experience severe pain and severe limitation of their ability to walk, care for themselves (e.g. bathing themselves),[21] climb stairs, carry objects (e.g. grocery bags), and complete housework when compared to older adults without pain.[22] Compared to age-matched adults, older people with low back pain have significantly lower muscle mass and increased risk of falls[23] and frailty.

The Aged Care Royal Commission has confirmed that there is a primarily pharmacological approach to pain management in residential aged care. Studies indicate that up to 91% of aged residents are prescribed analgesics, with nearly 30% taking regular opioids. The concurrent use of sedatives is also high, with 48.4% of those taking regular opioids also taking an anxiolytic/hypnotic.[24] Opioid use is also associated with an increased risk of falls and an increased likelihood of death in older adults.[25] The risk and costs of using a pharmacological approach to pain management provides a strong reason to embed best practice pain multidisciplinary management in residential aged care.

Older Australians who have low back pain are less likely to receive evidence-based care and their prospect of recovery is in general poor. This problem is accentuated in residential aged care facilities, where federal funding for low back pain management currently only covers ineffective approaches such as transcutaneous electrical nerve stimulation (TENS) or other electrical devices, massage and analgesics. These treatments are no longer endorsed by clinical practice guidelines, provide little or no pain relief and fail to address the ongoing functional decline of the older patient with low back pain. This ineffective approach is significantly contributing to the high hospitalisation rates among older adults with low back pain and substantial financial burden of the condition – Australia spends AUD 9 billion on low back pain alone every year.[26]

The Solution: need for a new model of care for older people with low back pain living in residential aged care facilities

We urgently need a new model of care for older Australians with low back pain, especially those living in aged care facilities, and which is based on high quality scientific evidence, has the patient at its centre and restores function and mobility. Multidisciplinary approaches that include a self-management/educational component and which do not rely on pharmacological treatments has been previously endorsed and recognised as the most effective approach[27].

Active interventions, including exercises, are recommended approaches for the treatment of the older person with chronic pain, according to the American Geriatric Society[28]. Exercises are also endorsed for adults with persistent low back pain in 10 out of 14 international clinical practice guidelines[29], including the NICE guidelines/ UK[30] and the American College of Physicians Clinical Practice Guidelines[31]. Similarly, progressive resistance and balance training can **significantly improve mobility and function and reduce the rate of falls in older adults living in residential aged care facilities**.[32] Unfortunately, older Australians who live in residential aged care facilities do not have access to optimal low back pain management and this proposal aims to address this significant problem.

Painaustralia and researchers from the University of Sydney have partnered to design a program that would implement and evaluate the effectiveness and safety of a combined physical and psychological intervention for residents of age care facilities with low back pain. A parallel economic evaluation is proposed.

The model implements and evaluates a supervised and group delivered exercise program complemented with educational sessions on pain management and physical activity engagement for the older Australian living in residential aged care facilities.

The program will include:

- exercises targeting strength, balance, flexibility, and endurance performed at sufficient doses to promote physiological changes in older adults; and
- education and patient support to address negative beliefs and attitudes toward pain or ageing that would prevent them from engaging and adhering to the exercise program.

The intervention is a physiotherapist-delivered program that is delivered over 12 sessions and 12 weeks. An initial 60-minute session will include a thorough assessment of safety and goal setting parameters and prescription of tailored exercises. Following the initial assessment, group sessions of 4 participants (to ensure feasibility and safety) will be carried out.

Group sessions will consist of

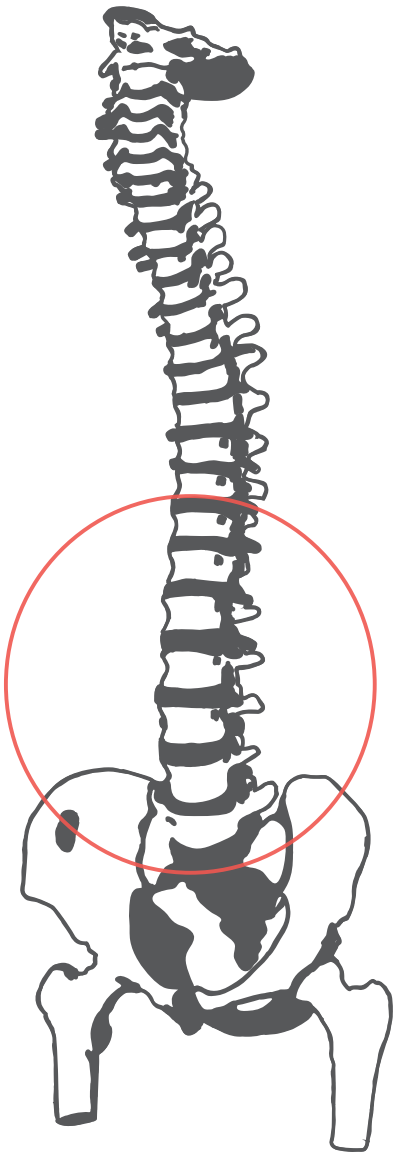
- a 30-minute educational component discussing pain management strategies using cognitive behavioural techniques.
- a 60-minute group-exercise program including 4 warm-up exercises and a circuit of 6 strengthening, balance, and flexibility exercises. The session ends with a walking circuit. The exercise intensity will be tailored to the participant's capacity (e.g. seated vs standing; number of repetitions) etc.

All sessions will take place in the residence's common area/gym. This program will be rolled out and evaluated across residential aged care facilities of NSW initially, before it is upscaled across Australia.

The project team will be led by A/Prof Manuela Ferreira and A/Prof Paulo Ferreira from Sydney University. Both have an outstanding international reputation in intervention implementation and evaluation. In partnership with Painaustralia, this collaboration brings unprecedented expertise in the field and knowledge in low back pain, ageing, epidemiology, implementation science and intervention evaluation.

This appropriate and successful intervention has been carefully developed and based on various evidence-based clinical guidelines on:

- exercise in older adults,
- low back pain management, and
- behavioural change interventions.[33]



The highest quality scientific evidence on the clinical effectiveness of low back pain interventions and ageing was considered and a comprehensive consultation of consumers (i.e. older patients with spinal pain) carried out to establish their perspective and preferences for exercise interventions.

By improving management of highly prevalent low back pain for residents of aged care facilities in Australia, this proposal aligns with the aged care funding reforms aiming to boost innovation in residential aged care; the Australian Aged Care Quality Agency in advocating for better health care at residential aged care facilities in Australia; and the Aged Care Royal Commission goal of creating a consumer-oriented and sustainable aged care system.

Cost savings with the proposed approach

According to The High Price of Pain report (Access Economics in collaboration with MBF Foundation and Sydney University), implementing evidence-based pain treatments can reduce costs to the Australian economy by 50%. We currently spend over $9 billion (or $1400/person) on low back pain in Australia every year. With a total of 176,000 residents of aged care facilities, and a prevalence rate of low back pain of approximately 50% in this population, implementing this proposed evidence-based care for chronic low back pain in residential aged care facilities could save the Australian economy over $123 million every year.

Cost:
$1.5 million dollars over 4 years.

Impact:
Expand the number of people in residential aged care facilities who will have access to multidisciplinary approaches that include a self-management/educational component.

CONCLUSION

Addressing chronic pain is an urgent national policy priority. The Morrison Government has made progress in addressing some of the systemic barriers to adequate pain management for Australians. This includes:

- Up to $1 million to Painaustralia to support consumer awareness and education for people affected by pain (to be allocated)
- Up to $1 million to support the training of GPs to enable them to participate more effectively in pain management care (to be allocated)
- $500,000 for a public education campaign specifically focussed on the management of pain and the use of opioids (to be allocated)
- $4.3 million over four years from 2019-20 to ensure rural Australians affected by chronic pain have better access to pain management services through the Rural Health Outreach Fund (allocated)
- The take home naloxone pilot which will invest $10 million to make naloxone available free to people who may experience, or witness, an opioid overdose (allocated).

There have been several significant regulatory changes announced recently, with more scheduled for 2020. The 2019 Mid-Year Economic Financial Outlook noted further savings off the back of reduced opioid use. It is now vital that we see investment in much needed support for those people who will be tapered off opioid medications and will need access to cost effective and accessible treatments for chronic pain.

A very positive step in this direction has been funding a comprehensive and evidence-based blueprint to address chronic pain in the form of Australia's first ever National Strategic Action Plan for Pain Management.

With the release of the National Action Plan, and the recent 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 all Australians through economic returns and reduced pressure on our health care system.

This Pre-Budget Submission from Painaustralia proposes initiatives which address vital gaps in our current policy and cover the breadth of our health service delivery systems. These priority programs complement the implementation of the National Action Plan, they have strong evidence-based objectives and are cost effective for the broad outcomes that they will achieve.

We believe our submission provides the Treasury with solutions that can be invested in now to address this important health issue and alleviate the social and economic toll it is taking on Australian society.

References

1. Deloitte Access Economics, The Cost of Pain in Australia, Painaustralia, Editor. 2019, Painaustralia: Canberra.
2. AIHW, Australian Burden of Disease Study: impact and causes of illness and dealth in Australia 2015 - Summary report. 2019, Australian Institute of Health and Welfare: Canberra
3. Alex Holmes, Nicholas Christelis and Carolyn Arnold. Depression and chronic pain. Med J Aust 2013; 199 (6): S17-S20. || doi: 10.5694/mja12.10589. Published online: 29 October 2013 https://www.mja.com.au/open/2012/1/4/depression-and-chronic-pain.
4. Michael J Cousins. Fast facts: chronic and cancer pain. Fast facts: chronic and cancer pain https://trove.nla.gov.au/work/155140237?q&sort=holdings+desc&_=1534230194614&versionId=212593017
5. West Australian 2018. Scans, surgeries and opioids rarely the right answer for back pain https://thewest.com.au/lifestyle/health-wellbeing/scans-surgeries-and-opioids-rarely-the-right-answer-for-back-pain-ng-b88899127z
6. Holliday Simon. et. al. Prescribing wellness: comprehensive pain management outside specialist services https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6003009/
7. Shah A, Hayes CJ, Martin BC. Factors Influencing Long-Term Opioid Use Among Opioid Naive Patients: An Examination of Initial Prescription Characteristics and Pain Etiologies. J Pain. 2017;18(11):1374-83. Available from: https://www.jpain.org/article/S1526-5900(17)30635-1/abstract
8. Friedhelm Sandbrink, MD. The Time for Opioid Stewardship Is Now. The Joint Commission Journal on Quality and Patient Safety. January 2019Volume 45, Issue 1, Pages 1–2
9. Queensland Health. Managing the pain of opioids 19-20 July 2018 Meeting report. Brisbane: State of Queensland (Queensland Health); 2018.
10. Rizk E, Swan JT, Cheon O, et al. Quality indicators to measure the effect of opioid stewardship interventions in hospital and emergency department settings. Am J Health Syst Pharm 2019 Feb; 76(4):225-35.
11. Op. cit Deloitte Access Economics 2019.
12. Hogg, M.N., et al., Waiting in pain: a systematic investigation into the provision of persistent pain services in Australia. The Medical Journal of Australia, 2012. 196(6): p. 386-390.
13. Phillips, A., Health status differentials across rural and remote Australia. Aust J Rural Health, 2009.
14. AIHW, Australia's Health 2018: Rural and Remote Populations, AIHW, Editor. 2018, Australian Institute for Health and Welfare: Canberra.
15. van Hecke, O., N. Torrance, and B.H. Smith, Chronic pain epidemiology - where do lifestyle factors fit in? Br J Pain, 2013. 7(4): p. 209-17
16. Lin, I., et al., What does best practice care for musculoskeletal pain look like? Eleven consistent recommendations from high-quality clinical practice guidelines: Systematic review. British journal of sports medicine, 2019: p. 1-8.
17. Lee, H., et al., Does changing pain-related knowledge reduce pain and improve function through changes in catastrophizing? Pain, 2016.
18. Mahony, J., et al., The Impact of Breast Care Nurses: An Evaluation of the McGrath Foundation's Breast Care Nurse Initiative. Asia-Pacific Journal of Oncology Nursing, 2019.
19. Global Burden of Disease Study C. Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet 2015;386(9995):743-800. doi: 10.1016/S0140-6736(15)60692-4
20. Prince MJ, Wu F, Yanfei G, et al. The burden of disease in older people and implications for health policy and practice. Lancet 2015;385(9967):549-62.
21. Hicks GE, Gaines JM, Shardell M, et al. Associations of back and leg pain with health status and functional capacity of older adults: findings from the retirement community back pain study. Arthritis Rheum 2008;59(9):1306-13.
22. Weiner DK, Haggerty CL, Kritchevsky SB, et al. How does low back pain impact physical function in independent, well-functioning older adults? Evidence from the Health ABC Cohort and implications for the future. Pain medicine (Malden, Mass) 2003;4(4):311-20. [published Online First: 2004/01/31]
23. Blyth F, Cumming R, Mitchell P, et al. Pain and falls in older people. Eur J Pain 2007;11:564-71.
24. Felicity C. Veal, Luke R. Bereznicki, Angus J. Thompson, Gregory M. Peterson, Pharmacological management of pain in Australian Aged Care Facilities, Age and Ageing, Volume 43, Issue 6, November 2014, Pages 851–856, https://doi.org/10.1093/ageing/afu072
25. Raoul Daoust, Jean Paquet, Lynne Moore, Marcel Émond, Sophie Gosselin, Gilles Lavigne, Manon Choinière, Aline Boulanger, Jean-Marc Mac-Thiong, Jean-Marc Chauny. Recent opioid use and fall-related injury among older patients with trauma
CMAJ. 2018 Apr 23; 190(16): E500–E506. doi: 10.1503/cmaj.171286
26. Blyth F, Rochat S, Cumming R, et al. Pain, frailty and comorbidity on older men: the CHAMP study. Pain 2008;140:224-30.
27. Encouraging Best Practice in Residential Aged Care Program Report, 2011. University of Wollongong.
28. Ferreira ML, de Luca K. Spinal pain and its impact on older people. Best Pract Res Clin Rheumatol 2017;31(2):192-202. doi: 10.1016/j.berh.2017.08.006 [published Online First: 2017/12/12]
29. Society AG. The Management of Persistent Pain in Older Persons - American Geriatrics Society Panel on Persistent Pain in Older Persons. J Am Geriatr Soc 2002;5:S205-S24.
30. National Institute for Health and Care Excellence. Low back pain and sciatica in over 16s: assessment and management 2016 [accessed April 2019
31. Chou R, Deyo R, Friedly J, et al. Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. Ann Intern Med 2017;166(7):493-505. doi: 10.7326/M16-2459
32. Hewitt J, Goodall S, Clemson L, et al. Progressive Resistance and Balance Training for Falls Prevention in Long-Term Residential Aged Care: A Cluster Randomized Trial of the Sunbeam Program. J Am Med Dir Assoc 2018;19:361-69. doi: 10.1016/j.jamda.2017.12.014
33. Ward L, Williamson E, Hansen Z, et al. Development and delivery of the BOOST (Better Outcomes for Older adults with Spinal Trouble) intervention for older adults with neurogenic claudication. Physiotherapy 2019;Epub ahed of print

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