

CONSULTATION RESPONSE



**Allied Health
Professions
Australia**

Response to Pain Management Clinical Committee Recommendations

Allied Health Professions Australia (AHPA) welcomes the release of the Pain Management Clinical Committee and particularly its recommendations regarding multidisciplinary care as part of the wider Medicare Benefits Schedule (MBS) Review. Given the range of structural challenges limiting the effectiveness of a multidisciplinary allied health care team for consumers, these recommendations in this report are of significant interest to AHPA and its members.

The recommendations in the report regarding current items numbers do not directly impact on allied health service delivery and access. As such we have deliberately kept the commentary in this report focused on the items that are of the greatest relevance to allied health practitioners and the demonstrated value of multidisciplinary care.

We note that AHPA and its members created a comprehensive series of position statements outlining our own recommendations for reform that were provided to the allied health reference committee. Those recommendations remain highly relevant and we encourage the Taskforce to revisit those in the context of the recommendations of this committee, noting that for many patients, good outcomes depend on access to appropriate allied health care for effective pain management and support. This care is currently not universally accessible and remains heavily dependent on an ability to pay privately.

6.1 Better access to multidisciplinary care for chronic pain management

AHPA welcomes the recommendations in this section and strongly agrees that effective management of chronic pain requires more than surgical and pharmaceutical interventions. This is particularly relevant in light of the growing crisis of opioid abuse in Australia which has at least some of its roots in long time use and subsequent dependence on opioid drugs for chronic pain. Currently for many Australians, access to sufficient allied health care and support for pain management is beyond their means making a prescription opioid the only affordable choice.

Recommendation 26 – Access to multidisciplinary pain management planning

AHPA support any of the options (a), (b) or (c) plus option (d) in combination with them. Option (d) is in line with similar recommendations made in the GPPCC Phase 2 Report which supports team case conferencing which is a key component of multidisciplinary care. The use of technology to support this activity is supported as face to face meetings may be difficult due to timing and geography.

AHPA agrees that a range of allied health practitioners may be involved in a patient's care depending on the individual situation. We note that certain professions have been listed but caution that this may need to be broader e.g. there is good evidence that overweight or obesity can exacerbate chronic back or lower limb joint pain, but dietitians have not been mentioned as part of potential teams.

AHPA agrees with the need for tiered access to multidisciplinary treatment depending on complexity but notes that under current MBS items for allied health interventions this would not be possible. The call for this tiered approach is in line with the recommendations of the allied health items review which recommends extension of the chronic disease management items.

Recommendation 27 – Access to appropriately trained allied health services

AHPA strongly supports improved access to allied health services and supports options (b) + (c) which supports a general approach to tiered access for a number of chronic conditions. We also support direct referral by Special Pain Medicine Physicians to allied health which is a more patient-centred approach facilitating timely access.

AHPA recommends caution in pursuing a requirement for all allied health practitioners providing services to be specifically accredited in pain management. For a number of professions this is core practice which they would undertake on a daily basis. There may not be such a specific accreditation and it may not be necessary e.g. weight management or counselling are not specific for pain. There is also the risk that in rural and remote areas that the only available practitioner is a generalist and excluding them may reduce or exclude access to important services.

Recommendation 28 – Access to appropriately spaced multidisciplinary review of the person and of the management plan

This recommendation is supported but with the same caveat regarding accreditation as noted above.

Recommendation 29: Access to group therapy for pain management

AHPA supports access to appropriate evidence-based group therapy.

Recommendation 30 – Telehealth

AHPA supports this recommendation and agrees that access to telehealth for multidisciplinary care should be a key part of general MBS reforms.

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