

## ABSTRACT

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#### **New Strategic Plan For Pain Medicine In Australia**

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The National Pain Summit on the 11<sup>th</sup> March, 2010 at Parliament House, Canberra set out the first comprehensive National Strategy to improve the assessment and treatment of all forms of pain ([www.painsummit.org.au](http://www.painsummit.org.au)).

Over the past 18 months the Strategy development has been led by ANZCA, the Faculty of Pain Medicine, the Australian Pain Society and a consumer group, Chronic Pain Australia. A Steering Committee oversaw the work of a series of Working Groups, Reference Groups and input from around 130 health professional and consumer organisations – including a substantial Leader's Meeting at ANZCA House in September, 2009. I carried out 'Fact Finding' visits to key programs in the USA, UK and Canada at the end of 2009 and key ingredients of these programs have been included in the Strategy.

#### **The Mission of the Strategy is:**

"To improve quality of life for people with pain and their families, and to minimise the burden of pain on individuals and the community".

The National Pain Strategy is aimed at acute, subacute, recurrent, chronic and cancer pain. Worldwide there is recognition that all forms of pain are poorly managed and at present there is no country that has adopted a comprehensive strategic plan.

On the basis of Australian data, the disease burden of chronic pain has now been defined as 1 in 5 Australians at an economic cost of \$34 billion and 36 million lost workdays – Australia's 3<sup>rd</sup> most costly health problem. The Strategy addresses this unmet need with a new health care framework that takes advantage of the National Health & Hospital Reform Commission (NHHRC) Report 2009; detailed goals, objectives and strategies for improvement have been proposed (see [www.painsummit.org.au](http://www.painsummit.org.au))

#### **Goals are:**

1. People in pain as a national health priority
2. Knowledgeable, empowered and supported consumers
3. Access to skilled professionals and best practice evidence based care
4. Access to *interdisciplinary care* at all levels
5. Quality improvement and evaluation processes
6. A research agenda