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Faculty of Pain Medicine
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Dean
Faculty of Pain Medicine
Australian and New Zealand
College of Anaesthetists

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Health Technology Assessment (HTA) Team
Australian Government Department of Health
MDP 960
GPO Box 9848
Canberra ACT 2601

By email: CommentsMSAC@health.gov.au
cc: pharmacy.trial.program@health.gov.au

Dear HTA Team

Submission to the Medical Services Advisory Committee – 1698 Chronic Pain MedCheck Trial

Thank you for the opportunity for the Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM), to provide feedback on the Chronic Pain MedsCheck Trial.

ANZCA is committed to setting the highest standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. In addition to promoting best practice and ongoing continuous improvement that contributes to a high quality health system, the college is responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians.

When the Chronic Pain MedsCheck Trial was announced, we expressed concern that the scheme had been developed without appropriate input from medical specialists and did not adequately recognise that the successful treatment of chronic pain requires a multidisciplinary approach.

The treatment of patients experiencing chronic pain is a complex process that includes a range of physical and psychosocial interventions and needs to be much broader than focusing on medications which in many cases are ineffective.

As anticipated, the Chronic Pain MedsCheck Trial has focused exclusively on pharmaceutical interventions. We maintain that while it is appropriate for pharmacists to concentrate on the pharmaceutical aspects of a pain care plan, it is inappropriate for that to occur in the absence of consultation with prescribers and other members of the patient's treatment team. The Consultation Summary appears to indicate that none of the patient interactions in this Trial include the involvement of a patient's general practitioner or other health care personnel including a specialist pain medicine physician where relevant.

We regard the evaluation study on which this submission is based to be flawed. In this we would identify three major domains:

- There was a high drop-out rate from initial enrolment which is downplayed in the summary, but which casts doubts on the validity of any conclusions regarding patient outcomes. As the overall non-completion rate was 47% and was even higher for the three-visit consultation group (Group B), there must be concern regarding the validity and reproducibility of results. Outcomes for those who did not complete the trial were not assessed, thus depriving the exercise of a control group. Any adverse outcomes amongst participants who did not complete the trial would negate any claim of benefit for the trial.

  There were many pharmacies that were not able to recruit any patients, suggesting that the participating pharmacies may have had different characteristics, thus invalidating any claim to generalisation of the results.

ANZCA House
630 St Kilda Road, Melbourne VIC 3004
+61 3 9510 6299
fpmdean@anzca.edu.au

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- Statistical significance is claimed for the reduction in pain severity by 0.89 in Group A and 1.55 in Group B in terms of mean scores, and by 1 point in terms of median scores. However, that statistical significance is achieved only because the means of the indices used are quoted to 2 decimal places, which not only is not justified for a crude visual analogue scale (VAS) but also is meaningless.

  Furthermore, a 2-point change in VAS is the generally accepted threshold for minimal clinical change in pain research. Similar comments can be made or other indices, with claimed changes unlikely to be clinically significant.

- The outcome measures contain nothing related to functional status beyond either questionnaire responses or interview outcomes, but rather 'soft' measures that are prone to be influenced by investigator bias. With indices such as self-management total score, AQoL utility score and health literacy total score, there was a high attenuation of numbers completing.

In our view, the study as presented shows only the possibility that a subgroup of pharmacists may be able to persuade a subgroup of patients to reduce their medication in the short term. Nothing in the Consultation Summary describes an overall picture of benefit to people experiencing chronic pain. Given the potential broad-range of this proposed intervention, there needs to be a proper assessment of outcomes along intention-to-treat lines.

Chronic pain has a profound impact on both the health and welfare of Australians and the associated economic burden to the Australian community. Around one in five people in Australia live with chronic pain and this prevalence doubles among people aged over 65 years.

A 2019 Deloitte Access Economics report into *The Cost of Pain in Australia* found that the social and financial burden to individuals affected by pain and to their family cost the Australian economy an estimated $73.2 billion due to lost productivity and health and welfare expenditure. The report also found multidisciplinary pain management interventions were superior to standard treatment of pharmaceutical and invasive care for chronic pain management.

We played a critical role in developing the National Strategic Action Plan for Pain Management (NSAPPM) which was initiated by Painaustralia and launched in June 2019. The NSAPPM recognises that:

- More specialist pain medicine training positions are urgently needed to address the ageing pain medicine workforce.
- More needs to be done for highly disadvantaged regional pain patients who have far less access to appropriate pain management centres than those in metropolitan areas.
- Innovative methods to upskill other healthcare professionals such as GPs with evidence-based safe and high quality pain management approaches are need.

We continue to advocate for initiatives that support the NSAPPM and improve the availability of specialist pain medicine services, especially in regional areas. We do not consider that the Chronic Pain MedsCheck Trial has been shown to be an initiative that pursues either of these goals. It remains our view that direct payment of public funds to pharmacists to support an unproven one-dimensional treatment intervention would be neither in the best interests of people experiencing chronic pain nor in the interests of the reputation of the pharmacy profession.

Yours sincerely

Dr Kieran Davis
Dean, Faculty of Pain Medicine, ANZCA