ANZCA
AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

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Sarah Prentice
Director, Secretariat
Health and Disability Services Review
Ministry of Health

Dear Sarah

Health and Disability Services Review

Thank you for making time to meet with Heather Ann Moodie and Mary Harvey from the New Zealand office of the Australian and New Zealand College of Anaesthetists (ANZCA). The opportunity to discuss issues relating to pain and the future health system in New Zealand was very much appreciated.

As you know, ANZCA, which includes the Faculty of Pain Medicine (FPM), is responsible for the training and examination of anaesthetists and pain medicine specialists and for the standards of clinical practice in New Zealand and Australia. ANZCA's mission is to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine.

The future from the perspective of anaesthesia, perioperative medicine and pain medicine

The changes in the make-up of New Zealand's population will have a significant effect on the demand for health services. It is anticipated that the trend towards an aging population with an increasing number of chronic co-morbidities causing significant disability will continue. ANZCA hopes that the current inequities in health and healthcare delivery will lessen, but is only guardedly optimistic on this point. Those inequities are many, and relate to differences in ethnicities, socio-economic status, and geographical location, to name a few.

At the same time, improved technology and new medicines have the ability to improve health care services, but at a significantly increased cost. The 'Choosing wisely' campaign asks the tough question 'should we, even if we can' about many treatments.

These two trends, along with increased community expectations of the benefits of healthcare, mean that healthcare providers need to work together to deliver care. Multidisciplinary and interdisciplinary care is necessary to ensure that care delivered treats the whole patient, and that those health professionals caring for different aspects of the person's health work as one team and that they don't conflict with each other. At the same time, there is a growing awareness that consideration must be given to the entire patient journey from diagnosis to recovery, and an acknowledgement that there are better outcomes when care is tailored to the patient's specific needs, and the needs of their family and whanau, and when there is shared decision making at all points along that journey.

Multidisciplinary approaches to patient care

Multidisciplinary models of care have the potential to improve health outcomes and to deliver more effective and efficient health services across a range of conditions and settings.

ANZCA and the FPM are leading the way in multidisciplinary approaches to patient care in pain medicine and perioperative medicine. We encourage the health and disability services review to consider the potential these areas of medicine to achieve optimal patient outcomes and improve the health system.

Pain medicine

The Sapere health economics report highlights the magnitude of the problem of chronic pain in New Zealand. It estimates that the direct costs to the New Zealand health system was between $1.1 and $2.0 billion in 2016. Combined with indirect costs of around $3.2 billion and intangible costs (burden of disease) of $8.6 to $9. 6 billion, the total costs of chronic pain in 2016 were $12.9 to 14.8 billion. As the prevalence of chronic pain will rise in the future, so will its social and economic costs unless there is greater investment in multidisciplinary pain medicine services.

The FPM considers that resourcing pain management services is a critical issue for the health agenda. Increased funding would significantly benefit New Zealanders living with chronic pain. It would support an adequately sized workforce, reduce waiting lists and unmet need, and rehabilitate patients to significantly improve their quality of life and ability to participate in society.

It is notable that data taken from the Health Quality & Safety Commission's routine data analysis 2016 shows that prescribed opioid use is higher in district health boards (DHBs) where there are no pain services, or they are under-resourced, and lower in the three Auckland DHBs, Canterbury DHB and Capital and Coast DHB where services are established.

Specialist Pain Medicine Physicians (SPMPs) play a leadership role in a multidisciplinary approach to assessing and treating patients with pain problems, and in the development of models of care that bridge between primary care and the specialist sector.

The best practice model of care for chronic pain is provided in the context of a socio-psycho-biomedical framework of assessment and treatment. SPMPs work with multidisciplinary teams[1] to manage severe pain problems, such as musculoskeletal disorders, and challenging pain in paediatric, adolescent, adult and geriatric patients. Multidisciplinary teams (MDTs) harness the input of a range of medical and allied health professionals to formulate appropriate treatment aimed at control of pain and improvement of function. Equally important, these MDTs also provide clinical training.

Good benchmarking data from the electronic persistent pain outcomes collaboration (ePPOC) is providing solid evidence of the difference specialist pain medicine services are making in Australia and New Zealand. Data from 2018 shows that, for New Zealand patients included, 'work time missed due to pain' reduced from 'referral' to 'episode end' by almost 40 percent and the percentage of patients using opioids >2days/week reduced by nearly 10 percent. Patients' opioid use 'post episode' reduced further by about 6 percent.

In May 2019, the World Health Organization (WHO) adopted the International Classification of Diseases 11th Edition (ICD-11), which includes chronic pain as a disease classification for the first time. The inclusion of chronic pain into the disease classification recognises that it affects 20 percent of people worldwide; and that it is a major source of distress, demoralisation and functional impairment, and economic burden. The classification is based on the current scientific evidence.

ICD-11 will come into effect on 1 January 2022. This timeframe allows countries to plan and organise health services, train health professionals - including the up-skilling of primary care and community health practitioners - and to determine the allocation of health resources. The Ministry of Health will be required to report to the WHO on efforts to prevent and manage chronic pain.

[1] Such as psychologists, physiotherapists, nurses, occupational therapists, and mental health practitioners.

Perioperative medicine

Perioperative medicine is the practice of patient centred, multidisciplinary, and integrated medical care of patients from the moment of contemplation of surgery until full recovery. It is a developing area of cross-medical interest that recognises the need to address the challenges of contemporary medical care for complex and vulnerable surgical patients.

The aim of perioperative medicine is to deliver the best possible care for patients before, during and after major surgery. A co-ordinated and collaborative multidisciplinary and multi-faceted model of perioperative care is effective in providing clinical benefits for patients and in reducing costs for health systems and providers.

There is an emerging international consensus that a need exists for improved perioperative medicine and systems to deliver better outcomes for patients. Modern perioperative patient care includes an ever-widening range of specialists and stakeholders, which consequently increases the risk of fragmentation, miscommunication and inefficiency. Minimising the potential for such inadequacies in the system requires harmony, coordination and collaboration between all the disciplines concerned.

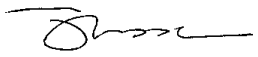
Perioperative care begins when the patient first makes contact with a clinician about a procedural intervention and ends following functional recovery well after the patient returns home. Given this breadth, it is vital to the success of perioperative medicine that general practitioners and community-based allied health professionals are included in the MDT and planning of surgery. Perioperative medicine is a key focus for ANZCA and is one of the pillars of our Strategic Plan 2018-2022. Anaesthetists have the ability to work collaboratively with surgeons, subspecialty physicians and community clinicians to manage patients and the procedural risks before, during and after surgery using patient centred, evidence based and cost effective care.

ANZCA has committed to providing leadership in perioperative medicine with other medical groups. With so many stakeholders in perioperative medicine including (but not limited to) surgeons, physicians, geriatricians, intensivists, primary care and allied health professionals, ANZCA has taken the lead and is developing a perioperative qualification, with representation and input from the above colleges and sub-specialty experts reflecting the multi-specialty and multidisciplinary nature of perioperative medicine.

ANZCA believes that MDT approaches to health care can provide the best outcomes for patients, not just in the areas of medicine discussed above, but across other disciplines and settings as well. A key feature of this emerging area is that the ‘care bundle’ is patient focused with shared decision making imperitive.

Please don’t hesitate to contact me if you would like any further information on these issues, or on any other matters associated with anaesthesia and pain medicine in New Zealand.

Yours sincerely



Dr Jennifer Woods
Chair, New Zealand National Committee