

## Chronic pain patients lose out in \$40 million government cut to Australian pain services

### Talking points for practitioners

1. The Medicare Benefits Schedule (MBS) Review was a once-in-20 years' opportunity to make sure that the most effective pain treatments were going to be funded.
2. The final recommendations from the Pain Management Clinical Committee created savings by diverting Medicare rebates away from low-value care and planned to put this money towards funding high-value care.
3. There was widespread agreement within the pain management community that the recommendations were fair and balanced, and would create huge opportunities to improve the care of the one-in-five Australians with chronic pain, without needing to increase the current Medicare spending.
4. When the rollout of the new changes was announced, it became clear that the government had decided to go ahead with the changes that saved money, but did not implement any of the changes for new and improved services.
5. This equates to a \$40 million cut to pain services in Australia.
6. The end result of these changes will be increased unfairness in how pain services are funded; dramatically higher out-of-pocket costs to consumers, and a long, long wait for the chance to fix the problem when Medicare item numbers are next reviewed.
7. Changes to the Medicare item numbers will have flow-on effects to pain services funded by insurers, including private health insurance and workplace or traffic accident insurers. People with pain will be forced to seek inferior, lower value care that can still be funded to some degree by Medicare.
8. It is likely that the low-value use of prescription of opioids and other painkillers (with their well-documented associated problems) will increase, as GPs will have no other options available to them. This is already a huge problem and if properly and fully implemented, these changes would have gone a long way towards improving the situation.
9. We call on all political parties **to commit to fully implementing the recommended MBS changes as intended by the taskforce.** Doing so will not be enough to completely fix Australia's pain problem, but it will ensure that taxpayers are getting value for money for their Medicare dollars.