

## **Health and Global Policy Institute (HGPI) Chronic Pain Project** **Policy Recommendations “Establishing a System That Makes Full Use of Primary** **Care Physicians and Can Respond to Complex Chronic Pain”**

### **Background to these recommendations**

It has been reported that approximately 30% of people worldwide and 20% of adults in Japan live with chronic pain. In Japan, chronic pain in the working-age population results in economic losses in the trillions of yen and is a common reason why elderly people begin to require long-term care or support, so its impact on the social security system and society as a whole is significant. Given this enormous impact on society and, above all, the great amount of suffering caused by chronic pain, the Health and Global Policy Institute (HGPI) Chronic Pain Project views chronic pain as a key social issue and has been taking action to encourage measures in this area since FY2021.

In recent years, there has been rapid progress in research on pain mechanisms and interventions based on those mechanisms, and many countries around the world are advancing efforts to build service provision systems utilizing the latest research findings. As pain is caused by a diverse range of factors, the biopsychosocial (BPS) model is gradually being adopted, and to provide specialized and multidisciplinary pain care for highly complex pain in particular, multidisciplinary pain centers (hereinafter, “pain centers”) are being established. Around 40 pain centers have been established throughout Japan, mainly at university hospitals. While complex chronic pain once had no effective treatments, these pain centers are able to respond with a certain degree of effectiveness, thus making significant contributions to patient quality of life (QOL).

Given the fact that there are many cases in which it takes a long time for people who require multidisciplinary pain care to receive a medical examination at a pain center, however, further measures must be taken to provide timely services that are tailored to the underlying factors and complexity of each person’s pain. Overseas, healthcare is provided under the concept of primary healthcare (PHC) using a whole-of-society approach in which physicians called general practitioners (GPs) serve as points of entry. GPs collaborate with various professionals and utilize local resources to provide a range of services to their communities, and there are efforts currently underway to establish systems in which GPs can provide patients with timely referrals to pain centers when necessary.

While Japan lacks policies that specifically target chronic pain, progress is being made in a number of similar initiatives. For example, Japan has established the Integrated Community Care System, which aims to leverage various resources in communities and provide a variety of services in a unified manner to meet the needs of each elderly person. Japan has also advanced measures to establish Regional Medical Care Visions, which aim to categorize health facilities according to function to advance and coordinate them so high-quality and appropriate healthcare can be provided in an efficient manner. Primary care physicians serve as the gateway to healthcare, and they will have a particularly large role to play if we are to maximize the benefits of such policies and strengthen the systems that will enable people living with pain to receive the necessary services more quickly.

The role of primary care physicians is now at a turning point. The system surrounding primary care physicians has been the subject of debate for many years, but after the 2023 enactment of the “Act Partially Amending the Health Insurance Act and Other Acts for in Order to Establish a Sustainable Social Security System That Covers All Generations,” comprehensive discussions on the April 2025 introduction of a system related to primary care physicians are accelerating. Given this context, we offer the following recommendations in hopes that the system for making more effective use of primary care physicians that is currently being discussed will make it possible to provide appropriate and timely services for chronic pain of all mechanisms and complexities.

## **Policy Recommendations on Establishing a System That Makes Full Use of Primary Care Physicians and Can Respond to Complex Chronic Pain**

**Recommendation 1: The functions of primary care physicians should be strengthened so they can stay close to patients' pain regardless of its mechanism or complexity and serve as the gateway to healthcare while providing appropriate treatment and referrals to specialists.**

Pain is affected by a wide range of factors and its complexity varies from person to person. There are many cases in which highly complex pain goes undiagnosed and is handled as general malaise, and those affected may be unable to receive medical examinations. As a result, there are sometimes long delays before people living with pain arrive at suitable services. To ensure that the right services are provided for all types of pain in a timely manner, in their capacity as the gateway to healthcare, there are high expectations for primary care physicians to stay close to their patients and provide appropriate treatment and referrals to specialists, regardless of symptoms.

**Recommendation 2: While taking into account the latest findings in pain science and how chronic pain is classified in the International Classification of Diseases, steps should be taken to develop reporting items related to the functions of primary care physicians as well as programs that provide primary care physicians with training and recurrent education.**

Based on the most recent developments in pain science, chronic pain was reclassified and assigned a single diagnostic code that differentiates types of pain in the International Classification of Diseases 11th revision (ICD-11) in 2021. This reclassification was made in recognition that various factors such as changes in pain perception mean that persistent pain tends to be more complex, and that the responses required may vary by complexity. In fact, even for pain that occurs in the same region or organ, the expertise required for treating it may vary according to its complexity. Given such findings in pain science, a system that fully leverages the functions of primary care physicians must be established. Specifically, when establishing reporting items related to the functions of primary care physicians, in addition to site-specific pain, expectations are high for “chronic pain” or similar items to be included among items reported. Training on general and chronic pain should also be included in programs for training primary care physicians.

**Recommendation 3: A collaborative system that links primary care physicians and a wide range of community resources including pain centers should be established so people can receive a wide range of evidence-based interventions in their communities and, when necessary, have rapid access to multidisciplinary pain care.**

Sufficient collaboration among primary care physicians and pain centers will be vital in ensuring the people who need multidisciplinary pain care can be guided to pain centers providing such care in a timely manner. Furthermore, a number of treatments that are provided outside of Japan's public health insurance system—such as complementary and alternative medicine, exercise therapy, and cognitive behavioral therapy—are recommended in domestic and international guidelines for chronic pain. Providing such treatments rapidly and effectively will require collaboration among a broader range of service providers in each community. Using a whole-of-society approach, Australia has established a system for quickly providing referrals to pain centers to people living with complex pain that is difficult to address in communities. This is accomplished by physicians in communities who have completed a certain degree of training on pain called general practitioners (GPs) collaborating with multi-professionals and utilizing various local resources to provide a range of services. As for examples in Japan, Hachinohe City in Aomori Prefecture hosts pain meetings which bring together many local

professionals so they can build face-to-face relationships and form a system that provides integrated community care for pain. While referring to best practices from Japan and overseas such as these, we should consider how to establish a system for collaboration among various resources in communities and primary care physicians to provide services that suit each person's circumstances.

**Recommendation 4: Ample consideration should be given to the perspectives of pain science experts and healthcare beneficiaries during discussions on the functions of primary care physicians held at Regional Consultation Forums on Ambulatory Care.**

Since most chronic pain treatment is provided on an outpatient basis, primary care physicians have significant roles to play in chronic pain control. A 2022 survey of symptoms with high prevalence in Japan found that back pain, tight shoulders, and joint pain in the limbs were among the top five most common symptoms for both men and women. Among women, headache was also among the most common symptoms. These findings suggest that the disease burden of pain is immense, and that pain has an enormous impact on healthcare. It is likely that discussions held at Regional Consultation Forums on Ambulatory Care from April 2025 will also examine the functions of primary care physicians. To ensure that future systems related to outpatient care and services provided by primary care physicians lead to the efficient provision of high-quality, appropriate pain care, the perspectives of pain science experts and people who live with pain and are in positions to receive healthcare should be taken into account during those discussions.

### **Acknowledgement**

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