the CANADIAN PAIN SOCIETY
la SOCIÉTÉ CANADIENNE de la DOULEUR

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SUBMISSION TO THE ADVISORY PANEL ON HEALTHCARE INNOVATION **December 5, 2014**

From the Canadian Pain Society, Canadian Pain Coalition, Chronic Pain Association of Canada, Pain BC, ILC Foundation

INNOVATION IN CHRONIC PAIN MANAGEMENT

- **NEW POLICY APPROACH** - Focusing on the development and expansion of health policies that support the provision of education and research applied to improve evidence-based healthcare with the objectives of reducing the amount of pain an individual experiences and increasing the total physical and psychosocial capacity of affected individuals.
- **NEW WAYS OF ORGANIZING CARE** - Develop and evaluate patient-centred service delivery and funding models for pain management in the community, which provide interdisciplinary assessment, care and support as a part of comprehensive primary health care centres and services as well as access to specialized, multidisciplinary tertiary pain centres as needed.
- **NEW COLLABORATIONS -** Establish a national body involving all stakeholder groups to identify partnerships, framework and resources required to build capacity, deliver proposed outcomes and monitor system performance, similar to the Canadian Partnership Against Cancer.

WHY IS THIS INNOVATION IMPORTANT?

- 20% of Canadians experience chronic pain, making it one of the most common reasons for visits to family doctors.
- Less than 30% of chronic pain sufferers receive appropriate treatment and advice.
- Chronic pain results in a $60 billion loss to the Canadian economy.
- All health care providers, including family practice physicians, receive very little training in pain management (less than veterinarians).
- Best practices have shown that access to multidisciplinary teams (e.g. physician, nurse, psychologist, physical therapist, dentist, pharmacist, social worker, addiction worker) is essential for pain management. Such integrated teams are rare in Canada and are an important method to improve access to efficient management.
- In the absence of a coordinated pain management system and access to non-opiod alternatives, opiods and psychotropic medications are often prescribed too early in the management of pain, even in adolescent children.
- Although many urban health jurisdictions in Canada have some pain management services, the system is highly fragmented, poorly coordinated and under resourced so that the majority with chronic pain fails to receive adequate intervention.

WHAT ARE SOME OF THE MOST SIGNIFICENT BARRIERS TO INNOVATION?

- Widespread ignorance regarding major scientific advances in the field of pain management in the past 25 years.
- Health professionals and the general public do not understand that uncontrolled acute pain compromises healing and delays recovery from surgery and injury.
- Lack of awareness that undermanaged acute pain can lead to chronic pain.
- Lack of awareness regarding approaches to prevent the onset of chronic pain.
- Lack of access to treatment for complex chronic pain, this once it is established.
- Pain is a complex and time-consuming illness for doctors to manage and there is inadequate reimbursement to support appropriate assessment and treatment.
- Failure of health systems to consider pain as a vital sign requiring treatment.
- Failure to recognize the role of comorbidities that contribute to pain chronicity, e.g., depression, anxiety, addiction, insomnia, etc.
- Reluctance of patients to report pain; fear of losing their job, fear that pain means underlying disease is getting worse.

- Fear of medication side effects.
- Fear of being labeled a malinger or drug seeker.
- Fear of addiction.

WHERE HAS INNOVATION BEEN IMPLEMENTED AND WHO WAS RESPONSIBLE?
Dr. Mary Lynch, a Canadian Pain expert based in Nova Scotia, has written:
"The best method of treating acute pain is to assess pain and treat effectively as soon as pain is apparent. A useful concept is to consider pain the 'fifth vital sign'. In other words, as medical staff monitors the patient's pulse, blood pressure, respiration and heart rate, they should also assess and treat pain. …Treatment of chronic pain should span the continuum of self-management up to and including access to full interdisciplinary pain management teams, depending on the type of pain and the level of complexity. Interdisciplinary teams are required because chronic pain may lead to significant limitations in the ability to pursue work in the wage-earning workforce, one's roles in relationships and to care for children or others. This may also lead to an emotional response with resultant anxiety, depression or self-medication, which may lead to substance dependency and addiction disorders." Lynch (2011).

As indicated by Dr. Lynch, there are well-validated best practices for pain management, but unfortunately few jurisdictions have implemented pain management systems to deliver these best practices. Managing acute pain is the best method to prevent chronic pain, a major burden to Canadian society.

Few countries have created national programs to manage chronic pain; these platforms can inform a more cost-effective, responsive and evidence-based pan Canadian approach. The experience from Australia and France provides strong best practices.

Australia has developed a strategy driven by six overarching goals:
1. People in pain are recognized as a national health priority
2. Knowledgeable, empowered & supported consumers
3. Skilled professionals & best-practice evidence-based care
4. Access to interdisciplinary care at all levels
5. Quality improvement & evaluation
6. Research

Painaustralia is a national not-for-profit body established to improve the treatment and management of pain in Australia and to facilitate the implementation of the national pain strategy. The role is to work with governments, healthcare professionals and consumers to ensure Australians have better access to pain management services, through delivery of best practice models of care across the healthcare system. Over 130 organizations work with Painaustralia. The strategy is currently being implemented in all Australian states.
http://www.painaustralia.org.au/about-us/who-we-are.html)

France – National Pain Program http://www.sante.gouv.fr/htm/actu/douleur/prog.htm
The French Minister of Health committed to improving the overall management of chronic pain by initiating a national pain program in 1998. The establishment of multidisciplinary structures for assessment and treatment throughout France was financed, predominantly at a tertiary care level. The second phase (2002–2005) of the program established 96 centres for the treatment of chronic pain and established guidelines for treatment.

Furthermore, several programs in the United States and Canada address the need for chronic pain management.

University of Washington School of Medicine (UW) Pain Management Program
http://depts.washington.edu/anesth/care/pain/
This program helps physicians understand chronic pain as a disease.
United States – Veteran's Health Authority (VHA) http://www.va.gov/PAINMANAGEMENT/index.asp
The VHA's vision includes acute and chronic pain at all levels of health care.
United States – Project ECHO http://www.ipcaz.org/project-echo/

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This demonstration project from the University of New Mexico utilizes a videoconferencing healthcare delivery model to link primary care physicians to pain medicine specialists. Recent evaluations show the program has markedly improved treatment of chronic pain in communities.

The Quebec Pain Research Network and Quebec RUIS- Hospital Network with pain management coordination. http://qprn.ca/en and http://ccr.ruis.umontreal.ca/corridors-de-services/douleur-chronique

The QPRN enhances and coordinates integrated research on chronic pain in population and in basic science to improve access to treatment and reduce delay, a cause of severe pain *chronicisation.*

Pain BC - http://www.painbc.ca

Pain BC is a non-profit organization that improves the lives of people in pain through education, empowerment and innovation.

Nova Scotia Chronic Pain Collaborative Care Network http://communitypainnetwork.com

Experts in the area of chronic pain management are teamed up with primary care practitioners to act as a clinical resource and mentors.

Ontario – Project ECHO http://www.echoontario.ca

ECHO Ontario is a joint project between University Health Network and Queen's University to replicate the Project ECHO(R) developed in New Mexico

The ILC Foundation http://www.theilcfoundation.org

The ILC Foundation is a national charity catalyzing efforts to address the burden of pain in children, youth and families through evidence-based awareness and education, systems change and knowledge translation.

ESSENTIAL COMPONENTS OF A NEW, EFFECTIVE SYSTEM FOR CHRONIC PAIN MANAGEMENT:

1. Establish a provincial/federal partnership involving all stakeholder groups to identify partnerships, framework and resources required to build capacity and deliver proposed outcomes (similar to the Canadian Partnership Against Cancer).
2. Provincial, territorial and federal governments recognize chronic pain as an urgent public health issue and a chronic disease in its own right.
3. Change public perception of chronic pain emphasizing the need for early intervention using best-practice management.
4. De-stigmatise the predicament of people with pain.
5. Provide easily accessible information and support programs to assist people with pain, carers and other supporters, and practitioners to understand and be more proactively involved in managing pain.
6. Develop and evaluate patient-centred service delivery and funding models for pain management in the community, which provide interdisciplinary assessment, care and support as a part of comprehensive primary health care centres and services.
7. Ensure tertiary specialist pain clinics have resources needed to support key strategies.
8. Develop equivalent strategies for access to interdisciplinary care for children and adolescents in all of the above domains.
9. Develop equivalent strategies for access to interdisciplinary care for elderly in all of the above domains.
10. Ensure appropriate use of medicines for pain management in the community and improve systems to detect and manage unsanctioned use.
11. Improve standards in pain management by developing national benchmarking of outcomes of pharmacological and non-pharmacological pain management interventions.
12. Enable pain research at a national level by promoting partnerships with provincial agencies and CIHR.
13. Promote collaborative research on pain management and addiction to reduce the burden of substance misuse in Canada, a critical problem.
14. Empower consumers to make choices about their end-of-life pain management and care through advance care planning.

15. Train and support all health practitioners in best-practice pain assessment and management.
16. Increase the available workforce for pain management and palliative care.
17. Reduce the economic cost to people with pain, carers, families and the community of sub-optimal management of pain.

EVIDENCE OF EFFICACY AND COST EFFECTIVENESS

*"Of all approaches to the treatment of chronic pain, none has a stronger evidence basis for efficacy, cost-effectiveness, and lack of iatrogenic complications than interdisciplinary care" (*International Association for the Study of Pain)
While national data on cost effectiveness is not available, the cost of **not** creating a comprehensive system of care is too high. While it is difficult to quantify health costs for individual patients, the estimated cost per chronic pain patient per year by the Canadian Pain Society is $15,000—this is almost five times greater than the average health care expenditure for all other British Columbians; i.e., the average cost of health care in BC in 2011 was $3,604.00 per person. http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf.

Guerriere et al. (2010) studied 370 patients participating in the Canadian STOP-PAIN Project and included patients from B.C., Alberta, Ontario, Quebec, Nova Scotia, and Newfoundland. They found that the median monthly health and economic costs were $1,462. However, there was wide variation in costs so that the mean monthly cost was $3,112; the variation in costs was attributed to many variables.

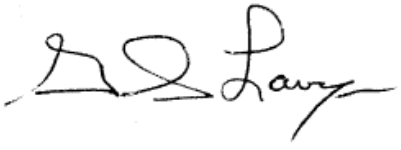
Another study by Lalonde et al. (2014) on Quebec pain patients arrived at similar conclusions: The mean total direct health care costs and productivity costs increased with more pain disability: low, $12,118; moderate, $18,278; and severe, $19,216.

Finally, recent studies in Ontario show that "evidence suggests that attending a tertiary referral interprofessional pediatric chronic pain program significantly reduces health care utilization". (Campbell and Salisbury, 2014, unpublished data)

Conclusion

The world of healthcare is changing dramatically in Canada and elsewhere. Systems built around hospital care, where patients passively received treatment, are slowly shifting to community-based care that includes allied health professionals, self-care, expanded use of IT, and the importance of the patient and family experience. Pain is present at all ages and has a direct impact family, society and the economy. Poorly treated pain hurts Canada. Nowhere will this shifting approach to healthcare have greater impact than on improving the experience of Canadian families who are living with chronic pain. Understanding the needs of families, patients, clinicians, caregivers, and stakeholders is an essential part of building a comprehensive system of care, and supporting policy infrastructure, for Canadians living with persistent pain.

Supported by the following organizations:



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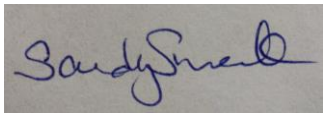

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