

CANADIAN PAIN CARE FORUM

Proposal for a Canadian Pain Strategy

The problem

- More than 20% of Canadians suffer from chronic pain but it is not well understood. Impairment and disability related to chronic pain hinders achievement of population health priorities in general as well as limiting productivity of the national and provincial workforce.
- Gaps in health-system arrangements limit the reach and impact of chronic pain programs and services, which hinders achievement of the provincial and federal goals of reasonable access to health services.
- The opioid crisis has drawn attention to the magnitude of the problem of chronic pain, although the framing of chronic pain only in relation to the opioid crisis is not conducive to long-term solutions
- Existing treatment pathways for management and prevention of chronic pain have limited effectiveness. New developments are needed in the form of health system innovations and knowledge. Given the magnitude of the problem and the complexity of ‘chronic pain as a disease’, there is an extreme lack of proportionality in allocation of research dollars to the study of pain.
- Limited national coordination inhibits progress.

A comprehensive approach to addressing the problem would involve four elements

- ***Element 1*** (Better care) – Improve primary-care-based chronic pain management and create/expand interdisciplinary specialty-care teams throughout the life cycle.
 - this approach element speaks to getting the big picture right in preventing and managing chronic pain in primary and specialty care, which is where the rubber really hits the road for people living with or at risk for chronic pain;
 - the Chronic Care Model’s six features – self-management support, decision support, delivery system design, clinical information systems, health system changes, and

community resources – help to frame this big picture and also fits into the interdisciplinary model of primary care which has been implemented in some jurisdictions.

- **Element 2** (Better prevention/education) – Reduce the impact of chronic pain and its sequelae (including opioid-use problems) once it has emerged.
 - this approach element speaks to raising awareness and educating the public, employers and future health professionals, which is where the long-term societal shifts that would be conducive to optimal care are needed.
- **Element 3** (Better research/implementation) – Diagnose the causes of emerging challenges, test innovations to address the causes, and scale up successful efforts.
 - this approach element speaks to creating and using a ‘rapid strike’ force that can intervene when new challenges emerge, such as the overly aggressive tapering of patients off opioids which can result in opioid misuse, abuse, and illicit drug use;
 - it will be necessary to allocate research funding appropriate to the magnitude of the problem.
- **Element 4** (Better coordination) – Create a national coordinating body.
 - this approach element builds on the lessons learned from initiatives like the Canadian Partnership Against Cancer and the Mental Health Commission of Canada;
 - this element speaks to the aims of the Canada Health Act as well as Health Canada Strategic priorities for system innovation.

Key implementation considerations

- The most pressing barrier to implementing the comprehensive approach is the lack of coordination of existing efforts, which is why a key first step will be to allocate a network or organization the responsibility for coordinating activities in the coming year so quick-wins can be achieved (while time is taken to get the design of a national coordinating body right).
- The creation of a national network for chronic pain research (Chronic Pain Network- CPN) under the auspices of CIHR’s SPOR strategy has provided an infrastructure which could be used to quickly put in place a national coordinating body. This body needs to identify areas of provincial and federal responsibility, and bring together patients and the community, healthcare professionals and policy makers at all levels.
- The significant federal, provincial and territorial government attention being given to the opioid crisis presents a key window of opportunity for broadening the conversation to long-term solutions and implementing these approach elements.
- The Canadian Pain Society and Canadian Pain Coalition presented to parliament a proposal in 2012 for a Canadian Pain Strategy. Lacking adequate legislative support, it did not proceed, but the necessary engagement of a nationwide coalition of patients, professionals and other organizations was established and continues to exist in a loose affiliation.

For additional details about what can be achieved, please see the **proposed milestones** in years 1, 3 and 5 (attached), the finalization of which has been further informed by a broad-based stakeholder dialogue, which was convened at the McMaster Health Forum on December 14, 2017.

Chairs:

- **Dr. Norman Buckley**, Scientific Director, Michael G. DeGroote Institute for Pain Research and Care; Professor, Department of Anesthesia, McMaster University
- **Dr. Angela Carol**, Medical Advisor, College of Physicians and Surgeons of Ontario; Family Physician, Hamilton Urban Core Community Health Care
- **Dr. Reuven Jhirad**, Deputy Chief Coroner of the Office of the Chief Coroner for Ontario
- **Dr. Ramesh Zacharias**, Medical Director, Michael G. DeGroote Pain Clinic, Hamilton Health Sciences; Investigating Coroner, Province of Ontario

Proposed milestone by one-, three- and five-year time frames

Year	Milestone	Element
Year 1	<p>In order to support the necessary health system innovations:</p> <ul style="list-style-type: none"> • Allocate a network or organization responsibility to: <ul style="list-style-type: none"> ○ coordinate activities in year 1 to achieve the milestones related to elements 1-3 so quick-wins can be achieved in that first year; ○ begin the process of drafting, again using a participatory process, a Canadian pain strategy that can provide the basis for consultations once the national coordinating body is operational. • Design a national coordinating body for the prevention and management of chronic pain, using a participatory process, and allocate funds to support its first five years of operation. 	Element 4
	<ul style="list-style-type: none"> • Improve self-management supports over the short term, viewing this as one of the easier changes to put in place, compared to other features such as delivery-system design or health-system changes, which may take longer to realize. • Identify and support ‘quick wins’ in incorporating these best practices in existing self-management supports (e.g., patient portals), decision supports for primary care (e.g., patient decision aids and continuing professional development courses), clinical information systems (e.g., nascent chronic pain-specific patient registries and treatment-monitoring systems; existing electronic health records, including reminders and prompts), and community resources. • Identify and support ‘quick wins’ in spreading delivery system designs (e.g., interdisciplinary primary- and specialty-care teams) and health system changes (e.g., formalized linkages between primary-care providers and specialty-care teams with clear referral guidelines, collaborative models, and formalized pathways back to primary care) that have shown 	Element 1

	<p>promising results but with accompanying formative and summative evaluations that build the evidence base as spread happens.</p> <ul style="list-style-type: none"> • Use a systematic and transparent process to prioritize best practices in managing chronic pain in primary care, from sources such as the Guideline for Opioids for Chronic Non-Cancer Pain, the interim guideline for reducing the role of opioids in pain management (which is focused on non-pharmacological approaches to chronic-pain management), and pain management guidelines for family medicine (which is focused on a variety of types of both acute and chronic pain and both pharmacological and non-pharmacological therapies). 	
	<ul style="list-style-type: none"> • Develop a consortium of public, private-not-for-profit and private for-profit partners, including groups involving patients with lived experience, to support the design, execution and evaluation of a country-wide public-education campaign addressing the following five points: <ul style="list-style-type: none"> ○ how common chronic pain is among Canadians (with estimates, as noted previously, ranging from 15-29%), how chronic pain is a symptom of many conditions (e.g., arthritis and cancer, to name just two) but also a condition that needs to be managed proactively in its own right, how the transition from acute pain (e.g., post-surgery) to chronic pain can – in many but not certainly all circumstances – be avoided, and how a biopsychosocial approach and appropriate goal-setting can help Canadians live well with chronic pain); ○ the many effective non-pharmacological options available to prevent and manage chronic pain; ○ the many effective non-opioid pharmacological options available to manage chronic pain when non-pharmacological options don't achieve desired goals; ○ the ineffectiveness of many opioid risk-mitigation strategies that are widely used; and ○ the importance of supporting (and not stigmatizing) those living with chronic pain or those using (and prescribing) pharmacological options (including opioids) appropriately as part of an array of strategies to manage chronic pain. 	Element 2
	<ul style="list-style-type: none"> • Support the design and implementation of registries and/or treatment-monitoring systems, where they do not already exist, to support the diagnosis of emerging challenges in preventing and managing chronic pain. • Select through a competitive process a consortium of implementation scientists, implementation practitioners and patient partners that has designed and can execute a cost-effective mechanism for addressing emerging challenges in preventing and managing chronic pain (that is supported by a clear governance model that allows policymakers and 	Element 3

	<p>patient partners to set priorities, allocate resources, and monitor progress).</p> <ul style="list-style-type: none"> • Continue/facilitate discussions already underway at CIHR and other funding bodies aimed at the problem of funding for research targeting pain. 	
Year 3	<ul style="list-style-type: none"> • Finalize the Canadian pain strategy (in year 2) and complete one full year of implementation (in year 3), monitoring and public reporting. 	Element 4
	<ul style="list-style-type: none"> • Transition to ‘living systematic review and guidelines’ model that ensures that best practices in preventing and managing chronic pain at both primary- and specialty-care levels are being continually identified. • Use a systematic and transparent process to identify, leverage and, where needed, fill gaps in the landscape for incorporating best practices in self-management supports (e.g., patient portals), decision supports for primary and specialty care (e.g., patient decision aids and continuing professional development courses), clinical information systems (e.g., chronic pain-specific patient registries and treatment-monitoring systems; existing electronic health records, including reminders and prompts), and community resources. • Identify and push for changes in the financial arrangements (e.g., funding for prescription medication and physician-provided care but not many of the other effective services or types of health professionals; complex and inequitable funding landscape depending on the third-party payer) and governance arrangements (e.g., lack of provincial and territorial stewards for the ‘chronic pain file’; lack of accreditation and training for pain clinics and the health professionals working in them) that hinder – but have the potential to accelerate – the spread of delivery system designs and health system changes that robust formative and summative evaluations demonstrate can improve health and the patient experience while keeping per capita costs manageable. 	Element 1
	<ul style="list-style-type: none"> • Expand the consortium of partners to support the design, execution and evaluation of public-education campaigns targeting specific regional or ethno-cultural groups. • Expand the consortium of partners to support the design, execution and evaluation of public-education campaigns targeting employers. • Develop a consortium of educational leaders and people with lived experience to support the design, execution, incorporation in professional education programs, evaluation and regular updating of curricular supports focused on preventing and managing chronic pain; • Long-term (five years): <ul style="list-style-type: none"> ○ explore opportunities for synergies with the partners leading public or employer campaigns with partially overlapping areas of focus; 	Element 2

	<ul style="list-style-type: none"> ○ review formative and summative evaluation of past campaigns and partner campaigns to identify and seize opportunities for increasing value, reducing costs or both in the operation of future campaigns. 	
	<ul style="list-style-type: none"> ● Achieve as much alignment as possible in registries and treatment-monitoring systems across the country to maximize the potential for cross-national learning and action. ● Deploy the mechanism to address at least three emerging challenges that have the potential to make dramatic improvements in the lives of people living with or at risk of chronic pain. 	Element 3
Year 5	<ul style="list-style-type: none"> ● Complete two more years of implementing the Canadian pain strategy (in years 4 and 5), monitoring and public reporting. ● Conduct a formative and summative evaluation of the national coordinating body (in year 4) to identify and propose opportunities for increasing value, reducing costs or both if the coordinating body were to be renewed. 	Element 4
	<ul style="list-style-type: none"> ● Conduct a formative and summative evaluation of both the ‘living systematic review and guidelines’ model for best-practices identification and the ‘leveraging and gap filling’ model for self-management supports, decision supports, clinical information systems, and community resources to identify and seize opportunities for increasing value, reducing costs or both in the operation of these models. ● Identify gaps in the spread of delivery system designs and health system changes and prioritize these areas for more contextualized support for spread. 	Element 1
	<ul style="list-style-type: none"> ● Explore opportunities for synergies with the partners leading public or employer campaigns with partially overlapping areas of focus. ● Review formative and summative evaluation of past campaigns and partner campaigns to identify and seize opportunities for increasing value, reducing costs or both in the operation of future campaigns. 	Element 2
	<ul style="list-style-type: none"> ● Continue deploying the mechanism to address at least another three emerging challenges ● Conduct a formative and summative evaluation of the mechanism to identify and seize opportunities for increasing value, reducing costs or both in the operation of the mechanism. ● Explore opportunities for synergies and possibly shared funding with partners seeking to improve the prevention and management of other chronic conditions with partially overlapping areas of focus. 	Element 3

Contact: npc@mcmaster.ca