



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

Chronic Pain Management Services in Newfoundland and Labrador

Provincial Chronic Pain Management Working Group

Discussion Document

May 2008

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1. Background

The Provincial Chronic Pain Management Working Group has been meeting throughout this past year and will be submitting a report to the Minister of Health and Community Services in the Spring of 2008. The Working Group is comprised of health care professionals from the four Regional Health Authorities, the Newfoundland Medical Association, the Department of Health and Community Services, Memorial University and Safety Services, NL. The Working Group has been given the mandate to determine the components of a comprehensive chronic pain management service for the province including an action plan for implementation and evaluation. The provincial group will be considering human resource requirements for a Provincial Chronic Pain Management Program and will be making recommendations as part of their report.

One of the primary activities of the working group is to engage in consultations with key stakeholder groups and some of these consultations have already taken place. The working group has formed significant liaisons with the Province of Nova Scotia and will continue to monitor their current implementation of the chronic pain management program in that province.

Working Group members would like you to review this discussion document and provide feedback to them as they consider the components and action plan for the implementation of a Chronic Pain Management Program for the province.

Submissions to the Working Group are most welcome. If you would prefer, a form to provide feedback is included at the back of this document for your input. Mailing/fax/e-mail information is provided for ease of return.

2. Introduction

Defining Pain:

“an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage”.

(International Association for the Study of Pain (IASP))

What is Chronic Pain?

“Pain that has persisted beyond the normal tissue healing time, usually taken to be *three* months”

(Merksey et al, 1994).

Why has treating and managing chronic pain been so difficult to do?

- While many studies have characterized chronic beyond three months, there are differing opinions and definitions.
- Chronic pain is typically viewed as a symptom rather than a problem in and of itself.
- Training and education on the management of chronic pain for health care professionals has been minimal in most medical and other professional schools, and thus many health care providers are not trained to offer their patients evidence-based treatments for chronic pain.
- Physicians and other health care professionals tend to approach chronic pain with acute care treatments rather than using a chronic illness model.
- While there are reliable patient self-reporting measures, there is no objective measure of pain and therefore patients' reports are sometimes doubted, especially in patients whose disability appears to be out of proportion to physiological findings.
- Cultural or social factors may influence how patients and health care providers deal with this illness.
- Physicians are often reluctant to prescribe narcotics to treat pain due to risk of physical dependency, diversion of narcotics to the illicit market and regulatory scrutiny from the College of Physicians and Surgeons of Newfoundland and Labrador.
- The management of chronic pain is complex, time-consuming and can be associated with complex mental health and addiction issues.

What are some of the impacts of chronic pain to the person and to society?

Chronic pain is recognized to be costly both to the patient and to society. Direct costs relate to treatment and providing health care services, while indirect costs include productivity losses due to time off work, decreased tax revenues and increased disability payments.

According to the Canadian National Population Health Survey, Health Canada, (1994-1995) individuals with severe chronic pain made more physician contacts (12.9 visits compared to 3.8 visits by non-chronic pain sufferers) and stayed in hospital longer (3.9 days compared to 0.7 days). While the burden of pain and its associated costs to the health care system are vast, it is incomparable to the effects on the individual and their loved ones.

Chronic pain has an impact on body organ functions, leads to muscle-wasting, impairs immune systems and can impair blood flow. It affects psychological well-being, often leading to depression, anxiety and spiritual distress. Some studies show that up to one third of clinical chronic pain sufferers report some form of suicidal thoughts.

3. Model of Services in other Canadian Jurisdictions

Recognizing chronic pain as a problem and not a symptom will improve the treatment of these individuals and improve quality of life. After reviewing the action plans for Calgary, Nova Scotia and Quebec, it is clear that the implementation and integration of a chronic pain management program in Newfoundland and Labrador will not only improve the lives of individuals living in chronic pain, but will positively impact society as a whole.

Other jurisdictions are showing positive results when the right treatment strategies are used for patients with chronic pain. One good outcome is that less health care resources are being used such as emergency room and family physician visits. Studies have shown that with a provincial chronic pain management strategy, chronic pain sufferers will be better equipped and capable to be valuable and productive members of society, as they once were before their injury or illness.

Due to its magnitude as a health problem in the general population and its associated burden, chronic pain management is considered a priority within health care systems. Appropriate, timely, and evidence-based treatment of patients suffering from chronic pain has the potential to have an impact on all concerned: health-care policy makers in government, managers at health-care facilities, health-care professionals providing services, and, most importantly, patients who receive care and their family members who share the burdens imposed by chronic pain.

4. Guiding Principles for Consideration

The following is a summary of guiding principles considered by the Working Group to help formulate and develop a Chronic Pain Management Service for Newfoundland and Labrador. (*Some of these principles are based on Chronic Pain Management Models in Alberta, Nova Scotia and Quebec*):

Prevention and Health Promotion:

Health promotion is the process of enabling people to increase control over, and to improve, their health." World Health Organization, 1986. Lifestyle changes can be facilitated through a combination of efforts to enhance personal awareness, change behaviors and create environments that support good health practices. The awareness and recognition of risk factors by the general population is extremely beneficial in reducing the incidence of injury resulting in chronic pain. Healthy lifestyle practices and supportive environments are beneficial in enabling people with chronic pain to enhance their quality of life and maximize their coping skills and decision making.

Education of Primary Health Care Providers:

Primary health care services are usually the first level of access for people living with chronic pain. Unfortunately, due to limited exposure to pain management during their training, knowledge regarding the treatment of patients with chronic pain is lacking. Primary care providers (family doctors, nurses and other allied health care professionals) can often be unsure as to when people with chronic pain may benefit from referral for consultation and treatment. Education for physicians, nurses and allied health professionals is essential in order to ensure proper treatment of patients with chronic pain. Education and training should begin with students in training and persist through continuing education for all who administer therapies people with chronic pain. An educational emphasis on timely diagnosis and initiation of appropriate treatment in order to prevent pain from becoming chronic, as well as recognition of risk factors for the development of chronic pain, is the best approach.

Self-Management Education:

Similar to other patients living with other chronic illnesses, those with persistent chronic pain need to be key players in their own health care. Patients need to be viewed as part of the solution in that they require education about pain, including self-management strategies. Self-management programs instill confidence and give patients the ability to make quality of life-improving changes.

Holistic Care

Treatment of clients with chronic pain should take into consideration the needs of the whole person. Special attention should be given to potential mental health and addictions issues.

Specialized Services:

Pain management specialists and interdisciplinary teams (nurses, social workers, physiotherapists, occupational therapists, psychologists, etc.) will be available to support primary health care providers in order to maximize care for patients with complex pain problems. A client may be referred to an Interdisciplinary Pain Clinic which is intended to serve more complex cases where pain persists despite previous appropriate treatments.

Interdisciplinary Care:

Interdisciplinary care will provide optimal care for people with pain problems at all levels of the health care system. A general rehabilitative approach that offers care from various disciplines is considered the gold standard for patients with chronic pain that persists despite less intensive treatment. Not every patient referred to a pain treatment facility is in need of interdisciplinary diagnosis or treatment, but the facility should have those resources available to treat appropriate patients.

Access:

Patients will have timely access to appropriate care for pain regardless of the health care setting (hospital, care center, home care, rural and urban), age (neonates to seniors), special needs, and type of pain problem. Patients have a right to expect that their needs related to pain management will be appropriately addressed in a timely manner. Timely access and assessment is critical for patients suffering from pain because treatment success is more likely if the interval from onset of symptoms to referral is relatively short. It has become evident that waiting for pain management services can play an important role in acute pain becoming chronic.

Public and Private Providers:

Publicly funded health care service providers should work together with private health care professionals and organizations to develop optimal pain services for its population.

Integration of Health Care Systems:

Criteria for assessment, referral and utilization should be developed, distributed to providers, and used to ensure quality of care. Pain services need to be integrated, coordinated and seamless throughout the continuum (home, hospital, care center and other settings) and throughout the various disciplines. Care pathways, clinical practice guidelines, decision support tools, discharge protocols and electronic health records need to be used in order to ensure continuity of care.

Quality Care, Continuous Quality Improvement and Ongoing Research:

A chronic pain management program requires continuous monitoring of patient and system outcomes. Evaluation should include evidence of outcomes, wherever appropriate, for: functional status and improvements of the patient, health care usage, occupational/disability related measures and patient satisfaction with outcomes. Care will be based on best evidence and best practices. At the same time consideration is given to the absence of evidence, frequently experienced with new, innovative pain management strategies. High quality research is essential to guide management of patients with chronic pain.

Sustainability:

A sustainable chronic pain management service is achieved through appropriate utilization of necessary resources.

Diversity:

A person's culture, whether they live in a rural or urban environment, their values and other social factors can influence how patients and care providers deal with chronic pain. Care delivery will be sensitive to the persons' personal needs, cultural and religious values, beliefs, practices, etc.

Reference Documents and Web Sites Searched

Action Plan for the Organization and Delivery of Pain Services in Nova Scotia (July 2006).

Canadian National Population Health Survey, Health Canada (1994-95)

“*Chronic Pain in Alberta: 1996 National Population Health Survey and 2001 Canadian Community Health Survey.*”

Dobkin, Patricia L. and Boothroyd, Lucy J. *Management of Chronic (Non-Cancer) Pain and Organization of Health Services*; AETMIS, Quebec, May 2006.

Guidelines for establishing standards for chronic pain programs: Report of the Subcommittee on Institutional Program Guidelines: Health and Welfare Canada, Ottawa, 1990.

The Economic Burden of Illness in Canada (2002). Health Canada, Ottawa.

LeFort, Sandra, et al; *Randomized controlled trial of a community-based psychoeducation program for the self-management of chronic pain.* Pain 74, 1998.

Merskey, H., & Bogduk, N. (Eds.). (1994). *Classification of chronic pain: Description of chronic pain syndromes and definition of pain terms.* Seattle: IASP Press.

Moulin, D., et al; *Chronic Pain in Canada: Prevalence, Treatment, Impact and the Role of Opioid Analgesia*; Pain Research and Management, 2002

Percentage of Self-Reported Chronic Pain, Canadian Community Health Survey, Cycle 2.1, 2003.

Walter, et al; *Scientific Approach to the Assessment and Management of Activity-related Spinal Disorders, A Monograph for Clinicians*, Report of the Quebec Task Force on Spinal Disorder: Spine, Volume 12, Number 73, September 1997.

Action Atlantic: www.paincantwait.ca

American Pain Society: www.ampainsoc.org

Cochrane Institute: www.cochrane.org

Calgary Health Region Chronic Pain Centre:
www.calgaryhealthregionl.ca/cpc/services.htm

Canadian Pain Society: www.canadianpainsociety.ca

Canadian Institute for Health Information: www.cihi.ca

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Chronic Pain Canada: www.chronicpaincanada.org

Health Canada: www.hc-sc.gc.ca

International Association for the Study of Pain: www.iasp-pain.org

McGill Centre for Research on Pain: www.mcgill.ca/research/paincentre/

University of Toronto Centre for Research on Pain: www.utoronto.ca/pain/

World Health Organization: www.who./int/en

We Want To Hear From You

1. Do you suffer from chronic pain?

2. If yes, what services have you availed of and comment on them?

3. What kind of chronic pain care services would you like to be able to access in the province?

4. What are the gaps in the services currently provided in Newfoundland and Labrador?

5. What steps do we need to take to address any gaps in the service?

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6. If we were to implement a chronic pain management program in this province tomorrow, what would be the priority areas that would need to be addressed?

7. Are you a health care provider/professional?
Yes_____ No_____

If yes, please state the services you provide and what you would see as your role in a comprehensive Chronic Pain Management program?

8. Comment on how you think that a comprehensive chronic pain management program could benefit the health care system overall?

9. Do you agree with the guiding principles? Are there other principles that require consideration?

10. All comments are welcome.
