

A Canadian National Pain Strategy: rationale, process and exemplars

Dr Owen D Williamson

FRCSC Pain Medicine

President, Pain Medicine Physicians of BC Society

Declaration of Interests

- Dr Williamson has received honoraria and travel expenses from CME@Sea, Doctors of BC, Memorial University, Mundipharma, Purdue, Queens University and the 6th International Symposium on Musculoskeletal System and Pain.
- He has received travel expenses from the Canadian Interventional Pain Course, Health Canada, and the McMaster Health Forum.

The problem

Chronic pain in Canada

- 1 in 5 Canadians suffer from chronic pain
- 65% of community dwelling older adults have chronic pain
- 80% of older adults living in long term care facilities have chronic pain
- Pain is the most common reason for seeking health care
- Pain is the presenting complaint in up to 78% of ER visits
- Chronic pain is associated with the worst quality of life as compared with other chronic diseases such as chronic lung or heart disease
- The annual cost of chronic pain in Canada is at least \$56-60 Billion dollars

Lynch ME. The need for a Canadian pain strategy. Pain Res Manag 2011;16(2):77–80

Chronic pain in Canada

- 50% of people waiting (years) for care at Canadian pain clinics have moderate to severe levels of depression
- 35% report thinking about suicide (x2 risk of completion)
- 73% report the pain interferes with their normal work
- Chronic pain is also associated with
 - addiction
 - social dislocation and isolation
 - stigma

Chronic pain in Canada

- chronic pain is not well understood by physicians, patients or public
- the framing of chronic pain only in relation to the opioid crisis is not conducive to long-term solutions
- there are limitations in existing programs and services for effectively managing (and preventing) chronic pain
- gaps in health-system arrangements limit the reach and impact of chronic-pain programs and services

Chronic pain in Canada

- No single organization in Canada is charged with coordinating the many facets of pain management
- Planning and care are fragmented, leading to an unnecessary duplication of effort and a waste of resources
- Opportunities to benefit from economies of scale are being lost
- There is no mechanism for coordinating action, sharing learning and distributing best practices to policy-makers, health professionals, patients and the community at large.

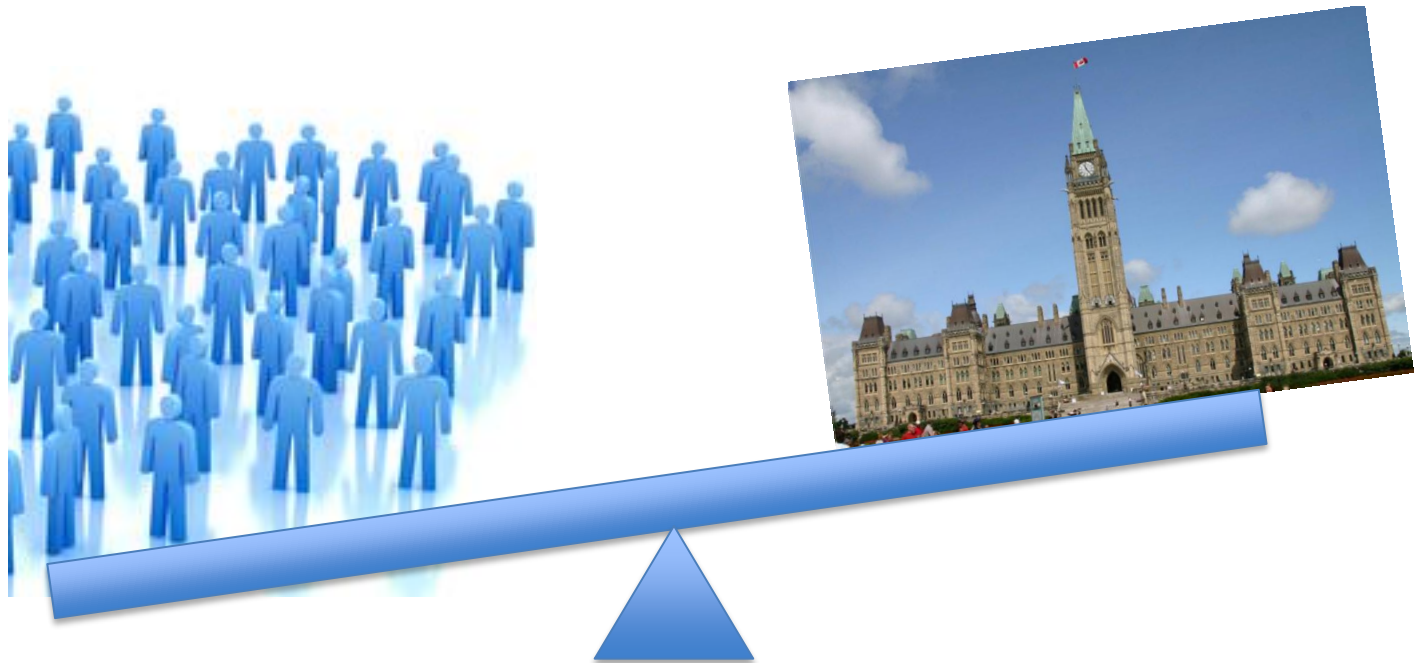
What can a national pain strategy achieve?

- Better care
 - improve community and primary care based chronic-pain management
- Better prevention/education
 - reduce the emergence of chronic pain and its sequelae (including opioid-use problems) once it has emerged
- Better research/implementation
 - rapid response to emerging challenges and solutions
- Better coordination
 - create a national coordinating body

The process

What needs to be done?

- “Politics is simple, all you have to know is to use as a lever and where to put the fulcrum”



What needs to be done?

- Achieve priority status on governmental decision agenda
 - list of subjects within a governmental agenda that are up for active decision
- Decision agenda is influenced by
 - problem stream
 - policy stream
 - politics stream
- Decision agenda is presented by policy entrepreneur
- Success depends on Political Champions at decision level

Steps to a National Pain Strategy

- Demonstrate that chronic pain is a compelling problem and government action is the appropriate remedy (problem stream)
- Propose solutions that have workable policy options (policy stream)
- Align strategy with other policy priorities (politics stream)
 - congruent with the national mood
 - enjoys interest group support
 - lacks organized opposition
 - fits orientation of current (or future) governing party

Steps to a National Pain Strategy

- Clearly demonstrate the benefit of similar strategies in similar environments
 - examples
- Clearly articulate and cost “the ask”.

Examples

Canadian National Pain Strategy 2011

- July 2010 Canadian Pain Society (CPS) National Taskforce on Service Delivery produced first draft of the National Pain Strategy for Canada (NPSC)
- Sept 2010 approximately 50 stakeholders met to refine draft
- Dec 2011 CPS and Chronic Pain Coalition (CPC) present “Call to action: the need for a national pain strategy for Canada”



Canadian National Pain Strategy 2011

- Addressed key target areas:
 - Awareness and education – community and physicians
 - Access to best practice care
 - Research – enhancing Canada's pain research capacity
 - Ongoing monitoring – timely delivery of care, patient experience, quality of life and level of function

Canadian National Pain Strategy 2011

- Timelines

- April 1, 2012 – obtain endorsement from Canadians and stakeholders from coast to coast, supporting the call for a national pain strategy
- April 24, 2012 – National Pain Summit, Ottawa, ON
- April 24, 2012 - Federal Minister of Health announces a task force to develop a detailed national pain strategy, including a business plan that will accomplish the key targets listed above.
- April 1, 2013 Federal Minister of Health announces funding to implement the national pain strategy



Canada needs national pain strategy to provide care, lower costs: advocates


CAMILLE BAINS

VANCOUVER

THE CANADIAN PRESS

PUBLISHED MARCH 19, 2018

LATEST NEWS

These stocks are set for big moves
Tuesday 

Canadian National Pain Strategy 2011

- Timelines

- April 1, 2012 – obtain endorsement from Canadians and stakeholders from coast to coast, supporting the call for a national pain strategy ✓
- April 24, 2012 – National Pain Summit, Ottawa, ON ✓
- April 24, 2012 - Federal Minister of Health announces a task force to develop a detailed national pain strategy, including a business plan that will accomplish the key targets listed above. ✗
- April 1, 2013 Federal Minister of Health announces funding to implement the national pain strategy ✗

Canadian National Pain Strategy 2011

- Although the Strategy document was prepared, and the Summit held, it never reached a Federal or Provincial Decision Agenda
 - problem stream articulated
 - policy stream not articulated – no clear “ask”
 - political stream not articulated
 - no political champions

Canadian Strategy for Cancer Control

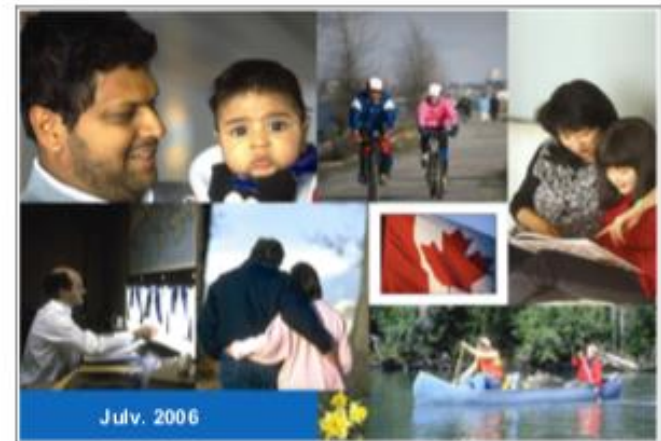
- The goals of the CSCC are:
 - to reduce the number of Canadians diagnosed with cancer;
 - to enhance the quality of life of those living with cancer; and
 - to lessen the likelihood of dying from cancer.

Canadian Strategy for Cancer Control

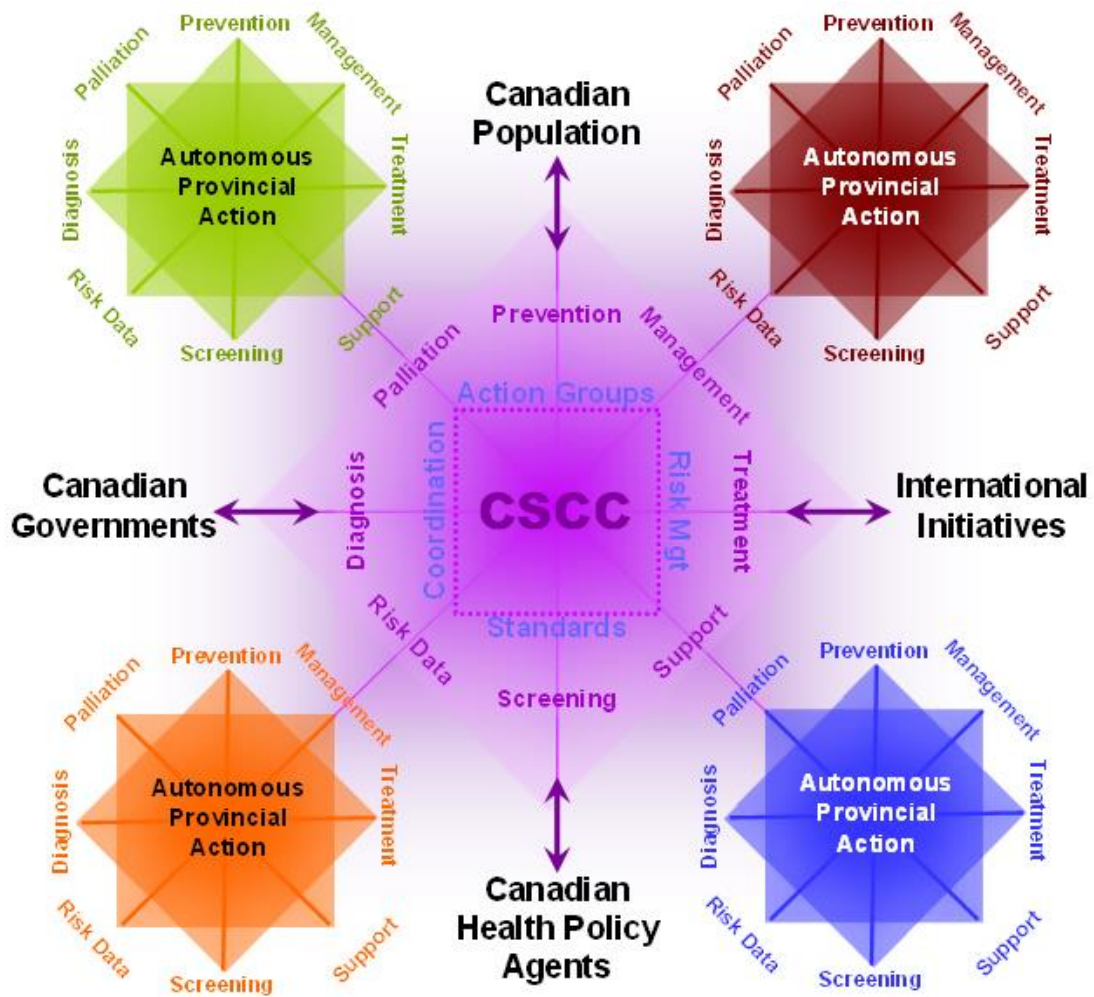
- “This document has been prepared by the CSCC Governing Council and summarizes the Five-Year Business Plan of the Canadian Strategy for Cancer Control as of April 2006, and the revisions to that plan that have been made as of July 2006.”



The Canadian Strategy for Cancer Control: A Cancer Plan for Canada



Discussion Paper



CSCC – the BIG ask

CSCC Proposed 5 Year Budget Allocation

CSCC Financial Plan Summary	1st Year		2nd year		3rd Year		4th year		5th Year		Total	
	\$	%	\$	%	\$	%	\$	%	\$	%	\$	%
Establishment of Governance Structure	\$ 725,000	1.4%	\$ 108,750	0.2%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ 833,750	0.3%
Pan-Canadian Co-ordination												
Operations of the Executive Management Team, New Initiatives Programs, Governance Reporting and Administration	\$ 2,084,568	4.0%	\$ 2,576,350	5.0%	\$ 3,131,093	6.0%	\$ 3,954,404	7.6%	\$ 5,192,170	10.0%	\$ 16,938,586	6.5%
Board level policy research, provincial development grants, capacity building, alliance creation program support.	\$ 2,519,357	4.8%	\$ 2,446,700	4.7%	\$ 2,430,268	4.7%	\$ 1,555,929	3.0%	\$ 538,031	1.0%	\$ 9,490,285	3.7%
Knowledge Platform, Information Technology and Risk Systems	\$ 1,729,246	3.3%	\$ 2,289,420	4.4%	\$ 2,942,337	5.7%	\$ 1,833,761	3.5%	\$ 1,833,641	3.5%	\$ 10,628,404	4.1%
Community Linkage	\$ 395,000	0.8%	\$ 410,800	0.8%	\$ 427,232	0.8%	\$ 444,321	0.9%	\$ 462,094	0.9%	\$ 2,139,447	0.8%
Cancer Prevention and Early Detection												
Primary Prevention	\$ 6,827,398	13.1%	\$ 8,260,320	15.9%	\$ 8,269,250	15.9%	\$ 8,547,054	16.4%	\$ 9,163,013	17.6%	\$ 41,067,035	15.8%
Cancer Screening	\$ 2,853,775	5.5%	\$ 2,354,361	4.5%	\$ 1,908,991	3.7%	\$ 1,652,920	3.2%	\$ 1,514,247	2.9%	\$ 10,284,293	4.0%
Cancer Patient's Journey												
Standards	\$ 3,231,897	6.2%	\$ 3,798,372	7.3%	\$ 3,708,299	7.1%	\$ 3,636,851	7.0%	\$ 3,580,570	6.9%	\$ 17,955,990	6.9%
Clinical Practice Guidelines	\$ 2,945,566	5.7%	\$ 2,361,736	4.5%	\$ 1,879,722	3.6%	\$ 1,613,296	3.1%	\$ 1,475,764	2.8%	\$ 10,276,084	4.0%
Rebalance Focus	\$ 2,824,632	5.4%	\$ 3,087,449	5.9%	\$ 3,121,999	6.0%	\$ 3,178,298	6.1%	\$ 3,254,384	6.3%	\$ 15,466,761	5.9%
Cancer Control Workforce												
Human Resources	\$ 2,502,033	4.8%	\$ 2,420,992	4.7%	\$ 2,367,231	4.6%	\$ 2,339,838	4.5%	\$ 2,334,511	4.5%	\$ 11,964,605	4.6%
Cancer Research												
Strategic Research	\$ 11,151,185	21.4%	\$ 10,869,584	20.9%	\$ 8,743,810	16.8%	\$ 9,537,994	18.3%	\$ 10,451,197	20.1%	\$ 50,753,770	19.5%
Cancer Information and Access												
Surveillance	\$ 3,089,677	5.9%	\$ 3,358,296	6.5%	\$ 3,362,984	6.5%	\$ 3,378,675	6.5%	\$ 3,404,264	6.5%	\$ 16,593,897	6.4%
Surveillance - Canadian National Cancer Staging	\$ 6,955,322	13.4%	\$ 5,243,649	10.1%	\$ 7,292,812	14.0%	\$ 7,866,248	15.1%	\$ 6,260,782	12.0%	\$ 33,618,813	12.9%
Performance Management and Accountability												
Quality and Performance Assurance	\$ 2,165,344	4.2%	\$ 2,413,221	4.6%	\$ 2,413,971	4.6%	\$ 2,460,412	4.7%	\$ 2,535,333	4.9%	\$ 11,988,281	4.6%
TOTAL ANNUAL EXPENDITURES	\$ 52,000,000	100.0%	\$ 52,000,000	100.0%	\$ 52,000,000	100.0%	\$ 52,000,000	100.0%	\$ 52,000,000	100.0%	\$ 260,000,000	100.0%

The result

- The Canadian Partnership Against Cancer was implemented as a means to advance the 2006 Canadian Strategy for Cancer Control and accelerate action on cancer control across Canada.
- The Partnership's initial funding agreement with Health Canada was for \$250 million for the period 2007-2012.
- Areas of focus and action were guided by the Partnership's 2007-2012 Strategic Plan.
- The Partnership's second funding agreement with Health Canada was for \$241 million for the period 2012-2017, during which it is guided by its 2012-2017 Strategic Plan.

CSCC lessons learned

- Developing and successfully implementing a national strategy
 - takes time and effort by many people
 - requires broad stakeholder engagement
 - must include patients as partners
 - all groups need to support the key elements of the strategy
 - must have strong data on incidence, impact, cost-benefit, and successes from other countries
 - Strategy must be feasible and have a big potential impact
 - early support of Health Canada is critical

Australian National Pain Summit Initiative

- Led by:
 - ANZCA
 - Faculty of Pain Medicine
 - Australian Pain Society
 - Chronic Pain Australia
- Inaugural Supporters
 - MBF Foundation
 - University of Sydney Pain Management Research Institute



Prof Michael J Cousins AO

Australian National Pain Summit Initiative

- Steering Committee
- Working Groups and Reference Groups
 - Primary Care Working Group
 - Models of Delivery Working Group
 - Acute Pain Reference Group
 - Paediatric Pain Reference Group
 - Consumer Advisers
 - Pain in Older Persons Reference Group
 - Analysis of Evidence Working Group
 - Cancer Pain and Palliative Care Reference Group
 - Executive Group

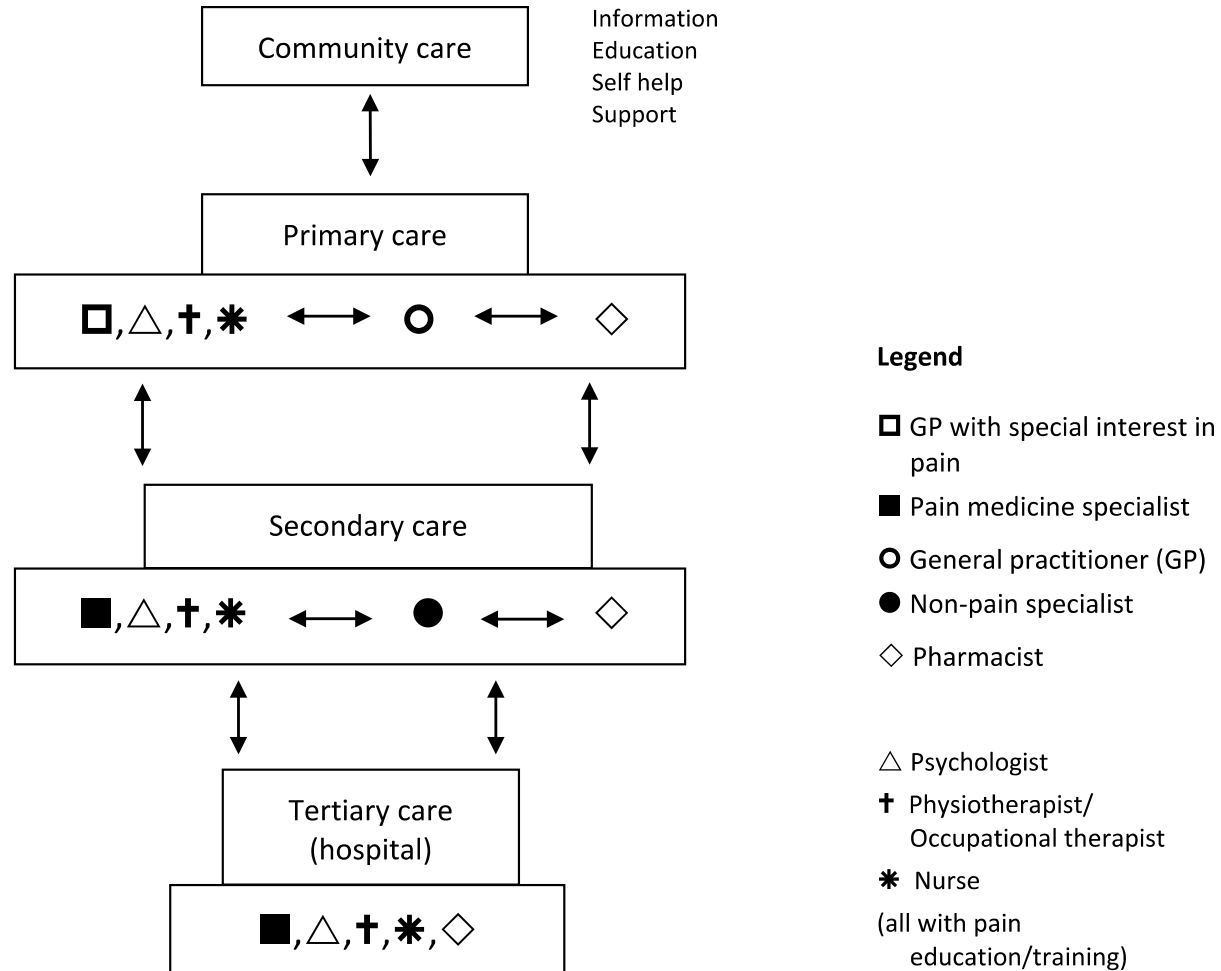
Australian National Pain Summit Initiative

- Working Groups and Reference Groups developed the first draft of the National Pain Strategy
- Draft brought to Leaders' Meeting involved key stakeholders for further development
- October 2009 - subsequent draft was released for public and stakeholder consultation and further revised
- March 2010 – Strategy unanimously endorsed at National Pain Strategy by delegates of 150 organisations representing health professionals, consumers, industry and funders

Australian National Pain Strategy

- Mission: to improve quality of life for people with pain and their families, and to minimise the burden of pain on individuals and the community
- Goals:
 1. People in pain as a national health priority
 2. Knowledgeable, empowered and supported consumers
 3. Skilled professionals and best-practice evidence-based care
 4. Access to interdisciplinary care at all levels
 5. Quality improvement and education
 6. Research

Proposed new model of care



Importance of timing

- Burden of pain and cost quantified
- Pain Medicine and Palliative Medicine established as independent medical specialties
- National program of health reform which could deliver many of the changes needed to improve outcomes for people with pain, if it is implemented with their needs in mind.
- Alignment with National Health and Hospitals Reform Commission agenda
- Alignment with Draft National Primary Health Care Strategy
- Alignment with State government initiatives

Australian National Pain Strategy

- proposed objectives and strategic actions
- no specific funding ask
- coordinating body, **pain**australia, established
 - funded through private sponsorship



- **pain**australia is a national network of health care, consumer and related organisations established to improve the treatment and management of pain in Australia.
- Priority Actions:
 - build a strong and influential **pain**australia network and identify partnerships, frameworks and resources required to build capacity and deliver proposed outcomes;
 - promote awareness of the National Pain Strategy and build policy support with State and Federal Governments;
 - achieve Federal and State Government recognition of chronic pain as a chronic disease;
 - sustaining our organisation – with effective fundraising and marketing campaigns.

Australian Pain Strategy Review 2014

- 64 organisations had implemented programs that aligned with the goals of the Strategy.
 - Leading funding organisations
 - Federal government organisations
 - National Health Care and Academic Organisations
 - State and Territory based Organisations

NSW Pain Management Strategy

- The NSW PMP 2012-2016 was a response to the 2010 Australian National Pain Strategy, the 2010 International Pain Summit's prioritisation of education and training in pain management for all healthcare professionals, and the 2012 NSW Pain Management Taskforce's Report.

NSW Pain Management Strategy

- The PMP funding recognised the need for additional resources; transformation in the way health services work together and transformation in the way health professionals and the broader community understand and deal with pain.
- The PMP supported 19 pain services across NSW with varying levels of support and funding.
- In addition the PMP provided training and workforce development to health professionals and enabled the development of a pain management website for clinicians and patients.

NSW Pain Management Plan 2012-2016

- The “ask”
 - \$26 million over the next 4 years, demonstrated the NSW Government’s commitment to improved access to pain management services for all NSW residents.

NSW Pain Management Plan Review

- What did \$26 million buy?
 - \$5 million/year - enhanced funding for community and acute-based chronic pain services to support implementation of the proposed model of care for chronic pain services across NSW
 - \$1 million/year - additional resourcing for chronic pain research, including 5 new pain medicine specialist training positions
 - \$0.75 million/year - greater investment in training, education and workforce development – pain
 - greater consistency of pain services across NSW to reduce clinical variation

NSW Pain Management Plan Review

- What did the allocation of \$26 million achieve?
 - improved access to pain services
 - improved patient outcomes
 - pain
 - disability
 - mental health
 - decreased use of opioids in pain clinic patients
 - decreased health care utilisation

Political Champions

- My own experiences talking to patients, their families and carers across the state, as well as my direct observation of the enormous benefits that clinicians specialising in pain management can provide to their patients, has driven a personal commitment on my part to address this long neglected impact upon people's lives and wellbeing.



Hon Jillian Skinner NSW Minister of Health, Minister for Medical Research, NSW 2011-2014

Political champions

- Minister Skinner's experience led to the key election commitment to develop a state-wide NSW Pain Management Plan
- Upon election a Pain Management Taskforce was established and asked to recommend strategies to develop and support a state-wide system of pain management services.
- The Taskforce undertook its own research and integrated into its recommendations the previous work of the Australian National Pain Summit (March 2010), the International Pain Summit (September 2010) and Australia's National Pain Strategy.

The next Canadian National Pain Strategy

Progress to date

- Chronic Pain Network (CPN)
 - received \$12.5 million/5 years through CIHR Strategy for Patient Oriented Research (SPOR)
 - Vision - to change the way pain is managed in Canada through improved assessment, prevention and provision of timely and optimal pain management.
 - Indigenous health
 - Training and mentoring
 - Knowledge translation
 - Patient engagement
 - Patient oriented research

Chronic Pain Network

- The Chronic Pain Network includes patients, families, advisory groups, healthcare providers, scientists, clinical scientists, clinicians, leaders of provincial and national patient advocacy groups, foundations and support networks.



Progress to date

- Canadian Pain Care Forum
 - stakeholder engagement (>65 organisations)
- McMaster Pain Forum
 - development of evidence brief to inform stakeholders
- Provincially based patient advocacy and support groups
 - PainBC → BC Pain Summit
 - Association québécoise de la douleur chronique (AQDC)

What should be the first ask?

- Small ask - federal funding to establish a national coordinating body
 - to build a identify partnerships, frameworks and resources required to build capacity and deliver proposed outcomes;
 - promote awareness of the National Pain Strategy and build policy support with Federal and Provincial Governments
 - achieve Federal and Provincial Government recognition of chronic pain as a chronic disease

Conclusions

- One in five people in Canada live with chronic pain
- Access to care is fragmented
- The status quo is not sustainable personally, provincially or nationally.
- There is an increasing desire for collaboration to address the problem of chronic pain – the time is right for change
- A Canadian National Pain Strategy offers a process to disrupt the status quo and effect change
- Improving the quality of life for the person living with pain, will improve the health of the Canada

Acknowledgements

- Dr Norm Buckley – Canadian Pain Network
- Dr Mary Lynch – Delhousie University
- Dr John Lavis – McMaster Health Forum
- Dr Robert Phillips – CSCC
- Prof Michael Cousins – everywhere
- Maria Hudspith – Pain BC
- The people living with pain of Canada

owen.williamson@monash.edu

@DrODWilliamson