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Enhancing access to quality pain services in the Calgary Health Region

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NO Disclosure

- No industry involvement
- No relationship with industry
- No potential conflict of interest



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 - CHR Chronic Pain Centre
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Outline

- **Regional Pain Program**
 - Role, Vision, Goal
- **Pain Management Services in Calgary**
 - Hospital settings
 - Prevalence
 - Challenges
 - Strategies for improvement
 - Community settings
 - Prevalence
 - Challenges
 - Strategies for improvement
- **Resources**
 - Advocating for resources
 - The Planning Process: Developing the strategic plan



The Regional Pain Program: Our Role



Pediatric
Primary Care

Adult
Ambulatory

Older Adult
Hospital

Long Term Care



The Calgary Health Region Regional Pain Program

Our Vision

Calgary Health Region citizens of all ages who experience chronic, acute and/ or palliative pain will receive integrated, coordinated quality pain services in all care settings along the continuum.

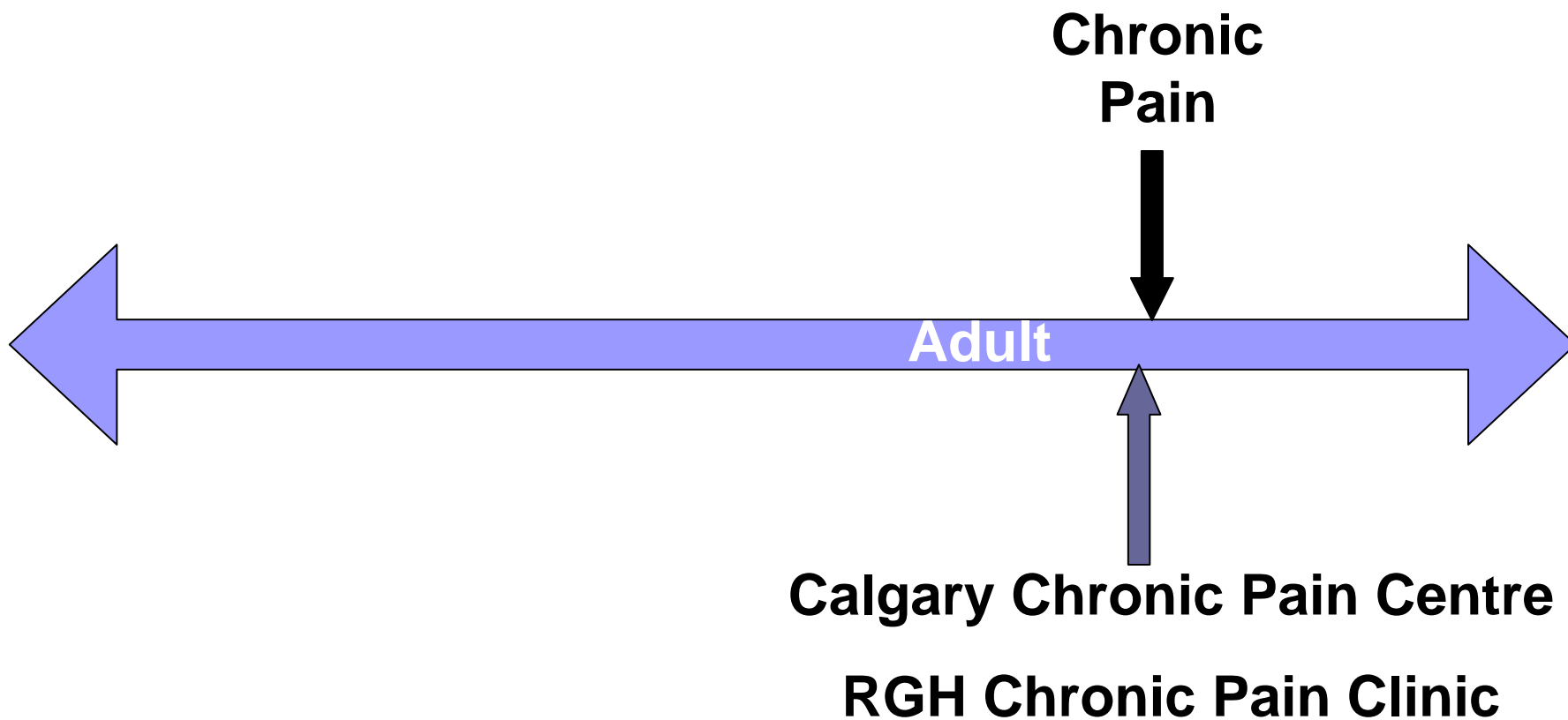


Goals

- Establish a culture in which all providers understand the impact of pain, and the need to assess and manage it effectively .
- Ensure quality evidence-based care through program evaluation and research
- Ensure adequate education for providers/patients
- Develop a seamless continuum of pain services
- Ensure equitable access
- Advocate for adequate resource allocation



Where we started



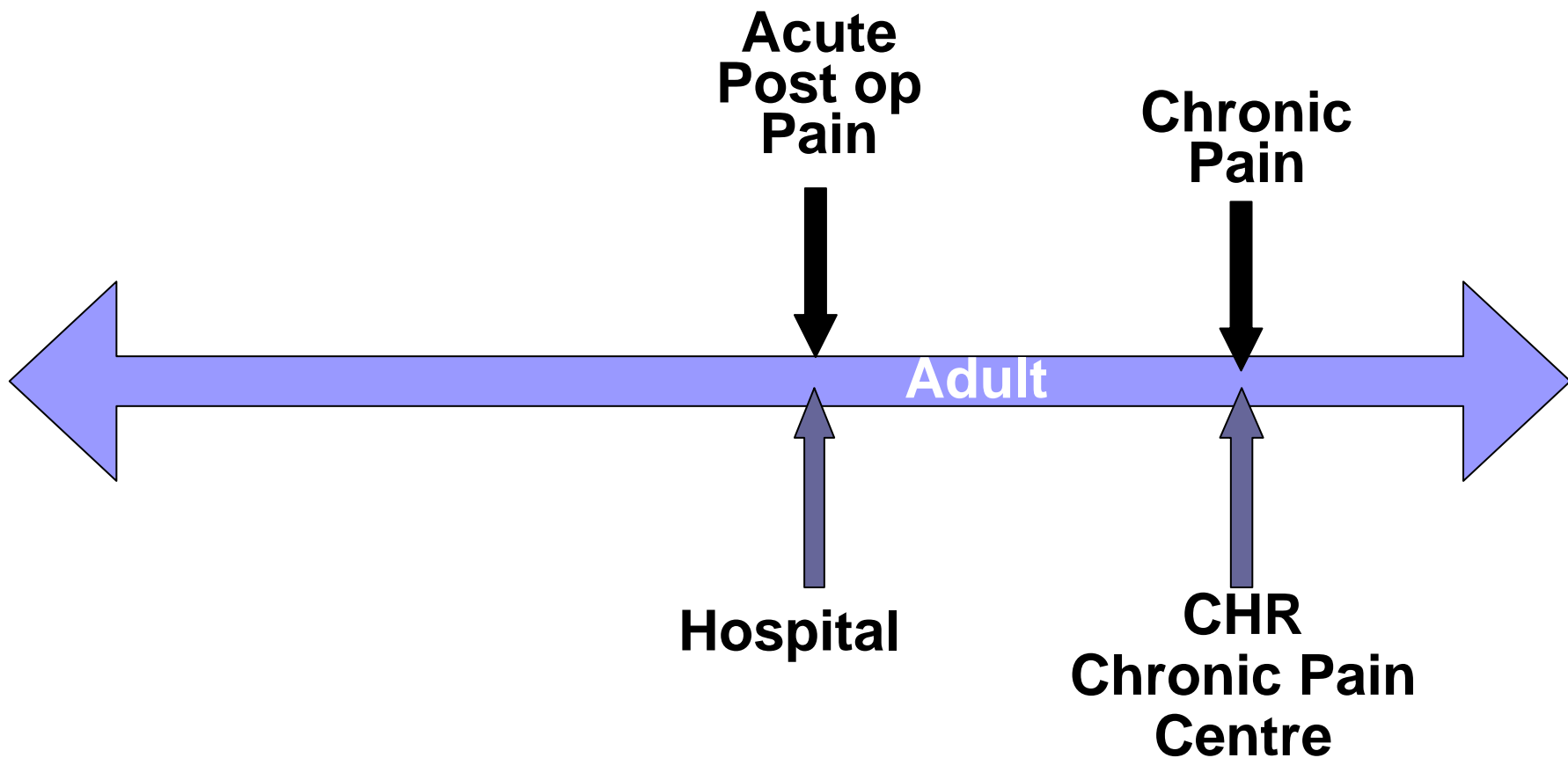


CHR Chronic Pain Centre

- Comprehensive interdisciplinary pain management and rehabilitation services aimed at pain reduction, maximizing function /coping
- Team members
 - Admin support
 - Kinesiologists
 - Manager
 - Nursing assistants
 - Nurse co-ordinators
 - Nutritionist
 - Occupational Therapists
 - Physical Therapists
 - Psychologists
 - Social worker
 - Specialists in pain management:
 - Addiction specialist, Anesthetists, Gynecologists, Family Physicians, Neurologists, Psychiatrist, Psychiatrist



Where we started





City Wide Acute Pain Service

- Consultation services to facilitate quality acute pain management in the immediate post operative period for patients undergoing complex surgery.
- Physician referral
- Team:
 - Anesthetists
 - Clinical Nurse Specialists
 - Nurse Clinician
 - Nurse educator
 - Manager
- Direct operational responsibility across three adult hospital sites
- Collaborative relationship with acute pain service for Alberta Children's Hospital

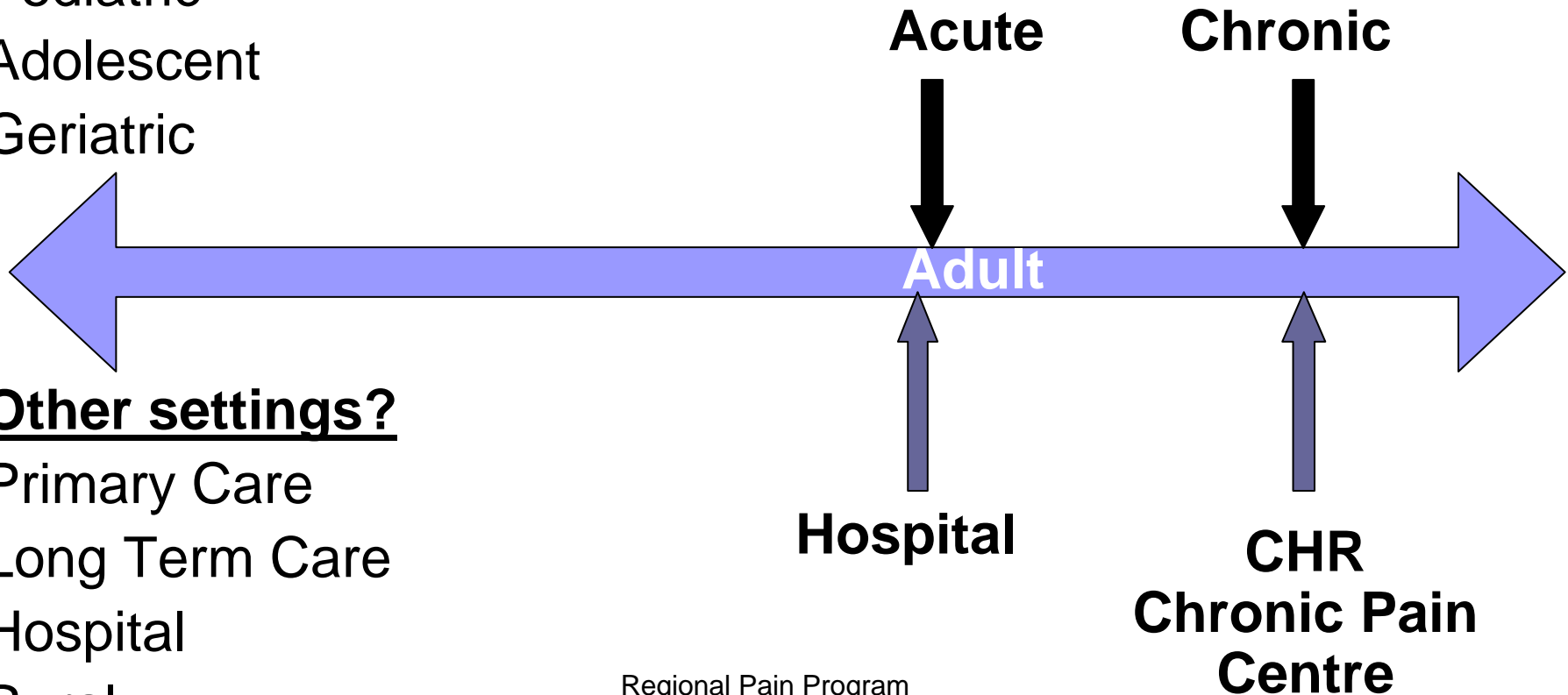
Where we started

Chronic Pain in other populations?

Pediatric
Adolescent
Geriatric

Other settings?

Primary Care
Long Term Care
Hospital
Rural





Outline

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 - Strategies for improvement



Prevalence in Hospital

■ Acute Pain

- 86.8 % surgical patients (3 adult CHR sites) required pain medication. (2006, QSHI)
 - Consistent with UK: 87% medical and surgical patients from 36 UK hospitals reported mod-severe pain. (2003, Bandolier)
- In 2005-06 , approximately 50% of post op patients are referred to the City Wide Acute Pain Service cross 3 adult sites.



Prevalence in Hospital

■ Chronic Pain

- No specific data exists
- Primary diagnosis where chronic pain is a symptom are coded more often than chronic pain.
- Pain flow chart on the patient record does not acknowledge chronic pain



Pain as major complaint

<input type="checkbox"/> Emergency Department	90,000
<input type="checkbox"/> Physiotherapy Services	200,000
<input type="checkbox"/> Inpatient ortho and surgical patients	11,000
<input type="checkbox"/> Rheumatology Clinics	3,000
<input type="checkbox"/> Residential Care Setting	6,000
<input type="checkbox"/> Grace Women's Osteoporosis Clinic	1,200
<input type="checkbox"/> Acute Pain Service	<u>5,000</u>
	351,200

(Estimates from CHR Pain Survey, 2004)



Challenges in hospital settings

- Lack of knowledge and skills in pain management.
- No nursing services available for weekend services in acute pain
 - increased volumes of complex surgical procedures on Fridays
 - patients experience increased needs on Saturday= day 1 post op.
- No services to address adult or pediatric patients with complex pain issues:
 - Chronic Pain
 - Addiction
 - Methadone



Challenges in hospital settings

- Lack of smooth transition from hospital to community
 - Family physician not aware of patients' hospitalization.
 - Inadequate information re post discharge requirements for appropriate analgesia ie. Tapering analgesics, re-starting of at home medications, changes in medications.

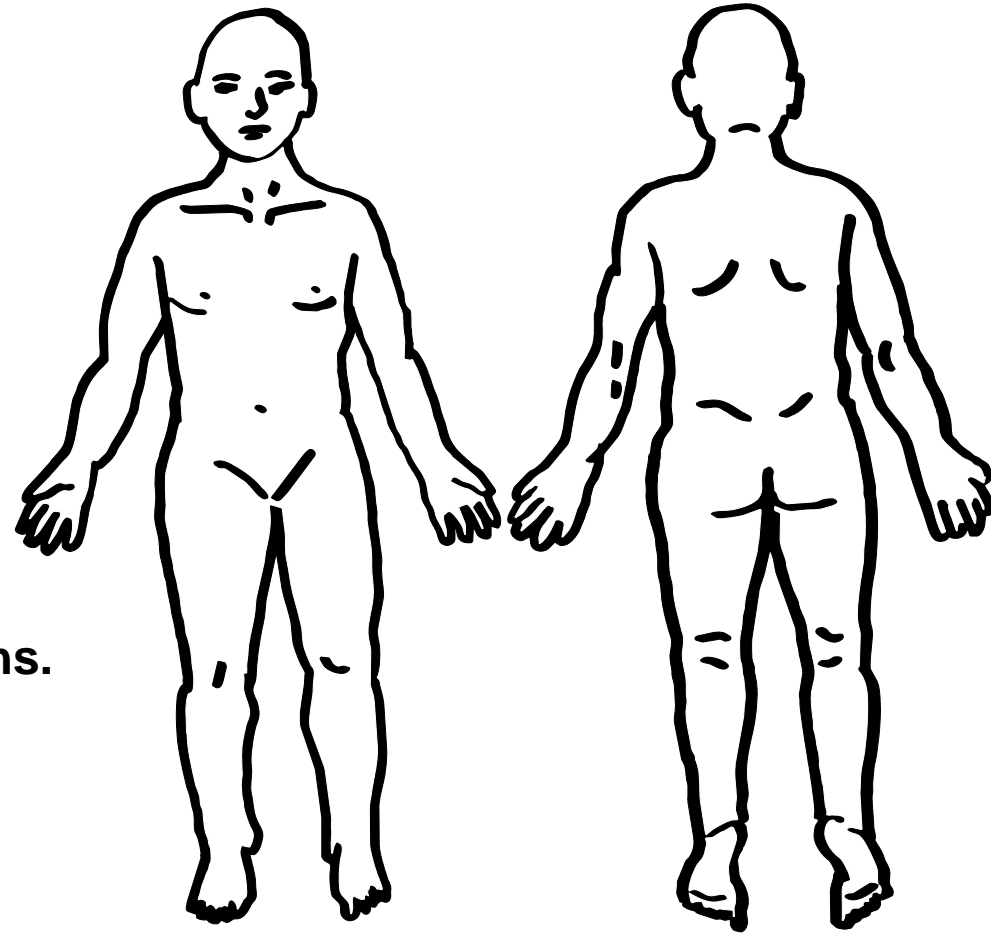


Strategies for improvement

- Education
 - Orientation education includes information re acute, chronic and palliative pain management (Urban and rural)
 - “Refresher” inservices provided to unit staff.
 - “Just in time” education and mentoring of unit staff.
- Weekend nursing Acute Pain Services implemented.
- Screening for chronic pain at admission.

Strategies for improvement cont'd

Chronic Pain Self Assessment



1. Please mark with an “X” where you have pain for more than three months.
2. Is this pain well managed?

Please complete and return this form to a staff member



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Strategies for improvement cont'd

■ Hospital Chronic Pain Consultation Service

- Physician to physician referral
- Two half days per week per site
- Initial triage Nurse Practitioner
- Other referrals as appropriate
 - Psychologist
 - Addiction specialists



Strategies for improvement cont'd

- Hospital Chronic Pain Consultation Service:
Other components
 - Discharge recommendations provided to attending hospital physician for the family physician
 - Patient education
 - Handouts, website
 - Provider education



Strategies for improvement cont'd

- Education for hospital providers
 - Grand rounds
 - Consultation provides “just in time” learning for hospitalists
 - Discharge recommendations provide learning opportunity for family physician

- Operational at one site... spread to other sites planned over 12 months



Strategies for improvement cont'd

- Meeting the needs of children: The Pediatric/ Adolescent Complex Pain Service.
 - Interdisciplinary service for children and adolescents
 - 2 days /week
 - Hospital and ambulatory
 - Core team: Physicians, Coordinator, Physical therapist, Psychologist.
 - Evaluation



Community Settings

■ Prevalence Chronic Pain

- 200,000 (17.6%) experience mild-severe chronic pain.
- 30,000(3%) experience moderate-severe chronic pain.
(1998, CPHS)



Challenges in community

- Lack of support for family physicians
 - 7-9 Physician visits per patient per year with pain as major complaint.(Boulanger, Squire and Clark, 2004; Calgary Population Health Survey, 1998)
 - Lack of pain management education
 - Difficulties with access to specialized chronic pain centre

- Quality issues related to lack of evidence based pain management



Challenges in community cont'd

- Lack of support for community providers:
 - Survey: Calgary Health Region physicians (N=125) treating 5000 chronic pain patients.
 - 69% perceived lack of support from specialists and CHR.
 - 47% perceived difficulty accessing chronic pain **services** (Scanlon & Chugh, Pain Research & Management, Winter, 2004)
 - 15 month wait for specialized chronic pain services
 - Onerous referral processes
 - Eligibility criteria excluded elderly, disabled, rural populations



Challenges in community cont'd

- Lack of education for care providers
 - Only 9.6% of physicians (N= 125) felt very adequately prepared to manage chronic pain
 - 65% state they need more education for medications.
 - 78% need assistance with interventional therapy.
 - 60% need assistance with diagnosing and cognitive behavioural treatments. (Scanlon and Chugh, 2004)
 - 60% of physicians believed that pain management could be enhanced by education (Morley-Forester, Clark, Speechley, Moulin, 2003).



Challenges in community cont'd

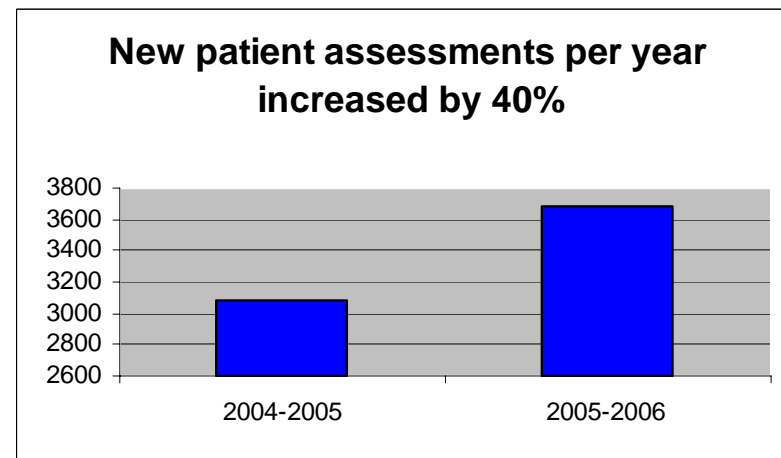
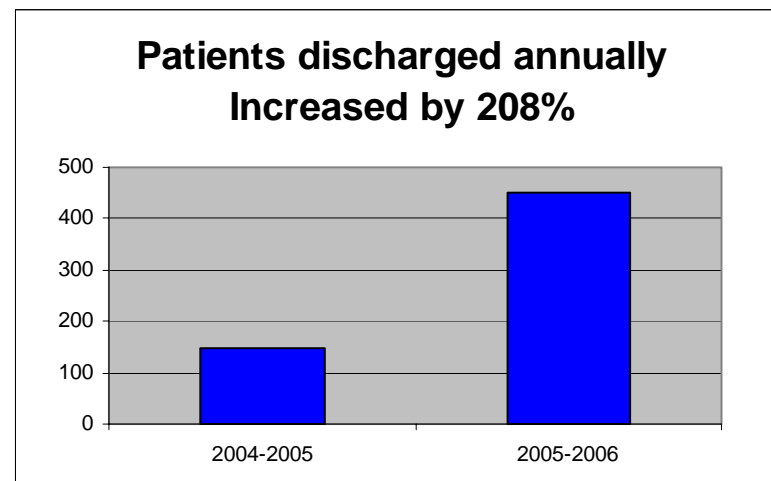
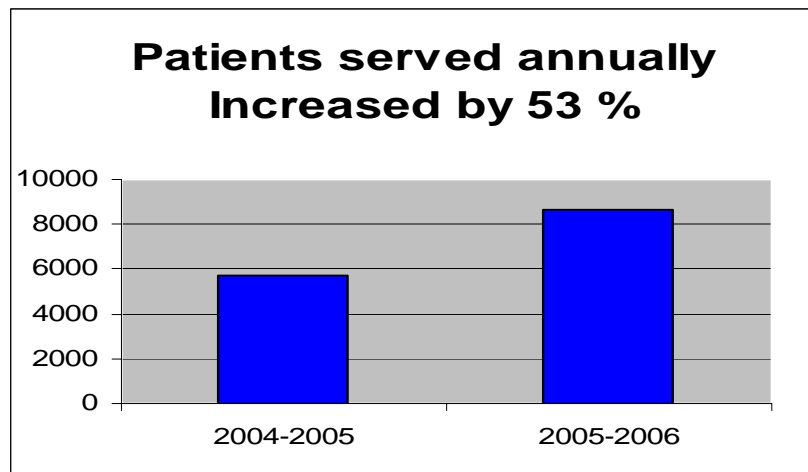
- Quality Issues re evidence based pain management
- Pain is **not well relieved** in 3 out of 4 patients experiencing chronic pain (Brookoff D., 2001).



Strategies for improvement

- Enhance access
 - Expand the Chronic Pain Centre
 - Facilitate referral processes
 - Expand eligibility criteria
- Reconfigure Chronic Pain Centre services to reflect chronic disease management model
e.g. treatment vs management
 - Provide support to rural and community providers
 - Develop continuum of services in the community
 - Provide education
- Evaluate patient outcomes

Increased Access Chronic Pain Centre





Strategies for improvement cont'd

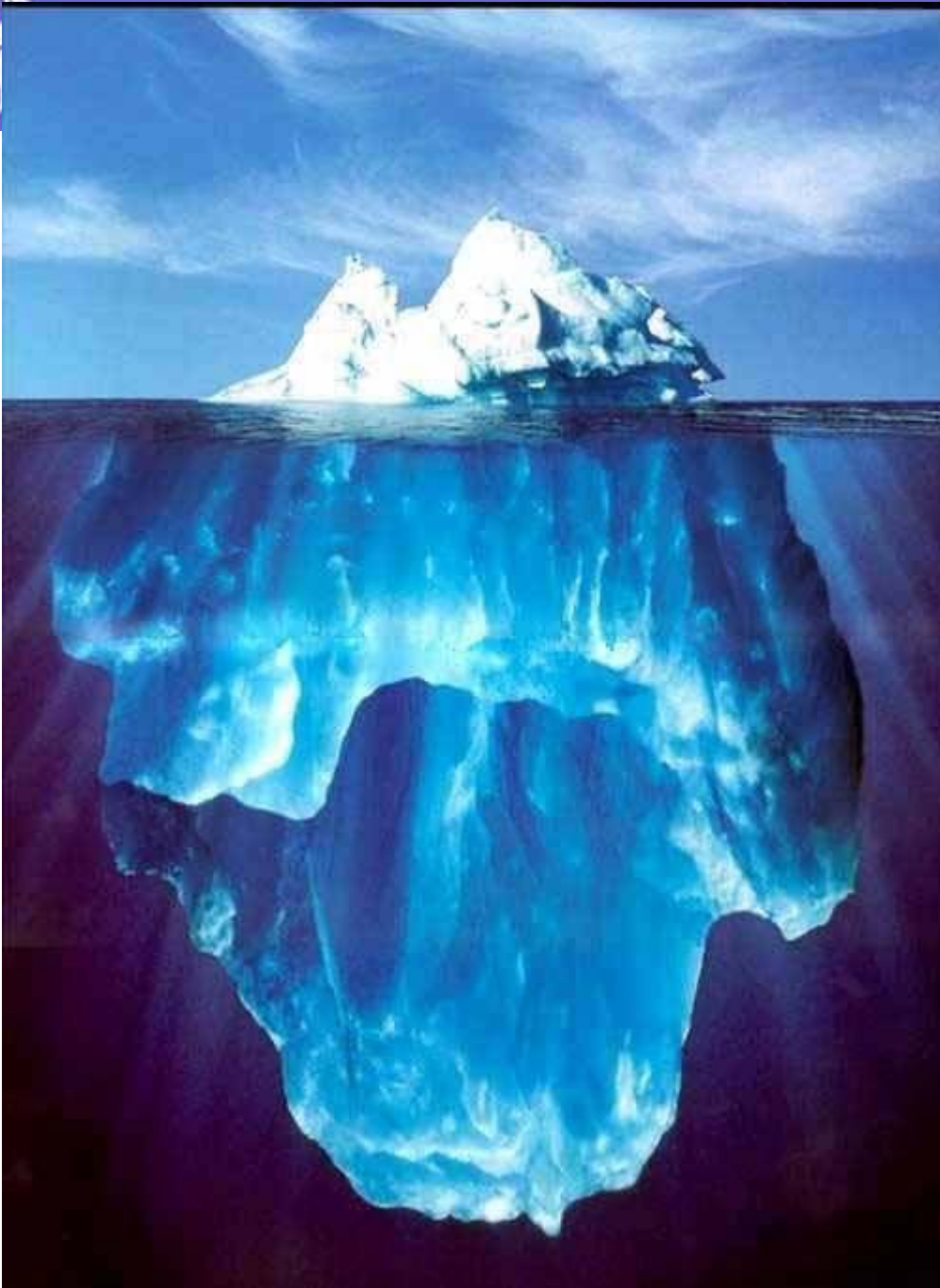
Enhanced Access: Only part of the solution

↑ 60% increase in new patient referrals → 130 new patients referred/month

↑ Waitlist increase 40% despite enhanced capacity → 1300 patients waitlisted

Length of wait in 2004-200512-15 months

Length of wait 2005-2006....9 months ..

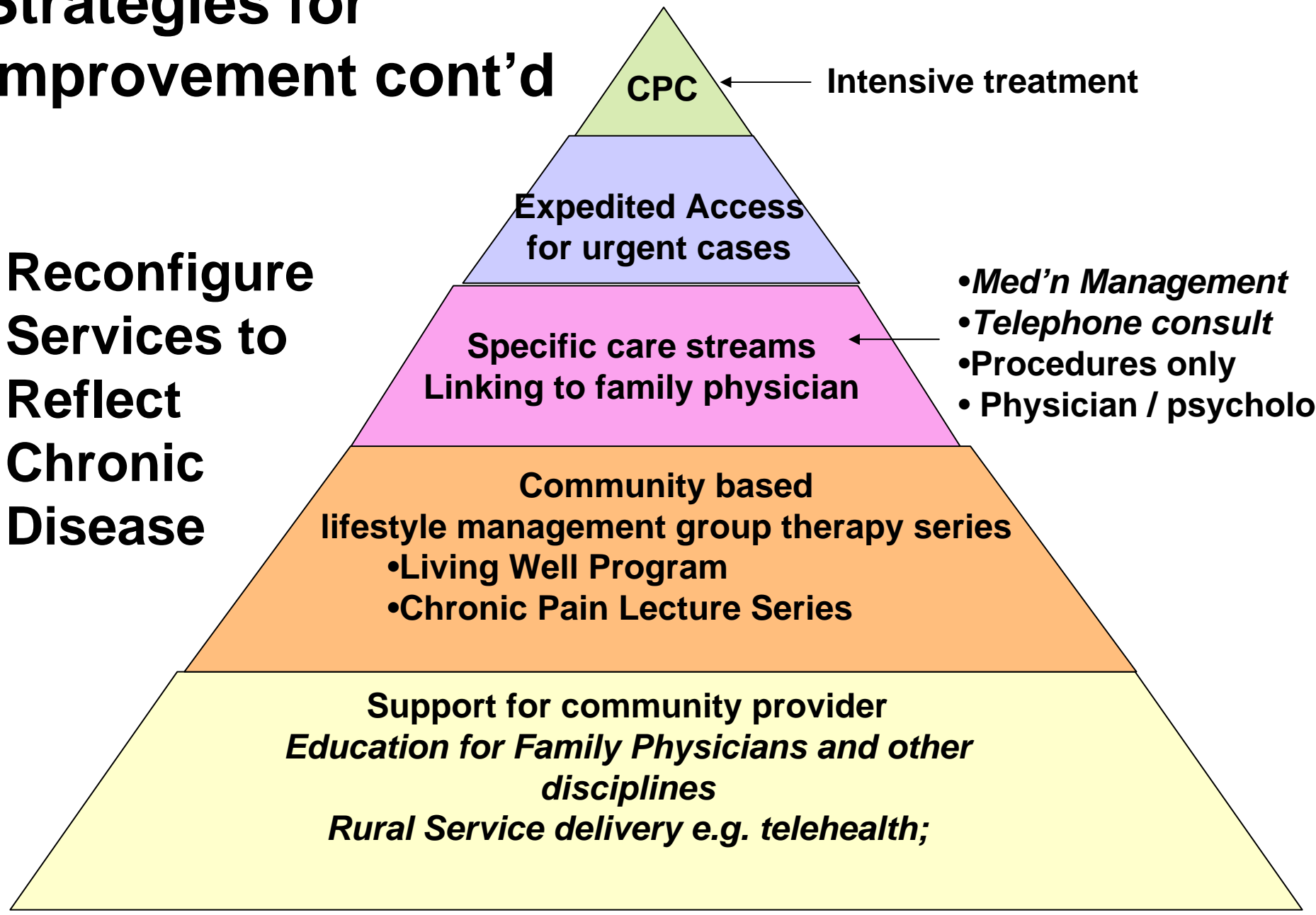


- Consider ...30,000 (3%) experience severe chronic pain.

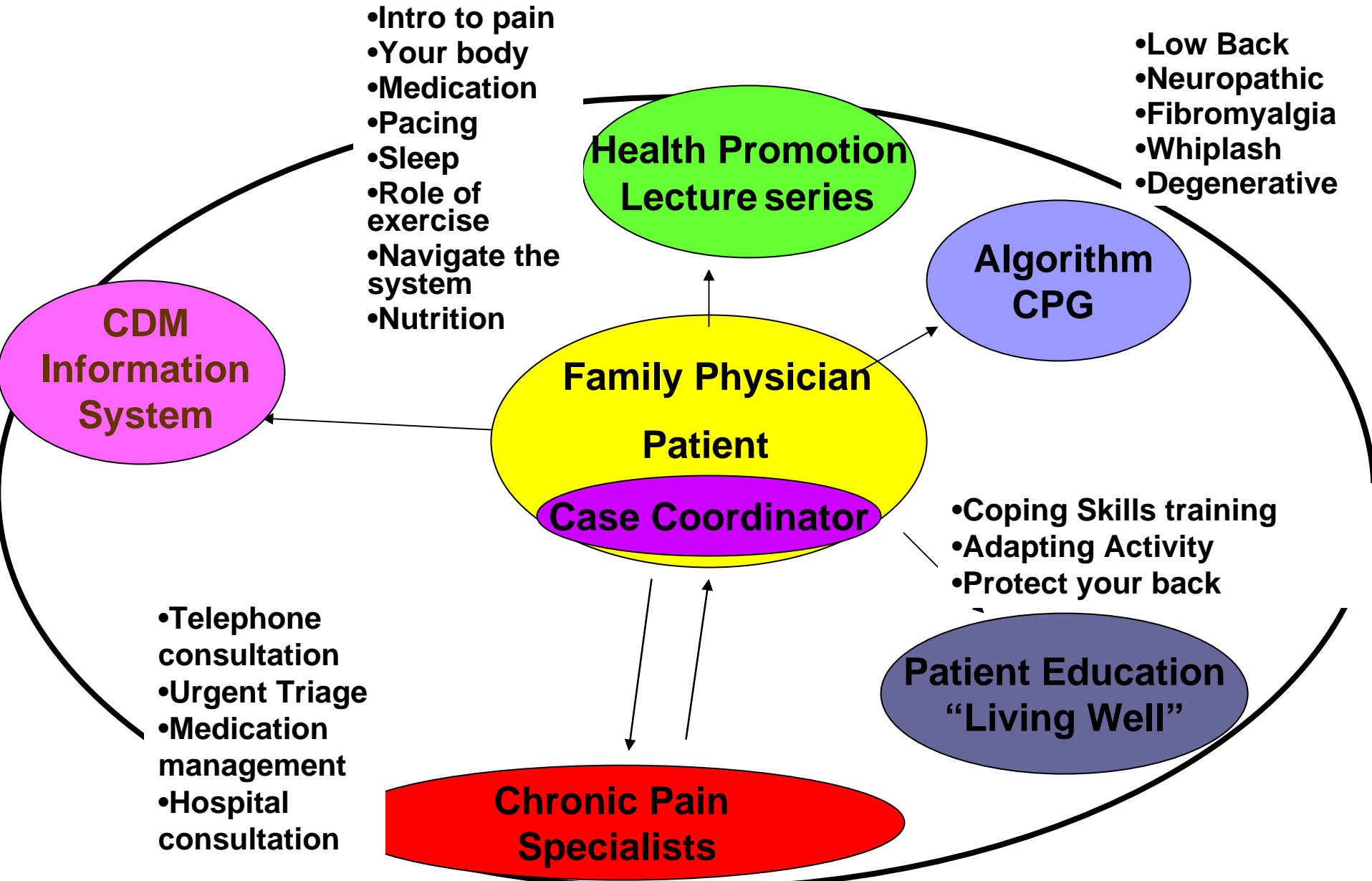
- 1300 is just the tip of the iceberg!

Strategies for Improvement cont'd

Reconfigure Services to Reflect Chronic Disease



Chronic Disease Management





Strategies for improvement cont'd

- **Collaborate with primary Care Networks:**
 - Opportunity for extensive physician impact
 - Shared care framework proposed
 - RPP pain services e.g. Psychology and Physical Therapy services



Strategies for improvement cont'd

- Education for community providers
 - CME: Family Medicine
 - Symposia:
 - McKidd Lectures
 - Calgary Pain Interest Group –**Dec. 8, 2006**
 - Pain algorithms
 - Undergraduate training at CPC
 - Post graduate fellowships
 - Under development
 - Train the trainers in Family Medicine
 - Web based learning



Strategies for improvement cont'd

- Education for patients and families
 - Living Well Program
 - Pain Lecture Series
 - Patient handbook
 - Media events
 - Website
 - Inform Alberta
 - Health Link



Strategies for improvement cont'd

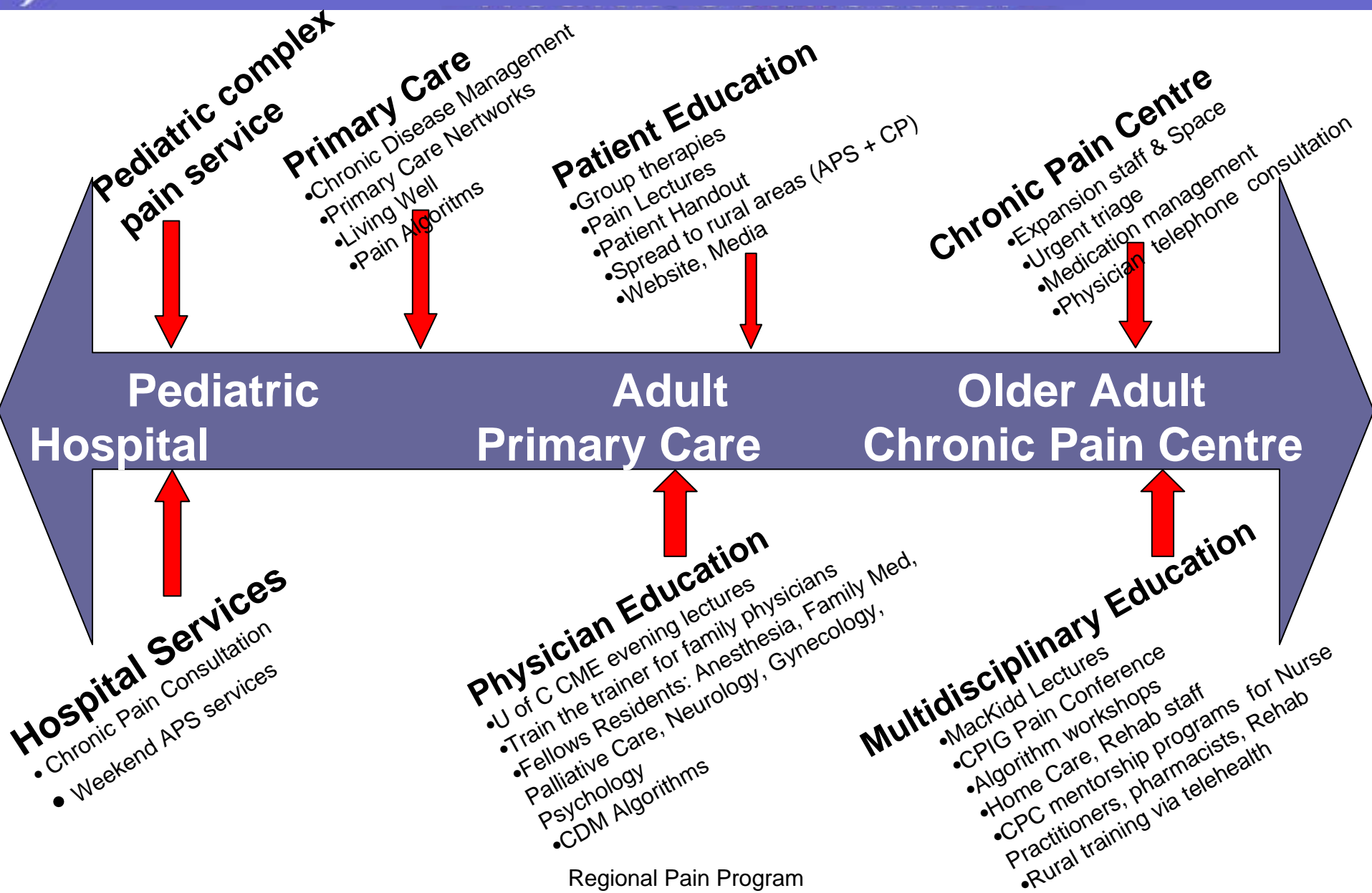
- Evaluation: demonstrate effectiveness of pain management services
 - 'Volumetrics'

 - Patient outcomes
 - Pain scores
 - Depression Scores
 - Disability , functional ability
 - Adverse events

 - Physician, staff and patient satisfaction



A Pain Management System

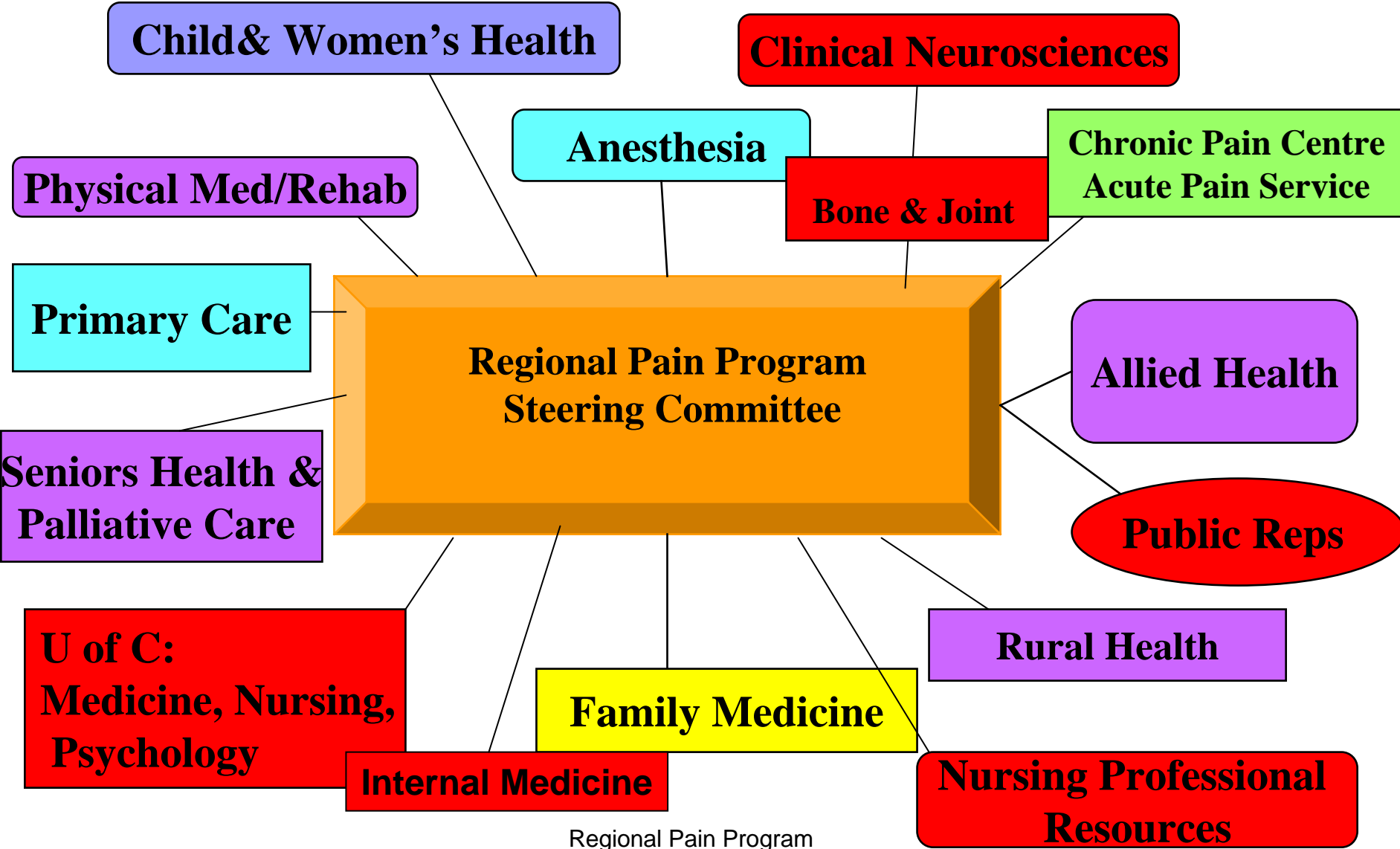




Outline

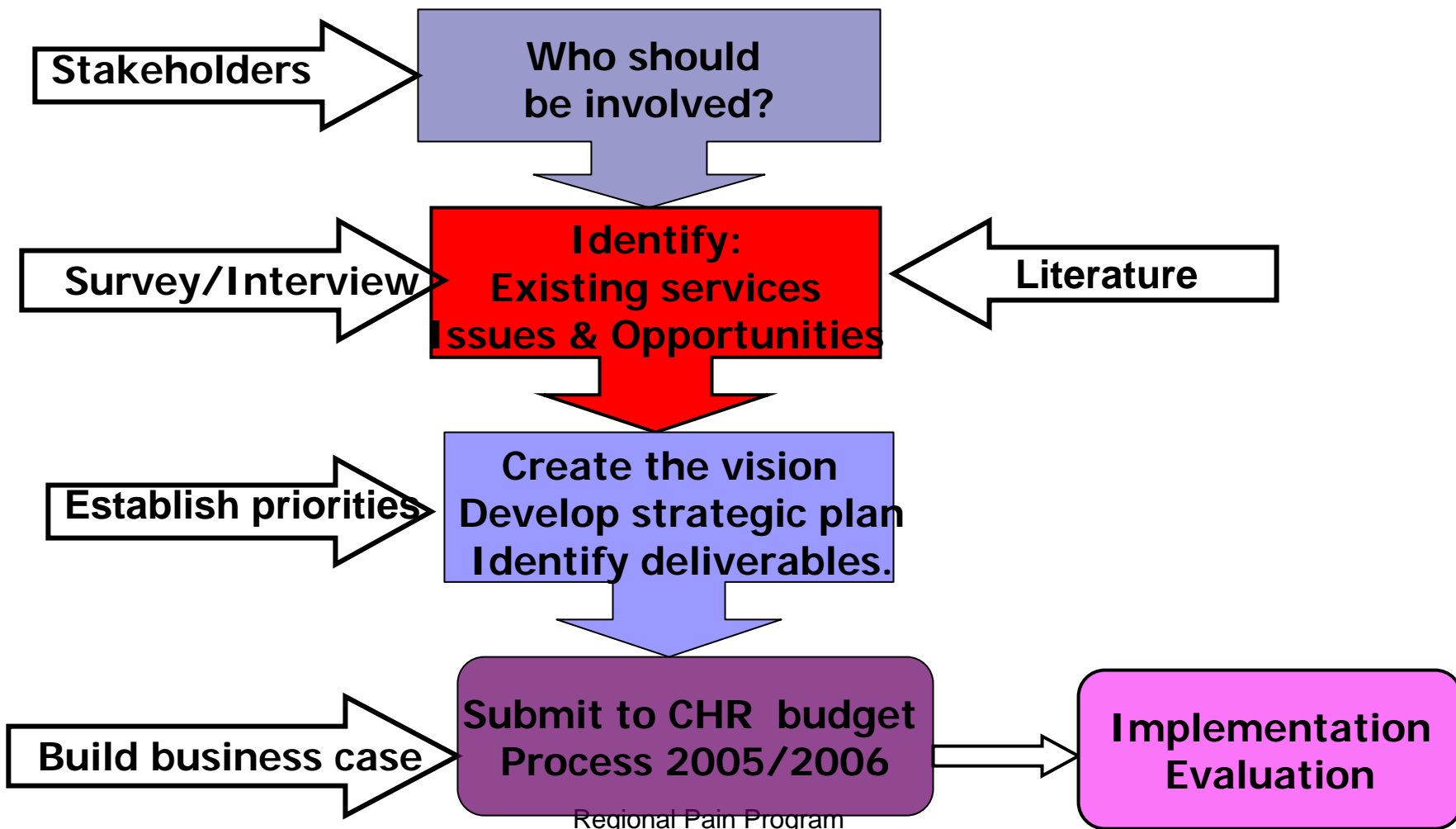
- Resources
 - Advocating for resources
 - The Planning Process: Developing the strategic plan

Engaging stakeholders





Developing a Strategic Plan





Survey Participants

- **Seniors Health & Palliative Care**
- **Rural Health**
- **Family Medicine**
- **Hospitalists**
- **Rehab Specialized Clinical Services**
- **Bone and Joint**
- **Dept. of anesthesia**
- **Emergency Department**
- **FMC Addiction Centre**
- **Child and Adolescent Health**
- **Acute Pain Service**
- **Chronic Pain Centre**
- **Mental Health**
- **College of Chiropractors**
- **Opioid Addiction Centre**



Strategic Plan

- Ambulatory Adult Chronic Pain Services
 - Chronic Pain Centre
 - Primary Care

- Hospital Pain Services
 - Acute Pain Services
 - Chronic Pain Services
 - Pediatric/Adolescent Complex Pain Services

- Education:
 - physicians
 - students
 - multidisciplinary staff
 - patients

- Evaluation



Contact Information

- **RPP website:**

<http://www.calgaryhealthregion.ca/cpc/>

- **Chronic pain algorithms:**

<http://www.crhahealth.ab.ca/clin/cme/cpg/cpgnot.htm>

- **Valerie Wiebe, presenter**

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Thank you for your time...

- **Questions?**
- **Comments?**
- **Suggestions?**



We realize we have a way to go
But we are grateful for the opportunity and enjoy the journey!