



**Report from the Inaugural Meeting of the  
Saskatchewan Pain Strategy Working Groups**

April 11, 2017

## Authors

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## Contributors

Please see Appendix A for a list of meeting attendees who contributed to the findings reported in this document.

## Acknowledgements

Thank you to the many participants who enthusiastically engaged in the discussions and provided insightful ideas from their areas of expertise. We were pleased to have three patient/family representatives present to share their personal experiences about the challenges of navigating the health system and advocating for themselves and loved ones who live with pain.

Thank you to Terry Blackmore, Director, Quality and Continuous Improvement and Lori Latta, Project Manager, Clinical Pathways Development from the Ministry of Health for contributing to the discussions and providing the government perspective on realistic opportunities for the provincial pain strategy.

Thank you to Lela Kaunitz for designing the SaskPain logo. Lela lives with daily pain from ulcerative colitis and peripheral arthritis. She found her inspiration for the SaskPain logo in the colors and shapes of a summer Saskatchewan canola field.

The SaskPain Provincial Pain Strategy Steering Committee would like to acknowledge that the working group planning meeting was held on Treaty 4 and 6 lands and the traditional territory of the Cree and Saulteaux, Assiniboine and Métis Peoples.

We gratefully acknowledge the following organizations for their financial support, which was used to provide a meal for participants and room rental for the meeting:

- College of Physicians and Surgeons of Saskatchewan
- Saskatchewan Registered Nurses' Association
- Bayer Inc.

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## Background

The Saskatchewan Pain Strategy (SaskPain) is a not-for-profit, informal group of multidisciplinary healthcare providers, policy makers, researchers, health science educators, individuals living with pain, and their advocates with an interest in improving the status of pain management in Saskatchewan. SaskPain was formed following stakeholder meetings held in November 2014 in conjunction with the 5<sup>th</sup> Implementing Best Practices in Pain Management in Saskatchewan Conference in Saskatoon. In 2014, approximately 150 stakeholders attended two meetings and provided their perspectives on changes needed in Saskatchewan to build effective, efficient, and regionally distributed pain services.

The report<sup>1</sup> generated from these meetings was distributed to attendees with a request for broad distribution and feedback. The report was also disseminated through various regional, provincial, and national presentations including the SRNA Annual General Meeting, the Canadian Pain Society Annual National Scientific conference, the provincial Clinical Nurse Educator meeting, Saskatoon Health Region Quality and Safety Council meeting and Pain Strategy Committee meeting.

Meeting findings and subsequent feedback were analyzed and integrated into a Driver Diagram (Appendix B) by members of the Saskatchewan Registered Nurses' Association (SRNA) Pain Management Professional Practice Group (Pain Management PPG). Recommended strategies were divided into four themes for future working groups: Practice, Research and Knowledge Translation, Education, and a Pain Foundation.

The overarching goal of SaskPain is to provide a foundation of knowledge, resources, and advocacy to support accessible, coordinated pain management services and education in Saskatchewan.

## Meeting Context and Goals

The inaugural SaskPain meeting was held on the evening of November 3, 2016 in Regina in conjunction with the 6<sup>th</sup> Implementing Best Practices in Pain Management in Saskatchewan conference. Invitations were extended to individuals who had been

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<sup>1</sup> Tupper, Juckes, & Jeffery, 2015. Saskatchewan Registered Nurses' Association (SRNA) Pain Management Professional Practice Group. Available at: [http://saskpain.ca/images/Provincial\\_Pain\\_Stakeholder\\_Report\\_March192015\\_final.pdf](http://saskpain.ca/images/Provincial_Pain_Stakeholder_Report_March192015_final.pdf)

identified in initial stakeholder consultations as key contributors to the implementation of a pain strategy for Saskatchewan. Thirty-two participants (Appendix A) met to further refine strategies identified in the initial 2014 stakeholder meetings and to identify achievable short-term activities, working group members, and project leads for SaskPain.

### Participants

Participants included multidisciplinary healthcare providers, patient and family advocates, and representatives from the Ministry of Health, clinical licensing and regulatory organizations, and academic institutions. Healthcare providers were from the Saskatoon Health Region, Regina Qu'Appelle Health Region, and Sunrise Health Region and included medicine (anesthesiology, family medicine, pediatrics, physical medicine and rehabilitation), nursing, physical therapy, occupational therapy, psychology, massage therapy, and pharmacy disciplines. The Saskatchewan Registered Nurses' Association (SRNA), College of Physicians and Surgeons of Saskatchewan (CPSS), and Saskatchewan College of Physical Therapy were the licensing and regulatory bodies represented. Two Ministry of Health representatives attended from the Continuous Quality and Improvement, and Clinical Pathways Development Branches. Faculty members were in attendance from the University of Saskatchewan, University of Regina, and Saskatchewan Polytechnic faculties of Medicine, Psychology, Physical Therapy and Nursing.

### Meeting Structure

Dr. Susan Tupper and Glen-mary Christopher, co-chairs of SaskPain, presented an introduction to the purpose and activities of the meeting, importance of pain management, need for a provincial strategy, and background work completed to date (Appendix C). A description and summary of the goals of each of the four working groups was provided.

Meeting attendees divided into four groups and facilitated round table discussions were conducted focused on the themes of the four interrelated working groups. Participants were asked to provide their perspectives on achievable activities for each of the working groups. Participants were provided copies of the previous stakeholder meeting report, and a driver diagram outlining the results of analyses of the stakeholder meetings and report feedback (Appendix B) to guide the discussion and build on previous work. Time was allotted for participants to rotate through each of the discussion themes.

Participants were then asked to self-select one of the working groups for final discussion and activity priority voting. Participants then refined and collated suggestions provided during the initial group discussion rotations, identified timelines for completion, resources needed, and individuals who could lead each initiative. Participants were provided 3 votes and were asked to place their votes beside up to 3 priority activities that they felt could be achieved within the next 1-2 years. Group facilitators summarized the discussions and described prioritized activities to the large group. The outcome of the discussion is captured in tables below according to each working group theme.

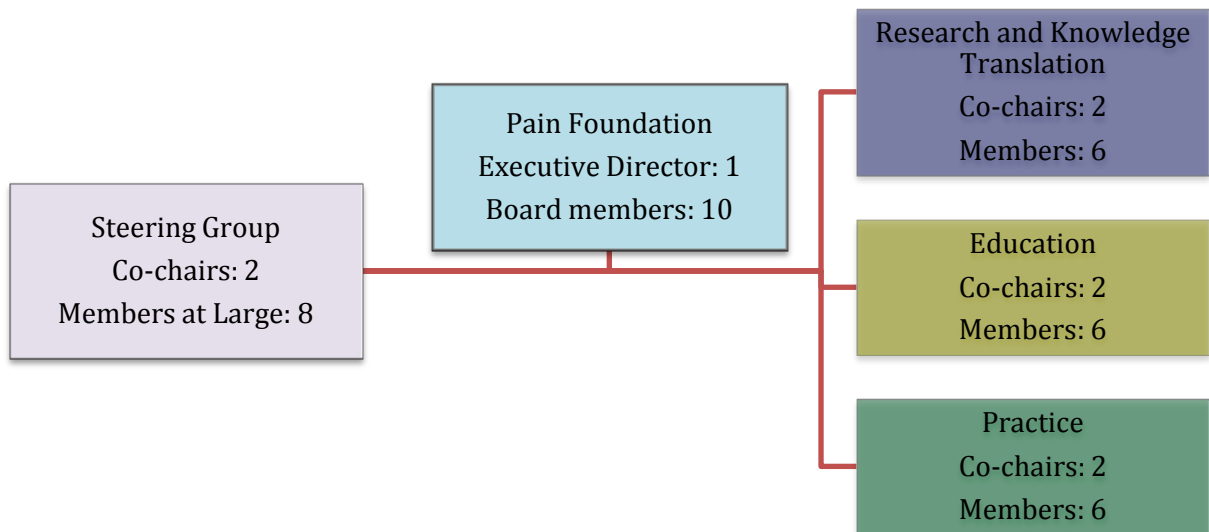
### Meeting Outcomes and Results

#### Steering Group

Discussions confirmed the need for a steering group to lead the initial work of the four SaskPain working groups. The goal of the steering group is to provide support and oversight for development and activities of the working groups. The steering group will facilitate communication and collaboration between groups to avoid duplication of efforts, liaise with external organizations (e.g. health authorities, national and provincial pain advocacy groups, regulatory bodies, Ministry of Health, Ministry of Justice, Ministry of Social Services, and health professional associations) to advocate for financial and other resource support, and communicate about activities of the working groups. Table 1 provides an overview of the steering group structure and functioning. Figure 1 provides a representation of the relationships between the four working groups and steering committee. Once the Pain Foundation is operational, the Steering Group will be absorbed by the Pain Foundation, and the work of the steering group will continue in the capacity of Foundation Board.

**Table 1: Steering Group summary**

PAIN STRATEGY STEERING GROUP	
Co-chairs	Glen-mary Christopher and Dr. Susan Tupper
Members	Co-chairs of the working groups (8); Patient/Family Advisor
Relationship with working groups	Reports from each Working Group to be brought forward to the Steering Group meeting by Working Group Co-chairs. Steering group supports the work of the individual steering groups.



**Figure 1: Saskatchewan Pain Strategy Structure and Future Membership**

**Working Group Strategy Priorities**

The following section highlights the meeting discussion and strategy priorities. Participants were instructed to be realistic when describing and selecting priorities. Ministry of Health representatives indicated that, given the current provincial financial constraints, it would be unlikely that the pain strategy would receive dedicated funding from the Ministry to create new programs. Therefore, participants were asked to prioritize strategies that could be achieved with available or accessible resources.

**Practice Working Group**

The goal of the Practice Working Group is to provide direction on new program development and identify best practice solutions for implementation in current practice settings.

**Table 2: Practice working group summary of members, structure, and prioritized activities**

Practice Working Group	
Co-chairs	To be named
Members Identified at Strategy Meeting	Dr. Cathy Jeffery, Nikki Cooke, Dr. Shane Wunder, Rena Sutherland, Anna Power-Horlick
Priority Short-term Activities	<ol style="list-style-type: none"> <li>1. Collaborate with Research/KT working group to review existing published tools for practicing healthcare providers to guide acute and chronic pain assessment and management (e.g. comprehensive medication assessment, medication reconciliation, pain assessment guidelines, navigator role). Leads: Dr. Shane Wunder, Rena Sutherland, Anna Power-Horlick.</li> <li>2. Establish process to develop templated care plans or clinical pathways for chronic pain management to ensure appropriateness of care. Explore possible eHealth opportunities for chronic pain module for incorporation into electronic health record (Chronic Disease Management Quality Improvement Project). Lead: Dr. Shane Wunder.</li> <li>3. Collaborate with Education working group to explore new delivery models for patient self-management education materials (e.g. online, age and culturally appropriate resources). Lead: Nikki Cooke, Dr. Cathy Jeffery.</li> </ol>



<p>Additional Activities for Future Consideration</p>	<p>New Program Development:</p> <ul style="list-style-type: none"><li>• Communicate with Ministry of Health and regional leadership teams to advocate for specialized pain management interprofessional healthcare teams.</li><li>• Collaborate with Ministry of Health on Appropriateness of Care strategies to incorporate pain assessment and management.</li><li>• Collaborate with Education working group to ensure that clinical preceptorships and mentorship programs provide accurate information about pain to prevent development of negative stereotypes about people living with pain.</li><li>• Survey health care providers to determine pain learning and practice needs.</li><li>• Conduct an environmental scan to identify pain-related policy needs in health regions.</li><li>• Advocate broadly for institutional commitment to improve pain outcomes through patient-centered care, including pain as a key indicator of healthcare quality, and dedicated resources for pain management.</li></ul>
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*Research and Knowledge Translation Working Group*

The goal of the Research and Knowledge Translation working group is to lead research initiatives that promote the work of the provincial pain strategy.

RESEARCH AND KNOWLEDGE TRANSLATION	
Co-chairs	To be named
Members Identified at Strategy Meeting	Dr. Thomas Rotter, Dr. Thomas Hadjistavropoulos, Donelda Gowan, Dr. Susan Tupper, Rena Sutherland, Dr. Krista Baerg
Priority Short-term Activities	<ol style="list-style-type: none"> <li>1. Knowledge synthesis and dissemination<sup>2</sup>:                             <ul style="list-style-type: none"> <li>• Respond to needs identified by Practice working group and synthesize published literature on best practice.                                     <ul style="list-style-type: none"> <li>○ Develop list of pertinent knowledge needs e.g. best practice on needle phobia for Public Health, cultural and age differences in pain perception.</li> <li>○ Collaborate with literature review services such as the Canadian Agency for Drugs and Technologies in Health (CADTH).</li> </ul> </li> </ul> </li> <li>2. Identify data sources that are available for analysis to promote key activities of the provincial pain strategy.                             <ul style="list-style-type: none"> <li>• Identify key outcomes to monitor with a provincial chronic pain pathway.</li> <li>• Establish relationships with data analysis agencies to collaborate on this work e.g. Health Quality Council of Saskatchewan.</li> </ul> </li> <li>3. Knowledge creation:                             <ul style="list-style-type: none"> <li>• Develop new research – e.g. protocol/pathway development; work collaboratively with universities and other research projects; identify funding sources (e.g. industry partners, federal, provincial, and organizational research grant agencies).</li> </ul> </li> <li>4. Collaborate with Education working group to support</li> </ol>

<sup>2</sup> Knowledge synthesis is defined by the Canadian Institutes of Health Research (CIHR) as 'the contextualization and integration of research findings of individual research studies within the larger body of knowledge on the topic. (<http://www.cihr-irsc.gc.ca/e/41382.html>)

	<p>knowledge creation and exchange. E.g. evaluate learning needs and pain knowledge of health sciences students.</p>
<p>Additional Activities for Future Consideration</p>	<ul style="list-style-type: none"> <li>• Engage licensing and regulatory bodies to examine pain learning needs of practicing healthcare providers.</li> <li>• Collaborate with eHealth and the National Chronic Pain Network (Strategy on Patient Oriented Research) to develop a chronic pain patient registry.</li> <li>• Initiate research to examine Saskatchewan specific estimates of cost savings to the system related to pain early diagnosis, referral, and interdisciplinary management.</li> <li>• Identify current Ministry of Health and regional priorities that align with the provincial pain strategy priorities to capitalize on existing initiatives and potential relationships e.g. opioid crisis, ED waits and patient flow, seniors' health, mental health.</li> <li>• Collaborate with Education and Foundation working groups and use evidence to design a public education strategy e.g. client directed; self-management strategies; non-pharmacological strategies</li> <li>• Collaborate with Practice working group and use evidence to advocate for additional formulary medications e.g. Cymbalta, Tramadol.</li> <li>• Collaborate with Practice working group and use evidence to support development of EMR – standardized pain assessment/treatment processes.</li> <li>• Identify new research collaborations e.g. using a chronic pain patient registry or existing chronic disease registries to identify pain management needs.</li> <li>• Collaborate with Education working group to develop Interprofessional Education case study for use in IPE training.</li> <li>• Collaborate with Foundation working group to provide best evidence for knowledge translation to patients including use of Telehealth for broad distribution.</li> </ul>

*Education Working Group*

The goal of the Education working group is to identify pain-related learning needs, and support the development and delivery of appropriate education for practicing healthcare providers, health care provider trainees, patients, and the public.

EDUCATION	
Co-chairs	Dr. Cathy Jeffery, co-chair to be named
Members Identified at Strategy Meeting	Dr. Theo LeRoux, Colleen Bryant, Andrea Schick, Dr. Carmen Johnson, Erika Stebbings
Priority Short-term Activities	<ol style="list-style-type: none"> <li>1. Collaborate with Foundation, Research/KT, and Practice working groups to create content and delivery process for a province-wide pain education campaign to improve capacity to assess and manage pain and to reduce stigma for people living with pain who seek care: <ul style="list-style-type: none"> <li>• For the public, healthcare providers, RCMP, patient advocates, First Nations, government</li> </ul> </li> <li>2. Develop a standard package of educational tools and assessments for patients that can be delivered by primary care providers to clients who present with pain e.g. as a component of a structured pain pathway.</li> <li>3. Develop relationships with Health Science colleges and schools and the Office of the Vice Provost of Health to collaborate on development of content for interprofessional education modules for all Saskatchewan trained undergraduate healthcare students on pain assessment and management (i.e. acute, chronic, and palliative pain) to be delivered through a common curriculum.</li> <li>4. Create content and process for delivery of training modules to educate practicing clinicians in each discipline (e.g. pain resource training program to create pain champions who can be foundations for their disciplines to link and grow their own resources). Develop a list of who has received the training and is available to be a resource for others (e.g. mentorship programs).</li> </ol>
Additional Activities	<ul style="list-style-type: none"> <li>• Collaborate with Foundation working group to</li> </ul>

<p>for Future Consideration</p>	<p>develop a repository of patient and healthcare provider stories with both good and bad outcomes to be used to advocate for program and training resources.</p> <ul style="list-style-type: none"> <li>• Collaborate with Practice working group to develop scripts and brief training videos for successful pain interactions (e.g. see Dr. Andrea Furlan videos – CNCP Guidelines).</li> <li>• Collaborate with Practice and Research/KT working groups to assess and mentor clinical supervisors to improve pain education that is being provided during clinical preceptorships.</li> <li>• Work with Research/KT working group to develop content for healthcare provider education on addiction screening and treatment for patients with pain and addictions.</li> <li>• Collaborate with Foundation, Practice, and Research/KT working groups to identify and collate available pain education and management resources. Identify region specific resources available province wide e.g. pain pathway – identify opportunities to link resources with patients.</li> <li>• Collaborate with Foundation working group to create a forum for patients to bring forward stories and opportunities for educating and support.</li> <li>• Develop relationships with curriculum developers to provide pain education to elementary and high schools students.</li> <li>• Ensure that education encourages early identification and management of psychological co-morbidities and use of psychological strategies to manage pain in order to normalize early engagement with mental health resources.</li> <li>• Develop relationships with others across Canada to influence the Medical Council of Canada and other national healthcare provider organizations to ensure adequate content on pain management.</li> </ul>
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*Foundation Working Group*

The Foundation will strive to link the public and healthcare providers with appropriate information about pain. The goal of the Foundation working group is to introduce a broad and inclusive design for the development, and step-wise implementation of a pain strategy for Saskatchewan. This would include planning a framework for the distribution of patient education, provider education, advocacy, and fund raising to support research and quality improvement activities.

FOUNDATION	
Co-chairs	To be named
Members Identified at Strategy Meeting	Karen Juckes, Susan Koskie, Dr. David McCutcheon, Glen-mary Christopher, Dr. Jacqueline Kraushaar, Ross McCreery
Priority Short-term Activities	<ol style="list-style-type: none"> <li>1. Develop a steering group/board that consists of a client advisor, physician, and healthcare practitioners. Start with development of a “working board business model” that outlines a clear mandate for the Foundation with terms of reference, goals, time lines, and measurable outcomes. Identify a communication strategy, fundraising activities (e.g. gala, private funds, explore start up research funds), strategies to engage key prominent people, and marketing of the Foundation and its activities. (Dr. David McCutcheon, Glen-mary Christopher, Karen Juckes, Dr. Jackie Kraushaar, Ross McCreery).</li> <li>2. Begin the work of creating a job description, recruiting, and hiring a person to fill the Foundation’s Executive Director position. Consult with Pain BC. (Dr. David McCutcheon, Susan Koskie)</li> </ol> <p>Strategies to support the initial work to establish the Foundation:</p> <ul style="list-style-type: none"> <li>• Explore potential public and private sources for revenue and funding (e.g. insurers and industry such as, WCB, SGI, Health Region, employers, PotashCorp, Kinsmen, Pharmas).</li> <li>• Collaborate with Research/KT working group to provide evidence to support a shift in funding for the support of a provincial pain strategy. Identify dollars</li> </ul>

	<p>saved in the system through the development and implementation of a pain strategy.</p> <ul style="list-style-type: none"> <li>• Partner with Universities e.g. Edwards School of business to create a business model for the Foundation</li> <li>• Develop a communication and partnership strategy with the Ministry of Health, Health Regions, and Provincial Leadership Team</li> <li>• Use the current provincial infrastructure to leverage support e.g. Ministry of Health, Provincial Leadership Group, regulatory bodies</li> </ul>
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### Summary

Participants identified a number of actionable strategies that address key needs for education, communication, program development, and leadership to improve the quality and status of pain management in Saskatchewan. Further collaborative work is needed to begin defining and addressing these strategies, as well as seeking out new partnerships to inform aspects of the strategy that were not raised during the meeting. Planning for the pain strategy is not finished, and will continue to evolve as the work begins and new members join and contribute to the work. This report will be used to guide initial steps of the SaskPain working groups. We welcome feedback on the report and invite new members to join in the work. Please email your comments to the co-chairs of the SaskPain steering group:

Glen-mary Christopher: [glen-mary.christopher@shr.sk.ca](mailto:glen-mary.christopher@shr.sk.ca)  
 Susan Tupper: [susan.tupper@saskatoonhealthregion.ca](mailto:susan.tupper@saskatoonhealthregion.ca)

### Appendix A: Contributors List

Meeting attendees are listed in alphabetical order with their primary affiliation.

Dr. Krista Baerg	Pediatrics, Saskatoon Health Region
Julia Bareham	Pharmacist, College of Physicians and Surgeons of Saskatchewan
Terry Blackmore	Ministry of Health, Acute Care Services
Joyce Bruce	Nurse Practitioner, Saskatchewan Polytechnic Nurse Practitioner Program
Colleen Bryant	Client Advisor
Glen-mary Christopher	Nurse Manager, Sunrise Health Region, President SRNA Pain Management Professional Practice Group
Donna Cooke	Nursing Advisor, Saskatchewan Registered Nurses Association
Nikki Cooke	Client Advisor
Karen Earnshaw	Vice President Integrated Services Regina Qu'Appelle Health Region
Donelda Gowan	Research Director, Massage Therapy Association of Saskatchewan
Dr. Thomas Hadjistavropoulos	Professor, Psychology, University of Regina
Dr. Cathy Jeffery	College of Nursing, University of Saskatchewan
Dr. Carmen Johnson	Palliative Care, Regina Qu'Appelle Health Region
Karen Juckes	College of Nursing, University of Saskatchewan
Dr. Jackie Kraushaar	Physical Medicine and Rehabilitation, Regina Qu'Appelle Health Region
Susan Koskie	Registered Nurse, Sunrise Health Region
Dr. Theo LeRoux	Anesthesiology, Regina Qu'Appelle Health Region
Lori Latta	Ministry of Health, Clinical Pathways
Monica Lawrence	Pharmacist, Regina Qu'Appelle Health Region
Laura Matz	Ministry of Health, Public Health Consultant
Ross McCreery	Client Advisor
Dr. David McCutcheon	Vice President, Physician and Integrated Health Services Medicine Line, Regina Qu'Appelle Health Region
Dr. Bruce McMurtry	Psychologist, Saskatoon Health Region
Anna Power-Horlick	College of Nursing, University of Saskatchewan
Dr. Thomas Rotter	Research Chair, Quality and Safety, College of Pharmacy, University of Saskatchewan
Andrea Schick	Board Member, Saskatchewan Physiotherapy Association
Dr. Karen Shaw	CEO and Registrar, College of Physicians and Surgeons of Saskatchewan
Deb Spelay	Occupational Therapist, Regina Qu'Appelle Health Region
Erika Stebbings	Clinical Nurse Educator, Pre-hospital Emergency Medical Services, Saskatoon Health Region
Rena Sutherland	Nurse Practitioner, Kelsey Trail Health Region
Dr. Susan Tupper	Strategy Consultant, Pain Quality Improvement and Research, Saskatoon Health Region
Dr. Shane Wunder	Physical Medicine and Rehabilitation, Regina Qu'Appelle Health Region



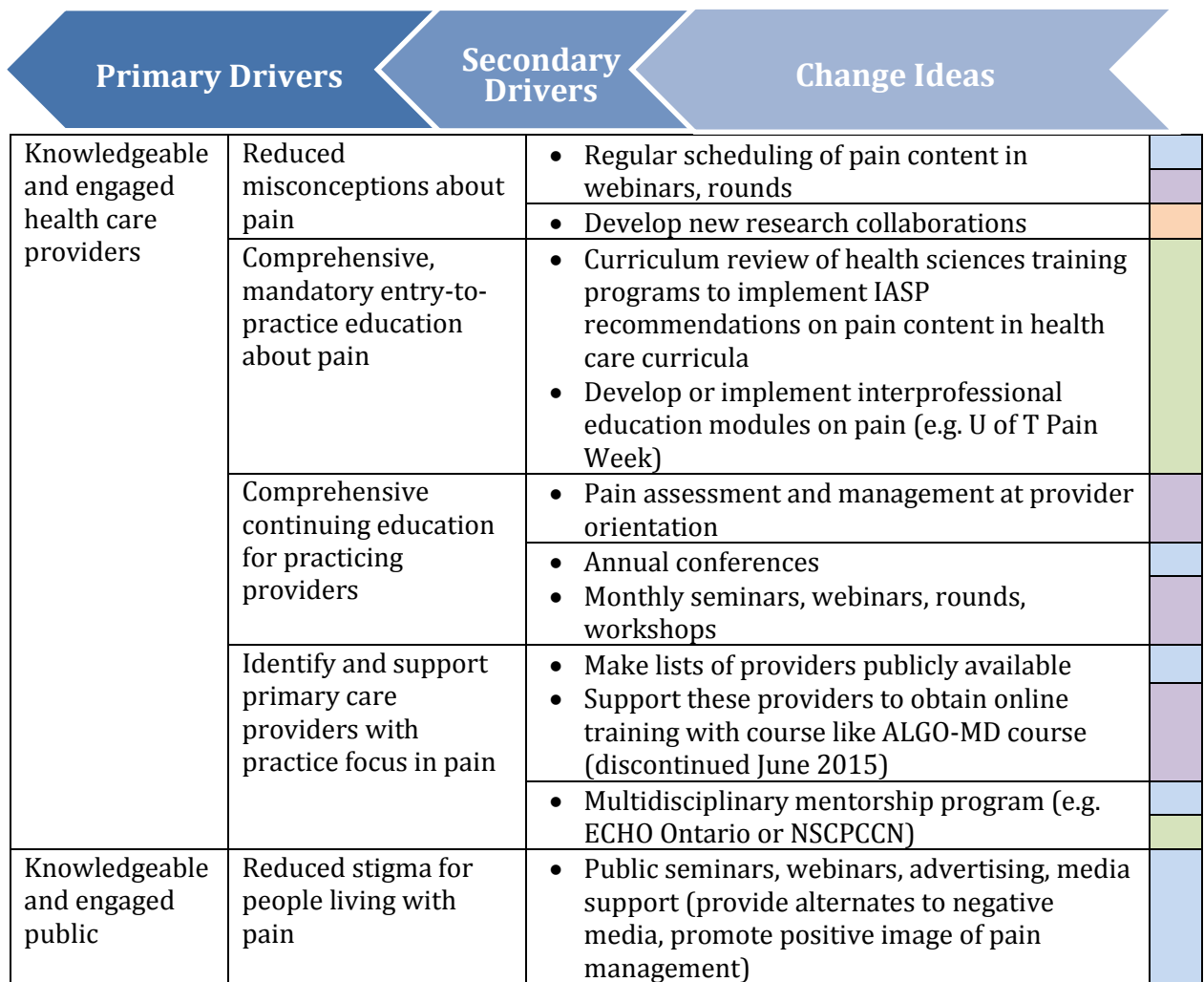
**Appendix B: Saskatchewan Pain Strategy Driver Diagram**

Overview: A driver diagram can be used to plan improvement project activities. It is a way to visually represent all aspects of an improvement project so they can be discussed, and to determine if there are missing components to the plan. Each goal has drivers or “root causes” that must be met for progress toward the goal. Change ideas must be measurable to identify the impact on the main goal.

**Overall Goal: A foundation of knowledge, resources, and advocacy to support accessible, coordinated pain management services in Saskatchewan.**


Change ideas to be supported or further developed by the following working groups:

- Provincial Pain Foundation
- Pain Education Working Group
- Regional Pain Management Departments
- Research/Knowledge Translation Working Group



	Visibility of community based pain management programs and promotion of self-management through primary care counselling for exercise and pain self-management	<ul style="list-style-type: none"> <li>• Supports for primary care providers for exercise and pain self-management counselling</li> <li>• Public education regarding community based and self-management opportunities available</li> <li>• Pain management web-pages for each health region</li> <li>• Promotion of community based self-management programs (e.g. LiveWell with Chronic Pain)</li> </ul>	
Access to specialty services for pain assessment and management	Identification and risk stratification of patients	<ul style="list-style-type: none"> <li>• Chronic pain pathway with assessment guide and care algorithms and stratified approach to care based on risk assessment for mental health &amp; addictions and poor functional outcomes</li> <li>• Outcome monitoring by primary care providers with analysis supported by data management organizations such as HQC</li> </ul>	
	Pain in facilities (hospital, long-term care)	<ul style="list-style-type: none"> <li>• Acute pain service in each region with multidisciplinary services for hospital or LTC based chronic pain consultations</li> </ul>	
	Pain management in the community	<ul style="list-style-type: none"> <li>• Regional or provincial chronic disease management (CDM) programs for chronic pain to support primary care management of chronic pain</li> </ul>	
		<ul style="list-style-type: none"> <li>• Transition program to facilitate monitoring of pain and pain management (e.g. opioids) after hospital discharge</li> </ul>	
		<ul style="list-style-type: none"> <li>• Integration of pain specialists into services for complex care (e.g. pain nurse specialist on Police and Crisis Team, pain training for NP at Lighthouse)</li> </ul>	
	Infrastructure to support best-practice and ensure quality of care	Policies and quality monitoring	<ul style="list-style-type: none"> <li>• Pain assessment and management policies for hospital based services</li> <li>• Under-management of pain in safety alert system</li> <li>• Quality indicators and monitoring (e.g. monthly chart audits on pain documentation and pain scores in hospital)</li> </ul>
<ul style="list-style-type: none"> <li>• Patient and or provider "hotline" for consultation</li> <li>• Centralized triage service</li> </ul>			
Rapid access to information		<ul style="list-style-type: none"> <li>• Regional and provincial web-pages on pain management</li> </ul>	
		<ul style="list-style-type: none"> <li>• Review of provincial drug formulary to ensure that best practice meds are covered</li> </ul>	
Formulary		<ul style="list-style-type: none"> <li>• Pain assessment in electronic medical/health records</li> </ul>	
Monitoring			

**Appendix C: Background information provided to stakeholders at Nov 3, 2016 meeting**




**Provincial Pain Strategy Planning Meeting**  
 Regina, November 3<sup>rd</sup>, 2016  
 Susan Tupper, Glen-mary Christopher  
 Co-chairs of SaskPain Provincial Pain Strategy

1

**AGENDA**

- Background
  - Guiding principles
  - Why a provincial pain strategy is needed
  - Work to date
- Overview of 4 strategy working groups
  - Practice
  - Education
  - Pain Foundation
  - Research and Knowledge Translation
- Introduction to facilitated discussion




2

**DECLARATION OF MONTREAL**  
 IASP, 2010

- It is the right of all people to:
  - Have access to pain management without discrimination.
  - Have acknowledgement of their pain and to be informed about how it can be assessed and managed.
  - Have access to appropriate assessment and treatment of the pain by adequately trained health care professionals.

<http://www.iasp-pain.org/DeclarationofMontreal/iaitem/Number=582>




3


**BACKGROUND**

- 1 in 5 adults lives with chronic pain
- Alberta telephone survey of 5000 adults
  - 47% reported "some problem" with pain
  - 3.4% reported an "extreme problem" with pain

SK: 38,400



Schoffeleers et al. P Res Manag 2011;16(6):445-50.  
 Agborsangaya et al. Qual Life res 2013;22:791-799.




4

**COMPLEXITY**

- Emergency department (ED) and hospital
  - Chronic pain - 2 times more likely to be hospitalized or visit ED
  - Chronic back pain = 12.4% of total ED expenditures
  - Post-op – pain is one of top 3 causes of unplanned ED or hospital visits
  - Chronic pain - increased hospital length of stay
- Increased risks in vulnerable populations
  - 2 x increased risk of falls and frailty in older adults
  - 2-3 x increased risk of suicide attempts
  - 48% with nonmedical prescription opioid use live with chronic pain


Veronice et al. Pain Med 2016; PMID:27497322  
 Armaghan et al. Clin Spine Surg 2016;29(2):E93-8.  
 Campbell et al. Ann NZ J Physio 2013;49(7):303-11  
 Jorgensen DJ. Pain Med. 2007;8(4):354-8.  
 White et al. Adv Emerg Nurs J. 2011;33(4):344-53.  
 Cole et al. Age and Ageing 2016; PMID:27496930  
 Fischer et al. J Pain 2012;13(11):1029-44.



5

**WHY A STRATEGY?**


- Complex health issue
  - Independent disease and comorbidity to other conditions
  - Adds challenges to treatment of other conditions
- Misconceptions that lead to mismanagement
  - Repeated investigations and referrals
- Multiple providers and health services affected
  - Specialized knowledge and skills needed
  - Need inter-sectoral coordination to address complexity
- Potential for improved care and cost savings




6

### BACKGROUND

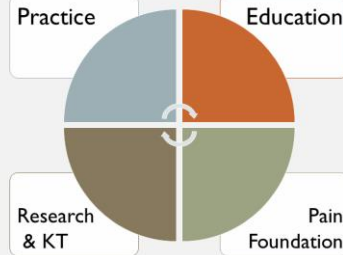

**Pain Strategy Goal:** Knowledge, resources, and advocacy to support accessible, coordinated pain management services in Saskatchewan.




- Drivers of change
  - Knowledgeable and engaged healthcare providers
  - Knowledgeable and engaged public
  - Specialty services for pain assessment and management
  - Infrastructure to support high quality healthcare




### PROVINCIAL STRATEGY

### PRACTICE




- Pain pathway
  - Primary care billing codes for chronic pain (205B, 206B)
  - Require ALGO-MD training (not offered since July 2015)
- Multidisciplinary services
  - Range of services to address complexity of care needs




### EDUCATION

- Healthcare providers
  - Post-graduate education
    - Provider mentored learning program
      - E.g. ECHO Ontario
  - Health sciences curricula
    - Interprofessional education
- Clients/families
  - Knowledge and skills building




### FOUNDATION

- Common goals of national and provincial foundations
  - Increase recognition of chronic pain as an important health condition, i.e. chronic disease
  - Reduce stigma associated with chronic pain
  - Promote best practice through healthcare provider education
  - Empower people with pain and their families through education and skill development to build hope and confidence
  - Facilitate planning, action, evaluation, and innovation leading to service system change
  - Promote pain-related research



### RESEARCH AND KNOWLEDGE TRANSLATION

- CIHR Pain Research Summit
  - Sept. 18-20, 2016
  - Briefing note available
- CIHR Chronic Pain SPOR (PI: Norm Buckley, McMaster)
  - Chronic Pain Network
  - Co-I's: Dr. Krista Baerg, Dr. Thomas Hadjistavropoulos
  - Patient registry
  - Provincial research facilitator



**FACILITATED DISCUSSION**

- **Goals**
  - List of actionable items
    - Identified resource needs
    - Potential resource sources
    - Timeline for completion
  - Leads and others to complete work
  - Communication strategy



**PROCESS**

- T1: 20 min – discussion to identify activities for one working group
- T2: 10 min – rotate to next working group
- T3: 10 min – rotate to next working group
- T4: 10 min – rotate to next working group
- T5: 35 min – go to group that interests you most
  - Discussion and clarification of activities
  - Vote on priorities (3 stickers each)
  - Identify resources needed and possible sources
  - Identify people to lead activities and timelines for completion
- T6: 20 min – report back

