

The word cloud that forms the title page corresponds to a numerical rating scale (NRS) data point. Although this is a single word cloud representing the themes of the qualitative meeting on 2-17.12.04. It is analogous to the complexity contained within the NRSs scores provided by patients. Like one data point on the NRS scale this word cloud represents themes that emerged from the qualitative data recorded at the December 4th meeting. This report contains:

- Aa word cloud developed out of the raw data,
- An introduction and description of the December 4, 2017 meeting,
- A synopsis of the raw data collected,
- And future actions.

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The importance of optimal pain management has never been more apparent, the ethical, moral and economic challenges never more evident and the opportunity for optimal pain management never more possible”

Flo Slomp, MSc, PhD Candidate in Faculty of Dentistry and Medicine and IASP Task Force member for the 2018 Global Year of “Excellence in Pain Education”

Introduction

The work of the Alberta Pain Network must be understood within the context of healthcare in Alberta today. Currently, inadequate pain management in Alberta costs billions of dollars; the estimated costs for pain management account for more than the combined costs of diabetes, cardiovascular disease and cancer (Gaskin & Richard, 2012). Addressing pain management in Alberta is imperative to improving the quality of life for Albertans experiencing pain, building competency and capacity for the health system and reducing the costs associated with pain management. Importantly, by building competency and capacity in the domains of clinical practice, research and education, we will serve Albertans well for future public health care delivery and outcomes across the lifespan. More effective and efficient pain management is urgent as we anticipate a significant increase in health care usage due to three factors: increased longevity, increased chronic illnesses, and the “baby boomers” emergence into retirement. This increase in users of health care who experience pain, will result in a dramatic increase in pain management costs if the issue is not addressed now.

Description of the Meeting

On December 4, 2017 a videoconference with phone access was held at multiple sites across Alberta; the scheduled sites were Medicine Hat, Lethbridge, Banff, Calgary, Edmonton, Sherwood Park, Wetaskiwin and Grand Prairie. Approximately sixty people attended the session that included a series of presentations to level set activity across the province, followed by each local area addressing a SWOT analysis of the current state in Alberta. . The data was captured on flipchart paper and submitted to F. Slomp and K. King who transcribed, sorted and analyzed (at a preliminary level) the data.

This report summarizes the strengths (S), weakness (W), opportunities (O) and threats (T) across four domains: clinical, education, research and policy.

SWOT SYNOPSIS - Alberta Pain Network

Participants were asked to identify the strengths, weakness, opportunities and threats in three areas:

- Education (clinical and patient),
- Clinical, and
- Research and policy.

Themes and supporting comments are outlined below.

SWOT

Helpful	Harmful
<p style="text-align: center;">Strengths</p> <p>There is tremendous strength in a variety of areas; continue to build on the good work already happening.</p> <p>Research</p> <ul style="list-style-type: none"> • SPOR • PCN’s research networks • pediatric pain research • Child KIND at ACH (international reach) <p>Clinical Support Tools</p> <ul style="list-style-type: none"> • CME pain management • CP tool kit (ACPT) • TOP guidelines) • some interdisciplinary pain services <p>Partners</p> <ul style="list-style-type: none"> • PCNs • Private practitioners • Patients are the expert of their experience • SCN • CKCM • Universities • Dedicated clinicians <p>Resources</p> <ul style="list-style-type: none"> • People, clinics, pain material • Pain centers local expertise (leverage it) 	<p style="text-align: center;">Weaknesses</p> <p>There is a lack of coordination between the various groups working in the pain field. As well as, a lack of clinical education and metrics.</p> <p>Assessment</p> <ul style="list-style-type: none"> • Poor pain assessment • No shared decision making tools • Focus on sensory aspect of pain • Lack of screening • Guidelines for providers not patients <p>Variation</p> <ul style="list-style-type: none"> • Inconsistent pain management • Geographic variations <p>Providers – Roles</p> <ul style="list-style-type: none"> • Nurses are not the only ones who could do work in the hospital pain Management/education • All providers are not compassionate and caring • Surgeons do not believe they are part of the problem • Need surgery, social workers and paramedics at the table • No protected time for clinical research, collaboration and partnership, KT <p>Access</p> <ul style="list-style-type: none"> • Poor access/long wait for pain clinics • Wait times and no shows • Transitions in care (there is not continuum of care)
<p style="text-align: center;">Opportunities</p> <p>There are a number of opportunities to build on various pain management activities in Alberta. Excellence should be our guide.</p>	<p style="text-align: center;">Threats</p> <p>Need to identify key partners and clarify their roles as this work moves forward. This work is complex, system</p>

<p>Community of Practice</p> <ul style="list-style-type: none"> • School Education: include pain management, stress, coping, etc. • Leverage various media outlets for public education and awareness (TV, radio, etc.); Australia has recently done this • Teach patients and families what to communicate to providers • Education for providers and patients - one and the same • Form Strategic Pain Networks (including family physicians and other community clinics) <p>Clinical Supports</p> <ul style="list-style-type: none"> • Standardize appropriate screening tools • Create tools that ask the right questions to assess pain • Keep current to new guidelines - reliable source • Not using screening tools that are out there - need to create a community of practice • Explore options for best practice; proven pain management strategies (i.e. group classes?) <p>Measurement</p> <ul style="list-style-type: none"> • Connect Care - New electronic health care; AHS have a contract with epic (Edmonton Zone) with forced filling • Databases of information <p>Collaboration</p> <ul style="list-style-type: none"> • Bring strategies together • Willingness and wish to collaborate • Leverage community pharmacies • Mobilize and spread and scale good work in PCNs 	<p>wide and daunting; it is important to keep the momentum that is building in this area.</p> <p>Research to Bedside</p> <ul style="list-style-type: none"> • RCTs are good science but difficult to translate to good clinical practice • Information fatigue • Evidence based cannabis • Time from research to practice (21 years) <p>Guidelines – Clinical Practice</p> <ul style="list-style-type: none"> • Lack of guidelines for children, aboriginal and elderly, homeless, immigrants • Dr. Google, natural /beliefs about prescribing • complexity of pain <p>Competing Interests</p> <ul style="list-style-type: none"> • Special interest groups • Patient needs to drive the work not special interest groups, vendors, money, government priority, change of government • Adversarial relationships because of opioids crisis • Duplication and working silos <p>Education</p> <ul style="list-style-type: none"> • Misinformation on opioids • Professional colleges agreement to intra-professional pain education • Ensure we learn from past mistakes <p>Funding</p> <ul style="list-style-type: none"> • No dollars for patient education • Unfunded programs that work for pain relief • No dollars for alternative therapies • Disconnect in funding • Auditor general should be documenting the lost dollars
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Short Term Deliverables

The small groups were asked to identify potential short-term deliverables. The following are some of the ideas identified:

Research

- Researcher summarize (or abstract) of work in repository: lay out clinical implications (identify central repository – source of truth & shift resources)
- Repositories for research, patient information etc.,
- Get university students involved in projects
- Alberta based research and dollars

Education

- Intra-professional education (world first)
- Pre-admission patient education (Teach pts & fam what to communicate to providers and use groups sessions for working for patients)
- School Education: include pain management, stress, coping, etc.
- Leverage various media outlets for public education and awareness (TV, radio, etc.); Australia has recently done this
- Use social media and web for My Health Alberta
- Media toolkit

Clinical

- Identify the specifics of how and what are the clinical areas that provide good care.
- Form Strategic Pain Networks (including family physicians and other community clinics)
- Start the journey in the Medical Home
- Explore options for best practice; proven pain management strategies (i.e. group classes?)- Leverage community pharmacies
- PCN to disseminate and implement policy/education
- CAM (Complimentary Alternative Medicine)

Patients

- Patients, patients, patients! We need to know what they want (Focus Group)?
- Patients NEED to demand better services as tax payers

Tools

- Create tools that ask the right questions to assess pain
- Standardize appropriate screening tools
- Keep current to new guidelines - reliable source (accountability)

Strategy and Policy

Accreditation and regulation changes

- Identify the greatest need and fund
- Develop strategy – mission and vision included
- Funding - use the funding for education in schools, flood the markets
- Environmental scan of strengths and unmet needs (Zones including private)

Measurement

- Connect Care - New electronic health care; AHS has a contract with epic (Edmonton Zone) with forced filling
- Technology
- Capturing positive deviance (working with local networks to adapt evidence informed practices to their local needs – i.e. community pharmacies)
- Develop standards to measure quality

Partnerships/Collaboration

- Create a community of practice
- Partnerships with pharmaceutical industry - possible PPP
- Foster the ambitious and dedicated participants who support this initiative
- Task forces for clinical, research and education (determine the goals and the deliverables) *Keep conversation going!*
- Strengthen connections with local pharmacies
- Encourage ALL health care providers to legitimize pain
- Work collaboratively with all stakeholders (Pan-agency) to provide support for providers; tools and resources that they can share with patients.

Events

- PSA Fall in Banff 2018
- Pain Day for clinical change

Next Steps

Organizers and participants agreed there is an urgent need to build on the momentum that has been created by previous work and this meeting. The following are next steps that organizers have agreed to move forward:

1. Conduct a qualitative analysis of the raw data produced at the December 4, 2017.
2. Organize a Strategic Planning Meeting in March/April 2018.
3. Using the SWOT analysis start to build the outline for a provincial strategy for the Strategic Planning Meeting.