

# Alberta Pain Strategy

## Executive Summary

### Overview

Pain, at its root, serves as a protective mechanism to the person experiencing it. Apart from these protective purposes, pain can become a problem and deserves expert intervention and the utmost attention of the healthcare system in order to prevent, minimize, or manage it. Albertans living with pain face a substantial physical, emotional, and financial burden. This, in turn, causes sizable impacts on the health system. Every day, Albertans seek help to deal with their pain, whether it is in emergency departments, inpatient care, primary care offices, specialist visits, rehabilitation services, pharmacies, or with alternative care providers.



**1 in 5** Albertans  
Estimated to  
having chronic  
pain

**\$7.2**  
**billion** each  
year in direct  
healthcare costs  
nationally



Pain is the presenting  
complaint in up to  
78% of emergency  
department visits

One in five Canadians are estimated to suffer from chronic pain (Schopflocher, Taenzer, & Jovey, 2011). This costs the Canadian healthcare system over seven billion dollars each year in direct healthcare costs (Hogan, Taddio, Katz, Shah & Krahn, 2016) and much more in indirect costs as a result of lost productivity, sick days, and job loss.

With several national and provincial bodies paying close attention to this large unmet need, the time is right to make a provincial approach to pain in Alberta a top priority. To that end, a large multi-stakeholder group of passionate individuals, led by Alberta Health Services and the Pain Society of Alberta, have come together to create The Alberta Pain Strategy and outline a coordinated approach to managing pain across the lifespan across the province.



**360+ people**  
engaged across  
Alberta

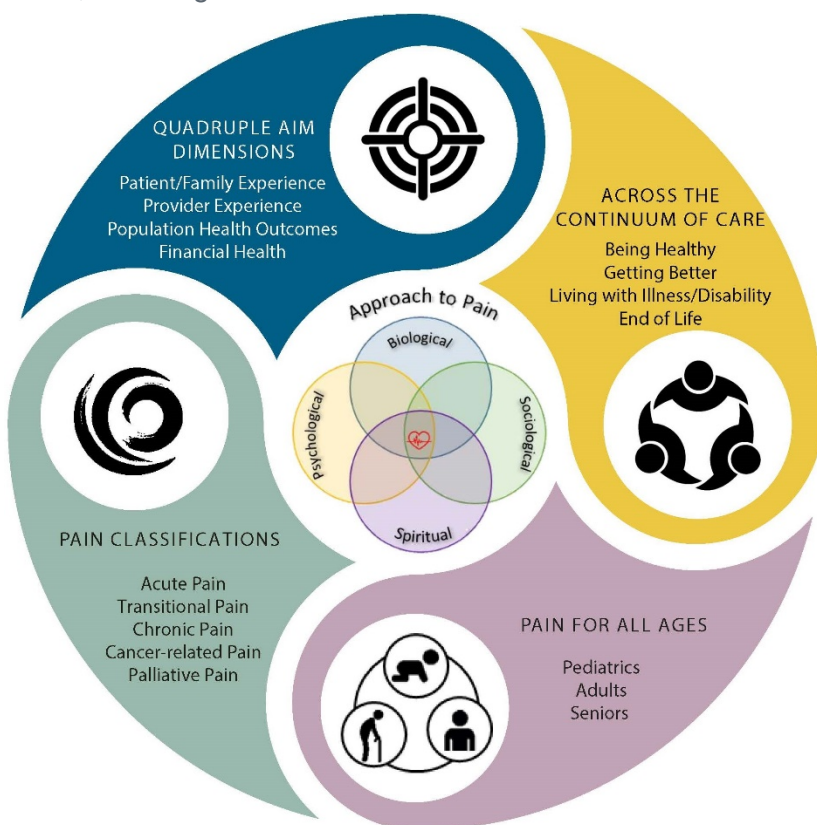
More than 360 individuals from across Alberta contributed to the development of The Alberta Pain Strategy, including, but not limited to: patients and family members, chiropractors, community partners, dentists, government officials, health administrators,

nurses, nurse practitioners, occupational therapists, paramedics, pharmacists, physiotherapists, primary care physicians, private clinicians, professors, psychologists, radiologists, regulatory authorities, researchers, specialty care physicians, and surgeons.

We recognize the importance of a correct diagnosis and the need for evidence-informed treatments while understanding the complexity of pain and the need for an interdisciplinary team approach. Within the Alberta Pain Strategy, we are shifting away from the traditional medical model of pain assessment and treatment, and focusing on the whole person with a biological, psychological, social, and spiritual lens of a person's health.

We are also looking at pain across one's lifespan - from birth through to end of life - paying special attention to pain classifications, including:

- **Acute pain** – pain of recent onset and short duration that is usually due to injury or disease.
- **Chronic pain** – pain that lasts or recurs for longer than 3-6 months.
- **Transitional pain** – pain that transitions from acute to chronic.
- **Cancer-related pain** – a common complication of cancer that may be a result of the disease itself or due to treatment.
- **Pain related to a palliative illness, condition, or disease.**



We look at pain across the continuum of care as defined by the Health Quality Council of Alberta. This encompasses four areas of need, which divides the range of services provided by the health system into four distinct, and related, categories. These categories are:

1. **Being healthy** – achieving health and preventing the occurrence of injuries, illness, chronic conditions, and resulting disabilities.
2. **Getting better** – care related to acute illness or injury.
3. **Living with illness/disability** – care and support related to chronic or recurrent illness or disability.
4. **End of life** – care and support that aims to relieve suffering and improve the quality of living with or dying from advanced illness or bereavement.

The Alberta Pain Strategy is also built upon the principles of the Quadruple Aim. Alberta Health Services has adopted this approach to assess our health system's performance based on four areas:

1. Improve patients' and families' experiences.
2. Improve patient and population health outcomes.
3. Improve the experience and safety of our people.
4. Improve financial health and value for money.

Finally, the Alberta Pain Strategy will consider the relationships and opportunities to advance evidence-informed care across clinical, educational (patient, provider, and public), and research partnerships. We recognize that there is already great work related to pain underway across our province. We believe it is integral to build on these successes, learn from one another, use the existing evidence to guide our approach as well as learn from other jurisdictions nationally and internationally. The Alberta Pain Strategy hopes to identify innovative and promising practices for scale-up provincially where appropriate.

## Principles

We have identified six guiding principles to provide the foundation for the Alberta Pain Strategy and serve as the basis for establishing and successfully implementing our focus areas. These guiding principles are:

1. **Culture of quality** – creating a culture of quality improvement and achieve safe, effective, appropriate, patient-centred, timely, efficient, and equitable pain management across the province.
2. **Patient and family experience** – putting the needs and perspectives of patients and their support systems front and center in our work.
3. **Prevention** – ensuring prevention is an important part of this work. Whether it is preventing the onset of pain when possible, minimizing the incidence of acute pain progressing to chronic pain, minimizing the number of patients who would benefit from appropriate opioid prescribing, or reducing the magnitude of opioid-related disorders.
4. **Health care equity** – promoting equitable access and fairness in the distribution, quality, and delivery of healthcare resources for all communities and all Albertans.
5. **Engagement and collaboration** – engaging and collaborating with a wide variety of stakeholders across the healthcare system.
6. **Evidence-informed practice** – striving to ensure healthcare services are based on current scientific knowledge and best available evidence while taking into account local context and the needs and preferences of patients and families.

## Facilitators of Change

We have identified five facilitators of change to achieve success and enable change across our focus areas. Our facilitators of change are:

1. **Clinical pathways** – designing, using, and evaluating clinical pathways consisting of evidence-informed, patient-centred care to help patients affected by pain achieve optimal health outcomes.
2. **Research** – fostering and supporting pain-related clinical research across the province by building and embedding evidence into our practice, and actively supporting knowledge creation and translation.
3. **Data and Analytics** – using data management to improve the identification, treatment, and ongoing management of pain by informing our decision making and the use of best practice.
4. **Patient, provider, and public education** – creating knowledgeable Albertans through increased patient, family, and provider education, resources, and support.
5. **Leadership** – engaging strong administrative, clinical, and research leaders to lead the way.

## Focus Areas

We have selected three focus areas to help us organize our work. These focus areas are:

- **Acute Pain** – support individuals, their families/caregivers, and providers in the optimal management of acute pain.
- **Chronic Pain** – support people living with chronic pain, their families/caregivers, and providers to optimize management of chronic pain and its effects on function and quality of life.
- **Opioid Use in Pain Management** – respond to the opioid crisis by reducing opioid use dependency, decreasing opioid use frequency, and examining the appropriateness of opioid use in pain management for patients living with acute and chronic pain.

These three distinct areas are interconnected and must be considered in relation to one another. Our working groups will work closely with one another to ensure a cohesiveness across focus areas, eliminate duplication of efforts, and combine areas of expertise across working groups as required. Special considerations for unique populations within each of these areas will also be addressed (e.g. neonates, pediatrics, frail elderly, palliative and end of life care, etc.).

Within these three focus areas, a number of priorities and corresponding actions have been identified by our working groups. Please review the Alberta Pain Strategy for an overview of these priorities and actions.

## Pain Research

Pain research is a final priority that crosses all three of our focus areas. In the short term, we are committed to bringing together pain researchers from across the province, forming the Alberta Pain Research Network, and gaining a better understanding of all the work currently underway from bench to the bedside. As a research community, we will then identify our current gaps in pain-related research across all four pillars of research across Alberta. Together, we will prioritize areas to create and improve knowledge and apply any learnings to the front line to improve clinical practice in five areas of research:

- Opioid use and misuse.
- Pain in chronic diseases.
- Pharmacological and non-pharmacological approaches to pain management.
- Pediatric pain.
- Impact of pain on healthcare systems.

The priorities identified in this five-year strategic plan will help propel Alberta into a leadership position within Canada in the area of pain management. By focusing on the priorities and key actions outlined in this document, we are taking critical next steps to move forward together with multiple stakeholders towards achieving excellence in pain management for all Albertans.

## References

Hogan, M.-E., Taddio, A., Katz, J., Shah, V., & Krahn, M. (2016). Incremental health care costs for chronic pain in Ontario, Canada: a population-based matched cohort study of adolescents and adults using administrative data. *Pain*, 157(8), 1626-1633.

Schopflocher, D., Taenzer, P., & Jovey, R. (2011). The prevalence of chronic pain in Canada. *Pain Research and Management*, 16(6), 445-450.