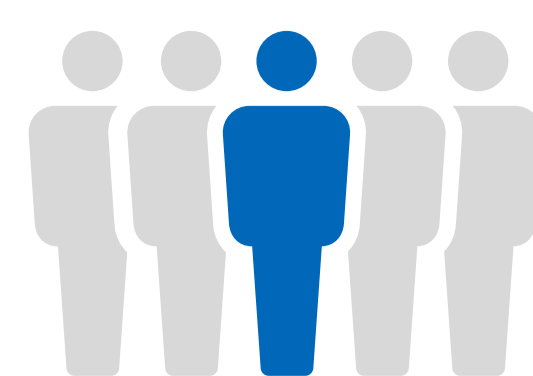


Models of Care for Chronic Pain

An Environmental Scan

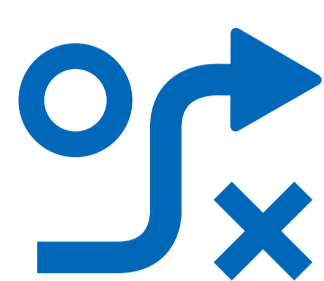
The management of chronic pain typically involves physical, psychological, and pharmacological therapies as part of a multidisciplinary pain management plan.

There's interest in knowing what models of care for chronic pain are being used in Canada and internationally, what patient-related outcomes have been used with these models of care, what key issues and challenges have been faced when implementing the various models, and what lessons have been learned.

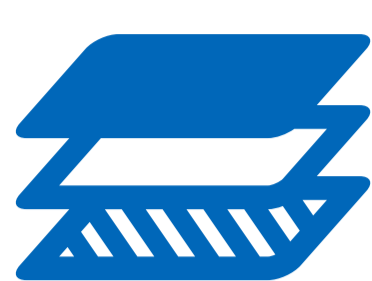


1 in 5 Canadians suffer from chronic pain.

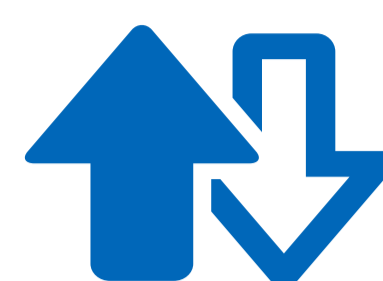
Key Findings



There was considerable variation in the models of care used.



No single model was used in an identical fashion in more than 1 situation.



Various models of care were adapted to meet the needs of specific populations.



Decision-makers should consider the needs of their patients and the specific needs of their jurisdictions when designing, adopting, or adapting a model of care for chronic pain.

Models of care that were selected as a focus of this report include:



Hub-and-spoke: generally consisting of 1 centralized "hub" that offers specialized services or more intensive therapies. It is complemented by secondary clinics, which serve as the "spokes" and provide care that is more limited in scope, such as routine follow-up.



Oncology Care Model: provided by centres of Medicare and Medicaid in the US and is based on alternative payment methods for oncology care. It combines fee-for-service and performance-based payments based on 6-month episodes of cancer care.



Stepped care: interventions are organized into a series of steps based on the increasing intensity of therapy. Patients receive the most effective but least intensive therapy first and are either stepped up or down, as needed.

Methods



Literature search



Stakeholder consultations

Results

38 sources of information

15 stakeholder consultations

Patient-related outcomes associated with the models of care for chronic pain



Measures of pain (e.g., intensity, duration)



Psychosocial outcomes (e.g., anxiety, depression)



Functional outcomes (e.g., disability, employment status)



Health care utilization (e.g., opioid prescription, health care visits)

Factors that could present as either barriers or facilitators to providing care



Funding, support, and collaboration from the government and locally



The presence of a centralized intake and referral system



Ability to leverage existing resources

Select models of care identified in the literature and through consultation

Canadian models of care for chronic pain

1 hub-and-spoke

1 stepped care

International models of care for chronic pain

3 stepped care

Canadian or international models of care for other chronic conditions (not chronic pain)

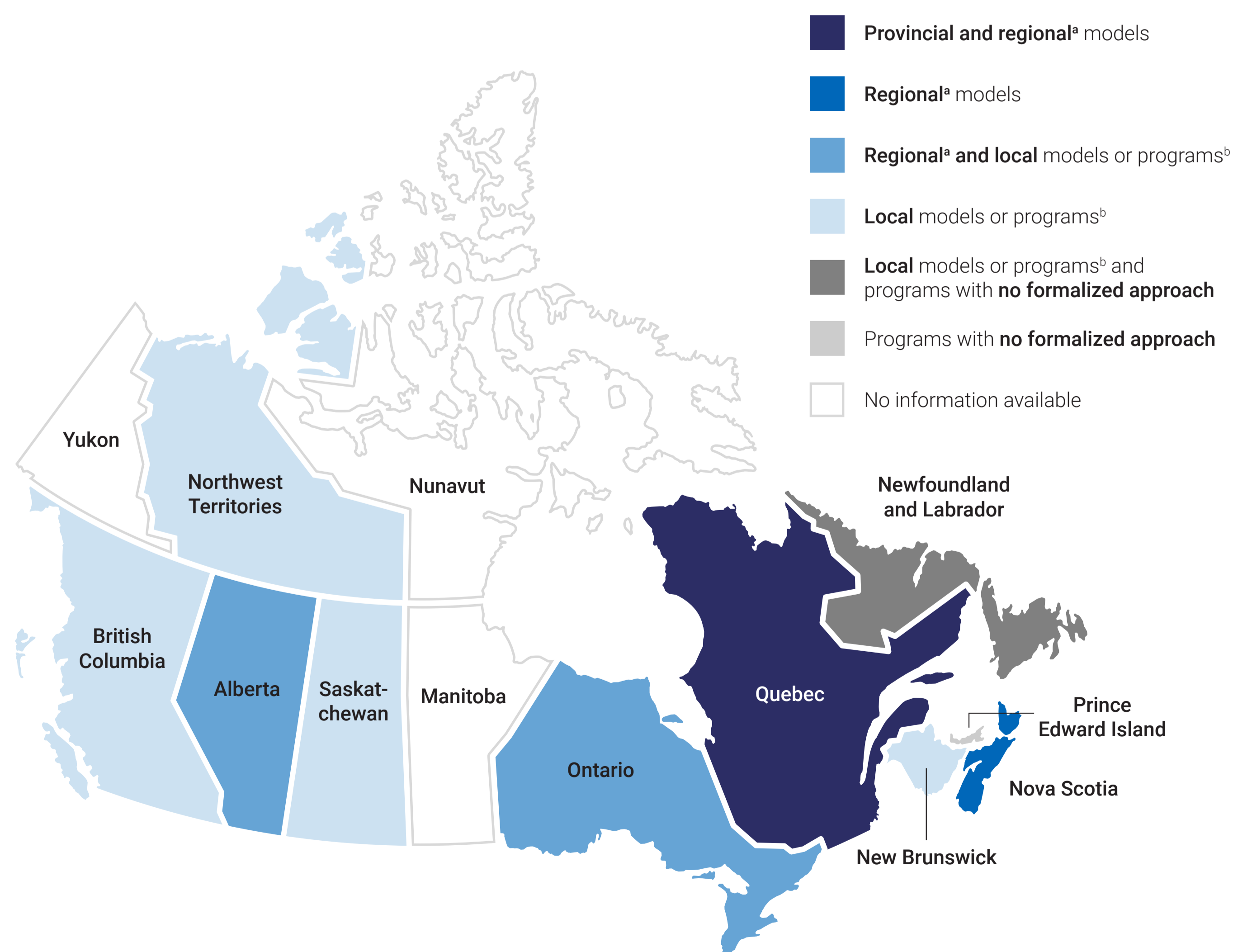
5 hub-and-spoke

9 stepped care

1 Oncology Care Model

What models or programs for chronic pain are used in Canada?

This information is based on findings from a targeted literature review and from limited consultations with stakeholders. It does not represent an exhaustive review of all models of care used for chronic pain in Canada.



^aRegional models: where the model is applied to a health region or health zone

^bLocal models or programs: where the model or program was developed without regional or provincial oversight

ABOUT CADTH

CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs and medical devices in our health care system.

CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

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