

Health and Global Policy Institute (HGPI) Chronic Pain Project
Policy Recommendations “Establishing an integrated care system for pain from the
perspectives of people with lived experience”

Background of the Policy Recommendations

With estimates showing that the global prevalence of chronic pain can be as high as 30%, chronic pain measures have become a global issue. In Japan, one in five adults live with chronic pain. The pain experienced by the working population can lead to huge productivity losses, estimated to be trillions of yen. Among older adults, there are many cases where people are certified as requiring long-term care or support due to chronic pain caused by joint diseases. As such, the impact that chronic pain brings to the social security system and the whole society is prominent.

In recent years, rapid advances have been witnessed in research on the mechanisms of pain and appropriate pain treatment, while pain management support has been improved. Furthermore, there has also been progress in building the delivery systems of multidisciplinary pain treatment and care that are based on the latest evidence and on the biopsychosocial (BPS) model. In Japan, multidisciplinary pain centers (MPCs) have been established as healthcare institutions providing specialized treatment and care for pain. However, there are remaining challenges to further promote timely and appropriate treatments and care for chronic pain which includes ensuring sustainable delivery of such treatments and care; promoting collaborations between MPCs and primary care; establishing systems that ensure people receive highly integrated care in communities; achieving equity in pain management.

In light of these circumstances, in FY2022, Health and Global Policy Institute (HGPI) launched the chronic pain project that aims for better pain management that meets the needs of the most affected parties based on the latest and most advanced science. In March 2022, a series of policy recommendations titled “Achieving Equity in Multidisciplinary Pain Treatment and Support Systems for Pain Management” was compiled based on discussions with people with lived experience, joined by healthcare providers and academia from Japan and overseas. It includes four themes: improving education and raising awareness, care delivery, research, and political leadership. In countries where pain management is addressed as a political challenge, national pain strategies (NPS) that cover these items have been developed, led by prominent political leadership. Such a national political framework for pain to promote pain management should also be developed in Japan. To build such framework, discussions among diverse stakeholders are necessary, as pain affects many patients with a variety of diseases, and its management requires knowledge from a wide range of health professionals. It is pointed out to be particularly difficult in Japan to reach an agreement on healthcare delivery.

Based on the issues identified, a global expert meeting, “Global Trends and Japan’s Pain Policy,” took place in FY2023, which aimed to strengthen collaboration among multi-stakeholders and to share their discussions with the public. As a result of these initiatives, it was indicated that pain management should be provided not merely within a healthcare domain, but rather should be approached by a whole society under the umbrella of primary health care, which is an essential challenge in the global health arena.

Policy recommendations

An integrated care system for pain should be established, where health and social care are integrated to meet specific needs of individuals suffering from diverse pain conditions

Pain is known to be influenced by various factors, ranging from biological factors, such as tissue damage, to psychosocial factors. Thus, multiple pain relief interventions are recommended. It is essential to develop a system in which patients can access extensive community resources, not limited to health resources. Some developed societies have tackled pain management as a political challenge and established effective care delivery systems by utilizing a whole-of-society approach which integrates a diverse range of care that can strengthen primary health care for pain. In Japan, new tides of care integration can be found in the Community-based Integrated Care System, which is currently under development to provide a variety of care in an integrated manner, such as health and social care and related private services. However, the system primarily targets the health needs of older adults. Furthermore, care integration for pain management has yet to be discussed as a political agenda. To fill the gap, it is highly recommended that an integrated care system for pain treatment be developed in tandem with the Community-based Integrated Care System. Below are the five recommended action items to implement an integrated care system for pain.

Five Perspectives to achieve an integrated care system for pain

1. Ensuring access to a wide range of evidence-based care options within the communities

Both pharmacological and non-pharmacological interventions, such as social care, are critical in treating chronic pain comprehensively. One example of social care is employment support, which fortifies access to pain management care within communities. As pain should be tackled from multidimensional angles, multidisciplinary pain management that effectively combines these modalities of interventions should be introduced. At present, only a limited number of interventions are accessible to local communities in Japan. It is necessary to enhance service deliveries of various evidence-based interventions, cognitive behavioral therapy, exercise therapy and physical therapy.

2. Expanding multidisciplinary pain centers to address complex chronic pain

Multidisciplinary pain centers are being developed to provide advanced pain treatment for chronic pain. Treating highly complex pain conditions requires interdisciplinary examinations, diagnoses, and interventions by a team consisting of physicians from different departments and many other health professionals. In multidisciplinary pain centers in some countries, diagnoses and care plans are developed through the discussion of the multidisciplinary team. In Japan, on the other hand, with the exception of palliative care mainly for cancer-related pain, team-based healthcare for pain is yet to be sufficiently subsidized and thus a serious burden on private health institutions. It is therefore necessary to establish incentives for multidisciplinary treatment provision and its further growth.

3. Strengthening care navigation in primary care led by family doctors¹ to promote early and appropriate interventions to multifactorial chronic pain

There is a pressing need to promote early interventions for chronic pain as receiving a diagnosis and appropriate treatment can take a substantial length of time, which could be a year or longer in some cases from the point when they primarily start to experience pain. A navigation system, which provides a comprehensive assessment of pain and connects patients to various care providers, is ideal to be introduced because the causes of pain are complex. In some countries, general practitioners (GPs) with a certain amount of training in pain management serve as gatekeepers and navigate patients' journey to treat pain. In Japan, where the gatekeeping system does not exist, "family doctors" are expected to play a prominent role in pain management, while closely collaborating with other health professionals in the community to foster seamless transfer between primary care and secondary care. Discussions on building a system to foster primary care and the role of family doctors are actively taking place. Although pain management is not included in the discussion, the ongoing debate on primary care and family doctors can also possibly promote early and appropriate interventions for pain. It is strongly advisable for future discussions to cover pain management in primary care.

4. Promoting pain education by establishing pain medicine as one of the medical specialties and by strengthening education for a wide range of health and welfare professionals

Although multidisciplinary pain centers are on their way to completion, a lack of personnel specialized in pain medicine, who should play a core role in these centers, impedes the sustainable service delivery at the centers. In Japan, courses on "pain medicine" have been designed as a part of postgraduate education at a medical school based on distinctive educational systems for pain medicine in China and Australia. In order to disseminate this new medical category, there is an urgent need for further discussions on how pain medicine should be positioned in the existing medical specialties. In addition to establishing pain medicine as one of the medical specialties, providing education on pain mechanisms and treatment to a wide range of health professionals is also crucial. It is essential to promote interprofessional education (IPE) at both the pre-graduate and post-graduate levels and incorporate the education on pain into the pre-graduate curriculum of those who might be involved in the future, such as physicians, nurses, rehabilitation specialists, psychologists, and pharmacists.

5. Strengthening the collaboration of diverse multi-stakeholders to promote pain policies

Pain is not an issue that can only be found in specific diseases, but an important universal issue among patients suffering from a wide range of diseases. In Japan, pain management is particularly advanced in palliative and supportive care for cancer, delivering an effective support system for inpatient palliative care. It is necessary to disseminate the good practices and lessons learnt in cancer care to the cases of other diseases to successfully establish an integrated care system for pain. A platform for multi-stakeholder discussions that gathers experts in cancer, chronic pain, and other relevant fields of pain in one place should be built.

¹ Hereinafter, any physician responsible for community healthcare shall be referred to as a "family doctor."

Acknowledgement

This recommendation is compiled by HGPI from insights provided through the global expert meeting entitled “Global Trends and Japan’s Pain Policy” held in November 2023, and through other past activities of the chronic pain project. We express our deepest gratitude for valuable inputs to all the speakers of the expert meeting as well as other experts who supported us via hearings and other forms.

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