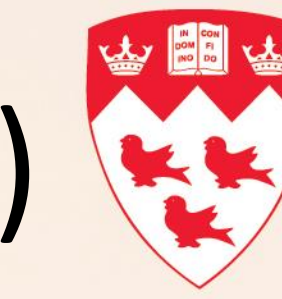


Lost for primary care. The lessons from the TRAST project.

(TRANSitional STRuctured chronic pain program for adolescents and young adults: TRAST project)



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BACKGROUND

Pain established in childhood could continue into adult life. ~17% of young Quebecers aged 18-35 suffer from a chronic non-cancer pain (CNCP) condition, ~12-17% of sufferers report no pain relief. Compared to other chronic conditions, patients with CNCP report worse physical and mental quality of life. Transition of youth to adult care without primary care continuing guidance, extinct connection to children services, and new adulthood responsibilities could lead to missed medical appointments, poor pain management, self-medication practices, and increased risk of psycho-social co-morbidities. Primary care practitioners (PCPs), following patients from the cradle to the grave and supported by specialized pain services, represent a safety net for this population.

OBJECTIVES

1. To evaluate existing McGill University pain services communication practices, patients' and PCPs' roles in pain management, as viewed by the young patients, their caregivers, and referring PCPs.
2. Discuss results with the Reseau-1 partner, formulate / offer formative feedback to the primary and specialised care teams and propose realistic mitigation strategies.

DESIGN and METHODS

Design. Three-phase sequential-consensual qualitative: 1. Consultations with patient-experts. 2. Individual semi-structured interviews with PCPs. 3. Pending: Stakeholder focus groups (care providers, administration, allied professionals, patient-partners). Patient-partners are involved in all project stages.

Participants. Alan Edwards Pain Management Unit (AEPMU) team, 4 primary care academic units and 12 community clinics. 11 PCPs who consulted about CNCP in youth were interviewed.

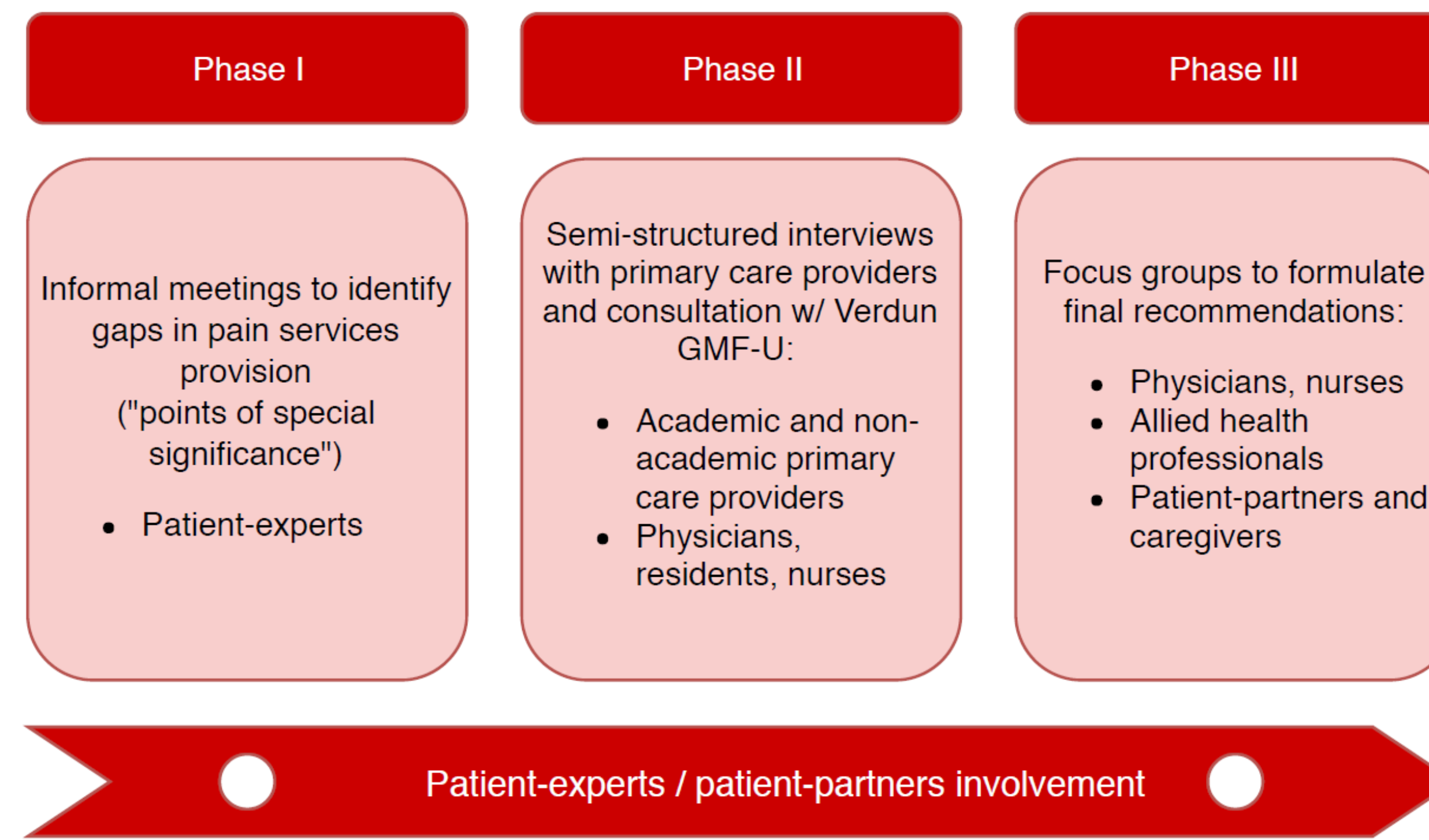
Reseau-1 partners. McGill university and University of Montreal.

Analysis. Thematic deductive-inductive analysis.

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Le Réseau de connaissances en services et soins de santé intégrés de première ligne



"...we don't have enough information as practitioners. There should be a site or something that gives us the adequate [information about available services]." - Lily

« Le temps d'attente est de 6 à 8 mois et c'est absolument trop long pour (moi) [situation détériorée]. » - Kefas

"...they [young patients] tend to seek out specialized treatments, and they help me do my job, because they become aware of things that I wasn't even aware of in Montreal, and they helped with that referral process, so it's actually fun to work with them." - MDZERO

"...you know, it's important that they feel they have some control over what's going on." - Diego

« ...j'aimerais ça que mon patient me revienne et il me dise "écoutez, j'ai vu un médecin en douleur, voici les traitements, voire ce qu'on m'offre". » - Vin

"I think it has to do with how their brain's work, and they're more impulsive, and they're more in their present. So, if it's not in the front of their awareness, they, other things are more important, and that's what they focus on." - Diego

PRELIMINARY RESULTS

1. PCPs referring to McGill Pain Center report they lack training in adolescent/youth, pain and addiction medicine.
2. PCPs are seldom involved in young patient pain management. Few PCPs from McGill and University of Montreal had relevant experience.
3. Pain in youth is highly stigmatized.
4. Young pain patients are viewed as too complex, vulnerable, and not fitting PCP practice profiles.
5. Overwhelming lack of resources, insufficient communication prevent appropriate pain care provision.
6. 50% of interviewed PCPs do not see primary care as responsible for youth transition (to adult) services.

CONCLUSIONS

Preliminary results suggest that
 - There are major gaps in the management of CNCP in adolescents / young adults.
 - Patients, pivot nurses, interdisciplinary primary care-based teams and transition of care tools – all were suggested as possible solutions.

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