The Coalition for Safe and Effective Pain Management (CSEPM)

Reducing the Role of Opioids in Pain Management

November 2017

Preface

This interim report is the result of great collaboration, engagement and motivation amongst the members of the Coalition for Safe and Effective Pain Management. A full report will be released in late winter 2018. For further information, please visit **csepm.ca**.

Michael Heitshu, Chair of the Coalition for Safe and Effective Pain Management, Director of Public Affairs at the Canadian Chiropractic Association

Key Messages

- The Coalition for Safe and Effective Pain Management (the Coalition) came together as an important voice to help inform the development of a better approach to pain management in Canada.
- Tasked with looking "upstream" to understand why opioids are being prescribed, the Coalition has looked at the prevention aspect of the opioid crisis.
- The objective of the Coalition's recommendations is to reduce the prevalence of opioid prescribing by optimizing non-pharmacological pain management alternatives in Canada.
- As the basis for its recommendations, the Coalition supports an interprofessional, evidence-informed, patient-centred approach to pain management that is compassionate to those in pain and does not stigmatize current or future opioid users.
- As elaborated in this interim report, a better approach to pain management in Canada means: non-pharmacological pain management is embedded as essential healthcare, both patients and prescribers are empowered to be making safe choices in managing pain, alternatives are integrated in primary care settings, and there is timely access for everyone in Canada.
- The four strategic directions and six priorities for implementation should be referenced for further details on how we view the transformation of pain management in Canada.
- This interim report will be followed by the publication of the full report in winter 2018. For further information or to provide feedback visit our website: csepm.ca.
- Reference Appendix A for summary of the Coalition's recommendations.

Introduction

There are many factors that have contributed to Canada's current opioid crisis, and efforts in many areas are essential to reduce the scale and harms. One thing we can be certain of is the first exposure to opioids, whether for an acute or chronic condition, creates a risk.

Although Canadian research is limited, much of what is known about prescribing opioids in the United States can be extrapolated to the Canadian context and understood as broadly similar. A recent review suggests that 8-12% of people who are initiated into opioid therapy for chronic pain develop an addiction.[1] The potential for long-term opioid use increases after as few as three to five days of prescription therapy.[2] Many illicit opioid users transitioned from prescription painkillers.[3] One of every 550 patients started on opioid therapy has died of opioid-related causes in a median of 2.6 years after their first prescription was written.[4]

"This is a crisis for Canada and every community is going to have to deal with it," - Dr. David Milne[5]

Since first exposure commonly occurs through legitimate prescription, a necessary part of efforts to reduce the scale of the crisis is to be look “upstream” at the reasons a patient is first started on opioid therapy. Prescription opioids are valuable to treat serious pain from surgery, injuries, and health conditions such as cancer. Opioid prescriptions notably increased in the early 1990s when their use was encouraged for the long-term treatment of pain associated with a wide range of chronic conditions, such as low back pain. Not only has evidence not supported this trend, prescribing opioids for chronic pain conditions has been associated with a significant increase in opioid related deaths, a high risk of dependency and addiction and other side effects of long-term opioid use.[6] It is now better understood that the benefits of opioids decline over time, and often leave the underlying causes of pain unaddressed or more difficult to treat.

It is important that people are not left in pain or without confidence that they will find relief. The absence of affordable alternatives to painkillers in Canada’s healthcare system has contributed to an over-reliance on opioids as a first-line treatment. Although the opioid crisis is complex, part of the solution is to reduce the number of people newly introduced to opioids by rethinking the role of, and access to, non-pharmacological alternatives in pain management.

The Coalition for Safe and Effective Pain Management (the Coalition) is a signatory of Canada’s Joint Statement of Action to Address the Opioid Crisis. The Coalition was formed in February, 2017, to develop consensus recommendations to reduce the prevalence of opioid prescribing in Canada by optimizing an interprofessional, patient-centred, collaborative and compassionate approach to evidence-based, non-pharmacological pain management. This interim report will be followed by the release of a full report in winter 2018.

The Role of the Coalition in Responding to Canada’s Opioid Crisis

The complexity of Canada’s opioid crisis requires collaborative efforts at all levels. The Coalition is focused on the simplest, and yet most challenging part of prevention – to reduce the number of patients being newly prescribed opioids in Canada. The Coalition is looking “upstream” to understand the reasons opioid prescriptions are written in order to reduce the prevalence and scale of prescribing opioids to those not currently using them.

Formed in February 2017, the Coalition’s membership includes the Canadian Association of Occupational Therapists, Canadian Centre on Substance Use and Addiction, Canadian Chiropractic Association, Canadian Nurses Association, Canadian Pain Society, Canadian Patient Safety Institute, Canadian Physiotherapy Association, Canadian Psychological Association, Canadian Orthopaedic Association, Institute for Safe Medication Practices Canada and Patient for Patient Safety Canada. This group brings together health system experts, associations of health professionals and patient organizations who have an important role in patient navigation or in the delivery of physical and psychological alternatives to opioids in

primary care settings. In March 2017, the Coalition was added as a new signatory of the federal government's Joint Statement of Action.

The Coalition's Objective: Reduce the prevalence of opioid prescribing by optimizing non-pharmacological pain management alternatives in Canada.

The Coalition's Scope

The Coalition's recommendations support the implementation of the National Pain Centre's 2017 Recommendations for Use of Opioids in Chronic Non-Cancer Pain, which advocates for alternatives to opioids when considering therapy for patients with chronic non-cancer pain. The role of the Coalition is to develop patient and practitioner strategies, and a better overall approach to pain management, intended to reduce the number of patients introduced to opioids and diminish the possible extent of the opioid crisis in Canada. The Coalition is specifically addressing the issue of prevention.

Because of the complexity and breadth of Canada's opioid crisis, the Coalition's recommendations must be qualified by its primary objective: prevention. There are many important issues that are beyond the scope of this work and should be examined by others, however prevention is the piece of the puzzle directly addressed by the Coalition.

The recommendations are not targeted at current opioid users or prescriptions for cancer or palliative care. There are socio-economic and personal factors which increase the risks associated with opioids that are beyond the scope of the Coalition. A separate process may be required to develop recommendations for vulnerable groups and special populations. The Coalition's scope excludes illicit opioids, non-opioid pharmacology and cannabis. In addition, although there are many alternative forms of therapies available that promote health and well-being, only occupational therapy, physiotherapy, psychology and chiropractic are addressed within these recommendations.

The Coalition knows its efforts will be complemented by initiatives that are looking at these, and other important, aspects of this crisis and the people affected. The focus of the Coalition is to reduce the use of opioids as the first-line treatment for managing non-acute, non-cancer pain and to diminish the possible extent of this crisis.

Transformational Change: Canada's Path Forward

A Better Approach to Pain Management

The Coalition recognizes the complexity of the opioid crisis, and believe it is made worse by Canada's current approach to pain management. There is now a strong consensus that the over-reliance on opioids in primary care pain management has contributed to the crisis, described as "the culmination of two decades of 'pharmaceuticalization'…" of pain management.[7] However, pain is a key reason for seeking healthcare, and leaving pain untreated is not an option.

Canada needs a better approach to pain management that reduces the number of opioid prescriptions being written to treat acute and chronic pain. A better approach includes improving the integration of and access to non-pharmacological alternatives.

There is now more clarity on the emergence of the current crisis. Opioids are funded by all provincial and territorial drug plans and most extended health benefits programs, making them extremely accessible and, given the many demands already placed on Canada's public healthcare system, it can be challenging to dedicate the time and resources needed to prioritize non-pharmacological alternatives. In fact, these demands can explain the evolution of opioids as a first-line treatment for patients with acute and chronic pain in primary care settings, especially for marginalized and vulnerable populations, who experience a higher incidence and prevalence of chronic pain due to social determinants of health.

Many in Canada do not know that non-pharmacological alternatives like psychology, chiropractic, occupational therapy, and physiotherapy exist, and if they do, they often have difficulty accessing them. The pain management therapies offered by these professions are often unfunded by the public healthcare system; in contrast to the more integrated systems of other developed countries. These alternatives are most effective when offered as part of an interprofessional approach to pain management centred on patient needs.

The costs of the opioid crisis are high, both in terms of human cost, as well as direct and indirect financial costs. Painkillers are not expensive when considered in isolation, but costs due to complications and side effects, particularly of dependency and addiction, were estimated in one American study to be in the range of $800USD per new opioid prescription.[8]

A better approach to pain management can address the tremendous costs incurred by a system improperly organized to treat pain, and provide those in Canada with improved integration of and access to non-pharmacological alternatives, thereby reducing the need for opioids.

A Compassionate Approach to Pain and Opioid Use

In discussing opportunities to reduce the number of new opioid users, it is important to acknowledge that there is a role for opioids in pain management. Patients who truly benefit from opioids should be able to get them. Compassionate care is an important aspect in any discussion of pain and addiction. All those seeking care in Canada are deserving of respect, kindness and understanding.

Stigma is an important concern in the treatment of pain because it impacts how patients are treated in clinical settings. Stigma is harmful and marginalizes the individual or group who bear the burden of negative labels. All levels of discussion related to opioids require the protection of patients from stigmatization and ensure competent healthcare is delivered. This is especially true in the treatment of substance abuse and addiction. Following a harm reduction approach, respecting the rights of drug users, and providing an environment of non-oppressive care can reduce the risk of harm associated with addiction. While treating people with kindness and compassion will not save them from harm, it could help many who struggle.[9]

"People with opioid addiction not only suffer the stigma of the disease, but also the stigma of its treatment." – Dr. Samuel Ball[10]

The Pain Is Real

Pain, and in particular chronic pain, is one of the most common reasons to seek healthcare in Canada. One in five Canadians are affected by chronic pain.[11] Chronic pain is associated with the poorest quality of life compared to other chronic diseases.

Canada has the second-highest rate of opioid prescribing in the world,[12] even though there are no differences in pain care needs or outcomes compared to European nations. While Canada may over-rely on opioids, there are important reasons to prescribe opioids when dealing with pain. Opioids have been shown to be beneficial for relief of sudden, short duration pain from injuries such as burns, wounds and broken bones, and to ease suffering for people with cancer or those receiving palliative care. However, despite growing awareness of over-reliance on opioids, the trends of opioid usage are still increasing. Deaths associated with overdose continue to climb and more than 19 million opioid prescriptions were filled in Canada in 2016 – a new record.[13] As opioid prescribing has increased, so too have the number of people receiving addiction treatment.

Pain – persistent or chronic pain in particular – is a complex problem. Pain is a distressing experience associated with actual or perceived tissue damage with sensory, emotional, cognitive and social components.[14] The demand for opioids is based the misconceptions that all pain, including chronic pain, can be treated with a pill. While acute pain can be more easily understood, chronic pain may have no external causes or any precipitating events. Both patients and practitioners are eager to pursue information provided through medical imaging

and diagnostic tests, yet studies have shown that these tests are often uninformative when pain is the only symptom.

To complicate things further, patients can have pain with damage, no pain with considerable damage and high levels of pain with minimal damage. These results demonstrate that pain has multifactorial influences other than just body tissue. Emotions, sensations, cognitions and social aspects are involved with the experience of persisting pain – meaning that all areas of your life can impact pain perception. This is known as the *bio-psychosocial* model of pain that takes into account how the interaction of the biological, psychological and social factors in a person's life impact pain. The Coalition is focused on an improved approach to helping people in Canada manage pain through the integration and provision of alternatives to opioid prescriptions.

Opioid Harms, Risks and Limits on Effectiveness

There is increasing understanding of the many opioid-related harms and risks, including addiction, potentially fatal respiratory depression, depression, chronic constipation, osteoporosis, an overall increased risk of death and, paradoxically, more pain.[15,16,17,18,19,20,21] Some studies suggest that as many as 26% of patients using opioids will become addicted after first exposure through prescription.[22]

Less publicized risks of opioids exist beyond death and addiction. The effectiveness of opioids is limited in terms of improvements in pain and function when compared to other treatment options.[23] Opioids treat pain as a symptom and do not address the cause or underlying condition and have demonstrated poor health outcomes in restoring function, returning to work, and increasing quality of life.[24] The effectiveness of these painkillers for treating chronic pain beyond 12 weeks has not be reliably established.[25] For example, a recent study found that those receiving an opioid prescription shortly after developing acute low back pain were less likely to return to work compared to those who did not receive an opioid.[26] In addition, there is a strong correlation between increasing duration of opioid use for patients with back pain and increasing prevalence of mental health conditions.[27]

Some individuals are at greater risk for opioid misuse such as those with a past history of substance misuse, psychological distress, smoking, and obesity. For patients with these risk factors, reducing initial exposure offers clear safety benefits.

Overprescribing can also result in leftover prescriptions, which can be a major source of improper use.[28] Leftover pills create a supply that can be diverted for illicit sale and use. With growing pressure on physicians to reduce prescribing to patients who have become dependent, some patients begin looking for new sources, often turning to illicit and unsafe sources.

The limited improvements in pain that opioids provide in the short-term come at a cost.[29] In contrast, alternative pain management approaches offer similar benefits and without the significant risks. Most will experience some form of pain in their lifetime. Opioids need to be more cautiously prescribed while pain is managed more comprehensively and the underlying

causes of pain addressed. Reducing first exposure is clearly safest, given the many potential risks and harms associated with opioids.

Why Opioids are being Prescribed

Given the devastating impacts of the opioid crisis, including for those who are first exposed to opioids as a result of a legitimate prescription, it is surprising that there is only limited evidence and published data available concerning opioid prescribing practices in Canada. This is an area where more research is needed. The rapid increase in opioid prescribing is associated with greater use for conditions other than surgery, injury, and cancer related pain, and that this exposure can be at the acute, sub-acute or chronic stages.

There are indications that relying on opioids to treat conditions that can become chronic is an area of higher risk. A Canadian study of patients who had been using opioids for more than six months for chronic non-cancer pain found the leading clinical conditions being treated were chronic low back pain, chronic neck pain, fibromyalgia, and chronic headaches.[30]

The United States, who have had the largest surge in opioid prescribing, has determined that the bulk of opioid prescribing has been used to treat chronic non-cancer pain.[31,32] A study found low back pain was the most common diagnosis for which opioids were prescribed; other chronic pain diagnoses in which opioids were prescribed include osteoarthritis, migraine headaches, degenerative joint disease, and fibromyalgia.[33]

While Canadian data is limited, acute or chronic pain accounts for almost two-thirds of Emergency Department visits in the United States.[34,35] Opioid prescribing for pain-related visits in Emergency Departments has increased over the years while prescribing of non-opioid analgesics remain unchanged.[36]

"Until there is a realistic strategy to revolutionize the treatment of chronic non-cancer pain, physicians will continue to use the only convenient tool they have at hand: their prescription pad." - Drs. Andrea Furlan and Owen Williamson[37]

There is a critical need for more research into the reasons for opioid prescribing and safer alternatives that can reduce its prevalence and prevent future problems. Often, physicians see no other options for people without insurance benefits, who have low incomes or who are on disability. Opioids are covered, but complementary therapies are not. In addition, the belief that relying on a pill will eliminate pain without any repercussions must be reconsidered. Education of both the public and prescribers will help transform this pre-existing attitude and help re-establish evidence-based strategies for managing pain.

Evidence-Informed, Non-Pharmacological Alternatives

The Coalition members believe it is vital to have better evidence of the safety and positive health outcomes of non-pharmacological alternatives to opioids for pain management. This aligns with Canada's new opioid prescribing guideline which recommends optimizing evidence-based alternatives prior to considering opioids.

The Coalition members include the primary providers of evidence-based, non-pharmacological pain management who address the major reasons for opioid prescribing in primary care environments, and already play a major role in multidisciplinary pain management. These professions are: psychology, physiotherapy, chiropractic and occupational therapy. As part of the Coalition process, a number of the Coalition members have developed "evidence overviews" to provide a better understanding of current best evidence within their respective clinical approaches. The Coalition has also collaborated with the Canadian Agency for Drugs and Technologies in Health (CADTH), a Canadian not-for-profit organization focused on evaluating health evidence, in the assessment of evidence associated with non-pharmacological approaches to pain. The Coalition has not evaluated the evidence of non-pharmacological alternatives beyond those offered by its members.

The goal in pain management is to afford the patient more benefit than harm, and provide effective and safe treatment options to patients. To help in decision-making, more research is needed to compare the safety and outcomes of opioids (and other pharmacological approaches) to non-pharmacological treatment alternatives in both the short-and long-term. This research should consider safety, side effects and other risks, as well as function and quality of life, along with pain measurement benefits.

Section 2: Strategic Directions and Priorities for Implementation

Strategic Direction 1: Embed non-pharmacological pain management as part of essential healthcare in Canada.

Pain is a leading cause for patients seeking healthcare, but the over-reliance on opioids in managing pain is causing harms and comes at a cost.[38] Opioids are an important clinical tool, and compassion for those in pain is vital. However, it is clear that Canada needs a better approach to pain management that that optimizes alternatives.

To reduce the pressure to prescribe opioids, the Coalition believes the prevention and management of pain must be approached as an essential part of healthcare in Canada, with a comprehensive strategy for integration and access for everyone to evidence-based, interprofessional, non-pharmacological pain management. This is particularly important because drugs are one of the few pain management tools funded within Canada's public healthcare

system, a notable difference compared to other developed nations which offer more comprehensive public coverage. Therefore, embedding non-pharmacological alternatives means prescribers can just as easily offer alternatives as they can turn to a prescribing pad, alleviating the pressure to prescribe.

Changes that optimize alternatives directly support the implementation of Canada's new opioid prescribing guideline. Transforming Canada's approach to pain management can be informed by successful efforts to improve the integration and access to mental healthcare.

Pain and opioid addiction treatments are costly and contribute greatly to the financial burden on the healthcare system. A better approach to pain management can be funded by the many opportunities for savings, such as decreasing long-term financial costs to the system by examining other treatment options.

A challenge to solving this problem is the significant limitations in Canadian research on non-pharmacological pain management, including comparisons to opioids for safety and effectiveness. This complicates evidence-informed decision-making and is an important gap that should be addressed. More research is needed to fully understand the correlation between first exposure and long-term use.

Strategic Direction 2: Empower patients and prescribers to make safe choices in pain management.

An important prevention effort in responding to the opioid crisis is education and empowering patients and prescribers to improve decision-making in pain management, including the optimization of non-pharmacological alternatives. Improved education and awareness would promote more collaborative and better shared decision-making between patient and clinician.

A public health approach, which aims to maximize benefits for the greatest number of people, would increase awareness of the risks of opioids, and of the alternative treatment options available. This would enable comprehensive dialogue between providers and patients to consider the risks and benefits of both opioid and non-pharmacological treatment options to manage pain and provide an important opportunity to improve patient safety and reduce potential adverse effects. This aligns with a patient-centred approach to ensure patient preferences and values guide clinical decisions.

Systematic training in pain management is needed to overcome the impacts of treating pain as the "fifth vital sign" and increase clinician competency to integrate alternatives. Over-reliance on opioids may cause pain to be temporarily masked without fully addressing an underlying condition. More emphasis should be placed on function, instead of limiting pain to just a number on a scale.

"Your child is in pain and you want them to feel better. You don't know there are dangers." - Emily Walden[39]

Nurses, pharmacists and other front-line care providers can play an essential role in supporting patients in navigating pain management options. This also requires continuing and updated competency so that front-line providers can support the use of available alternatives. The provision of supports, such as practice resources and referral tools to provide continued competence, ensures that clinicians have the most up-to-date knowledge and skills to optimize safety and integrate effective non-pharmacological alternatives into their practice.

Strategic Direction 3: Integrate non-pharmacological pain management in primary care settings.

Reducing the number of new opioid users can occur only when there is less pressure on healthcare providers to prescribe them. This pressure can be relieved by the ability to provide non-pharmacological alternatives to their patients in pain.

Since pain is a leading reason for seeking care, the Coalition believes that every primary care setting where opioids are prescribed should develop or have access to a “pain pathway”. These are protocols that formalize how common pain conditions will be managed without an opioid prescription. By establishing criteria and defining appropriate interventions, alternatives to opioids can be optimized and more timely care provided.

In smaller settings, this pathway may be informal and based on a referral network. Larger primary care settings may expand their interprofessional pain management team or collaborate on the development of multidisciplinary triage and treatment clinics. Hospital Emergency Departments could reduce the prevalence of first exposure to opioids by establishing triage or treatment teams that optimize alternatives. In all cases, the goal is to reduce the pressure to prescribe by building confidence among both patients and prescribers that alternatives are available and creating standard operating procedures for treating those in pain.

Strategic Direction 4: Ensure everyone in Canada has timely access to non-pharmacological pain management.

Better integration of non-pharmacological pain management relies upon access, yet most non-pharmacological alternatives are outside the publically-funded system. Access to appropriate care includes being timely, affordable and within a geographical location where commuting is reasonable.

Because most non-pharmacological pain management is unfunded by the public system, marginalized and vulnerable populations must be the priority for access to publicly-funded, interprofessional, non-pharmacological care. Over one-third of publicly-funded pain clinics in Canada have wait times greater than one year, and there are people in vast areas of the country who have no access to appropriate care.[40] Triage methods are needed to ensure these individuals are not without treatment options.

Seventy-five percent of people living in Canada have access to non-pharmacological pain management through extended healthcare plans. Extended healthcare providers and plan sponsors have a responsibility to ensure pain management coverage is adequate. As with mental health, primary care providers should determine availability of alternative pain management care as part of the pain pathway model in order to optimize coverage for their patients.

Priorities for Implementation:

Significant opportunities exist to improve how Canada's healthcare system provides pain management. The strategic directions outlined above are system level changes that would result in the transformation of Canada's approach to pain management and, ultimately, harm reduction from opioids. In contrast, the Priorities for Implementation outline actionable changes that would support one or more of the strategic directions. The Coalition has identified six priorities for implementation.

Priority 1: Provinces and territories each develop a prevention strategy to optimize alternatives prior to initial opioid prescription

The Coalition believes provinces and territories should establish a prevention-oriented strategy to demonstrate to the public, health professions and other stakeholders how they intend to reduce the number of people introduced to opioids through legitimate prescription. Following the 2017 Canadian Guidelines for Opioids for Chronic Non-Cancer Pain, this comprehensive strategy should be developed through an inclusive public process, and include how non-pharmacological alternatives to opioids will be integrated and accessed.

Priority 2: Public health campaign to empower those in pain to understand opioid risks and optimize non-pharmacological alternatives

The opioid crisis is a public health emergency that has mobilized a tremendous response by public health authorities. Prevention efforts should be expanded to ensure comprehensive public and prescriber education about the risks of opioids through an awareness campaign. Adequate knowledge is a key component of empowering patients to make safe choices in pain management and aligns with prevention strategies. This means providing information about alternatives, as well as understanding the risks of opioids. It is important that these efforts be compassionate to current opioid users and not stigmatize the legitimate use of opioids.

Priority 3: All prescribing professionals support uptake of educational modules and protocols to optimize non-pharmacological alternatives in pain management

Organizations with a responsibility or interest in improved prescribing practices should extend efforts to include promotion of stronger competencies to properly integrate alternatives into practice, and to develop or support the dissemination of resources and tools to help prescribers to optimize pain management alternatives to opioids.

Priority 4: Encourage the establishment of pain pathways that optimize non-pharmacological pain management at points of care where opioids are commonly prescribed

The federal government should fund the development of pain pathways in small, medium and large primary care settings. The hospital sector should include the development of pain pathways as part of the implementation of Canada's new opioid prescribing guideline, with a focus on Emergency Departments and opioid usage for conditions where opioid therapy is not supported by evidence.

Priority 5: Prioritize marginalized, vulnerable and at risk populations to support timely access to interprofessional, non-pharmacological pain management

The prevention-oriented strategies of provinces and territories should prioritize access of vulnerable and marginalized populations for non-pharmacological pain management. An initial focus could include providing support for existing clinics serving these populations to expand interprofessional pain management as an opioid reduction strategy.

Priority 6: Workplace benefits include clinically effective coverage for interprofessional non-pharmacological pain management

Most people in Canada who access non-pharmacological pain management do so through extended healthcare coverage. A study found that those with extended healthcare coverage were less likely to consume opioids for chronic low back pain than those who did not have coverage.[41] In an effort to reduce opioid usage, extended healthcare providers should develop a common understanding of an adequate level of coverage for clinically effective non-pharmacological pain management, in order to reduce the risk that plan members will resort to an opioid.

Section 3: Next Steps

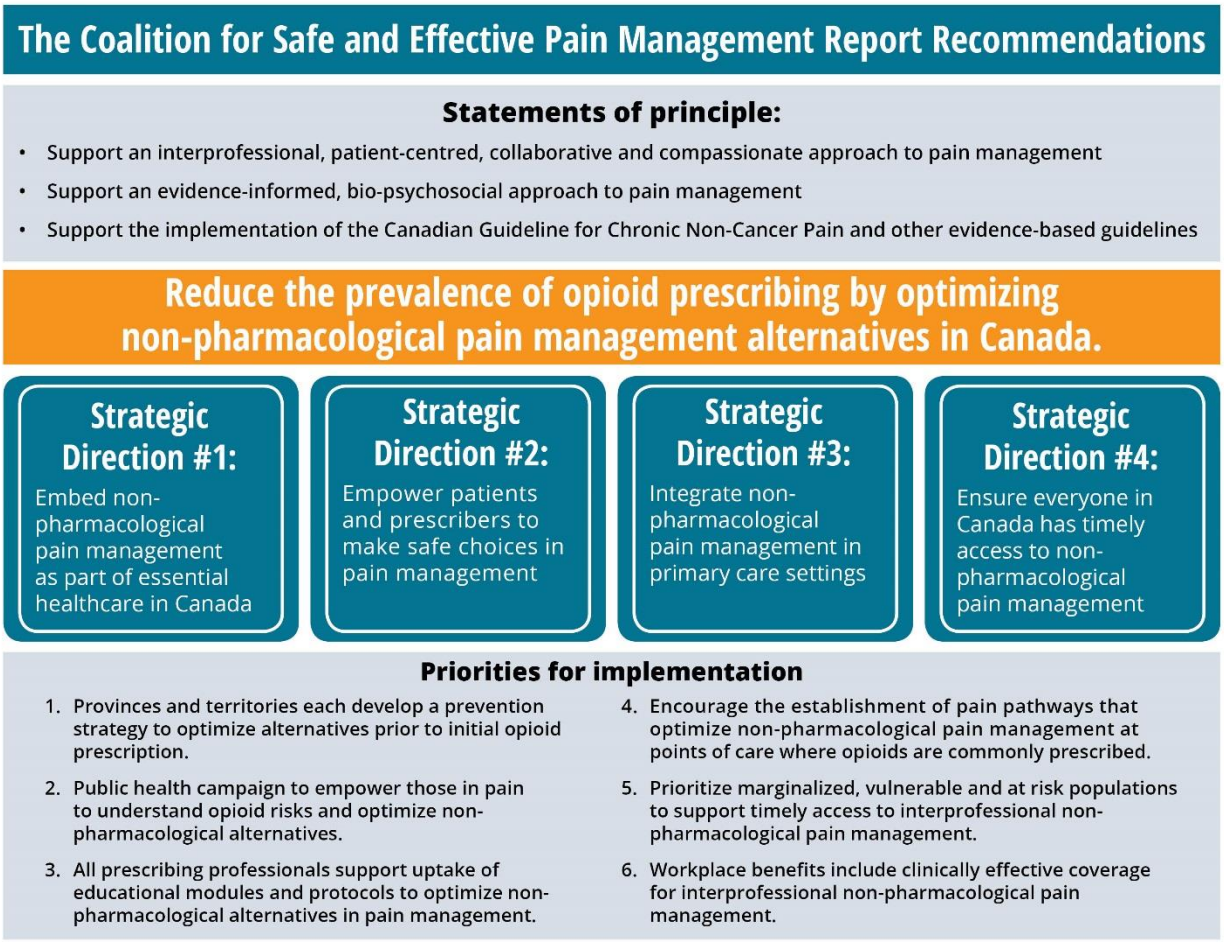
The Coalition's full report is being developed for release in late winter 2018.

We welcome your feedback on these strategic directions and priorities for action for transforming how pain management is delivered in Canada:

https://www.surveymonkey.com/r/feedbackCSEPM

Canada needs a better approach to pain management that reduces the number of Canadians being exposed to prescription opioids. We need to be looking "upstream" at the reasons opioids are prescribed, and make needed changes to our healthcare system to reduce the prevalence of prescribing in Canada by optimizing an interprofessional, patient-centred, collaborative and compassionate approach to evidence-based non-pharmacological pain management.

Appendix A: Interim Report Recommendations



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