

## **POSTER ABSTRACT**

## Chronic Pain Management in The Basque Health Service: Starting from The Strategy

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**Introduction:** Pain is defined by the International Association for the Study of Pain (IASP) as an "unpleasant, unpleasant, and unpleasant sensory and emotional experience of pain. (IASP) as an "unpleasant sensory and emotional experience, associated with or similar to that associated with actual or potential tissue damage". In Spain, it is estimated that 1 in 6 Spaniards (17%) suffers from chronic pain and that this disease represents the second cause of consultation in primary care (PC) and more than 50% of these interventions are related to it. Of the 10 most prevalent pathologies, half of them are related to pain, with a notably higher impact on women.

## Aims And Objectives:

- To know the approach to pain, with special emphasis on chronic pain, in the Basque public health system.
- To carry out an analysis of the results obtained in the survey and in the interviews with key clinical and management professionals.
- Design and implement a pain strategy in Osakidetza.

**Material And Method:** Design of an online survey with the different key areas of a strategy for pain management in a healthcare organization. 31 questions in 8 blocks.

- 1.Pain management strategy or plan
- 2.Resources allocated by the organization
- 3.Assessment tools
- 4.Pain management
- 5. Training activities for professionals
- 6.Information/sensitization and empowerment of the patients and families
- 7. Coordination and continuity of care
- 8. Evaluation indicators

## Results:

All organizations have strategies or plans.

67% of the Integrated care Organisation (ICO) have a Pain commission

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100% of the ICO has a Pain Unit.

25% have specific resources for primary care.

100% has medical protocols for referrals and 75% in infirmary.

100% of ICO use the analog visual scale (AVS), among others.

83% of the ICOs have drug management reconciliation activities and safety criteria in drug management, and 75% refer to non-pharmacological approach methodologies, mainly related to the neurosciences.

58% of the OSIs consider that there are activities such as specific courses on pain and in 75% of them encourage an interdisciplinary approach with specific pain care plans such as musculoskeletal pain.

67% believe that it promotes empowerment interventions, such as community interventions, patient empowerment, group approaches, and health education for both patients and caregivers.

regarding continuity of care 75% have face-to-face activities and 100% have non-face-to-face activities.

Realted to evaluation 60% uses AVS instrument and there is a high use of opioids

**Conclussion:** Although there are a multitude of interventions and many agents involved in pain management, the truth is that there is great heterogeneity in the availability of the same resources in the different ICO. Pprimary care still has a residual role in the management of these patients as well as non-pharmacological treatments. the lack of psychological care for these patients is striking. Also noteworthy is the almost non-existent difference in care according to the patient's gender.

**Implications For Applicability And Limitations:** A strategic plan is therefore necessary for the corporation