



**Changing pain.
Changing minds.**

Provincial Pain Summit 2017

PRIMARY CARE:

Increase the capacity of primary health care providers to deliver evidence-based pain assessment and management, including non-pharmacological approaches

Chronic Pain is:

- An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.
- It may start with an acute pain experience (injury, illness, or surgery) or result from another condition (e.g., arthritis, diabetes, heart disease, HIV).
- Typically involves pain that lasts longer than 3 months.

Background:

Primary care providers are front line in the assessment of chronic pain in our communities. However, they are often working in isolation, are not adequately supported by our health care system, and lack the knowledge and skills to appropriately diagnose and manage chronic pain.

These challenges mean that primary care providers must refer their patients to one of only a handful of specialized chronic pain programs. The lack of specialized services means patients receive little or no assessment and/or treatment for months or years. Further, in remote parts of our province, primary care providers have limited, if any, access to specialists and support programs to which they can refer their patients and seek consultation to better inform their own practices.

Key Challenges in BC:

1. Currently, there are few mentorship programs designed for General Practitioners to help them increase their capacity to assess and manage chronic pain. *What would mentorship programs look like? What existing structures could we build on? Which disciplines should be involved in developing those programs?*
2. Practitioner isolation is an issue, particularly in rural communities; lack of access to specialist and allied health practitioners (physiotherapists, yoga therapists, etc.) and community supports results in provider burn out and suboptimal patient outcomes. *How can we foster local networks to support primary care providers and improve access to team-based care for people in pain?*
3. There are barriers to collaboration between primary care providers and specialists, resulting in knowledge gaps and “cracks” in patient care. *Greater access to specialists and clinical consultation is required. How could this be facilitated?*
4. General Practitioners receive little training for pain assessment and management in medical school or post graduate courses, creating knowledge gaps. *How can we build on existing programs, like the Practice Support Program for GPs, and create more capacity for clinicians? What additional training or support is needed?*
5. Remuneration is difficult due to the lack of fee codes, leaving GPs unable to bill for chronic pain-related patient visits. Pain assessment and management is complex and takes time to work through. *How can we advance appropriate enablers (i.e., fee code in MSP)?*

Promising Practices, Policies, or Programs

Northern Partners in Care (NPiC) Project:

- This program involves a team of pain experts, including a pain specialist, a psychologist, and a physiotherapist, providing clinical mentoring by video-conference with family physicians and community-based allied health providers.
- The NPiC program was supported through grant funding from the Shared Care Committee.
- Next steps involve determining how to make this program sustainable and operationalize it in more communities across the province.

New Ontario Provincial Strategy for Pain and Addictions includes:

- Investing \$17M annually in Pediatric and Adult Chronic Pain Clinical Network, which has cut waitlists from 2-3 years to 6-8 weeks. This includes Project ECHO.
- Project ECHO links expert specialist teams at a tertiary hub with primary care clinicians in local communities. Primary care clinicians, the spokes in our model, become part of a learning community, where they receive mentoring and feedback from specialists. Together, they manage patient cases so that patients get the care they need.

The Rapid Access to Consultative Expertise (RACE) Line:

- The RACE line is a 1-800 number that provides rapid access to specialist consultation in cases where a GP deems it necessary.
- There is a fee code that provides an incentive for this model to work.
- A short pilot was done to provide rapid access to pain specialists; the pilot was discontinued due to a lack of capacity among specialists.

Resources and Examples

- Northern Partners in Care project (<http://www.northernpartnersincare.ca/>)
- Ontario Pain and Addictions Strategy (<https://news.ontario.ca/mohltc/en/2016/10/ontario-taking-action-to-prevent-opioid-abuse.html>)
- RACE line (<http://www.raceconnect.ca>)