PAIN BC™ Changing pain. Changing minds.

Provincial Pain Summit
2017

CHRONIC PAIN ASSESSMENT AND MANAGEMENT IN RURAL BC:

Expand access to pain management (pharmacological and non-pharmacological) services in rural and remote parts of the province

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:

- In rural and remote areas of BC, primary care providers are front line in the assessment and management of people with chronic pain. 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.
- Health care providers also have limited, if any, access to specialists and support programs due to geography. Patients may be required to travel to larger centres for care and consultation, but travel is often a barrier - further restricting access to care. These barriers have more severe effects on certain populations in remote communities such as people with disabilities, the elderly, and people with addictions.
- The lack of supports for patients in chronic pain results in sub-optimal outcomes and reduced ability for patients to self-manage, placing an additional burden on families, local communities, and local hospitals and health services, including emergency services.

Key Challenges in BC:

- Practitioner isolation and lack of access to specialist and allied health practitioners (physiotherapists, yoga therapists, counsellors, 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?*
- There are a handful of pain clinics operated by the Regional Health Authorities throughout BC, all located in major population centres. Further development and implementation of pain programs within Regional Health Authorities is required (e.g., Northern Health, VCH Downtown Eastside pain project, VGH Transitional Pain Program). *What resources could be used to help bring this about?*
- Self-management is one of the gold standards for patients with chronic pain. Therefore, providing appropriate education and supports for patients to optimally co-manage their pain would improve their quality of life while reducing the stress of travelling to larger centres to access care. *How could local resources in more remote communities be utilized to assist in patient self-management, education, and support?*
- 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 and enable knowledge translation of evidence-based best practices– both pharmacologic and non-pharmacologic? What additional training or support is needed?*

Promising Practices, Policies, or Programs

Pain BC's West Island Capacity Building Pilot Program:

- A 6-week program run in remote West Vancouver Island communities.
- Facilitated by local paramedics, yoga therapists, physiotherapists, local First Nations leaders who had received appropriate training, and hospice volunteers.
- The local hospice had unused capacity that was accessed by the program.
- Pain BC trained local people and brought in an expert who trained local GPs and other health care providers.
- Approximately 40 patients enrolled from Tofino and Ucluelet, and a boat-access only First Nations community.
- The attrition rate was just 10%. Outcomes (breaking isolation, increased movement, reduced pain scores) were very positive. Pain BC and local partners now looking to expand locally and replicate elsewhere.

Northern Partners in Care (NPiC) Project:

- This program involved 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 – 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)