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East Fraser Pain Collaborative: Engaging for patient care

How are physicians and the health care community collaborating to create a new system of care for chronic pain?

In the eastern Fraser Valley, a physician-initiated flagship program has brought together hundreds of health care providers to improve patients' lives. They want to reduce trauma, havoc and frequent reliance on opioids experienced by patients – while equipping providers to manage the complexities of pain.

The project team shares strategies about how they are engaging to build a seamless coordinated, easily navigable system to prevent and manage chronic pain.

"They had an amazing vision about the importance of education, collaboration, bringing people together, partnerships; and they developed a mission to bring about an integrated system of providers working together." – Gerry O'Hanley

READ OUR STORY

SEE INTERVIEW REFLECTIONS

Insights provided by:

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The East Fraser Pain Collaborative (EFPC) encompasses communities in the East Fraser Valley including Chilliwack, Hope, Abbotsford and Mission.

Scroll to meet the East Fraser Pain Collaborative Strategic Planning Team

EAST FRASER PAIN COLLABORATIVE

THE PROBLEM: Why change?

Chronic pain is a semi-urgent condition that needs to be treated asap. It is not a symptom, but a disease of the nervous system. Every single day and the longer you have the pain causes permanent changes to your nervous system." – Dr. Petrus Retief

What patients and doctors told us

- **Patients feel stigmatized** with a lack of empathy of everyone
- They suffer from **social havoc** in their lives, **job loss** and **financial devastation**
- Patients are sent **back and forth between providers** who don't communicate with each other
- **Doctors hit walls** when it comes to finding **resources or timely help** for their patients
- Tertiary referrals can take from **a year to 18 months** and without a system of next steps, **lasting benefits are elusive**
- **Patients feel lost** in a maze of uncertainty, without answers or proper treatment
- With no where else to go, many **end up in the emergency room**; likely resulting in about 10% of ER visits

"The patients are lost and so are we. It is not built into a system: no next steps, no medical system, no social system, no mental health help." – Dr. Ralph Jones

What the numbers say: Chronic pain and the opioid crisis

- In the Eastern Fraser Valley, approx. **65,000 people** live with chronic pain
- 18,000 = a **major impact on quality of life**
- 4x more likely to suffer **depression and anxiety**
- 2x the **suicide risk**
- 2x the **likelihood of substance abuse**
- In BC, among people who died of illicit drug overdoses in 2018/19, 45% had reached out to health care services with pain issues

5 reasons why chronic pain is undertreated & underappreciated

1. **Lack of awareness and understanding of what pain is** among practitioners and patients
2. **Lack of communication and collaboration** between providers
3. **Lack of knowledge, information and providers** to draw on to treat the complexity of pain
4. **Lack of governance** with little ownership from the system level down
5. **Lack of resources** with **gaps in services** and **limited budgets**

STRATEGIES: How are we engaging regionally?

Through maximum engagement, the EFPC is building an ideal system for chronic pain: a multi-layered, interdisciplinary management platform that provides bio-psychosocial treatment plans, and maximizes information technology for central triaging, coordination and information sharing.

Here's what we have learned about creating a successful structure for engagement and collaboration.

"About 90-95% of pain can be managed by patients and doctors in the community if supporting services are available. We are building towards providing the needed resources in the communities where people are practicing and patients are living – with links to tertiary services for very complex care."

— Brenda Poulton

Identify champions to form a strategic planning and leadership team of core members

- We brought together specialists, family doctors and representatives from the Division of Family Practice, Fraser Health leadership and administrators, community providers, Allied Health providers, and a patient with lived experience. Together, we set out a vision, charter, and plan; and we meet regularly.

Establish communications channels

- We set up Google Drive, Slack, and a newsletter to keep everybody updated, enthusiastic and working together.

Listen to patients, doctors and stakeholders (a discovery process)

- We listened to stakeholders, and heard about patient and physician experiences, challenges, service gaps and the reasons why chronic pain is undertreated, to determine where to focus solutions.

Create a reference group to maximize engagement

- We engaged additional stakeholders for all perspectives needed: approximately 100 people including Allied Health, nursing, health care managers, and various clinics in Abbotsford, Mission and Hope.

Create working groups for practical action

- We created working groups for each of four pillars of change; to break down the work into manageable and organized parts, with different groups working on each area.

ACTION: Four pillars of change

Patient education and public awareness

- Patient education, including to help patients understand the science of pain and its impact their body
- A patient education portal for patients to identify self-care resources with links to local Allied Health / community resources
- A public awareness campaign

Provider education

- Skills/ knowledge-building and community of practice among doctors and Allied Health/ primary care network providers
- A Provider Education Portal
- Web-based, easy-to-access resources and information including bio-psychosocial, trauma informed, cultural, safe prescribing practices
- Links to local community and online resources

Service Provision

Bridging gaps with interdisciplinary, integrated services. Areas of focus:

- Transitional Pain Service to identify and manage patients at risk for the development of persistent post-surgical pain
- Marginalized population pain services and support for unattached patients
- Expansion of East Fraser Valley Community Pain Hub services
- Central intake for family doctors/ providers for patient appropriate referrals
- Rapid Access Clinic for low back pain/ early interventions

Outcome Evaluation

- Metrics to measure and modify progress

TIPS YOU CAN USE: Success factors for regional collaboration

FOUNDATIONAL ENABLERS

- **Enthusiastic support of key groups:** The Chilliwack Medical Staff Association, Division of Family Practice, Fraser Health.
- **SSC Facility Engagement funding** to make the right links and alliances and professional help and people to advance the work.
- **A robust organization with project support** from professional managers (not off the side of desk).
- **Alignment with other strategies:** Regional Pain Management Strategy, the draft Provincial Pain Strategy, and the Canadian Pain Task Force Actions.
- **Effective communications channels.**

ENGAGEMENT

- **Identifying enthusiastic, caring champions and allies** to lead and support planning and engagement.
- **Hospital and community doctors working together.**
- **Breaking down silos of care.**
- **Setting out a clear, common vision starting with a discovery process** of listening to patients and stakeholders, to truly understand the problem and areas of focus for change.

HEALTH AUTHORITY SPONSORSHIP

- **Sponsorship and support from the health authority leaders, staff and and its services** (Fraser Health).
- **Operationalizing the work within the health authority:** the assignment of pain into a VP portfolio (Regional Care Integration).

"In any endeavour you need a sponsor, somebody who can take the helm so it doesn't get dragged with the next shiny project. We really appreciate Fraser Health doing that." – Dr. Ralph Jones

TEAM COLLABORATION

- **Inclusion of everyone involved in clinical areas** to provide all perspectives needed, for enhanced cooperation and collaboration.
- **Local, regional and partner linking:** Community / hospital doctors, MSA / Division managers, health authority leaders and managers, Allied Health and community providers; Primary Care Networks, Shared Care.

"Chronic pain is such a complex illness we cannot afford to leave anybody out as part of the team. One or two levels of cooperation and collaboration and one or two people is not going to do it. These patients have the biological problems, psychological problems and social problems. You have to treat all three." – Dr. Petrus Retief

Working together: The East Fraser Pain Collaborative Strategic Planning Team

Dr. Petrus Retief, Anaesthesia CGH – Chair; **Dr. Ralph Jones** – FP specializing in MHSU and Frail Elder Care with an interest in Chronic Pain and Addiction; **Brenda Poulton**, FH Clinical Lead/Community Pain Program; **Dr. Cameron Ross**, FP in Chilliwack and the local Chronic Pain representative in the Chilliwack FP Division and SC Initiatives; **Dr. Aman Hajj**, Abbotsford Division of Family Practice – interest in Chronic Pain Management and Addiction Medicine; **Dr. Jeff Van Huizen**, Abbotsford Division of Family Practice; **Petra Pardy**, Executive Director, Chilliwack, Hope and Agassiz Health Services, CGH and FC Hospitals; **Dwayne Patmore,** Patient Representative; **Roly Fletcher,** PT, MSc, UBC Faculty of Medicine, Department of Physical Therapy; **Cristina Rouiller**, Project Manager, Mission Division of FP. **Dr. Peter Few**, Mission, Division of Family Practice; **Dr. Aaron MacInnes**, Anaesthesia SMH and JPOCSC, Division of Pain Medicine, FH; **Dr. Aseem Grover,** FP in Hope specializing in Chronic Pain Management and Addiction Medicine; **Dr. Cat Matthews**, Anaesthesia ARHCC; **Tracey Arsenault,** Project Manager, Chilliwack Division of Family Practice; **Kiefer McNaughton**, Heritage Chiropractic, Chilliwack, and **Gerry O'Hanley**, EFPC Project Manager.

Corresponding: **Daphne McRae**, ED Chilliwack Division of FP; **Shona Brown**, ED Mission Division of FP; **Monica Mamut**, ED Abbotsford Division of FP; **Gene Patterson,** Project Manager, Abbotsford Division of FP; and **Meghann Coughlan,** Communications and Outreach Lead, Abbotsford Division of FP.

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INTERVIEW CLIPS

INTERVIEW EXCERPTS | EAST FRASER PAIN COLLABORATIVE

Dr Petrus Retief, Dr Ralph Jones, Gerry O'Hanley, Brenda Poulton

REFLECTIONS ON OUR VISION
Engaging for a new system of care

OUR VISION

"At the end of the day, we are looking at a seamless coordinated, easily navigable system to provide a service to prevent and manage chronic pain by – for the patients and for the providers." – Dr. Petrus Retief (Dr. PR)

"One or two levels of cooperation and collaboration and one or two people in a team is not going to do it because these people have all the aspects of being human. They have the biological problems, psychological problems and social problems; and for chronic pain more than any other chronic disease you have to treat all three." – Dr. PR

REFLECTIONS ON THE PROBLEM FOR PATIENTS
What did patients tell us?

WHAT PATIENTS TOLD US

"When we structured our vision, we based it on what the patients said. We drew up a whole customer discovery plan; conducting interviews with all of them, which came back with a long list of everything that these patients feel is lacking." – Dr. PR

"Patients feel stigmatized. There is a lack of empathy from everybody around. Their loss of income due to not working and long waiting periods is disastrous on their financial life. There is social havoc in their lives." – Dr. PR

"A patient with chronic pain should never ever end up in the ER, but they don't know where else to go. They are without help, they are lost, they have no idea what to do." – Dr. PR

"We hope that if we can touch all of these problems identified by real life patients, it must make a difference at the end of the day". – Dr. PR

REFLECTIONS ON THE PROBLEMS FOR DOCTORS
What do doctors experience?

DOCTORS' EXPERIENCES

"The patients are lost and so are we." – Dr. Ralph Jones (Dr. RJ)

"I'd go over mental health, social – biophysical, social history and so on. We'd get so far and then hit walls when it comes to resources or acquiring timely help. We couldn't find resources; it was kind of disheartening." – Dr. RJ

"I would sometimes send the patient off to a specialist service ... These tertiary services took anywhere from a year to 18 months; and they'd come back much the same in my experience – because it wasn't built into a system. There was no next step to take any learnings forward. No medical system, no social system, no mental health help." – Dr. RJ

The more I got involved, the more I realized that what an absolute undertreated and underappreciated part of the patient community this was." – Dr. PR

REFLECTIONS ON THE PROBLEM FOR THE SYSTEM
5 reasons why chronic pain is undertreated

CHRONIC PAIN IS A DISEASE

5 REASONS FOR CHANGE

"Why is there any urgency in managing their pain?... Chronic pain is a disease, it's not a symptom and very few people know that. Unfortunately, it's a disease of the nervous system. Every single day and longer you have that pain, it causes permanent changes to your nervous system and it becomes so much more difficult to treat. Chronic pain in my mind is a semi-urgent emergent condition that needs to be treated asap." – Dr. PR

"There's a lack of awareness what chronic pain is. A lack of communication and collaboration between treating physicians. Everybody is doing their own thing; they're not communicating. There is a lack of knowledge. And a lack of governance: government or the health region taking responsibility for it. And lastly, lack of resources." – Dr. PR

REFLECTIONS ON ENGAGEMENT STRATEGIES
How are we engaging the health care community?

HOW ARE WE ENGAGING?

"Our first objective is to identify pain champions in our community. Who are the people in our community, in our hospital and in our physician community interested in chronic pain? We have to try to be as inclusive as possible. Chronic pain is such a complex illness we cannot afford to leave anybody out as part of the team. " – Dr. PR

We developed a Strategic Planning Team of the core people. We reached out to all the different allied health, nursing, health care managers, all the different clinic. At this stage I think our reference group is far over 100 people." – Dr. PR

"We had the professional help and the people available, which we later hired people like Gerry, to present this, you know, properly; to make the right links, the right alliances to move this through." – Dr. RJ

REFLECTIONS ON COLLABORATIVE ACTION
Four Pillars for change

FOUR PILLARS FOR CHANGE

"Probably 95% of pain can be managed in the community if the supporting services are available [such as Community Pain Hubs, interventional services, psychosocial programs, multidisciplinary-team based care, good movement/exercise community resources etc.] – BP

"We're building towards providing the needed resources and education right in the communities in which people are practicing and patients are living, with additional tertiary services for very complex patients. It's not a shiny thing on the hill that's needed, it's services right at the home level and the surrounding area." – BP

Patient Education: "It's been shown patients that have some knowledge do much better if they can have some understanding of the complexity and how we understand pain, the changes that happen in the brain and the nervous system in chronic pain." – BP

PATIENT EDUCATION

"We start to connect patients to the things that will actually make a difference to their sleep, their mental health, getting moving again, decreasing pain, and connecting with family and community." – BP

PROVIDER EDUCATION

"The pathway will be absolutely awesome. The patient will immediately feel they are part of something, somebody is taking care of them and they are linked into something bigger." – Dr. PR

SERVICE PROVISION

Provider education: "We've worked with a dedicated group of physicians and Allied Health and one of the big things is having good information, building our skill set, our knowledge." – BP

OUTCOME EVALUATION

Services and quick access to prevention and treatment. "By the time they circle the system often they are hugely into chronicity and the impacts of that. That's a really important factor, getting them to where they need to be as quickly as possible to intervene." – BP

"Big on prevention is the transitional pain service where patients are seen by a primary care physician before surgery, pre-admission clinic. They're risk assessed so that their care can be optimized before they have surgery and afterwards." – GOH

"Central intake...primary care physicians will know when is it appropriate to send a patient to the tertiary centre versus our pain hub. A small percentage of patients that will need to be moved up in the system for additional supports and resources." – GOH

REFLECTIONS ON REGIONAL COLLABORATION
Success factors

SUCCESS FACTORS

"It is important that we have a robust organization... it's not Petrus and I doing this off the side of our desk. That's why having professional managers and leaders within what is basically a working group of the Medical Staff Association is really important." – Dr. RJ

"With Engagement Society Funding, we had the professional help and the people available to present this properly; to make the right links and the right alliances to move this through." – Dr. RJ

"Have the vision and wisdom to find allies. Always look for them and always bring them into the tent. – Dr. RJ

"If the divisions – and a family practice outside the hospital – can be engaged with the engagement societies, there's a lot more that can be done. Pre-hospital, post-hospital care like surgical optimization will be done much better if everybody is working together. – Dr. RJ

"Having pain assigned into a VP portfolio (Regional Care Integration) in early 2020 was a very positive step in Fraser Health. Pain as a program now has ownership to help move it forward. It sits within Primary Care/Chronic Disease, which is a good fit." – BP

"I think how we came to be was it is really breaking down those silos of care. Finding that enthusiasm from physicians, allied health, nursing, and an executive director who recognized pain as a problem. Pulling in the right people from Fraser Health." – BP

"We're all quite passionate and everybody involved can all be proud of this. We'd be very happy to help people to spread it. You don't need to reinvent the wheel every time you set up a program like this in any community in BC." – Dr. RJ