SHARED CARE PROVINCIAL CHRONIC PAIN NETWORK

THE CHALLENGE

More than 1 in 5 people in BC suffer from various complexities related to chronic pain.[1] Untreated or poorly managed chronic pain restricts activities of daily living, increases the likelihood of developing complex conditions with associated co-morbidities, and patients are four times as likely to experience anxiety and depression and more than twice as likely to report substance use disorder or commit suicide[2].

THE OPPORTUNITY

Shared Care has initiated a new spread network to improve care for patients with chronic pain, and to support communities in the spread of successful work across BC.

We aim to work with partners such as the Ministry of Health and Pain BC, to better coordinate initiatives to address chronic pain across the province.

Communities engaged across BC are already doing great work in chronic pain that includes:

- ✓ Enhancing access to chronic pain care through new models of interdisciplinary care;
- ✓ Linking patients, families and providers with patient self-management resources and support;
- ✓ Enhancing skills and capacity for local physicians to provide chronic pain care and
- ✓ Addressing the prevention and treatment of opioid use disorder.

SUPPORT OFFERED THROUGH THIS INITIATIVE

The Shared Care Committee is offering funding support for communities to join the Shared Care Chronic Pain Network, which is focusing on developing a collaborative interdisciplinary approach to caring for patients with chronic pain, both locally and provincially.

Communities joining the network will have the opportunity to share valuable lessons from their own experiences, as well as tools and resources that could benefit others. To maximize efforts and prevent duplication, the work of the Network will align with the plans and strategies of the Ministry of Health, Pain BC, and the developing work of Patient Medical Homes and Primary Care Networks.

Communities approved for funding will receive centralized support and a spread toolkit including:

1. **Resources and tools** to support a collaborative approach to address identified issues and gaps.
2. E**valuation framework** including needs-assessment and evaluation tools.
3. **Coaching** from a central team to guide and inform project activities.

Participating communities will be actively involved in the development of a community of practice, cross-regional dialogue, and the over-arching provincial evaluation of the chronic pain initiative.

[1] Schopflocher et al, 2011. The prevalence of Chronic pain in Canada. Pain Research and Management. Vol: 16:6 pp. 445-450.
[2] Chronic pain Ontario. 2016 Pain Fact Sheet. http://www.chronicpaintoronto.com/wp-content/uploads/2016/06/pain_fact_sheet_en.pdf

THE PROCESS

PHASE ONE: COMPLETE EXPRESSION OF INTEREST (EOI)

1. **Funding for needs-assessment and planning including (up to $15, 000):** the delivery of patient and provider surveys, a facilitated process to identify current state and goals for improvement, and the development of a proposal.

What are the steps in the needs assessment?

Readiness: The community submits an expression of interest to their Liaison (see template).
Patient and Provider Survey Distribution: Optional- The community can add a few custom questions to each of the surveys supported by your project lead to the survey and then the project lead launches the patient and provider surveys on Checkbox and paper copies if need be. Shared Care Central Evaluator will provide analysis and produce a report for the community. *Note:* While up to 5 questions can be added to each survey, questions cannot be deleted from the surveys.
Meaning Making: The working group reviews the survey results in the context of their community to identify key issues and concerns.
Engagement and Planning: The Working group presents issues and concerns to broader community, gathers further feedback, gauges support and feasibility of pursuing select issue(s). The working group uses the feedback to develop a proposal.

2. **Funding for implementation and spread (up to $50, 000):** Community develops a proposal (see template) and submits to Shared Care Liaison. Funding will be available to support:

PHASE TWO: IMPLEMENTATION AND SPREAD

Funding will be provided to communities upon completion of Phase One, for implementation and spread.

Funding will support:

- meeting costs
- sessional funding for leadership and physician engagement
- project management/admin support
- PDSA cycles and implementation
- Evaluation