Erie St. Clair LHIN
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Erie St Clair Local Health Integration Network

Chronic Pain Management Assessment Referral Model

Prepared by the
Erie St. Clair LHIN Pain Management Task Group
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Ontario
Erie St. Clair Local Health Integration Network
Réseau local d'intégration des services de santé d'Érié St. Clair

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BACKGROUND ON ERIE ST. CLAIR LHIN PAIN MANAGEMENT PROCESS

The Erie St Clair Local Health Integration Network (LHIN) established a Pain Management Task Group/Referral Panel in June 2010 in an attempt to better understand and respond to issues in this area. The Task Group consisted of Physicians, a Nurse Practitioner (NP), Anesthesiologists, Hospital and Community Administrators, from across Erie St. Clair and LHIN Staff (see attached membership list). Over the course of the summer the Task Group engaged in a number of planning exercises including: a SWOT analysis, 'visioning exercise' to advance a Future Comprehensive Chronic Pain Management Model (attached), an 'options survey' on where to start to implement the vision, and a 'functional exercise' intended to outline which aspects of the pain management model should be advanced first within the Erie St. Clair LHIN geography.

The following paper (a result of the information received through the planning exercises above) provides information on a LHIN-wide 'Chronic Pain Management Assessment Referral Model' (A-R Model or Program) that was supported by the Task Group as being the preferred option to begin to address priority needs (e.g. system navigation, access and triage) in this area. The Task Group members viewed this model as a starting point, capable of generating utilization and service pattern information/data that will be used to consider and address other pain management service and clinical programming needs in the future for various health care populations.

PROBLEM TO BE ADDRESSED

Chronic pain is difficult to define or describe. Generally, chronic pain means pain that does not respond to the usual forms of medical management (that is, it does not go away). Chronic pain is often defined as a persistent pain which lasts for six months or greater. If properly treated, it may disappear or reduce in intensity. Pain management has, until recently, been poorly addressed by the Canadian medical school curriculum. Therefore, many patients have difficulty in obtaining good pain control despite physician intervention.

From the patient perspective, having pain that persists can create a number of problems. For example, simple movements seem more difficult and may make a person become less active. Sleep may be interrupted. A person may be less patient and may start running into problems at home, at work or both. Some patients may become incapacitated, needing help with the activities of daily living. A person may feel hopeless, depressed, frustrated or angry. All of these difficulties and others can be associated with chronic pain.

There are no easy answers for people with chronic pain. Often these patients move from practitioner to practitioner going back and forth from the community sector into the hospital emergency department (ED) looking for help. The patients have been known to endure long waits to see a health professional only to find they cannot be helped and/or are in the wrong place.

Within the Erie St Clair LHIN there is a wide array of pain treatment modalities available; however, the current system is difficult to navigate. Generally, access to the system (and subsequent health outcome) depends on the individual knowledge of the health care provider at point of entry into the health care system.

Inappropriate referrals to limited specialist services can and have reduced overall care capacity in the health system driving up costs. Moreover, patients over time, tend to lose hope that they can be helped and often their condition is compounded and worsens as they become more depressed and desperate for help in a complex maze of education, treatment, specialist appointments and tests. As patients become more desperate they may turn to abuse of prescription narcotics and other controlled substances as a way to self-manage their pain issues.

GOALS OF THE ASSESSMENT REFERRAL PROGRAM

- To ensure better health care outcomes and management capabilities for people living with chronic pain
- To improve system navigation ensuring timely access to appropriate pain management diagnosis and interventions
- To provide timely, accurate, comprehensive assessments for people experiencing chronic pain
- To create more care/service capacity in the pain management system by improving the referral process
- To provide options to the hospital ED for individuals (and professionals) seeking appropriate pain management assessment and treatment services
- To improve overall service coordination in the pain management system
- To help ensure that patients are initially referred to the most appropriate provider/ intervention
- To ensure that the pain management services in the Erie St Clair LHIN are being maximized and are readily available to those in need
- To better identify and provide education options to users/abusers of prescription narcotics and other controlled substances dispensed in Erie St Clair
- To better measure and assess current pain management service utilization in order to predict and respond to future need
- To improve patient outcomes through better connections and follow up with primary care

The goals of the Assessment Referral Program are not specifically clinical or service driven. Instead, they are intended to improve patient flow (through improved coordination), ensuring that clients are getting to the right provider and receiving the right treatment modality in a timely, appropriate manner through improved assessment and triage capabilities. Thus, reducing the likelihood of them having to wait long periods of time and being redirected because of an incomplete assessment or an inappropriate referral.

DESCRIPTION OF THE ASSESSMENT REFERRAL PROGRAM (FUNCTIONS)

The A-R pain management program would link directly with the hospital emergency departments (e.g. through the ED Physician and Geriatric Emergency Medicine Nurses - GEMs) and primary care physician community to identify high risk/repeat visit patients that could benefit from the program. The essential service elements which provide the foundation upon which future program enhancements can be built include:

- Screening process for identifying high risk patients as soon as practical after their presentation to the emergency department
- Complete comprehensive pain and functional assessment capabilities
- Liaison with general practitioners, nurse practitioners, community service providers, and the emergency department to organize continuity of care for patients at high risk to ensure their needs are being met and arrange early referral if required
- Extensive knowledge of pain management services/interventions across the region
- Formal referral process with the primary care and wider health care community
- Appropriate follow up with community service providers as required
- Provision of support, information and education to patients and families
- A system of record keeping and data collection to carry out program monitoring, ongoing planning, reporting and evaluation activities

➢ Assessment of the Patient:

All patients seen in the Assessment-Referral Pain Management Program will receive a comprehensive inter-professional assessment. The assessment process will include individual consultations with a Medical Specialist, Psychologist, Pharmacist and Physiotherapist. Upon completion of the assessment, a case conference will be held and individual patient recommendations formulated. The recommendations will be fed back to the patient and a comprehensive report, outlining the assessment and recommendations, will be forwarded to the referring doctor.

➢ Outcome of Assessments:

When the assessment process is completed recommendations are made to the patient. The focus of these recommendations will be on improving the patient's overall level of functioning, with an aim to reduce the impact of chronic pain on their lives. Individual medical, physiotherapy and psychological interventions may be suggested and referrals sent to the appropriate primary care and/or health care provider.

Patients assessed by the inter-professional Assessment-Referral Pain Management Team will be followed-up to monitor their progress; however, the patient will remain with his or her general practitioner for ongoing management and care. The Multidisciplinary Assessment-Referral Team will liaise with the patient's doctor to achieve the best possible pain management

ASSESSMENT REFERRAL TEAM

The Assessment-Referral Pain Management Program will utilize an interdisciplinary team approach that is patient-centered. The interdisciplinary team (when fully established) includes members from the following disciplines:

- Medicine
- Nursing
- Physiotherapy
- Psychology
- Pharmacy
- Social Work
- Administrative Support
- Program Coordinator

The term inter-professional refers to practitioners from many different health specialties being involved in the assessment of patients and recognizes that pain is more than just a sensory process but is a physical and emotional experience.

ASSESSMENT REFERRAL TEAM BUDGET FOR START UP POSITIONS

Team Position (at Start up)	Estimated Budget	Estimated Patient Volumes
Shared Position = .5 FTE NP/.5 FTE Program Coordinator	120K	1 FTE NP = 8 Assessments per Day or 16 Follow up visits
.5 FTE Administrative Support	20K	
1 FTE Nurse Practitioner (NP)	120K	
1 FTE Physiotherapist	80K	
1 FTE Social Worker	80K	
Other Costs:		
Rent	20K	
Supplies	20K	
Furniture	20K	
Totals:		
4.5 FTEs	440K	8 Assessments per day (1 FTE)
Note 10% contingency may be added once start up begins		

PROGRAM ELIGIBILITY

A referral to the Assessment-Referral Pain Management Program by a family physician or specialist or nurse practitioner is required. Patients will also be directed away from the hospital emergency department with an appropriate referral by medical staff. Once the assessment

referral team is established, criteria will be developed and implemented so that priority patients will be appropriately managed and seen as soon as possible.

Referral letters should attach results of scans, previous letters of Specialist consultation, a list of patient medications and any other relevant information. Following the review of the referral and all support information, the patient will be notified for an appointment if appropriate.

POTENTIAL SERVICE CONFIGURATION AND PROVIDER AGENCY LOCATION:

The Erie St. Clair LHIN Pain Management Task Group discussed a number of options and potential provider locations for the initial establishment of a Regional Assessment-Referral Pain Management Program. The options below reflect this input:

- Option 1:
  One program servicing the entire Erie St. Clair region (e.g. 3 days in Windsor/Essex and 1 day in Sarnia/Lambton and 1 day in Chatham-Kent)

- Option 2:
  Three programs established across the Erie St. Clair region– one in each major geographic centre (Windsor/Essex, Sarnia/Lambton and Chatham-Kent).

With regard to potential service provider location the suggestions were (in no particular order): in hospital, located at a Community Health Centre, or at the Community Care Access Centre, or other community health care provider locations such as the Hospice.

SPECIFIC RECOMMENDATIONS FOR THE ERIE ST CLAIR LHIN:

It is recommended that the Erie St Clair LHIN:

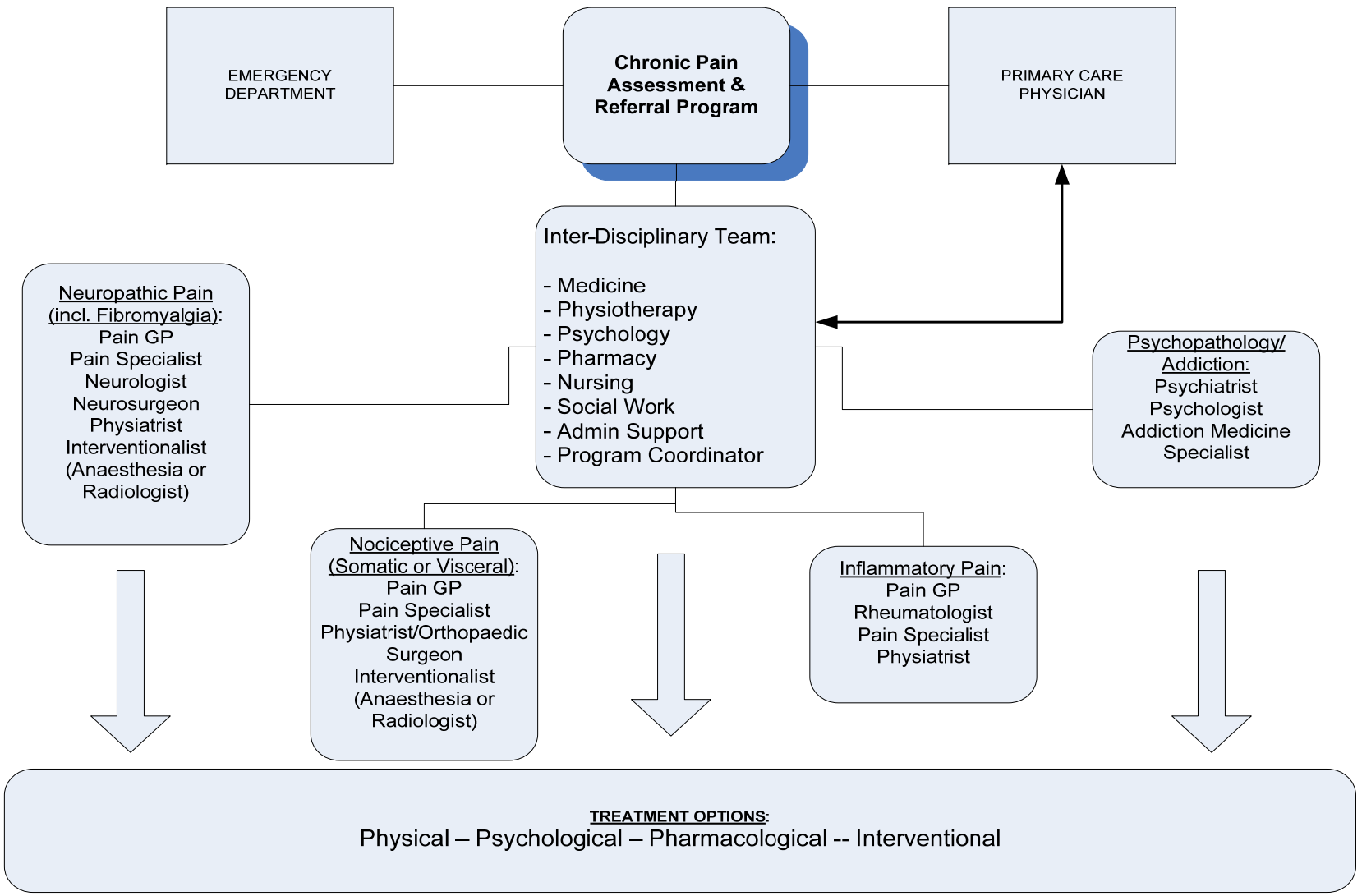
- Approve support for the Chronic Pain Management Assessment-Referral Program as outlined in this submission

- Approve the Chronic Pain Management Assessment-Referral Program start up budget as outlined in this submission

- Approve that the proposed Chronic Pain Management Assessment-Referral Program be available Erie St Clair LHIN-wide

- Approve that the central service hub for the Chronic Pain Management Assessment-Referral Program be located in Windsor

Erie St Clair LHIN - Regional Chronic Pain Management Assessment and Referral Model



ERIE ST. CLAIR PAIN MANAGEMENT TASK GROUP MEMBERSHIP (JUNE 2010)

Name	Title	Organization
Vicki Lucas	Interim Business Director, Surgery, Rehab, Ambulatory Care	Bluewater Health
Jamie Clark	Clinical Manager Chronic Disease Management	Chatham-Kent Health Alliance
Dr. Robert McKay	Physician	Erie - St Clair Clinic, Windsor, ON
Andrew Ward*	Senior Manager of Client Services	Erie St. Clair Community Care Access Centre
Sharon Allen	Nurse Practitioner, Supportive Care/Pain Management	Hôtel Dieu Grace Hospital
Dr. David Ng	Erie St. Clair LHIN ED Lead	Hôtel Dieu Grace Hospital
Dr. Hasmukh Patel	Anesthesiologist	Hôtel Dieu Grace Hospital
Virginia Walsh	Director, Peri-operative Services and Intensive Care Unit	Hôtel Dieu Grace Hospital
Nicole Williams	Administrative Assistant, Medical Director of ICU, Erie St. Clair LHIN Leads Critical Care/ED	Hôtel Dieu Grace Hospital
Rosemary Lemmon	Clinical Manager, Obstetrics	Leamington District Memorial Hospital
Dr. Christopher Leighton	Adjunct Professor, Department of Oncology	Schulich School of Medicine & Dentistry University of Windsor Campus
Dr. Nathania Liem	Physiatrist, Medical Director	Windsor Regional Hospital
Dr. Americo (Rico) Liolli	Department Chief, Anesthesia	Windsor Regional Hospital
Mohamed-Rida Alsaden	Anesthesiologist	Windsor Regional Hospital
Dr. Sid DaSilva	Anesthesiologist Pain Management Physician	Windsor Regional Hospital Private Practice, Windsor, ON
ESC LHIN Staff:		
Alec Anderson	Regional Planner	Erie St. Clair LHIN
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*Changed Organizations