

Perry, Nancy L HLTH:EX

30086-01

From: Docs Processing HLTH:EX
Sent: Tuesday, June 24, 2014 9:07 AM
To: HLTH Ministers Office
Cc: Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Docs Processing HLTH:EX; O'Callaghan, Jacqueline HLTH:EX; Murray, Wendy HLTH:EX; Jabs, Ryan GCPE:EX; Belanger, Matthew GCPE:EX
Subject: ✓ 1003468 - UPDATED MATERIAL for Minister Mtg June 25th, 2014 with Pain BC (x ref 1001701)
Attachments: FW: meeting request - Pain BC; 1003468 PainBC_TBD material_ammended June23_2014.docx
Importance: High

Hi All:

Further to my email below, I understand Mario forwarded a question from the Minister to program staff directly.

HSD has advised updates to the material (attached and highlighted), that address the Minister's question, "Can we find out exactly how they are using the \$1 million we gave them?"

These updates have been approved by Doug Hughes, ADM.

Thanks so much,

Kathy Simonson
Program Coordinator / Documents Processing Unit / Deputy Minister's Office / Ministry of Health
5-2 1515 Blanshard St Victoria BC V8W 3C8
Telephone 250 952-1811

kathy.simonson@gov.bc.ca

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From: Docs Processing HLTH:EX
Sent: Thursday, June 19, 2014 3:49 PM
To: HLTH Ministers Office
Cc: Foran, Grace E HLTH:EX; Casanova, Tamara HLTH:EX; Docs Processing HLTH:EX; O'Callaghan, Jacqueline HLTH:EX; Murray, Wendy HLTH:EX; Jabs, Ryan GCPE:EX; Belanger, Matthew GCPE:EX
Subject: 1003468 - Minister Mtg June 25th, 2014 with Pain BC (x ref 1001701)
Importance: High

Hi All:

The attached material has been provided by HSD for Minister's meeting on June 25th with Pain BC Society. This information has been approved by Doug Hughes, ADM and reviewed by Grace Foran.

Thanks so much,

Kathy Simonson

Program Coordinator / Documents Processing Unit / Deputy Minister's Office / Ministry of Health

5-2 1515 Blanshard St. Victoria BC V8W 3C8

Telephone 250 952-1811

kathy.simonson@gov.bc.ca

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MEETING MATERIAL

Cliff # 1003468

PREPARED FOR: *Minister of Health*

TITLE: *Minister of Health meeting with Pain BC*

MEETING REQUEST/ISSUE: *Pain BC has requested a meeting to discuss their collaborative efforts with the Ministry of Health, Doctors of BC, and joint clinical committees.*

SHOULD MINISTRY STAFF ATTEND THIS MEETING: Yes, Doug Hughes, Assistant Deputy Minister, Health Services Policy and Quality Assurance Division.

BACKGROUND:

Pain BC became a non-profit organization in 2008. Prior to this time, it had been a group composed mostly of Vancouver Coastal Health Authority health care providers and administrators interested in improvements for patients, providers and the health care system for patients with chronic pain. The Ministry of Health (the Ministry) had been involved in discussions at that time and have remained engaged with this group through collaborative efforts during the evolution from a working group in the Vancouver Coastal Health Authority to becoming Pain BC, a registered non-profit society.

According to the Canadian Pain Society, pain is poorly managed in Canada and is the most common reason for seeking health care.¹ 17 percent of Canada's population aged 15 and over have experienced chronic pain. This percentage increases with age. People who suffer from chronic pain require additional health services, with an average of 13 doctor contacts for people suffering from chronic pain compared with 4 for people with no pain. Additionally, the average length of hospital stay for chronic pain sufferers is 4 days compared with less than 1 day for those who do not experience chronic pain.²

The Ministry does not have a chronic disease registry to determine the prevalence, incidence and costs of chronic pain at this time. According to the Canadian Pain Society, the estimated annual cost of chronic pain in Canada is at least \$56-60 billion. Less than one percent of total funding from the Canadian Institutes of Health Research and 0.25 percent of total funding for health research goes to pain related research studies.¹

Pain BC is involved as a member of the community of non-government agencies that work to align and coordinate activities in Patients as Partners, a recognized initiative of the Ministry, in both policy and philosophy, as first outlined in the 2007 Primary Health Care Charter..

DISCUSSION:

Pain BC advises that funding would allow them to provide additional support to patients in BC living with chronic pain to have increased skills and confidence to manage their condition. The Ministry announced one-time \$1,000,000 funding to Pain BC on April 28, 2014.

The Practice Support Program, a joint Ministry and Doctors of BC committee, funded through the Physician Master Agreement, is in the process of rolling out the Train-the-Trainer session for the new Pain Management Module. This module has seen unusually high levels of interest from the physician community. The module recommends patients learn self-management skills that are provided by non-government agencies in the community, of which Pain BC is a key member. Pain BC has participated in the development of the module and would like to further collaborate on enhancing the community supports they provide.

An informal query on funding possibilities by the Ministry was brought forward by Pain BC to the Ministry in 2013/14 but the society was told that this would not be possible. Pain BC enquired and requested additional funding for 2014/15 and was advised that funding may not be possible within the current Integrated Primary and Community Care budget.

The Specialist Services Committee (SSC), a joint committee of the Ministry and Doctors of BC, provided Pain BC \$86,800 in 2011 to support and advance a provincial pain strategy, and an additional \$150,000 in 2012/13 to support Pain BC activities, including involvement in the development of the Practice Support Program's pain module. The SSC's mandate is to assist with the enhancement and expansion of programs that support the delivery of high quality specialty services to British Columbians and is currently funded under the Memorandum of Agreement (2012), receiving \$54.8 million per year.³

As Pain BC works directly with the patients, British Columbians benefit directly from any funding this organization receives. Through the management of chronic pain, British Columbians will be able to experience an improved quality of life and be able to better contribute to society as a whole. Improved pain management would result in a decreased need for British Columbians to access the health care system, reducing the number of emergency room visits and lowering the incidence of depression and the resulting resources required to manage depression.

To date, Pain BC programs have had high impact on a very small scale such as providing webinars to 30,000 people last year. With the addition of the \$1M funding, Pain BC realizes the need to increase capacity (healthcare professionals) and decrease burden on the health care system (decrease waitlist time), and increase access for patients at the local level. Pain BC has been consulting/collaborating with experts/partners about a thoughtful step by step approach – that is system focused and patient centered for BC. One intent of this proposed Pain BC plan is to reduce wait times to see Specialist Physicians as more services will be provided by family doctors and allied healthcare professionals, community services and non-government organizations to increase self-management capacity of people in pain. Additional details are outlined in Appendix A.

ADVICE:

The Ministry is providing a one-time grant of \$1 million to Pain BC to support its work assisting individuals living with chronic pain, including providing supports in alignment with the Practice Support Program Pain Management Module.

¹ Canadian Pain Society at: http://www.canadianpainsociety.ca/pdf/pain_fact_sheet_en.pdf, extracted February 11, 2014.

² Statistics Canada. Chronic Pain Health Reports. Spring 1996, Vol.7, No.4 pgs 47-54.

³ Physician Master Agreement (2012) at <http://www.health.gov.bc.ca/msp/legislation/bcmaagree.html>, retrieved on March 12, 2014.

Appendix A

Pain BC preliminary planning includes: expanding on existing programs such as education, capacity building, and implementing a system-wide approach.

1. A preliminary award is being considered for proposals for a patient navigator program. This model would pair patients with a one-on-one person in the community to other supports (e.g. family physician, Pharmacist, Physiotherapist, etc.) for a one year phased implementation pilot program. The estimated cost is \$160,000 for development and roll out to the Lower Mainland and two regional hubs.
2. Pain BC proposes to work with the Practice Support Program (PSP) on the roll out of the new pain management PSP module. Currently there are 57 family physicians (pain champions). Estimated by end of 2015, approximately 500 family physicians will have completed the program. The annual cost is estimated to be \$50,000.
3. A similar pain champion program is proposed to be implemented with pharmacists. This would be done in partnership with B.C. College of Pharmacist and B.C. Pharmacy Association. The program would include an in-person workshop and one-on-one mentoring. Pain BC would trial a clinical pain consult. The program would be evaluated at the end of 2014. In this program, family physician champions from PSP would be matched with pharmacists in local areas across B.C.
4. Collaborating with B.C. Physiotherapy Association, an estimated 160 physiotherapists would attend an 8 hour program with a mentorship component. Pain BC would be able to match (family physicians, Pharmacists and Physiotherapists) in regional areas to create virtual, interdisciplinary hubs of pain expertise for improved patient outcomes and increase patient access to services.
5. A request for proposal (RFP) process is proposed to expand patient engagement education. This would include partnership with a research team to develop an evidence based online education program addressing the biopsychosocial aspects of pain and pain self-management. The expected approximate cost is \$40,000 for development plus implementation cost which is yet to be determined. With the increase in healthcare professional involvement, this work would address the expected increase in referrals and demand by patients for this service.
6. Work on the development of scalability for building interdisciplinary virtual networks would focus mainly on family physicians in the preliminary phase. This model would build on the existing "New Mexico - Project ECHO". Information on this program can be found at <http://echo.unm.edu/clinics/clinic-pain.html>. Ontario is currently piloting Project ECHO for pain and addictions using tele-health and videoconferencing. The proposed Project ECHO in B.C. would likely be implemented as a second phase after initial PSP, pharmacist and physio education program pilots and provincial mentorship networks are implemented. The Ontario budget is \$600,000/ year.

Perry, Nancy L HLTH:EX

From: Casanova, Tamara HLTH:EX
Sent: February-03-14 11:53 AM
To: Evernden, Erica HLTH:EX
Cc: Docs Processing HLTH:EX; Foran, Grace E HLTH:EX; Scott, Pam HLTH:EX; Weiss, Cheryl HLTH:EX
Subject: 1003468 - Minister meeting (Date TBD) with Pain BC (x ref 1001701)
Attachments: FW: meeting request - Pain BC

Importance: High

Hi Erica,

The MO has advised that Minister Lake has committed to meet with Pain BC. We will require staff to attend and background materials.


As this meeting may be confirmed for anytime in the next 2-3 weeks, a short turnaround time will be assigned to start and can be adjusted. I will let you know the date/time as soon as possible.

Please advise if there are any concerns. The incoming materials are attached for your reference.

Pam: This is an FYI for now, however Barbara may need to be invited.

Many thanks,
Tamara

Tamara Casanova | Executive Operations | Office of the Deputy Minister | Ministry of Health | P: 250.952.1908 | C: 250.217.3655 | F: 250.952.1909 | tamara.casanova@gov.bc.ca

 Please consider the environment before printing this e-mail

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Perry, Nancy L HLTH:EX

From: Minister, HLTH HLTH:EX
Sent: January-15-14 12:58 PM
To: Health, HLTH HLTH:EX
Subject: FW: meeting request - Pain BC
Attachments: Terry Lake Meeting Invitation final.pdf

From: Maria Hudspith[SMTP:MARIA@PAINBC.CA]
Sent: Wednesday, January 15, 2014 12:47:54 PM
To: Minister, HLTH HLTH:EX
Cc: McQuillen, Kelly HLTH:EX; Harper, Caryl HLTH:EX; Michael Negraeff
Subject: meeting request - Pain BC
Auto forwarded by a Rule

Dear Minister Lake,

My name is Maria Hudspith and I am the Executive Director of Pain BC, a non-profit organization that is working to reduce the burden of pain in BC. Our Board Chair, Dr. Michael Negraeff, and I would like to set up a meeting with you to discuss our current collaborative initiatives and to explore future opportunities for partnership.

Please see the attached letter for more information.

Thank you for your consideration,

Maria

Maria Hudspith
Executive Director, Pain BC
www.painbc.ca
604.349.0150



**Changing pain.
Changing minds.**

The Honourable Terry Lake, Minister of Health
Room 337, Parliament Buildings
Victoria, BC V8V 1X4

Sent via email

January 14th, 2013

Dear Minister Lake,

We are writing to request a meeting with you to discuss collaborative efforts to reduce the burden of suffering among the one in five British Columbians living with chronic pain.

Since our beginning in 2008, Pain BC has become the go-to provincial organization for people in pain looking for practical resources and support and health care providers seeking the tools and skills to better assess and manage their patients' pain.

Our organization is focused on persistent pain because:

It impacts us all: chronic pain affects one in five people, from children to seniors, with increased prevalence projected as the population ages. We expect it will impact 1.23 million British Columbians by 2030.

It drives health care consumption: Direct health care costs in Canada are estimated at more than six billion dollars per year. People living with chronic pain go to their family doctors four times more and visit Emergency Departments twice as often as the general population.

It affects all aspects of life: Of all chronic conditions, persistent pain has the greatest impact on quality of life. Living with pain is correlated with absenteeism and job loss, mental health issues, suicide, addiction, disability and social isolation.

It is a stigmatized condition: Similar to how our society viewed depression 20 years ago, chronic pain is viewed that way today: a condition surrounded by shame, misunderstanding and stigma, all of which place an additional burden on people in pain and their families.

It can be changed: Research has proven that individuals can reduce their experience of pain through pain education and self-management. The societal and system changes that are needed are also possible; Pain BC's partnerships with your Ministry, the BCMA and other health care institutions are evidence of that.

Since 2010, Pain BC has been working collaboratively with the Joint BCMA/Ministry Clinical Committees, Health Authorities, general practitioners and specialists, allied health care providers, and people in pain and their families to execute our three primary strategies:

1. Educating, promoting skill development and building hope and confidence among people in pain and their families
2. Providing health care providers with the education, tools and skills they need to improve the lives of people in pain
3. Facilitating the development and implementation of innovation and improvements in the health care system

Pain BC has been working with the BCMA to develop and deliver the Managing Pain Practice Support Program and is co-leading, with the BCMA, redesign efforts that are engaging Health Authorities in developing a Chronic Pain Collaborative. Our organization has also been providing strategic counsel to Interior, Fraser and the Vancouver Coastal Health Authorities as they look to redesign or build clinical services for their population. We are involved in fostering virtual pain management networks among experts from all health care disciplines. Our goal is that every region will eventually have a comprehensive system of services to support the growing numbers of people living with persistent pain in their communities.

Pain BC's innovative education and skill development programs for people in pain are showing early promise:

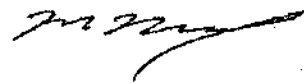
- Over 4,200 people participate in our peer support and knowledge translation community on Facebook
- Over 50,000 people have listened to our Pain Waves radio show, an online radio program that brings together people in pain and pain experts to discuss current issues in pain management
- Over 26,000 people participated in or viewed our self-management webinar programming in 2013

We would very much like to meet with you to discuss our current efforts and further opportunities for partnership to reduce the burden of pain. Please contact us at your earliest convenience to arrange a time to meet.

Sincerely,



Maria Hudspith
Executive Director, Pain BC



Dr. Michael Negraeff
Pain Specialist, VGH
Co-Founder and Board Chair

cc:

Kelly McQuillen, Executive Director, Integrated Primary and Community Care
Caryl Harper, Director, Patients as Partners



1007464

APR 02 2014

Ms. Maria Hudspith
Executive Director
Pain BC
3300 910 W 10 Ave JPPN 3
Vancouver BC V5Z 1M9

Dear Ms. Hudspith:

I am pleased to enclose a cheque in the amount of \$1 million to Pain BC to support the Chronic Pain Management program. Also enclosed is a signed copy of the Transfer Agreement.

On behalf of the Ministry of Health, I wish you continued success with this program.

Yours truly,

A handwritten signature in dark ink, appearing to read "Manjit Sidhu".

Manjit Sidhu, CA
Assistant Deputy Minister
Financial and Corporate Services

Enclosures



BRITISH
COLUMBIA

PROVINCE OF BRITISH COLUMBIA GENERAL ACCOUNT

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Out of Scope

20140327
DATE Y Y Y M M D D

PAY ONE MILLION DOLLARS 00CENTS

\$***1,000,000.00

TO PAIN BC SOCIETY
3300-910 10TH AVE W
VANCOUVER BC V5Z 1M9

00035

Handwritten signature

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REMITTANCE STATEMENT - Detach before presenting cheque for cashing

Province of British Columbia
(HE)

Out of Scope

CHEQUE NUMBER
s.17

Vendor Number: s.17

CHEQUE DATE
Y M D
2014 Mar 27

INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	DESCRIPTION
2014RNOURED029	Mar 24 2014	1,000,000.00	Your Invoice Reference FUNDING TO PROVIDE INFORMATION & SUPPORT TO PATIENTS IN BC LIVING WITH CHRONIC PAIN

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Internal Use: Effective April 1, 2013 all government entities will pay GST and PST

Code: D

For Payment Inquiries please contact ENQUIRY BC

Victoria: 250 387-6121 Vancouver: 604 660-2421 Elsewhere in BC: 1-800-663-7887

Page 12 of 96 HTH-2015-52320 S1

This Grant Agreement dated for reference the 28th day of March, 2014

BETWEEN

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA,
represented by the Minister of Health (the "Province")

AND

Pain BC Society (the "Recipient")

To support Pain BC's work assisting individuals living with chronic pain, including providing supports
in alignment with the Practice Support Program Pain Management Module (the "Program")

WHEREAS

- A. The Province has approved funding for the Program defined in this Agreement and such funding is to be paid by the Province to the Recipient pursuant to the Stipulations of this Agreement.
- B. The Recipient has met the eligibility criteria by providing to government a program description attached as Appendix A to this agreement.

DEFINITIONS

1. In this Agreement and its Schedules the following definitions apply:

"**Agreement**" means this Grant Agreement and any schedules attached hereto;

"**Commencement Date**" means the date identified in Schedule A

"**Contract**" means a contract between the Recipient and a Third Party whereby the latter agrees to contribute a product or service to the Program in return for financial consideration which may be claimed as an Eligible Cost;

"**Eligible Costs**" means all the direct costs properly and reasonably incurred by a Recipient or a Third Party on behalf of the Recipient with respect to the Program and is for public use or benefit and are incurred between the Program Commencement Date and the Completion Date

"**Eligibility Criteria**" means the terms imposed by the Province and which must be met in order to qualify for funding.

"**Fiscal Year**" means the period beginning April 1 of a year and ending March 31 of the

following year;

"Program" means the Program described in Schedule A,

"Stipulations" mean the terms and conditions set out in this Agreement that must be met in order for the Recipient to retain the funds it receives for the Program, and

"Third Party" means any person or entity or its officers, employees or agents, other than a party to this Agreement that is involved in the Program.

SCHEDULES

2. The Schedules to this Agreement are:

Schedule A Program Description and Dates

Schedule B Payment and Reporting Requirements

TERM OF AGREEMENT

3. Notwithstanding the actual date of execution of this agreement, the term of this agreement begins on the Commencement Date, and expires on March 31, 2016

STIPULATIONS

4. The Recipient agrees to:

(a) carry out the Program in a diligent and professional manner;

(b) raise outside funds for the Program;

(c) commence carrying out the Program upon the signing of this Agreement,

(d) complete the Program no later than the Completion Date; and,

(e) provide evidence satisfactory to the Province that the Recipient has commenced work on the Program in accordance of section 4(b) and 4(c) of this Agreement. Such evidence may consist of financial statements of fundraising activity, if applicable or other evidence deemed appropriate by the Province.

5. If, in the opinion of the Province, the Recipient has failed to provide evidence satisfactory to the Province in accordance with section 4(b) and 4(c) of this Agreement, the Province may terminate this Agreement, effective immediately and require the refund of all funds advanced to the Recipient.

6. The Recipient will comply with all applicable laws.

7. The Recipient agrees to:

- (a) establish and maintain books of account, administrative records, invoices, receipts and vouchers for all expenses incurred in a form and content satisfactory to the Province;
- (b) permit the Province to inspect at all reasonable times, any books of account or records (both printed and electronic, including, but not limited to, hard disk), whether complete or not, that are produced, received or otherwise acquired by the Recipient as a result of this Agreement;
- (c) maintain all such accounts and records for a period of five years after the Completion Date;
- (d) ensure that all Contracts entered into by the Recipient with any Third Parties contain the provision in section 6 above; and
- (e) If requested by the Province, the Recipient will deliver within 90 days to the Province a copy of its audited Financial Statements for any period up to five years beyond completion and commissioning of the Program

8. The Recipient will ensure that the financial contribution of the Province is to be used solely for the purpose of defraying the Eligible Costs incurred by the Recipient in carrying out and completing the Program as described in Schedule A.

9. The Recipient acknowledges that Eligible Costs that have received funding from any other federal or provincial sources may not be reimbursed under this Agreement, and that the Recipient agrees to promptly notify the Province in writing of any such funding received.

10. The Recipient acknowledges that it is not the agent of the Province and will do no act which might be construed as authorizing any contract or permitting any other liability or obligation to be incurred on behalf of the Province.

11. The Recipient will not make any material change in or to the Program as described in Appendix A without prior written consent of the Province. The Recipient will not make any material change in or to the intended use of the resulting Program as described in Appendix A, without prior written consent of the Province

12. In the event the Funding exceeds the Recipient's requirements in respect of this Agreement the Recipient will notify the Province. The Province may require the excess funding to be returned or may permit the use of the excess funding as direct by the Province. Funds identified by the Province to be returned to the Province shall constitute a debt due to the Province.

OBLIGATIONS OF THE PROVINCE

13. Provided the Recipient is in compliance with its obligations under this Agreement, the Province will pay the Recipient the amount and in the manner set out in Schedule B of this Agreement.
14. The Province will not have any obligation to provide a financial contribution under section 13 unless the Recipient has complied with the provisions set out in Schedule B.

COMMUNICATIONS

15. The Recipient agrees that all public information material pertaining to the Program will clearly indicate that the Program is funded through the Province. The recipient acknowledges that the Province would like at least 15 working days notice of any scheduled communications material or public events relating to the Program.
16. All announcements will be co-ordinated with the British Columbia Communications and Public Engagement.

DEFAULT

17. Any of the following events will constitute an Event of Default whether any such event be voluntary, involuntary or result from the operation of law of any judgment or order of any court or administrative or government body:
- (a) the Recipient fails to comply with any provision of this Agreement;
 - (b) any representation or warranty made by the Recipient in connection with this Agreement is untrue or incorrect;
 - (c) any information, statement, certificate, report or other document furnished or submitted by or on behalf of the Recipient pursuant to or as a result of this Agreement is untrue or incorrect; or,
 - (d) the Recipient fails to provide positive confirmation that the Program has been completed by the Completion Date.

TERMINATION

18. Upon the occurrence of any Event of Default and at any time thereafter the Province may, notwithstanding any other provision of the Agreement, at its sole option, elect to do any one or more of the following:
- (a) terminate this Agreement and the Recipient shall repay such amounts as determined by the Province, such amounts shall constitute a debt due to the Province;
 - (b) pursue any other remedy available at law or in equity.

19. If the Province terminates this Agreement under paragraph 18 (a), then such termination may take place on ten (10) days' written notice.

APPROPRIATION

20. Notwithstanding any other provision of this Agreement, the payment of money by the Province to the Recipient under this Agreement is subject to:

- (a) there being sufficient monies available in an appropriation, as defined in the *Financial Administration Act* to enable the Province, in any fiscal year or part thereof when any payment by the Province to the Recipient falls due under this Agreement, to make that payment; and
- (b) Treasury Board, as defined in the *Financial Administration Act*, not having controlled or limited expenditure under any appropriation referred to in subsection (a) of this section

AUDIT

21. In addition to any other rights of inspection the Province may have under statute or otherwise, the Province may at any reasonable time and on reasonable notice to the Recipient, enter on the Recipient's premises to inspect and, at the Province's discretion, copy any of the Material and the Recipient must permit, and provide reasonable assistance to, the exercise by the Province of the Province's rights under this section.

NO FURTHER OBLIGATIONS

22. The Recipient acknowledges that nothing in this Agreement will bind the Province to provide additional provincial funding for the development and on-going operational costs of the Program or any financing for any addition or improvement to the Program, or any cost overruns of the Program and that no partnership, joint venture or agency will be created or will be deemed to be created by this Agreement or any action of the parties under this Agreement.

SURVIVAL OF TERMS

23. Sections 7(b) and (c), 15, 18(a) and (b) or any other terms which by their nature or intent should continue after the term of this Agreement continue in force indefinitely, even after this agreement ends.

NOTICE

24. (a) Any written communication from the Recipient to the Province must be mailed, personally delivered, faxed, or electronically transmitted to the following address.

Mr. Gordon Cross

Executive Director
Regional Grants and Decision Support
Ministry of Health
6-1, 1515 Blanshard Street
Victoria BC V8W 3C8

Email: ~~grants@ministryofhealth.ca~~
Fax: 250-952-1420

(b) Any written communication from the Province to the Recipient must be mailed, personally delivered, faxed or electronically transmitted to the following address.

Pain BC
3300 - 910 West 10th Ave, JPPN 3
Vancouver, BC V5Z 1M9

Attention: Maria Hudspeth, Executive Director
Telephone: (604) 349-0150
Email: ~~maria.hudspeth@painbc.ca~~

- (c) Any written communication from either party will be deemed to have been received by the other party on the tenth business day after mailing in British Columbia: on the date of personal delivery if personally delivered; or on the date of transmission if faxed
- (d) Either party may, from time to time, notify the other by notice in writing of a change of address and following the receipt of such notice, the new address will, for the purposes of paragraph 23 (a) or (b) of this Agreement, be deemed to be the address or facsimile of the party giving such notice.

MISCELLANEOUS

- 25. This Agreement will be governed by and construed in accordance with the laws of the Province of British Columbia.
- 26. The Schedules to this Agreement are an integral part of this Agreement as if set out at length in the body of this Agreement.
- 27. If any provision of this Agreement or the application to any person or circumstance is invalid or unenforceable to any extent, the remainder of this Agreement and the application of such provision to any other person or circumstance will not be affected or impaired thereby and will be enforceable to the extent permitted by law
- 28. Nothing in this Agreement operates as a consent, permit, approval or authorization by the Province or any ministry or branch thereof to or for anything related to the

Program that by statute, the Recipient is required to obtain unless it is expressly stated herein to be such a consent, permit, approval or authorization.

29. The Recipient will not, without the prior, written consent of the Province, assign, either directly or indirectly, this Agreement or any right of the Recipient under this Agreement
30. All disputes arising out of or in connection with this Agreement will be referred to and finally resolved by arbitration pursuant to the Commercial Arbitration Act.

IN WITNESS WHEREOF each of the parties has executed this Agreement on the dates set out below.

SIGNED by the Minister of Health)
or his or her duly authorized representative)
on behalf of HER MAJESTY THE QUEEN IN)
RIGHT OF THE PROVINCE OF)
BRITISH COLUMBIA)



Ministry's Authorized Signatory

FOR
Manjit Sidhu, CA
Assistant Deputy Minister
Finance and Corporate Services

Date: MARCH 28/14

Per: _____
Authorized Signatory

Maria Hudspeth, Executive Director

Date: _____

Schedule A: PROGRAM DESCRIPTION AND DATES

- A.1 Program Title: Chronic Pain Management
- A.2 The Commencement Date is on the signing of this agreement
- A.3 The Completion Date is no later than August 31, 2018
- A.4 The Program will consist of the following:

To support Pain BC's work assisting individuals living with chronic pain, including providing supports in alignment with the Practice Support Program Pain Management Module.

Schedule B: PAYMENT AND REPORTING REQUIREMENTS

B.1 Financial Contribution by the Province:

The Recipient, having met the Eligibility Criteria and agreeing to the Stipulations in this Agreement, the Province will make a financial contribution toward the Eligible Program Costs of the Recipient equal to \$1 Million being the maximum amount of funding approved by the Province.

B.2 Timing of Payment to the Recipient:

The Province will make one payment for its portion of the Eligible Costs that will become due and payable upon the signing of this Grant Agreement.

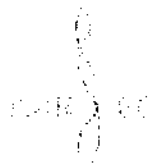
B.3 Final Report:

The Recipient agrees to provide to the Province a Final Program Status Report, in a form established by the Province.

NOTE: Reports submitted by the Recipient under the terms of this section are for the Province's information and Program accountability only, and their review by the Province in no way endorses, approves or verifies the findings, technical data, results, quality statements, representations or recommendations therein, and the Recipient warrants that all information contained in any report is true and correct.

B.4 Other Information:

The Recipient will provide the Province, upon request, interim reports and all such other information concerning the progress of the Program to completion and payment of Eligible Costs, as may be required by the Province.



407 - 10th Ave. W.
Vancouver, BC V5Z 1M9

Appendix A

Caryl Harper
Director, Patients as Partners

Sent by email

March 20, 2014

Dear Caryl,

It was great to see you at the Patients as Partners (PasP) Dialogue last week. Pain BC welcomes the further advancement of PasP and looks forward to collaborating on the new patient-centred policy direction.

Pain BC is a unique organization serving the needs of the 1 in 5 British Columbians living with chronic pain. We have an integrated approach, focusing on three strategic priorities:

1. Educating, promoting skills and building hope and confidence among people in pain and their families
2. Providing health care providers with the education, tools, and skills they need to improve the lives of people in pain
3. Facilitating the development and implementation of innovation and improvements in the health care system

Pain BC is singularly equipped to carry out this work. Several aspects set our organization apart:

- Pain BC is the only provincial organization addressing chronic pain – pain that persists beyond three months. This might be post-surgical pain, pain from living with a chronic disease, or pain related to injury. Living with chronic pain has the greatest impact on quality of life, regardless of the condition underlying it. While there are many disease or condition-specific organizations, none of them address the broader issue of chronic pain that one million British Columbians suffer with.
- Pain BC is the only organization in Canada that has brought patients and multi-disciplinary health care providers together in partnership to address the complex issue of chronic pain.
- Pain BC is the only organization working in an integrated way to address the issue of chronic pain: activating and educating pain patients, building capacity for the health care providers who treat

them, and addressing the gaps in care across the system. These three strategies are all needed to bring about real change for people living with chronic pain.

- Pain patients have traditionally represented a marginalized, “silent epidemic.” Pain BC is the only organization to engage them across all levels: in their own care, in the community and in system redesign. This aligns with the Ministry’s Framework on Patient and Public Engagement. Examples of this engagement include:
 - People in pain have collaborated on developing Pain BC’s strategic directions and implementing operations from the beginning of our organization through:
 - ✓ An initial engagement process which captured the stories of over 600 pain patients
 - ✓ Active collaboration on developing key strategic themes, with health care providers and decision-makers, at the first Provincial Pain Summit
 - ✓ Participation in Pain BC at all levels, from patient representation on the Board, to our Expert Patient Advisory Committee, to scores of active patient volunteers and peer support mentors, to those that engage with Pain BC through social media (4400 on Facebook, 26,000 participants in our 2013 webinar, and over 50,000 listeners to our 2013 Pain Waves Radio shows)
- Pain BC has been working with patient partners, health care providers, health authorities, our non-profit partners and organizations like the Doctors of BC, to bring about a new system of care. Our combination of expert patients and clinical thought-leaders has made Pain BC the “go to” organization that health authorities, regulatory bodies and health associations turn to for initiatives related to chronic pain. To date, we have collaborated on:
 - ✓ The Pain Management Practice Support Program (PSP)
 - ✓ The development of “PSP” type programs for physiotherapists and pharmacists, in order to build capacity for team-based, shared care (together with the College of Pharmacists, the BC Pharmacists Association and the BC Physiotherapy Association)
 - ✓ The development of Regional Chronic Pain Program plans for Fraser Health, Interior Health and Vancouver Coastal Health

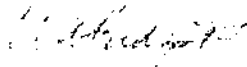
We are singularly equipped to address the issues facing British Columbians living with chronic pain. This doesn’t mean that we do this

Appendix A

work alone; in fact, our ability to build partnerships is one of our key strengths. We are recognized, however, as the only organization working to improve the lives of people living with pain, those providers who serve them, and the system itself.

We look forward to opportunities to partner with the Ministry going forward and thank you for the opportunity to advance our common goals.

Sincerely,



Maria Hudspith
Executive Director
604-349-0150

MEETING MATERIAL

Cliff #: 1003468

PREPARED FOR: *Minister of Health*

TITLE: *Minister of Health meeting with Pain BC*

MEETING REQUEST/ISSUE: *Pain BC has requested a meeting to discuss their collaborative efforts with the Ministry of Health, Doctors of BC, and joint clinical committees. It should be expected that Pain BC will request funds to enable continued and enhanced collaborative work.*

SHOULD MINISTRY STAFF ATTEND THIS MEETING: Yes, Doug Hughes, Assistant Deputy Minister, Health Services Policy and Quality Assurance Division and Kelly McQuillen or designate(s).

BACKGROUND:

Pain BC became a non-profit organization in 2008. Prior to this time, it had been a group composed mostly of Vancouver Coastal Health Authority health care providers and administrators interested in improvements for patients, providers and the health care system for patients with chronic pain. The Ministry of Health (the Ministry) had been involved in discussions at that time and have remained engaged with this group through collaborative efforts during the evolution from a working group in the Vancouver Coastal Health Authority to becoming PainBC, a registered non-profit society.

According to the Canadian Pain Society, pain is poorly managed in Canada and is the most common reason for seeking health care.¹ 17 percent of Canada's population aged 15 and over have experienced chronic pain. This percentage increases with age.

People who suffer from chronic pain require additional health services, with an average of 13 doctor contacts for people suffering from chronic pain compared with 4 for people with no pain. Additionally, the average length of hospital stay for chronic pain sufferers is 4 days compared with less than 1 day for those who do not experience chronic pain.²

The Ministry does not have a chronic disease registry to determine the prevalence, incidence and costs of chronic pain at this time. According to the Canadian Pain Society, the estimated annual cost of chronic pain in Canada is at least \$56-60 billion. Less than one percent of total funding from the Canadian Institutes of Health Research and 0.25 percent of total funding for health research goes to pain related research studies.¹

Pain BC is involved as a member of the community of non-government agencies that work to align and coordinate activities in Patients as Partners, a recognized initiative of the Ministry, in both policy and philosophy, as first outlined in the 2007 Primary Health Care Charter. However, Pain BC has not received funding directly from the Ministry for these collaborative efforts.

DISCUSSION:

Pain BC advises that funding would allow them to provide additional support to patients in BC living with chronic pain to have increased skills and confidence to manage their condition.

The Practice Support Program, a joint Ministry and Doctors of BC committee, funded through the Physician Master Agreement, is in the process of rolling out the Train-the-Trainer session for the new Pain Management Module. This module has seen unusually high levels of interest from the physician community. The module recommends patients learn self-management skills that are provided by non-government agencies in the community, of which Pain BC is a key member. Pain BC has participated in the development of the module and would like to further collaborate on enhancing the community supports they provide. However without additional funding it is likely not possible for Pain BC to provide these enhanced supports.

An informal query on funding possibilities by the Ministry was brought forward by Pain BC to the Ministry in 2013/14 but the society was told that this would not be possible. Pain BC enquired and requested additional funding for 2014/15 and was advised that funding may not be possible within the current Integrated Primary and Community Care budget.

The Specialist Services Committee (SSC), a joint committee of the Ministry and Doctors of BC, provided Pain BC \$86,800 in 2011 to support and advance a provincial pain strategy, and an additional \$150,000 in 2012/13 to support Pain BC activities, including involvement in the development of the Practice Support Program's pain module. The SSC's mandate is to assist with the enhancement and expansion of programs that support the delivery of high quality specialty services to British Columbians and is currently funded under the Memorandum of Agreement (2012), receiving \$54.8 million per year.³

As Pain BC works directly with the patients, British Columbians benefit directly from any funding this organization receives. Through the management of chronic pain, British Columbians will be able to experience an improved quality of life and be able to better contribute to society as a whole. Improved pain management would result in a decreased need for British Columbians to access the health care system, reducing the number of emergency room visits and lowering the incidence of depression and the resulting resources required to manage depression.

ADVICE:

Pain BC will likely request funding of an unknown amount to support its work.

1 Canadian Pain Society at: http://www.canadianpainsociety.ca/pdf/pain_fact_sheet_en.pdf, extracted February 11, 2014.

2 Statistics Canada. Chronic Pain Health Reports. Spring 1996, Vol.7, No.4 pgs 47-54.

3 Physician Master Agreement (2012) at <http://www.health.gov.bc.ca/msp/legislation/bcmaagree.html>, retrieved on March 12, 2014.

MEETING MATERIAL

Cliff #: 1003468

PREPARED FOR: *Minister of Health*

TITLE: *Minister of Health meeting with PainBC*

MEETING REQUEST/ISSUE: *PainBC has requested a meeting to discuss their collaborative efforts with the Ministry of Health, and Doctors of BC/ministry joint clinical committees. It should be expected that PainBC will request funds to enable continued and enhanced collaborative work in the future.*

SHOULD MINISTRY STAFF ATTEND THIS MEETING: Yes, Kelly McQuillen or designate(s).

BACKGROUND:

What do you know about this organization? What information should the person attending the meeting/declining the meeting know?

PainBC became a non-profit organization in 2008. Prior to this time, it had been a group composed mostly of Vancouver Coastal Health Authority health care providers and administrators interested in improvements for patients, providers and the health care system for patients with chronic pain. The Ministry had been involved in discussions at that time and have remained engaged with this group through collaborative efforts during the evolution from a health authority to a society.

According to the Canadian Pain Society, pain is poorly managed in Canada and is the most common reason for seeking health care. Pain accounts for up to 78 percent of visits to the emergency department, with one in five Canadian adults and children suffering from chronic pain. The incidence of chronic pain increases with age, with 80 percent of seniors in long-term care facilities reporting that they suffer from chronic pain. It is estimated that the annual cost of chronic pain in Canada is at least \$56-60 billion. (Relieving Pain in America, 2011). Additionally, less than one percent of total funding from Canadian Institutes of Health Research and a 0.25 percent of total funding for health research goes to pain related research studies.¹

PainBC is involved in Patients as Partners, as a member of community of involved non-government agencies that work to align and coordinate activities. However, the Society has not received funding directly from the Ministry for these collaborative efforts.

Funding for PainBC would provide additional support to patients in BC living with chronic pain to have increased skills and confidence to manage their condition. PainBC also provides information sessions to physicians and other health care providers on the most recent evidence based treatments. The Practice Support Program, a joint ministry and Doctors of BC committee, funded through the Physician Master Agreement, is in the process of the Train-the-Trainer session for the new Pain Management Module. This module has seen unusually high levels of

¹ Canadian Pain Society at: http://www.canadianpainsociety.ca/pdf/pain_fact_sheet_en.pdf, extracted February 11, 2014

interest from the physician community. The module recommends patients learn self-management skills that are provided by non-government agencies in the community, of which PainBC is a key member. PainBC has participated in the development of the module and would like to further collaborate on enhancing the community supports they provide. However without this funding it is likely not possible for the Society to provide these enhanced supports.

An informal query on funding possibilities by the Ministry was brought forward by PainBC to the Ministry in 2013 – 2014 but the society was told that this would not be possible. This request was also brought forward again for 2014 – 2015 with the response that it did not appear to be possible within the current Integrated Primary and Community Care budget.

PainBC received \$86,800 in 2011, to support and advance a provincial pain strategy, and an additional \$150,000 in 2012 - 2013 to support PainBC activities, including a practice support pain module, from the Specialist Services Committee (SSC). The SSC is a joint Ministry and Doctors of BC committee, and was created in 2006 to facilitate collaboration between the government of BC and the BC Medical Association, now known as the Doctors of BC. The SSC's mandate is to assist with the enhancement and expansion of programs that support the delivery of high quality specialty services to British Columbians and is currently funded under the Memorandum of Agreement (2009), receiving \$45 million per year.²

As PainBC works directly with the patients, British Columbians benefit directly from any funding this organization receives.

Furthermore, through the management of chronic pain, British Columbians will be able to experience an improved quality of life and be able to better contribute to society as a whole, thus reducing the national system impact of \$56-60 billion per year; all this through a decreased need for British Columbians to access the system, reducing the number of emergency room visits and by lowering the incidence of depression.

ADVICE: *Should any topics be brought up/avoided? Should any materials be brought to the meeting? If so, what other materials?*

s.13

s.13 the importance of PainBC's activities is recognized as an integral part to providing British Columbians with effective and appropriate care. Our branch would recommend that PainBC receive an end of year grant to support this important work.

² Specialist Services Committee at: http://www.sscbc.ca/sites/default/files/SSC_AR%20WEB_0.pdf, retrieved on February 11, 2014

From: Johansen, Nadeen HLTH:EX
Sent: Tuesday, August 28, 2012 2:34 PM
To: Micco, Angela HLTH:EX
Subject: SCC and Pain BC Funding - Action Required
Attachments: Re: PAIN BC Budget and Funding Transfer and Questions for Co-Chairs on Leadership of PSP Module

For the Shared Care Committee allocation relating to Cowichan division of Family Practice, Maria Hudspith advised the agreement was for \$40K, (\$20K for sessional payments and \$20K in planning support for consulting). Her understanding was that the transfer would be direct to the DoFP from Shared Care who will administer the allocation. I understood this was to be minuted at the July SCC meeting before the transfer could take place.

The \$40,000 that has been earmarked by Shared Care for Cowichan Division. Was this ever minuted by SCC? Is this to cover both GP and SP involvement, or just GPs? What is SSC's involvement/interest in this? The June 18th email had only identifies \$20K for Cowichan. It become \$40k in discussion with Maria. This needs to be confirmed/approved at SCC.

Nadeen Johansen

Primary Health Care and Specialist Services Branch
Medical Services & Health Human Resources Division | BC Ministry of Health
Phone: 250.952.2052 | Fax: 250.952.1417 | nadeen.johansen@gov.bc.ca



July 6, 2012

Maria Hudspith
Executive Director
Pain BC
3300 - 910 West 10th Ave
Jim Pattison Pavilion
Vancouver BC V5Z 1M9

Dear Maria:

We are writing to confirm the Specialist Services Committee financial contribution to PainBC activities as recently discussed in the amount of \$150,000 in one-time funding.

This funding is for coordination and administration, support for the mentor mentee work, as well as project planning and support. As discussed, \$35,000 of the \$150,000 will be held by the BC Medical Association to administer physician sessional payments. A transfer in the amount of \$115,000 one time funding will be made through the BC Medical Association.

As SSC funding to Pain BC will cease at the end of fiscal year 2012/13, we encourage your society to explore opportunities with other sources for organizational self-sufficiency.

Thank you for your continued collaboration with Specialist Services Committee.

Sincerely,

A handwritten signature in black ink, appearing to read 'Seethram'.

Ken Seethram, Co-Chair
BCMA Representative

A handwritten signature in black ink, appearing to read 'Kelly McQuillen'.

Kelly McQuillen, Co-Chair
Government Representative

pc: Jim Aikman
Executive Director
Economics and Policy Analysis
BC Medical Association

Greg Dines
Director
Practice Support and Quality
BC Medical Association

Clay Barber, Consultant

SPECIALIST SERVICES COMMITTEE

British Columbia Medical Association | Ministry of Health
Telephone: 250.952.2052 | Facsimile: 250.952.1417

c/o 3-2, 1515 Blanshard Street
Victoria BC V8W 3C8

June 21, 2012

Pain BC Budget for Specialist Services Committee

Total Coordination and Administration	74,000	74,000
Administrative support mentor mentee	21,000	95,000
<i>Physician sessional payments</i>	<i>15,000</i>	110,000
Project Planning and Support		110,000
<i>Physician sessional payments</i>	<i>20,000</i>	130,000
Administrative support	20,000	150,000

\$150,000 allocation

\$- 35,000 transfer to PSP for administration of sessional payments on behalf of SSC

\$115,000 balance transfer to Pain BC (BCMA)

SPECIALIST SERVICES COMMITTEE DECISION / DISCUSSION BRIEFING DOCUMENT

Title: Pain BC Funding

Purpose: Discussion / Decision

Issue: To make a determination on the level of funding and timeframe for PainBC.

Background:

Pain management early on was identified as a priority for the SSC and subsequently named one of four “non-surgical priority areas” as per the SP mandate of the Physician Master Agreement.

Due to receiving several pain related project funding submissions from regional consultants, the SSC engaged with pain specialists and Pain BC to work towards developing a provincial pain strategy.

In 2011, Pain BC moved forward on its plan by hosting a Provincial Pain Summit to which the SSC fully funded at \$77,008. To implement the recommendations of the Provincial Pain Summit through pilots and liaison, the SSC provided further financial support of \$86,800 (with \$20,000 of this total contributed by the Shared Care Committee).

In February, 2012, Pain BC presented to each of SSC and SCC to provide an update on the initiatives, identify deliverables, timelines and costing for the projects underway. Pain BC is seeking financial support for the ongoing work of the projects.

Discussion:

Cross committee discussions have been occurring around the level and detail of the funding request to ensure a coordinated response as well as the position of the committees/Government on industry funding partners.

Pain BC previously disclosed its industry funding as an unrestricted educational grant and also shared its newly adopted funding policy approved by its Board.

For the April 2012, Shared Care meeting, Pain BC submitted a further detailed budget for 2012 (attached) of \$400,450 with a breakdown as follows:

- Coordination and Administration: \$73,800
- Mentor / Mentee Network \$125,650
- Physician and Health Care Provider Education and Support \$67,000
- Project Planning and Support \$134,000

At the April Shared Care Committee meeting, it was agreed it would fund project-related aspects of the budget that align with the Practice Support Program. Those pieces are to be determined.

Funding Request:
\$401,000

SPECIALIST SERVICES COMMITTEE DECISION / DISCUSSION BRIEFING DOCUMENT

Linkages:

- Shared Care Committee

Decision Required:

Determine level of SSC funding, position on industry involvement and the duration of funding for Pain BC.

- a) Fund the balance (less SCC component) of \$401,000 for a specific duration with the acknowledgement of industry funding for agency operations.
- b) Fund other specific components (less SCC component) of the request for a set timeframe with the acknowledgement of industry funding for agency operations.
- c) Fund the budget request of \$401,000 (less SCC component) plus the ongoing operating budget the Pain BC agency without industry funding.
- d) Do not fund.

Previous SSC Consultation / Recommendations:

April 23, 2012 (DRAFT Minutes - Shared Care)

A budget proposal from PainBC was tabled. Concern was expressed that funding from the physician negotiation agreement would be used to fund a non-governmental organization's infrastructure budget if the proposal was approved. It was agreed that the Shared Care Committee would fund project-related aspects of the budget that align with the Practice Support Program.

Action Items:

- Greg Dines to review PainBC funding proposal through a Practice Support Program lens and recommend which aspects of the proposal should be funded by the Shared Care Committee.
- Clay Barber to determine if the Cowichan proposal includes the PainBC project component.

February 23, 2012 (SSC):

Funding to be discussed at upcoming joint co-chairs meeting. M. Hudspith to retool budget to clearly define the infrastructure support elements and physician components (including planning, mentoring, and clinical) for SSC's consideration.

February 28, 2012 (Co-Chair's Meeting):

Action: Require further clarity on what they will do now/future. We need to direct them to what we want them to do.

January 12, 2012 (SSC):

ACTION: SSC will develop a funding policy statement in partnership with the other physician collaboration committees for consideration at next meeting.

Attachment:

- Reference: February 23, 2012 PainBC Presentation to the SSC (not attached)
- April 17 letter to Clay Barber (for Shared Care) includes Pain Society 2012 Budget (discussed at Shared Care)

Drafter: Nadeen Johansen

Email/Phone: 250.952.2052

Date: May 4, 2012

PAIN BC SOCIETY 2012 BUDGET

DETAILED 2012 BUDGET REQUEST (SSC/SCC):

Coordination, Administration, Resource Development

Teleconferencing/telecommunications s.17
Office Expenses (including postage/courier)
Meeting expenses
Website - provider resources
Coordination and administration
Contingency

Total Coordination and Administration

Mentor/Mentee Project

Administrative support
Office supplies and expenses
Nurse Pain Champions
Specialist mentorship of nurses
Curriculum development for GP preceptorships
Specialist compensation for preceptorships
Specialist compensation for email follow up
Contingency

Total Mentor/Mentee Project

Physician & Health Care Provider Education & Support

Provider Event Management
Venue and Catering
Trainers (including travel)
A/V Rentals
Accreditation costs
Promotion and Marketing

Total Physician & Health Care Provider Education & Support

Project Planning and Support

Physician sessional payments
Planning support

Total Project Planning and Support

TOTAL REQUEST 400,450



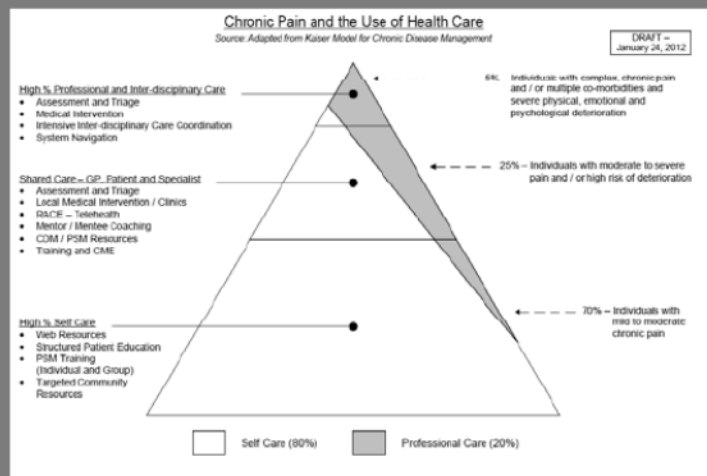
Specialist Services Committee

Feb. 23, 2012

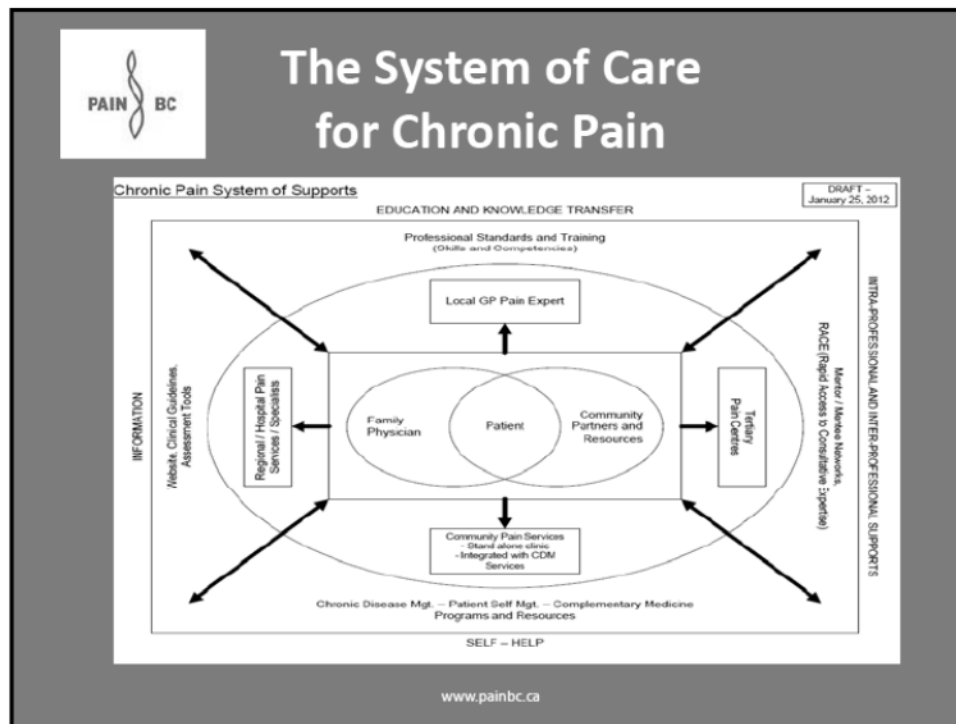
Update on Initiatives and Request for Support



Health Care Utilization for Chronic Pain



www.painbc.ca



PAIN BC

Initiatives Underway

1. **RACE line:**
 - Lower Mainland pilot launched Feb. 13, 2012
 - Determine provincial feasibility in April
2. **Mentor/Mentee Networks:**
 - Prototype proposal with FH to launch network in Sept. 2012 (GP/Specialist/Nurse Champions)
 - Supporting development discussion with DoFPs/RHAs in IH/VIHA/VCH

www.painbc.ca



Initiatives Underway

3. Developing/testing prototypes for community-based, inter-disciplinary pain programs

- Supporting 2 DoFPs to develop operational plans
 - Cowichan leveraging IHN funding & linking to Attachment initiative
 - VCH considering involvement in Georgia Straight DoFP proposal
- Supporting IHA DoFPs/GPs - building blocks
 - Model development, education, patient journey mapping

www.painbc.ca



Initiatives Underway

4. Partnership/advocacy to develop regional programs

- IH – developing regional strategy (2013) with input from IDSC in March
- VCH/PHC – Regional Pain Program Working Group established February 2012
- NH – identification of local champions underway

www.painbc.ca



Initiatives Underway

5. Inter-disciplinary and GP education

- 300 providers attended Nov. 2011 workshops
- Evaluation: positive impacts on practice
- Education calendar for 2012 under development, including webcasting and regional programs

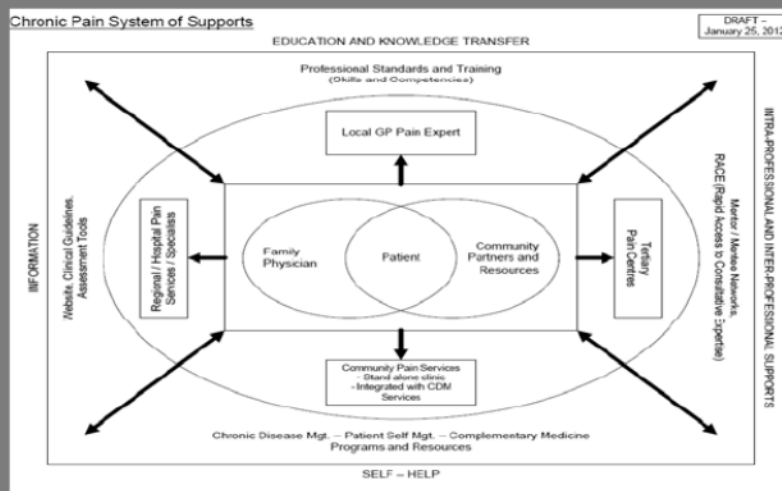
6. Central repository of tools/resources under development (www.painbc.ca)

7. Self management capacity building and peer support network development

www.painbc.ca



The System of Care for Chronic Pain

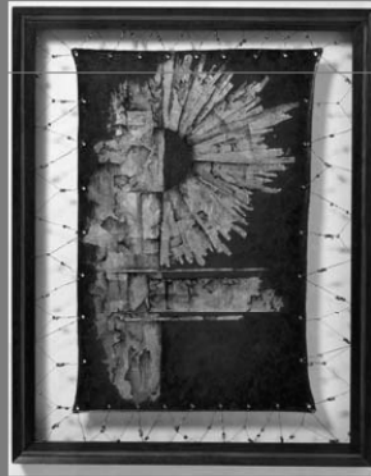


www.painbc.ca



Pain BC's Role

- Articulate model – inform system redesign
- Support foundational work (education, prototyping, evaluation)
- Engage patients and providers
- Build self management capacity
- Cross system catalyst and connector
 - Central hub for sparks of activity
 - Connect, reduce duplication
 - Provide resources



www.painbc.ca



Issues/Barriers

- Limited specialist capacity
 - Too few pain specialists to meet clinical consultation, mentorship or systems change needs
 - Royal College working on designated pain specialty to launch in 2014
- Lack of integration/alignment across continuum
 - Patient journey mapping needed to inform system design and local service delivery planning

www.painbc.ca



Issues/Barriers

- Compensation
 - Funding silos – barriers to interdisciplinary teams
 - Lack of incentive for GPs to treat chronic pain and for specialists to mentor
- Industry funding hampering partnerships
 - DOFPs concerned about Pain BC's industry funding
 - Dire funding context for all NGOs – reliance on industry funding for operations

www.painbc.ca



SSC Grant Update

Item	Grant	Expended
Consulting fees for proposal development	s.17	
RACE-line planning workshops (includes compensation, travel, food)		
Pilot program planning (includes GP and specialist compensation, with in kind support from DoFPs)		
Pain BC costs for coordination, partnership development and engagement activities (includes administration and overseeing consultants)		

www.painbc.ca



Request for Support

Item	Projected Cost	Leveraged Support
Consulting fees - pilot program support and mentor/mentee network development (includes HST, travel and contingency) – through Sept. 2012	S.17	
Mentor/mentee network prototype implementation and evaluation (includes Specialist compensation, admin costs, curriculum development, 24 in-office education sessions, case consultation)		
Nurse Champion mentorship program, in partnership with FH		
GP compensation - participation in proposal development for pilot programs		
Pain BC – coordination, resource development and system redesign activities		
Pain BC - for health care provider education (includes coordination, co-design with partners, speaker fees/travel, accreditation fees, venue/AV/food)		
Support Requested (up to)	401,000	

www.painbc.ca



Proposed Deliverables and Timeline

Activity	Date of Completion
Complete painbc.ca clinical resources	March 31, 2012
Determine next steps after RACE pilot	May 31, 2012
Launch FH Mentor/Mentee network	Sept. 2012
Finalize proposals for Cowichan and Powell River community programs	April 30 and June 30, 2012 respectively, followed by implementation planning
Complete Project Charter for VCH/PHC Regional Pain Program	June 30, 2012, followed by presentation to SETs
Host Lower Mainland CME	October 20, 2012
Host regional CME	Dates tbd in collaboration with DoFPs
Build capacity through mentorship networks, triaging requests for information, cross-system catalyzing/connecting	Ongoing

www.painbc.ca



Thank You Questions/Discussion

- Dr. Michael Negraeff, Chair, Board of Directors
– michael.negraeff@vch.ca
- Maria Hudspith, Executive Director
– maria@painbc.ca

Artwork courtesy of the Pain Exhibit
www.painexhibit.com

www.painbc.ca

SPECIALIST SERVICES COMMITTEE REQUEST FOR PRESENTATION

Purpose: (Discussion / Consultation / **Information** / **Decision**)

Issue: *Review of progress to date on SSC funded chronic pain initiatives, discussion of next phase in planning/implementation and resources required.*

Overview:

Why is this topic coming to the SSC?

- This is coming back to SSC as a report on what Pain BC and our partners have accomplished with the initial investment SSC has made to improve chronic pain services in BC. At our last presentation, we committed to report back in February and to discuss the next phase of planning and implementation.

How quickly does this need to come to the SSC? (e.g., next meeting or sometime in the future)

- This needs to come to the next meeting to avoid delays in developing new chronic pain resources and to ensure momentum is not lost.

Has the topic been consulted with, or developed through the Ministry of Health, Health Authorities, or other committees?

- Pain BC has engaged many other stakeholders in the initiatives, including the Ministry, the Shared Care Committee and GPSC, the Health Authorities (VCH, IH, FH and VIHA), and some Divisions of Family Practice.

Is the topic aligned with the SSC's Triple Aim (IHI's modified)? (e.g., impact positively the experience of the patient and care provider, impact positively the health (physical and mental) of a defined population, and have a positive effect on health care cost/spending at a per capita level.)

- Yes.

Decision Requested: Decision to proceed with implementation of mentor/mentee network and further planning/implementation for community-based pilot projects. *(if the item is coming forward for decision, clearly state the requested decision point(s), otherwise just mark N/A)*

Describe Funding Request (if applicable): Funding will be sought for the next phase of planning and implementation of the community based chronic pain pilot projects (funding being leveraged from other sources as well), the mentor/mentee network and the RACE line (funding to be shared with SCC).

Documents to be Provided: (if applicable) describe and provide title

- Powerpoint presentation "Working Together to Reduce the Burden of Pain in BC – Status Update and Next Steps on SSC-supported Chronic Pain Initiatives"

PLEASE NOTE:

- If there is any material, an e-copy must be received by SSC secretariat **one week prior** to the scheduled SSC meeting date. nadeen.johansen@gov.bc.ca / 250.952.2052

Is this topic coming forward to SSC from another of the bi-partite Government/BCMA Committees? We are also presenting to SCC.



SPECIALIST SERVICES COMMITTEE REQUEST FOR PRESENTATION

Time Requested on Agenda: 45 total minutes

Presenter(s): *(name, title, organizational affiliation of each presenter attending)*

- Maria Hudspith, Executive Director, Pain BC
- Dr. Michael Negraeff, Chair, Pain BC and Pain Specialist, VGH

Contact: Maria Hudspith

Date: January 4, 2012

Specialist Services Committee Lead: Co-Chairs

(who on SSC is the sponsor – if not specific to one member, indicate Co-Chair)



**Changing pain.
Changing minds.**

Pain BC Funding Policyⁱ

Background and Context

Pain BC actively fundraises for its annual operating and project costs. Sources of funds include revenue from educational events, membership dues, grants from government and the BC Medical Association, individual donations, and unrestricted grants from the corporate sector, including the pharmaceutical industry.

Policy Scope

This policy covers all funding opportunities offered by Pain BC, including but not limited to the Pain BC website and newsletter, all educational programming (e.g., workshops, webinars), all print materials (e.g., brochures, pamphlets), advocacy efforts, engagement activities and knowledge translation work.

Definition of Funding

Funding refers to payment or other contribution that assists Pain BC in fulfilling its mission to reduce the burden of pain in BC.

Primary Considerations

The integrity and credibility of Pain BC and its members shall be the primary consideration in all fundraising activities. Pain BC will not accept funding that compromises:

- Editorial or programmatic independence
- Organizational integrity
- Consistency with Pain BC's mission, vision and values

Funding Criteria

- Funding from companies that manufacture or promote products or services such as tobacco, weapons, gambling or pornography will not be accepted.
- Funding from pharmaceutical companies that produce pain management medications will be accepted in the form of unrestricted grants only; pharmaceutical companies or their representatives will not be involved in determining the content of any Pain BC materials (print or online), programs (educational or otherwise), or policies.

Acknowledgment of Funding Relationship

- Pain BC will determine the final wording and placement of funder acknowledgement. Wording will be similar to *"Produced through an*

unrestricted educational grant from (funder name)” or “Pain BC is supported through an unrestricted grant from (funder name).”

- Acknowledgement of the Funder will not make reference to any products.
- Funder logos may or may not be included in Pain BC materials, at Pain BC sole discretion, and will not be more prominent in size than logos of Pain BC or other partner organizations.
- Funders will not be permitted to use acknowledgement by Pain BC to promote or sell products or services.
- Funders may refer to their provision of funding to Pain BC in their promotional materials but no characterization of the funding relationship may be used as evidence of Pain BC endorsement of the funder or any of the funder’s products.
- Pain BC’s logo may not be used on any other website, including those of funding organizations, without the express written approval of Pain BC.

Educational Programs

- Pain BC abides by the policy of the Accreditation Council for Continuing Medical Education (ACCME) concerning industry sponsorship of educational programs, as well as the related policies and Code of Ethics of the Canadian Medical Association. Where appropriate, Pain BC seeks accreditation from accredited members of the ACCME and therefore abides by the established standards.
- Control of content and selection of presenters will be the sole purview of Pain BC and its Committees.
- Funders will not determine specific content, influence speaker selection nor review educational materials prior to delivery or publication.
- Funds will be given in the form of unrestricted educational grants. All other funds associated with educational programs must be given with the full approval of Pain BC. No other funds from industry will be paid to the program planner(s), faculty or others involved in the educational program.
- No pharmaceutical promotional activities will take place in the same room as educational events.

Disclosure

- Pain BC will ensure disclosure of funding sources to participants in educational programs.
- This policy document will be posted to the Pain BC website.

Funding Approval and Termination

Pain BC reserves the right of final approval of all funding and the right to refuse funding or terminate funding agreements if Pain BC deems that the funding criteria have been breached.

Revisions

Pain BC may amend this policy by dating and posting a revised policy to the Pain BC website.

ⁱ This policy was passed by the Pain BC Board of Directors on January 3, 2012.

Memorandum of Understanding

Pharmaceutical Funding and Joint Ministry of Health/BC Medical Association Physician Committee Funding Allocations to PainBC

Joint BC Ministry of Health / BC Medical Association physician committees (established under the Physician Master Agreement) have provided funding to PainBC for their provincial pain strategy pilots and liaison.

These committees understand that the pharmaceutical industry has provided funding to PainBC in the form of an unrestricted educational grant.

Through this Memorandum of Understanding, PainBC agrees that pharmaceutical industry funding will not be used for the design, implementation, and delivery of the provincial pain strategy pilots and liaison for which PainBC has received funding from joint BC Ministry of Health / BC Medical Association physician committees.

Nichola Manning, Co Chair
Specialist Services Committee

Dr. Ken Seethram, Co Chair
Specialist Services Committee

Date

Date

Kelly McQuillen, Co Chair
Shared Care Committee

Dr. Gordon Hoag, Co Chair
Shared Care Committee

Date

Date

Nichola Manning, Co Chair
GP Services Committee

Dr. Bill Cavers, Co Chair
GP Services Committee

Date

Date

Maria Hudspith
Executive Director, PainBC

Date

For Approval

Pain BC – transfer unused sessional funding from 2012/13 to 2013/14

Includes: transferring sessional funding unused in 2012/13 to 2013/14. Pain BC has only used a small portion (approximately \$7,000) of the available sessional funding as much of the work had been rolled into the PSP process or funded by other parties (e.g., sessional funds provided by the health regions for physicians working on program redesign).

Funding of Pain BC is intended to support the ongoing work of Pain BC Specialists to further the Pain BC mandate and can include education for health care providers or groups of people in pain, work on broad clinical resources or initiatives or advocacy work (through participation in Committees, meeting with health region leaders etc.).

Funding: Original funding allocation = \$35,000; Spent = \$7,000; \$28,000 to roll over to 2013/14

Funding source: One time

From: Bar, Sherry C HLTH:EX
To: "Kallstrom, Liza"; "Taylor, Graham"
Cc: "Devenish, Tracy"; "Farina, Sarah"
Subject: RE: urgent request for info on a MOH announcement
Date: Thursday, April 24, 2014 2:51:00 PM

Super! Thanks very much for your speedy response.

Sherry Bar BComm, MBA, BA
Senior Provincial Primary Health Care Advisor
Integrated Primary and Community Care
B.C. Ministry of Health Services
3-2, 1515 Blanshard Street
Victoria, BC V8W 3C8
Phone: (250) 952-1319
Fax: (250) 952-1417
E-Mail: sherry.bar@gov.bc.ca

From: Kallstrom, Liza [mailto:LKallstrom@doctorsofbc.ca]
Sent: Thursday, April 24, 2014 2:49 PM
To: Bar, Sherry C HLTH:EX; Taylor, Graham
Cc: Devenish, Tracy; Farina, Sarah
Subject: RE: urgent request for info on a MOH announcement

Response in Green below. I have not changed the wording to say that April 30th is the second TTT session – you may want to do that or not.

Liza

Liza Kallstrom M.Sc.

T 604 638 2854 C 604 657 7009 TF 1 800 665 2262 pspbc.ca

From: Bar, Sherry C HLTH:EX [mailto:Sherry.Bar@gov.bc.ca]
Sent: Thursday, April 24, 2014 1:33 PM
To: Kallstrom, Liza; Taylor, Graham
Subject: urgent request for info on a MOH announcement
Importance: High

Hi Liza and Graham:

I have just received an urgent request for information from communications. They will be announcing funding to PainBC. In the announcement, it references the Pain Management PSP module.

I have made some tweaks to the message below already in red. Please review to ensure this paragraph is OK. Communications had flagged the sentence in yellow.

Besides this, I have a few questions—

1. is this a GPSC (as stated) or SCC initiative? s.17
s.17 s.17
2. Is the target to train 500 physicians this year?
s.17
3. What is the funding for this PSP s.17
s.17

s.13,s.17

s.13,s.17

The Ministry of Health and Doctors of BC, through the General Practice Services Committee, and SCC and SSC have invested a further \$1,255,000 into this program, above

and beyond the \$1-million grant announced today. s.13
s.13

Sorry for the rush on this,

Sherry

Sherry Bar BComm, MBA, BA

Senior Provincial Primary Health Care Advisor

Integrated Primary and Community Care

B.C. Ministry of Health Services

3-2, 1515 Blanshard Street

Victoria, BC V8W 3C8

Phone: (250) 952-1319

Fax: (250) 952-1417

E-Mail: sherry.bar@gov.bc.ca

*** Note: Our email domain has changed to @doctorsofbc.ca. Please update your address book. ***

This e-mail and any attachment(s) is for authorized use by the intended recipient(s) only. If you are not the intended recipient, you are hereby notified that any review, retransmission, conversion to hard copy, copying, circulation or any other use of this message and any attachments is strictly prohibited. If you are not the intended recipient, please notify the sender immediately and delete this e-mail and any attachment(s). Thank you.

From: Bar, Sherry C HLTH:EX
To: "Liza Kallstrom"; "Graham Taylor"
Subject: urgent request for info on a MOH announcement
Date: Thursday, April 24, 2014 1:32:00 PM
Importance: High

Hi Liza and Graham:

I have just received an urgent request for information from communications. They will be announcing funding to PainBC. In the announcement, it references the Pain Management PSP module.

I have made some tweaks to the message below already in red. Please review to ensure this paragraph is OK. Communications had flagged the sentence in yellow.

Besides this, I have a few questions—

1. is this a GPSC (as stated) or SCC initiative?
2. Is the target to train 500 physicians this year?
3. What is the funding for this PSP

s.13

Sorry for the rush on this,

Sherry

Sherry Bar BComm, MBA, BA
Senior Provincial Primary Health Care Advisor
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Victoria, BC V8W 3C8
Phone: (250) 952-1319
Fax: (250) 952-1417
E-Mail: sherry.bar@gov.bc.ca

Minutes
Shared Care Committee
January 14, 2014
Victoria, BC

In Attendance

Kelly McQuillen (Co-Chair)
Dr. Gordon Hoag
(Co-Chair)
Kevin Brown
Dr. Ken Hughes
Dr. Garey Mazowita
Dr. Shelley Ross
Dr. George Watson

Dr David Wilton
Dr Susan MacDonald
Graham Taylor
Ellen Peterson[⌘]
Dr. Mitchel Fagan[⌘]
Dr. Victoria Lee[⌘]
Dr. Gulzar Cheema[⌘]
Dr. Kendall Ho[⌘]
Carol Park^{*}
Allan Seckel^{*}
Andrea Elvidge

Angela Micco
Jim Aikman
Dr. Dan McCarthy
Andrew Neuner
Lydia Drasic
Meredith Cormier
Marc Pelletier

Guests

Clay Barber
Dr. Bob Burns
Dr. William Cunningham
Alana Godin
Caryl Harper
Dave Harrhy
Aman Hundal

A/Secretariat
Sarah Stephanson

Regrets

Dr. Jeff Coleman
Dr Dan MacCarthy

⌘participated in meeting for agenda
item 4

⌘participate in meeting for agenda item
6

⌘participated as alternate for Dr. Jeff
Coleman

⌘participated for agenda item 1

1. BCMA Strategic Plan presentation

Allan Seckel presented the BCMA's strategic plan. The strategic plan was developed to fulfil the mission of the BCMA: Promote social, economic, and political climate in which members can provide the citizens of BC with the **highest standard of health care** while achieving maximum **professional satisfaction** and **fair economic reward**.

By fulfilling the mission of the BCMA the membership will become engaged and feel they are a part of improving the health care system.

- aid the physicians to become a profession of influence.
- this creates a favourable social economic and political climate.

The strategic plan outlines two paths the BCMA will follow in parallel. The first path is the path of subscription in which the BCMA will continue to provide certain services and benefits to its members:

- effective negotiations;
- services that add value (benefits, insurance, ^{s.17}); and
- effective and quality policy development.

The second path the BCMA strategic plan will follow the path of engagement. This path is to ensure effective the BCMA is engaged with physicians to promote local engagement and advocacy. The BCMA is striving to engage physicians to focus in their own community on system improvement. Furthermore the strategic plan will focus on system engagement and advocacy i.e., ensuring the work of the BCMA is integrated into the health care system and ensuring the policies the BCMA develops are applicable and consistent with daily practice.

Part of the strategic plan of the BCMA is to launch its new brand identity as the Doctors of BC on January 20, 2014.

Discussion took place regarding the strategic plan. It was highlighted that the strategic plan is centred on achieving the IHI's Triple Aim. By focusing on achieving the Triple Aim, the outcomes of the BCMA's strategic plan will be in alignment with the goals of the Ministry of Health.

2. Committee Administration

- **December 2013 Meeting Minutes:** Approved with a caveat to double check all dates and make any changes from 2013 to 2014 that may be necessary.
- **December 2013 Meeting Action Items:** Reviewed:

Topic: Committee Membership:

Discussion took place regarding the ability of the SCC to identify its membership needs and inform the Physician Services Committee. There are existing procedures and policies of the parent organizations (BCMA and MoH) which the SCC should follow; these procedures and policies need to be made clear to the SCC. Advice from the Governance and Nominations Committee is required regarding guidelines, process, parameters, deliverables funding of guests.

Three steps to clarifying this issue were tabled:

- Confirm with the parent organizations (BCMA and MoH) that the JCC's have autonomy for inviting guests as they see fit;
- Obtain information regarding existing procedures and policies of the parent organizations (BCMA and MoH) regarding guidelines, process, parameters, deliverables, nomination and funding of guests and members; and
- The JCC's need to look at their internal process for identifying representation needs through membership or guest representatives.

Pain Collaborative:

Three Health Authorities have identified themselves as being interested in taking the lead on the Pain Collaborative. This Collaborative is still in the very early phases of discussion.

Shared Care Committee Decision:

Topic: Conference Travel:

It was decided that each of the JCC's could decide which pre and post conference activities would be appropriate to fund on a case by case basis.

Topic: Committee Membership:

It was decided that the SCC would invite a guest representative from the First Nations Health Authority.

The SCC would also like to invite a Medical Health Officer as a guest representative.

Action item:

- A formal invitation letter from the SCC co-chairs is to be sent to the First Nations Health Authority inviting a guest representative (Lead: Sarah Stephanson).
- Information regarding existing procedures and policies of the parent organizations (BCMA and MoH) regarding guidelines, process, parameters, nomination and funding of guests and members needs to be obtained via a letter to the Physician Services Committee from the SCC Co-chairs (Lead: Angi Micco or Sarah Stephanson to draft).
- A formal letter from the SCC Co-chairs to be submitted to the BMCA Governance and Nominations Committee asking for direction on the process to invite a guest representative (Lead: Angi Micco or Sarah Stephanson to draft).

3. Project Funding Proposals:

- Transitions in Care:

a. North Shore Division of Family Practice - Hospitalists

The North Shore DoFP would like to move forward with a Shared Care Hospitalist initiative that focuses on sharing of information between hospitalists and family physicians at all points of a patient's stay in acute, sharing of care between community and acute physicians with a delineation of roles and responsibilities, and coordination with other providers and supports as patients are discharged back into the community.

s.17

Discussion took place regarding the importance of sharing learnings from other mature project sites., this will increase awareness of similar initiatives and encourage alignment. Spread (both local and provincial) of successes was tabled as something very important to incorporate into project proposals and plans as well as identification of instances and sources of patient journey mapping.

Action item:

- Add topic of leveraging PSP QI effectively in the spread of SCC projects to the next agenda (Lead: Sarah Stephanson Graham Taylor to assist).

b. North Shore Division of Family Practice – Orthopaedics

The North Shore has undertaken the first phase in an Orthopaedics Shared Care initiative, to end March 2014, which has focused on better communication between physicians and improved access to specialist care. To date, the initiative has successfully engaged the 9 orthopaedic surgeons and the approximately 160 family physicians in the North Shore in the implementation of a number of new processes including:

- A centralized referral system
- Referral Acknowledgment
- Screening process (i.e. initial consult by a non-operating orthoped or specially trained family physician)
- Orthopaedic phone advice line

The North Shore Orthopaedic Shared Care working group is interested in continuing to build on the current successes and momentum by moving forward with a Phase II which would focus on consult and treatment improvements through better integration of resources and improved communication between providers. Specifically, the initiative would address the following:

- 1) Standardized protocols and patient education
- 2) Consult Template/Roles and responsibilities
- 3) Accurate identification of the family physician upon admission
- 4) Better integration of community musculoskeletal supports
- 5) Spread of the North Shore Ortho Shared Care Phase I

s.13,s.17

ii. Partners in Care

a. Kootenay Boundary Division of Family Practice

Recently an evaluation was conducted, reviewing at all activity since inception; it can be found with the funding proposal. In the “Reflections & Learning” document, the KB team presents an accurate assessment of their performance. It is important to note that KB is now operating under their fourth PiC Project Manager, and this turnover has caused delays and challenges with the project.

Of the four original PiC projects, the Radiology, General Surgery and Orthopedics projects have been completed, within Internal Medicine and Psychiatry there is work remaining and new work the physicians would like to commence.

- For Psychiatry KB is seeking s.17 to: 1) Undertake a rural expansion of the Providence RACE line, and 2) Expand their current collaborative care lunches and provide regular multi-disciplinary team based CME on Psychiatry topics.

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SHARED CARE COMMITTEE MINUTES, December 16 2013

final

- For Internal Medicine, KB is seeking s.17 to continue their work on a multi-phased initiative. In Phase One there were three Shared Care engagements with internists and GPs, resulting in the recognition that a joint GP/SP model of care should be piloted. Phase Two of the project was the development and launch of a specialized Diabetes care clinic in Nelson BC, in partnership with KB CSC. This clinic is: led by a GP with advanced skills, supported by an Internist, and staffed by IHA diabetes nurses, educators and MOA support staff. Based on recent consultations with CSC leaders, it is clear that advancing a best practice change agenda within the region, and particularly in the vicinity of the Regional Hospital, will require some gentle “ground work” to stimulate creative thinking, cross pollinate ideas from within the region, and improve relationships between stakeholders. Thus, Phase Three will focus on hosting a multi-disciplinary diabetes event in the fall of 2014.

s.17

Action item:

- Add topic of gathering qualitative measures of engagement to a future agenda (Lead: Sarah Stephanson).

b. Nanaimo Division of Family Practice

s.17

s.17

2. s.13,s.17

s.13,s.17

c. South Island Division of Family Practice
s.13,s.17

Shared Care Committee Funding Decisions: The Shared Care Committee approved the following funding allocations:

3.i. Transitions in Care:

- a. North Shore DoFP – Hospitalist: s.13,s.17 (source: PMA funding)
- b. North Shore DoFP – Orthopaedics: s.13,s.17 (source: PMA funding)

3.ii. Partners in Care:

a. Kootenay Boundary DoFP: s.17 (source: PMA funding)

Funding is to be issued in two instalments of s.17 The second and final instalment will be released in approximately 6 months, subject to approval of the SCC, and within the following parameters:

- i. Endorsement from the project steering committee and confirmation from the Shared Care-Partners in Care Lead;
- ii. The project is moving forward according to the approved proposal;
- iii. An evaluator has been hired and an evaluation framework has been completed for the scope of work planned;
- iv. Engagement has occurred with stakeholders – issues have been discussed, there is agreement within the working group to address the issues identified by stakeholders and the project is moving towards solution implementation; and
- v. s.17

b. Nanaimo DoFP: \$360,000 (source: PMA funding)

Funding shall be issued in two equal allotments s.17 Phase 1 has been released as per the September 2013 minutes, phase 2 shall be released subject to approval of the SCC, and within the following parameters:

- i. endorsement from the project steering committee and Shared Care Lead Partners in Care;
- ii. the project is moving forward according to the project proposal,
- iii. evaluator hired and that an evaluation framework has been completed for all 3 projects,
- iv. engagement has occurred with stakeholders where issues have been discussed and there is agreement within the working group to address the select issues identified by stakeholders,
- v. engagement has occurred with stakeholders where solutions have been discussed and there is agreement within the working group to address the select issues identified by stakeholders and the project is moving towards implementation of solutions,
- vi. s.17

4. Langley Division of Family Practice Presentation and Discussion:

The purpose of engaging with SCC is to identify the optimal model for shared care in Langley of shared health care delivery with the goal being to provide seamless, high quality person centred care to the residents of Langley. Rather than approaching the problem on a project-by-project basis, LDFP would like to use their strengths in innovation and their change-ready division members to identify a new approach – one that starts with a vision, and builds the systems that will enable to vision's delivery without duplication. LDFP's vision requires a phased study to identify the best method of switching the focus of healthcare from the current state which is all too often reactive, episodic care to a model that's focus is on preventative upstream measures that will sustainably reduce the number of people requiring more costly disease focused, investigations and interventions. A plan is needed that focuses on the triple aim.

The presentation prompted the discussion about beginning to thinking about models of care. There has been some popularity across the province for a new model of care.

There was some concern about the lack of an actual proposal detailing project deliverables. The SCC decided it was important that it be consistent in funding approvals.

Action item:

- A project proposal with clearly identified projects and deliverables needs to be presented to the SCC (Lead: Aman Hundal and Clay Barber).

5. Updates

Discussion took place regarding the usefulness of reviewing the various updates at the meeting and whether or not it would be better to have the updates as pre-reading with an opportunity for questions during committee administration.

Shared Care Committee Decision:

The decision was to keep the verbal updates at the SCC meetings to the notable items and the various updates will be made available with the meeting materials.

i. Shared Care & Communications Report:

- Please see monthly report for full SCC update.
- Central Okanagan DoFP submitted an application for the IHI conference in Washington. While they were not accepted to present, they have been selected to show their Diagnostic Imaging work during the Poster Presentations event. Subject to SCC approval, four individuals are planning to attend (1 GP, 1 SP, 1 ED, 1 Project

Page 10 of 15

person); **note** site is not seeking funding support as they will use existing division and local Shared Care project funds.

- Seeking approval for the North Shore Orthopedics group to present at the IHI conference in March. Bethina Abrahams will be doing an oral presentation during one of the rapid fire sessions and they have a poster presentation. The attendees would be Dr. Lisa Gaede (GP), Dr. Alan Baggoo (ortho) and Bethina Abrahams.

Shared Care Committee Decision:

- The SCC supports the four interested individuals from Central Okanagan DoFP to attend the IHI conference in Washington, DC to present their accepted diagnostic imaging poster. The COk DoFP will fund the trip using existing division and local Shared Care project funds.
- The SCC supports the three interested individuals from North Shore DoFP to attend the IHI conference in Washington, DC to present their work. The North Shore DoFP will fund the physicians using existing division and local Shared Care project funds, Bethina Abrahams will be sponsored by the SCC Transitions in Care initiative.

ii. General Practice Services Committee Update:

- A GP for Me is the top priority for the GPSC going forward.
- Maternity care working group is moving forward with their activities. New data is coming available and in turn increasing the scope of the work.
- Provincial work going on regarding physician recruitment and retention. This is looking at best practices and evidence. A report on the findings is now available

Action item:

- Circulate report on recruitment and retention findings (Lead: Sarah Stephanson).

iii. Specialist Services Committee Update:

- The SSC has a variety of working groups now underway. The focus is to prioritize where engaging in initiatives should begin.
- The SSC is in the process of solidifying their work plan. The focus for is on building the work plan in accordance with a quality and innovation framework.
- Approval of payment for the 2-Day PMI Course: Self-Awareness and Effective Leadership (May 24-25, 2014) course fee and travel-related costs for 20-25 specialists s.13,s.17 from the 2014/15 Leadership Scholarship Fund.

Shared Care Committee Decision:

The SSC and the SCC need to ensure they are aware of existing and potential areas of overlap and leverage their respective engagement activities for mutual benefit.

iv. Joint Clinical Committees Co-chair Meeting (December 2013):

- The Terms of Reference for the JCC Co-chairs has been finalized.
- A half day meeting has been set on Feb 5th for the JCC to dialogue on how PSP QI can best support the JCC work plans. Key stakeholders from the BCMA, MoH, health authorities, and Executive Leads for each JCC are invited to attend this meeting. A goal is to have a common approach to PSP QI support that can best leverage existing resources. (, 4 reps from jccs to participate, KH, GM, KM, GH)
- Alana Godin will be working with JCC Executive Leads to develop environmental scan of currently funded infrastructure and administrative resources/activities, and then develop a common definition of, and parameters for, infrastructure and administrative funding. A status report on this work will be given at the January 2014 JCC Joint Co-Chair Group meeting.
- The JCC supported using the PSC work plan reporting and presentation template that was used in 2013/14.

Shared Care Committee Decision:

Kelly McQuillen, Gordon Hoag, Garey Mazowita and Ken Hughes will participate as representatives from SCC in the half day PSP/QI meeting.

v. Practice Support Program:

Graham Taylor requested to defer the conference protocols proposal till the next meeting. He did provide a high level overview of his proposed approach: all conferences would be coordinate centrally through PSP. The PSP would offer a selection of applicable conferences that will be of interest to the JCC's and will work with the executive leads to develop budgets and appropriate invitations.

Graham identified the need for central support at the PSP office. He is moving forward with a SP Lead for Quality Improvement aspects of PSP moving forward. They are also seeking a data support and analyst position to help understand evaluation and how the data may be used to inform the program direction. No funding commitment from SCC has been requested at this time.

A written update of PSP activities is available on the SCC SharePoint site.

6. Patients as Partners Presentation (Caryl Harper, Dr. Kendall Ho, Dr. Gulzar Cheema)

Caryl Harper, Dr. Kendall Ho and Dr. Gulzar Cheema presented on the Patients and Partners initiative. The SCC previously approved s.17 one patient partner (and one alternate) to participate at SCC meetings on a prototype basis for one year. Four potential candidates have been selected and the next step is to have the SCC interview or have a conversation with these potential candidates to make the final selection. Upon final selection of the candidates, these individuals will go through the orientation process (patient partners will receive iap2 certification training) and begin participating at SCC meetings. The patient partners will receive on-going mentorship as they participate in this prototype.

Shared Care Committee Decision:

The SCC would have two patient partners. One based in Vancouver and one based in Victoria.

Action item:

- Coordination patient interviews with SCC members Dr. Hoag and Dr. Mazowita (Lead: Caryl Harper).

An Overview of the interCultural Online Health Network (iCON) was presented. The initiative falls under umbrella of Patients as Partners and the focus is on specific cultural populations with chronic disease.

Health practitioners & community members together for optimal chronic disease prevention and management:

- Accurate, high quality information
- Empowerment for self-care
- Communal support
- Cultural relevance
- Increase in eHealth use
- Optimization of health outcome
- Improvement of Health system

The emphasis is on the circle of care working together to provide patient self-management tools.

The next steps for iCON are to conduct a formal evaluation using both qualitative and quantitative measures and data, establishing an effective e-health strategy, development of an effective spread strategy to the general population.

Discussion took place regarding the benefits of this initiative in caring for these cultural populations, the overlap with other initiatives such as OASIS, the empowerment of the community as an effective model of change for the health care system and the effective use of technology in patient care.

7. Work Plan and Budget Projections Review for Fiscal 2014/15
s.13,s.17

The final version of the work plan to be presented to the Physician Services Committee in March will need to be approved at the February SCC meeting.

Discussion took place surrounding a number of different issues.

- The SCC needs to be cognisant of committed funds as the budgets are developed for fiscal 14/15.
- s.13,s.17
-
-
- The dissemination of learnings needs to be enhanced. The SCC must be careful to continue guidance of project implementation to avoid top down project implementation and maintain the physician and community driven approach.

Discussion took place regarding the possibility of shifting the SCC's focus to current projects and encouragement of spread versus the encouragement of new projects in new communities. A common theme of the discussion was the concern of lack of spread of our projects. The risks of following this strategy were discussed. s.17

s.17

The work plan and budget development working group will be meeting two more times prior to the finalization of the work plan and budgets for the February SCC meeting.

Action Item:

- Committee members are to provide any feedback on the work plan to Sarah Stephanson (sstephanson@bcma.bc.ca)

Next Meetings

January 14 2014 Vancouver
February 24 2014 Victoria
March 31 2014 Vancouver
April 22 2014 Victoria
May 20 2014 Vancouver
June 16 2014 Victoria
July 14 2014 Vancouver
August 11 2014 Victoria
September 9 2014 Vancouver
October 6 2014 Victoria
November 3 2014 Vancouver
December 8 2014 Victoria



**Changing pain.
Changing minds.**

Caryl Harper
Director, Patients as Partners

Sent by email

March 20, 2014

Dear Caryl,

It was great to see you at the Patients as Partners (PasP) Dialogue last week. Pain BC welcomes the further advancement of PasP and looks forward to collaborating on the new patient-centred policy direction.

Pain BC is a unique organization serving the needs of the 1 in 5 British Columbians living with chronic pain. We have an integrated approach, focusing on three strategic priorities:

1. Educating, promoting skills and building hope and confidence among people in pain and their families
2. Providing health care providers with the education, tools, and skills they need to improve the lives of people in pain
3. Facilitating the development and implementation of innovation and improvements in the health care system

Pain BC is singularly equipped to carry out this work. Several aspects set our organization apart:

- Pain BC is the only provincial organization addressing chronic pain – pain that persists beyond three months. This might be post-surgical pain, pain from living with a chronic disease, or pain related to injury. Living with chronic pain has the greatest impact on quality of life, regardless of the condition underlying it. While there are many disease or condition-specific organizations, none of them address the broader issue of chronic pain that one million British Columbians suffer with.
- Pain BC is the only organization in Canada that has brought patients and multi-disciplinary health care providers together in partnership to address the complex issue of chronic pain.
- Pain BC is the only organization working in an integrated way to address the issue of chronic pain: activating and educating pain patients, building capacity for the health care providers who treat

them, and addressing the gaps in care across the system. These three strategies are all needed to bring about real change for people living with chronic pain.

- Pain patients have traditionally represented a marginalized, “silent epidemic.” Pain BC is the only organization to engage them across all levels: in their own care, in the community and in system redesign. This aligns with the Ministry’s Framework on Patient and Public Engagement. Examples of this engagement include:
- People in pain have collaborated on developing Pain BC’s strategic directions and implementing operations from the beginning of our organization through:
 - ✓ An initial engagement process which captured the stories of over 600 pain patients
 - ✓ Active collaboration on developing key strategic themes, with health care providers and decision-makers, at the first Provincial Pain Summit
 - ✓ Participation in Pain BC at all levels, from patient representation on the Board, to our Expert Patient Advisory Committee, to scores of active patient volunteers and peer support mentors, to those that engage with Pain BC through social media (4400 on [Facebook](#), 26,000 participants in our 2013 webinars, and over 50,000 listeners to our 2013 [Pain Waves Radio](#) shows)
- Pain BC has been working with patient partners, health care providers, health authorities, our non-profit partners and organizations like the Doctors of BC, to bring about a new system of care. Our combination of expert patients and clinical thought-leaders has made Pain BC the “go to” organization that health authorities, regulatory bodies and health associations turn to for initiatives related to chronic pain. To date, we have collaborated on:
 - ✓ The Pain Management Practice Support Program (PSP)
 - ✓ The development of “PSP” type programs for physiotherapists and pharmacists, in order to build capacity for team-based, shared care (together with the College of Pharmacists, the BC Pharmacists Association and the BC Physiotherapy Association)
 - ✓ The development of Regional Chronic Pain Program plans for Fraser Health, Interior Health and Vancouver Coastal Health

We are singularly equipped to address the issues facing British Columbians living with chronic pain. This doesn’t mean that we do this

work alone; in fact, our ability to build partnerships is one of our key strengths. We are recognized, however, as the only organization working to improve the lives of people living with pain, those providers who serve them, and the system itself.

We look forward to opportunities to partner with the Ministry going forward and thank you for the opportunity to advance our common goals.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maria Hudspith', with a long horizontal flourish extending to the right.

Maria Hudspith
Executive Director
604-349-0150

From: [Negraeff, Michael \[VA\]](#)
To: [McQuillen, Kelly SDSI:EX; "Maria Hudspith"](#)
Cc: [Bar, Sherry C HLTH:EX](#)
Subject: RE: follow up from SSC meeting
Date: Tuesday, May 29, 2012 2:24:58 PM

Thanks Kelly,

There has been a lot of excitement among the pain professionals about this announcement and ideas for moving things forward through innovation are already being discussed.

Thanks again for both you and Sherry being long time supporters of this work - even well before we were Pain BC!

-----Original Message-----

From: McQuillen, Kelly HLTH:EX [<mailto:Kelly.McQuillen@gov.bc.ca>]
Sent: Tuesday, May 29, 2012 2:21 PM
To: Maria Hudspith; Negraeff, Michael [VA]
Cc: Bar, Sherry C HLTH:EX
Subject: Re: follow up from SSC meeting

Maria and Michael

It is our hope that this will be a year of advancement for the pain agenda. With partnership the overall strategic work will hopefully find opportunities through partnerships with HAs, Divisions and CSCs. Next steps with PSP will no doubt assist with province wide opportunities to advance the agenda

Sherry is working on the RFP for pain and we hope this will be additional support for the overall agenda Cheers

Sent from my iPhone

On 2012-05-28, at 12:17 PM, "Maria Hudspith" <maria@painbc.ca<<mailto:maria@painbc.ca>>> wrote:

Clay,

Thank you so much for this great news. We are very appreciative of the Committees supporting our work to improve pain education for physicians and other health care providers. I will follow up with Greg separately about PSP.

We also appreciate the Committees allocating some funding for our organization to carry on with the coordination work we've undertaken. We've made a lot of progress and are happy that the momentum will continue. We understand that there won't be ongoing funding for our organization from the Committees but appreciate the commitment to fund some of the initiatives recommended at the Pain Summit.

Thanks again for shepherding this along.

Best,
Maria

Maria Hudspith
Executive Director, Pain BC
www.painbc.ca<<http://www.painbc.ca>>
604.349.0150

On Fri, May 25, 2012 at 2:58 PM, Clay Barber <clay@barbermc.ca<<mailto:clay@barbermc.ca>>> wrote:
Hi Maria and Michael,

As follow up to the may 18th SSC we had two action items as follows:

1. Jeremy Higgs and I to review administrative components of PainBC budget for direct allocation to PainBC to sustain your collaborative work though this year.

2. Greg Dines to allocate resources within PSP to accelerate development of Pain module for this fiscal year 2012/13 to capture in a module what was conceptualized under your mentor/mentee and Physician & Health Care Provider Education & Support line items. The funding requirements are expected to be close to \$1M and will predominately come from SSC with remainder from SCC.

Jeremy and I met today and would like to present the following proposal:

[cid:]

Please feel free to give Jeremy or me a call to discuss further regarding the admin allocation or Greg Dines re the PSP.

Thanks you so much for your patience as we've worked through the processes.

Have a great weekend

Clay

Clay Barber
Executive Lead, Shared Care Committee
4586 Montford Crescent
Victoria, BC V8N 3W5
250.984.2500<tel:250.984.2500>

From: [Maria Hudspith](#)
To: [Bar, Sherry C HLTH:EX](#)
Cc: [McQuillen, Kelly SDSI:EX](#); [Michael Negraeff](#)
Subject: Re: follow up on contribution agreement
Date: Wednesday, May 16, 2012 3:53:00 PM

Great. Please be in touch as your process unfolds.

Will you alert me when it goes up on BCBid or should I be watching for it?

On Wed, May 16, 2012 at 2:57 PM, Bar, Sherry C HLTH:EX <Sherry.Bar@gov.bc.ca> wrote:

Hi Maria:

We are starting an RFP that would be put on BCBid for pain initiatives. It will absolutely take a few more weeks before it is posted and anticipate we may have a few questions for you as we are putting the documents together.

Cheers!

Sherry

Sherry Bar BComm, MBA, BA
Research Officer
Primary Health Care and Specialist Services
BC Ministry of Health
3-2, 1515 Blanshard Street
Victoria, BC V8W 3C8
Phone: [\(250\) 952-1319](tel:(250)952-1319)
Fax: [\(250\) 952-1417](tel:(250)952-1417)
E-Mail: sherry.bar@gov.bc.ca

From: Maria Hudspith [<mailto:maria@painbc.ca>]
Sent: Wednesday, May 16, 2012 1:08 PM
To: McQuillen, Kelly HLTH:EX; Bar, Sherry C HLTH:EX
Subject: follow up on contribution agreement

Hi Kelly and Sherry,

Our Board has asked that I reconnect with you about the potential of the contribution agreement for Pain BC initiatives. We are working on implementation of our operational plan and need to have a sharper picture of our funding.

Thanks,

Maria

Maria Hudspith

Executive Director, Pain BC

www.painbc.ca

604.349.0150



**Changing pain.
Changing minds.**

Clay Barber
c/o Primary Health Care and Specialist Services Branch
BC Ministry of Health
3-2 1515 Blanshard Street
Victoria, B.C.
V8W 3C8

April 17, 2012

Submitted via email

Dear Clay,

I'm writing to follow up on the presentation made in February by Dr. Michael Negraeff and I to the SSC and SCC. We understand that there is support for funding the initiatives proposed but that the Committees would like to ensure consensus prior to the funding being released.

For detailed budget information, please refer to the attached spreadsheet.

There were four elements to the proposal we put forward:

1. Development of community-based pilot pain programs, in partnership with the Cowichan and Georgia Straight Divisions of Family Practice and the respective Health Authorities
- 2a. Development, implementation and evaluation of a mentor/mentee network, in partnership with Fraser Health and the Maple Ridge Division of Family Practice
- 2b. Development, implementation and evaluation of a nurse champion program, in partnership with Fraser Health (as a component of the larger Mentor/Mentee network)
3. Provincial catalyzing and coordination for system redesign activities and development of resources for pain patients and providers
4. Development, delivery and evaluation of pain management education for health care providers

Evaluation measures have not been fully developed for all projects but each project is aligned with Pain BC's Outcome Measurement Framework (attached). The Mentor/Mentee Working Group has started on development of outcome measures in partnership with SFU and the Fraser Health Evaluation and Data team.

Background on the initiatives and the specific deliverables expected from each are outlined below.

Development of community-based pilot pain programs

Background

Stakeholders at the June 2011 Provincial Pain Summit strongly advocated for the creation of community-based pain programs as a necessary system enhancement, filling the gap between overburdened primary health care providers and the few tertiary pain programs in the province. Expressions of interest were sought from Divisions of Family Practice. EOIs were required to meet several criteria, including

- Community readiness and interest by key stakeholders (Health Authority, Physicians at large, Divisions of Family Practice etc.)
- Identified champion who is well informed about what is happening in the region / community and who can commit time to work with consultant over next 3 months
- Inter-disciplinary model of service delivery is already present in the community
- Systems approach and willingness to link with CDM and modality-based pain services in the area
- Some of the “spokes in the wheel” are already in place with which to link to (e.g. CDM, Patient Self Management)
- There is capacity to include not only adults but also pediatrics and youth dealing with complex and chronic pain
- Administrative / Infrastructure supports can be negotiated / are available
- Some degree of Health Authority commitment to implementation

Four communities were initially selected but two in the Interior have since put their work on hold in order to participate in the development of IHA's Regional Pain Strategy; this project was announced following our call for EOIs. Two communities are continuing to engage in planning for a community-based pain service, with work on hold pending the result of this funding application.

Deliverable

- ✓ Development of a community-based pain program with evaluation metrics to measure impact

Funding Requested: \$64,000 in consulting costs plus \$19,000 in sessional fees to support physician participation

Development, implementation and evaluation of a mentor/mentee network

Background

There is increasing interest, provincially and nationally, in building capacity for improved pain management among primary health care providers. At the current time, there is one mentor/mentee network for pain operating in Nova Scotia, complementing their provincial network of primary, secondary and tertiary pain programs. Building on this model, Pain BC has been working with Fraser Health to develop a pilot that would see a small group of pain specialists supporting a large Division of Family Practice.

Fraser Health is providing in-kind support for data collection and analysis, as well as leadership from within their Surgical Program. SFU is providing in-kind research assistance.

Deliverables

- ✓ Development and delivery of continuing professional development programs to primary health care providers (through regular small group learning sessions, webinars, tele-health presentations, website tools, and possibly an annual conference or workshop.)
- ✓ Provision of clinical support through regular communication and through ongoing clinical conversations. Mentees will access the clinical knowledge of their mentors via practice-based preceptorships, specific case reviews, website links, telephone, facsimile and email communication.
- ✓ Evaluation of the prototype using outputs and outcomes related to patient health, health professionals and patient satisfaction, and system costs.
- ✓ Establishing 13 mentors (10 physician specialists, 1 CNS and 2 NPs) by the end of 2012 in support of 20-25 family physicians and 18 hospital-based pain nurse champions.

Some of the anticipated outcomes include:

- ✓ Improvement in inpatient pain management practices within the surgical program at 4 FH hospitals via improved post surgical pain care and timely discharge.
- ✓ To enhance primary care provider skills and competency in managing chronic pain
- ✓ To reduce pain & improve the quality of life of patients suffering with chronic pain

- ✓ To reduce waitlists for patients requiring specialized medical assistance to manage chronic pain
- ✓ To reduce health system costs associated with chronic pain

Funding requested: \$100,000 plus \$24,700 for planning support

Development, implementation and evaluation of a nurse champion program

Background

Increasingly, Pain BC is looking for early intervention opportunities to prevent the transition from acute to chronic pain, recognizing the tremendous costs to the health care system and the potential of life-long pain and/or disability that chronic pain can cause. This project focused on increasing the capacity of nurses in a regional hospital system in order to:

- ✓ raise awareness and profile of acute and chronic pain management
- ✓ share knowledge & education
- ✓ improve pain management practices peri-surgical and on patient discharge / transition back to the community
- ✓ improve ER management of persistent pain states through pain care pathways
- ✓ link sub-specialized community-based GP clinics with existing specialized pain services
- ✓ facilitate access to CDM and PSM programs
- ✓ enable standard practice protocols and enhance quality improvement efforts
- ✓ improve collaboration between the different elements of the pain care system

Fraser Health Surgical Program has committed to funding the training of surgical nurses to become nurse pain champions and to support job scope flexibility of current nursing experts in FH to coordinate this work / mentor the nursing participants. FH has also agreed to provide in-kind evaluation and data support. SFU is providing in-kind research assistance.

Deliverables: see above

Funding requested: \$26,000

Provincial catalyzing and coordination for system redesign activities and development of resources for pain patients and providers

Background

Prior to the incorporation of Pain BC, there was little momentum to address the needs of pain patients in BC. Since 2009, Pain BC has been engaging people in

pain and the health care providers who treat them. Our organization's efforts have resulted in tangible movement towards addressing the needs of this population in BC. Currently, two Health Authorities are planning comprehensive Regional Pain Strategies. Divisions of Family Practice are identifying pain as a priority and wanting to develop local solutions. Existing pain programs are examining ways to improve access and build capacity to support primary health care providers.

Pain BC is integral to these processes – as a catalyst and advocate, a connector, a broker of partnerships, resources and information, and as a coordinating body.

Deliverables

- ✓ Ongoing catalyzing of new pain initiatives at local and regional levels through partnering with Divisions of Family Practice/Health Authorities and engagement of patients and their families in local communities
- ✓ Provincial coordination of quality improvement and system enhancement activities, including:
 - monitoring and reporting on the evolution of the pain care system, including tracking new investment and impacts on patients, providers and the system
 - informing/participating in planning processes in Interior and Vancouver Coastal Health regions
 - development of an online clearinghouse of program development and other relevant literature to inform planning

Funding requested: \$74,000

Development, delivery and evaluation of pain management education for health care providers

Background

Health care provider education is a central strategy for Pain BC. Currently, pain management education is sorely lacking in pre-licensure education across disciplines. In Canadian universities, veterinary students are provided with 2 to 5 times more pain management education than students in medicine, nursing, dentistry, pharmacy, physical or occupational therapy. CME events are primarily sponsored by industry and don't always represent the broad, comprehensive best-practice approach to pain management.

Currently, the Practice Support Program has identified chronic pain as a priority area for education but has not determined a timeline for development of a module. PSP staff have suggested that development is unlikely within their current capacity.

Pain BC has been fielding requests from Divisions of Family Practice around the province who are interested in partnering on local pain education initiatives. Given the activity underway to develop regional programs with linkages to GPs, building capacity among primary care providers is a necessary building block.

Deliverables

- ✓ Pain management curriculum developed
- ✓ Delivery of 3 regional CME events (Northern, Vancouver Island and Interior), in partnership with Divisions of Family Practice

Expected outcomes include increased confidence and skills in pain management among primary health care providers, improved patient outcomes, and reduced wait lists for tertiary pain centres. Evaluation measures will be developed collaboratively with partner organizations.

Funding requested: \$67,000

Pain BC and our partners are eager to move these initiatives forward and to accelerate the momentum that we're seeing across the province. We trust that this additional information meets the requirements of the Joint Committees.

If you require additional information, please don't hesitate to contact me.

Thank you for your ongoing commitment and support.

Best,



Maria Hudspith
Executive Director



Dr. Michael Negraeff
Chair, Board of Directors

Appendix 1: Summary of Pain BC's 2011 Accomplishments

Encourage Prevention and Early Intervention

1. Convened discussion among key opinion leaders and practitioners regarding optimal assessment tools; these have now been posted to the Pain BC website and are accessed regularly by clinicians and patients.
2. Through development of community pilots, Pain BC is advancing opportunities to shorten the patient journey through improved intake, referral and triage procedures.
3. Supported development of the system of care for people in pain, including further stratification of the pain population and service delivery structure.

Facilitate Patient Engagement and Enhance Patient Education

1. Completed re-branding of Pain BC, including development of a new website with resource section for patients.
2. Utilized facebook and twitter to start building social network of pain patients and providers.
3. Hosted 5 educational sessions for patients across the province, working in partnership with relevant local patient groups or health care organizations
 - a. Prince George, in partnership with the Arthritis Society – 170 participants
 - b. New Westminster – 98 participants
 - c. Pain Summit – 40 participants
 - d. Bucket List Festival, in partnership with the VCH Palliative Program – 40 participants
 - e. Connecting to Solutions forum, in partnership with the People in Pain Network – 60 participants
4. Partnered with the Canadian Institute for the Relief of Pain and Disability and the Canadian Pain Coalition to host “Chronic Pain, The Journey Forward”, a series of free monthly webinars. The series enables access to leading edge pain researchers and practitioners by pain patients and their families. 4 webinars were completed in 2011, with over 400 participants. 3 more are planned for early 2012, as well as a seven week online program on mindfulness based stress reduction.
5. Co-developed a proposal for a peer-support group leader capacity building project, in partnership with the People in Pain Network. We have secured 66 % of funding and expect to launch in spring 2012.

6. Conducted an environmental scan of all public library collections in BC, identified gaps and launched annual giving campaign to donate the best chronic pain resources to all public libraries in the province. We are also advising libraries on pain resources that they will source for their own collections and collaborating on public awareness events for 2012.
7. Partnered with the Chronic Pain Association of Canada (CPAC) and the Patient Voices Network to hold a focus group to engage patients in generating and implementing systems solutions.

Enhance Support and Education for Health Care Providers to Enable Best Practice

1. Secured funding from SCC to develop a Rapid Access to Consultative Expertise phone line. RACE line launched in February on a pilot basis, serving GPs in the Lower Mainland. Depending on the outcome of the pilot, the program hopes to expand to support GPs across the province.
2. Participated in the provincial MSK initiative, incorporating pain education into this PSP module.
3. Hosted 2 workshops for health care providers to increase their knowledge and capacity in pain management. The first took place at the Provincial Pain Summit and included 65 practitioners across disciplines. The second launched National Pain Awareness Week and included:
 - a. one interdisciplinary day: 210 people attended
 - b. one workshop for Family Practitioners: 50 people attended
 - c. one Palliative Care Master Class: 52 people attended
4. Provided consultative expertise to clinical groups developing guidelines and protocols.

Advance System Responsiveness through Advocacy and Redesign

1. Promoted regional pain management program development with the Senior Executive Teams of health authorities in BC. Secured commitment from VCH and IH to advance regional program model.
2. Secured funding support from the Specialist Services Committee to develop operational plans for interdisciplinary pilot programs in communities across BC. Two Divisions of Family Practice have completed conceptual plans and are awaiting additional funding for detailed implementation planning.

Broaden and Deepen Engagement of Pain Stakeholders

1. Convened the first Provincial Pain Summit in June 2011 to engage patients, providers, governmental, NGO and industry stakeholders in collectively developing strategies to reduce the burden of pain in BC. Over 225 people attended the dialogue and action planning sessions, with broad representation across disciplines, across communities, and across sectors. Feedback from the Summit was overwhelming positive, with participants valuing the dialogue across interest groups and the solution-oriented agenda. The Summit was funded wholly by the Specialist Services Committee, with a commitment to funding implementation of select recommended initiatives.
2. Newsletter production exceeded our projections by 250 %, producing 5 newsletters and additional education updates for stakeholders. Newsletter open rates exceeded industry standards, ranging from 40 to 60 %, with click-throughs mirroring these rates. The first newsletter was distributed in Feb. 2011; by November, the distribution list exceeded 1000 people.
3. Pain BC's membership increased by 200 %.
4. Re-established Pain BC's Committee structure to re-engage membership. The Education Committee now has representation across disciplines from 3 of 5 regions, with expansion planned for 2012.

Build Pain BC Society's Organizational Capacity

1. An ambitious Strategic Plan for 2010 – 2013 was completed, with a rigorous outcome measurement framework to track outcomes against stated goals.
2. The first operational plan and budget were completed.
3. The Policies and Procedures Manual and by-laws are 85 % complete. Once completed in early 2012, they will be ratified by the Board.
4. New Board members from Vancouver Island and the Interior joined Pain BC, with plans for further diversification at the 2012 AGM.
5. The Fundraising Committee has been struck, with a fund development strategy for 2012 – 2014 approved. Diversification of funding sources has been successful, with increased membership/education event revenue and grants from the Joint Committees. Further diversification will take place in 2012 and beyond.

From: [McQuillen, Kelly SDSI:EX](#)
To: [Maria Hudspith](#)
Cc: [Bar, Sherry C HLTH:EX](#); [Michael Negraeff](#)
Subject: Re: Pain BC proposal for contribution agreement
Date: Thursday, March 15, 2012 10:14:32 PM

Thx Maria. Most helpful. We will review and pull together a plan for RFP. With year end we will likely get back to you early April with this next step

Sent from my iPhone

On 2012-03-15, at 9:37 PM, "Maria Hudspith" <maria@painbc.ca> wrote:

Hi Kelly,

Thanks for your work taking our request forward. Please find attached 4 documents:

- 1) A letter outlining our proposed activities for 2012. I have included some background on our fundraising approach at Sherry's suggestion. The proposal outlines several of our patient engagement and education projects for this year. All of the proposed initiatives are in addition to the projects/budget request put forward at the Feb. SSC/SCC meetings.
- 2) A budget for the proposed initiatives.
- 3) Our outcome measurement framework, detailing the types of indicators we are measuring for these patient engagement and education initiatives.
- 4) The logic models supporting the outcome measurement framework.

Sherry mentioned that we are still in the exploratory stage and suggested that the proposal be high level. I'm happy to provide further detail so please be in touch if you need clarification.

Thanks again. Enjoy your time away.

Best,
Maria

Maria Hudspith
Executive Director, Pain BC
www.painbc.ca
604.349.0150



**Changing pain.
Changing minds.**

Kelly McQuillen
Acting Executive Director
Primary Health Care and Specialist Services Branch
BC Ministry of Health
3-2 1515 Blanshard Street
Victoria, B.C.
V8W 3C8

March 15, 2102

Submitted via email

Dear Kelly,

Thank you for the opportunity to submit a proposal for funding for some of Pain BC 2012 projects.

We've seen tremendous growth in 2011, meeting or exceeding targets in all four pillars of our mission:

1. Engagement of people living with pain, health care providers, and community, government, and academic partners
2. Education of people living with pain, health care providers and the general public
3. Advocacy with decision-makers in health care and other systems supporting people living with pain
4. Knowledge translation to bring evidence and research into practice

The Board has just been through a Strategic Planning retreat to renew our Strategic Plan; following this, we have completed our high level operational plan for 2012. I am attaching a detailed operating budget for your consideration.

I understand that there are still some questions about Pain BC's unrestricted funding from industry. Please consider:

- Pain BC is still a very young organization (incorporated in 2008), one that came to be in the midst of the economic crisis when many NGOs were going under and many charitable foundations cutting back on their support. Despite this, we have made tremendous impact in a few short years.
- Due to the variety of initiatives we have taken on, and the consequent diversification of our funding sources, we have reduced our reliance on industry funding from approximately 95 % in the first year to 36 % in 2011. For 2012, we have only received confirmation of industry funding for one particular project, the Support Group Leaders Capacity Building Project; Twenty thousand of the total thirty thousand dollar project budget has been secured.

- In order to ensure organizational integrity, the Board has approved a very strict funding policy and made this available to all Pain BC stakeholders. We are also awaiting the tri-partite Memorandum of Understanding that we agreed to sign with the BCMA and Ministry. We have been maintaining our financial records to clearly demonstrate the distinction between funding from the Joint Committees and funding from industry.
- Lastly, we are happy to make our funding agreements with industry available to any stakeholders; each document outlines the amount of funding for which specific deliverables. Requests for industry involvement or influence are wholly absent.

Pain BC's Fundraising Committee is actively pursuing further diversification of our funding streams. This year, we expect to raise additional revenue through our educational events, expanding membership base, fees paid by healthcare organizations for Pain BC's provision of consultative expertise, grants from charitable foundations and we hope, funding from the Ministry and from the Joint Committees. In addition, we are partnering with other organizations to generate in-kind support and cost-share particular initiatives.

Please feel free to contact me if you'd like to further discuss our fundraising approach.

I am including a summary of key accomplishments from 2011 as an appendix. Additional outcome measurement data is available upon request.

Please note that all of the specific deliverables below are **in addition** to those included in the request to SSC/SCC and GPSC. The **specific activities** we have planned for 2012 include:

- Design and delivery of 8 in-person patient education sessions, plus educational workshops in 20 communities during National Pain Awareness Week.
- Launch of a social media campaign to foster online community support for people in pain, many of whom face mobility issues and are unable to participate in community events. This will be done by targeted Facebook advertising to the several thousand Facebook users in British Columbia who identify as dealing with a chronic pain, followed by active development of the online community.
- Co-sponsorship of 3 webinars and a 7 week online program for mindfulness-based stress reduction, in partnership with the Canadian Institute for the Relief of Pain and Disability and the Canadian Pain Coalition.
- Design and delivery of a training program for 16 peer support group leaders from around the province. This would include 3 face to face workshops, as well as monthly webinars. Topics will include peer leadership, boundaries, community animation and mobilization, advocacy, pain management 101 etc. (We are currently fundraising for the final ten thousand of the total thirty thousand dollar project budget).

- Partnerships to increase access to pain self management resources, including donating top notch pain resources to public libraries across the province and working with libraries and other civic institutions on public awareness of chronic pain. This includes development of patient education materials for distribution through GP offices, MLA offices (many MLAs cite chronic pain as one of the top complaints of constituents), and libraries.
- Continuing to build our web-based resources to create a centralized clearinghouse of pain resources for both providers and patients.
- Support knowledge translation by publishing 5 newsletters per year, with a goal of doubling our distribution list in 2012.

In addition to the initiatives above, we are hoping to receive support from the SSC/SCC/GPSC to continue our system change work. As you saw in our proposal to the Joint Committees, this work involves:

- Continuing to act as a catalyst, brokering relationships and funding to build the necessary system of care for pain patients in BC:
- Working with Divisions of Family Practice, Health Authorities, the BCMA, Ministry of Health and other stakeholders to develop operational plans for interdisciplinary pilot programs and secure their operating funds.
- Developing, testing and expanding the Rapid Access to Consultative Expertise phone line for pain, providing timely access to pain specialists for GPs.
- Developing at least one pilot mentor/mentee network to build capacity among GPs.
- Supporting quality improvement and efficiency initiatives across the system of care.

Please find attached a budget for the engagement and education activities focused on people in pain. Again, this is in addition to the budget for health care provider education and system redesign/development work presented to the Joint Committees. I am also attaching the latest version of our outcome measurement framework so you can see the types of outcomes we expect from our activities. Please don't hesitate to get in touch if you have questions.

Pain BC has experienced tremendous growth since launching in late 2008. Not only have we delivered on our specific activities, we've established our organization as a credible voice for chronic pain. Through alignment with the directions of key system influencers, we have helped advance chronic pain as a priority for decision-makers; as a result, we are starting to

see resources be committed and key changes being made to alleviate the suffering of British Columbians.

We are grateful for your support – both monetary and as champions of our shared work – and we look forward to collaborating with you in 2012 to accomplish our common goals.

Please don't hesitate to get in touch with me should you require further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Maria Hudspith', with a long horizontal flourish extending to the right.

Maria Hudspith
Executive Director, Pain BC
maria@painbc.ca
604.349.0150

Appendix 1: Summary of Pain BC's 2011 Accomplishments

Encourage Prevention and Early Intervention

1. Convened discussion among key opinion leaders and practitioners regarding optimal assessment tools; these have now been posted to the Pain BC website and are accessed regularly by clinicians and patients.
2. Through development of community pilots (see item 4), Pain BC is advancing opportunities to shorten the patient journey through improved intake, referral and triage procedures.
3. Supported development of the system of care for people in pain, including further stratification of the pain population and service delivery structure.

Facilitate Patient Engagement and Enhance Patient Education

1. Completed re-branding of Pain BC, including development of a new website with resource section for patients.
2. Utilized facebook and twitter to start building social network of pain patients and providers.
3. Hosted 5 educational sessions for patients across the province, working in partnership with relevant local patient groups or health care organizations
 - a. Prince George, in partnership with the Arthritis Society – 170 participants
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6. Conducted an environmental scan of all public library collections in BC, identified gaps and launched annual giving campaign to donate the best chronic pain resources to all public libraries in the province. We are also advising libraries on pain resources that they will source for their own collections and collaborating on public awareness events for 2012.
7. Partnered with the Chronic Pain Association of Canada (CPAC) and the Patient Voices Network to hold a focus group to engage patients in generating and implementing systems solutions.

Enhance Support and Education for Health Care Providers to Enable Best Practice

1. Secured funding from SCC to develop a Rapid Access to Consultative Expertise phone line. RACE line launched in February on a pilot basis, serving GPs in the Lower Mainland. Depending on the outcome of the pilot, the program hopes to expand to support GPs across the province.
2. Successfully advocated with the BCMA to have them develop a Practice Support module for chronic pain. PSP staff have made the request to the General Practice Services Committee for development in 2012. Pain education has also been incorporated into the current musculoskeletal module being developed for PSP.
3. Hosted 2 workshops for health care providers to increase their knowledge and capacity in pain management. The first took place at the Provincial Pain Summit and included 65 practitioners across disciplines. The second launched National Pain Awareness Week and included:
 - a. one interdisciplinary day: 210 people attended
 - b. one workshop for Family Practitioners: 50 people attended
 - c. one Palliative Care Master Class: 52 people attended
4. Provided consultative expertise to clinical groups developing guidelines and protocols.

Advance System Responsiveness through Advocacy and Redesign

1. Promoted regional pain management program development with the Senior Executive Teams of health authorities in BC. Secured commitment from VCH and IH to advance regional program model.
2. Secured funding support from the Specialist Services Committee to develop operational plans for interdisciplinary pilot programs in communities across BC. Two Divisions of Family Practice have completed conceptual plans and are awaiting additional funding for detailed implementation planning.

Broaden and Deepen Engagement of Pain Stakeholders

1. Convened the first Provincial Pain Summit in June 2011 to engage patients, providers, governmental, NGO and industry stakeholders in collectively developing strategies to reduce the burden of pain in BC. Over 225 people attended the dialogue and action planning sessions, with broad representation across disciplines, across communities, and across sectors. Feedback from the Summit was overwhelming positive, with participants valuing the dialogue across interest groups and the solution-oriented agenda. The Summit was funded wholly by the Specialist Services Committee, with a commitment to funding implementation of select recommended initiatives.
2. Newsletter production exceeded our projections by 250 %, producing 5 newsletters and additional education updates for stakeholders. Newsletter open rates exceeded industry standards, ranging from 40 to 60 %, with click-throughs mirroring these rates. The first newsletter was distributed in Feb. 2011; by November, the distribution list exceeded 1000 people.
3. Pain BC's membership increased by 200 %.
4. Re-established Pain BC's Committee structure to re-engage membership. The Education Committee now has representation across disciplines from 3 of 5 regions, with expansion planned for 2012.

Build Pain BC Society's Organizational Capacity

1. An ambitious Strategic Plan for 2010 – 2013 was completed, with a rigorous outcome measurement framework to track outcomes against stated goals.
2. The first operational plan and budget were completed.
3. The Policies and Procedures Manual and by-laws are 85 % complete. Once completed in early 2012, they will be ratified by the Board.
4. New Board members from Vancouver Island and the Interior joined Pain BC, with plans for further diversification at the 2012 AGM.
5. The Fundraising Committee has been struck, with a fund development strategy for 2012 – 2014 approved. Diversification of funding sources has been successful, with increased membership/education event revenue and grants from the Joint Committees. Further diversification will take place in 2012 and beyond.

PAIN BC SOCIETY - 2012 MOH REQUEST

DETAILED EXPENDITURES:

Administration s.17

Insurance

Executive Director Contract

Worksafe BC coverage

Fees

Printing and Copying

Office Expenses (including postage/courier)

Telephone

Total Administration

Communication and Engagement

Communications and engagement

Pain Awareness Week Media Strategy

Communications Materials

Social Media Strategy for patient engagement

Website

Total Communications & Engagement

Patient Education & Support

Patient Event Management

Venue and Catering

Trainers (including travel)

A/V Rentals

Promotion and Marketing

Library annual donation project

Support Group Leader Capacity Building Project

Total Patient Education & Support

TOTAL BUDGET FOR THE YEAR

146,650

From: [McQuillen, Kelly SDSI:EX](#)
To: ["Maria Hudspith"; Bar, Sherry C HLTH:EX](#)
Cc: ["Michael Negraeff"](#)
Subject: RE: Pain BC funding query
Date: Monday, March 12, 2012 12:10:00 PM

Sherry with spring break and the two positions my calendar is crammed packed. Can you meet in the near future with Maria? Thx

From: Maria Hudspith [mailto:maria@painbc.ca]
Sent: Mon, March 12, 2012 11:35 AM
To: Bar, Sherry C HLTH:EX; McQuillen, Kelly HLTH:EX
Cc: Michael Negraeff
Subject: Pain BC funding query
Hi Sherry and Kelly,

Michael updated me on the discussion he had with you re: the potential for Pain BC funding through a contribution agreement.

I have a few questions before I start to draft a proposal. Could we arrange time for a short t/c?

Thanks,
Maria

Maria Hudspith
Executive Director, Pain BC
www.painbc.ca
604.349.0150

From: [Maria Hudspith](#)
To: [Bar, Sherry C HLTH:EX](#)
Cc: [McQuillen, Kelly SDSI:EX](#); [Michael Negraeff](#)
Subject: Re: Pain BC funding query
Date: Monday, March 12, 2012 2:32:41 PM

Let's talk at 1 pm on Wed. I'll call you at the number below. Michael, do you want to join? If so, we can use the Pain BC conf line.

On Mon, Mar 12, 2012 at 2:15 PM, Bar, Sherry C HLTH:EX <Sherry.Bar@gov.bc.ca> wrote:

Hi Maria:

Kelly's schedule is rather tight this week. However, I would be able to discuss this with you on Wednesday between 1:00 and 3:00 or anytime after 10:00 on Thursday. Let me know if either of these days work for you and which time is best.

Cheers!

Sherry

Sherry Bar BComm, MBA, BA
Research Officer
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3-2, 1515 Blanshard Street
Victoria, BC V8W 3C8
Phone: [\(250\) 952-1319](tel:(250)952-1319)
Fax: [\(250\) 952-1417](tel:(250)952-1417)
E-Mail: sherry.bar@gov.bc.ca

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