

Hartlen, Debra A HLTH:EX

From: Maria Hudspith <maria@painbc.ca>
Sent: Wednesday, November 23, 2016 9:27 PM
To: Minister, HLTH HLTH:EX; Lake.MLA, Terry LASS:EX
Cc: Brown, Stephen R HLTH:EX; Ruddiman, Alan; hoetter@cpsbc.ca; XT:Roy, Carl HLTH:IN; XT:Ackenhusen, Mary HLTH:IN; dianne.doyle@providencehealthcare.bc.ca; XT:Marchbank, Michael HLTH:IN; XT:HLTH Mazurkewich, Chris; XT:Dr. Brendan Carr HLTH:IN; XT:Ulrich, Cathy HLTH:IN; Kendall, Perry HLTH:EX; Michael Negraeff; David W. Hay; Maria (Pain BC)
Subject: meeting request to discuss access to pain management
Attachments: Pain BC Letter - Minister Terry Lake Final Signed 112316.pdf; strategy-to-prevent-opioid-addiction-and-overdose.doc
Categories: Invitations/Meeting Requests

Dear Minister Terry Lake,

Please find attached Pain BC's request for a meeting to discuss access to pain management services for the 1 in 5 British Columbians who live with chronic pain.

We look forward to your response and thank you, in advance, for your consideration.

Maria Hudspith
Executive Director, Pain BC
604-349-0150
maria@painbc.ca

www.painbc.ca - Pain BC's main website
www.liveplanbc.ca - Pain BC's self-management and peer support platform



**Changing pain.
Changing minds.**

The Honourable Terry Lake
Minister of Health
PO Box 9050 Stn Prov Govt
Victoria, BC
V8W 9E2

November 22, 2016

Dear Minister Lake,

As you know, Pain BC is a collaborative non-profit organization working to improve the lives of the one in five British Columbians who live with chronic pain. We have been working collaboratively with our partners to advance our strategic goals and to align our efforts with the priorities of the Ministry.

With the support of your Ministry, we are actively planning the 2nd Provincial Pain Summit which will be held in Vancouver, February 17 – 19, 2017. We hope that you will join us to open the Summit and that senior Ministry representatives will participate in the action planning at the event and following it.

We would like to meet with you to discuss access to pain management services in BC. We have been working from the bottom up to increase access to pain care – working with Divisions of Family Practice, Doctors of BC, Health Authorities and many of the collaborative committees and structures used to drive system improvement in our province. Despite these efforts, significant gaps remain. People living with chronic pain are suffering, often waiting 2 to 3 years for specialized pain treatment.

In the summer, your government took bold action on the opioid crisis. This past weekend, we witnessed your participation in the National Opioid Conference and welcomed the numerous commitments made to address the harms of opioids. We recognize and applaud this effort. However, we feel that the government's focus on opioid addiction and overdose is too limited. Pain and addictions go hand in hand for a minority of chronic pain patients. The sole focus on opioid addiction and overdose has decreased access to pharmacological treatment for some patients and amplified the stigma surrounding chronic pain. A comprehensive, integrated approach is needed.

The time has come for bold action on this issue. British Columbia needs a Provincial Pain and Addictions Strategy supported and led by the Ministry of Health.

Why is this needed?

Prevalence: 21.8 % of British Columbians are living with pain that negatively impacts their quality of life.

Utilization: Pain is the most significant driver of health care utilization. 28 % of visits to Emergency Rooms are attributed to chronic pain.

Lack of access to care and long wait times: Some of BC's regional health authorities (Fraser, Island Health, St. Paul's Hospital) have dedicated chronic pain programs; the few services that exist have wait times between 6 months and 3 years. Other regions lack publicly funded pain services.

Alignment with Ministry Priorities:

Seniors: Up to 65 % of community dwelling seniors live with chronic pain. This number increases up to 80 % for seniors living in care facilities.

Primary Care Home: People living with chronic pain visit their family doctors ten times per year compared to the Canadian average of 3.8 times. With the right supports and training for primary care providers, it is estimated that 75 - 80 % of people living with chronic pain could be appropriately managed in the community and that the number of visits could be significantly reduced.

Mental Health and Substance Use: People living with chronic pain are four times more likely than the general public to experience depression and anxiety and two times more likely to commit suicide. Studies show that untreated pain can be a gateway to addiction as people self-medicate as they wait for pain treatment.

Surgical Patients: Between 10 and 50 % of patients who have surgery will develop chronic pain afterwards. Another 10 to 15 % will have their chronic pain get worse. The rate of transition from acute, post surgical pain to chronic pain depends on the type of surgery and other factors.

Rural and Remote: Pain services are few and far between in our province but the situation is dire in rural and remote communities.

In Ontario, the Ministry of Health and Long Term Care has recognized the connection between these issues, announcing a comprehensive Provincial Pain and Addictions Strategy (see attached). The Ontario Strategy includes

many of the actions your Ministry is taking to minimize the harms of opioids and to stem the tide of overdose deaths. Importantly, it also includes:

- A \$17 million dollar, annualized investment in interdisciplinary chronic pain clinics for both adults and the pediatric population
- A transitional pain service to prevent the transition of acute to chronic pain post surgery
- Funding for Project ECHO for Pain and Addictions, a clinical consultation and mentoring program proven to improve patient outcomes in rural and remote areas.

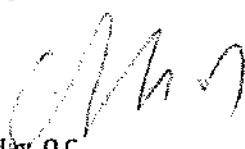
We know that the problems of pain and addiction are complex, and that the solutions must be multifactorial. We are seeing the pendulum swing dramatically away from prescribing opioids for pain as new evidence emerges. However, limiting access to opioids alone will not solve these problems and has the potential to create new ones. We recognize that physicians and patients have relied too heavily on opioids – seeing them as the predominant tool in the pain management toolbox. As we limit access to that tool, what will replace it? We must ensure that people in pain have access to pharmacological and non-pharmacological alternatives, that their health care providers are able to alleviate needless suffering and that British Columbians in pain are supported to maintain their quality of life.

The commentary in the June issue of the *Journal of the Canadian Family Physician* is entitled "Opioid Prescribing is a Surrogate for Inadequate Pain Management Resources." It's no surprise that the province with the lowest prescribing rates in Canada and the lowest rates of hospitalizations for opioid poisoning – Quebec – is also the province with the most robust system of care for people in pain.

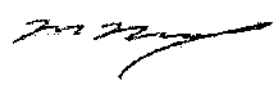
Our organization represents a broad coalition of interests: patients and their families, physicians and allied health care providers, community groups, academic and research partners, and the legal sector. We have a strong track record of working collaboratively with government, health authorities, health professional associations and regulatory bodies to improve the lives of citizens in our province who live with pain. We hope to take our collaboration to the next level, and work with your Ministry to develop a Provincial Pain and Addictions Strategy.

Thank you for your consideration. We look forward to your response.

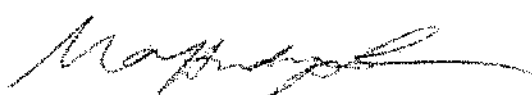
Sincerely,



David Hay, Q.C.
Partner, Richards Bueff Sutton
Chair, Board of Directors
dhay@bs.com



Dr. Michael Negraeff, MD, FRCPC, FFPMANZCA
Pain Specialist, Vancouver General Hospital
Past Board Chair and Co-Founder
Michael.negraeff@vch.ca



Maria Hudspith
Executive Director
maria@painbc.ca

cc:

Dr. Alan Ruddiman, President, Doctors of BC
Dr. Heidi Oetter, Registrar, College of Physicians and Surgeons of BC
Carl Roy, CEO, Provincial Health Services Authority
Mary Ackenhuse, CEO, Vancouver Coastal Health
Dianne Doyle, CEO, Providence Health Care
Michael Marchbank, CEO, Fraser Health
Chris Mazurkewich, CEO, Interior Health
Dr. Brendan Carr, CEO, Island Health
Cathy Ulrich, CEO, Northern Health
Dr. Perry Kendall, Provincial Health Officer, Ministry of Health
Dr. Stephen Brown, Deputy Minister, Ministry of Health

Pain BC Society c/o 3300 - 910 West 10th Ave., Vancouver, BC V5Z 1M9 • info@painbc.ca • painbc.ca

Page 6 to/à Page 8

Withheld pursuant to/removed as

Copyright

HLTH HSDFOI HLTH:EX

From: Emslie, Margaret J HLTH:EX
Sent: Friday, November 25, 2016 11:14 AM
To: 'maria@painbc.ca'
Cc: Martin, Cheryl HLTH:EX; Glynn, Keva HLTH:EX; Chandler, River HLTH:EX
Subject: RE: Summit themes and next steps

Hi Maria,

Per your email below, here is our feedback on the proposed themes.

Thank you for the opportunity to review!

Meg

Comments:

- From our perspective, #1 and 5 are highest priority, and we agree that #3 can be rolled into #5.
- We agree that the Ministry could play a role in co-chairing the working groups, and are happy to discuss options as the agenda firms up
- Proposed revised order of themes below with some suggested sub-themes/issues. Numbers in brackets refer to the original order number.

Proposed revised themes:

- (1) Increase the capacity of primary health care providers to provide evidence-based pain assessment and management
 - Limitations and harms of opioids in chronic pain
 - Non pharmacological pain management tools/approaches
- (5) Improve outcomes for people living with addictions, mental health issues and chronic pain
 - Improve assessment of opioid dependence versus addiction and determine appropriate treatment and pain management approaches (3)
 - Evidence for safe use of opioids among individuals on opioid therapy
 - Management of concomitant conditions
- (2) Expand access to pain management services in rural and remote parts of the province
- (4) Improve pain assessment and management for seniors

Margaret Emslie (Meg)
Policy Analyst, Rural and Remote Health
BC Ministry of Health
(250) 952-3070
Margaret.Emslie@gov.bc.ca

From: Martin, Cheryl HLTH:EX
Sent: Tuesday, November 22, 2016 2:02 PM
To: Emslie, Margaret J HLTH:EX
Subject: FW: Summit themes and next steps

Cheryl Martin

Primary Care Rural Health Services Lead
Health Service Policy Division
B.C. Ministry of Health
Phone: 250 952-2123
Cell: 250 415-8576
Email: Cheryl.martin@gov.bc.ca

From: Maria Hudspith [<mailto:maria@painbc.ca>]
Sent: Tuesday, November 22, 2016 1:51 PM
To: Martin, Cheryl HLTH:EX
Cc: s.22
Subject: Summit themes and next steps

Hi Cheryl,

We realized today that the meeting we had planned wasn't ever scheduled; I think the last email exchange was between you and your assistant.

For the sake of expediency, I'm providing a written status report.

We have closed the survey used by our stakeholders to rank the themes. Of the themes we proposed, these were the top 5:

1. Increase the capacity of primary health care providers to provide evidence-based pain assessment and management
2. Expand access to pain management services in rural and remote parts of the province
3. Improve assessment of opioid dependence versus addiction and determine appropriate treatment and pain management approaches
4. Improve pain assessment and management for seniors
5. Improve outcomes for people living with addictions, mental health issues and chronic pain

In addition, a significant number of people asked us to include a theme on access to non pharmacological pain management tools/approaches.

Dr. Peter Rothfels, Chief Medical Officer with Worksafe BC (our other sponsor), was in support of these themes and encouraged us to focus on #5 rather than #3 given that it is more actionable; in addition, we thought we might collapse #3 into #5.

Next steps:

- We would like your input on the themes. Can you provide some commentary by Friday the 25th?
- We will then send you a document with the finalized themes and the top 3-5 issues within each theme (coming from research and our experience); we'll ask you some specific questions to guide your input into the issues. We'll then ask you to identify leaders from relevant organizations that might be able to contribute to the discussion on those issues and/or be in a position of influence or accountability on the issue. We will incorporate this in the next phase of the Summit design.
- We will identify co-chairs of the thematic working groups. If there are logical people in the Ministry to play these roles, please let us know. I thought perhaps it would make sense for Keva to play a role in theme #5.
- Preparation of briefing materials for each of the thematic working groups will happen in December.

Let us know if you'd like to connect by phone.

Thanks,
Maria


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HLTH HSDFOI HLTH:EX

From: Maria Hudspith <maria@painbc.ca>
Sent: Wednesday, November 23, 2016 6:02 AM
To: Bar, Sherry C HLTH:EX; geraldine@painbc.ca geraldine@painbc.ca
Cc: Holms, Shannon HLTH:EX
Subject: Re: pain resources for newsletter

Thanks Sherry. I'm copying Geraldine from our team so she can include it in our materials.

Maria Hudspith
Executive Director, Pain BC
604-349-0150
maria@painbc.ca

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On 22 November 2016 at 16:47, Bar, Sherry C HLTH:EX <Sherry.Bar@gov.bc.ca> wrote:

Hi Maria:

I am not sure if you already have this, but the brain exchange has a webinar and related resource material posted on the recent topic of Pain Assessment in Persons with Dementia. The link is
<http://brainxchange.ca/Public/Events/Archived-Webinars-Events/2016/Dementia-and-Pain.aspx>

Cheers!

Sherry

Sherry Bar BComm, MBA, BA
Senior Provincial Primary Health Care Advisor
Primary Care Access Branch
B.C. Ministry of Health

PO Box 9638 Stn Prov Govt

Victoria, BC V8W 9P1
Phone: (250) 952-2802
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E-Mail: sherry.bar@gov.bc.ca

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HLTH HSDFOI HLTH:EX

From: Maria Hudspith <maria@painbc.ca>
Sent: Wednesday, November 23, 2016 10:35 AM
To: Sinclair, Vickie D HLTH:EX
Cc: Bar, Sherry C HLTH:EX
Subject: October invoice
Attachments: Invoice Pain BC MOH SCA October 2016 - contract 2017-020.pdf

Hi Vickie,

Please find attached our October invoice.

Thank you,
Maria

Maria Hudspith
Executive Director, Pain BC
[604-349-0150](tel:604-349-0150)
maria@painbc.ca

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HLTH HSDFOI HLTH:EX

From: Maria Hudspith <maria@painbc.ca>
Sent: Wednesday, November 23, 2016 1:09 PM
To: Sinclair, Vickie D HLTH:EX
Cc: Bar, Sherry C HLTH:EX
Subject: Re: October invoice
Attachments: Invoice Pain BC MOH SCA October 2016 - contract 2017-020.pdf

Please use this version; I had forgotten to include some of the travel costs in one line item. Thanks.

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On 23 November 2016 at 10:34, Maria Hudspith <maria@painbc.ca> wrote:
Hi Vickie,

Please find attached our October invoice.

Thank you,
Maria

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**Changing pain.
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Invoice

Contract # 2017-020

Name of Organization: Pain BC

Address: 3300 – 910 West 10th Ave., Vancouver, BC, V5Z 1M9

Billing Period: October 1 through 31, 2016

Date of Invoice: November 26, 2016

Amount due before GST: \$41,100

GST payable: \$ 1567.50

Total due including GST: \$42,667.50

Deliverable	Activities Completed in this Billing Period	Total Budget	Amount Invoiced this Billing Period	Applicable taxes	\$ expected to invoice next billing period
Deliver and evaluate the Connect for Health Program	Oversaw, supported and evaluated 44 volunteers in delivering the program Provided resource connection and navigation supports to 26 new people in pain and their families across BC with a total of 43 identified needs (housing, health services, income supports, employment supports etc.) Analyzed metrics and reported on the program	\$120,000	\$9,750.00	0	\$9,750.00
Provide the Live Plan Be web-based self - management and peer	Delivered 3 presentations and worked with health care providers, health authorities, NGO partners to introduce	\$176,400	\$11,400.00	\$570.00	\$11,400.00

support program for people with chronic pain	<p>and provide information on the program and how to refer patients to it</p> <p>Organize trainings in regions across the province for November</p> <p>Developed new training materials for peer leaders; trainings for Self Management BC and People in Pain Network being planned</p> <p>"How to" videos posted to the site</p> <p>Implemented the program and monitored activity:</p> <ul style="list-style-type: none"> • 1108 visits • 66 new accounts created <p>Planned second "Ask An Expert" event, focused on managing pain flare ups</p> <p>Made minor quality improvement adjustments/updates to the program based on participant/health care provider feedback</p> <p>Lay Coaching Program - Completed curriculum outline, explored 3rd party training partnerships and did preliminary costing</p>				
Foster patient-centred care for people in pain through patient engagement and local, interdisciplinary collaboration	<p>Continued to ensure stakeholder engagement is aligned with other MoH and provincial initiatives</p> <p>Furthered action plans with local communities, including NGO, clinician and patient partners in Cranbrook,</p>	\$155,000	\$12,500.00	\$625.00	\$12,500.00

	<p>Penticton, Kamloops, Tofino and Trail</p> <ul style="list-style-type: none"> • Tofino: 5 sessions held including patient/public talks, provider education, provider mentoring, meeting with Hitacu First Nation and workshop to create movement program with allied practitioners. Movement program launched with impressive uptake for a remote community (20 in Tofino, 15 in Ucluelet and 8 in the remote Hitacu First Nation) • Trail: presented new Community Engagement menu; expected to follow Tofino movement program model in January • Kamloops: further work on lay coaching integration • Cranbrook: CE menu presented to MD, home care providers and other practitioners; local “action team building” underway <p>PSP Presentations/Training – Mission, Penticton, Langley</p> <p>Northern Health: planning for face to face “Pain Foundations” training in 3 communities solidified</p> <p>Island Health: planning and support for Island Health’s Pain Education Day</p> <p>Advanced planning for Provincial</p>				
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	<p>Pediatric Pain Day in early 2017</p> <p>Promoted My Care Path, an online early intervention program for youth with chronic pain, in partnership with UBC Dept of Pediatrics and BCCH</p> <p>Continued collaboration with the newly formed Provincial Emergency Medicine Network on the next education programs for ER staff; prepared for presentation to Emergency Services Advisory Committee</p> <p>Promotion and running of discipline-specific Pain Champion programs for RMTs, OTs, PTs and mental health professionals</p> <p>Collaborating with BC Housing on new plans for training and initiatives to support residents of their buildings who have chronic pain</p> <p>Evaluated progress</p>				
Foster collective action on prescription drug misuse	<p>Continued to respond to requests/meetings from Ministry Overdose Response Working Groups</p> <p>Responded to patient and clinician inquiries regarding new College of Physicians and Surgeons prescribing standards and guidelines</p> <p>Liaised with NGO, Ministry of Health, health authority officials and other stakeholders regarding opioid strategy</p>	\$40,000	\$4250.00	\$212.50	\$4250.00

	Participated in national discussions to inform input to the National Opioid Conference				
Provincial engagement and health sector collaboration	<p>Prepared for presentation to Ministry of Health Research Rounds; followed up on questions and requests for resources after the presentation</p> <p>Continued to collaborate with CCMI, Self Management BC and other PasP funded organizations on shared goals</p> <p>Prepared for PasP meetings, including Community Partners group and Evaluation Working Group</p> <p>Recruited/supported patients for various pain-related initiatives</p>	\$29,435	\$3,200.00	\$160.00	\$2,000.00
Total			\$41,100	\$1567.50	\$39,900 expected for November

Total payable for October billing period: \$42,667.50

Pain BC will remit the GST rebate application to CRA for the \$1567.50 GST included in this invoice.

HLTH HSDFOI HLTH:EX

From: Bar, Sherry C HLTH:EX
Sent: Thursday, November 24, 2016 10:28 AM
To: 'Maria Hudspith'; Sinclair, Vickie D HLTH:EX; Holms, Shannon HLTH:EX
Subject: RE: October invoice

Thanks Maria:

This looks good and we will start the payment process for this invoice.

Cheers!

Sherry

From: Maria Hudspith [<mailto:maria@painbc.ca>]
Sent: Wednesday, November 23, 2016 1:09 PM
To: Stehle, Vickie D HLTH:EX
Cc: Bar, Sherry C HLTH:EX
Subject: Re: October invoice

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Invoice

Contract # 2017-020

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Billing Period: October 1 through 31, 2016

Date of Invoice: November 26, 2016

Amount due before GST: \$39,900

GST payable: \$ 1507.50

Total due including GST: \$ \$41,407.50

Deliverable	Activities Completed in this Billing Period	Total Budget	Amount Invoiced this Billing Period	Applicable taxes	\$ expected to invoice next billing period
Deliver and evaluate the Connect for Health Program	Oversaw, supported and evaluated 44 volunteers in delivering the program Provided resource connection and navigation supports to 26 new people in pain and their families across BC with a total of 43 identified needs (housing, health services, income supports, employment supports etc.) Analyzed metrics and reported on the program	\$120,000	\$9,750.00	0	\$9,750.00
Provide the Live Plan Be web-based self -	Delivered 3 presentations and worked with health care providers, health	\$176,400	\$11,400.00	\$570.00	\$11,400.00

management and peer support program for people with chronic pain	<p>authorities, NGO partners to introduce and provide information on the program and how to refer patients to it</p> <p>Organize trainings in regions across the province for November</p> <p>Developed new training materials for peer leaders; trainings for Self Management BC and People in Pain Network being planned</p> <p>"How to" videos posted to the site</p> <p>Implemented the program and monitored activity:</p> <ul style="list-style-type: none"> • 1108 visits • 66 new accounts created <p>Planned second "Ask An Expert" event, focused on managing pain flare ups</p> <p>Made minor quality improvement adjustments/updates to the program based on participant/health care provider feedback</p> <p>Lay Coaching Program - Completed curriculum outline, explored 3rd party training partnerships and did preliminary costing</p>				
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	<p>and patient partners in Cranbrook, Penticton, Kamloops, Tofino and Trail</p> <ul style="list-style-type: none"> • Tofino: 5 sessions held including patient/public talks, provider education, provider mentoring, meeting with Hitacu First Nation and workshop to create movement program with allied practitioners. Movement program launched with impressive uptake for a remote community (20 in Tofino, 15 in Ucluelet and 8 in the remote Hitacu First Nation) • Trail: presented new Community Engagement menu; expected to follow Tofino movement program model in January • Kamloops: further work on lay coaching integration • Cranbrook: CE menu presented to MD, home care providers and other practitioners; local “action team building” underway <p>PSP Presentations/Training – Mission, Penticton, Langley</p> <p>Northern Health: planning for face to face “Pain Foundations” training in 3 communities solidified</p> <p>Island Health: planning and support for Island Health’s Pain Education Day</p>				
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	<p>Advanced planning for Provincial Pediatric Pain Day in early 2017</p> <p>Promoted My Care Path, an online early intervention program for youth with chronic pain, in partnership with UBC Dept of Pediatrics and BCCCH</p> <p>Continued collaboration with the newly formed Provincial Emergency Medicine Network on the next education programs for ER staff; prepared for presentation to Emergency Services Advisory Committee</p> <p>Promotion and running of discipline-specific Pain Champion programs for RMTs, OTs, PTs and mental health professionals</p> <p>Collaborating with BC Housing on new plans for training and initiatives to support residents of their buildings who have chronic pain</p> <p>Evaluated progress</p>				
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	stakeholders regarding opioid strategy Participated in national discussions to inform input to the National Opioid Conference				
Provincial engagement and health sector collaboration	Prepared for presentation to Ministry of Health Research Rounds; followed up on questions and requests for resources after the presentaton Continued to collaborate with CCMI, Self Management BC and other PasP funded organizations on shared goals Prepared for PasP meetings, including Community Partners group and Evaluation Working Group Recruited/supported patients for various pain-related initiatives	\$29,435	\$2,000.00	\$100.00	\$2,000.00
Total			\$39,900	\$1507.50	\$39,900 expected for November

Total payable for October billing period: \$41,407.50

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