Island Health

Island Health's Chronic Pain Program

Referral Guide

To optimize health, function and quality of life through comprehensive treatment, education, and support to those living with persistent pain

The Chronic Pain Program aims to provide quality care to individuals and families.

To ensure timely access to care and to understand the urgency of patient conditions, the program requires a completed referral form (see criteria below).

The pain program has posted algorithms on Pathways to ensure that patients are receiving evidence-based therapies for common pain conditions while they wait to be booked into our program.

Prior to making a referral, our expectation is that patients have been counselled on non-interventional modalities, such as the services outlined in the Chronic Pain Care Pathway (found in Pathways) and Pain BC before being assessed by one of our physicians.

When is a referral required?

- All new patients to the program must be referred by a physician/ primary care provider
- Returning patients who have *not* been seen in the program by a physician for over 12 months
- Returning patients who have a new or secondary area of pain require a new referral for the new pain area

Our physicians include:

- **Victoria:** Dr. Nelson Svorkdal, Dr. Trevor Van Oostrom, Dr. Kyle Fisher, and Dr. David Clinkard
- **Nanaimo:** Dr. Karl Muendel, Dr. Michael Pariser

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Referral Process

- For specialist and primary care referral indications & requirements, please refer to the Appendix.
- We will accept referrals from ER, however patients should secure a GP, NP or a primary care clinic for follow-up, and other inclusion criteria must be met
- Patients will not be triaged until **ALL** information is received
- If physician referral and patient health history are not concordant, your referral may be rejected

Service limitations:

- Our clinic does not assume opioid/medication prescribing & there are no addiction services in our clinic.

Discharge Criteria

Island Health's Chronic Pain Program **does not** provide longitudinal care. Patients are discharged from the program if they meet the following criteria:

1. Completed the education but no further interventions planned. Patient discharged from being an active patient, but may be re-referred as needed for a maintenance treatment.
2. Primary Care Provider or other designated specialist is able to provide necessary follow up.
3. Patient has met the requirements of the no show policy agreement for discharge.
4. Program is unable to contact patient at a minimum of 3 attempts over 8 weeks → "Unable to Contact Letter" has been sent to referring provider.

Group Programs (Self-Management Programs)

**please note the differences between RJH & NRGH*

Both RJH and NRGH offer group classes based on principles of neuroplasticity. The group classes help individuals,

- Develop an understanding of persistent pain
- Understand and apply pain management strategies to reduce pain intensity and frequency
- Learn how to calm their pain protection system using physical, emotional, and cognitive strategies
- Engage in functional movement

Referral reason	Referral source	Exclusion
• Widespread Chronic pain • Patients who do not meet our inclusion criteria who suffer from chronic pain	GP or specialist	• Severe cognitive impairment • Unstable psychiatric condition • Impairing substance use • Social anxiety that would prohibit group participation • Active suicidal ideation or behaviour

Royal Jubilee Hospital

All active Pain Program patients have the opportunity to self-enroll in the course called ***Understanding Pain & Your Path Forward***. This 1.5-hour introductory course helps patients better understand pain and learn practical skills aimed at improving quality of life.

For more information, please refer to our self-management brochure

Nanaimo Regional General Hospital

The **ASCEND** Self-Management Program is based on principles of neuroplasticity. This program offers pain education sessions and speciality courses to help individuals:

- **A**ction-based: integrating active approaches for pain management
- **S**elf-management: developing skills to live well with pain
- **C**onfidence-building: increasing your sense of self-efficacy and engagement in valued occupations and activities despite pain
- **E**ducation: learning about pain neuroscience leads to better day to day management
- **N**europlasticity: reprogramming the brain to change the “protect by pain response”
- **D**ynamic: choosing a pathway through the program that meets your needs where you are now

Every patient is registered for orientation – once registered, you will receive a letter in the mail with the date, time, and instructions for attending

For more information, please refer to NRGH’s ASCEND Pathway

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Appendix A

Specialist Referral Reason and Technical Requirements by Indications

The following table is applicable to RJH only:

Referral reason	Referral Source	Inclusion and Exclusion Notes	Imaging	Urgency
Facial Pain	ENT	-Specific block	Facial CT	Routine
Cervicogenic Headaches	PCP	-Neck pain *must* be present. -No isolated headaches	C-Spine X-Ray	Routine
Non-Radiating Cervical Pain **Thoracic Pain** **Lumbar Pain**	PCP Specialist		X-Ray	Routine
Radicular Symptoms Cervical Pain **Thoracic Pain** **Lumbar Pain**	PCP Specialist		MRI/CT	<6 months Semi-Urgent >6 months Routine
Pre Op Spine Pain	Neurosurgery	-Specific request -Include surgery date -Injections should be avoided 6 months pre op		Semi-Urgent
Post Op Spine Pain	Neurosurgery	-Specific request -Include surgery date -6 months post op	Post op X-Ray/ CT	Routine
Pre Op Shoulder	Orthopedic Surgeon	-Specific request -Include surgery date -Injections should be avoided 6 months pre op	X-Ray	Routine
Post Op Shoulder	Orthopedic Surgeon	-Specific request -Include surgery date -6 months post op	Post op X-Ray	Routine

Non- Operative Shoulder	Orthopedic Surgeon	-Specific request	X-Ray	Routine
Wrist/Hand Pain	Rheumatology Plastic Surgeon Hand Surgeon	-Specific request	X-Ray	Routine
Chest Pain	Cardiology	-Specific request	X-Ray and/ or CT (especially for radicular pain)	Routine
Abdominal Pain	General Surgery Gastroenterologist	-Specific nerve request -Consult notes musts be provided -Abdominal wall pain & Pancreatitis accepted	CT abdomen	Routine
Pre Op Hip Pain	Orthopedic Surgeon	-Specific request -Include surgery date -Injection should be avoided 6 months pre-op	Plain X-Ray	Routine
Post Op hip pain	Orthopedic Surgeon	-Specific request -Include surgery date -6 months post op	Post op X-Ray	Routine
Non-Operative Hip Pain	Orthopedic Surgeon	-Specific request	X-Ray	Routine
Post Herpatic Neuralgia	PCP	6 months post		Routine
Pelvic Pain (Men)	PCP	-Self-Management only -Refer to IR for pudendal block	No imaging	Rehab
Pelvic Pain (Female)	PCP	-Self-Management only -Refer to IR for pudendal block	No imaging	Rehab
Pre Op Knee	Orthopedic Surgeon Rebalance	-Specific request -Include surgery date -GN-RFA should be avoided 1-2 months pre-op	X-Ray	Semi-Urgent
Post Op Knee	Orthopedic Surgeon	-Specific request -Include surgery date -6 months post op	Post op X-Ray	Routine
Non operative knee	Orthopedic Surgeon	-Specific request	X-Ray	Routine

Ankle/Foot Pain	Orthopedic Surgeon	-Specific request	X-Ray	Routine
Peripheral Nerve Pain	Neurologist Physiatrist Neurosurgery	-Specific request	Specialist workup sufficient	Routine
Fibromyalgia/Widespread Body Pain	PCP	- No pain physician consult	No imaging	Rehab
Compression/Sacral Insufficiency Fracture	PCP	- < 3 months- refer to IR for verterbralplasty - >3 months	X-ray	Routine
Ischemic Pain	Vascular	- > 6 months	CT or specialist workup sufficient	Semi-Urgent
CRPS	PCP	- Completed Budapest diagnostic criteria	Supporting documents sufficient	< 6 months Urgent > 6 months Routine
Cancer Pain	BC-PSM or BC Cancer	- Specific request	Supporting documents sufficient	Urgent
Palliative Pain	Palliative Care Physician	- Specific request	Supporting documents sufficient	Urgent
Incisional/Scar Pain	PCP	- Specific request - 6 months post op	Supporting documents sufficient	Routine
Arthritis	Rheumatology	-Specific request	X-Ray	Routine
In Patient request	Call from referring physician to pain specialist	-Specific request		Emergent

The following table is applicable to NRGH only

Referral reason	Referral Source	Alternate Care	Inclusion and Exclusion Notes
Pelvic Pain (female)	BC Women's Hospital	- Can see a physio with a specialty in pelvic pain rehab or, - ASCEND program	Refer to BC Women's unless a specific procedure request from BC Women's. If referral declined from BC Women's, refer to ASCEND program

Pelvic Pain (male)	Urologist	- Can see a physio with a specialty in pelvic pain rehab or, - ASCEND program	Referring PCP can have specific request (tissue specificity)
Abdominal Pain - too vague will be declined	General Surgery or Gastroenterologist	- Functional Neurological Clinic or, - ASCEND program	Require tissue specificity (i.e. Abdominal Wall). Must have a consult work up by GE/GS and a specific nerve identified
Neuropathic	Neurologists, Physiatrist, Neurosurgery	- ASCEND program	Specific request
Refractory Angina	Cardiology	- ASCEND program	Specific request
Arthritis	Rheumatology	- Arthritis program	Ankylosing Spondylitis/Sacroiliac- based on specific focal Pathology, then intervention considered. Diffuse polyarthropathy Determine if focal or widespread.
Pre-Op Knee	Orthopedic Surgeon	- Refer to radiology or, - ASCEND program	Requires specific request
Pre-Op Hip or Shoulder	Orthopedic Surgeon	- Refer to radiology or, - ASCEND program	Requires specific request
Pre-Op Spine	- Neurosurgery - GP with a specific request	Specific request	Trial Injection prior to surgery for decompression to see how they do first before a surgical intervention
Syndromes/ Congenital etc.			Requires specific request
Fibromyalgia	GP	Ascend Program, Pain BC	Refer to Rheumatology, Rehab program, No Pain Physician Consult
Compression/Sacral Insufficiency Fracture	GP	Medical Interventional Radiology	Send for Vertebroplasty with Interventional Radiology

***All imaging must be current <u>within 18 months</u>**

***Specialist to specialist referral triaged as semi-urgent**

***Post op pain requests must include post-op imaging**

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Appendix B:

Non-Interventional Pain Modalities Resource List

We encourage you to explore **Pain BC's website** and their available programs. Some great resources include:

- Pain Support services (*public* Pathways page)

- Information, websites and videos about pain (*public* Pathways page)

- Chronic Pain Care Pathways – useful in assessing and treating chronic pain. **A log in account** with Pathways is required.