

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.

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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?*

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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