

# ENHANCING PATIENT ACCESS TO CHRONIC PAIN SERVICES

Shared Care Project

## Project Overview

Project Aim: Increase confidence and satisfaction of FNW FP's managing chronic pain patients by increasing awareness of chronic pain services and resources.

Project Leads: Dr. Huy Nguyen (FP), Dr. Alyssa Hodgson (Specialist Lead)

## Project Activities

ATE: Chronic Pain  
**67 attendees**

MOA Chronic Pain event  
**23 attendees**

Referral  
 Algorithm

Chronic Pain  
 Algorithm

Feb 2020

Oct 2020

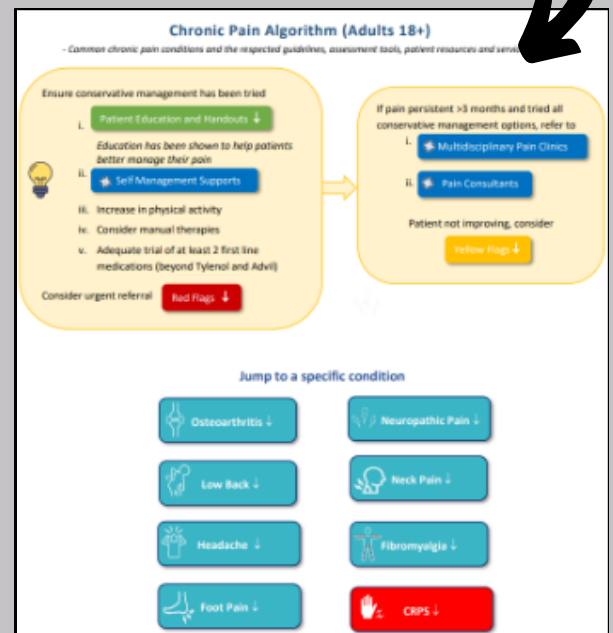
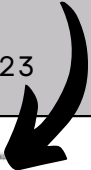
July 2021

Aug 2023



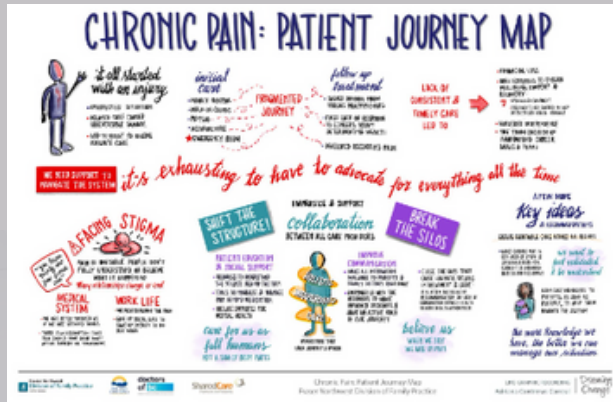
## PROJECT OUTCOMES

- Increased understanding by primary care practitioners of how to manage patients with chronic pain, including demonstrating an awareness of available services to support chronic pain patients.
- Primary care provider feels supported and both primary care provider and specialist sees merit and satisfaction with the collaborative approach to opioid prescribing.
- Patient feels well enabled with resources, feels supported and confident with a collaborative pain management plan. Has individual self-management skills, knowledge and awareness of available resources.



[Click here](#) for full resolution image

# Project Activities: Overview



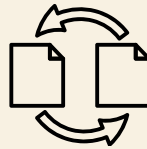
Patient Journey Map - Chronic Pain, Sept 2020

[Click here for full resolution image for Journey Map.](#)

# Lessons Learned: What worked well?



**Stakeholder Engagement for comprehensive insights and collaboration:** this includes stakeholders who are familiar with chronic pain resources at the local, regional and provincial level, resulting in enhanced awareness and valuable input from physicians.



**Avoid redundancy and fostering practical solutions:** careful attention was given to prevent duplication of efforts. Alternatively, when developing the Chronic Pain Care Pathway, the focus was on offering practical benefits from a range of providers to ensure efficiency.



**Innovation and Initiative expansion:** This project served as a platform for piloting a Collaborative Model for Opioid Prescribing. This highlights the potential innovation and expansion of initiatives based on successful pilots.

# Challenges & Gaps

- Lack of coordinated services across the region and province for chronic pain.
- Difficulty narrowing down priorities, leading to project topics and solutions being too large in scope.
- Insufficient time to complete remaining project activities, such as the dissemination of the Chronic Pain Care Pathway resource to the community.

# Next Steps

- Utilizing broad stakeholder engagement for continued spread.
- Connecting with organizations such as Pain BC and PHSA's Pain Care BC network to sustain Chronic Pain Care Pathways resource.
- Ongoing dissemination of resources with PCP's through various communication channels (i.e. FNW newsletter, Pathways).
- Managing engagement of stakeholders for ongoing advocacy of healthcare challenges.
- Ongoing provider education to enhance skill development and confidence.

[Click here for the full Chronic Pain Shared Care report](#)