Powell River Chronic Pain

A Local Initiative

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Self-management capacity

Enhance patient and provider experience

Lower per capita cost of care

Improve population health













Powell River Division of Family Practice Powell River Local Pain Team Program

This document provides a brief overview of the Powell River Chronic Pain Team Program.

SharedCare

The aim of this program is to improve functionality of people suffering from chronic pain through self-management and education. The program is goal led: nepole participating in this program will be asked to identify three. The aim of this program is to improve functionality of people suffering from chronic pain through self-management and education. The program is goal led: people participating in this program will be asked to identify three, and education. The program is goal led: people participating in this program will be asked to identify three, and education. The program is goal led: people participating in this program will be asked to identify three programs. and education. The program is goal led: people participating in this program will be asked to identify three, personal-specific and concrete goals which will guide their experience with the Local Pain Team (LPT) program. They will also be asked to actively participate in self-management activities. personal-specific and concrete goals which will guide their experience with They will also be asked to actively participate in self-management activities.

This program does not replace the care of the family doctor or nurse practitioner. The LPT has a nurse, two family doctor or nurse practitioner. The LPT has a nurse, two family doctor or nurse practitioner. The LPT has a nurse, two family doctors or nurse practitioner. The LPT has a nurse, two family doctors or nurse practitioner. The LPT has a nurse, two family doctors with special knowledge about pain and opioids. a physiotherapist. a psychiatrist and a pharmacist. If This program does not replace the care of the family doctor or nurse practitioner. The LPT has a nurse, two family doctors with special knowledge about pain and opioids, a physiotherapist, a psychiatrist and a pharmacist. If doctors with special knowledge about pain and opioids, a physiotherapist, a psychiatrist and reatment by other needed, people can be seen by individual team members for assessment and treatment. Treatment doctors with special knowledge about pain and opioids, a physiotherapist, a psychiatrist and a pharmacist. If needed, people can be seen by individual team members for assessment and treatment. Treatment by other needed, people can be seen by individual team members much require a financial contribution. As much as professionals might also be recommended. Some treatments might require a financial contribution. needed, people can be seen by individual team members for assessment and treatment. Treatment by other professionals might also be recommended. Some treatments might require a financial contribution. As much as possible, this program will build on established, affordable community programs. professionals might also be recommended. Some treatments might require a fit possible, this program will build on established, affordable community programs.

Most people will graduate from the program after 12 weeks. A small group of people might remain in the program a bit longer. Another small group might be referred to a specialized clinic for additional pain support. Most people will graduate from the program after 12 weeks. A small group of people might remain in a bit longer. Another small group might be referred to a specialized clinic for additional pain support. After the program, program graduates will be invited to attend two follow-up group sessions with other program participants to share their experiences.

participants to share their experiences.

The back of this document provides a draft program outline. The icons used in the outline are described below.



Intake assessment by nurse





Phone check-in by nurse



Local Pain Team reviews the case



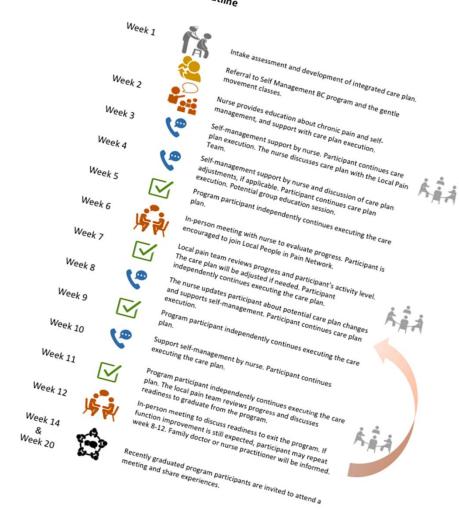


program participants independently executes care plan





Draft Program Outline



Community Partners

- Patient Advisory Group
- Community Pharmacist
- Chiropractor
- Physiotherapist
- Massage Practitioner
- Acupuncturist
- Yoga Instructor









Community Engagement

Motivated Patients

PT/Massage/Dietary

People in Pain events

Neal Pearson







Getting Partners Involved

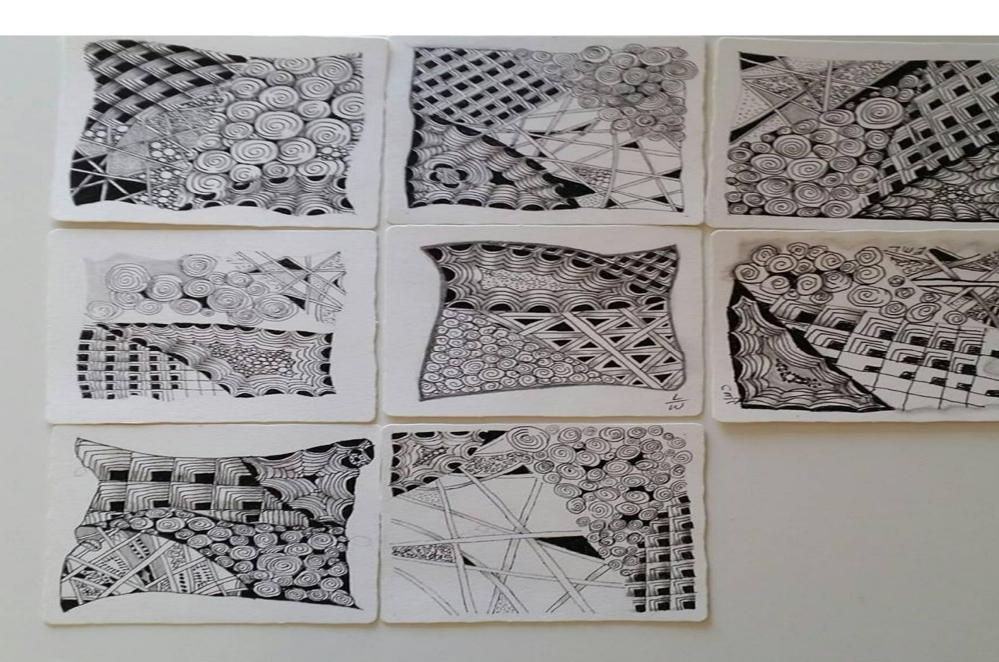
Community Survey "Are you in Pain"

Creating A Business Case









Sustainability

People in Pain

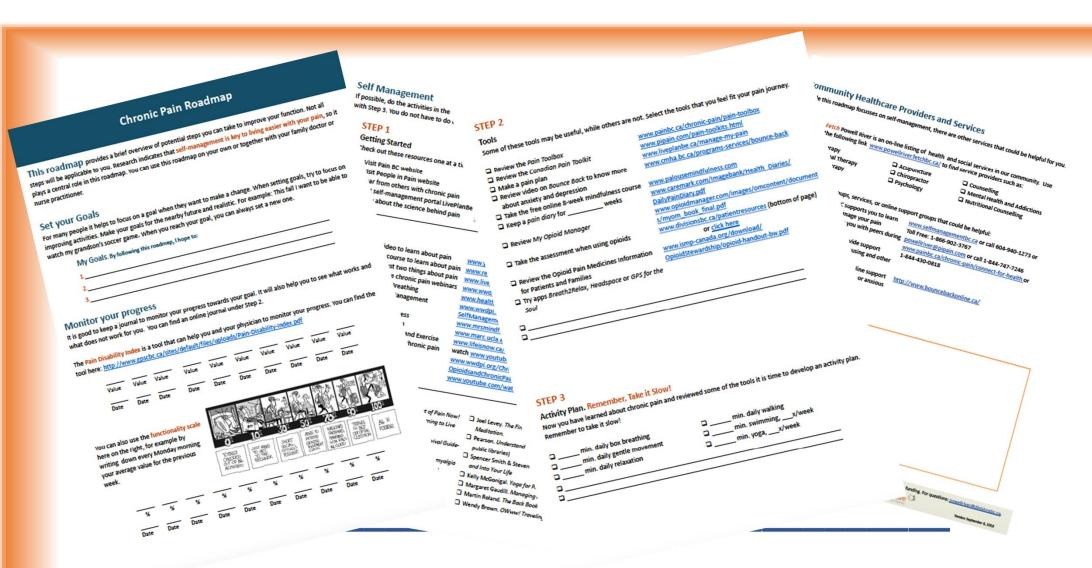
UVIC – Self Management

City Recreation Passes















Complimentary Services

People in pain

UVIC self management

Pain BC







PHYSICIAN EDUCATION (PSP)

Coordinated education

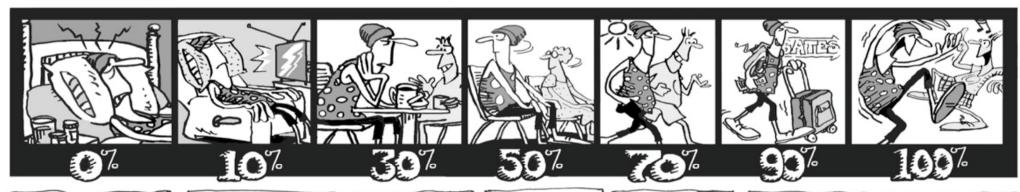
Some Nurses and MOA's came to the PSP training sessions











TOTALLY CHECKED OUT OF ALL ACTIVITIES JUST ABLE TO GET TO THE RECLINER SHORT SOCIAL OUTINGS POSSIBLE ABLE TO ATTEND GENTLE MOVEMENT CLASS WALKING, SHOPPING, HANGING WITH PALS ALL GOOD

TRAVEL IS NOT OUT OF THE QUESTION

ALL 15 POSSIBLE

FUNCTIONALITY

VANCOUVER COASTAL HEALTH

COLLABORATION

SESSIONAL FUNDING







MINISTRY OF HEALTH

Alignment of strategies

Linking with Tertiary Centres







LEARNINGS

Data

Attachment and Access

Local Government wants to work with you!





