

# 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 and Dr. Kyle Fisher
- **Nanaimo:** Dr. Karl Muendel, Dr. Michael Pariser

## 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

## Direct to Procedure Program *(booked for a procedure within 8 weeks)*

The **Direct to Procedure** (PC-DTP) program design is to expedite requests for **one-time injections** at Island Health's Pain Program. After receiving a referral, the Pain Program aims to schedule an injection within 8 weeks. The patient will follow-up with the referring provider **ONLY**. The pain physician **will not** follow-up unless requested due to complications.

Referred patients must meet the following criteria:

1. Referrals must only be for non-emergent (>3 weeks)
2. Candidates for DTP **must not** have had an injection in the same pain area with any other service in the last 3 months (e.g., Radiology)
3. ***\*To receive ongoing interventional care, referrals should continue to be sent via the routine "Regional Interdisciplinary Chronic Pain Program Referral" form***

The PC-DTP referral is triaged within two weeks of being received. The patient is scheduled with the next available physician.

**\*See Appendix B for more information**

## 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

- Widespread Chronic pain
- Patients who do not meet our inclusion criteria who suffer from chronic pain

### Referral source

GP or specialist

### Exclusion

- Severe cognitive impairment
- Unstable psychiatric condition
- Impairing substance use
- Social anxiety that would prohibit group participation
- Active suicidal ideation or behaviour

## Royal Jubilee Hospital

Every patient is given the opportunity to attend orientation – once registered, the patient will receive a phone call and an email with instructions for attending.

For more information, please refer to [RJH Self-Management Pathway](#).

## 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:

- **Action-based:** integrating active approaches for pain management
- **Self-management:** developing skills to live well with pain
- **Confidence-building:** increasing your sense of self-efficacy and engagement in valued occupations and activities despite pain
- **Education:** learning about pain neuroscience leads to better day to day management
- **Neuroplasticity:** reprogramming the brain to change the “protect by pain response”
- **Dynamic:** 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](#)

## 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
Headaches/Migraines	Neurologist Headache Specialist	-Specific request, such as occipital nerve block or stellate ganglion block	CT Head	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		DTP
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

<b>Abdominal Pain</b>	General Surgery Gastroenterologist	-Specific nerve request -Consult notes must be provided -Abdominal wall pain & Pancreatitis accepted	CT abdomen	Routine
<b>Pre Op Hip Pain</b>	Orthopedic Surgeon	-Specific request -Include surgery date -Injection should be avoided 6 months pre-op	Plain X-Ray	Routine
<b>Post Op hip pain</b>	Orthopedic Surgeon	-Specific request -Include surgery date -6 months post op	Post op X-Ray	Routine
<b>Non-Operative Hip Pain</b>	Orthopedic Surgeon	-Specific request	X-Ray	Routine
<b>Post Herpatic Neuralgia</b>	PCP	6 months post		Routine
<b>Pelvic Pain (Men)</b>	Urologist	-Specific request - Pudendal nerve block	CT or MRI	Routine
<b>Pelvic Pain (Female)</b>	BC Women's	-Specific request	CT or MRI	Routine
<b>Pre Op Knee</b>	Orthopedic Surgeon Rebalance	-Specific request -Include surgery date -GN-RFA should be avoided 1-2 months pre-op	X-Ray	DTP
<b>Post Op Knee</b>	Orthopedic Surgeon	-Specific request -Include surgery date -6 months post op	Post op X-Ray	Routine
<b>Non operative knee</b>	Orthopedic Surgeon	-Specific request	X-Ray	Routine
<b>Ankle/Foot Pain</b>	Orthopedic Surgeon	-Specific request	X-Ray	Routine
<b>Neuropathic Pain</b>	Neurologist Physiatrist Neurosurgery	-Specific request	Specialist workup sufficient	Routine
<b>Peripheral Nerve Pain</b>	Neurologist Physiatrist Neurosurgery	-Specific request	Specialist workup sufficient	Routine
<b>Fibromyalgia/Widespread Body Pain</b>	PCP	- No pain physician consult	No imaging	Rehab
<b>Compression/Sacral Insufficiency Fracture</b>	PCP	- < 3 months- refer to IR for vertebralplasty - >3 months	X-ray	Routine
<b>Ischemic Pain</b>	Vascular	- > 6 months	CT or specialist workup sufficient	Semi-Urgent

<b>CRPS</b>	PCP	- Completed Budapest diagnostic criteria	Supporting documents sufficient	< 6 months Urgent > 6 months Routine
<b>Cancer Pain</b>	BC-PSM or BC Cancer	- Specific request	Supporting documents sufficient	Urgent
<b>Palliative Pain</b>	Palliative Care Physician	- Specific request	Supporting documents sufficient	Urgent
<b>Incisional/Scar Pain</b>	PCP	- Specific request - 6 months post op	Supporting documents sufficient	Routine
<b>Arthritis</b>	Rheumatology	-Specific request	X-Ray	Routine
<b>In Patient request</b>	Call from referring physician to pain specialist	-Specific request		Emergent

The following table is applicable to NRGH only

<b>Referral reason</b>	<b>Referral Source</b>	<b>Alternate Care</b>	<b>Inclusion and Exclusion Notes</b>
<b>Pelvic Pain (female)</b>	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
<b>Pelvic Pain (male)</b>	Urologist	- Can see a physio with a specialty in pelvic pain rehab or, - ASCEND program	Referring PCP can have specific request (tissue specificity)
<b>Abdominal Pain - too vague will be declined</b>	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
<b>Neuropathic</b>	Neurologists, Physiatrist, Neurosurgery	- ASCEND program	Specific request
<b>Refractory Angina</b>	Cardiology	- ASCEND program	Specific request
<b>Arthritis</b>	Rheumatology	- Arthritis program	Ankylosing Spondylitis/Sacroiliac-based on specific focal Pathology, then intervention considered. Diffuse polyarthropathy Determine if focal or widespread.
<b>Pre-Op Knee</b>	Orthopedic Surgeon	- Refer to radiology or, - ASCEND program	Requires specific request
<b>Pre-Op Hip or Shoulder</b>	Orthopedic Surgeon	- Refer to radiology or, - ASCEND program	Requires specific request

<b>Pre-Op Spine</b>	- 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
<b>Syndromes/ Congenital etc.</b>			Requires specific request
<b>Fibromyalgia</b>	GP	Ascend Program, Pain BC	Refer to Rheumatology, Rehab program, No Pain Physician Consult
<b>Compression/Sacral Insufficiency Fracture</b>	GP	Medical Interventional Radiology	Send for Vertebroplasty with Interventional Radiology

**\*All imaging must be current within 18 months**

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

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

## Appendix B: RJH & NRGH Direct to Procedure

Referral reason	Referral source	Required imaging	Inclusion Criteria
<b>Transforaminal Epidural</b>	GP or specialist	Imaging concordant with a cause for leg pain	<ul style="list-style-type: none"> <li>➤ Severe decline in function and quality of life from pain</li> <li>➤ Lumbar radiculopathy (pain shooting down the leg) [supportive documentation from referral and patient history]</li> <li>➤ Failed 1+ therapies (i.e., PT, medications)</li> <li>➤ No prior injections in area within the last 3 months (i.e., IR, Helmcken, or Rebalance)</li> <li>➤ No blood thinners</li> </ul>
<b>Medial Branch Block +/- Radiofrequency Denervation</b>	GP or Specialist	Imaging concordant with facetogenic cause for back or neck pain	<ul style="list-style-type: none"> <li>➤ Age &gt;50yr and evidence of facet changes</li> <li>➤ Severe decline in function and quality of life from pain</li> <li>➤ Low back or neck pain without radiculopathy [supportive documentation from referral and patient history]</li> <li>➤ Failed 1+ therapies (i.e., PT, medications)</li> <li>➤ No prior injections in area (at all) within the last 3 months (i.e., IR, Helmcken, or Rebalance)</li> </ul>
<b>Pre-op test injection</b>	Neurosurgery or orthopedic		Specific pre-op requests from specialist
<b>Re-referral for repeat treatment request</b>	GP or specialist		A request to repeat same treatment (deemed effective) previously done at the pain clinic > 12 months ago

## Appendix C:

### 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.