

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 offered by [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 and Dr. Janine Reid

Referral Process

- Please refer to inclusion criteria and select referral reason below.
- Patients must have a GP, NP or primary care clinic.
- 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
- *If there are questions, please feel free to visit our website or contact the chronic pain clinic:*
 - **Victoria:** 250-519-1836
 - **Nanaimo:** 250-739-5978

Inclusion criteria

Emergent assessment (consult within 48 hours)

- In patient chronic pain consult
 - *Arrangements required to transport a patient to the clinic

Urgent assessment (consult within 2 weeks)

- Cancer pain (referrals only accepted from BC-PSM or cancer specialist)
- Palliative care (referrals only accepted from palliative care physician)
- Complex regional pain syndrome (CRPS)(<6 months duration)

Semi-Urgent assessment (consult within 4 months)

- Radicular pain in limb (onset 2 – 6 months **with MRI or CT**)
- Chronic ischemic pain

Routine (consult within 6 months)

- Postoperative spinal surgery (new imaging required post-op)
- CRPS greater than 6 months
- Chronic low back or neck pain
- Chronic radiculopathy – onset of pain greater than 6 months
- Non-operative joint pain of knee (**referrals only accepted from orthopedic specialist**)
- Chronic post-operative joint pain of knee – greater than 6 months from surgery date. Please include surgery date/s
- Peripheral nerve pain condition with specific anatomical area defined
- Migraines and headaches (**referrals only accepted from neurologist or headache specialist**)

(See Appendix A for more information)

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)

Health History Questionnaire

A health history questionnaire is **sent out to all patients prior to their first appointment**. We encourage patients to complete this form with a friend or family member. For direct to procedure (DTP) patients, a one page health history form is completed in person on the procedure date.

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.

Discharge Process

1. Refer back to *referring* care provider
2. Fax discharge letter to *referring* care provider summarizing care and the specialist involved, as needed
3. Send patient a discharge letter via email or general mail

Exclusion Criteria and Service Limitations

Note: To help us deliver timely care to our patients, we do not accept referrals if the patient is waiting or receiving treatment at interventional radiology or community based pain clinics **within the last 6 months.**

****Referrals for these patients will only be accepted if referred by the interventional physician from a community clinic.***

- Our clinic does not assume opioid prescribing.
- There are no addiction services in our clinic.
- Please refer female pelvic pain to BC Women's Hospital

Patients who suffer from chronic pain who **do not** meet our inclusion criteria may need our interdisciplinary team and pain education courses (i.e., participate in our **Self-Management Program**).

Self-Management Program

Our Self-Management Program is based on principles of neuroplasticity. This program offers pain education and speciality courses to 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

Direct to Self Management

Referral reason	Referral source	Exclusion
<ul style="list-style-type: none"> • Widespread Chronic pain • Patients who do not meet our inclusion criteria who suffer from chronic pain 	GP or specialist	<ul style="list-style-type: none"> • Severe cognitive impairment • Unstable psychiatric condition • Impairing substance use • Social anxiety that would prohibit group participation • Active suicidal ideation or behaviour

To learn more, check out our [Group Programs webpage](#).

Appendix A

Specialist referral reasons and technical requirements by indication

Referral reason	Referral Source	Alternate care	Inclusion and exclusion notes
Pelvic Pain (female)	BC Women's only - must see program first	Can see a physio with a speciality Rehab	Refer to BC Women's Unless a specific request from BC women's for a nerve. If patient declined from BC women's refer to our rehab stream.
Pelvic Pain (male)	Urologist		Comes with a specific request (tissues specificity) Review for rehab team care
Abdominal Pain: (too vague, will be sent back)	General surgery or GI	Functional neurological clinic if open? Rehab	Requires tissue specificity (i.e. abdominal wall) Must have a consult work up by GI or GS and a specific nerve identified *Abdominal wall pain accepted *Pancreatitis accepted
Neuropathic	Neurologists Physiatrist Neurosurgery		Must have specific request
Refractory Angina	Cardiology		Specific referral
Arthritis	Rheumatology	Arthritis program	Ankylosing spondylitis or sacroiliac – based on specific focal pathology, then assessed for an intervention. Diffuse poly - arthropathy will not go to a provider. Determine if issue is focal or widespread
Pre-op knee— Not above	Orthopedic surgeon		Requires a specific request – consider direct to procedure
Pre-op hip	Orthopedic surgeon		No
Pre-op shoulder	Orthopedic surgeon		Requires a specific request – consider direct to procedure
Pre-op spine	Neurosurgery Ok if a GP with a specific request		Trial injection prior to surgery for decompression or pre shoulder surgery to see how they do first before a surgical intervention.
Syndromes- congenital etc.			Requires specific request
Fibromyalgia	GP	Self Management Program, Pain BC	Refer to rheumatology, rehab program. No pain physician consult
Compression/ sacral insufficiency fracture	GP	Medical Interventional Radiology	Send for Verterbralplasty IR (Medical imaging).

Appendix B

Direct to Procedure

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

Appendix C

Non-Interventional Pain Modalities Resource List

- [Pain BC Website](#). Some great [Programs](#) include:
 - Live Plan Be+
 - My Care Path (for teens)
 - Pain Support Line
 - Pain support and Wellness Groups

- [Self-Management BC](#) offers free programs for adults of all ages living with one or more ongoing health condition. Programs are offered virtually, online, by telephone, or by mail for adults living in BC.

- [Bounce Back](#) (bouncebackbc.ca) is a free skill-building program designed to help adults and youth 15+ manage low mood, mild to moderate depression, anxiety, stress or worry.

- [Cognitive Behavioral Therapy \(CBT\) Skills Group](#) Learn practical tools to recognize, understand and manage patterns of feeling, thinking and behaving. 8-week course, once per week for 1.5-2 hours. Physician/ Primary Care Provider Referral required.

- [Mindfulness](#) (Bcalm.ca) Art of Living Mindfully: 8 session classes regularly throughout the year for patients with stress related physical and mental health challenges. Physician/ Primary Care Provider Referral required.