



**2011 Year End Report on the Activity of the
Nova Scotia Chronic Pain Collaborative Care Network**

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2011

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A. EXECUTIVE SUMMARY

The NSCPCCN is a collaborative network providing a clinical and education knowledge transfer program designed to assist primary care practitioners (physicians, nurse practitioners, family practice nurses, and psychologists), physiotherapists and pharmacists in the management of chronic pain. The NSCPCCN consists of four components designed to provide continuing professional development, clinical support, knowledge transfer and quality assurance/ research. The following is a summary of the 2011 activity.

Continuing Professional Development

- Annual mentor – mentee training workshop held March 4 & 5, 2011 with a large inter-disciplinary group that included: 41 family physicians, 9 nurse practitioners, 4 pharmacists and 4 family practice nurses.
- Educational session at Atlantic Provinces Inter-Professional Pain Conference
- Development of collaborative pain education preceptorship program
- Addition of 21 further mentors and mentees across Nova Scotia since March 2011
- Initial inter – provincial mentorship established including the addition of 5 new members in Newfoundland, 1 in New Brunswick, 2 in Ontario, and 10 new members in Alberta
- Initiative with First Nations Community

Clinical Support

- Regular mentor – mentee contact established
- Effective mentor/mentee communication strategies established
- Participation of mentors and mentees in ongoing clinical conversations
- Mentors and mentees meeting targets and expectations agreed upon at the annual workshop

Knowledge transfer

- Participation in knowledge translation research projects: 2 Canadian Institutes of Health Research (CIHR) grants- 1 funded, 1 pending
- Development of portal for ongoing clinical discussions including searchable list of relevant resources, Wiki and password protected link to database. Portal will be interprovincial and provide a platform for national development
- Promotion of NSCPCCN at National and International conferences
- Establishment of National/International audience

Quality Assurance/Research

- Mentor log development and utilization
- Mentee online evaluation survey
- Development of strategic partnerships for research
- Online evaluation forms for mentors and mentees
- Workshop evaluation

Communication Strategy

- Active portal containing webpage, blogs, audio/visual archive and Wiki feature in production
- Adobe Connect™ purchased to facilitate communication
- Regular mentor meetings
- Needs assessment
- Promotional material renewed
- Endorsements from the College of Physicians and Surgeons of Nova Scotia, Nova Scotia College of Family Physicians and the Nurse Practitioner Association of Nova Scotia obtained

B. INTRODUCTION

The Nova Scotia Chronic Pain Collaborative Care Network (NSCPCCN) is a communication partnership linking primary health care providers to chronic pain and addiction specialists. The mission is to provide improved chronic pain management at the primary care level by providing clinical resource support and education. This in turn builds capacity within the health care system and provides improved pain management to patients in their own community. The network is a collaborative network providing a clinical and education knowledge transfer program designed to assist primary care practitioners (physicians, nurse practitioners, family practice nurses, physiotherapists, psychologists, and pharmacists) in the management of chronic pain. The NSCPCCN consists of four components designed to provide continuing professional development, clinical support, knowledge transfer and quality assurance/research.

As the Department of Health and Wellness begins to collaborate with stakeholders to implement the “Better Care Sooner” health care plan, there are potential opportunities for the NSCPCCN to build upon our continued innovative work. By providing a link to health care professionals who are interested in providing best practice management of chronic disease, the development of new networks could assist those individuals suffering from chronic disease to receive treatment in a timely and effective manner.

C. STRATEGIC DIRECTIONS

1. Continuing Professional Development (CPD)

1.1 Chronic Disease Management Stakeholder Meetings

On Thursday, March 3, 2011 the Nova Scotia Chronic Pain Collaborative Care Network (NSCPCCN) and the CDHA Department of Family Practice held a meeting with stakeholders from Department of Health and Wellness Primary Care division, Mental Health, Rheumatology, and Immune Modulated Diseases to explore networking for management of Chronic Disease. Dr. Peter MacDougall, NSCPCCN Director and Dr. Michael Cord, Director of the Medical Mentoring for Addictions and Pain (MMAP) network in Ontario, facilitated this informal discussion. The goal of the meeting was to identify potential networking opportunities that may be applicable to the management of chronic disease in our society.

In follow – up to the stakeholders meeting a strategic planning session was held on June 16, 2011. Representatives from CDHA Family Medicine, Mental Health, addictions and the Department of Health and Wellness Primary Care division were present. The following initiatives were identified as potential building blocks for further network development:

- Mental Health Network
- Immune Modulated Disease/Rheumatology/Dermatology Network

Both of these natural clusters of healthcare were seen as disciplines where a network model could be a valuable asset to those professionals who manage these conditions. In addition, approaches to funding development were also discussed.

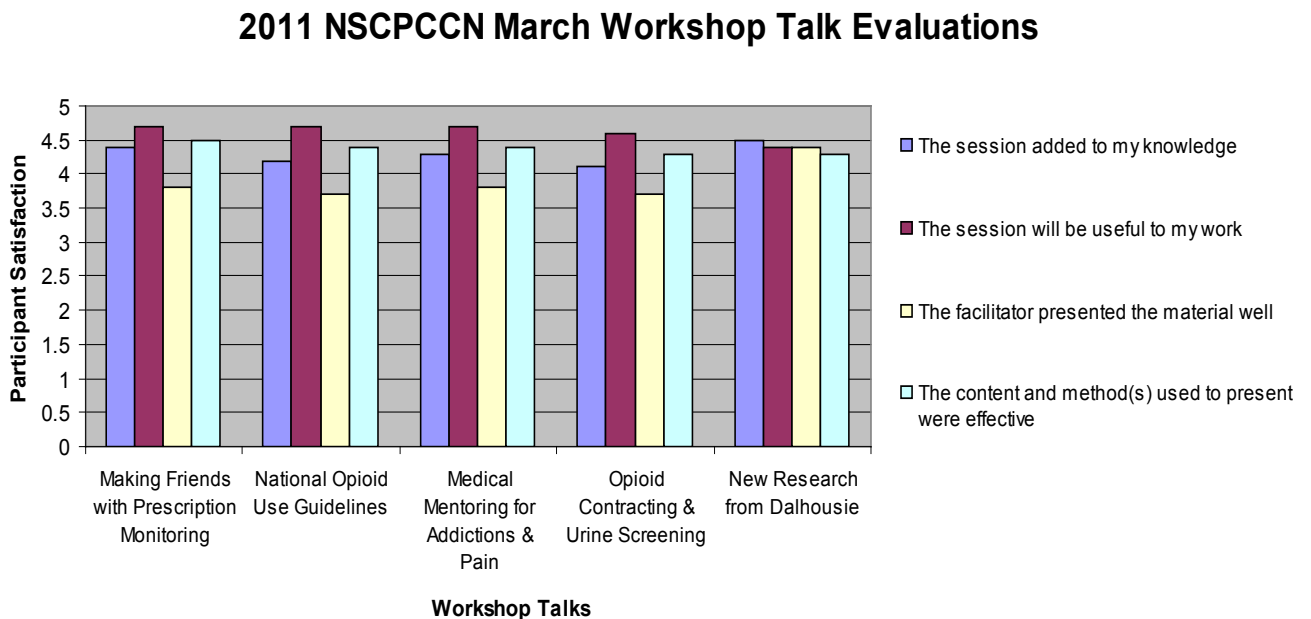
1.2 The NSCPCCN Annual Workshop

The NSCPCCN annual workshop was divided into two parts:

1.2.1. The Mentor Development Workshop

The Mentor Development Workshop was held on Friday, March 4, 2011. The workshop is designed to provide an introduction to mentoring for physicians identified as experts in the field of pain management. Dr. Michael Cord and Dr. Peter MacDougall presented an introduction to mentoring to the group. The eight mentors, Dr. Raed Azer (Cape Breton), Dr. Maureen Allen (Antigonish/Truro), Dr. Tena Frizzle (Amherst), Drs. Andrea Rideout, John Fraser, and Lianne Yoshida (Halifax), and Drs. Iona Wile and Cathy Mountford (Wolfville) all attended the workshop. Members found it was very helpful in gaining knowledge on the mentor process (Figure 1, Appendix 1).

Figure 1



1.2.2 Mentor/Mentee Workshop

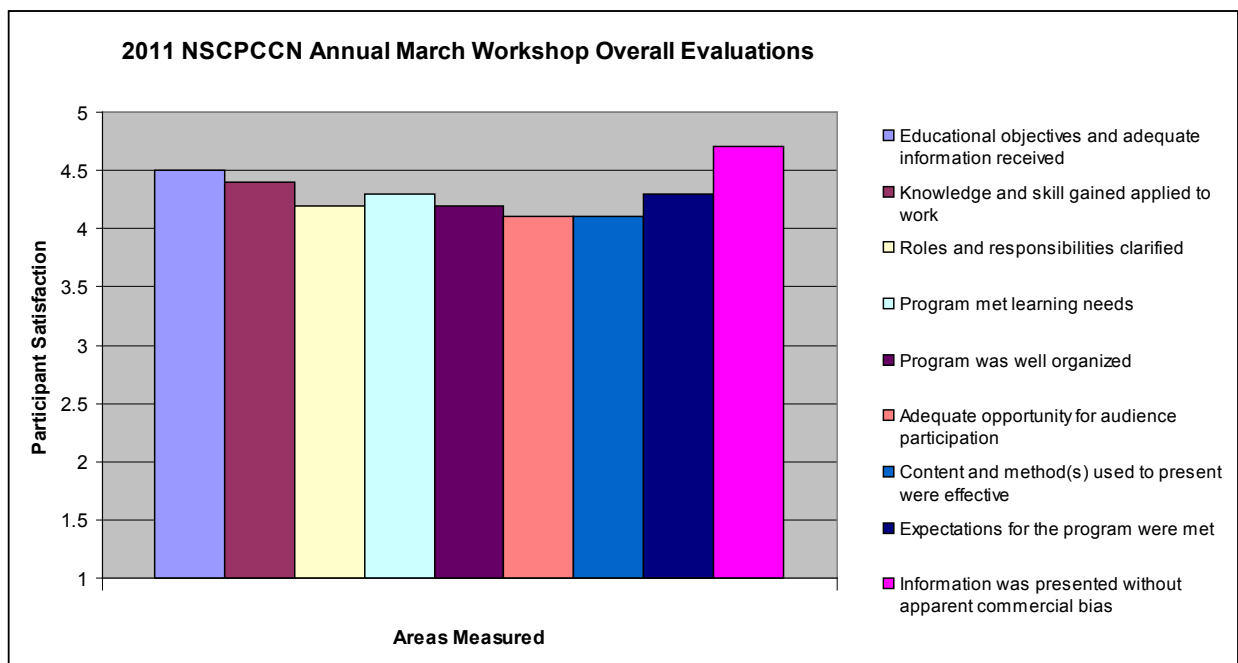
The Mentor/Mentee Workshop was held the following day March 5, 2011. The theme of this workshop was Opioid Management and Pain and was held for all current and new members of the network. The topics discussed included:

- Medical Mentoring for Addictions and Pain
- Contracting and Urine Screening
- Acetaminophen and Opioid Prescribing
- The Effect of an Educational Intervention on Meperidine Prescribing
- National Survey on Opioid Management in Primary Care
- Make Friends with the Prescription Monitoring Program

Dr. Andrea Furlan was the keynote speaker for the workshop. She presented an update on the National Opioid Use Guideline Group. Dr. Furlan played an instrumental part in the development of the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain by the National Opioid Use Guideline Group.

The NSCPCCN is the first inter-disciplinary group in Canada and this was reflected in the workshop attendance. There were 41 family physicians, 8 of whom are network mentors and the mentees included 9 nurse practitioners, 4 pharmacists and 4 family practice nurses (Figure 2, Appendix 3).

Figure 2



1.3 Atlantic Provinces Inter-Professional Pain Conference

The NSCPCCN strongly recommend participants partake in any pain related education sessions that may occur throughout the year. One such event is the Atlantic Provinces Inter-Professional Pain Conference which is held in Halifax every fall. The conference was held on September 30 and October 1, 2011. The network this year sponsored a session with **Dr. Mark Ware** as a guest speaker. Dr. Ware is a family physician and Associate Professor in Family Medicine and Anesthesia at McGill University. He is the Director of Clinical Research of the Alan Edwards Pain Management Unit at the McGill University Health Centre, co-Director of the Quebec Pain Research Network, and Executive Director of the non-profit Canadian Consortium for the Investigation of Cannabinoids. He presented **Cannabinoids in Primary Care: “Breaking the Taboos of a Fact of Life”**. The talk was well received with 40 people in attendance. In addition to this meeting, the network placed a booth in the exhibitors’ area of the conference for exposure of the network resulting in the recruitment 7 new members.

1.4 Preceptorship Development

Preceptorship has been identified as a key component of the development of pain management leadership and expertise in the community. The NSCPCCN recommends that all mentors complete a pain preceptorship through CDHA. The current preceptorship is under review. The NSCPCCN has been asked to lead the revision of the pain preceptorship and will develop a modular preceptorship program which will be responsive to the needs of the practitioner. The modules will cover areas including but not limited to Pharmacology, Pain and Addictions, Self-Management, Methadone Management for Chronic Pain and Interventional Modalities.

1.5 Nova Scotia Network Expansion/Inter-provincial Expansion to Atlantic Canada

Since March 2011 the NSCPCCN has increased in numbers from 58 to 100. In addition, there are currently members from both Newfoundland and New Brunswick, and we have had interest from Prince Edward Island. Formal discussions with all 3 provinces will be held early in 2012. Quebec has also expressed interest in forming a network and has asked the NSCPCCN for assistance with this. In addition, the network has been contacted by Dr. Judith Hunter who teaches pain management at the University of Toronto and the University of Alberta. She is enrolling 10 students from the University of Alberta Certificate in Pain Management Program and herself in the NSCPCCN. She is collaborating with the NSCPCCN to build an interprovincial pain mentoring network.

Please refer to Appendix 4 and 5

1.6 Engagement with First Nations

The NSCPCCN recognizes the unique challenges faced by special populations in our province when seeking pain care. To that end, the NSCPCCN has begun an initiative to engage our First Nations communities. We have developed a collaborative relationship with the Nova Scotia Prescription Monitoring Program (NSPMP). Dr. MacDougall has given joint presentations in Waycobah and Pictou Landing First Nations with the NSPMP. A second joint presentation to the Waycobah First Nations leadership was held on December 14, 2011.

2. Clinical Support

2.1 Regular Mentor/Mentee Contact

Each group activity is comprised of a number of components/activities:

2.1.1 Clinical case discussions:

Engagement in clinical conversations via on-line case discussions promotes the learning of the network members and allows a multi-discipline collaboration among colleagues. Some of the issues discussed through these on-line discussions were:

- Conversion of medications
- Myofascial pain with injection therapy
- Narcotic induced hyperalgesia
- Acute low back pain
- Geriatric narcotics
- Drug therapies and side effects
- Medical marijuana
- Medication coverage for those on social assistance

2.1.2 Mentorship group meetings

Each network group met 2-3 times this year. The dates and topic of each meeting was determined at the annual Mentor/Mentee Workshop held in March. This year there has been a variety of topics discussed among the groups such as:

- drug diversion
- adjuvants/non-opioids
- methadone for malignant and non-malignant pain
- hyperalgesia
- topical agents
- physiotherapy in chronic pain
- myofascial pain with injection therapy
- medication compounding

2.2 Mentors group meetings

It was recognized at a mentor meeting held on September 30, 2011 that the network mentors required support as a group itself. Through the use of Adobe

Connect software, another mentor meeting was held on November 16, 2011. At this meeting, a discussion was held on what barriers each mentor faced in his or her group. The common response from this was how one keeps the ideas and discussions within their groups new, fresh and exciting. Attendance by the director and manager of the NSCPCCN to group meetings in Amherst, Truro and Wolfville were also well received.

3. Knowledge Translation

3.1 Participation in Knowledge Translation Research Projects

Arun Radhakrishnan is a Family Physician and MSc candidate at the University of Toronto. He is currently studying how members of the networks use various kinds of communications technologies to communicate, interact and work with each other. This work will help us to understand how we can better support the process by which members work together.

Dr. Peter MacDougall is listed as a Knowledge User in a Canadian Institutes of Health Research (CIHR) operating grant submitted by Dr. Andrea Furlan titled: “My Opioid Manager” - A tool for patients with chronic non-cancer pain considering treatment with opioids.

In addition, approval for funding for another CIHR grant has been awarded for a Knowledge Synthesis Grant titled: "A systematic review of long-term use of opioids for chronic non-cancer pain". Dr. Andrea Furlan is the Primary Investigator, and Dr. MacDougall is a Knowledge User.

An application for a research project titled: “Mentorship in chronic pain: implementation and evaluation of a clinical knowledge transfer program” is in development for submission in 2012. Dr. Mark Ware is the Primary Investigator and Dr. MacDougall is a Co-investigator.

3.2 Promotion of Relevant Guidelines and Literature via the NSCPCCN

The network promotes the Canadian Guideline for Opioid Use for Chronic Pain as well as the Centre for Addiction and Mental Health (CAMH) Opioid dependence treatment core course in addictions.

The network has presented to various groups and events throughout the year:

- 2011 Spring Forum for Primary Health Care and the District Department of Family Practice
- 2011 Canadian Pain Society Annual Conference

- 2011 Dalhousie Fall Refresher
- 2011 CDHA Quality Week
- Ground Rounds – Department of Anesthesia, Sudbury, Ontario
- Grand Rounds - McGill Pain Clinic, Montreal, Quebec
- Truro Pain Day
- Valley Pain Day
- Doctors Nova Scotia
- Chronic Pain Support Group

Abstracts have also been submitted for the 2012 Canadian Pain Society Conference and the 2012 Canadian Conference on Medical Education.

3.3 Development of a formal Knowledge Translation strategy

The network is continuing to enhance the website, and in the New Year will expand to an on-line portal linking with the Ontario Medical Monitoring Addiction and Pain (MMAAP) portal which will provide a regional and national presence.

4. Quality Assurance and Research

4.1 Mentor Logs

Mentor logs are submitted by each mentor following their group meetings which are held 2-3 times annually. They include the title of the topic discussed, preparation time, duration of the meeting and the attendees.

4.2 Development of strategic partnerships for research

The targets for research partnerships are Community Health and Epidemiology (CH&E) and Canadian Guideline for Opioid Use for Pain.

4.3 Satisfaction measurement for mentor and mentee

The network is developing an online tool, to be utilized through a portal, for the measurement of the network's mentor and mentee satisfaction.

4.4 Online evaluation forms

Through the use of a portal, evaluation forms will be collected electronically. This will allow the NSCPCCN to move from the current paper-based system.

4.5 Workshop evaluation forms

Workshop evaluation forms will be collected electronically through the use of a portal. This will allow the NSCPCCN to move from the current paper-based system.

5. Communication Strategy

5.1 Portal

The portal will contain **webpage, blogs, audio/visual archive and Wiki feature**. It will allow the network to have a range of educational sessions, literature, case discussions, and research opportunities available to its members. It will also allow the members to be able to connect with their provincial counterparts more readily and efficiently.

5.2 Adobe Connect

The Adobe Connect is a web conferencing solution for web meetings, eLearning, and webinars software. It enables the network to collaborate effectively with colleagues not only within Nova Scotia but across Canada.

5.3 Regular mentor meetings

Adobe Connect ensures easy meeting access for all network members. Mentor meetings occur 3-4 times annually. Discussions on mentoring and ways to keep group dynamics active are some of the topics reviewed this year.

5.4 Needs assessment

The use of a portal will assist the network in identifying and measuring the needs of its members.

5.5 Promotional material/Endorsements

In September, the network had updated its' communication material and purchased a banner which is used at conferences and workshops. In addition, the NSCPCCN has been granted endorsements from a number of key stakeholders including:

- College of Physicians and Surgeons of Nova Scotia
- Nurse Practitioners Association of Nova Scotia
- Nova Scotia College of Family Physicians

Of note, early in 2012 the network will meet with the Nova Scotia College of Pharmacists and the Nova Scotia College of Registered Nurses to request endorsements.

Appendix 1

NSCPCCN LOGIC MODEL
2012-2013

	Target Participants	Input	Output	Output Measurement Tools/Targets
Continuing Professional Development (CPD)	PCP ¹	<ol style="list-style-type: none"> 1. Time: Mentor/mentee 2. Mentor Training 3. Logistic Support 4. Financial 5. Personnel 	<ol style="list-style-type: none"> 1 Annual Workshop/Fall Conference speaker 2. Preceptorship development 3. Nova Scotia Network Expansion/Inter – provincial expansion of mentor – mentee program to Atlantic Canada 	<ol style="list-style-type: none"> 1. Mentor training workshop 2. Mentee training workshop 3. Addition of new members 4. Collaborative preceptorship pain education program 5. Inter-provincial mentorship 6. Addition of mentorship outside of Nova Scotia
Clinical Support	PCP	<ol style="list-style-type: none"> 1. Time: Mentor/mentee communication 2. Website development - Ongoing 3. Logistic Support 4. Financial - Mentor compensation - Website development and management 5. Personnel 	<ol style="list-style-type: none"> 1. Regular mentor/mentee contact 2. Effective mentor/mentee communication strategies 3. Participation of mentors and mentees in ongoing clinical conversations utilizing multimodal communication strategies 	<ol style="list-style-type: none"> 1. Mentor logs 2. Annual survey of mentees 3. Mentors and mentees meet targets and expectations agreed upon at workshop 4. Regular Mentor Group meetings

	Target Participants	Input	Output	Output Measurement Tools/Targets
Knowledge Translation	1. PCP- Network Members	1. Logistic support 2. Financial 3. Personnel	1. Participation in Knowledge Translation Research projects 2. Promotion of relevant guidelines and literature via the NSCPCCN 3. Develop a formal KT strategy	1. Funded grant proposals as knowledge users 2. KT strategy report to the Steering Committee
Quality Assurance and Research	1. PCP 2. Healthcare Utilization	1. Logistic Support 2. Development of Research/QA tools 3. Financial 4. Personnel	1. Mentor logs 2. Development of strategic partnerships for research i.e. graduate student 3. Satisfaction measurement for mentor and mentee 4. Online evaluation forms 5. Workshop evaluation forms	1. Mentor time determination for payment - logs 2. Mentee online evaluation survey 3. Workshop evaluations
Communication Strategy	1. Network members 2. Regional and national networks 3. Members of affiliated network	1. Financial 2. Development cost 3. Ongoing annual fee	1. Active portal containing webpage, blogs, audio/visual archive feature, Wiki feature 2. Adobe Connect 3. Regular Mentor meetings 4. Needs assessment	

1. Primary Care Providers: Family physicians, Nurse practitioners, Family practice nurses, Physiotherapists, Psychologists and Pharmacists

Appendix 2

NSCPCCN Annual Mentors Workshop
Dalhousie University Club
March 4, 2011
1600 - 2000

- 1600 – 1630 Welcome and Brief Review of NSCPCCN
- Dr. Peter MacDougall
- 1630 – 1800 Introduction to Mentoring
- Dr. Michael Cord
- 1800 - 1845 Working Dinner – Mentoring in Small Groups
- 1845 – 1945 Interactive Discussion – Mentoring for Pain and Addiction
- 1945 – 2000 Wrap Up



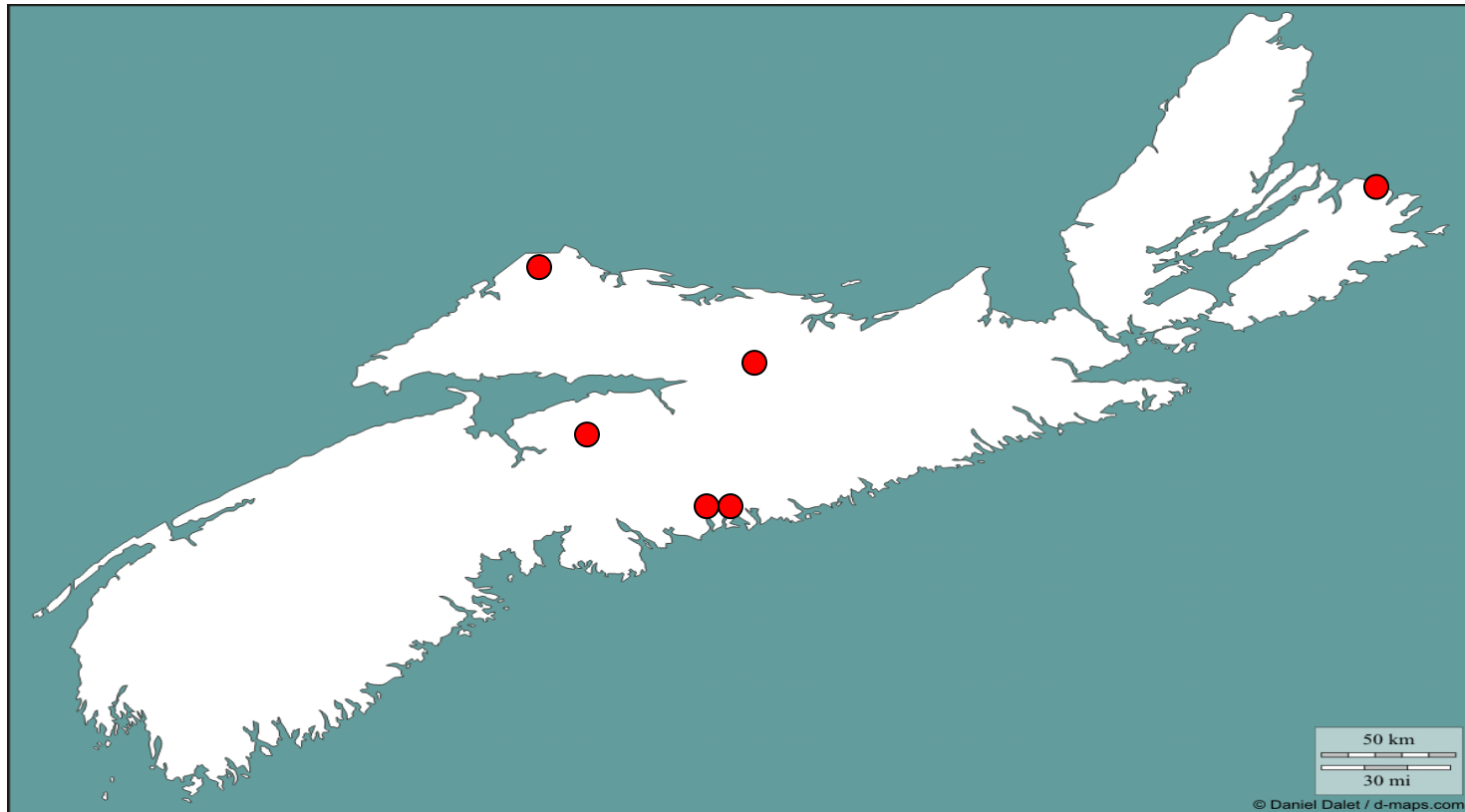
Appendix 3

NSCPCCN Annual Workshop
Dalhousie University Club, 6259 South Street, Halifax
March 5, 2011

- 0745 – 0800 Registration and Continental Breakfast
- 0800 – 0830 Welcome and Introductory Remarks
NSCPCCN Updates – Dr. Peter MacDougall, Director
Mentors: Dr. John Fraser / Dr. Iona Wile
Dr. Raed Azer / Dr. Maureen Allen
- 0830-0900 Medical Mentoring for Addictions and Pain (Ontario)
Dr. Michael Cord and Dr. Joel Bordman
- 0900 -0930 Opioid Contracting and Urine Screening
Dr. John Fraser
- 0930-1030 New Research from Dalhousie University
- Roderick Clarke - Acetaminophen and Opioid Prescribing
 - Judith Fisher - The Effect of an Educational Intervention on Meperidine Prescribing
 - Dr. Michael Allen - National Survey on Opioid Management in Primary Care.
- 1030-1045 Refreshments
- 1045-1115 Make Friends with the Prescription Monitoring Program
Denise Pellerin
- 1115 – 1200 **Keynote Address:** Update on the National Opioid Use Guideline Group
Dr. Andrea Furlan
- 1200-1300 Lunch (provided)
- 1300 – 1430 Group Facilitation
- Communication Planning
 - Meeting Planning
- 1430-1445 Wrap Up and Evaluation

Appendix 4

NSCPCCN Groups January 2011



NSCPCCN Mentees December 2011

