



2012 Year End Report on the Activity of the  
Atlantic Mentorship Network (AMN)-Pain & Addiction  
(formerly Nova Scotia Chronic Pain Collaborative Care Network)

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2012



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## A. EXECUTIVE SUMMARY

The Atlantic Mentorship Network (AMN)-Pain & Addiction<sup>1</sup> is a collaborative network providing a clinical resource, education, and knowledge transfer program designed to assist primary care practitioners (physicians, nurse practitioners, family practice nurses, physiotherapists, occupational therapists, social workers, pharmacists and psychologists), in the management of chronic pain. The AMN-P&A 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 2012 activity.

- The Annual Mentor – Mentee Training Workshop was held March 2 & 3, 2012 with a large inter-disciplinary group attending. The theme of workshop was Non-Opioid Management of Pain.
- The AMN -P&A Network went live in April 2012 on the MMAP (Medical Mentoring for Pain & Addiction) Network Portal. The portal allows members from both networks to work together in a virtual space despite the geographical barriers. It provides a forum to discuss relevant issues with group colleagues as well as interprovincial colleagues.
- The AMN -P&A Network along with the MMAP Network held a National Meeting for Mentorship during the annual CPS conference in May 2012 to identify potential opportunities for developing networks across Canada.
- To promote case discussions within the network, the development of Monthly Drop-In Case Discussions prove to be a benefit for members of the network.
- The popularity of the network not only has grown in numbers but also geographically. With the support from the Newfoundland and Labrador Department of Health to the network, the scope is now Atlantic based.

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<sup>1</sup> Formerly, the Nova Scotia Chronic Pain Collaborative Care Network –NSCPCCN. The name was changed with the formal inclusion of the Newfoundland and Labrador Department of Health as a full funding partner.



- o The AMN -P&A Network continues to collaborate with the Nova Scotia Department of Health and Wellness on initiatives such as the Self Management Support Module which increases primary care providers awareness of general chronic disease self management support principles availability in their communities.
- o In October 2012 the first inter-provincial mentorship conference for members of the AMN P&A and the Ontario MMAP network was held in Ottawa.

## ***B. INTRODUCTION***

The AMN -P&A is designed to provide access and clinical resource support for primary health care providers (physicians, nurse practitioners, family practice nurses, physiotherapists, occupational therapists, psychologists, social workers and pharmacists) who care for those suffering from chronic pain and addiction. By providing a link to health care professionals who are interested in providing best practice management of chronic disease, the network can assist those individuals suffering from chronic disease to receive treatment in a timely and effective manner.



### C. 2012 HIGHLIGHTS

Annual Workshop	• March 3-4, 2012
MMAP Portal	• April 19, 2012
National Mentorship Network Meeting	• May 24, 2012
Group Meetings/Monthly Drop-in Case Discussions	• September 3, 2012
Atlantic Expansion	• September 25, 2012
Self Management Support Initiative	• October 18, 2012
MMAP/NSCPCCN Conference	• October 26-27, 2012
Addiction Services	• November 7, 2012



#### D. AMN -P&A Membership 2012

The AMN -P&As is composed of a multi-disciplinary group of primary care practitioners which currently hosts 17 mentors and 149 mentees with members throughout Canada and the United States:

#### Breakdown of Network Members by Discipline

Physicians	111
Nurse Practitioners	10
Pharmacists	10
Family Practice Nurses	3
Psychologists	8
Registered Nurses	6
Occupational Therapists	6
Physiotherapists	11
Social Workers	2
Graduate Students	2
Licensed Practical Nurses	1
Other	1
<b>TOTAL</b>	<b>171</b>

#### Breakdown of Network by Province

Nova Scotia	112
Newfoundland and Labrador	39
New Brunswick	1
West Coast	13
Ontario	5
Nevada, US	1
<b>TOTAL</b>	<b>171</b>



## E. 2012 A YEAR IN REVIEW

### 1.0 Annual Workshop

The annual AMN -P&A Workshop was held on March 3-4, 2012 in Halifax, NS.

The Mentor Development Workshop was held on Friday, March 3, 2012. The workshop is designed to provide an introduction to mentoring for physicians and other health care professionals who were identified as peer leaders in their communities. The mentors also identified an interest chronic pain and addiction. Their role is one of facilitating group discussions within the network through the mentoring process as well as offering expertise where appropriate. Dr. Spencer Tighe and Dr. Peter MacDougall presented an introduction to mentoring to the group. Seventeen mentors, Dr. Rhea MacDonald (Cape Breton), Dr. Steve Ellis, Arlene Allen-McCarthy, Tari Krzywonos, Tara Power (Truro), Dr. Tena Frizzle, Deborah Blois (Amherst), Drs. Andrea Rideout, John Fraser, Kim Plaxton, Jeff Dempster, and Stewart Cameron (Halifax), Drs. Iona Wile and David Martell (Windsor), Dr. Alban Comeau (Yarmouth), and Drs. Ernest Buitendag and Mahesh Guntamukkala (St. Anthony, Newfoundland) all attended the workshop. Members found it was very helpful in gaining knowledge on the mentor process (See Appendix 1 for workshop agenda).

The Mentor/Mentee Workshop was held the following day March 4, 2012 in which there were 34 in attendance. The theme of this workshop was Non-Opioid Management of Pain and was held for all current and new members of the network. (See Appendix 2 for workshop agenda)

The topics discussed included:

**Pharmacology of Pain Management – Dr. David Gardner**

**Chronic Pain Self Management Support: Principles and Tools - Gerard Murphy**

**Pain and Sexual Health: Dr. Greg Bailly**

**Sexuality and Chronic Pain: Dr. Mary McCarthy and Dr. Doug Cane**

**Network Portal – Ryan Morley**



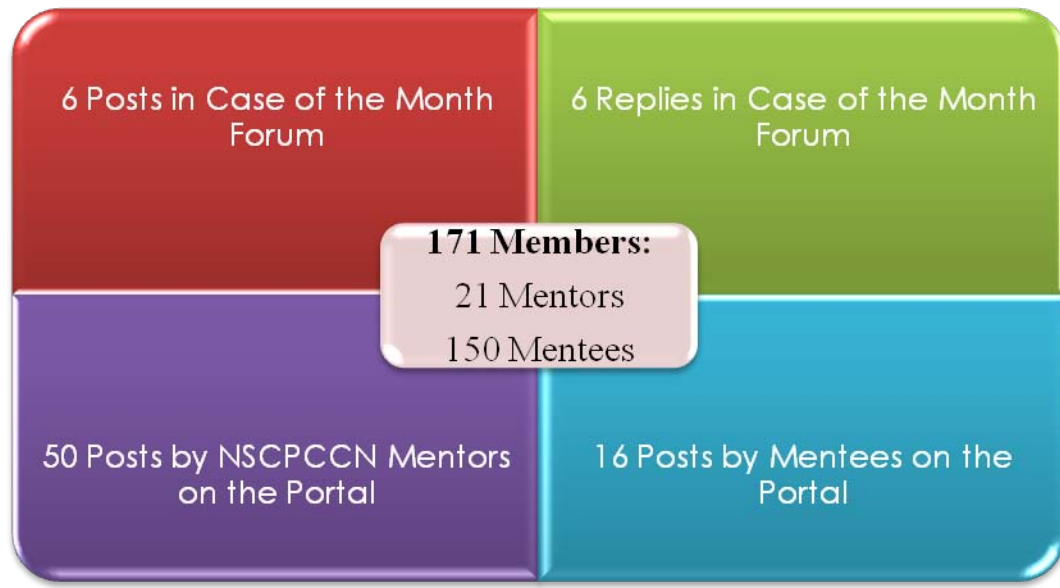
The evaluation feedback (See Appendices 3 & 4) provided by participants indicated that the workshop was well received and that the content was relevant to their practices:

“it provided me access to available resources”  
“the introduction of the portal will ease interaction with others”  
“very informative talks”

## 2.0 MMAP Portal

The MMAP portal is the network’s virtual space that is successfully allowing members of the network to remain connected in spite of their geographic location. The portal is currently hosted by the Division of e-Learning and Innovation at McMaster University.

On April 19, 2012 a formal partnership on the portal between the MMAP network and the NSCPCCN was established.







## Overview of machealth.ca Portal Features

URL: <http://www.machealth.ca> – online health professional education and communication/collaboration platform

- Hosted on secure, well-maintained servers and network
- Service of the Division of e-Learning Innovation, McMaster since 2007
- Available service and support by phone or email
- Detailed analytics of use of the platform, e.g. a number of discussion forum posts, Pageviews, Resource downloads, etc.

## Features and Elements of a machealth Online Social Network

- An online group for all members of the network; only approved members can join
- Ability to have different roles and permissions if desired; for example, a mentors-only sub-group, or regional sub-groups
- Online mentor log for tracking mentor-mentee encounters
- Members can also have a profile page that outlines their areas of expertise or interest, e.g. addictions, methadone clinic management, neuropathic pain, etc.
- The network can also have public, open access pages/presence (e.g. non-password protected) in order to promote the network to potential new members (see, for example, <http://mmap.machealth.ca>)
- Program 'home' page
- Acts as the hub for your network; easy access to resources, discussions, tools, and network/member activity
- Blogs – announcements and news from the program managers or designated experts
- Forums – online threaded discussions or Question & Answer types of posts; additional features such as adding file attachments to posts, polling questions, or video
- Conversations – messaging platform for 1-to-1 communication using the platform
- Resources – upload/share and download files or links; tag/index them
- Calendar – upcoming events
- Wikis – co-created/collaborative editing of documents
- Notifications/ 'subscriptions' via email or RSS
- Search across programs, posts, resources



### 3.0 CPS & National Mentorship Network Meeting

The network not only had a poster at the annual Canadian Pain Society Conference held in Whistler, BC from May 23-26, 2012 but also co-hosted the first inter-professional mentorship meeting with the Ontario Medical Mentoring for Addictions and Pain Network (MMAP) to identify potential opportunities that would assist in developing a network of networks on a national scale.

Drs. Peter MacDougall (Director of AMN -P&A) and Michael Cord (Director of MMAP) co-chaired the meeting (See Appendix 5 for Agenda). The overall vision is a network of networks. The goal would be to link networks across the country in order to share knowledge and resources. Attending the meeting were various healthcare practitioners in pain and addiction from across Canada which included:

Name	Title
Dr. Dino Smiljic	Family Physician, AB
Dr. Saifee Rashiq	Director of the Division of Pain Medicine and the University of Alberta Hospital's Multidisciplinary Pain Centre
Dr. Mark Ware	Family Physician, Montreal QC
Dr. Michael Negraeff	Anesthetist and pain specialist Vancouver General Hospital, BC
Dr. Owen Williamson	Orthopedic spine surgeon and specialist pain medicine physician Fraser Health Regional Department of Anesthesia
Dr. Brenda Lau	Medical Director of the Surrey, BC Memorial Hospital Pain Management Clinic
Dr. Lydia Hatcher	Family Physician, St. John's, NL
Dr. Eloise Carr	RN, Professor, Faculty of Nursing, University of Calgary
Dr. Judith Hunter	Assistant Professor, Department of Physical Therapy Universities of Alberta and Toronto Curriculum Director University of Alberta Certificate in Pain Management
Dr. Arun Radhakrishnan	Family Physician, ON
Eilyn Rodriguez	Executive Director of Ontario College of Family Physicians
Dr. John Fraser	Family Physician and addiction specialist, Halifax, NS
Maria Hudspith	Executive Director of Pain BC
Dr. Lori Montgomery	Physician and medical director of Chronic Pain



	Clinic, Calgary AB
Ms. Brenda Poulton	NP Fraser Health, and Director of Pain BC
Dr. Ruth Dubin	Family Physician, ON Chair of the Chronic Non-Cancer Pain Program Committee, Section of Family Physicians with Special Interest and Focused Practices, with the College of Family Physicians of Canada
Mr. Doug Spitzig	Pharmacist, Prescription Review Program Manager with the College of Physicians and Surgeons of Saskatchewan
Ms. Karen Shaw	Registrar at the College of Physicians and Surgeons of Saskatchewan
Ms. Denise Pellerin	Manager of the Nova Scotia Prescription Monitoring Program
Dr. Andrea Furlan	Physiatrist and chronic pain physician in Toronto, ON
Dr. Janet Wright	Assistant Registrar, College of Physicians and Surgeons of Alberta, BC
Ed Jess	Manager, Physician Prescribing Practices at the College of Physicians and Surgeons of Alberta

#### **4.0 Group Meetings & Monthly Drop-in Case Discussions**

The network groups are asked to meet 2-3 times throughout the year with the dates and topic of each meeting being determined at the annual Mentor-Mentee Workshop in March. This year there were 14 meetings held with discussions on a variety of topics such as:

- Physiotherapy in chronic pain
- Pain Assessment tools
- Addiction and Methadone
- Myofascial Pain
- Motivational Interviewing
- Cannabinoids in Chronic Pain
- Case discussions

In addition to the group meetings, the network is constantly trying to find ways of increasing communication among its members that is easy, and convenient. One method to encourage discussions is having an on line teleconference case of the month. On the first Monday of each month, a



designated mentor(s) sends a case to the Network Manager sent via email. The case is posted on the portal for its members to review. On the following Monday evening members are invited to share their comments on the case utilizing GoToMeeting™. Included in the email, and on the portal is a link that members can go to for the virtual component of the discussions. We encourage members from the AMN and MMAP networks to participate in these case discussions, and to bring to these “**Drop in Meetings**” any case they may have that they would like advice on. Members have been taking advantage of the knowledge our members bring, and are enjoying these meetings from the comfort of their homes.

Month	# of Participants
September	19
October	13
November	12
December	9

## 5.0 Atlantic Expansion

In March 2012 the AMN -P&A management met with a number of primary care practitioners in and around the St. John’s, Newfoundland area. This meeting was sparked by the interest of 2 healthcare professionals in the St. Anthony area. By April 2012 the network had a group in St. Anthony that consisted of 10 members. From this single group we explored the possibility of expanding further into Newfoundland and Labrador. Dr. MacDougall travelled to St. Anthony to discuss pain management and networks in September 2012. In addition, there was a considerable interest shown in the network by the providers in St. John’s. In addition to meeting the healthcare providers, there was an opportunity to have discussions with the Newfoundland and Labrador Department of Health as to whether they were able to provide the resources to maintain and further expand the network further in Newfoundland and Labrador. They were aware of the tremendous need for such a network and what the benefits would be. On September 25, 2012 we received a response from the Newfoundland and Labrador Department of Health senior executive that they agreed with the initiative and were able to provide us with the appropriate resources.

This development gave us the means to explore what the interest would be in other regions of the province. So, on November 1, 2012 Dr. Peter MacDougall presented to the faculty Western Memorial Regional Hospital and large



medical clinic in Corner Brook Newfoundland. On November 2, 2012 a meeting was held in St. John's for those who had shown interest from our previous meeting in March in addition to those who wanted to hear more about the network and on the follow day Dr. MacDougall presented at the St. John's Pain Day. From these meetings an additional 27 healthcare professionals joined the network. To date the network has 37 members in the province of Newfoundland and Labrador.

With the network's growth in Newfoundland and Labrador our steering committee felt that it would be an opportune time to adopt a name which more clearly encompasses our regional scope and educational scope. Thus on December 1, 2012 the name Atlantic Mentorship Network – Pain and Addictions took effect.

### **6.0 Self Management Support Initiative**

The AMN- Pain & Addiction continues to collaborate with the Department of Health and Wellness on initiatives that assist health care professionals in providing best practice management of chronic disease. One such initiative is the Self-Management Support Module. The intent of the module is to raise awareness of self-management and self-management support concepts, introduce basic tools for use in clinical practice, as well as, increase knowledge of existing self-management programs in Nova Scotia.

### **7.0 MMAP/NSCPCCN Conference**

To help build the relationship the AMN -P&A has with the MMAP network, it was decided that a joint conference would be held. On October 26-27, 2012 the first interprovincial network workshop was held. A mentors meeting was held on October 26 2012 at the Canadian Museum of Civilization, and a full workshop for mentors and mentees was held on October 27, 2012. Five members from the NSCPCCN attended the conference. (See Appendix 6-7 for conference agendas)



## 8.0 Addiction Services

The ability of the network to reach primary care providers and improve capacity for patient management has been recognized by the Nova Scotia Department of Health and Wellness. Recently the network was approached by Addiction Services to explore the possibility of increasing its scope to include primary addiction management.

### *F. RESEARCH 2012*

The AMN-Pain & Addiction is working with a Montreal based group lead by Dr. Mark Ware to develop a pain network for primary care on the island of Montreal. The AMN P&A is linking with them to evaluate the impact of mentorship on primary care practitioners in the community. The outcomes will compare a physician based network (Dr. Ware's) versus an interdisciplinary network (AMN -P&A). The evaluation tools that will be used are KnowPain50 and PERFECT scale. The AMN -P&A will collect the data from members of the network at the March 2013 Workshop for the Nova Scotia members and at the June 2013 Workshop for the Newfoundland members and repeat the evaluation one year later.

In 2011, Dr. Arun Radhakrishnan a Family Physician and MSc candidate at the University of Toronto, examined how members of the &AMN -P&A and MMAP networks use communications technologies in mentoring networks focused in order to optimize roles in the management of chronic pain in Ontario and Nova Scotia. The findings from his thesis titled "The use of Information and Communication Technologies in a mentoring network of physicians to optimize roles in the management of chronic pain" is attached. (See Appendix 8)

In May 2013 at the annual Canadian Pain Society Conference in Winnipeg, the AMN -P&A and the MMAP Network will co-host a meeting to start the process of doing an environmental scan on what mentorship networks currently exist across Canada.

### *G. Year Ahead*



### **January-February 2013**

- Meet with St. John's primary care practitioners to further expand the Newfoundland and Labrador Network
- Support the Nova Scotia Department of Health and Wellness with the implementation of a self-management support program for primary care providers
- Discussion with the CDHA Anesthesia Education Consultant to assist in the development of a modular pain and addiction preceptorship program. It will be recommended by the AMN -P&A that all mentors complete the pain preceptorship through CDHA and other Nova Scotia District Health Authorities.

### **March 2013**

- Annual March Workshop for Nova Scotia Network
- Evaluation with the Nova Scotia Network members on the impact of mentors in the network on primary care practitioners

### **May 2013**

- Hold a follow-up meeting for National Mentorship Network in Pain & Addiction at the CPS Conference in Winnipeg, MN to begin the process of an environmental scan of mentoring networks that exist throughout Canada.

### **June 2013**

- Mentor-Mentee Workshop for Newfoundland & Labrador Network

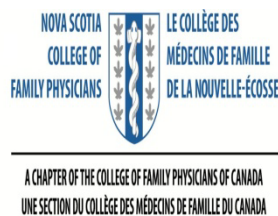
### **September 2013**

- Presence at the St. Anthony, NL Pain Day
- Presence at the Atlantic Inter-professional Pain Conference in New Brunswick



**NSCPCCN Annual Mentor Workshop  
Weather Watch Cafeteria  
5<sup>th</sup> Floor Dickson Building  
March 2, 2012  
1500 - 1830**

- 1500-1530 Welcome and Introductory Remarks: Dr. Peter MacDougall
- 1530-1730 Introduction to Mentoring  
Dr. Spencer Tighe
- 1730-1815 Dinner and Presentation of Portal  
Ryan Morley
- 1815-1830 Wrap Up and Evaluation



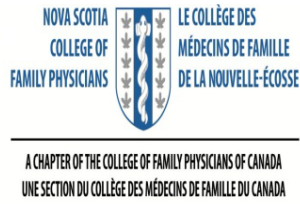




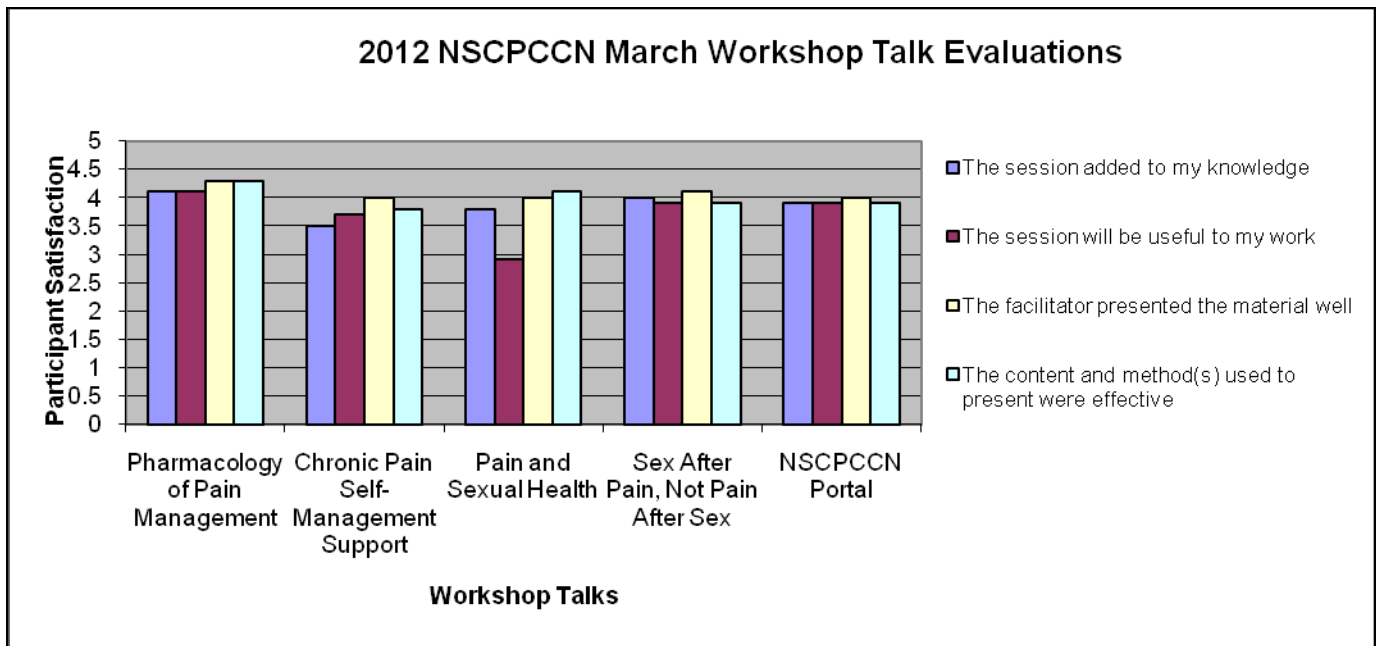
**NSCPCCN Annual Mentor-Mentee Workshop  
March 3, 2012  
Non - Opioid Management of Pain**

- 0745 – 0800 Registration and Continental Breakfast**
- 0800 – 0830 Welcome and Introductory Remarks**  
Dr. Peter MacDougall
- 0830-0930 Keynote Address: Pharmacology of Pain Management (Katie Group)**  
Dr. David Gardner
- 930-1030 Chronic Pain Self Management Support: Principles and Tools**  
Gerard Murphy
- 1030-1045 Refreshments**
- 1045-1200 Pain and Sexual Health: Dr. Greg Bailly**  
**Sexuality and Chronic Pain: Dr. Mary McCarthy and Dr. Doug Cane**
- 1200-1300 Lunch**  
**Network Portal: Ryan Morley**
- 1300 – 1430 Group Facilitation**
- Trouble Shooting, Communication Planning
  - Meeting Planning, Group Target Setting
- 1430-1445 Wrap Up and Evaluation**



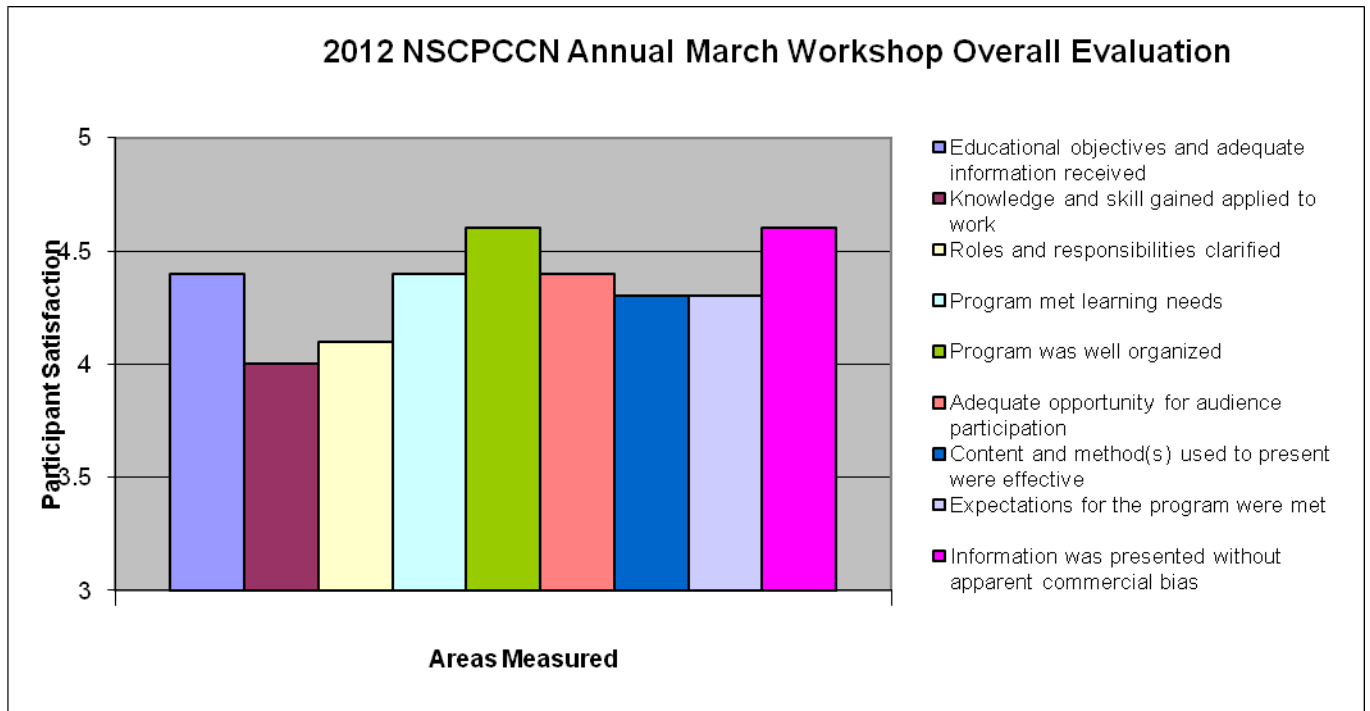


Appendix 3



Appendix 4





Appendix 5



**National Meeting for Mentorship Agenda  
 Thursday, May 24, 2012 6:00 pm -7:30 pm  
 Cheakamus Room  
 Hilton Whistler Resort & Spa  
 Whistler, BC**

1. Overview of Mentorship
2. Network portal introduction



3. Overview of MMAP and NSCPCCN networks
4. Interactive discussion:
  - a) What is the interest from each province or region in developing a network?
  - b) What resources and infrastructure are available in each province or region to develop a network?
  - c) Regional *versus* provincial network development?
5. Next steps
  - a) Strategic planning meeting October 2012
  - b) Portal expansion

## Appendix 6



**Medical Mentoring for Addictions and Pain  
Nova Scotia Chronic Pain Collaborative Care Network  
MENTORS PRE-CONFERENCE**

October 26, 2012

Panorama Room (Next to the Canadian Museum of Civilization)

100 Laurier Street Gatineau, Quebec

(2:00 pm – 5:30 pm)

**Conference Reception**

Canada Hall – Canadian Museum of Civilization

(6:00 – 7:30 pm)

**AGENDA**



**SECTION A**

	<i>Welcome and Conference Overview</i>	<b>2:00 – 2:15 pm</b>
<b>INTRODUCTION</b>	Michael Cord	

**SECTION B**

<b>CLINICAL CASE REVIEW</b>	Sean Moore, Peter MacDougall	<b>2:15 – 2:45 pm</b>
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**SECTION C**

PROVINCIAL NETWORKS	<i>Mentor Experience</i> <i>Troubleshooting</i>	<b>2:45 – 3:45 pm</b>
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UPDATE ON MEDICOLEGAL ISSUES	<i>Dr. Patrick Ceresia, Domenic Crolla, CMPA</i>	<b>3:45 – 4:30 pm</b>
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<b>MMAP PORTAL for MENTORS</b>	<b>Ms. Lisa Colliza, Division of e-Learning Innovation</b>	<b>4:30 – 5:00 pm</b>
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**SECTION D**

<b>COCKTAIL RECEPTION &amp; NETWORKING</b>	<b>Canada Hall – Canadian Museum of Civilization</b> <u><i>Open to all!</i></u>	<b>6:00 – 7:30 pm</b>
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Appendix 7



**Medical Mentoring for Addictions and Pain  
Nova Scotia Chronic Pain Collaborative Care Network  
ANNUAL CONFERENCE**

October 27, 2012

Four Points by Sheraton Gatineau-Ottawa Hotel (across from the Museum of Civilization)

35, Rue Laurier – Gatineau, Quebec

Notre Dame A

**AGENDA**

<b>Breakfast and Registration</b>	<b>7:30 – 8:20 am</b>
<i>Welcoming Remarks</i>	<b>8:20 – 8:30 am</b>



**CASE 1** *Case Presentation* **8:30 – 8:45 am**  
 Q&A 8:45 – 8:55  
 Case Discussion (small groups) 8:55 – 9:55  
 Teaching Points 9:55 – 10:30

**BREAK** **10:30 – 10:45**

**CASE 2** *Case Presentation* **10:45 – 11:00 am**  
 Q&A **11:00 – 11:10**  
 Case Discussion (small groups) **11:10 – 12:10 pm**  
 Teaching Points **12:10 – 12:40**

**12:40 – 1:40 pm**

**LUNCH**

SUMMARY OF CASES **1:45 – 2:15 pm**

PORTAL DEMO **2:15 – 2:30 pm**

*SMALL GROUP MEETINGS* Meeting planning for next 6 months, portal **2:30 – 3:30 pm**

**ADJOURNMENT** Wrap up and closing remarks **3:30 – 4:00 pm**

Appendix 8

MMAP and NSCPCCN demographic summary

	NSCPCCN (N = 29)	MMAP (N = 97)	Fisher's exact	Combined (N = 126)
<b>Age</b>				
Mean Age (St. Dev)	53.0 (9.0)	49.8 (8.5)		50.7 (8.8)
<35	0 (0%)	8 (8.3%)		8 (6.5%)
35-44	6 (21.4%)	17 (17.7%)		23 (18.5%)
45-54	9 (32.1%)	43 (44.8%)		52 (41.9%)
55-64	11 (39.3%)	25 (26.0%)		36 (29.0%)
>=65	2 (7.1%)	3 (3.1%)		5 (4.0%)
No Response	1	1		2
<b>Gender</b>				
M (%)	15 (51.7%)	49 (50.5%)	1.000	64 (50.8%)
F (%)	14 (48.3%)	48 (49.5%)		62 (49.2%)
<b>Physician type</b>				



GP/ Family Physician	28 (96.6%)	89 (91.8%)	0.683	117 (92.9%)
Medical/surgical specialist	1 (3.4%)	8 (8.2%)	0.683	9 (7.1%)
<b>Program Role</b>				
Mentor (%)	8 (27.6%)	26 (26.8%)	1.000	34 (27.0%)
Mentee (%)	21 (72.4%)	71 (73.2%)		92 (73.0%)
<b>Duration in program</b>				
<1 years	12 (41.4%)	7 (7.2%)	<0.0001*	19 (15.1%)
1-2 years	5 (17.2%)	21 (21.6%)	0.795	26 (20.6%)
2-3 years	10 (34.5%)	49 (50.5%)	0.143	59 (46.8%)
3-4 years	1 (3.4%)	14 (14.4%)	0.188	15 (11.9%)
>=4 years	1 (3.4%)	6 (6.2%)	1.000	7 (5.5%)
<b>Practice Location</b>				
Geographically Remote	0	5 (5.2%)	0.589	5 (4.0%)
Rural	7 (24.1%)	7 (7.2%)	0.018*	14 (11.1%)
Small Town	8 (27.6%)	10 (10.3%)	0.032*	18 (14.3%)
Urban/Suburban	11 (37.9%)	53 (54.6%)	0.14	64 (50.8%)
Inner City	2 (6.9%)	19 (19.6%)	0.001*	21 (16.7%)
Cannot identify	1 (3.4%)	3 (3.1%)	1.000	4 (3.2%)
<b>Practice Setting</b>				
Private office/clinic	20 (69.0%)	67 (69.1%)	1.000	87 (69.0%)
Community Hospital	11 (37.9%)	23 (23.7%)	0.155	34 (27.0%)
Nursing Home	10 (34.5%)	6 (6.2%)	<0.0001*	16 (12.7%)
Research Unit	0	0		0
Academic centre	3 (10.3%)	3 (3.1%)	0.134	6 (4.8%)
Emergency Depart.	4 (13.8%)	8 (8.2%)	0.467	12 (9.5%)
University Faculty	0	8 (8.2%)	0.197	8 (6.3%)
Community health centre	7 (24.1%)	28 (28.9%)	0.814	35 (27.8%)
Other	1 (3.4%)	5 (5.2%)	1.000	6 (4.8%)

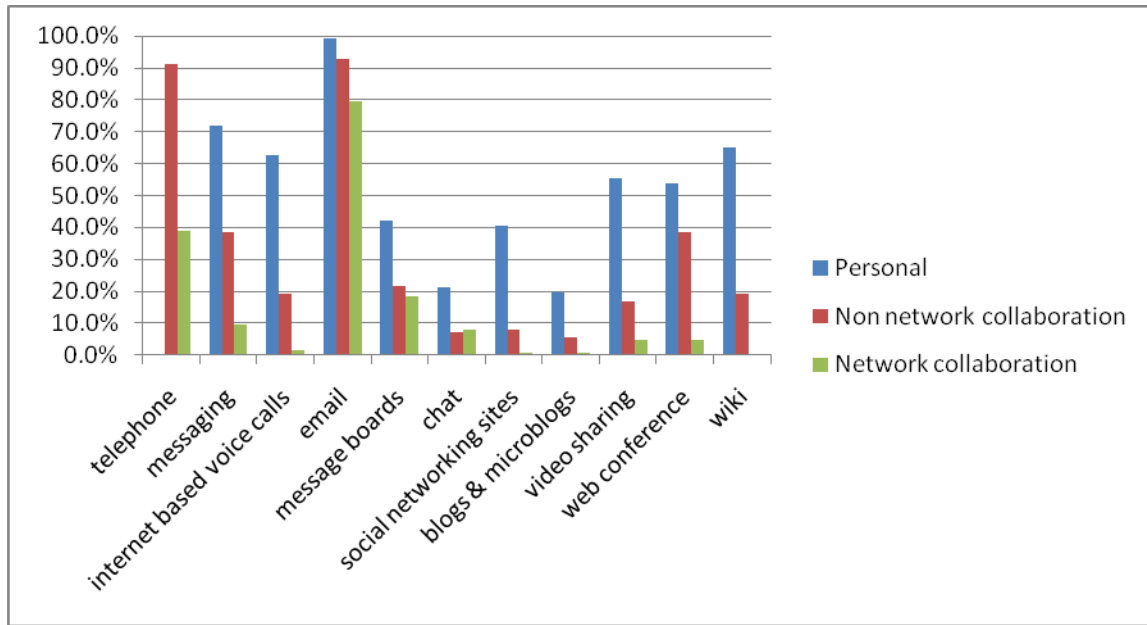
#### NSCPCCN & Nova Scotia NPS

	NSCPCCN (N =29)	NPS (N=256)	Fisher's exact
<b>Age</b>			
Mean Age (St. Dev)	53 (9)	50 (10)	
<=34	0	4.7%	
35-44	21.4%	24.3%	
45-54	32.1%	33.3%	
55-64	39.3%	24.3%	
>=65	7.1%	9.0%	
<b>Gender</b>			
M (%)	51.7%	58%	0.554
F (%)	48.3%	42%	
<b>Practice Location</b>			
Geographically Remote	0	0.6%	1.000



Rural	24.1%	15.8%	0.293
Small Town	27.6%	26.4%	1.000
Urban/Suburban	37.9%	43.9%	0.561
Inner City	6.9%	5.5%	0.670
Cannot identify	3.4%	4.0%	

Combined MMAP & NSCPCCN cICT use



Rank order of cICTs used in MMAP & NSCPCCN

NSCPCCN (N= 29)			MMAP (N= 97)			Combined (N=126)		
cICT rank order	N using	% using	cICT rank order	N using	% using	cICT rank order	N using	% using
<b>Email</b>	27	93.1%	<b>Email</b>	73	75.3%	<b>Email</b>	100	79.4%
<b>Telephone</b>	10	34.5%	<b>Telephone</b>	39	40.2%	<b>Telephone</b>	49	38.9%
<b>Messaging</b>	2	6.9%	<b>Message Boards</b>	23	23.7%	<b>Message Boards</b>	25	18.3%
<b>Web &amp; Video Conference</b>	2	6.9%	<b>Messaging</b>	10	10.3%	<b>Messaging</b>	12	9.5%

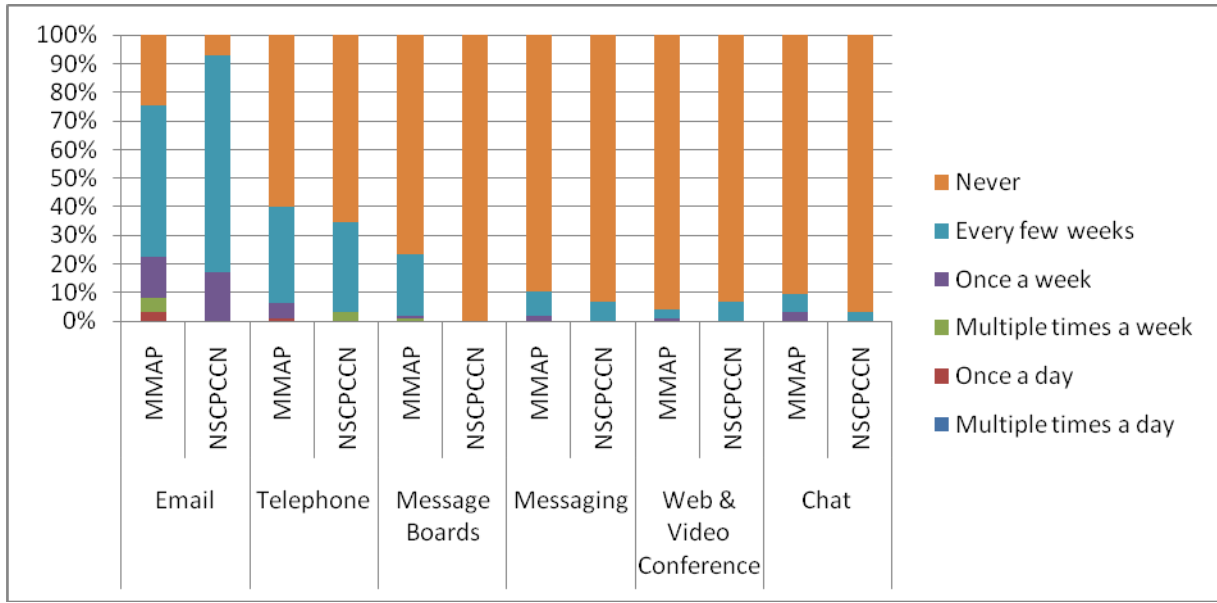




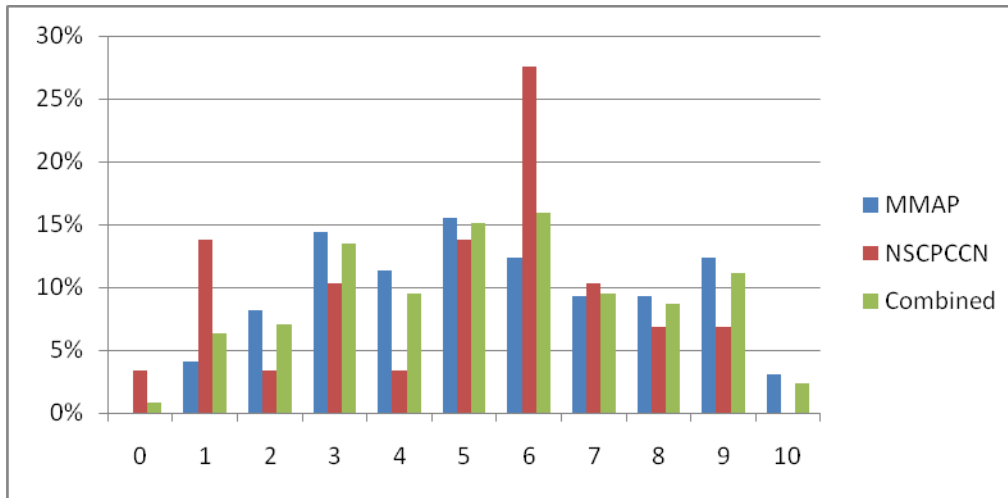
<b>Chat</b>	1	3.5%	<b>Chat</b>	9	9.3%	<b>Chat</b>	10	7.9%
<b>SNS</b>	1	3.5%	<b>Video Sharing</b>	6	6.2%	<b>Web &amp; Video Conference</b>	6	4.8%
<b>Internet based voice calls</b>	0	0	<b>Web &amp; Video Conference</b>	4	4.1%	<b>Video Sharing</b>	6	4.8%
<b>Message Boards</b>	0	0	<b>Internet based voice calls</b>	2	2.1%	<b>Internet based voice calls</b>	2	1.6%
<b>Blogs &amp; Microblogs</b>	0	0	<b>Blogs &amp; Microblogs</b>	1	1.0%	<b>Blogs &amp; Microblogs</b>	1	0.8%
<b>Video Sharing</b>	0	0	<b>SNS</b>	0	0	<b>SNS</b>	1	0.8%
<b>Wikis</b>	0	0	<b>Wikis</b>	0	0	<b>Wikis</b>	0	0

SNS = Social Networking Sites

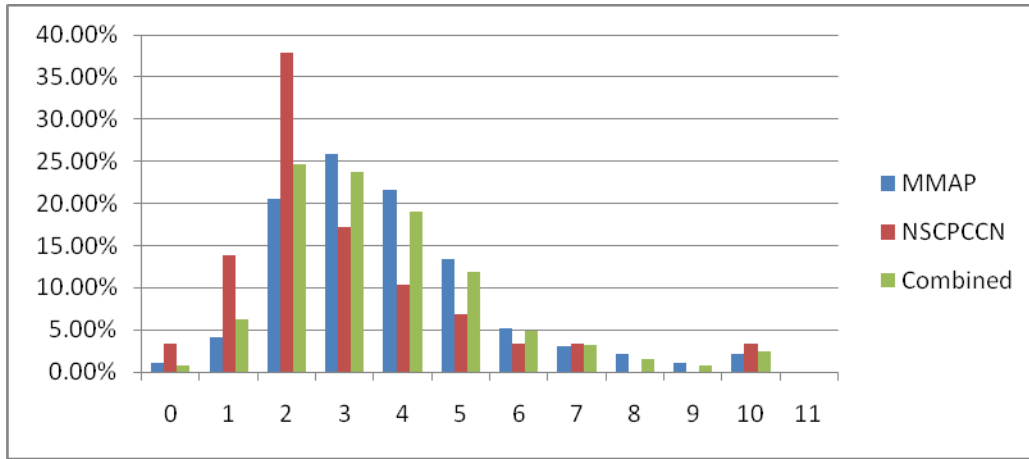
Frequency of cICT use for MMAP and NSCPCCN



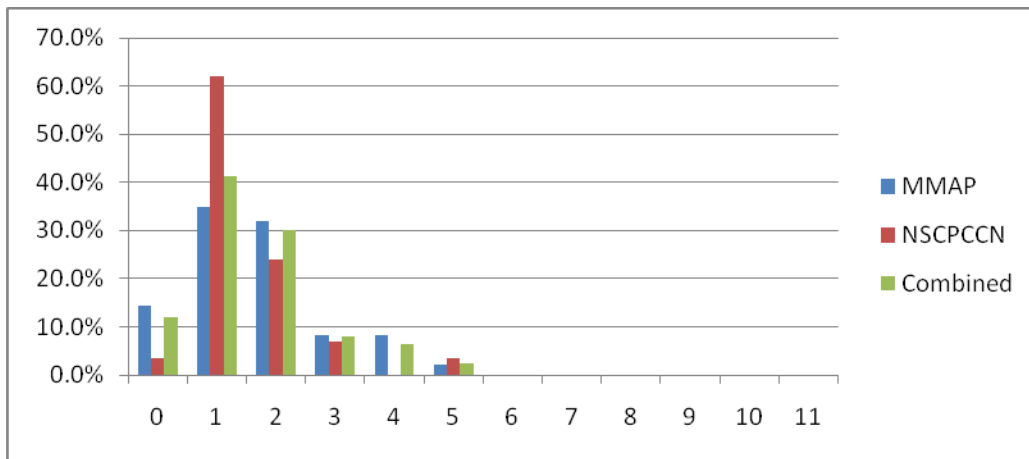
Number of cICTs used by members in their personal lives



Number of cICTs used by members to collaborate outside of the networks



Number of cICTs used by members within the networks

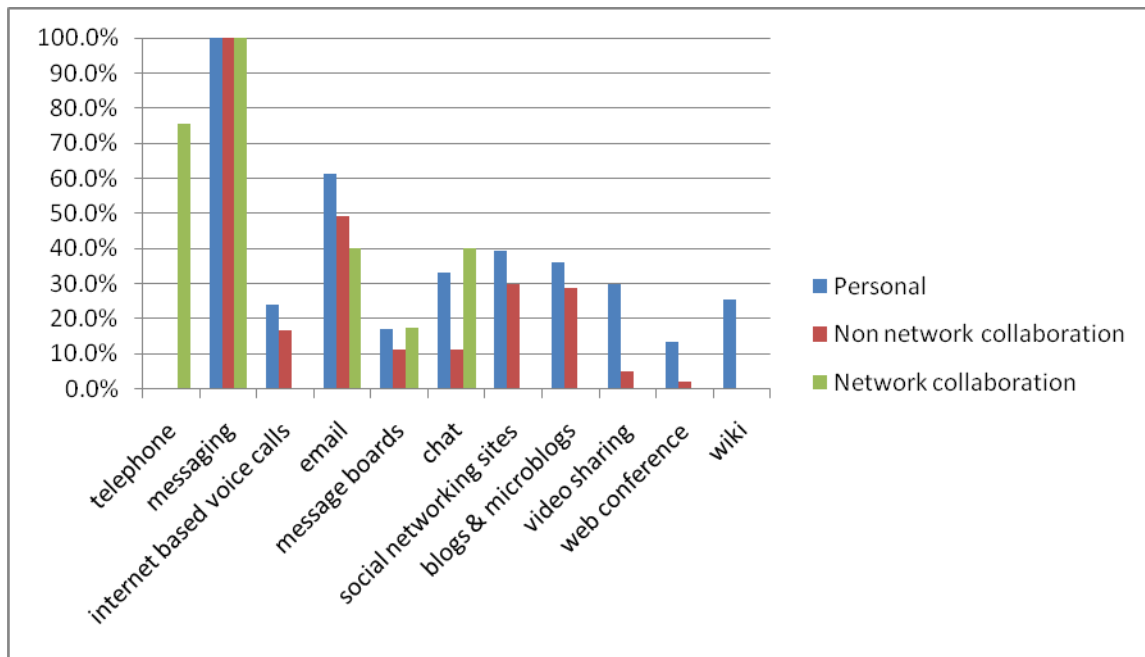


Rank order of cICTs used on a mobile device in NSCPCCN and MMAP



NSCPCCN			MMAP			Combined		
cICT rank order	N using on mobile device	% using on mobile device	cICT rank order	N using on mobile device	% using on mobile device	cICT rank order	N using on mobile device	% using on mobile device
<b>Telephone</b> (N = 10)	9	90.0%	<b>Email</b> (N = 73)	34	46.6%	<b>Email</b> (N= 100)	40	40.0%
<b>Email</b> (N= 27)	6	22.2%	<b>Telephone</b> (N= 39)	28	71.8%	<b>Telephone</b> (N= 49)	37	75.5%
<b>Messaging</b> (N = 2)	2	100%	<b>Messaging</b> (N = 10)	10	100%	<b>Messaging</b> (N= 12)	12	100%
<b>Message Board</b> (N= 0)	0	0	<b>Message Board</b> (N = 23)	4	17.4%	<b>Message Board</b> (N= 23)	4	17.4%

Mobile based use of cICTs in MMAP & NSCPCCN



Rank order of interest in cICTs in each network

NSCPCCN	MMAP
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cICT rank order	N interested (%)	N not interested (%)	cICT rank order	N interested (%)	N not interested (%)
<b>Web &amp; Video Conference</b> (N = 29)	17 (58.6%)	7 (24.1%)	<b>Web &amp; Video Conference</b> (N = 96)	49 (51.0%)	24 (25.0%)
<b>Internet based voice calls</b> (N= 29)	13 (44.8%)	12 (41.4%)	<b>Internet based voice calls</b> (N= 96)	32 (33.3%)	36 (37.5%)
<b>Message Boards</b> (N = 29)	12 (41.4%)	6 (20.1%)	<b>Message Boards</b> (N = 96)	28 (29.2%)	23 (24.0%)
<b>Messaging</b> (N= 29)	9 (31.0%)	12 (41.4%)	<b>Video Sharing</b> (N = 96)	28 (29.2%)	45 (46.9%)
<b>Video Sharing</b> (N= 29)	8 (27.6%)	12 (41.4%)	<b>Wiki</b> (N = 96)	22 (22.9%)	37 (38.5%)
<b>Wiki</b> (N = 29)	8 (27.6%)	8 (27.6%)	<b>Blogs</b> (N = 96)	19 (19.8%)	58 (60.4%)
<b>Blogs</b> (N = 29)	7 (24.1%)	13 (44.8%)	<b>Social Networking Sites</b> (N= 96)	16 (16.7%)	63 (65.6%)
<b>Social Networking Sites</b> (N= 29)	3 (10.3%)	18 (62.1%)	<b>Chat</b> (N= 96)	14 (14.6%)	54 (56.2%)
<b>Chat</b> (N= 29)	1 (3.4%)	19 (65.5%)	<b>Messaging</b> (N= 95)	10 (10.5%)	41 (42.7%)

#### Most used cICTs and their purpose of use in the network

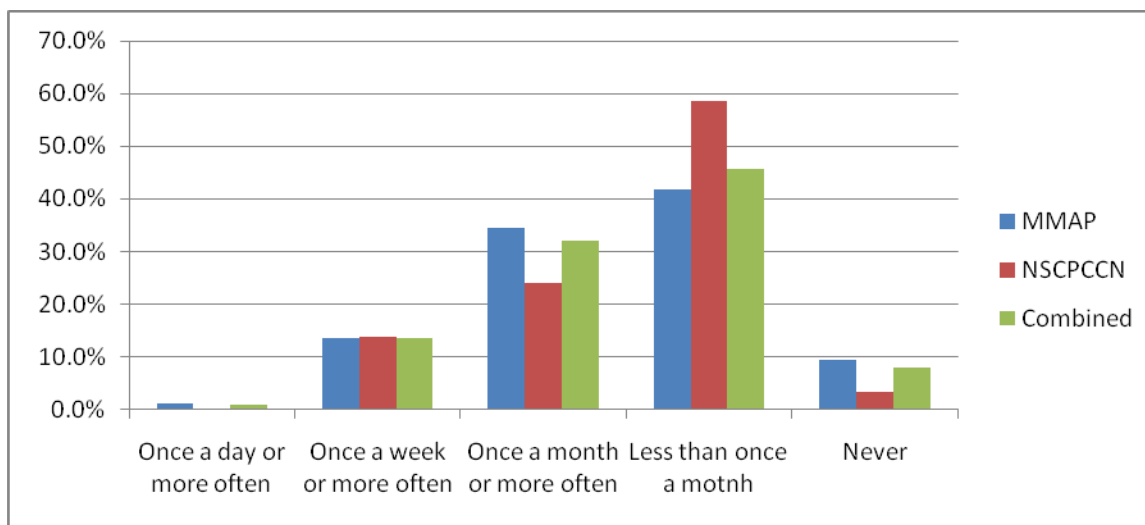
	Email		Telephone		Message Boards	
	MMAp	NSCPCCN	MMAp	NSCPCCN	MMAp	NSCPCCN
Arrange face to face meetings	45.2%	63.0%	30.8%	30.0%	17.4%	0
Discuss chronic pain issues	87.8%	77.8%	61.5%	80.0%	91.3%	0
Communicate with administration	41.1%	44.4%	50.0%	50.0%	17.4%	0
Build relationships	26.0%	29.6%	20.5%	10.0%	26.1%	0

#### Frequency of interactions between members in MMAp & NSCPCCN



	MMAP N= 97 (%)	NSCPCCN N= 29 (%)	Combined N= 126 (%)
Once a day or more often	1 (1.0%)	0 (0)	1 (0.8%)
Once a week or more often	13 (13.5%)	4 (13.8%)	17 (13.6%)
Once a month or more often	33 (34.4%)	7 (24.1%)	40 (32.0%)
Less than once a month	40 (41.7%)	17 (58.6%)	57 (45.6%)
Never	9 (9.4%)	1 (3.4%)	10 (8.0%)
No response	1 (1.0%)	0 (0)	1 (0.8%)

Frequency of interactions between members in MMAP & NSCPCCN



Respondents perceived value of cICTs to support discussions



	MMAP	NSCPCCN	Combined
Strongly Agree	7.2%	17.2%	10.3%
Agree	59.8%	58.6%	59.5%
Unsure	12.4%	0.0%	9.5%
Disagree	3.1%	3.4%	3.2%
Strongly Disagree	1.0%	3.4%	1.6%
Not Applicable	15.5%	17.2%	15.9%
No Response	1.0%	0.0%	0.8%

Respondents perceived value of cICTs to support discussions

