Fast Facts

- **Spectrum:** Collaborate
- **Number of Stakeholders:** 350
- **Type of Stakeholders:** Patients living with pain
- **Families Involved:** Yes
- **Ministry Priority:** Improve services for seniors with complex medical conditions
- **Health Outcomes:** 10 working groups influencing, driving and creating projects to contribute to a potential provincial pain strategy

**What was the issue?**

In British Columbia, one in five citizens lives with chronic pain, a number that increases with age. It is estimated about 80% of seniors living in residential care are living with pain, and 65% of seniors in the community live with pain. Research has shown that the health-care system in British Columbia is not adequately assessing or treating people with pain and is grappling with the impacts of unmanaged pain. Chronic pain is one of the most significant drivers of health-care use (28% of emergency visits are due to unmanaged chronic pain and 78% are due to general pain), yet the outcomes for people in pain are often poor. One of Pain BC’s goals has been to achieve a comprehensive provincial strategy deeply informed by the lived experience of patients to: limit pain-related disability through early intervention; expand access to patient care, support and resources; and help people living with...
pain avoid the pain spiral, where untreated pain can lead to depression, isolation, sleeplessness and a myriad of other poor outcomes. Developing a system of care for people in pain would enable more appropriate use of the system and result in cost savings.

**What was the engagement?**

Pain BC’s Provincial Pain Summit 2017 was held on February 17-19. The event was a system change and partnership development initiative that brought together patients, policy makers, leaders from health authorities, researchers, physicians and allied health providers, and other non-profit groups. One-third of participants were patients and family members.

Participants were engaged in a wide range of interactive exercises to determine the priorities related to pain in different areas – five of them aligned with Ministry of Health priorities.

The summit design was intended to foster a different approach to bringing diverse stakeholders together and a number of different facilitation techniques were used, including theatre, signing, open space and world café. This fostered improved collaboration across diverse stakeholder groups.

One of the techniques used was a systems mapping exercise. The exercise identified the actors in the system – patients, family caregivers, allied health-care providers, insurers, physicians and others. Participants were asked to represent one actor and position themselves in a large circular space in a way that this actor interacts in the system of care. This exercise was an opportunity for the various stakeholders to see the system from the perspective of patients.

Many of the techniques allowed participants to understand the issues faced by the different stakeholders in the room. They also helped to create a feeling of community.

**What was the outcome?**

Ten working groups were convened on the last day of the summit, with patients joining the groups that were most meaningful to them. The working groups will be influencing and creating various projects from fostering early intervention to creating new pain programs. Some of the groups have already started the work. The group that wanted to work on issues related to the stigmatization of pain and public discourse around opioids has already met and is working on a campaign. The working group focused on trauma-informed care will be working on practice change projects and has already scheduled its first educational program. Additional working
groups will be convened in the coming weeks as other focus areas are identified from the theme-based breakout sessions.

An overarching evaluation framework for the summit-related work is being developed.

How can you get involved with pain related health-care engagements?
Contact: Maria Hudspith at maria@painbc.ca.