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Cover Page
PROCEDURAL PAIN MANAGEMENT-DRAFT

26 June 2018

Please see the attached DRAFT privileges for PROCEDURAL (INTERVENTIONAL) PAIN MANAGEMENT.

THE PANEL: This draft was created by a provincial panel of subject-matter experts engaged to develop the privileging content. The panel includes two co-chairs with expertise in the provincial privileging dictionaries and 8 subject-matter experts, who work across 4 medical specialties.

CONSULTATION PROCESS: The dictionary panel is now seeking feedback on the draft privilege.

We welcome your input to the PROCEDURAL PAIN MANAGEMENT (PPM) dictionary. All feedback received by Sept 04, 2018 will be considered at the next panel

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED: Below are decisions made and criteria identified by the PPM panel, to guide discussion of clinical practice and standards.

1. **Pain procedures are categorized using a tiered approach (Basic, Intermediate, Advanced)**

   The panel agreed to categorize pain procedures into three tiers - Basic, Intermediate and Advanced I & II. Each tier is defined according to levels of training and complexity. Basic procedures can be performed in an office setting and may not require image guidance, while most intermediate and all advanced procedures must be performed with appropriate imaging. A tiered approach aligns with the Ministry of Health's plan for pain.

2. **Use pain procedures existing in other dictionaries as starting point for the procedures list**

   The proposed pain procedures derived from existing procedures in other dictionaries and with reference to the Ontario College of Physicians and Surgeons framework of High & Low Risk procedures. The panel developed the list to reflect practice standards in BC. There are some intermediate and advanced procedures, which as core to a particular specialty, will remain core to that specialty and identified as such.

3. **The PPM dictionary provides a framework for a standardized approach across disciplines**

   The PPM clinical privilege criteria are meant to be integrated into discipline-specific dictionaries, as appropriate. Where PPM privileges are not integrated into their core discipline dictionary, qualified practitioners may use the PPM dictionary as a supplement to their core discipline dictionary. As with all dictionaries, practitioners holding health authority privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

4. **Refer to FDA Safe Use Initiative document for criteria on Epidural Steroid Injections**

   Reference the FDA Safe Use Initiative document for evidence on risk and in support for mandatory use of image guidance for Epidural Steroid Injections.

Send feedback to: privilegingdictionary@bcmqi.ca Get more info: bcmqi.ca

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Clinical Privileges for Procedural (Interventional) Pain Management

Definition

These are procedural privileges used to manage pain in a wide range of disciplines. Appropriate use of these procedures requires careful evaluation and diagnosis and must keep in mind prevention, treatment and rehabilitation of patients. These procedures may be used for acute and chronic, cancer and non-cancer pain. The dictionary is primarily directed towards chronic pain management and is not intended to limit procedures used in acute settings or for surgical anesthesia.

If the procedures described are core to the physician's primary discipline or subspecialty, the requirements outlined below do not apply.

In this document, "interventional pain procedure" has been defined as invasive or surgical techniques used to treat patients with chronic pain. Interventional pain procedures are categorized using a tiered approach reflective of underlying complexity and required training.

Basic procedures

> Basic procedures are those that can be considered appropriate for physicians with minimal added training or acquired as part of original training. These procedures can be safely performed in an office setting; they are peripheral and superficial interventional procedures for which imaging may not be mandatory.

Intermediate procedures

> More complex procedures, which recommend the use of image guidance as best practice, requiring the understanding and safety principles of using fluoroscopy, CT, ultrasound, and/or other medical imaging to guide needle placement and further education in assessment and management of pain.

Advanced procedures

> Highly-specialized procedures that are recognized as requiring advanced training and skills including the understanding and safety principles of using fluoroscopy, CT, ultrasound or other medical imaging to guide treatment, as well as comprehensive knowledge of chronic, acute and complex pain. These are further divided into Advanced I and Advanced II.

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Clinical Privileges for Procedural (Interventional) Pain Management

Qualifications for BASIC Interventional Pain Management

To be eligible to apply for any privileges in BASIC Interventional Pain Management, the applicant must meet the following criteria:

Initial Privilege: Primary privileges within the dictionary of an appropriate discipline.

AND

Demonstrated training/experience specific to privilege requested and acceptable to the appropriate medical leader

Recommended current experience: Full or part-time relevant clinical experience reflective of the scope of privileges requested.

OR

Completion of training acceptable to the appropriate medical leader in the past 24 months

Renewal of privileges: Maintenance of skills and an adequate volume of full- or part-time experience with safe outcomes, reflective of privileges requested.

Return to practice: As a minimum, observation by a colleague who holds this privilege for a period of time sufficient to demonstrate skill.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Comment [MB1]: Which option should be used for Return to Practice?

BASIC interventional pain management procedures

- ❑ **Requested** Trigger point/ bursal injections
- ❑ **Requested** Intra articular injections (excluding hip, and biceps tendon) with or without imaging guidance (image guidance may be best practice but is not mandatory)
- ❑ **Requested** mid-sized peripheral nerve blocks that may not require imaging to safely inject: e.g. Occipital, Saphenous, Genicular, LFCN, tibial, ulnar, radial peroneal, ankle.

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Clinical Privileges for Procedural (Interventional) Pain Management

Qualifications for INTERMEDIATE Interventional Pain Management

To be eligible to apply for any privileges in INTERMEDIATE Interventional Pain Management, the applicant must meet the following criteria:

Initial Privilege: Primary privileges within the dictionary of an appropriate discipline

AND

Training/experience specific to privilege requested and acceptable to the appropriate medical leader.

AND

Recommended current experience: Full or part-time relevant clinical experience reflective of the privileges requested.

OR

Successful completion of training in the last 12 months

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: As a minimum, observation by a colleague who holds this privilege for a period of time sufficient to demonstrate skill.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Comment [MB2]: Which option should be used for Return to Practice?

INTERMEDIATE Interventional pain management procedures

- ❑ **Requested** Large peripheral nerve blocks that require imaging, including but not limited to femoral, sciatic, brachial plexus
- ❑ **Requested** Image guided intramuscular and peritendinous injections, e.g. piriformis, bicipital tendon.
- ❑ **Requested** Image guided sacroiliac joint injections
- ❑ ~~**Requested** Infusion therapies such as lidocaine and ketamine~~
- ❑ **Requested** Peripheral joint injections: Hip and intraarticular glenohumeral (image guidance recommended)
- ❑ **Requested** Caudal and lumbar epidural – image guidance may be best practice in most cases but for epidural steroid injection is mandatory
- ❑ **Requested** Epidural catheter tunneling for cancer/palliative care pain management.

Comment [MB3]:
Is image guidance mandatory or recommended?

Intermediate or Advanced I?

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Clinical Privileges for Procedural (Interventional) Pain Management

Qualifications for ADVANCED I Interventional pain management

To be eligible to apply for any privileges in ADVANCED I Interventional Pain Management, the applicant must meet the following criteria:

Initial Privilege: Primary privileges within the dictionary of an appropriate **specialty** discipline.

~~AND~~

~~Must have completed a minimum 12-month accredited fellowship program (RCPSC, ACGME, FPM/Australia) in Interventional Pain Management with board Royal College certification;~~

AND

Must demonstrate evidence in specialty training in the setting of chronic pain management specific to procedures applied for, and which must be acceptable to the appropriate medical leader.

Recommended current experience: Pain management services (including consultative services and non-procedural treatments) for at least 200 hours a year averaged over no more than the last three years, reflective of the scope of privileges requested.

Recognizing that other procedural skills are transferable, where clear similarities exist with other work done by specialists, these requirements may be less.

OR

Successful completion of accredited specialty fellowship training program within the last 12 months.

AND

Completion of at least 20 credits each year averaged over three years and must be relevant to the practice of Interventional Pain Management.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Comment [TB4]: Advanced 1 must be a specialist – and usually a subspecialist but not necessarily a pain fellowship

Comment [TB5]: The training may not allow royal College certification – the important thing is accredited training

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Clinical Privileges for Procedural (Interventional) Pain Management

ADVANCED I Interventional pain management procedures

Epidural Injections:

- ❑ ~~**Requested** epiduroscopy and/or epidural adhesiolysis~~
- ❑ **Requested** lumbar transforaminal /nerve root block
- ❑ **Requested** thoracic interlaminar ~~with or without appropriate imaging~~
- ❑ **Requested** thoracic transforaminal /nerve root block

Medial branch blocks and facet joints:

- ❑ **Requested** lumbar
- ❑ **Requested** thoracic

Qualifications for ADVANCED II Interventional pain management

To be eligible to apply for any privileges in ADVANCED II Interventional Pain Management, the applicant must meet the following criteria:

Initial Privilege: Primary privileges within the dictionary of an appropriate **specialty** discipline.

AND

Must have completed a minimum 12-month **accredited** fellowship program (RCPSC, ACGME, FPM/Australia) in Interventional Pain Management*

AND OR?

Must demonstrate evidence in specialty training in the setting of chronic pain management specific to procedures applied for, and which must be acceptable to the appropriate medical leader.

*for specialty radiologists, further fellowship may not be required provided practitioners are able to demonstrate specialty training.

Recommended current experience: Pain management services (including consultative services and non-procedural treatments) for at least 200 hours a year averaged over no more than the last three years, reflective of the scope of privileges requested.

Comment [MB6]: Moved to advanced II

Comment [MB7]: Intermediate or Advanced I?

Comment [MB8]: How should this be approached for specialties (i.e. IR) that a pain fellowship would not be required provided training requirements were met??

Use the OR as an alternative to a fellowship?

Or with an asterisk with this as a caveat?

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Clinical Privileges for Procedural (Interventional) Pain Management

Recognizing that other procedural skills are transferable, where clear similarities exist with other work done by specialists, these requirements may be less.

OR

Successful completion of accredited Pain fellowship training program within the last 12 months with demonstrated training specific to the procedures applied for.

AND

Completion of at least 20 credits each year averaged over three years and must be relevant to the practice of Interventional Pain Management.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

ADVANCED II Interventional pain management procedures

Sympathetic nerve blocks:

- ❑ **Requested** lumbar sympathetic nerve block
- ❑ **Requested** celiac plexus and splanchnic nerve blocks
- ❑ **Requested** stellate ganglion block
- ❑ **Requested** ganglion impar block

Chemical neurolytic procedures:

- ❑ **Requested** neurolytic blocks – neuraxial, intercostal nerve, autonomic nerves or plexus

Neuromodulation:

- ❑ **Requested** Intrathecal infusions ~~pumps testing, implantation and~~ maintenance
- ❑ **Requested** Spinal cord stimulator, testing, implantation and maintenance

Comment [TB9]: Moved from intermediate – is it advanced I or II?

Epidural Injections:

- ❑ **Requested** cervical interlaminar
- ❑ **Requested** cervical transforaminal /nerve root block
- ❑ **Requested** epiduroscopy and/or epidural adhesiolysis

Comment [MB10]: Moved to Advanced II

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Clinical Privileges for Procedural (Interventional) Pain Management

Medial branch blocks and facet joints:

- ❑ **Requested** cervical

Thermal neurolysis:

- ❑ **Requested** Use of radiofrequency technology
- ❑ **Requested** Cryoablation

Other:

- ❑ **Requested** intercostal nerve blocks
- ❑ **Requested** paravertebral block of the lumbosacral plexus
- ❑ **Requested** deep cranial nerve blocks (trigeminal branches, sphenopalatine etc.)
- ❑ **Requested** intradiscal injection
- ❑ **Requested** Intrathecal catheter tunneling for cancer/palliative care pain management

Comment [MB11]: Moved from intermediate