BC MQI
BC Medical Quality Initiative

Summary Page
Procedural Pain Management

The PROCEDURAL PAIN MANAGEMENT (PPM) privileging standard was approved by PMSEC on 11 October 2019

PANEL COMPOSITION

This supplementary dictionary was developed by a multi-disciplinary provincial panel composed of two co-chairs with expertise in the provincial dictionaries and 14 subject matter experts, who work across 6 of the province's health authorities, and with representation from the Doctors of BC.

RECORD OF PANEL DECISIONS AND CRITERIA IDENTIFIED

Below are panel decisions or criteria identified 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 four tiers - Basic, Intermediate and Advanced I & Advanced 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**

   Identified pain procedures are 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**

   PPM clinical privilege criteria will be integrated into discipline-specific dictionaries, as appropriate. If 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.

The below panel decisions were based on recommendations identified in a commissioned literature review on spinal procedural pain management.

5. **Spinal PPM procedures and imaging guidance**

   Image guidance is required for performing ***all*** spinal PPM procedures with the exception of caudal and inter-laminar lumbar epidurals, for which imaging is strongly recommended.

6. **CT and fluoroscopy is recognized as the gold standard for imaging for spinal PPM procedures where imaging is mandatory.**

   Imaging guidance for all spinal PPM procedures should be performed with fluoroscopy or CT as the gold standard for care and is also the gold standard for caudal and inter-laminar epidurals for which imaging is highly recommended but not mandatory.

7. **Ultrasound may be used as imaging guidance on select patients for spinal PPM procedures**

   Ultrasound should not be the sole imaging modality available to a practitioner providing interventional spine procedures. However, ultrasound may be used in select patients (e.g. low BMI, no previous surgery or significant deformity/degeneration).

8. **Image capture is recommended for all spinal PPM procedures**

   Image capture is recommended for all spinal PPM procedures to demonstrate appropriate needle placement.

BC MQI
BC Medical Quality Initiative

Supplementary privileges: Procedural (interventional) Pain Management

Summary of the privilege application:

Procedural pain management privileges may be requested by medical staff who provide an expanded scope of pain management based services. This dictionary is supplementary; medical staff who complete this dictionary must also complete the dictionary of the primary discipline to which they belong.

If a practitioner's primary discipline is listed below, they should not use this dictionary—PPM privileges are integrated into the following dictionaries:

- Anesthesiology
- Diagnostic Imaging
- Family Medicine/ General Practice
- Family Practice Anesthesia
- Neurosurgery
- Nurse Practitioner
- Physiatry
- Rheumatology

Instructions for medical leaders

1. Before review, ensure the practitioner has completed a dictionary in their primary discipline. Privileges for procedural pain management are considered "supplemental"—this means that practitioners must first complete the dictionary for privileges in their primary discipline and then request to add privileges for pain management using this dictionary, assuming appropriate training and current experience recommendations are met.
2. During review, note that procedural pain management privileges are categorized into tiers that reflect escalating levels of complexity. Privileges should be added only if the practitioner meets the qualification requirements that correspond to the tier of privileges requested.
3. After review, if the privilege request is approved, the privileges will be added to the practitioner's profile as "supplemental" privileges complete with evidence of requisite qualifications, once submitted.
4. After approval, practitioners are required to submit appropriate verification of training or education relevant to the privileges being applied. These will be uploaded in Cactus.

BC MQI
BC Medical Quality Initiative

Supplementary privileges: 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 and fluoroscopy as the gold standard, 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. For most advanced procedures CT and fluoroscopy remains the gold standard and image capture is recommended.

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

Supplementary privileges: Procedural (interventional) Pain Management

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

BASIC interventional pain management procedures

- ❑ **Requested** Trigger point/ bursal injections
- ❑ **Requested** Intra articular injections (excluding hip, intraarticular glenohumeral 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.

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.

BC MQI
BC Medical Quality Initiative

Supplementary privileges: Procedural (interventional) Pain Management

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

INTERMEDIATE Interventional pain management procedures

- ❑ **Requested** Large peripheral nerve blocks that require imaging, including but not limited to femoral, sciatic, brachial plexus
- ❑ **Requested** Intramuscular and peritendinous injections, e.g. piriformis, bicipital tendon (image guidance mandatory)
- ❑ **Requested** Sacroiliac joint injections (image guidance mandatory)
- ❑ **Requested** Peripheral joint injections: Hip and intraarticular glenohumeral (image guidance recommended)
- ❑ **Requested** Caudal and Interlaminar lumbar epidural (image guidance is strongly recommended and the gold standard is fluoroscopy or CT)
- ❑ **Requested** Epidural catheter tunneling for cancer/palliative care pain management
- ❑ **Requested** Intrathecal catheter tunneling for cancer/palliative care 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

Demonstrated evidence during FRCP/ FRCS specialty training in the setting of interventional chronic pain management specific to procedures applied for, and which must be acceptable to the appropriate medical leader.

General Practice/ Anesthesiologists (GPAs), and specialists without evidence of core training during FRCP training must demonstrate additional training in interventional chronic pain management in a recognized hospital-based university training program with a maintained log of procedures and an independent evaluation.

OR

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

* *This allows for say a FRCP physiatrist to take the FRCP training (required for advanced II) and be eligible.*

Recommended current experience: Interventional pain management for at least 200 hours a year averaged over no more than the last three years, reflective of the scope of privileges requested.

Supplementary privileges: 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 specialty fellowship training program that includes the requested IPM procedures, within the last 12 months

AND

Completion of at least 20 CME 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 I Interventional pain management procedures

Epidural Injections:

- ❑ **Requested** lumbar transforaminal /nerve root block
- ❑ **Requested** thoracic interlaminar
- ❑ **Requested** thoracic transforaminal /nerve root block

Medial branch blocks and facet joint injections:

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

Sympathetic nerve blocks:

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

Other:

- ❑ **Requested** intercostal nerve blocks
- ❑ **Requested** paravertebral block of the lumbosacral plexus

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:

BC MQI
BC Medical Quality Initiative

Supplementary privileges: Procedural (interventional) Pain Management

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

AND

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

AND

Evidence of interventional chronic pain management training specific to procedures applied for within the fellowship, 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: Interventional pain management services 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 Pain fellowship training program within the last 12 months with demonstrated training specific to the procedures applied for.

AND

Completion of at least 20 CME credits each year averaged over three years 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

Chemical neurolytic procedures:

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

Neuromodulation:

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

Epidural Injections:

- ❑ **Requested** cervical interlaminar

BC Medical Quality Initiative

Supplementary privileges: Procedural (interventional) Pain Management

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

Medial branch blocks and facet joint injections:

- ❑ **Requested** cervical

Thermal neurolysis:

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

Other:

- ❑ **Requested** deep cranial nerve blocks (trigeminal branches, sphenopalatine etc.)
- ❑ **Requested** intradiscal injection

Supplementary privileges: Procedural (interventional) Pain Management

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility I am applying, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____ Date: _____

Medical / Clinical Leader's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- ❑ Recommend all requested privileges
- ❑ Recommend privileges with the following conditions/modifications:
- ❑ Do not recommend the following requested privileges:

Privilege condition/ modification/ explanation

Notes:

Name of Department / Division/ Program/ Facility:

Name of Medical Leader:

Title:

Signature:

Date: