BEYOND THE MASK INTERVIEW
Dr. Hance Clarke

Interviewed by Dr. Jane Cooke-Lauder, BA, MBA, DM, CMC, BTM Strategic Consultant, and Emily Hill, the Section's Administrative and Communications Coordinator

Hance describes his program approach as follows: a "…reeducation and a disentanglement of using a number to understand people's pain. People's pain encompasses their entire life spectrum and it can be a physiologic process that is completely going to resolve in five or six days, or for some individuals, who are unlucky, it will end up in a scenario where now they have a condition they have to cope with from a psychological standpoint. Pain is a complex hyper-excitable nervous system that needs settling down and you can certainly use medications. However, you can also certainly use your brain to help calm those signals down. You can also use acupuncture, massage, physiotherapy, you name it. And so, it is really looking at everything that encompasses the pain in that individual and bringing as many of those modalities together to help patients' cope."

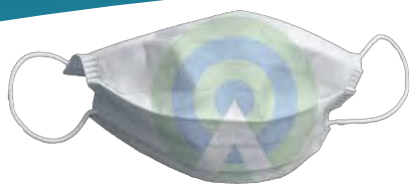
Today, Dr. Hance Clarke is transforming the way physicians care for patient's pain. But he did not always know that he wanted to be an anesthesiologist. An undergraduate degree at Western followed by a Masters at the University of Toronto (UofT) strengthened his interest in brain behavior. Two years into his Masters, having 'euthanized enough rats', he applied for, and was accepted into, UofT's Medical School. After having a 'eureka' moment during a trauma case in third year residency, anesthesia appeared to be a good fit with his personality, provided lots of value beyond the operating room, and was where he thought he could make a contribution with his burgeoning ideas about neuroscience. Mid-residency, he started his PhD with lots of encouragement from Dr. Beverly Orser, the current chair of UofT's Department of Anesthesia. "I received some grants and the rest is history." He is now the director of Pain Services, the Ehlers Danlos Clinic and the medical director of the Pain Research Unit at the Toronto General Hospital site of the University Health Network. In addition, Hance is appointed to the Institute of Medical Sciences at UofT and is a graduate of the Royal College Clinician Scientist Program.

Transforming the way that physicians care for the pain of their patients goes beyond encouraging change at the individual level, one physician at a time. Rather a systems level change is needed which requires "focusing not only on how the care model impacts the patients but also the bank accounts of the provinces and the federal government…. It's a very competitive funding environment because there isn't a single physician doing a research project or a clinician submitting a grant that doesn't think that what they are doing is going to revolutionize medicine." So, what is the 'secret' that led to the implementation of Hance's vision of a revised perioperative system?

One of the ingredients is the selection of a good mentor. It is important to be selective. Hance talks of colleagues laughing at the fact that he interviewed senior researchers and physicians when selecting his PhD supervisor. However, given that "you can accomplish great things in a short period of time in medicine with people having your back and working collaboratively with you", finding the right fit is critical. Dr. Joel Katz PhD (Clinical Physchology York University) was the right fit and has been an excellent mentor.

"I knew that there was a lot at stake in terms of who I chose to develop a relationship with from a Ph.D. perspective, because your PHD is not just a project. It's the network that you build

Hance believes going outside the hierarchical structure of medicine, and even your own specialty, is critical to expanding your circle. It is also important to find someone who is a good fit with your working style and personality. For instance, if you like to have a lot of structure, choosing a supervisor with a laissez-faire approach will be a source of endless frustration. Some mentors will be more helpful than others, depending on what you want to achieve in both the short and long term. The final point of advice is to lay the foundations of the relationship early. Clarify expectations, for example, as to the order of names being listed on the articles resulting from a research collaboration. These sorts of conversations, awkward as they can be, help get to the outcome of the proposed mentor saying such words as: "Yes, you can refer to me as your mentor and I will help you."



A second ingredient is about getting the right people on the bus (*Jim Collins: From Good to Great*). For Hance, this included persuading some of his colleagues to try out the intervention. He recalls being six months into the project when his chief asked him: "Well, who are your partners here? You better have others around you that help you do this or we have to put it somewhere where there is capacity to continue, because you can't be a lone individual." It got Hance thinking, "...I have to figure out this team-thing, build it and get it to a place where there are others around me that understand and support it." At first it was tough. There were two or three times in the first year where there was the threat of cancellation because there was not enough patient volume. Hance wondered how he was ever going to change surgeons' practice patterns that had been entrenched for thirty years or more. In the end, it was all about patient stories. It is hard not to be convinced about the value of the clinic when a patient says: "until you (Dr. Clarke and his team) intervened, I was bouncing back to the Emerge every six weeks as my scripts were running out and I was going into withdrawal. They would give me my opioids and then I would be back."

Hance also noted the need for perseverance. He dealt with criticisms and negativity, until two years in he reached the moment when people started saying: "Oh wow, this is actually doing something. Patients are actually benefiting." There is another type of perseverance that is needed – that of ensuring you have the necessary skills to achieve your ambition. Although Hance questioned the value of his PhD studies for the first six years, today he acknowledges that had he not completed his PhD, it is unlikely the results could have been achieved as quickly, leading to a number of new exciting opportunities (including a recent $2m grant from the MOHLTC). He cautions others trying to change the system, regardless of what level: "you may have the best idea and you may have the most groundbreaking intervention that could change the system, but if you don't have the outcome data, it's just you telling a story. So, data is king and publications are powerful and that is the currency in medicine to change the system." Hance was also quick to point out that though health/pharma economic analytical skills were critical to have on any major change project, he would not be going back to school to acquire them any time soon!

In talking about all the pieces that enable system change, Hance spoke to the importance of staying focused on patients as they provide learning, hope and the opportunity to practice empathy. It was through treating patients that he recognized the critical connection between pain and addiction, and the need for his own training in addiction management. It was a failure to be able to provide the necessary support to a young ex IV drug user - who subsequently relapsed – that started him on the journey of disentangling the pain and addiction complexities inherent in these types of patients. Today, Hance is pleased to report a 35% success rate in weaning patients previously taking opioids ('opioid tolerant patients') off this dependency.

Finally, it is all about being ready and willing to seize the opportunity. The opioid crisis presented Hance with such an opportunity. While some $50-60b is spent annually on pain management in Canada, Hance initially found it difficult to put forward an economic argument for his clinic. Now, combining pain management and the opioid crises, it is possible to put a $$ value on the benefit of dealing with this crisis (examples being bed days saved; and reduced ER visits). It is not always obvious as to where the next crisis will emerge. System change is dependent on identifying it early and being ready to plug into the opportunity as seamlessly as possible.

For Hance, the journey has been very special. But what really keeps him going and provides satisfaction is working with marginalized patients: "I see it so often - there are patients in the hospital, such as an I.V. drug user, are completely isolated and marginalized. And you never know when the life changing moment is for that individual. And unless you give that individual the opportunity, whether it's the fifth time or the sixth time they relapsed, maybe this will be the time that they'll say, *I'm not going back in that direction*. I don't need to judge. I simply get to treat them as a human being and do my best in that scenario to help them. And as long as I do that and treat people with respect, I live my days happily." The UHN has just given Hance the go-ahead to hire a Nurse Practitioner to fill the Pain-Addiction gap in hospitalized patients. The new role will service Toronto General Hospital and Princess Margaret Hospital, the opportunity has arisen due to the success of the Transitional Pain Service.

Ontario's Anesthesiologists salute Dr. Clarke's achievements to-date and look forward to hearing more from this innovative system leader.