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Title **Management of Chronic (Non-Cancer) Pain: Organization of Health Services**

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Aim

To review chronic pain (CP) management systems in other jurisdictions and analyze the implications of this evidence for improving chronic pain management services in Québec.

Conclusions and results

In 1996, the reported prevalence of CP in the adult Quebec population was 24% for women and 20% for men. Coherent and consistent CP services would benefit the economy, the healthcare system, families, communities, and the individuals who suffer "pain that has persisted beyond the normal tissue healing time, usually taken to be 3 months". In a health technology assessment (HTA) framework, this report describes the organizational components and modes of intervention used by 3 healthcare systems (Australia, France, and the US Veterans Health Administration – VHA) for people with non-cancer-related CP.

Quebec services are fragmented and inequitable, and waiting times are long. The few multidisciplinary pain clinics are not sufficiently funded to provide the most effective treatments, and third-party payers sometimes determine treatment options. Professional education in CP management is often inadequate. While a myriad of clinical practice guidelines for CP treatment exist, their impact on patient outcomes has been rarely studied systematically. In general, research shows that better outcomes are achieved when care is integrated between general practitioners and physiotherapists, psychologists, and other allied professionals. The 3 systems in this study organized pain services hierarchically, with specialization, complexity, and multidisciplinarity increasing as the patient moves up the hierarchy. The VHA system has incorporated quality control measures for all of its pain management services, while France appears to have documented the implementation of its system rather than patient outcomes.

In a multidisciplinary pain clinic (MPC), treatment extends to improving the patient's physical, psychological, social, and occupational functioning. A recent HTA report found strong evidence for the effectiveness of MPCs for low back pain, moderate evidence for pelvic CP, and limited evidence for widespread body, neck, and shoulder CP. MPCs offer integrated professional care, a one-record system, uniform patient management processes, and rehabilitative care if pain continues after intensive treatment.

Recommendations

- CP should be considered a priority in Quebec's healthcare system.
- A service hierarchy is required, with a focus on efficient and effective patient referral.
- An interdisciplinary approach at all levels of care is essential.
- CP services and patient outcomes should be monitored and assessed systematically.
- CP patients must be viewed as part of the solution, and educated accordingly.
- The "patient navigator" model in Quebec cancer care could be a useful coordination model.
- Professional education should focus on risk factors for CP, and timely diagnosis and treatment to prevent chronicity.

Methods

Published and 'grey' literature search. A conceptual framework was used to present material and to attempt to link organizational innovations (in structure and process) with outcomes in CP.

Further research/reviews required

There is a role for evaluative research in examining the effectiveness and financial implications of different modes of intervention and treatments in CP.

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