



Title	Followup Visits from Nurses after Discharge from Multidisciplinary Pain Center – A Health Technology Assessment
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Aim

To examine whether followup visits to chronic non-malignant pain patients after discharge from a multidisciplinary center could:

- Prevent a drop in the patients' health-related quality of life (HRQoL)
- Reduce patients' use of health services
- Be implemented in a way that is satisfactory to the parties involved.

Conclusions and results

- There was a tendency toward better HRQoL and (slightly) more quality-adjusted life years (QALY) in the intervention group versus the control group. Pain patients with poor physical HRQoL improved most. Opioid use increased markedly in the control group, but not in the intervention group. The nurses noticed symptoms of depression in 80% of the patients who developed depression during the project period and could refer them to early treatment. Patients in the intervention group reduced their use of catastrophizing.
- The intervention reduced the patients' use of health services by 37% over the 2-year intervention period. The savings more than make up for extra expenses incurred by followup visits.
- The applied model for implementation of followup visits is considered relevant and useful by patients, nurses and general practitioners.

The analysis shows that followup nurse visits tend to be a cost-effective service, as (slightly) more QALYs and lower costs to the health system are achieved. It is important to anchor this service in the multidisciplinary pain centers.

Recommendations

The project group recommends that followup visits by nurses to chronic non-malignant pain patients after discharge from a multidisciplinary pain center be im-

plemented. Nurse visits should be offered to those patients who will benefit most from intervention, namely patients with low physical HRQoL, patients who often use catastrophizing, and patients who take opioids.

Methods

A randomized controlled trial (RCT) that enrolled 102 patients investigated the program's health effect on HRQoL. Fifty-two patients were included in the intervention group and 50 in the control group. The intervention group received home visits every fourth month over a 2-year period.

Patients' perceptions of the visits were evaluated by questionnaires and by focus group interviews. Data concerning the use of healthcare resources were collected from administrative registers from the 5 hospitals in the catchment area (HS) and from the primary care service registers in Copenhagen and Frederiksberg municipalities.

Further research/reviews required

Outcomes and costs should be systematically monitored.