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Original experimental

Patient perspectives on wait times and the impact on their life: A waiting room survey in a chronic pain clinic



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HIGHLIGHTS

- Wait times for chronic pain care exceeded patients' preferences in most cases.
- In 31% of cases, patients reported waiting over a year for care.
- Nearly all patients (94%) felt wait times negatively affected their daily lives.

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ABSTRACT

Background and Aims: Chronic pain is a debilitating condition that requires prompt access to care for effective treatment. Wait times for care often exceed benchmark recommendations, with potential consequences to patient health outcomes. The goal of this paper is to gain the perspectives of patients attending a chronic pain clinic regarding the acceptability of current wait times and the impact of their experiences of waiting for chronic pain care.

Methods: The study took place in a chronic pain clinic at an academic-affiliated teaching hospital in Ottawa, Canada, which housed seven clinicians at the time of the study. New patients attending the chronic pain clinic between July 14, 2014 and August 5, 2015 were eligible to participate based on the availability of the research and clerical staff who administered the survey on a variety of days over the course of the study. Patients completed a self-administered 29-item survey. The survey took approximately five to ten minutes to complete. Questions pertained to patients' socioeconomic factors, chronicity and burden of pain symptoms, and satisfaction with current wait times. Actual wait times were self-reported. Survey results were entered into an Excel spreadsheet, exported to SPSS, and coded numerically to facilitate descriptive analyses using comparative graphs and tables. Open-text responses were reviewed by the authors.

Results: Sixty-six patients completed the survey. While 83% of patients stated that their ideal wait time was less than three months, 32% reported receiving an appointment within this period, and 31% reported waiting a year or more. Only 37% of patients felt the wait time for their appointment was appropriate. During their wait, 41% of patients reported receiving written information about chronic pain and 47% were referred to a local chronic pain management group. 94% reported interference with social/recreational activities and normal activities of daily living, 31% had to miss work or school due to the frequency of ongoing symptoms, and 22% reported being unable to attend work or school altogether. Furthermore, 37% of patients reported visiting the emergency room within the previous year and 65% worried about having a serious undiagnosed disease.

Conclusions: Our study found that wait times for chronic pain care, even those triaged as urgent cases, far exceeded what patients considered ideal. Only a third of patients received care within three months of making their appointment, while nearly another third waited over a year. During the waiting period,

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nearly all patients experienced some impact on their day-to-day activities and work or school attendance, half were unemployed, and nearly a quarter reported a complete inability to attend work or school because of pain.

Implications: Wait times for chronic pain care exceed timelines deemed acceptable by patients, causing anxiety and reducing function. The patient perspective must be considered in initiatives attempting to improve access to care for this population with specific needs and goals. Innovative solutions, such as electronic consultation and shared care models, hold promise.

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1. Introduction

Chronic pain is a debilitating condition affecting millions of patients in Canada and the United States [1,2]. In order to effectively manage chronic pain, patients require prompt access to care. If delivered in a timely manner, appropriate pain therapy can substantially improve quality of life [3], whereas increased pain intensity and emotional distress become significant after as little as three months of waiting for chronic pain treatment [4]. In order to mitigate the negative effects of prolonged wait times, the Canadian Anesthesiology Society and the Wait Time Alliance established benchmark wait times for chronic pain treatment at a maximum of six months [5,6]. However, a study of multidisciplinary pain treatment facilities (MPTFs) found that wait times ranged from six months to five years [7,8]. While wait times are less extensive in the United States, research has identified disparities in access to pain treatment based on socioeconomic factors [9,10]. Patients facing poor access to pain treatment may experience health deterioration, lower quality of life, and a reduced ability to fully participate in work, school, and leisure activities [1,7]. Furthermore, chronic pain patients are two to three times more likely to experience suicidal ideation or commit suicide [3].

As part of a larger programme of research examining access to care and the impact of electronic consultation (eConsult) [11], we conducted a series of waiting room surveys to examine the perspectives of patients attending specialist clinics regarding current wait times and the impact of delays on their lives. Patient-reported outcomes are increasingly recognized as a critical aspect of health services improvement activities, and while we have shown that eConsult can improve access to chronic pain services [12], there was a need to better understand the patient experience of living with chronic pain.

The results of this research will help inform the next steps in implementation of eConsult on a broader scale by providing an in-depth look at the perspectives of people living with chronic pain. It will also be relevant for the development of other quality improvement initiatives for chronic pain patients and be of interest to innovators in other jurisdictions seeking to improve care for patients suffering from chronic pain.

2. Methods

2.1. Setting

The study took place in a chronic pain clinic at an academic-affiliated teaching hospital in Ottawa, Canada, which housed seven clinicians at the time of the study. The clinic holds approximately 380 full day chronic pain clinics per year, for a total of about 4350 visits from 1435 patients. At the time of the study, an estimated 500 new patients were seen by the clinic each year, of whom as many as seventy five percent are triaged as urgent and booked as early as possible, whereas those triaged as non-urgent face a wait time of over two years.

2.2. Participants

New patients attending the chronic pain clinic between July 14, 2014 and August 5, 2015 were eligible to participate based on the availability of the research and clerical staff who administered the survey on a variety of days over the course of the study. Patients who were less than 18 years of age, cognitively impaired, or unable to complete the survey in English or French were ineligible to participate.

2.3. Procedure

The clinic receptionist informed patients about the study when they checked in for their appointment and gave them an information sheet. Patients who agreed to participate met with a research assistant in a private location to complete informed consent forms. The patient completed a written self-administered survey prior to their specialist appointment.

2.4. Survey

Patients completed a self-administered 29-item survey. The survey took approximately five to ten minutes to complete, and was adapted from a previous study of patient wait times [13] to include additional questions pertaining to chronic pain. Questions pertained to patients' socioeconomic factors, chronicity and burden of pain symptoms, and satisfaction with current wait times. Patients could also leave additional comments in an open-text field. Actual wait times were self-reported.

2.5. Analysis and interpretation

Survey results were entered into an Excel spreadsheet, exported to SPSS, and coded numerically to facilitate descriptive analyses using comparative graphs and tables. Open-text responses were reviewed by the authors.

3. Results

A total of 71 patients consented to the study, of whom 66 completed the self-administered waiting room survey. The five patients who did not complete the survey were called in to their specialist appointment prior to completion or decided to defer participation during the survey. In some cases, patients declined or were unable to answer questions, and consequently some surveys contain missing data.

Our sample had more women than men (56% versus 44%) and a broad age range (18 to 87 years) with a median of 53 years. The majority (68%) completed some form of post-secondary education. Among patients under 65 years of age, 38% were unemployed. Full demographic details are available in Table 1.

While 46% of referrals to the chronic pain clinic were from the patients' usual family doctor, 48% came from another specialist (Table 2). Sixty-three percent of patients reported having seen

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