

## **Complex Problems Require Complex Solutions**

### **The Case For Interdisciplinary Pain Programs**

Chronic pain is both a clinical and economic problem at all levels of the healthcare system. The available literature documents that interdisciplinary pain programs offer the most efficacious treatment for persons with chronic pain.

#### **What is Chronic Pain Syndrome?**

Chronic pain syndrome is a phrase used to describe pain that has persisted for more than 6 months; pain that is beyond the normal healing time of an injury; or pain that cannot be accounted for solely on the basis of definable disease and pathology.

Persons with chronic pain syndrome are often inactive and fail to carry out normal social and vocational roles. They can experience elevated levels of hopelessness, depression, anxiety, and tension.

#### **What is an Interdisciplinary Service Provider?**

A true Interdisciplinary Service Provider integrates medical science and behavioural science and utilizes a biopsychosocial model of assessment and treatment.

#### **How Successful are Interdisciplinary Service Providers in Treating Chronic Pain?**

An interdisciplinary approach is generally considered to be the treatment of choice for chronic non-malignant pain. Conventional medical interventions designed for acute pain are often unhelpful and costly if patients have developed chronic pain problems. Research studies have suggested that an interdisciplinary team is more effective than either serial multidisciplinary treatments or fragmented approaches toward care.

Okifuji et al (1999) noted that interdisciplinary pain centers “have been more rigorously examined than most other treatment modalities used with chronic pain patients. More data are available for the efficacy of...[these centers]...than for any surgical procedures or conventional medical treatment for chronic pain”.<sup>1</sup> “...treatment delivered by an interdisciplinary service provider “results in greater clinical effectiveness and cost saving than the alternatives”<sup>2</sup>.

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<sup>1</sup> Okifuji, A.A., Turk, D.C. and Kalauokalani, D. (1999) Clinical outcomes and economic evaluation of the Multidisciplinary Pain Centers. In: Block A, Kremer EE, Fernandez E, (Eds). *Handbook of Pain Syndromes*. Mahwah, NJ: Lawrence Erlbaum Publishers. pp. 77-97.

<sup>2</sup> Ibid

Okifuji et al found that the average return-to-work rate for persons treated at interdisciplinary pain centers was 67%. This rate was substantially higher than the 24% rate achieved by patients who had received only conventional medical treatment. Okifuji et al also found that 17% of patients treated by an interdisciplinary service provider required further hospitalization, and only 16% required additional surgery. In contrast, 47% of conventionally treated patients required hospitalization and 28% required surgery.

Turk and Okifuji<sup>3</sup> compared the effectiveness of interdisciplinary pain management programs with that of conventional medical treatments. Both types of treatment were found to have only limited benefits for pain reduction. The interdisciplinary treatment programs were effective at reducing medication use, reducing emotional distress, reducing health care utilization, reducing iatrogenic consequences, increasing return to work and activity, and closing disability claims. In contrast, conventional medical treatments had negative outcome in medication reductions, health care utilization, iatrogenic consequences, and return to work.

### **Cost Effectiveness**

Using existing data, Okifuji et al calculated the savings possible for 17,600 patients, the estimated number of patients treated annually in interdisciplinary pain management programs.

Cost savings were dramatic when costs of lifetime **disability benefits** were analyzed. When existing data were used regarding reduction of disability benefits, for those who had been involved in interdisciplinary treatment programs, cost savings approximated \$2.5 billion over 20 years. When the loss of gainful employment was factored into this equation, the cost-effectiveness of interdisciplinary treatment programs was even more dramatic.

Using a cost-effective index ( $[\text{improvement}/\text{the cost of treatment}] * 100$ ), Okifuji et al found that **interdisciplinary treatment was 9 times more cost-effective than conservative treatment and 3.5 times more effective than surgical treatment in helping patients return to work.**

A major obstacle to effective interdisciplinary pain programs is the lack of understanding of third-party payers who are reluctant to cover such programs. As third party payers attempt to contain ever-increasing costs they have paradoxically steered patients away from treatments that demonstrably reduce healthcare utilization and toward more

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<sup>3</sup> Turk, D.C. and Okifuji, A. (1998) Treatment of chronic pain patients: clinical outcomes, cost-effectiveness, and cost-benefits of multidisciplinary pain centers. *Critical Reviews in Physical and Rehabilitation Medicine*. 10:181-208.

expensive therapies with poorer outcomes. As noted by Turk<sup>4</sup>, “Greater collaboration is required among professional groups, consumers of healthcare services, governmental agencies, and third-party payers to ensure that the most clinically effective and cost-effective treatments are provided to all likely to benefit from them”.<sup>5</sup>

In conclusion, interdisciplinary pain programs have been shown to be more cost-effective than conventional medical interventions. These results are particularly impressive, given that many patients have undergone other treatments without achieving satisfactory outcomes and have come to interdisciplinary pain programs as the last resort.

If those patients could be referred earlier, the clinical effectiveness and cost-effectiveness of interdisciplinary pain programs probably would result in even more successful outcomes.

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<sup>4</sup> Turk, D.C. (2004) Progress and directions for the agenda for pain management. *American Pain Society Bulletin*. 14:3-13.

<sup>5</sup> See also: Gatchel, R.J. and Okifuji, A. (2006) Evidence Based Scientific Data Documenting the Treatment and Cost-Effectiveness of Comprehensive Pain Programs for Chronic Non-malignant Pain. *The Journal of Pain*. 7, 11, 779-793.