ORIGINAL ARTICLE

Waiting for treatment for chronic pain – a survey of existing benchmarks: Toward establishing evidence-based benchmarks for medically acceptable waiting times

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As medical costs escalate, health care resources must be prioritized. In this context, there is an increasing need for benchmarks and best practices in wait time management. In December 2005, the Canadian Pain Society struck a Task Force to identify benchmarks for acceptable wait times for treatment of chronic pain. The task force mandate included a systematic review and survey to identify national or international wait time benchmarks for chronic pain, proposed or in use, along with a review of the evidence upon which they are based. An extensive systematic review of the literature and a survey of International Association for the Study of Pain Chapter Presidents and key informants has identified that there are no established benchmarks or guidelines for acceptable wait times for the treatment of chronic pain in use in the world. In countries with generic guidelines or wait time standards that apply to all outpatient clinics, there have been significant challenges faced by pain clinics in meeting the established targets. Important next steps are to ensure appropriate additional research and the establishment of international benchmarks or guidelines for acceptable wait times for the treatment of chronic pain. This will facilitate advocacy for improved access to appropriate care for people suffering from chronic pain around the world.

Key Words: *Benchmarks; Chronic pain; Health outcomes; Pain; Pain clinics; Pain management; Waiting times*

Temps d’attente pour le traitement de la douleur chronique – tour d’horizon des critères en vigueur : Pour l’établissement de critères factuels relativement aux délais d’attente médicalement acceptables

À mesure que les coûts médicaux augmentent, les ressources en soins de santé doivent être réparties selon des priorités. Dans ce contexte, le besoin d’établir des repères et d’optimiser les pratiques en matière de gestion des délais temps d’attente se fait plus pressant. En décembre 2005, la Société canadienne de la douleur a formé un groupe de travail pour identifier les critères acceptables au chapitre des temps d’attente pour le traitement de la douleur chronique. Le groupe de travail avait entre autres mandats, celui de procéder à une revue et une enquête systématiques pour connaître les critères, proposés ou en usage, régissant les temps d’attente pour le soulagement de la douleur chronique, à l’échelon national ou international, et à une revue des preuves sur lesquelles ces critères sont fondés. Une revue systématique et approfondie de la littérature et un sondage auprès des présidents de sections de l’Association internationale pour l’étude de la douleur et auprès d’autres importants intervenants ont confirmé qu’il n’existe aucun critère ni aucune directive relativement aux délais d’attente acceptables pour le traitement de la douleur chronique dans le monde. Dans les pays où il existe des directives génériques ou des normes relativement aux temps d’attente qui s’appliquent à toutes les cliniques ambulatoires, on a noté les très grandes difficultés des cliniques de la douleur à respecter les normes établies. D’où l’importance, comme mesure de suivi, de faire en sorte que des recherches plus approfondies soient menées afin d’établir des critères ou des directives internationaux relativement aux temps d’attente acceptables pour le traitement de la douleur chronique. Cela facilitera la défense des intérêts des personnes qui souffrent de douleur chronique partout dans le monde et leur facilitera l’accès à des soins appropriés.

The World Health Organization, International Association for the Study of Pain (IASP) and European Federation of IASP Chapters have declared that “the treatment of pain should be a human right” and have acknowledged that the control of pain has been a neglected area of governmental concern despite the fact that cost-effective methods of pain control are available (1). Multidisciplinary treatment remains the standard of care for complex chronic pain, leading to decreased use of the health care system with significant reductions in direct health costs (2,3). Despite this, pain, both acute and chronic, is undertreated, even in developed nations with access to the best health care. This is due in part to a lack of timely access to care, which is a growing problem.

As health care costs escalate, health care resources must be prioritized, giving rise to an increasing need for benchmarks and best practices in wait time management. In Canada, the issue of timely access to health care has been acknowledged in five priority areas, including cancer, cardiac care, diagnostic imaging, joint replacement and sight restoration (4). Treatment for chronic pain was not identified as a priority area,

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yet wait lists for treatment of chronic pain are known to be a problem across Canada (5). For this reason, the Canadian Pain Society struck a Task Force to identify benchmarks for medically acceptable wait times for treatment of chronic pain. As part of its mandate, the Task Force was to determine what national or international wait time benchmarks for chronic pain treatment are proposed or in use along with a review of research evidence upon which they are based. To accomplish this objective, the Canadian Pain Society Wait Times Task Force completed a systematic review of the literature and conducted a survey of IASP Chapter Presidents and other key informants. The purpose of the present paper is to report on the survey of existing benchmarks; the systematic review on the impact of waiting has been reported separately (6).

METHODS

Literature search

A comprehensive search of the published and grey literature was conducted. The search sought information regarding national or international wait time benchmarks for chronic pain treatment, either proposed or in use. This literature review was conducted in conjunction with a literature review examining the impact of waiting for treatment on health and outcomes of treatment. This review is published elsewhere along with the details of the search strategy and quality review of articles identified (6).

Survey and key informant information

A key informant survey was distributed by e-mail to presidents of national chapters of the IASP for whom email addresses were available, as well as to other key informants identified by initial contacts. The survey was distributed to 66 presidents. In addition, the Canadian and American Chapter Presidents were contacted by telephone or in person. The survey inquired whether benchmarks for acceptable wait times for treatment of chronic pain were established or in progress in the respective country and whether there were other key informants who should be contacted.

The Canadian Pain Society Wait Times Task Force was also invited to submit a feature article to the *IASP Newsletter*, published in June 2006. This article included a copy of the survey sent to IASP Chapter Presidents along with an invitation to readers to complete the survey or submit any information relevant to the issue of wait times for treatment of chronic pain.

RESULTS

Systematic review

The literature review resulted in 3811 abstracts that were screened for relevant articles and then subjected to quality assessment by task force teams. There were no papers regarding wait time benchmarks, proposed or in use, for chronic pain treatment. A policy analysis of hospital waiting lists contained no information about pain clinics (7). One paper studied the delay between referral and first appointment for 3386 new referrals seen in 10 outpatient pain clinics in Scotland between 1990 and 1992. This paper noted that one-half of the patients waited more than three months for an appointment at a teaching hospital pain clinic, and nine weeks or longer at a district general hospital pain clinic, thus not meeting the generic standard of nine weeks set in that country. It was also noted that the situation was worsening, with marked deterioration at district general hospitals and increasing waiting lists, without additional resources (8). A further paper examined criteria used by consultants to prioritize patients on a wait list for nonspecific back pain and hip arthrosis in two different hospitals (9). The consultants in both hospitals rated the severity of pain and sleeplessness as of great importance in prioritizing patients. However, there was no information regarding the evidence underlying this decision, nor were there data on outcomes of treatment, health status while waiting, or wait time benchmarks.

Results of the survey and key informant information

The results of the survey of IASP Chapter Presidents and key informants appear in Table 1. There were 12 e-mail responses from Chapter Presidents, a response rate of 18%. In addition, five phone or e-mail interviews were conducted and one further response was obtained from the newsletter article. There were no established benchmarks or guidelines for acceptable wait times specific to the treatment of chronic pain in use in the world found during this process. There are generic standards for outpatient appointment waiting times in some countries (eg, England and Scotland). In England, in 1995, the government introduced national waiting time standards for a first outpatient appointment such that referrals from a general practitioner or dentist must be seen within 13 weeks of referral (10). This wait time standard also applied to referrals to a pain clinic. Before the introduction of the 13-week standard, there were longer waits for treatment at pain clinics in England (10). The establishment of the 13-week limit was not accompanied by a significant increase in resources (material, human or monetary) and there have been some adverse consequences as pain clinics have attempted to meet this standard (personal communication with the United Kingdom Chapter President). In Scotland, the Patient's Charter specifies a standard for wait times of less than nine weeks (11); however, a Scottish study describing wait times for new referrals over a 2.5-year period found that at least one-half of new referrals waited longer than the target of less than nine weeks. As a consequence, many pain clinics have been excluded from the Patient's Charter by their National Health Service Trusts, for example, on the grounds that they are 'tertiary clinics' (8).

DISCUSSION

An extensive systematic review of the literature, a survey of IASP Chapter Presidents, interviews of key informants and solicitation of information distributed in a feature article in the *IASP Newsletter* revealed that there are no established benchmarks or guidelines for acceptable wait times for the treatment of chronic pain in use in the world. In countries such as England and Scotland, which have generic guidelines or wait time standards, there have been significant challenges in meeting the targets due to demands for pain services that exceed supply.

There are lengthy waitlists for treatment at publicly funded multidisciplinary pain centres across Canada (5) and in a number of other nations with public health care systems. Our recent systematic review has identified that waits of six months from the time of referral to treatment for chronic pain are associated with deterioration in health-related quality of life and psychological well being, with an increase in depression scores (6). To make people with chronic pain wait six months or longer is, therefore, medically unacceptable. While it is

TABLE 1
Survey and key informant results: Canadian Pain Society Wait Times Task Force

Country	Respondent (source)	Established benchmarks yes/no (Wait time established)	Approximate waits	Comments
Belgium	CP	No	No wait for cancer pain. Waits can be longer than three months for noncancer pain outside of reference centres	Belgian government has started a pilot project in nine reference centres, one- to two-month wait to enter, must have diagnosis established by three months.
Bosnia-Herzegovinia	CP	No		
Canada	CP	No	Three months to five years for non-third-party-funded clinics	Canadian Pain Society Task Force on Wait Times established December 2005
Finland	PI	No		Finland is just putting together a committee to look at benchmarks for wait times for treatment of pain
Germany	CP	No		
Greece	CP			No problems reported for wait for assessment or treatment except for high-cost treatments. High-cost treatments such as spinal stimulation take two to three months for approval.
Malaysia	CP	No		
Netherlands	CP	No	Three months	Government program has reduced waits for noncancer pain to three months
	NL	No		Indicates that as retired head of a large pain unit in the Western Provinces of Netherlands where they have tried to keep the wait time for chronic pain to four to five weeks, they are unaware of a Dutch Government Program to reduce wait times and report that at a leading University Hospital wait time is generally 12 months, and that there remain significant problems
New Zealand	CP	No	Fourteen to 16 weeks on a previous unofficial survey	Many areas unserviced with only distant tertiary care facility available
Portugal	CP	No	No data available	Informant notes 53 chronic pain units in Portugal and is interested in initiatives to look at wait times
Spain	CP	No	Cancer pain one to 12 weeks. Noncancer pain one to 12 months (average six months)	Wait time depends on location with longer waits in more populated areas
Thailand	CP	No		Informant notes that, in Thailand, most patients will receive first treatment the day they show up to physician consulted
United Kingdom	CP	Yes: 13 weeks for GPs as part of generic wait times guidelines for outpatient appointments		There are generic guidelines established for wait times for outpatient appointments and pain services are expected to meet these guidelines. There is no waiting time limit for specialist referrals; these are often those in most need. In practice, specialists will ask GPs to refer, adding an extra step to the referral
	PI	13 weeks, generic		Communicates the difficulty in meeting a 13-week target with overbooked clinics and fines if the target is not met, notes that more resources are needed. Notes the need for improved education for primary care physicians regarding chronic pain management, so that only those that fail primary care are referred
United States	CP/PI	No		
	President of the American Academy of Pain Medicine (PI)	No		
	PI	No	Three to four weeks	At University Rochester/Strong Medical Center the policy is to try to keep waits to less than two weeks

CP Chapter President responding to survey; GPs General practitioners; NL International Assocation for the Study of Pain newsletter response; PI Phone or e-mail interview

unknown at what point this deterioration begins, the results from 14 trials involving wait times of 10 weeks or less yielded mixed results, with wait times amounting to as little as five weeks associated with deterioration in health-related quality of life. There were no studies examining whether waiting time affects outcomes of chronic pain treatment (6).

Underfunding is only one of the reasons for lengthy wait times. Other reasons include a lack of knowledge about pain management among family doctors and specialists, lack of adequate remuneration for the increased time required to care for patients with complex chronic pain, and lack of community access to publicly funded allied health practitioners such as physiotherapists, psychologists and occupational therapists. There is reluctance by health care providers to prescribe certain medications such as the opioids and cannabinoids that are sometimes indicated for patients with chronic pain. Patients with chronic pain are often left with impairments in physical functioning, leading to losses related to wage-earning work. This necessitates the completion of lengthy reports by the patient and physician and potentially leads to unpleasant disability insurance and compensation appeals and litigation. As outlined, the reasons for lengthy wait times for treatment for chronic pain are multiple and the solution requires a multipronged approach. The bottom line is that failure to treat leads to increased problems and we must move forward in finding innovative solutions. Innovative solutions should include initiatives enhancing self- and community-based care of patients with chronic pain, prevention and early intervention, and enhancement of multidisciplinary pain services.

CONCLUSIONS AND RECOMMENDATIONS

As medical costs escalate, health care resources must be prioritized and the issue of timely access to care must be addressed. In this climate, the development of benchmarks for medically acceptable wait times for treatment is necessary. Patients have a right to have their pain treated, yet are waiting a long time and deteriorate while waiting. The present review and survey have identified that there are no established benchmarks or guidelines for acceptable wait times for the treatment of chronic pain in use in the world. In countries with generic guidelines or wait time standards that apply to all outpatient clinics, there have been significant challenges faced by pain clinics in meeting these targets. Given the cost effectiveness of multidisciplinary pain clinics, wait time benchmarks need to be established, and resources identified for pain clinics to help overcome the challenges of meeting them.

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