

The need for a national strategy for chronic pain management in Ireland

ABSTRACT

Background Chronic pain is defined as pain on a daily basis for more than six months.¹ It affects 13% of the Irish population.² Despite its prevalence and the impact on patient's quality of life there is no national strategy for this problem.

Aim To determine the need for a national strategy for chronic pain in Ireland.

Methods The cost of low back pain (LBP) (common chronic pain condition), the level of education and research and current chronic pain clinic resources were investigated.

Results The cost of LBP in Ireland is enormous: disability payments from the Department of Social and Family Affairs amounted to €348 million and insurance payments cost €10.5 million. The number of teaching hours timetabled for pain education in the schools of Medicine, Physiotherapy, Dentistry, Nursing and Psychology in Ireland's six universities varied significantly (e.g. 11.5-72 hrs in nursing). Research grants awarded from state organisations were limited to one over a four-year period. No current chronic pain clinics comply with recommended International Association for the Study of Pain (IASP) guidelines.³

Conclusion A national strategy is needed to reduce costs, standardise teaching and increase pain clinic resources to maximise patient care.

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INTRODUCTION

The cost of healthcare for particular diseases and conditions is important for policymakers since it affects the allocation of limited resources. Although not life threatening, chronic pain incurs significant financial costs including lost productivity from work (an average of 17 days per patient per year, and 15% job loss due to pain), as well as healthcare costs, insurance and disability payments. The cost to the patient is also significant with 19% of patients being diagnosed with depression.² Nonetheless, the cost of LBP has not been established in the Republic of Ireland, while in the UK it is estimated at £1.2billion.⁴

The International Association for the Study of Pain (IASP) has developed a core curriculum for pain education,⁵ (basic and clinical science, assessment and treatment options) but there are no data available on the current level of pain education in Ireland. In nine other European countries, pain education ranged from none (Germany and Israel) to 20 hours in Slovakia.⁶ Hospital resources for pain services have not been audited in Ireland or in the USA (IASP personal communication). In the UK a survey of 161 hospitals reported that 121 (75%) provided pain services.⁷ Therefore, in determining the need for a national strategy, this study aimed

to establish the costs, education, research and treatment resources for chronic pain (with particular emphasis on LBP) in Ireland in 2002.

METHOD

DATA SOURCES

In order to obtain an overview of the cost of chronic pain, available data were obtained in relation to its costs, education and research resources, and treatment resources in the Republic of Ireland. A multidisciplinary team comprising of an Orofacial Pain Specialist, two Pain Consultants and a Chartered Physiotherapist determined the data sources to be investigated for the year 2002. The following is a detailed description of each data source.

1. COSTS

Hospital Activity and Costs

The Hospital In-Patient Enquiry (HIPE) system continuously monitors activity in 60 public hospitals in Ireland. Each patient (inpatient and day patient) is categorised by a principle and up to nine secondary diagnostic related codes (DRG) for their condition and any surgical procedures undertaken whilst in hospital. Of the 500 codes available, only seven specifically related to chronic LBP. These codes contained subcategories

of diagnoses and procedures: DRG 4 (spinal procedures), DRG 243 (medical back problems), DRG 496 (combined anterior/posterior spinal fusion), DRG 497 (spinal fusion without complications), DRG 498 (spinal fusions with complications) and DRG 499 (back and neck procedures except spinal fusions with complications) and DRG 500 (back and neck procedures except spinal fusions with complications). Each DRG contains subcategories of the classification of diagnoses and procedures. The Economic and Social Research Institute (ESRI) was requested for the data on the specific sub-categories relating solely to LBP within the DRGs.

Disability Benefits

There are four illness-related income support schemes available for disability benefit, disability allowance, invalidity pension and disablement benefit. The Deputy Chief Medical Officer for the Department of Social and Family Affairs (DSFA) was requested to provide details of the total payments made under these schemes for January – December 2002.

Employer Costs

The Irish Business and Employer's Federation (IBEC) was requested to provide details of the cost of personal and public liability insurance and the costs of claims for their members ($n=1500$) in 2002.

Insurance Company Payments

The six main insurance companies in the Irish market were requested to provide details of the costs of claims for musculoskeletal problems (mainly personal injury) paid out by their companies in 2002.

2. EDUCATION AND RESEARCH

The number of timetabled teaching hours dedicated to pain management was requested from the Heads of Departments in the relevant undergraduate schools of the Republic of Ireland's six Universities for the academic year 2002-3 (i.e. Schools of Medicine, Physiotherapy, Nursing, Dentistry, Psychology, Occupational Therapy and Nursing). The Presidents of the postgraduate medical training bodies (Psychiatry, Surgery, Orthopaedics, Anaesthesia and General Practice) were also requested to provide this information. A copy of each course curriculum was also requested.

The Health Research Board (HRB) and the ESRI were requested to provide details of any funded projects for chronic non-malignant pain in 2002.

3. CHRONIC PAIN CLINIC RESOURCES

The Republic of Ireland's 28 pain clinics were requested to classify their service according to the IASP recommendations for pain services (i.e. multidisciplinary pain clinic, pain clinic and multidisciplinary pain centre). They were also requested to detail the number of patients on each waiting list and the waiting time for each new patient's first consultation.

RESULTS

1. COSTS

Hospital Activity

The total cost for chronic low back procedures and categories in 2002 was over 28 million and represented 33,713 bed days. Details of the conditions and procedures are listed in Table 1.

Disability Benefit

In 2002, a total of 200,000 adults in Ireland received illness related income support at a cost to the exchequer of €1.29 billion; people with a diagnosis of chronic LBP accounted for the highest percentage of this cost (i.e. 27%; approx. €348 million).

Employer cost

In 2002, the average employer liability insurance premium was 2.3% of the payroll and the public liability premium was 1.3%. The national annual cost of claims for personal injury to IBEC members was in excess of €2 billion. Of this total 30% (600million) was spent on legal fees. It was previously reported that 22% of these costs were due to back pain caused by poor manual handling.⁸

Insurance Costs

The six main insurance companies were reluctant to be quoted directly, citing the current adverse media attention regarding insurance costs. Only one large insurance company provided figures for LBP, but did not wish to be identified; they have an estimated 10% of the market in personal injury claims in Ireland. In 2002, just over one fifth of all their payments were due to LBP (21.5%, approx. €1.05million). Legal fees for third party motor claims accounted for 39.5% of the total cost.

2. EDUCATION AND RESEARCH

Results for the number of hours on the curriculum of each university are listed in Table 2. There are inconsistencies in all undergraduate and postgraduate schools with the greatest variation in Medicine (4-5 – 32 hours) and Nursing (11.5-72

Table 1
COSTS OF SPINAL FUSIONS AND SPINAL PROCEDURES 2002

	DRG 4	DRG 243	DRG 496	DRG 497	DRG 498	DRG 499	DRG 500
Cases	144	6,576	5	52	115	176	1,119
Bed Days	2,149	20,691	253	940	1,234	2,384	6,062
Average stay beds	15.4	7.0	50.6	18.1	10.7	14.1	6.3
Cost per case €	9,870	2,880	16,005	13,741	8,338	7,639	4,452
Total €	1,421,280	18,938,880	80,025	714,532	958,870	1,344,464	4,981,788

DRG 4 Spinal Procedures including: spinal procedures insertion and removal of spinal cord stimulators, excision intervertebral disc, re-open laminectomy site, spinal canal exploration, intraspinal nerve root division

DRG 243 Medical Back Problems including: sacroilitis, lumbosacral spondylosis, lumbar disc displacement, spinal stenosis NOS, disorder of sacrum and coccyxlumbosacral sprain

DRG 496 Combined anterior/posterior spinal fusion

DRG 497 Spinal fusions without complications including: lumbosacral fusion anterior and posterior, re-fusion of spine

DRG 498 Spinal fusions with complications including: lumbosacral fusion anterior and posterior, re-fusion of spine

DRG 499 Back procedures except spinal fusions with complications/co-morbidities including: other spinal diagnostic procedures, spinal cord/meninges bx.

DRG 500 Back procedures except spinal fusions without complications/ co-morbidities including: other spinal diagnostic procedures, spinal cord/meninges bx.

Table 2
NUMBER OF HOURS OF TIMETABLED PAIN EDUCATION AT UNDERGRADUATE AND POSTGRADUATE LEVEL IN IRELAND'S UNIVERSITIES

		MEDICINE	DENTISTRY	PHYSIOTHERAPY	NURSING	O.T.	PSYCHOLOGY
Uni A	Undergrad	20	None	9	RGN 14 BSc 12	2	9
	Postgrad		None	MSc Cardiac rehab 0	MSc Nursing 0 Dip. Orthopaedic 6	No response	MSc 0
Uni B	Undergrad	32	No course	8	BSc 72	No course	1
	Postgrad			MSc Neuromuscular Physiotherapy 10 MSc Sports 10	H.Dip Pain 20 MSc Nursing 6	MSc 2	
Uni C	Undergrad	4-5	No course	12	No Response	No course	No course
	Postgrad						
Uni D	Undergrad	No response	No response	No course	No response	No response	No course
	Postgrad		No response		No response	No response	
Uni E	Undergrad	11.5	No course	No course	11.5	No course	No response
	Postgrad						MPsychSc 6 Phd 12
Uni F	Undergrad	No course	No course	19	No course	0	No course
	Postgrad					MSc 6	

Table 3
CRITERIA AND RESULTS FOR IASP CRITERIA FOR PAIN SERVICES

IASP CRITERIA	MULTIDISCIPLINARY PAIN CLINIC (N=9)	PAIN CLINIC (N=9)
1. Have healthcare professionals capable of assessing and treating physical, psychosocial, medical, vocational and social aspects of chronic pain	9 / 9	N/A
2. Have three medical specialties on staff, if one is not a Psychiatrist a clinical Psychologist is a minimum	4 / 9	4 / 9
3. Communication of team about patients and service	7 / 9	9 / 9
4. Have a Director or coordinator – does not need to be a Physician but a director of medical services is needed who will monitor medical services provided	9 / 9	5 / 9
5. Provide diagnostic and therapeutic services	9 / 9	9 / 9
6. Have adequate record keeping so that individual treatment outcomes and overall programme effectiveness can be evaluated	9 / 9	7 / 9
7. Trained medical professionals to deal with emergencies and patient referrals	9 / 9	6 / 9
8. Team members licenced to work	9 / 9	9 / 9
9. Proficient in dealing with variety of chronic problems including cancer pain and pain from other diseases	9 / 9	N/A
10. Establish protocols for patient management and assess their efficacy periodically	4 / 9	N/A
11. Staff should see an adequate variety of patients to maintain their skills in diagnosis and treatment	9 / 9	N/A
12. Team should carry out research on chronic pain	5 / 9	N/A
13. Adequate support staff	5 / 9	5 / 9
14. Team should have appropriate knowledge of basic science and clinical practices relevant to chronic pain patients	7 / 9	7 / 9
15. Designated space and include both in and outpatient services	5 / 9	7 / 9
16. The team should be active in educational programmes for healthcare providers including under- and postgraduate and postdoctoral levels	4 / 9	N/A
17. Be part of or affiliated with a major health sciences educational or research institution	6 / 9	N/A
WAITING TIME		
Number of patients on waiting list	3-94 (mean = 46±30)	20-80 (mean = 45±26)
Waiting time to be assessed (weeks)	1-18 (mean = 13±6)	4-36 (mean = 16± 9)

N/A = Not a criteria for a Pain Clinic (IASP guideline)

hours). There were no timetabled hours in the medical postgraduate training bodies for Surgery, Orthopaedics or Psychiatry. General practice was unable to quantify the number of hours and Anaesthesia reported 200 teaching hours. All respondents stated that pain was taught under many different categories and was therefore difficult to quantify. No school forwarded a copy of the curriculum as requested. One University was unable to provide any information relating to Medicine, Dentistry or Nursing.

Grant Funding

The HRB awarded 109 grants totaling 25.1million in 2002, but only one study involved subjects with LBP, and no other grants were awarded for chronic pain. To date, the ESRI has not conducted research into the cost or impact of chronic non-malignant pain including LBP.

3. CHRONIC PAIN CLINIC RESOURCES

There was a 64.3% response rate from Consultant Anaesthetists (18/28). Of these 50% categorised their clinic as a 'multidisciplinary pain clinic' (50%, n=9). The IASP has 17 criteria for clinics to classify themselves as multidisciplinary, however, less than 50% of those who classified their clinic as 'multidisciplinary' met all criteria (8/17). The IASP has 10 criteria for 'pain clinics', however only 30% (3/10) of clinics classified as 'pain clinics' met all criteria. No clinics were categorised as 'pain centres'. Results for the number of criteria reached by all clinics are listed in Table 3. There was no significant difference ($P < 0.05$) between the multidisciplinary pain clinics and the pain clinics for the number of patients waiting to be assessed ($P = 0.91$) or waiting times ($P = 0.28$). The waiting time to be assessed in both clinics was beyond the acceptable time (12 weeks) as defined by the government's health strategy document.¹³

DISCUSSION

In determining the need for a national strategy for chronic pain in Ireland this study examined the cost of LBP (to the health service, the DSFA, employers and insurance companies), the status of education and research funding and of resources for pain clinics.

There are limited data available for the cost of pain (including LBP) in hospitals in the Republic of Ireland. In the current auditing HIPE system there is no category (DRG) for chronic non-malignant pain. In terms of costing the DRGs only average costs were

available, individual sub-categories of DRGs are not costed separately. The system needs to expand to capture all costs including outpatient costs e.g. Radiography and Physiotherapy.

Costs and levels of disability payments by the DSFA are high. The recent publication of the Renaissance Project⁹ addressed this issue. This study undertaken by the DSFA, demonstrated the effect of triaging new LBP claimants for disability and injury benefit (n=3,300) using internationally evidence based guidelines. The aim was to increase return to work rates and decrease the incidence to progression to chronic disability. In comparing the results of outcomes of assessment with the national figures for 2002, 36% of the project claimants were determined to be incapable of returning to work compared with 80%, and 65% of the project claimants were found to be capable of returning to work compared with 20%. This amounted to a 12.3% (563,353) saving to the DSFA along with 62,000 in administrative savings.

Other high costs include insurance payments for motor and public liability claims which include legal costs. A government report showed that the involvement of the legal profession in the Republic of Ireland is significantly higher than in the UK. Counsel is appointed in 75% of cases as opposed to 3% in the UK and it takes four and a half times longer for a case in Ireland to reach trial. Compensation is 12 times higher in Ireland than in the UK across all liability.¹⁰ The introduction of the Personal Injuries Assessment Board (PIAB) should help to reduce costs and waiting times for claims to be settled as it is a statutory body which provides independent assessment of personal injury compensation without the need for the majority of current litigation costs, such as Solicitors, Barristers and Experts' fees. Settlements are expected to be made within nine months compared with an average of almost five years.¹¹ However, the 15-month process for filing claims following an injury may prove difficult for the chronic pain patient as many will not have been referred to a pain specialist in that time frame for several reasons including inadequate training of doctors and health service personnel and the poor allocation of resources to this sector as already demonstrated.

The number of teaching hours dedicated to pain varied from university to university and course to course (Nursing: 11.5-72 hours and Medicine – 4.5-32 hours). There were also discrepancies in the number of teaching hours between

disciplines, which is worrying given that pain is a multidisciplinary problem and treatment is based on a multidisciplinary ethos. The lack of postgraduate teaching in medicine for pain also needs to be addressed. Therefore, given that over 13% of the Irish population has a diagnosis of chronic pain more emphasis on undergraduate and postgraduate education is needed.

Facilities for treating patients with chronic pain in Ireland are lacking. There are currently no multidisciplinary pain clinics or pain clinics that meet the IASP recommended guidelines for the management of chronic pain patients. Despite the debate on the need for dedicated treatment facilities and appropriately trained multidisciplinary staff opening at government level in 2000,¹² no further action has been taken. The protracted waiting time for patients to be assessed for a multidisciplinary pain clinic and in a pain clinic is beyond the acceptable time (12 weeks) as defined by the government's Health Strategy document.¹³

France and Portugal have developed national strategies for pain management, and Belgium is in the process of developing its strategy. Data are not available to determine the benefits of a strategy both for the patient and the economy, however at the recent European Union sponsored Pain Europe Research Area Conference, it was determined that funding is available for countries that have strategies to improve and facilitate networking of research centres and laboratories within European countries.¹⁴

Chronic LBP as the most common chronic non-malignant pain condition in Ireland costs the economy millions of euro annually. The cost to the patient in terms of loss of quality of life cannot be quantified. A national strategy is required to increase education in pain management across all healthcare disciplines, increase treatment facilities to international standards, encourage research and reduce costs.

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