

## Chronic Pain Disability: Finding the Best Management

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As the nation struggles to find ways to offer cost-effective healthcare, it becomes crucial for hospitals, healthcare clinics and physicians to look at their own practices and outcomes. In the field of chronic pain, where the options range from alternative treatments to invasive and expensive procedures such as spinal cord stimulators, finding the most effective treatment can be a challenging and frustrating process for patients and healthcare providers alike.

Chronic pain is increasingly being recognized as a chronic disease to be managed, similar to diabetes or

rheumatoid arthritis, rather than a disease that can be cured and eradicated. Contemporary understanding about chronic pain also asserts that an interdisciplinary approach to pain treatment, addressing the physical and psychological barriers, positively impacts pain treatment outcome. It has also been demonstrated to be vastly more cost-effective care when compared to the alternatives.

For the last twenty-five years, UBC Inc. (United Backcare) has been offering intensive rehabilitation for musculoskeletal disorders, ranging from failed back surgery syndrome to complex pain disorders. In addition to recognizing the need for intensive physical rehabilitation for patients who have drastically reduced their physical functioning as a way of coping, patients receive structured psychological education. Psychological variables such as beliefs about pain signaling physical damage, self-perception of being disabled and the patient's own ability to modulate the experience of pain are explored in the cognitive behavioral therapy course. Patients meet individually with the psychologist to explore their personal barriers. For those derailed from their careers by chronic pain, classes and meetings with the vocational counselor prepare them for return-to-work.

Patients who have become dependent on medications for pain management are able to taper off opioid medications under the supervision of the UBC physicians. With this approach, even as their function improves, their pain medication needs decrease.

In an article published recently in the journal *Pain Medicine*, Cunningham et al (2009) demonstrated that a three week pain rehabilitation program resulted in an average annual medication cost-savings of \$2404.80 per patient. There are also studies reporting reduction in pain-related clinic visits, surgical interventions, hospitalizations, emergency room visits, decreased disability claims and overall decreased medical costs among the benefits of interdisciplinary rehabilitation.<sup>1</sup>

The per-person lifetime cost savings of interdisciplinary pain rehabilitation approximates \$356,288 for healthcare and disability alone, compared with conventional medical therapy for chronic pain.<sup>2</sup> This does not take into consideration other costs including tax revenue, lost productivity and sick leave.

While pain may improve a small amount by the end of a typical 20 day program, patients report worrying less about their pain, avoiding activity less and being less dis-

abled. This has been validated in multiple studies, which is part of the reason why nationally and internationally, intensive rehabilitation programs such as UBC's have a 68% rate of return to work for injured workers (compared with 27%-36% rate of return to work for a similar cohort who did not undergo multidisciplinary treatment).<sup>3</sup>

Healthcare providers who treat chronic pain realize that it is a multisystem illness, rather than just a symptom of an underlying disease. Its effects can be devastating, robbing patients of their work, well-being and sense of control over their lives. For such patients, comprehensive pain programs become the intensive care unit equivalent of rehabilitation (as a UBC physician, Dr. David Sinclair, fittingly

describes it), allowing patients to return to productive lives. The positive implications are unmistakable from a healthcare utilization, legal, individual and societal perspective.

It is unfortunate, then, that in an attempt to cut costs, some third party payers have steered patients away from this treatment option by not covering comprehensive pain programs, with the paradoxical outcome of more expensive therapies with poor outcomes being performed on an increasingly frequent basis. This includes controversial surgeries and implantable devices, which have not demonstrated the same robust outcomes of comprehensive pain programs.

Just as the patient's cry to have his pain adequately managed cannot be ignored, evidence-based data

on the most efficacious treatments cannot be ignored. The landscape of the scope of care available to patients with chronic pain will continue to change, and with any luck, the most effective choices will become easier to navigate.

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2. Gatchel RJ, Okifuji A. *Evidence-Based Scientific Data Documenting the Treatment and Cost-Effectiveness of Comprehensive Pain Programs for Chronic Nonmalignant Pain*. The Journal of Pain 2006; 7 (11), 779-793.
3. Flor H, et al. *Efficacy of multidisciplinary main treatment centers: A meta-analytic flow*. Pain 1992; 49, 221-230.

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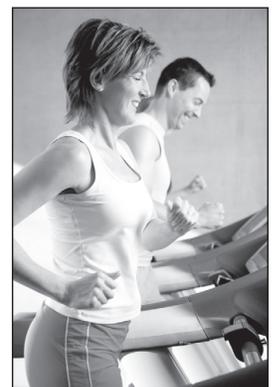
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