ACTIVE WAIT-LIST MANAGEMENT THROUGH PRE-CLINIC INTERVENTIONS: ARE WE REALLY HELPING PATIENTS OR JUST TICKING BOXES?

Anne Burke, BA (Hons.), M.Psych(Clin), Dip Clin Hyp
Royal Adelaide Hospital, Psychology Department

INTRODUCTION / AIM

Many Australian public chronic pain (CP) clinics now offer pre-clinic educational interventions because of long wait-lists. However, there are limited data concerning their usefulness and no consensus regarding optimal intervention length. We report our trial of a brief pre-clinic educational session for people with CP newly-referred for multidisciplinary pain management services at a public hospital.

METHODS

Participants (346 adults with standard non-crisis triage codes) were recruited on referral and randomized to treatment as usual (TAU) (normal wait-list management) or an experimental condition (normal wait-list plus an optional three-hour CP educational session). The session highlighted: CP processes, psychological factors, medication, exercise and coping skills (goal setting, distraction, activity pacing). Multiple outcomes (including interference, acceptance, distress, health care utilization and quality of life) were assessed at intake and again at two-weeks and six-months post-session (or equivalent times for the TAU group).

RESULTS

The session had a high fail to attend rate: 220 were invited but only 66 attended. Among attendees, satisfaction with the session was moderate-to-high, but attendance was not associated with better outcomes than TAU.

DISCUSSION / CONCLUSIONS

Pre-clinic intervention did not improve function for patients. The low uptake rate has serious implications for wait-list management if, as in some other Australian clinics, session attendance becomes a mandatory component of intake. Clinics must ask: are we embracing a model of care that improves our KPIs and economic function but fails to address patient function? Or are there other factors at play? Is it about matching the model to the patient?

OTHER AUTHORS

Linley Denson
Jane Mathias