Abstract:

A pilot multidisciplinary Pain Management Programme (PMP) was run in the Cayman Islands in July 2012 using healthcare professionals that were invited from the United Kingdom. This project sought to assess the clinical effect of this programme and determine whether this method of providing the programme is a financially viable and reproducible one.

Clinical effect was assessed using outcome measures that captured pain severity, disability related to pain, disposition to pain and effects on mood and catastrophic thinking.

Spending on pain related primary care and pain management services were quantified for the year prior to the programme and compared to the year following the programme and costs of providing the programme were also quantified for comparison.

Statistically significant improvement was seen in five of the seven outcome measures examined immediately post PMP in comparison to the pre- programme results. These improvements were found in the measures of pain severity (Brief Pain Inventory (BPI) $p = 0.0035$ and 0.0024 for both subscores), mood (Depression Anxiety Positive Outlook Scale (DAPOS) depression and anxiety subscores with $p = 0.0135$ and 0.0240 respectively) and disability (Pain Self Efficacy Questionnaire (PSEQ) with $p = 0.0146$) and catastrophizing (Pain Catastrophising Scale (PCS) subscores for Rumination, Magnification and Helplessness with p values of 0.0388, 0.0128 and 0.0101 respectively).

At 11 months post programme there was sustained improvement in some of the measures of mood and disability and a few new statistically significant positive changes were noted in the category of disability (Chronic Pain Acceptance Questionnaire (CPAQ) and Sit to stand with $p = 0.0306$ and 0.020 respectively).

There was a reduction in health care spending for both pain related primary care and pain management services in the year following the PMP in comparison to the year before which was not statistically significant ($p = 0.678$ for primary care and 0.0793 for pain management services). This difference in spending was much less than the cost of providing the PMP however this imported programme was still as much as 10 times less expensive than sending individuals overseas for similar care.