

Background

- Arthritis is a major cause of disability in Canada and it causes a substantial burden for persons suffering from arthritis, their family and the society [1].
- Pain is the most frequent symptom reported by persons living with arthritis and can lead to multiple limitations of daily activities [2].
- Limited access to appropriate health services is one of the challenges to comprehensive pain management for persons with arthritis [3-5].

Objectives

To document access to pain clinics for persons with arthritis in Québec and identify targets for improvement based on their experiences.

Specific objectives:

- 1) describe the socio-demographic and clinical profile of persons with arthritis who consulted in pain clinics;
- 2) assess waiting times to access pain clinics and the impact of waiting time on clinical outcomes at 6 months;
- 3) identify socio-demographic and clinical factors associated with waiting time;
- 4) describe the utilization of health care services by persons with arthritis while waiting for services and
- 5) explore experiences and perceptions of persons with arthritis regarding access to pain management services and potential strategies to improve access.

Methods

STUDY DESIGN

- Mixed-methods (quantitative and qualitative) design is well suited to study complex topics such as access to services [6].
- Conceptual foundations of this study is built upon Levesque et al.'s (2013) framework of patient-centred access to health care, which identifies health care system determinants and population determinants of access to health care [7].

PART 1: Quantitative (objectives 1-4)

- Analysis of data from the Québec Pain Registry: clinical and socio-demographic data of 9363 patients who consulted in pain clinics between 2007-2014.
- Patients with arthritis will be identified based on standardized diagnostic codes (e.g. osteoarthritis, rheumatoid and psoriatic arthritis).

Variables list

Objective 1	Objective 2	Objective 3	Objective 4
▪ Diagnostic	▪ Waiting time (IV)	▪ Obj. 1 variables	▪ Health professionals consulted prior to pain clinic admission
▪ Comorbidities	▪ Pain intensity (DV)	▪ Waiting time (DV)	
▪ Age, sex, education	▪ Limitation of daily living (DV)		
▪ Pain characteristics	▪ Depression (DV)		
▪ Quality of life	▪ Confounders: obj. 1 variables		
▪ Etc.			

Statistical analyses

- Descriptive analysis (obj. 1)
- Bivariate and multivariate analyses (recursive partitioning, multiple linear regression) (obj. 2-3)
- Multiples correspondence analyses (obj. 4)

PART 2: Qualitative (objective 5)

Study population and recruitment

- 30 patients who consulted in pain clinics in the previous 6 months with a diagnostic of rheumatoid arthritis (n=10), osteoarthritis (n=10) and fibromyalgia (n=10).

- Invitations to participate will be posted in pain clinics.

Data collection

- Semi-structured interviews of 60-90 minutes.
- Interview questions based on results from the quantitative study.
- Question topics: access and use of pain management services, impact of waiting time, targets for improvement, etc.
- Interview guide will be pretested with 3 to 5 patients.

Analyses

- Interviews will be recorded and transcribed verbatim.
- Data will be coded using NVivo software and analyzed using qualitative content analysis.

Expected results

- This project will provide essential knowledge on the current state of **access to pain clinics for persons with arthritis**, as well as an in-depth understanding of patients' experiences of accessing care.
- Results will help identify **gaps in services** and potential **targets for action** to ensure timely access to pain management services for persons with arthritis.

References

1. Bombardier, C. et al., *The impact of arthritis in Canada: Today and over the next 30 years*. 2011, Arthritis Alliance of Canada.
2. Arthritis Community Research and Evaluation Unit (ACREU), *Arthritis in Canada*. 2013, The Arthritis Society: Toronto, Ontario.
3. Peng, P., et al., *Challenges in accessing multidisciplinary pain treatment facilities in Canada*. *Can J Anaesth*, 2007. 54(12): p. 977-84.
4. Delaurier, A., et al., *Wait times for physical and occupational therapy in the public system for people with arthritis in quebec*. *Physiother Can*, 2013. 65(3): p. 238-43.
5. Lynch, M.E., et al., *A systematic review of the effect of waiting for treatment for chronic pain*. *Pain*, 2008. 136(1-2): p. 97-116.
6. Ostlund, U., et al., *Combining qualitative and quantitative research within mixed method research designs: a methodological review*. *Int J Nurs Stud*, 2011. 48(3): p. 369-83.
7. Levesque, J.F., M.F. Harris, and G. Russell, *Patient-centred access to health care: conceptualising access at the interface of health systems and populations*. *Int J Equity Health*, 2013. 12: p. 18. Picture credits: pixabay.com

Acknowledgments

This research was supported by a CIORA grant from the Canadian Rheumatology Association. S. Deslauriers received PhD salary awards from the Arthritis Society and the OPPQ.