

LETTER

Priority coding for scheduling pain medication consultations: a simple tool supporting both efficient allocation and sustainability of use of resources

Advances in medicine lead to a fragmentation of knowledge, so that for many pathologies patients require visits with medical specialists. The role of the general practitioner (GP) is therefore increasingly one of “gatekeeper” to the specialized hospital world. This situation can create inequities in access to medical care, especially in waiting times, that negatively impact patients with lower education levels and fewer economic resources [1]. Limited access to pain therapy is particularly impactful, as untreated pain has substantial clinical, social and economic implications and reduces patients’ autonomy [2].

In Italy, access to some specialist consultations and procedures is managed via a priority system that sets maximum waiting times according to four grades of clinical severity [3]. However, pain therapy consultations are not included in this system. This deficit was recently addressed by Friuli Venezia Giulia, a northeastern Italian region of about 1.1 million inhabitants. In 2018, the region implemented a set of priority criteria for prescribing specialist visits for pain medication [4]. GPs score priority by combining data from a patient’s subject pain assessment (on a numerical rating scale), the DN4 scale (douleur neuropathique 4), and opioid doses, and then either send the patient to the emergency room or prescribe a specialist visit to be held within 10, 30 or 180 days. The combination of these three evaluation scales establishes the priority assignment for patients.

Despite the implementation of this system in Friuli-Venezia Giulia, the agreed waiting times have not always been respected. Since it was not possible for the region to simply increase the availability of outpatient specialist appointments, it was decided to examine GPs’ use of the priority system and the appropriateness of their prescriptions. To this aim, an online tool was implemented in which the pain therapist indicates, for every examination, whether the priority indicated by the GP is correct and, if not, what should have been the correct score. This tool allows administrators to monitor use of the priority system; a first analysis of the data revealed a concordance rate of around 55%. Moreover, the tool helps identify GPs who routinely err in their assessments.

We believe that the tool implemented by Friuli Venezia Giulia for pain medication management can be adapted to other outpatient services whose public access is subject to priority criteria, to help ensure correct application of the criteria and to identify GPs who would benefit from training.

An added benefit is that the tool will help direct training activities to those local areas (aggregates of GPs) where they are most needed, relieving better-trained GPs from having to undergo unnecessary training. In a proactive perspective of continuous improvement in the quality of basic care, without unnecessarily increasing the offer of hospital services, we recommend that other regional health care services adopt a similar approach for the efficient allocation and sustainability of use of medical resources.

Rym Bednarova¹, Luca Miceli^{2*} and Alessandro Rizzardo³

¹SOC Medicina del Dolore, Ospedale di Latisana, ASS 5 Bassa Friulana, Italy

²SOSD Medicina del Dolore Clinico-Sperimentale, IRCCS CRO di Aviano, Aviano, Italy

³Dipartimento di Anestesia, Ospedale Papa Giovanni XXIII, Monastier (TV), Italy

*Corresponding author: luca.miceli@cro.it

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- sustainability
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- appropriateness

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