

CADTH Reference List

Experiences of Models of Chronic Pain Care: A Qualitative Review

March 2022

Authors: Jamie Anne Bentz, Jennifer Horton

Cite As: *Experiences of Models of Chronic Pain Care: A Qualitative Review*. (CADTH reference list). Ottawa: CADTH; 2022 Mar.

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up to date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca

Key Messages

- The electronic literature search captured no evidence regarding the experiences and perspectives of persons at risk of or living with chronic, non-cancer pain (and their families) being offered, accessing, engaging with, or receiving pain care through hub-and-spoke, stepped care, and transitional care models.
- One mixed-methods study that reported the experiences of persons receiving pain care through a modified hub-and-spoke model was identified during high-level scoping of the literature before the electronic search. This article was not captured in the search because its qualitative findings focus on the experiences of group-based care delivered by telehealth rather than care delivered through a hub-and-spoke model.

Research Question

What are the experiences and perspectives of persons at risk of or living with chronic, non-cancer pain (and their family members) being offered, accessing, engaging with, and receiving pain care through hub-and-spoke, stepped care, and transitional care models?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Scopus. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were models of care, stepped care model, transitional pain services, hub-and-spoke care model, and chronic pain. CADTH-developed search filters were applied to limit retrieval to qualitative studies. If possible, retrieval was limited to the human population. The search was also limited to English-language documents published between January 01, 2007, and February 17, 2022. Internet links were provided, if available.

Selection Criteria

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1.

Results

A total of 304 citations were retrieved from the electronic literature search. After duplicates were removed, 295 citations remained. No relevant evidence syntheses, primary qualitative, or mixed-methods studies exploring the experiences and perspectives of persons at risk of or living with chronic, non-cancer pain (and their family members) being offered, accessing,

Table 1: Selection Criteria

Criteria	Description
Sample	People of any age living with chronic non-cancer pain (and their family members) receiving pain care; people with acute postsurgical pain at risk of chronic postsurgical pain receiving care through transitional models
Phenomenon of interest	Hub-and-spoke, stepped care, and transitional models of pain care
Design	Any qualitative design
Evaluation	Views, experiences, perspectives, and perceptions of being offered, accessing, and receiving hub-and-spoke, stepped care, and transitional models of pain care. If applicable, this includes the evolved experience and/or understanding of pain before, during, and following care through these models.
Research type	Primary qualitative studies; mixed-methods studies with qualitative components (excluding surveys)

engaging with, and receiving pain care through hub-and-spoke, stepped care, and transitional care models were identified.

During high-level scoping of the literature conducted before the electronic literature search, 1 mixed-methods study of potential interest was identified, which is included in Appendix 1. The qualitative section of this study explored the experiences of persons receiving pain care through a multisite telehealth group program developed as a modified hub-and-spoke model. This article was not captured by the electronic literature search because the search strategy aligned with a rapid response approach and the qualitative findings focus on the experiences of group-based care delivered by telehealth rather than experiences of the hub-and-spoke model.

Evidence Syntheses

No literature identified in the electronic literature search.

Primary Qualitative or Mixed-Methods Studies

No literature was identified in the electronic literature search.

Appendix 1: Reference of Potential Interest

1. Scriven, H, Doherty DP, Ward EC. Evaluation of a multisite telehealth group model for persistent pain management for rural/remote participants. *Rural Remote Health*. 2019;19(1):4710.[PubMed](#)