

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Multidisciplinary Pain Consult Teams for Acute Care in Hospitals: Clinical Utility and Cost- Effectiveness

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

Research Questions

1. What is the clinical utility of acute pain assessment by multidisciplinary pain consult teams in an inpatient setting?
2. What is the cost-effectiveness of acute pain assessment by multidisciplinary pain consult teams in an inpatient setting?

Key Findings

No relevant health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, or economic evaluations were identified regarding the clinical utility or cost-effectiveness of acute pain assessments by multidisciplinary teams in an inpatient setting.

Methods

A limited literature search was conducted by an information specialist on key resources including PubMed, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused Internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were multidisciplinary teams and acute pain assessment for inpatients. Search filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, or network meta-analyses, any types of clinical trials or observational studies, and economic studies. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2014 and August 4, 2019. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	Q1-Q2: Inpatients with any acute pain Subgroups: - non-surgical patients - perioperative patients
Intervention	Q1-Q2: Pain assessment conducted by a multidisciplinary pain consult team (e.g., nurse, anesthesiologist, pharmacist, physician)
Comparator	Q1-Q2: Pain assessment conducted by a single health care provider; No pain assessment
Outcomes	Q1: Clinical utility [e.g., hospital readmission, length of stay, pain score, patient satisfaction, health care resource utilization, mortality, safety (e.g. adverse drug/medication events, complications such as sedation, respiratory distress)] Q2: Cost-effectiveness
Study Designs	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies and economic evaluations

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies and economic evaluations.

No relevant health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies and economic evaluations were identified regarding acute pain assessments by multidisciplinary teams in an inpatient setting.

References of potential interest are provided in the appendix.

Overall Summary of Findings

No relevant studies or economic evaluations were identified regarding the clinical utility and cost-effectiveness of acute pain assessments by multidisciplinary teams in an inpatient setting and therefore no summary can be provided.

References Summarized

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.

Economic Evaluations

No literature identified.

Appendix — Further Information

Previous CADTH Reports

1. Banerjee S, Argáez C. Multidisciplinary treatment programs for patients with acute of subacute pain: a review of clinical effectiveness, cost-effectiveness, and guidelines. Ottawa (ON): CADTH; May 2019:
<https://www.cadth.ca/sites/default/files/pdf/htis/2019/RC1109%20Multidcp%20Program%20Acute%20Pain%20Final.pdf> Accessed 2019 Aug 04.

Systematic Reviews and Meta-Analyses

Outcomes Not Reported

2. Jonckheer P, Desomer A, Depreitere B, et al. Low back pain and radicular pain: development of a clinical pathway. Brussels: Belgian Health Care Knowledge Centre (KCE); 2017 Nov:
https://kce.fgov.be/sites/default/files/atoms/files/KCE_295_Pathway_Low_Back_Pain_Report.pdf Accessed 2019 Aug 04.

Non-Randomized Studies

Assessment by Consult Teams Not Clearly Specified

3. Naqib D, Purvin M, Prasad R, et al. Quality improvement initiative to improve postoperative pain with a clinical pathway and nursing education program. *Pain Manag Nurs*. 2018 Oct;19(5):447-455.
[PubMed: PM30057289](#)
4. Montgomery K, Hall AB, Keriazes G. Pharmacist's impact on acute pain management during trauma resuscitation. *J Trauma Nurs*. 2015 Mar-Apr;22(2):87-90.
[PubMed: PM25768964](#)

Economic Evaluations

Chronic Back Pain

5. Wayne PM, Buring JE, Eisenberg DM, et al. Cost-effectiveness of a team-based integrative medicine approach to the treatment of back pain. *J Altern Complement Med*. 2019 Mar;25(S1):S138-s146.
[PubMed: PM30870015](#)

Review Articles

6. Webb CAJ, Kim TE. Establishing an acute pain service in private practice and updates on regional anesthesia billing. *Anesthesiol Clin*. 2018 Sep;36(3):333-344.
[PubMed: PM30092932](#)
7. Kuusniemi K, Poyhia R. Present-day challenges and future solutions in postoperative pain management: results from Pain Forum 2014. *J Pain Res*. 2016;9:25-36.
[PubMed: PM26893579](#)