



# Research Week 2023

## Factors related to care access and acute utilization in youth with chronic pain

Partipilo, N., A.G.S., Harmon, R., M.A., DeMoura, M., B.A., Cruz, C., M.D., Lely, J., B.S., Torres, K. B.S., Wagner, D.V., Ph.D.

Pediatrics, School of Medicine

### Keywords

Pediatrics, Pain, Psychology, Treatment, Health Disparities

### Abstract

#### Introduction

Pediatric chronic pain is increasingly prevalent. While multidisciplinary pain treatment (MPT) has shown success in intervening, MPT often requires frequent attendance that can be impacted by disparities in care access. Improved understanding of factors that predict service access and associated health outcomes can inform screening and intervention efforts.

#### Methods

Youth participants (N=424) had 1) a chronic pain diagnosis and 2) engaged in a pediatric pain evaluation (PE) by a multidisciplinary pain team [psychology, anesthesiology, physical therapy (PT)]. Retrospective EHR collection captured patient demographics, parent-reported social risks, youth post-PE service access, and acute medical visits (ED visits and hospital admissions) one year prior to and post PE.

#### Results

Youth experienced significantly fewer ED visits and admissions in the year following PE compared to the year prior (all reported findings  $p < .05$ ), although youth with above-average life stress were more likely to experience ED visits post PE. Following PE, approximately 60% of youth were able to access recommended PT and pain psychology services. Regarding social factors, youth with married caregivers were significantly less likely to have ED visits prior to and post PE and youth of color (identified in EHR with a Hispanic ethnicity and or non-white race) experienced more acute events prior to and post PE.

#### Conclusions

MPT access was associated with fewer acute visits, with specific social factors predicting health outcomes. The higher frequency of acute medical events experienced by youth of color prior to, and post PE access represents a disparity potentially driven by discrimination in referral processes, care provision and other system factors – resulting in unequal access and health. These findings highlight

the importance of addressing disparities in pediatric chronic pain care access, considering social risk in screening practices, and tailoring interventions to account for such risk.