

IMPACT OF INCOME ON HEALTHCARE PROVIDER EXPERIENCE FOR PEOPLE WITH CHRONIC PAIN

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INTRODUCTION

People with chronic pain have complex diagnoses and symptoms, and challenging interactions with the healthcare system. The opioid epidemic has shone a light on providers’ prescribing habits, leading to further stigma and bias for those experiencing chronic pain. We sought to better understand how patient income is related to pain management access and healthcare provider experiences.

Table 1. Demographics		
Gender	Female	3,924 (83%)
	Male	785 (17%)
	Other	16 (0.3%)
Age (Years)	Under 30	131 (3%)
	30 - 39	341 (7%)
	40 - 49	749 (16%)
	50 - 59	1,453 (31%)
	60 - 69	1,489 (32%)
	70+	562 (12%)
Household Income	Less than \$30,000	1,318 (33%)
	\$30,000 - \$54,999	865 (21%)
	\$55,000 - \$74,999	596 (15%)
	\$75,000 - \$99,999	498 (12%)
	\$100,000 - \$149,999	459 (11%)
	\$150,000 - \$199,999	177 (4%)
	\$200,000 or more	119 (3%)
Primary Health Insurance	Medicare	1,921 (41%)
	Group coverage, through my employer or employer of spouse/family member	1,699 (36%)
	Medicaid	371 (8%)
	Health insurance exchange, through the Affordable Care Act	172 (4%)
	Private insurance, purchased directly from the insurance company	160 (3%)
	Military coverage (DOD), VA, TriCare	138 (3%)
	Other insurance type/Not sure	70 (1%)
	Do not have insurance	194 (4%)

METHODS

Health Union, LLC partnered with the U.S. Pain Foundation to conduct an online survey of patients with chronic pain (n=4,725). Pain was defined as most days or every day for six months or more. Survey questions included chronic pain, pain management challenges, medications, and quality-of-life measures. Responses were evaluated using descriptive statistics and comparison tests.

RESULTS

Of the 85% who regularly see healthcare providers (HCPs) for managing their pain (n=3,407), 53% have an annual household income under \$55,000. People with an income under \$55k were more likely to indicate their HCPs would not prescribe them pain medication than those with higher incomes (38.6% vs 31.6%, p<.0005). This group was more likely to report being made to feel like drug seekers by their doctors (16.6% vs 12.1%, p<.0005). People in the under \$55k group were more likely to avoid asking their HCPs for pain medication for fear of being treated like drug seekers (34.1% vs 29.7%, p=.006). When asked about the opioid epidemic’s impact on HCP relationships there were no differences between income groups.

Figure 1. Regular HCP for Managing Pain

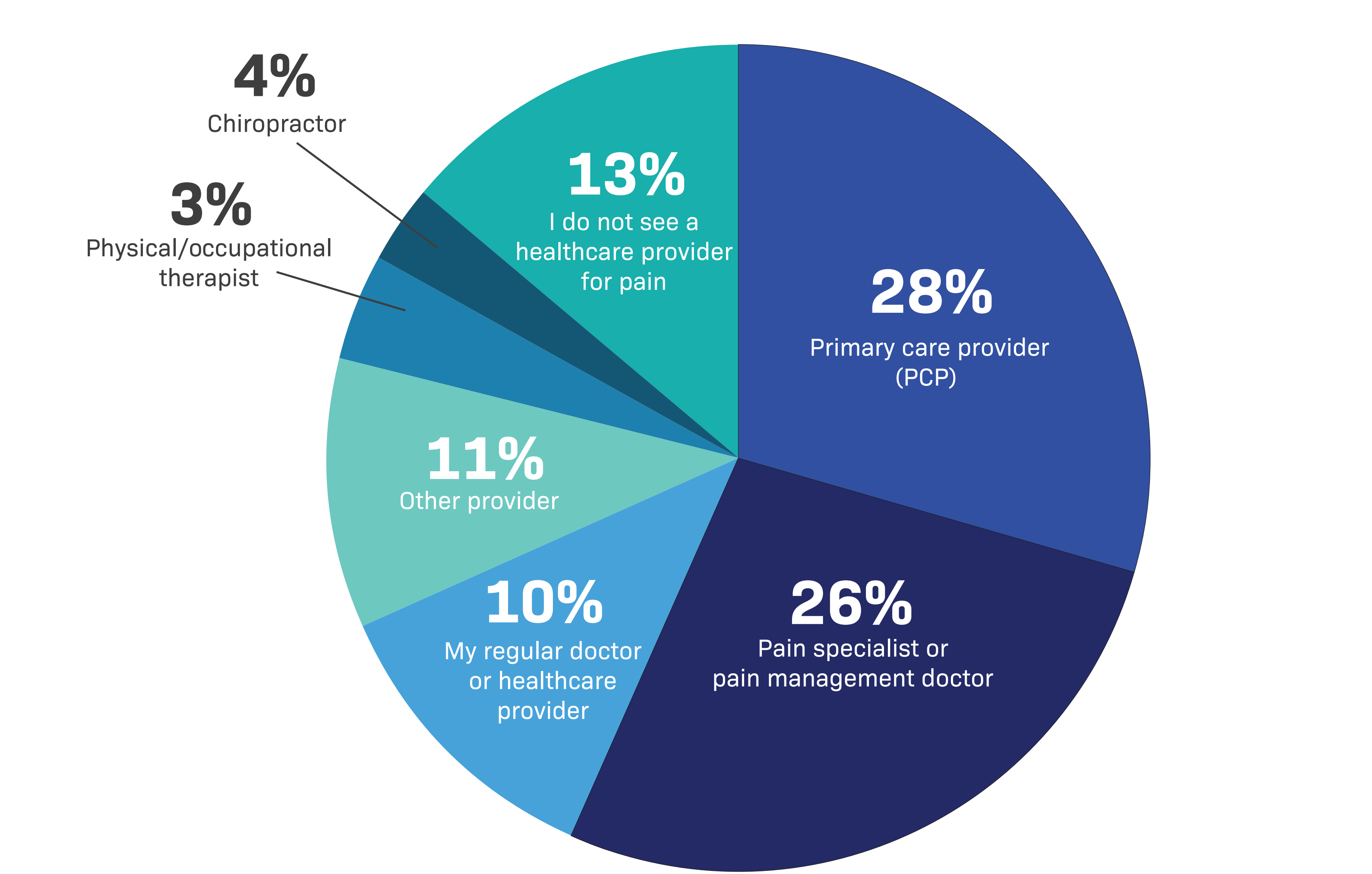


FIGURE 1 shows the type of healthcare provider (HCP) that respondents who ever saw an HCP for their pain (n=4,576) reported as the HCP they regularly saw to manage their pain. Other HCPs reported (less than 2%, not shown in Figure 1) included massage therapist, physiatrist, psychiatrist/psychologist, other mental health professional, acupuncturist, naturopath, and spiritual healer.

Figure 2. Health Conditions

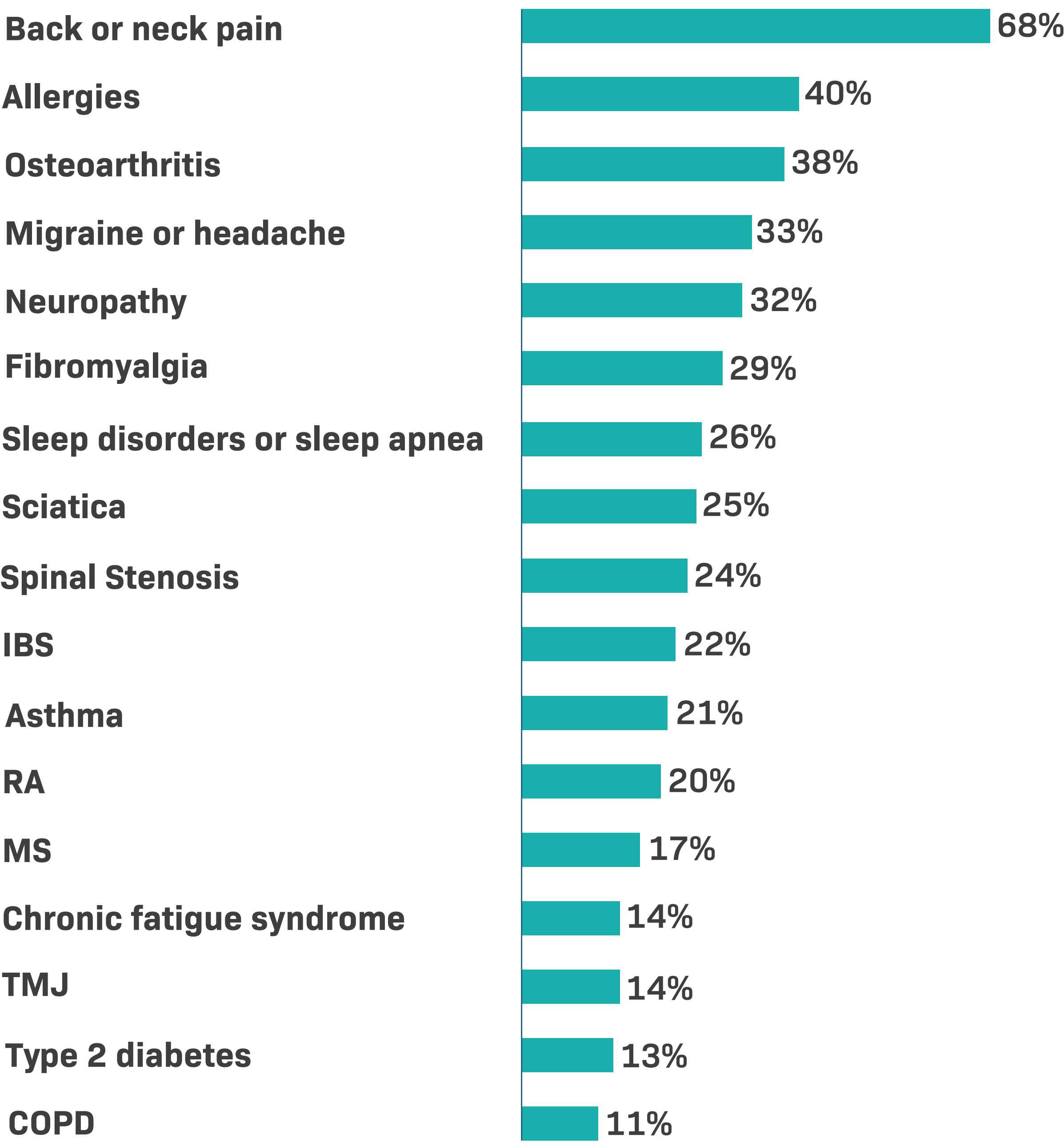


FIGURE 2 shows the distribution of chronic health conditions reported by survey respondents for conditions with greater than 10% respondents. Other health conditions that were reported by 2% to 9% of survey respondents included ankylosing spondylitis, endometriosis, psoriasis, psoriatic arthritis, shingles, atopic dermatitis, cluster headache, skin cancer, CRPS, RSD, A-Fib, gout, Parkinson’s, breast cancer, central pain syndrome, Crohn’s, heart failure, interstitial cystitis, lupus, macular degeneration, UC, Ehlers-Danlos syndrome, and prostate cancer.

CONCLUSION

- People with a wide range of health conditions report dealing with chronic pain, and the vast majority do not have access to or see a pain specialist for their healthcare.
- Chronic pain is difficult to diagnose and assess, given the invisible nature of pain. Furthermore, the opioid epidemic has made it more difficult for those with pain to access medication and support.
- People with lower income may be more likely to experience healthcare provider bias and stigma in relation to chronic pain management.
- Further research on chronic pain management should focus on whether bias and stigma is related to healthcare access or the quality of HCP relationships.