

RESULTS FROM COMMUNITY SURVEY

MPSMTF Annotated Health Care Consumer Survey

Dear Montanan: Thank you for taking a few moments to fill out the following survey. As the newly formed **Montana Pain and Symptom Management Task Force**, we are trying to determine how pain is addressed by your health care providers and to try to eliminate any obstacles there may be in providing that care. Your answers will help propose new ways for information to be distributed to the general public, health care providers, and insurers in order to ensure your voices are heard and your concerns are being earnestly addressed.

For each survey item below, check the box that best represents your opinion or experience.

	Less than 25%	26-50%	51-75%	More than 76%	Don't Know
1. What do you think is the percentage of the general population in Montana have moderate to severe chronic (persistent) pain?	15.4%	39.2%	23.5%	4.5%	17.4%

2. How strongly do you agree with the following statements?
Strongly

	Strongly				
	Support		Oppose		
	1	2	3	4	5
a. My doctor always believes me when I tell him/her I have pain	34.5	25.3	22.5	13.3	4.4
b. “Good patients” avoid talking about pain.	7.0	10.1	8.2	17.1	57.6
c. Pain medicines should only be taken when pain is severe.	14.5	12.9	23.3	20.8	28.4
d. Whenever I’ve had pain, it’s been well controlled.	17.7	17.1	26.3	25.0	13.9
e. Pain medicine cannot really control pain.	7.8	12.3	22.0	28.8	29.1
f. Pain can be effectively relieved.	32.4	26.9	23.7	10.6	6.4
g. It is easier to put up with pain than with the side effects of the pain medicines.	7.5	16.7	27.0	22.6	26.1
h. Pain is just a normal part of aging.	7.8	16.6	20.4	21.0	34.2
i. If I have pain it means that my illness has gotten worse.	8.9	19.1	29.9	25.8	16.2

j.	Pain medicines (prescriptions and ‘over-the-counter’ drugs) are the only effective way to relieve pain.	6.9	5.3	11.6	30.0	46.2
k.	When pain is well controlled, your body heals better.	57.9	21.5	9.7	5.6	5.3
l.	When you take pain medicine your body becomes used to its effects and pretty soon it won’t work anymore.	12.6	23.3	32.7	21.1	10.4
m.	Pain from a broken leg (acute pain) is easier to deal with than chronic pain (like chronic back pain or cancer pain).	30.8	27.2	16.7	13.1	12.2
n.	Most people taking pain medicines will become addicted to the medicines over time.	14.6	14.9	21.9	27.9	20.6
o.	It is important to take the lowest amount of medicine possible to save larger doses for later when the pain is worse.	17.1	24.4	18.4	19.4	20.6
p.	People get addicted to pain medicine easily.	14.7	18.3	29.5	22.8	14.7

3.	Are you currently covered by any health care insurance or program including insurance through work/retirement, the military, Medicare, Medicaid, or some other government program?	92.1%	Yes
		7.6%	No
		0.3%	Not sure

4. Have any members of your household had chronic pain?
69.9% Yes If yes, how is it impacting your household? *Check ALL that apply.*
94.0% Limits activities
68.5% Extra expenses for medicine and other care
30.6% Lost wages for missing time at his or her work
30.1% No

5. Have you ever had chronic pain?
64.2% Yes If yes, how is it impacting your household? *Check ALL that apply.*
95.9% Limits activities
61.7% Extra expenses for medicine and other care
24.4% Lost wages for missing time at your work
36.2% No

**STOP HERE IF YOU SAID NO TO QUESTION 5.
THANK YOU FOR FILLING OUT THIS SURVEY.**

	Yes	No	Don't Know
13. Do you feel your healthcare professional listens to what you have to say and takes you seriously concerning pain?	65.2%	27.0%	7.8%
14. Do you feel that your healthcare professional asks good questions to learn about your pain and how it impacts your daily life?	57.8%	36.3%	5.9%
15. Once your healthcare professional has learned about how pain is impacting your life, have they provided you with a treatment plan within an amount of time that is acceptable to you?	57.4%	32.5%	10.2%
17. Does your healthcare provider(s) explain in a way you understand?	Yes	No	Don't Know
a. The cause of your pain?	69.1%	22.9%	8.0%
b. Possible treatment options?	68.0%	25.0%	7.0%
c. The benefits, risks, and costs of each option?	54.0%	38.1%	7.9%
18. Do you feel you are an active participant in decision making about your pain treatment plan?	Yes	No	Don't Know
	73.0%	23.0%	4.0%
19. Do you monitor your pain and how the treatment plan affects your pain? For example, do you keep a daily diary or log sheet?	27.1%	70.4%	2.5%
a. If yes, do you share this information with your healthcare professional?	57.3%	34.5%	8.2%
Regarding your pain control...	Yes	No	Don't Know
20. Do you feel your healthcare provider(s) monitors your progress by asking about your pain and ability to function on each visit?	53.5%	40.4%	6.1%
21. Is your treatment adjusted if the pain has not been eased or your ability to function has not significantly improved?	52.6%	32.6%	14.7%
22. Have you been referred to any of the following if your pain continues? 17.3% Pain Specialist; 20.9% Chiropractor; 45.0% Physical Therapist; 7.9% Naturopath 20.9% Other: _____ 33.5% My physician has not referred me to any other provider.			

	Yes	No	Don't Know
23. Do you feel that your healthcare professional provides clear and prompt answers to your questions and concerns?	66.8%	23.8%	9.4%
24. Do you feel you have an adequate amount of time to think about the treatment plan your healthcare professional recommends?	68.3%	21.3%	10.4%
25. Do you feel that you are able to refuse recommendations for treatment or ask for alternative options?	76.1%	17.6%	6.3%
26. Do you know your rights regarding referral for healthcare in Montana?	34.3%	49.0%	16.7%

PLEASE FILL OUT THE FOLLOWING DEMOGRAPHIC QUESTIONS TO HELP US FURTHER IN OUR ASSESSMENT OF PAIN MANAGEMENT IN MONTANA.

27. What is your current marital status?

10.9	Single, never married	1.3	Separated
64.0	Married	10.9	Divorced
2.9	Living with a partner	12.1	Widowed

28. What is the highest level of education that you completed?

1.3	Less than high school	28.9	College graduate (4 years)
16.6	High school graduate or equivalent	23.0	Post-graduate or professional degree
31.1	Some college or technical training beyond high school		

29. Which of the following best describes your current employment status?

41.9	Employed or self-employed <u>full-time</u>	4.7	Homemaker
16.1	Employed or self-employed <u>part-time</u>	5.1	Unemployed and looking for work
34.3	Retired and not working		

30. What is your race/ethnicity? Check ALL that apply.

0.4	Asian	5.1	Native American or Alaskan Native
0	Black or African American	96.6	White or Caucasian
0.4	Hispanic or Latino	0	Other

31. What was your annual household income before taxes in 2005?

9.3	Less than \$10,000	14.5	\$40,000 to under \$50,000
15.9	\$10,000 to under \$20,000	7.0	\$50,000 to under \$60,000
13.1	\$20,000 to under \$30,000	8.9	\$60,000 to under \$75,000
14.0	\$30,000 to under \$40,000	19.6	\$75,000 or more

32. What is your age? _____

33. What is your 5-digit zip code? (write in your zip code) _____

Thank you for your time and participation in this valuable survey

THE MONTANA PAIN AND SYMPTOM MANAGEMENT TASK FORCE WAS CREATED BY THE MONTANA STATE LEGISLATURE IN OCTOBER, 2005 BY SENATE JOINT RESOLUTION 28. IT IS STAFFED BY PROFESSIONALS IN THE MEDICAL, EDUCATIONAL, AND LEGISLATIVE FIELDS WHO DEVOTE THEIR TIME AND ENERGY TO SERVE THE PEOPLE OF MONTANA

THIS SURVEY TOOL WAS CREATED IN COLLABORATION BETWEEN THE MONTANA PAIN TASK FORCE, AMERICAN CANCER SOCIETY AND THE AMERICAN ALLIANCE OF CANCER PAIN INITIATIVES. THANKS ALSO TO BARBARA SPRING, PhD FOR HER CREATIVE CONTRIBUTIONS TO THIS SURVEY TOOL.

**Please return this completed survey to
American Cancer Society, Montana Pain and Symptom Management Task Force,
3550 Mullan Road, Suite 105, Missoula, MT 59808.**