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Short Communication
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Primary/Specialist Relations the Role Of Referents: Pain Reference In Primary Care

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Introduction

There has always been a significant limitation in communication to the information between Primary Care (PA) and specialized care (EA), to such an extent that one was completely unaware of what the other did. The introduction of the new information systems (Abucassis, Pangea, Syas, etc.) have succeeded in improving this situation, but failed in achieving a direct interrelation between the partner's health and do they serve as a tool of learning of the equipment [1]. These situations generate long waiting lists and prevent distinguishing the urgent from the not so urgent, except for the individual criterion of the referrer. In this scenario a promising project arises Under the YAYO program (program of the course on Comprehensive assessment of pain in the geriatric patient, organized By the Valencian School of Health Studies with the Conselleria de Sanidad y Bienestar Social), which is the implementation of the Pain Referent in primary care, with training and specific interest in the matter and direct relation with the hospital service of reference [2].

Objective

Guillem de Castro has been the first health center where this project was launched. The trial was implemented from September 2009 to February 2010, with a total of 80 patients attended in consultation [3]. The referent of pain is a family doctor, who carries 2-3 years attending outpatient consultations and clinical sessions in the unit of reference hospital pain [4]. A day in a week, during whole working hours, he with his co-workers performs visit, only to the patients with pain [5]. This requires a reorganization of their work schedules because in that day he only addresses this type of pathology. The visits are of 10 to 15 minutes, depending on the first visit and follow-up visits [6]. The referring physician follows the entire process of the patient that he has been referred by his colleagues, to whom the patient returns. If necessary, after the discharge it is he who drift from Patient to the unit of pain. The criteria for referral to the consultation are set out[7].

Criteria For Referral To Pain Referent

Referrals to the pain clinic:

- Exhaustion of first and second analgesic steps of the World Health Organization.
- Patients with multiple drug allergies and/or high intake of analgesics.
- Drug users.
- Patients in whom analgesic use is not indicated for concomitant diseases.
- Uncontrolled pain.
- Need for support in complicated treatments.
- Psychological support.

Results

Of all the patients visited by the referent of pain, the Referrals to the Pain Unit of the General Hospital of Valencia have been only 5 (6.25%) for the following reasons: 3 patients with neuropathic pain, one fibromyalgia patient and a patient with pluripathologic somatic pain, following previously agreed referral criteria with this specialized unit and that have allowed to obtain a visit In less than 1 week.

It is too early to talk about results, but global perception Improvement of care in pain of professionals has been very good and the first surveys of quality and valuation of patients for continued care without going to the hospital are positive. With regard to the reduction of waiting time, we do not have data at this moment.

Discussion

The figure of the referent in primary care arises with the idea of uniting more, for the benefit of the patient, and establishing a relationship between specialized care and primary care. Nexus of Filter between both cared levels for protocolization of the patients to be treated, as what, when and how pathologist acquires the unit of pain [8]. In addition to its assistance work, teaching about pain in the clinical sessions at the health centre to give update about the cases treated and their derivatives is an important aspect. Establishing direct connection with the companions of the pain unit is also necessary in this context. Being a referent in the center indicates a better internal contact thus greater availability of scheduled appointments and avoiding unnecessary referrals decreases the waiting list of the reference pain unit [9]. We believe it results in practical, real and efficient reference in the Health centre on the issue such as pain since these patients, In general, do not have to be seen by associates of other specialties. Disadvantages: The family doctor's agenda of the family doctor must be reorganized in the centre of pain because spending time on others agenda detracts from the daily activity.

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