STUDY OBJECTIVE:

There is little knowledge of rural hospitals' roles in the care of chronic pain patients nationwide in the United States of America. We hypothesized that very few (≅5%) critical access hospitals provide patients with interventional pain procedures performed by pain medicine physicians.

DESIGN:

Random sample of the 1346 critical access hospitals in USA.

MEASUREMENTS:

Public websites were used for collection of listed services.

MAIN RESULTS:

Nine pain medicine physicians were listed as performing interventional chronic pain procedures at 7 of the 110 randomly selected critical access hospitals nationwide (6.4%; P = 0.63 compared with 5.0%). All listed locations for the care provided by the pain medicine physicians were within a critical access hospital or a hospital building adjacent to the hospital. Seven of the 9 physicians were listed as having active American Board of Medical Specialties (ABMS) certification in pain medicine. The 7 physicians with ABMS certification were at 6 of the hospitals, giving a percentage of 5.5% (P = 0.95). The proportions of critical access hospitals reporting interventional pain procedures were homogeneously distributed among census bureau divisions (P = 0.38). Fewer than half of the clinicians listed as providing pain management were pain medicine physicians (26.5% [9/34]; P = 0.0090).

CONCLUSIONS:

A very small percentage of critical access hospitals list at their websites that they offer interventional pain services by pain medicine-trained physicians, and most clinicians listed as performing these procedures are not pain medicine certified. Increasing access to pain medicine physicians may present an opportunity for improved pain care in rural communities.

KEYWORDS:

Critical access hospitals; Interventional pain procedures; Managerial epidemiology; Pain medicine; Rural medicine