

Primary Care Provider Guide to Rapid Access Clinics for Low Back Pain

Program Information and Frequently Asked Questions

Rapid Access Clinics for Low Back Pain are being implemented across the province to help improve the quality, access and appropriateness of low back care.

The care pathway for low back pain is based on the Inter-professional Spine Assessment and Education Clinics (ISAEC) model of care – a successful pilot program for low back pain.



Program Objectives

- Improve outcomes and satisfaction for patients with persistent or unmanageable recurrent low back pain
- Decrease prevalence of chronic unmanageable low back pain
- Reduce opioid initiation through early non-pharmacological management
- Decrease utilization of lumbar spine imaging (e.g., MRIs)
- Reduce unnecessary emergency room visits for low back pain
- Reduce unnecessary referrals to low back pain-related specialists



Benefits of the Model

Patients

- Timely access to comprehensive assessment and consultation (within 4 weeks)
- Individualized evidence-informed self-management plans
- Follow ups for patients identified to be at higher risk for persistent or recurrent low back pain
- Streamlined access to specialists when indicated
- Maintain Primary Care Provider and patient choice of surgeon

Primary Care

- One point of contact for referrals through centralized intake
- Shared-care model with consistent patient messaging and enhanced communication between providers (inter-professional model)
- Primary Care Provider education and support in low back pain assessment and management
- Patient and Primary Care Provider-centred resources
- Initial assessment conducted by specially trained Advanced Practice Providers who execute the standardized model of care



Referral to the Program

To refer patients to Rapid Access Clinics for Low Back Pain, Primary Care Providers are required to complete an online on-boarding and registration module. This module, which takes approximately 15 minutes to complete, provides information on both the [ISAEC model of care](#) and clinic referral process.

Once completed, Primary Care Providers will be able to seamlessly refer qualified patients to the Rapid Access Clinics for Low Back Pain.

**See Frequently Asked Questions for referral criteria*



Program Results

Since November 2012, the Inter-professional Spine Assessment and Education Clinics (ISAEC) pilot program has demonstrated positive results.

The program has consistently delivered accessible, evidenced-informed, patient-centred low back pain assessment, education, and management.

Key statistics* from the ISAEC Pilot include:

<p>30%</p> <p>decrease in primary care MRI utilization within the ISAEC network</p>	<p>2 weeks</p> <p>wait time average to see an Advanced Practice Provider</p>
<p>4%</p> <p>of patients have gone for surgical intervention</p>	<p><6 weeks</p> <p>wait time for a surgical assessment</p>
<p>96%</p> <p>of patients referred for ISAEC Surgical Consultation by their ISAEC Advanced Practice Provider were surgically appropriate</p>	<p>99%</p> <p>patient satisfaction rate</p> <hr/> <p>97%</p> <p>Primary Care Provider satisfaction rate</p>

* Source: ISAEC Research Database (Principal Investigator-Y.R. Rampersaud) / UHN – Health Quality Programs, March 2018 (n > 7,000)

Frequently Asked Questions

<p>How was the low back pain pathway developed?</p>	<p>The low back pain pathway stems from the Inter-professional Spine Assessment and Education Clinics (ISAEC) model of care – a successful pilot program for low back pain developed under the leadership of Dr. Y. Raja Rampersaud.</p> <p>The ISAEC program began in 2012 as a pilot in Toronto, Hamilton, and Thunder Bay. Its aim was to improve care and access to low back pain assessment, education and self-management in different healthcare settings of Ontario. Due to the success of the pilot, the ISAEC model of care is currently expanding provincially through the Rapid Access Clinics for Musculoskeletal (MSK) conditions.</p>
<p>What types of patients can I refer to the program?</p>	<p>With early management and mitigation of chronic lower back pain as its main goals, this proven shared-care model is designed for patients and reinforces their relationship with their Primary Care Provider.</p> <p>This pathway is appropriate for patients with a wide variety of non-emergent lumbar diagnoses and presentations (<1 year in duration or those with recurrent episodic low back pain) and addresses issues ranging from most non-urgent disc conditions, spinal stenosis, and axial / non-specific back pain.</p> <p>Inclusion criteria for RAC for LBP program:</p> <ul style="list-style-type: none"> • Patients with persistent lower back pain and/or related symptoms (e.g., sciatica, neurogenic claudication) that are not improving 6 weeks to 12 months from onset <p>OR</p> <ul style="list-style-type: none"> • Patients with unmanageable recurrent episodic lower back pain and/or related symptoms of less than 12 months duration post-recurrence. <p><i>In addition, it is recommended to consider referral in the above-mentioned scenarios prior to initiation of an opioid prescription, imaging referral, or specialist referral.</i></p> <p>Exclusion Criteria for RAC for LBP program:</p> <ul style="list-style-type: none"> • Patients with RED FLAGS* • Initial low back-related symptoms <6 weeks post onset • Constant/persistent LBP-related symptoms >12 months post onset • <18 years of age • Unmanaged established chronic multisite pain disorder • Unmanaged established narcotic dependency • Active LBP-related Workplace Safety and Insurance Board (WSIB) claim • Active LBP-related Motor vehicle accident claim • Active LBP-related legal claim • Pregnant or post-partum (<1 year) <p>* Patients with the following emergent red flags should be referred directly to the closest Emergency Department:</p> <ul style="list-style-type: none"> ➢ Possible Cauda Equina Syndrome (saddle anesthesia about anus, perineum or genitals; urinary retention with or without overflow incontinence; loss of anal sphincter tone/fecal incontinence) ➢ Progressive neurologic deficit ➢ Significant trauma

<p>Who will assess the referred patients?</p>	<p>Rapid Access Clinics for Low Back Pain follow an inter-professional shared-care model where patients may be seen by one or more providers, who are part of the care team, based on the patient's presentation and clinical needs.</p> <p>Patients will be initially assessed by an Advanced Practice Provider (specially trained physiotherapists, chiropractors, or nurse practitioners) in the community close to their home. The Advanced Practice Provider (APP) will provide your patient with a thorough standardized assessment as well as create a personalized self-management plan to help them better manage their low back pain.</p> <p>Those patients deemed potential surgical candidates will be referred by the APP to a Practice Leader for further assessment and management. Practice Leaders are hospital-based health professionals (chiropractors, physiotherapist or nurse practitioners) who receive advanced training from spine surgeons to further evaluate and manage potential surgical candidates. The Practice Leader will order diagnostic imaging (e.g. MRI), recommend appropriate advanced interventions (e.g. spinal injections), and refer patients for a consultation with a spine surgeon when indicated.</p> <p>The Practice Leader is typically more centrally co-located at the surgeon(s)' institution and acts as regional clinical program manager who: (1) oversees the community-based aspects of the program's performance and quality; and (2) works closely with the spine surgeon(s) who are part of the RAC for LBP pathway.</p> <p>A Surgeon Sponsor (a physician spine specialist) supports the management of surgically appropriate patients identified by the Practice Leader and provides ongoing clinical leadership for the Practice Leader and APPs supporting ongoing knowledge transfer and evidence-informed practice.</p>
<p>Who will be responsible for the ongoing care of patients referred to Rapid Access Clinic for Low Back Pain?</p>	<p>The program utilizes a shared-care management approach for referred patients as no one provider can do it all. The patient's Primary Care Provider plays an integral part in the management of his/her patient's progress in relation to the treatment goals. If no clinical improvements are realized, the RAC for LBP care team will be there to further evaluate and support the patient and their Primary Care Provider in the ongoing management of LBP.</p>
<p>Will the Advanced Practice Providers follow-up with my patients?</p>	<p>Advanced Practice Providers will provide one or more follow-up appointments for patients identified as being at risk of chronic low back pain (e.g., those with complex presentation including yellow flags or risk of opioid dependency).</p>
<p>Will my patients be referred to specialists other than spine surgeons?</p>	<p>If there is an indication for referral to a non-surgical specialist (e.g. for possible inflammatory or pain disorder issue), the Primary Care Provider will receive this recommendation from the APP or Practice Leader to arrange the necessary referral.</p>
<p>Will the Rapid Access Clinics for Low Back Pain provide patients with pharmacological or non-pharmacological therapy to support their low back pain self-management plans?</p>	<p>The program will not provide patients with adjunct pharmacological or non-pharmacological therapy. It is an interprofessional shared care model that provides evidence informed assessment, education and personalized self-management plans. The self-management plan is to help your patient better manage their low back pain, improve their mobility and improve their overall physical function. Self-management plans include advice on the importance of staying active as well as instruction on exercises and modified activities as needed.</p> <p>While the Advanced Practice Providers will not provide your patients with treatment, they will educate them on their condition and may recommend evidence informed adjunctive hands-on or other available non-pharmacological treatments as indicated to enable self-management.</p>

<p>How will referrals be handled?</p>	<p>Primary Care Providers will complete and submit a standardized Rapid Access Clinic Low Back Pain referral form to the Central Intake office in their Local Health Integrated Network.</p> <p>Referred patients will be offered an assessment within 4 weeks of referral and will be matched with an Advanced Practice Provider based on location proximity and availability. The Advanced Practice Provider's office will contact the patient directly to schedule an appointment.</p> <p>The referral process is automated using an electronic <i>Case Management System</i> and patients are automatically matched with the closest APP via their home postal code. Auto-matching patients with APPs helps minimize both travel time and wait time for the first appointment. In some circumstances, patients may be manually matched to a different provider due to a specific preference (e.g., closer to work or provider gender). These specific preferences should be noted on the referral form.</p>
<p>What type of communications will the referring Primary Care Provider receive from the program about their patient?</p>	<p>The patient's referring Primary Care Provider will receive a consultation note post-assessment outlining the patient's clinical presentation, risk/prognostic factors, individual self-management plan (including activity/work modifications) and next steps, including any recommended follow-ups or additional referral recommendations.</p> <p>In this shared-care model it is important to maintain good communication between all providers involved in the patient's care. For complex patients, the Advanced Practice Provider, Practice Leader, and the Primary Care Provider are encouraged to initiate further discussions regarding the consultation, any items needing clarification, and to address identified concerns.</p>
<p>Where to find additional program information and resources?</p>	<ol style="list-style-type: none"> 1. Inter-professional Spine Assessment and Education Clinics (ISAEC) website for program information as well as patient and provider resources. 2. Health Quality Ontario Quality Standard Care for Adults with Acute Low Back Pain. This quality standard addresses care by health care professionals across all health care settings, with a focus on primary care. It provides guidance on the assessment, diagnosis, and treatment of people with acute low back pain and includes a patient guide to help patients have informed discussions with their health care providers, as well as recommendations for system adoption. 3. Health Quality Ontario pain management resources hub for a one-stop summary of available pain management supports. 4. Choosing Wisely Canada recommendations for spine care for things physicians and patients should question and related provider and patient materials. 5. Back Care Canada for patient and provider resources including patient stories, treatment options, and information about surgery. Content is managed by the Canadian Spine Society.

If you have any questions, please contact 1-833-706-9417.

List of resources websites:

1. Inter-professional Spine Assessment and Education Clinics website: <http://www.isaec.org/>
2. Health Quality Ontario Quality Standard | Quality Standard | Care for Adults with Acute Low Back Pain: <https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Low-Back-Pain-Reports/Partnered-Supports-for-Helping-Patients-Manage-Pain>
3. Health Quality Ontario [pain management resources hub](https://www.hqontario.ca/Quality-Improvement/Practice-Reports/Partnered-Supports-for-Helping-Patients-Manage-Pain): <https://www.hqontario.ca/Quality-Improvement/Practice-Reports/Partnered-Supports-for-Helping-Patients-Manage-Pain>
4. [Choosing Wisely Canada recommendations for spine care](https://choosingwiselycanada.org/spine/): <https://choosingwiselycanada.org/spine/>
5. Back Care Canada: <http://backcarecanada.ca/> and Canadian Spine Society: <http://spinecanada.ca/>