Musculoskeletal Central Intake and Assessment Centre

Low Back Pain

Primary Care Provider

Program Information and frequently asked questions

Central Intake and Assessment Centres (CIAC) for musculoskeletal (MSK) conditions are being implemented across the province to help Ontarians with MSK pain, including hip, knee and low back, to help improve the quality, access and appropriateness of care.

The low back pain (LBP) pathway is part of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) MSK CIAC. This program stems from the Inter-professional Spine Assessment and Education Clinics (ISAEC) model of care – a successful LBP pilot program.

Program Objectives

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

Benefits of the Model

Patients

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

Primary Care

- One point of contact for referrals through MSK Central Intake
- Shared-care model with consistent patient messaging and enhanced communication between providers (inter-professional model)
- Primary Care Provider education and support in LBP assessment and management
- Patient and Primary Care Provider-centered 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 the MSK CIAC Low Back Pain Program, 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 refer qualified patients to MSK CIAC for Low Back Pain. The referral form will be sent to Primary Care Providers via email within 2 days from completion of the online module.

How was the low back pain (LBP) pathway developed?

The LBP pathway stems from the Inter-professional Spine Assessment and Education Clinics (ISAEC) model of care – a successful LBP pilot program.

The ISAEC program began in 2012 as a pilot in Toronto, later expanding to Hamilton and Thunder Bay. Its aim was to improve care and access to LBP assessment, education and self-management. Due to success of the pilot, the ISAEC model of care has expanded provincially through the Central Intake/Rapid Access Clinics for Musculoskeletal (MSK) conditions.

What types of patients can Primary Care Providers refer to the MSK CIAC LBP program?

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.

The LBP pathway is appropriate for patients with a wide variety of non-emergent lumbar diagnoses and presentations (<12 months in duration or those with recurrent episodic LBP) and addresses issues ranging from most non-urgent disc conditions, spinal stenosis, and axial/ non-specific back pain.

What is the MSK CIAC LBP referral criteria?

Inclusion Criteria for MSK CIAC LBP Program:

- Patients with persistent LBP and/or related symptoms (e.g., sciatica, neurogenic claudication) that are not improving 6 weeks to 12 months from onset OR
- Patients with unmanageable recurrent/episodic LBP and/or related symptoms of less than 12 months duration post-recurrence

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.

Inclusion Criteria for MSK CIAC Low Back Pain Program

- 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 (< 12 months)

*Patients with the following emergent red flags should be referred directly to the closest Emergency Department:

- 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

Who will assess the referred patients?

Patients will be initially assessed by an Advanced Practice Provider (specially trained physiotherapists or chiropractors) in the community close to their home. The Advanced Practice Provider (APP) will provide patients with a thorough standardized assessment as well as create a personalized self-management plan to help them better manage their low back pain.

Those patients deemed potential surgical candidates will be referred by the APP to a Practice Leader for further assessment and management. The Practice Leader is a hospital-based health professional (chiropractor) with 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.

Who will assess the referred patients? (Continued)

The Practice Leader is centrally co-located with the spine surgeons at Hamilton Health Sciences Hamilton General Hospital. The Practice Leader 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 surgeons who are part of the MSK CIAC LBP program**.**

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.

Who will be responsible for the ongoing care of patients referred to MSK CIAC for low back pain?

The program utilizes a shared-care management approach. The patient's Primary Care Provider plays an integral role in the management of the patient's progress relative to the treatment goals. If no clinical improvements are realized, the MSK CIAC LBP care team will further evaluate and support the patient and their Primary Care Provider in the ongoing management of LBP.

Will the Advanced Practice Providers follow-up with patients?

APPs will provide one or more follow-up appointments for patents identified as being at risk of chronic low back pain (e.g. those with complex presentation including yellow flags or risk of opioid dependency.

Will patients be referred to specialists other than spine surgeons?

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**.**

What will the MSK CIAC Low Back Pain program provide patients with?
(Pharmacological or non-pharmacological therapy to support their self-management plans?)

No, the program will not provide patients with adjunct pharmacological or non-pharmacological therapy. It is an inter-professional shared care model that provides evidence informed assessment, education and personalized self-management plans. The self-management plan is to help the 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.

While the APPs will not provide 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**.**

How will referrals be handled?

Primary Care Providers who have completed the online registration module may submit the standardized HNHB LHIN MSK CIAC Low Back Pain referral form to Central Intake. Referrals are to be sent via fax to MSK CIAC at 1-888-556-0966.

Referred patients will be offered an assessment within 4 weeks of referral and will be matched with an APP based on location proximity and availability. The APP's office will contact the patient directly to schedule an appointment.

The referral process is automated using an electronic Case Management System 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

What type of communications will the referring Primary Care Provider receive? (From the program regarding their patient?)

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-up or additional referral recommendations.

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 APP, 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.

Where to find additional program information and resources?

1. Inter-professional Spine Assessment and Education Clinics (ISAEC) website for program information as well as patient and provider resources**.**

www.isaec.org

2. HNHB LHIN Musculoskeletal Central Intake and Assessment Centre website

www.mskciac.ca

3. 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.

https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Low-Back-Pain%20

4. Health Quality Ontario pain management resources hub for a one-stop summary of available pain management supports.

https://www.hqontario.ca/Quality-Improvement/Practice-Reports/Partnered-Supports-for-Helping-Patients-Manage-Pain%20

5. Choosing Wisely Canada recommendations for spine care for things physicians and patients should question and related provider and patient materials.

https://www.choosingwiselycanada.org/spine

6. 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.

www.backcarecanada.ca

www.spinecanada.ca

If you have any questions, please contact the HNHB LHIN MSK CIAC Central Intake at 1-888-868-5568