ONTARIO’S PRIMARY CARE LOW BACK PAIN PILOTS: IMPROVING ACCESS AND ENHANCING CARE

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Presenter Disclosure

Presenters: Dr. Christopher Morgan, Marc Bisson & Hannah Loshak

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Agenda

• Prevalence of MSK Conditions in Ontario
• Primary Care Low Back Pain (PCLBP) Pilots
• Centre de santé communautaire de l'Estrie
  • Client Case
• TAIBU Community Health Centre
  • Client Case
• CEP Evaluation Results
• Closing Remarks and Q&A
MSK Conditions in Ontario

**PREVALENCE**

Millions of Ontarians suffer from musculoskeletal (MSK) conditions each year. Recent research found that, in a given year among patients with MSK conditions:

- **2.3M+ SEE A PRIMARY CARE PHYSICIAN**
- **900K+ CONSULT A SPECIALIST**
- **400K+ VISIT AN EMERGENCY DEPT**

**RESPONSE**

Patients with MSK conditions often visit multiple care providers in primary and secondary care seeking resolution:

- PRIMARY CARE SPECIALISTS EMERGENCY DEPTS

**IMPACT**

**SYSTEM** Physician, hospital and drug costs for MSK care amount to $2.4 billion in a year.

**PROVIDER** MSK patients account for 27% of physician visits, making an average of three visits in a year.

**PATIENT** The median wait time from physician referral to specialist consultation is 13 weeks. In the vast majority of LBP cases, referred patients are deemed to not be surgical candidates.

**SYSTEM** A case study found that patients referred by their physician to a chiropractor received fewer prescriptions, were sent for fewer imaging tests, and returned for fewer physician visits.

**PROVIDER** A current provincial LBP pilot project that is employing chiropractors in an assessment and triage role is reporting a 97% satisfaction rate among referring primary care providers.

**PATIENT** Most Ontarians are able to see a chiropractor on the same day or the day after.

CHIROPRACTIC SAVES MONEY AND IMPROVES ACCESS AND OUTCOMES
Primary Care Low Back Pain Pilot

• Objectives:
  • Improving client and provider experience;
  • Improving client clinical outcomes;
  • Decreasing inappropriate utilization and referrals of MRI and DI;
  • Reducing unnecessary referrals to specialists and surgical; and
  • Improving quality and efficiency in LBP management
PCLBP Typical Patient Journey

1. PCP identifies patient with LBP for referral
2. MSK allied health provider assesses patient and develops care plan
3. MSK allied health provider triages and refers patient to appropriate provider and/or program or service
4. Patient undergoes treatment for LBP
Seven Pilot Sites

- TAIBU CHC (Scarborough)
- Centre de santé communautaire de l'Estrie and Glengarry NPLC (Cornwall and Alexandria)
- Mount Forest, East Wellington and Minto-Mapleton FHT
- Couchiching FHT (Orillia)
- Belleville NPLC
- Essex Court NPLC & City Centre Health Care (Windsor)
- Shkagamik-Kwe AHAC (Sudbury)
Primary Care Low Back Pain Pilot

Key Elements:

- Identifiable client need;
- Service including treatment, client education, assessment and referral;
- Integrate the allied health provider(s) into the existing team;
- Collaborative partnerships;
- Outcome evaluation; and
- Provincial educational resources to augment care
Centre du santé communautaire de l'Estrie

Providers:
- Chiropractors
- Physicians
- NPs
- Dietitians

Typical Clients:
- 50-70 years old
- 30-40 years old
- 30% on ODSP
- Retired labourers

Outcomes:
- Reduced number of referrals for DI
- Reduced pressure on Physicians and NPs
- Reduction in pain medications
- Improved client outcomes
Client Case

• Age: 67
• Writes: I have been seeing Dr. Kylie for the past 1.5 years. Before this I would drive 2 hours to Ottawa to get steroid injections in my lower spine. I appreciate the fact that I can see Dr. Kylie in Lancaster. She has kept my low back supple and pain free.
• EHC: none
• Social: works part time, no extended health coverage, cannot afford private chiropractic care.
• Co-morbidities: Hypertension, hypothyroidism, depression, anxiety disorder
Client Case

• Patient #7307
• Elderly patient with chronic low back pain that has been ongoing for years. It’s a fairly difficult patient (got into a arguments with and changed family doctor, got into arguments with his surgeon after one of his surgeries). He had 2 operations for abdominal aortic aneurisms and thought the pain was coming from those. He had other conservative treatments as well as pharmaceutical treatments but nothing was helping him too much so he thought he had to live with the pain. His low back pain diminished gradually over the first weeks and disappeared completely. Needless to say that he was really happy that he did have to stay with that pain.
Client Case

- Patient RR
- Age 52
- Writes: I was involved in an MVA in Feb 2016, while on the line of duty as a fire fighter. I have come a long way with the help of [The Low Back Pain Pilot] project. I still need their help as my accident has left me helpless.
- History: Injured low back and fractured several vertebra when his tanker trunk flipped over on highway while responding to a fire call. RR was a volunteer fire fighter and so has no extended health coverage and because the injury happened while on the job (volunteer job) it falls under WSIB and not MVA insurance. At the present time he does not qualify for further private rehabilitative care through WSIB but because his claim is active through WSIB he cannot claim disability.
- Social: unemployed, unfit for work, cannot afford private care
- Health team: Nurse Practitioner, Social Worker, and Chiropractor – we have developed a primary care team to help RR through this situation. He has improved since the initial accident but there is still some much more work ahead.
TAIBU Community Health Centre

Providers:
- Chiropractor
- Kinesiologist
- Physicians
- NPs
- Social Worker
- Chiropodist
- Dietitians
- RMT Students

Typical Clients:
- People of African Descent and Racialized Groups
- Seniors
- Chronic MSK pain beyond LBP
- Fixed income: ODSP; Ontario Works
- Diabetic/hypertensive/ sickle cell anemia

Outcomes:
- Improved client outcomes
- Decreased medication use
- Reduced number of referrals for DI & Specialists
- Improved collaboration
Chiropractic • Exercise • Back School • Massage Therapy
Meet Molly

56, female with sickle cell disease (SCD: genetic blood disorder that affects red blood cells oxygen carrying capacity).

Sickle cell related complications: splenectomy in 2015, right hip avascular necrosis and replacement in 2014, severe double spinal scoliosis.

Left antalgic stance, left low back and hip pain.

Pain management: Dilaudid, Hydromorphone, Voltaren

Diagnosis: Chronic, mechanical low back strain secondary to SCD.
Treatment:
- Specific chiropractic spinal manipulation and lumbosacral traction, Back School
- kinesiologist for 1 on1 low back and hip mobility and strengthening exercises,
- massage therapy (outreach clinic – 8 sessions).

Outcomes:
- ↑ walking capacity up to 15 minutes
- ↑ lumbar lateral flexion (150°) and thoracic rotation
- stair climbing capacity (right/left/right/left)
- ↑ increase sit & reach test (Kin)
- pain reduction 2-3 days post treatment (RMT).
- Molly reports overall 70% improvement.
- Conservative, non-prescription pain management.

Collaboration:
Referral from Haematologist in TAIBU Sickle Cell Clinic.
Meet Chris

43, male, 2 year onset of low back and leg pain, developed while working as a mover.

Back pain prevents him from working, Chris reports earlier MRI suggests L4/L5 degenerative disc.

Pain and stiffness with lumbar motion, weakness in left lower limb.


Comorbidities: Depression, migraines

Diagnosis: Probable L5/S1 nerve root irritation.
Treatment:
- Chiropractic spinal manipulation and soft tissue techniques, Back School
- kinesiologist for 1 on1 low back and core mobility and strengthening exercises.

Outcomes:
- ↑ core strength – increase plank test 70 seconds
- ↑ lumbar flexion – “I can touch my toes again”.
- Chris was able to enter a vocational apprenticeship program that he enjoys and looks forward to returning to work force.

Collaboration: Referral from Social Worker

Thank you for offering different programs in one place to address my physical and mental health.
- Chris
Meet Dorothy

<table>
<thead>
<tr>
<th>71, female, lives alone.</th>
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<tr>
<td>Chronic back pain since 2013 MVA in which she was hit by a car while riding her scooter.</td>
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<tr>
<td>3 months of physio + corticosteroid injections in low back. Had to stop due to lack of funds.</td>
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<tr>
<td>Back pain aggravated by walking, standing, lying on left side, turning and getting out of bed. Also has leg pain.</td>
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<td>Pain management: Tylenol Extra Strength – daily.</td>
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<tr>
<td>Comorbidities: Type 2 diabetes, hypertension, depression, stroke at 37, 2011 bilateral knee replacement, 25 year smoker 3-4/day, left shoulder arthritis, obesity.</td>
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<tr>
<td>Diagnosis: Chronic, mechanical low back strain with sciatica, knee and shoulder arthritis.</td>
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**Treatment:**
- Chiropractic spinal manipulation and soft tissue techniques
- Kinesiologist for 1 on1 low back and core mobility and strengthening exercises, Back School
- Massage Therapy (10 sessions)

**Outcomes:**
- ↑ lumbar mobility (flexion and rotation)
- ↓ pain, ↑ walking and sitting capacity.
- ↓ Tylenol XS use to once every 3 days.
- ↓ smoking to 2-3 cigarettes/day (50%)
- Actively engages in TAIBU’s fitness and social programs for seniors and women.

**Collaboration:**
Referral from TAIBU Diabetes Team
Centre for Effective Practice Evaluation of PCLBP Pilot

Typical Clients:

- Co-morbidities
- Low socioeconomic status
- No extended health coverage
- Co-occurrence of other types of MSK pain
- Chronic pain with financial barriers
- Mental health and addictions
- Use of opioids before pilot
PCLBP Findings: Patient Outcomes

- Reductions in prescription pain medication use
- Positive client health outcomes and experience
- Earlier diagnosis and triage

“We’re focusing on a more holistic approach to this particular issue and so touching on mental, emotional, physical, spiritual, you know, looking at all those parts of client’s being to see where and what we can do to help them” (OP)

“After 2-3 weeks of receiving chiropractic treatment, I couldn’t believe how much the pain had decreased. Standing and walking has become tolerable and everything is improving all the time. I am very grateful to chiropractic.” (Pilot Patient)
Patient Self-Reported Data (n=146)

- 94% satisfied or extremely satisfied with assessment and treatment received
- 87% agreed or strongly agreed the pilot gave them access to LBP care that they otherwise wouldn’t be able to access
- 83% agreed or strongly agreed they now rely less on medication to help manage LBP
- 91% agreed or strongly agreed that they are better able to self-manage their LBP due to pilot
- 93% agreed or strongly agreed that their quality of life has improved
PCLBP Findings: Provider Outcomes

- Improved quality and efficiency in LBP management
- Improved provider communication and experience
- Leveraging other programming and community resources

“We’re more hallway dwellers, you know, we’ve made relationships with these people, or these other providers, and we’re all really close - we just pop in to each other’s doorway and we’ll be like, hey can we consult about somebody and it’s very quick, easy.” (NP)

“Prior to the Pilot, most of us were managing low back pain in isolation, so a patient would come in with either acute or chronic low back pain, they’d see their physician, they’d have an evaluation… they’d receive whatever education and advice that particular physician had at the time.. and would sort of be sent off on their own to follow-up.” (MD)
PCLBP Findings: System Outcomes

- Reduction in referrals for specialist consultations and DI
- Decrease in ER utilization
- Reduction in medications for LBP

“Sometimes I think I would refer a little too.. Not to frequently but maybe a little too soon maybe for an x-ray or for some imaging or even to a specialist, whereas now I feel very comfortable going and talking to the providers and saying do you really think this person’s a candidate to go see a specialist and they say no and I say okay, and it really helps me in decision-making.” (NP)

“I would like to take this opportunity to thank you for helping me with the back pain I have suffered over eleven years… I was taking 6 Percocet per day, along with 6 Tylenol 3 and using marijuana to cope with the pain. After only a few adjustments I started to feel so much better... I have eliminated Percocet and Tylenol 3 and now have no pain…” (Pilot Patient)
Questions & Answers
THANK YOU!

Dr. Christopher Morgan, Marc Bisson & Hannah Loshak

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