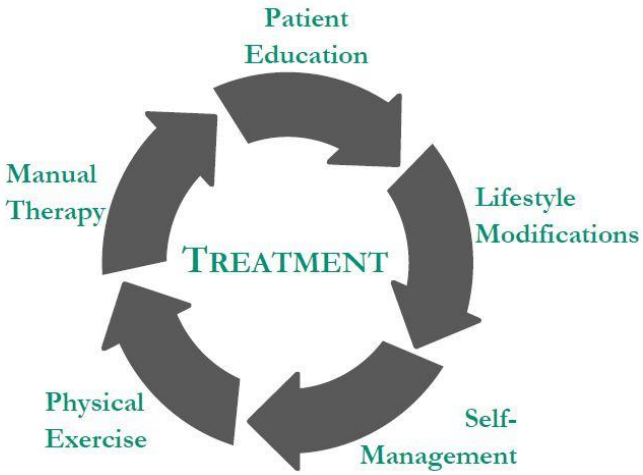
Introduction

Given that 14-28% of primary care physician visits in North America are for a condition, a primary symptom of which is directly related to the musculoskeletal system[1], and that low back pain (LBP) is now the leading cause of disability worldwide[2], it is not surprising that governments are focusing more attention on how to better support these patients. In Ontario, chiropractors are playing a crucial role in the development of new models of care to address these challenges.

Method of Practice

Patients may seek out care from a chiropractor for a variety of reasons, but first and foremost, chiropractors are experts in providing conservative care for a broad range musculoskeletal (MSK) disorders, including low back pain. Importantly, there is a growing body of evidence to support the efficacy of chiropractic in providing care to this patient population.[3] [4] [5] [6] [7] Manual therapy is also a recommended treatment in many LBP Clinical Practice Guidelines.[8] [9] [10] [11]

A first visit to a chiropractor is similar to an initial visit with many other primary care providers. After obtaining informed consent from the patient, the chiropractor goes through the patient's medical history, and subsequently performs the patient examination. The chiropractor then provides the patient with a diagnosis, and from there works with the patient to co-develop a plan of care. Finally, as part of the plan, the chiropractor provides treatment.



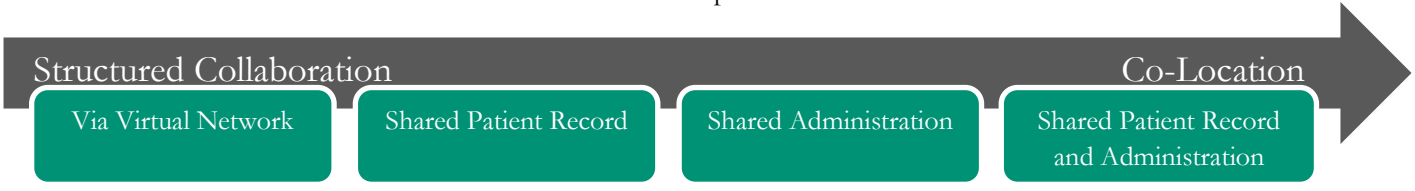
Depending on a patient's particular needs, treatment may consist of a range of options, including patient education, recommendations for lifestyle modifications, strategies for self-management, the prescription of therapeutic exercise, and other evidence based interventions such as manual therapy. The goal of all treatment plans is to improve patient outcomes and promote the patient's return to regular activity and work as quickly and painlessly as possible.

Referral Networks and Interprofessional Collaboration

Recent studies indicate that 75% of family physicians in Canada refer to chiropractors[12], and 78% of Canadian spine surgeons are interested in working with non-physician clinicians (including chiropractors) in screening LBP patients who are referred for elective surgical assessment.[13] There is a growing emphasis throughout the primary care system on interprofessional collaboration in team-based settings, like Family Health Teams (FHTs), Nurse Practitioner-Led Clinics (NPLCs), Aboriginal Health Access Centres (AHACs) and Community Health Centres (CHCs).

The nature of unfunded collaborative relationships between chiropractors and primary care teams varies, as indicated by the diagram below which outlines the collaboration continuum: some chiropractors have developed structured referral networks with teams, while others are co-located with a primary care team and share administrative capacities.

Additionally, while it has already been the case that chiropractors are eligible to be employed in AHACs and CHCs, as of October 2013 FHTs and NPLCs will also be able to hire chiropractors onto their teams as well.



There are also several examples of new models of care involving chiropractors collaborating with other health professionals that have recently been piloted or implemented in different settings in an effort to better manage MSK patients.

Innovative Models of Care

In 2011, the Ministry of Health and Long-Term Care (MOHLTC) funded a project to design, implement and evaluate a new model of care, in which a chiropractor established an assessment clinic in a family physician office twice a month. In this project—*Consulting Chiropractor Role in Primary Care Demonstration Project*—the chiropractor supported the physicians in back pain assessment, triage, and management. This model of care demonstrated provider and patient satisfaction, more efficient use of physician services, and a decrease in referrals for specialist consultation and advanced imaging.

Similarly, a current model of care being employed at Trillium Health Partners' Kingsway Financial Spine Centre in Etobicoke, Ontario is showing that the inclusion of chiropractors and physiotherapists in the assessment and triaging of MSK patients is serving to reduce the number of patients unnecessarily referred for diagnostic imaging and/or surgical consultations which, in turn, contributes to reduced wait times and improved access to specialty care and diagnostic services.

In 2012 the *Interprofessional Spine Assessment and Education Clinic* (ISAEC) pilot project was established in three sites across the province (Toronto, Hamilton and Thunder Bay) to evaluate a new model of care for LBP patients. In this project, administered by the University Health Network, and part of the MOHLTC's LBP Strategy, chiropractors and physiotherapists have been hired to provide assessment, education, and prescribe evidence-based treatment plans for LBP patients. Patients are referred to the program by their primary care provider. The primary care provider alongside the ISAEC clinician are then involved in a shared care approach to management through consultation documents and shared treatment plans. Chiropractic and physiotherapy practice leads at each of the centres manage the referral process and ensure that patients are sent, where appropriate, to the assessment clinics as opposed to further diagnostics and surgical consults. Preliminary data reported in October 2013[14] includes:

- Patient referrals to ISAEC: 1189
- Average wait time: 5.9 days
- Patients needing Imaging/Specialist: 61

With wait times of less than one week, and a rate of referrals for imaging or specialist consultation of approximately just 5%, the preliminary data is demonstrating possible opportunities to provide patients with more timely care and to reduce the use of diagnostic imaging, a huge cost to the system.

In October of 2013, the Ministry announced that as an additional pilot within the provincial LBP Strategy, primary care teams will be selected through a request for proposals (RFP) process to receive funding to design, plan and implement lower back pain programs. Specifically, AHACs, CHCs, FHTs and NPLCs are eligible to apply to develop these programs and help improve lower back pain management in primary care settings. As part of these programs, primary care teams will partner with local allied health providers, including chiropractors.

The Ontario Chiropractic Association continues to advocate for opportunities to increase collaboration between chiropractors and other health professionals to provide high quality patient-centred care

To Learn More

Ontario Chiropractic Association (OCA): The OCA is the voluntary, professional association for chiropractors in Ontario, which seeks to advance the understanding of chiropractic in the province.

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NOTES

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