Consulting Chiropractor Role in Primary Care Demonstration Project

Executive Summary
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EXECUTIVE SUMMARY

OVERVIEW

In June 2011, the Ontario Chiropractic Association (OCA) was approved by the Ministry of Health and Long Term Care (MOHLTC) to carry out a demonstration project designed to develop and evaluate a Consulting Chiropractor Role in Primary Care for Low Back Pain. The model of care being tested is based on the introduction of an assessment clinic for low back pain in a primary care physician's office. The consultant, in this case a chiropractor, performs an assessment of approximately 30 minutes in length with a patient who has been previously identified as having acute, recurrent or chronic low back pain and is referred to the clinic by the primary care provider (this is not a treatment model). The outcome of the assessment is advice and decision support provided to the physician, and the inherent knowledge transfer that takes place between providers.

The objective of the pilot project is to test the feasibility, acceptability and value of this model of care in the Ontario context.

Hypothesis: This model of care will demonstrate provider and patient satisfaction, and indicate early positive health system impacts related to the management of LBP.

Four consulting chiropractors (DCC) were partnered with 4 group primary care practices for a six-month pilot phase. A total of 9hrs was allocated per month per site for the Assessment Clinics. Assessment clinics took place in the primary care practice. The pilot phase began in mid-September 2011 and ended March, 2012. A total of 213 patients were seen in the Assessment Clinics across the 4 sites.

A mixed methods approach was used to capture the data required to meet the evaluation objectives of the project. Data was collected pre-pilot, during the pilot and post-pilot. Methods included, but were not limited to, interviews, clinical practice guideline and reflective surveys with both the chiropractors and primary care providers and patient level data (including satisfaction).

SUMMARY OF FINDINGS

The project met the pre-pilot expectation demonstrating the Consulting Chiropractors ability to contribute positively to the care for patients with Low Back Pain in primary care settings.

The chiropractor as a consultant appears to have influenced primary care physicians in their decision making regarding imaging interpretation and in understanding the appropriateness of exercise or physical activity. There was strong evidence that physicians benefited from the knowledge transfer as they reported higher levels of confidence in dealing with similar cases in the future. Most physicians valued the participation and access to the chiropractors.

Highlights:

- Increased PCP's self- reported confidence in assessing and managing LBP patients.
- Increased PCP's knowledge of appropriate imaging for LBP patients.
- Strengthened PCP understanding of the role of exercise and/or physical activity for LBP patients.
- Increased DCC's knowledge of medication management for LBP patients.
- High patient satisfaction

SUMMARY OF FINDINGS CONTINUED

VALUE

- The Assessment Model was a successful knowledge translation and exchange strategy to address recurrent and chronic low back pain. The findings demonstrate that the knowledge of both the consulting chiropractor (DCC) and primary care provider (PCP) was positively impacted by the Assessment Model. This highlights the exchange of knowledge that occurred between providers rather than solely unidirectional knowledge transfer from the DCC to the PCP.

Quick Look: Primary Care Providers (5 of 7 interviewed) reported:

- A significant increase in their ability to target treatment.
- Increased confidence around decision-making for LBP.
- Increased knowledge of community resources that were available to providers and patients.

  - Knowledge translation from DCC to PCP was realized in clinical practice guideline compliance related to activity prescription (e.g. exercise, daily activity), identification and management of yellow flags and appropriate investigations (including when to refer to spinal surgeon and when to refer for imaging).

  - Knowledge translation and exchange from PCP to DCC was realized in clinical practice guideline compliance related to medication prescriptions and in the use of evidence based point of care tools (e.g. Opioid Manager).

- The Assessment Model did not appear to be a successful knowledge translation strategy to impact provider practice for Acute Low Back Pain. Most of the key messages in the acute low back pain guidelines were already evident for both practitioner groups at baseline measurements and were sustained through evaluations indicating that this was not a high-yield target for a knowledge translation intervention.

- All of the PCP's in the evaluation made reference to the value in referring LBP patients to the DCC. For example 2 of the PCP's interviewed, explicitly spoke of their satisfaction with the assessment resulting in earlier and quicker diagnosis for their patients.

- The majority of patients referred were diagnosed as uncomplicated mechanical back pain of varying pain intensity. Patient reported pain and disability, although varied by Site, did reflect typical low back pain patients who continues to challenge the health care system.

ACCEPTABILITY

- DCC's were perceived as having expertise in Low Back Pain by PCP's. Baseline and post survey data suggests DCC's are clinical leaders in this clinical area. This was also supported in the analysis of the DCC's self-assessments (reflective surveys and CPG Assessment surveys) completed as part of this project.

- Provider and Patient Satisfaction
  - PCP's reported increased confidence around decision-making for low back pain and specifically in targeting treatment and an increased understanding of community resources.

  - Overall patient satisfaction was scored at 94.2 out of a 100 scale.

FEASIBILITY

- Considering the nature and type of low back pain patients referred by the PCP to the DCC, the model appears to address a gap in the primary care setting that may help address the inherent challenges of managing these patients.

- Data was mixed with respect to defining the role of consultant and in understanding the support required to ensure consistent approaches. Data in the reflective survey suggests DCC's may have had some difficulty in actualizing their role as a consultant versus a treatment role; whereas in the DCC interviews no concerns were highlighted with respect to taking on an assessment role. To help ensure consistent application and impact, future models would likely benefit from identifying the key characteristics for selection of consultants. This could include an expanded mechanism in the design of future models to support or train consultants in this role.

- When the OCA Demonstration Model is compared to similar models in the literature and with lessons from other programs/stakeholders, it is clear that the OCA Demonstration Model aligns with some identified success factors such as co-location of the providers, working to the full scope of practice with a shared understanding of competencies between providers, incorporating ongoing communication between providers, and encouraging knowledge translation.

CONCLUSION

This assessment model had a positive impact on knowledge translation and exchange in the care of chronic and recurrent low back patient where clinical decision-making involved activity prescription, identification of yellow flags, utilization of imaging investigations and medication prescriptions. Patients and providers seemed satisfied with the model; however, increased opportunity to provide more detailed back-related advice would have been helpful. Future studies may wish modify the model to address the identified opportunities and assess its impact on low back in primary care.

APPENDICES

Number	Name
1	Training Agenda
2	Community Resource List Template
3	Process Map
4	Evaluation Framework
5	Interview Guide Pre-Pilot PCP
6	Interview Guide Pre-Pilot DCC
7	Clinical Practice Guidelines Assessment Survey
8	Reflective Survey PCP
9	Reflective Survey DCC
10	Graded Chronic Pain Scale
11	Consultation Note
12	Patient Satisfaction
13	Interview Guide Post-Pilot DCC
14	Interview Guide Post-Pilot PCP
15	Complete Analysis of Interviews with PCP
16	Complete Analysis of Interviews with DCC
17	Patient Findings
18	List of Stakeholders
19	Literature Search Strategy
20	Literature Search Results
21	Data Abstraction Table
22	Stakeholder Interview Guide
23	Complete Analysis of Stakeholder Interviews