

Improving musculoskeletal care through Rapid Access Clinics

In improving appropriateness of care for people with musculoskeletal (MSK) conditions, system partners are working together to expand MSK central intake, assessment and management models that have proven benefits to patients and providers.

With implementation scheduled for April 15, 2019, the following information will help support primary care physicians through the new referral process for eligible low back pain and hip/knee osteoarthritis patients.

Questions and answers *(click on questions to review responses)*

1. What is changing?
2. What is the inclusion criteria to be referred through the new program?
3. Is any registration/mandatory on-boarding required to refer patients through Central Intake?
4. How will this new process impact my patients already on the waitlist?
5. When and how can I access the new referral forms?
6. Who will be responsible for the ongoing care of patients referred to the Rapid Access Clinics?
7. With the Rapid Access Clinic implementation, can my patient still request to see a specific surgeon?
8. What about urgent referrals?
9. What is the location of assessors?

QUESTION	ELIGIBLE LOW BACK PAIN	HIP AND KNEE OSTEOARTHRITIS
1. What is changing?	<ul style="list-style-type: none"> Starting on April 15, 2019, the process for eligible low back pain referrals is being centralized To refer an eligible patient with low back pain you will need to fax a <u>new referral form</u> to Central Intake This new referral form will be accessible once a mandatory on-boarding module is completed The new form will be sent by ISAEK Operations The Advanced Practice Provider will provide your patient with a thorough standardized assessment as well as create a personalized self-management plan to help patients better manage their low back pain 	<ul style="list-style-type: none"> Starting on April 15, 2019, the process for hip and knee osteoarthritis referrals is being centralized To refer a patient with hip and knee osteoarthritis (OA), you will need to fax a <u>new referral form</u> to Central Intake This new referral form will be available through the <u>Primary Care Alliance website</u> by going to EMR Resources and selecting Orthopedic Surgery The form (South West LHIN – Rapid Access Clinic – Hip Knee Ortho Consult Request) will be available closer to the date of implementation The Advanced Practice Provider will provide your patient with a thorough standardized assessment as well as create a personalized self-management plan to help them better manage their hip/knee OA
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2. What are the inclusion criteria to be referred through the new program?	<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 	<ul style="list-style-type: none"> Patients with evidence of moderate to severe arthritis for consideration of primary hip or knee arthroplasty

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	<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 Lower back pain referrals that do not meet the inclusion criteria should not be faxed to Central Intake Lower back pain referrals that do not meet the inclusion criteria as well as all other spine related referrals are to be directed to an orthopedic spine surgeon/neurosurgeon following the previous process using the existing referral forms 	<ul style="list-style-type: none"> Patients needing a second opinion on an existing arthroplasty, not being referred surgeon-to-surgeon directly Providers caring for patients who are not being considered for hip or knee arthroplasty should follow the existing referral process, which is unchanged
<p>Back to top of page</p> <p>3. Is any registration/mandatory on-boarding required to refer patients through Central Intake?</p>	<ul style="list-style-type: none"> You will need to register and complete an online module to be eligible to refer your patients to an ISAEC Rapid Access Clinic Registration online takes about 5 minutes and you will then go through a 15 minute online module reviewing inclusion criteria, red and yellow flags in back pain assessment and a review of the history and physical examination for low back pain. This is followed by a short quiz. Click this link to get started with the registration and module: http://www.isaec.org/isaec-registration.html Once completed, you will receive the new low back pain referral form from ISAEC Operations and will be able to refer eligible patients to Rapid Access Clinics via Central Intake 	<ul style="list-style-type: none"> No on-boarding is required
<p>Back to top of page</p> <p>4. How will this new process impact my patients already on the waitlist?</p>	<ul style="list-style-type: none"> There is no need to re-refer patients you have already referred Waitlisted patients are currently being contacted and will be seen in order of referral/urgency New referrals can be faxed to Central Intake but will be seen and assessed once the waitlisted patients have been assessed Once the waitlisted patients have been seen, our mandate is to assess patients within four weeks of receipt of referral 	

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5. When and how can I access the new referral forms?	<ul style="list-style-type: none"> • The official launch date is April 15, 2019 • Referrals will only be accepted from providers who have completed the onboarding process (refer to question 3) • The new form will be sent by ISAE Operations once the onboarding learning module is complete • Referral forms will be compatible with QHRNet (Accuro) and Telus Practice Solutions Suite (PSS) Electronic Medical Record (EMR) systems • For those with other EMRs or paper-based practices, the forms will also be sent to you in a PDF-fillable form that can be completed electronically, saved, printed and faxed as per providers' usual process • The new referral form can be faxed to Central Intake 	<ul style="list-style-type: none"> • The official launch date is April 15, 2019 • This new referral form will be available through the Primary Care Alliance website by going to EMR Resources and selecting Orthopedic Surgery • The form (South West LHIN – Rapid Access Clinic – Hip Knee Ortho Consult Request) will be available closer to the date of implementation • Referral forms will be compatible with QHRNet (Accuro) and Telus Practice Solutions Suite (PSS) Electronic Medical Record (EMR) systems • For those with other EMRs or paper-based, the forms will also be available for download in a PDF-fillable form that can be saved, printed and faxed as per providers' usual process
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6. Who will be responsible for the ongoing care of patients referred to Rapid Access Clinics?	<ul style="list-style-type: none"> • 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 their patient's progress in relation to treatment goals • The Rapid Access Clinics will not provide ongoing care, but will provide recommendations for care and follow-up assessment in appropriate cases • If patients require follow-up assessments due to change in status or lack of improvement through conservative recommendations, the Rapid Access Clinic team will be there to further evaluate and manage patients 	
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7. With the Rapid Access Clinic implementation, can my patient still request to see a specific surgeon?	<ul style="list-style-type: none"> • Yes, your patient will still be able to request to see a specific surgeon or specify a location for surgery • If the patient does not have a preference for a surgeon, they will be given the opportunity to take the next available appointment 	
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8. What about urgent referrals?	<ul style="list-style-type: none"> • Do not route any emergent referrals through Central Intake • Anything emergent should be handled in the most appropriate way clinically for the patient (i.e. sent to the emergency department, call to surgeon, etc.) 	
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Clinical Advisory Board is a group represented by clinical experts who are consulted on clinical issues related to this South West MSK Rapid Access Clinics strategy. The membership list is below for reference:

Dr. Steven MacDonald (Co-Chair)	Orthopedic Surgeon, London Health Sciences Centre
Dr. Christopher Bailey (Co-Chair)	Orthopedic Surgeon, London Health Sciences Centre
Dr. Jay B Adlington	Orthopedic Surgeon, Grey Bruce Health Services
Rhonda Butler	Advanced Practice Lead, South West LHIN
Dr. Ryan Degen	Orthopaedic Surgeon, Fowler Kennedy Sports Medicine Clinic (shared position with Dr. Kevin Willits)
Dr. Neil Duggal	Neurosurgeon, London Health Sciences Centre
Dr. James K Guy	Orthopedic Surgeon, Stratford General Hospital
Dr. James Howard	Orthopedic Surgeon, London Health Sciences Centre
Dr. Tatiana Jevremovic	Family Physician with focus practice in sport and exercise medicine, Fowler Kennedy Sport Medicine Clinic
Dr. Stephen Michael Petis	Orthopedic Surgeon, Woodstock General Hospital
Dr. Vaishnav Rajgopal	Orthopedic Surgeon, Strathroy Middlesex General Hospital
Ravi Rastogi	Advanced Practice Lead, South West LHIN
Dr. Jackie Sadi	PhD, Physiotherapist
Dr. Andrew Van Houwelingen	Orthopedic Surgeon, St. Thomas Elgin General Hospital
Dr. Kevin Willits	Orthopaedic Surgeon, Fowler Kennedy Sports Medicine Clinic (shared position with Dr. Ryan Degen)

APPENDIX A – Benefits and locations of assessors

Benefits of the new model

Patients

- Timely access to comprehensive assessment and consultation
- Individualized evidence-informed self-management plans
- Streamlined access to specialists when indicated
- Maintain patient choice

Primary Care Providers

- One point of contact for appropriate referrals through centralized intake
- Shared-care model with consistent patient messaging and enhanced communication between providers
- Initial assessment by specially trained Advanced Practice Providers executing standardizing models of care

