South West
Musculoskeletal
Rapid Access Clinic

Improving musculoskeletal care through Rapid Access Clinics

Communication to: Orthopaedic, Spine and Neurosurgeon Surgeons and medical office support
Clinical Administration Leaders
Emergency Departments
Specialists, i.e. Physiatry, Rheumatology

Please read and share with your team.

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

With the implementation of this new referral process for eligible patients with low back pain and hip/knee osteoarthritis, scheduled for **April 15, 2019,** the following information will inform impacted surgeons, their medical offices and some specialists and emergency departments.

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

QUESTION	

1. What are the benefits of this new provincial model?

a. **Patients**

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

b. **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

c. **Surgeons**

- See patients who are appropriate to sub-specialty interests
- Receive full history and physical examination, with outcome measurements
- Receive information as to the patient's readiness for surgery
- Focused assessment with appropriate work up completed
- Team approach maximizes efficient use of surgeon's time

Back to top of page

QUESTION	ELIGIBLE LOW BACK PAIN	HIP AND KNEE OSTEOARTHRITIS
2. What is changing?	• Starting on April 15, 2019, the process for eligible low back pain referrals is being centralized. • Primary care providers are being educated to submit a new referral form to a centralized number located at the South West MSK Central Intake office. In order to receive the new referral form, a mandatory ISAEC learning module must be successfully completed (see question 6 for more information). • An Advanced Practice Provider, (APP) who has successfully completed the ISAEC training, which includes direct training with an LHSC spine/neurosurgeon, will conduct the first assessment. The APP will provide the patient with a thorough standardized assessment and create a personalized, self-management plan to help patients better manage their low back pain. • Following the patient's assessment by an APP, the APP may deem it necessary to obtain another opinion. A second appointment with the MSK program's Advanced Practice Leader (APL) will be scheduled. If the APL determines the patient requires a surgical consult, the APL will book a patient appointment with the surgeon.	• 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), primary care providers will fax a new referral form to Central Intake. This new referral form will be available in the Primary Care Alliance website: http://swpca.ca/EMRResource/ under Orthopaedics • The Advanced Practice Provider (APP) will provide the patient with a thorough standardized assessment as well as create a personalized self-management plan to help them better manage their hip/knee OA. • Should the patient be deemed surgical, Central Intake will forward the referral to a surgeon's office. • Surgeon offices are directed to return patient referrals that are eligible for hip or knee osteoarthritis (OA) assessment through Central Intake. A letter will be provided to surgeons offices to streamline this process for you.
Back to top of page		
3. What are the inclusion and exclusion criteria to be referred through the new program?	• **Inclusion Criteria**: Patients with persistent lower back pain and/or related symptoms (e.g., sciatica, claudication) 6 weeks to 12 months from onset OR • Patients with unmanageable recurrent episodic lower back pain and/or related symptoms of less than 12 months duration post-recurrence • Surgeons offices receiving lower back pain referrals that meet the inclusion criteria can request that the primary care provider redirect their referral to Central Intake • Lower back pain referrals that do not meet the inclusion criteria as well as all other spine related referrals are to	• **Inclusion Criteria**: Patients with evidence of moderate to severe arthritis for consideration of primary hip or knee arthoplasty • Providers caring for patients who are being considered for non-arthoplasty surgery (i.e. arthroscopy) should follow the existing referral process, which is unchanged • Any specialist that would like their patients to be seen at the RAC can request this in the "additional requests" section of the referral form. The default is for their referral to be exempted from the assessment unless they identify they want the patient seen

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	be directed to an orthopedic spine surgeon/neurosurgeon following the previous process using the existing referral forms • **Exclusion Criteria**: Patient with red flags, unmanaged, established chronic multi-site pain disorder and/or unmanaged established narcotic dependency, active low-back pain related WSIB or MVA claim, active low back pain legal claim, pregnant/post-partum (<12 months) or <18 years of age	• **Exclusion Criteria:** • Emergent cases, ligamentous injuries and meniscal pathology. Urgent cases can be sent to Central Intake and will be forwarded directly to the surgeon's office without RAC assessment • If patients should be seen within 24 hours or less, please continue to call the receiving surgeon to discuss
Back to top of page		
4. What is the surgeon's office role if an eligible referral form is faxed to their office from a Primary Care Provider?	• Surgeon offices are encouraged to return the referral form to the referring physician, requesting the referral be faxed to the MSK Central Intake. Primary Care Providers must complete an ISAEC Learning Module prior to receiving the appropriate referral form. (See question 7 for more information on this mandatory requirement). If surgeon offices provide Primary Care with this link: http://www.isaec.org/isaec-registration.html, when returning the referral form, this will ensure the patient's referral is responded to as soon as possible. • A letter will be provided to surgeons offices to streamline the process.	• Surgeon offices must re-direct referrals that are eligible for an assessment by the RAC, by returning the referral to the primary care provider and advising them to re-direct the referral to Central Intake. A letter will be provided to surgeons offices to streamline the process. • The new referral form can be used to send your own referral to another surgeon or to the RAC. Central Intake will coordinate distribution. • The referral form (South West LHIN – Rapid Access Clinic – Hip Knee Ortho Consult Request) will be available closer to the date of implementation.
Back to top of page		
5. What is the impact to wait times, i.e. wait 1 and 2?	**Wait Times:** • The turnaround standard for patients to receive an assessment is four weeks from the date the referral is received at Central Intake to the time of the assessment. • The new model of care will result in stabilized and equitable wait times for patients awaiting an MSK consultation. Reporting will look more similar across the province. **Wait 1 (Referral to Consultation)** • This in turn will create some capacity for surgeons to see most appropriate patients such as surgical candidates, those requiring medical specialist intervention and/or those who do not meet Rapid Access Clinic criteria, allowing quicker direct wait 1 access. • Referring the intended cohort of patients to the Low Back Pain Rapid Access Clinic (RAC) will incrementally decrease the number of people on the surgeons' consultation wait list; who are often determined to not be surgical candidates.	

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	Wait 2 (Consultation to Surgery) • This pathway may have some limited effect on Wait 2 times. However, the average Wait 2 time reductions are not expected to be dramatic after an initial adjustment. • Wait 2 is largely governed by funding (number of surgeries funded at each hospital) and resources (number of OR hours and surgeons available for MSK procedures). This initiative is ministry funded and excludes funding for surgical volumes or additional OR resources. • Wait 2 is also largely impacted by the inclusion/exclusion criteria meaning only a portion of all MSK patients will be assessed. This is prevalent to the spine population. • Surgeon participation in the MSK program is mandatory for Hip and Knee program and is voluntary for Low Back Pain. Spine surgeons endorse this new referral pattern.	
Back to top of page		
6. What are the mandatory requirements of the MSK program?	• **Education**: Primary care providers will need to register and complete an online module to be eligible to refer patients to an ISAEC Rapid Access Clinic. • The online module takes 20 minutes to complete. Feedback from primary care providers who have completed the module has been quite positive as it is a good review of the inclusion criteria, red and yellow flags in back pain assessment as well as 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, providers 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. • **Program**: Although there isn't a Ministry mandated requirement that referrals for low back pain patients are assessed at the MSK Rapid Access Clinic, spine surgeons endorse the program and intend to redirect eligible referrals to the MSK program. • Specialist- to-specialist referrals will not be tracked for the Low Back Pain program.	• **Education:** No On-boarding/training required to refer to program. • **Program:** The Ministry has mandated that hip and knee osteoarthritis patient referrals must be assessed by an MSK Rapid Access Clinic. A number of LHINs, including the South West are implementing a requirement to have the Central Intake's Referral ID recorded on the OR booking request form in order to proceed with surgery.
Back to top of page		

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7. How will the new process impact patients already on the waitlist?	• There is no need to re-refer patients already on waitlist. • The MSK team is liaising with surgeon offices to identify eligible, waitlisted patients. • Assessments for waitlisted patients started earlier this year. • New referrals will be sent 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.	
Back to top of page		
8. How do I refer to the Rapid Access Clinic (RAC) or to another surgeon?	• **The official launch date is April 15, 2019.** • Emergency Departments and other specialists wishing to have a patient assessed by the RAC should request the primary care provider to submit a referral. If the patient doesn't have a primary care provider, continue current practice. • Referrals to the RAC can only be accepted from primary care providers who have completed the onboarding process. • There is no need for Emergency Department physicians to complete the learning module or use the new referral form for patients. Here is the link to the mandatory, ISAEC Learning module: http://www.isaec.org/isaec-registration.html • The new referral form will be sent to the Primary Care Provider by ISAEC Operations once the onboarding learning module is successfully completed. • The referral form is standardized across the province making the process convenient for cross-LHIN referrals. • Specialist-to-Specialist referrals are status quo.	• **The official launch date is April 15, 2019.** • Emergency Departments and other specialists wishing to have a patient assessed by the RAC should request the primary care provider to submit a referral. If the patient doesn't have a primary care provider, continue current practice. It is preferable to use and submit the new referral form. • Surgeon offices must return Central Intake appropriate referrals to the primary care provider and advise them to re-direct the referral to Central Intake. A letter will be available to streamline this process. • The new referral form can be used to send your own referral to another surgeon or to the RAC. Central Intake will coordinate distribution. • The referral form (South West LHIN – Rapid Access Clinic – Hip Knee Ortho Consult Request) will be available on the Primary Care Alliance website: http://swpca.ca/EMRResource/ under Orthopaedics • This referral form is fairly standardized across the province making the process convenient for cross-LHIN referrals.
Back to top of page		
9. Who will be responsible for the ongoing care of patients referred to Rapid Access Clinics?	• 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 a follow-up assessment in appropriate cases. • If patients require follow-up assessments. The Primary Care Provider and RAC will assist to coordinate care for patients who are not surgical consult candidates.	
Back to top of page		

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10. With the Rapid Access Clinic implementation, can patients still request to see a specific surgeon?	• Yes, patients 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 or shortest total wait time, based on their preferences.	

Back to top of page

11. What about urgent referrals?	• **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.).	

Back to top of page

12. What is the structure and locations of the South West MSK Rapid Access Clinics Team:

The South West MSK team reports to the Director, Surgical Care, and London Health Sciences Centre (LHSC) – University Hospital.

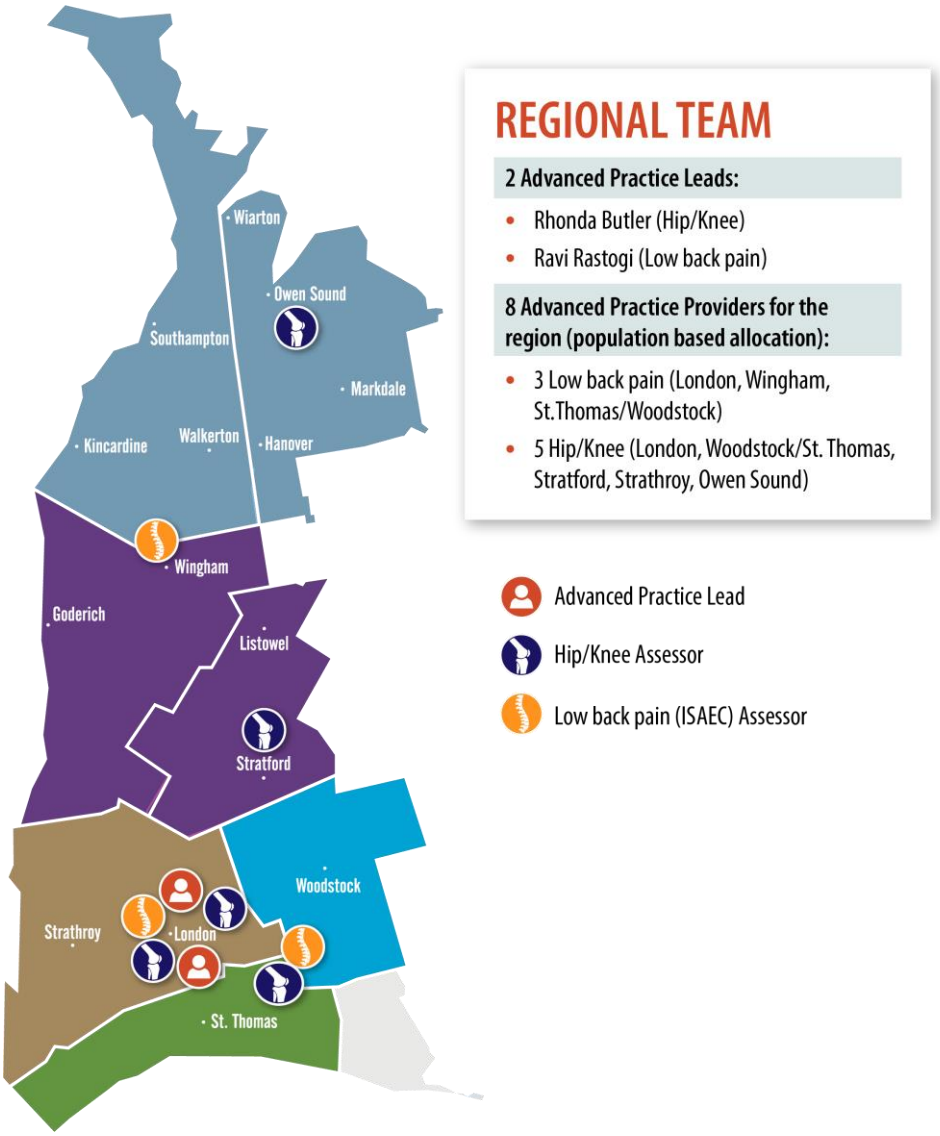
Advanced Practice Leaders (APLs)
There are two APLs each supporting the Low Back Pain and Hip and Knee MSK programs. They report to the Director, Surgical Care at LHSC – University Hospital.

Hip and Knee Program:
Rhonda Butler is the APL and she is located at LHSC-University Hospital.
Rhonda can be reached at (519) 685-8500 Ext. 37812.

Low Back Pain Program:
Ravi Rastogi is the APL and he is based at LHSC-Victoria Hospital. Ravi also works out of LHSC-University Hospital supporting Neurosurgeons. .
Ravi can be reached at (519) 685-8500 Ext. 74919.

Advanced Practice Providers (APPs)
There are eight APPs who receive mentoring and coaching from the APLs who are the program leads. The APPs report to the Manager, Surgery, at LHSC – University Hospital.

The APPs can be reached through the Central Intake Office at (519) 685-8500 Ext. 37873.



Central Intake
There are four Program Secretaries who report to the Manager, Surgery at LHSC, University Hospital. The team is located in London on the LHSC-University Hospital campus, in the PDC building.

Regional Partners
The inception of a Central Intake and Rapid Access Clinics across the South West LHIN would not have been possible without a committed and collaborative by multiple partners across the region. In addition to being active members of the project governance, the following hospitals and primary care leads have been pivotal to moving this initiative forward:

Participating Hospitals: Grey Bruce Healthcare Services, Huron Perth Healthcare Alliance
Listowel/Wingham Hospitals Alliance, LHSC, Middlesex Hospital Alliance
St. Thomas Elgin General Hospital and Woodstock General Hospital

Primary Care Leads: Drs. Keith Dyke, Paul Gill, Gord Schacter, Kellie Scott and Jitin Sondhi

The governance structure of the South West LHIN MSK project includes a Clinical Advisory Board who is represented by clinical experts. This group is 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)

Back to top of page