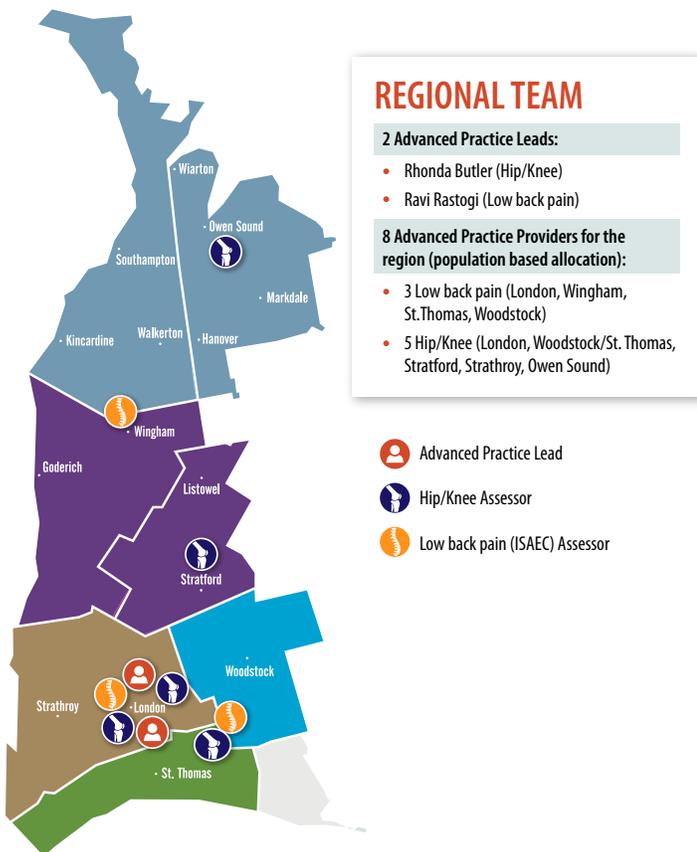


Improving musculoskeletal care through Rapid Access Clinics

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. Primary care providers play an integral role in this referral process for eligible patients.

Benefits of program

- Patients will be assessed within 4 weeks of referral, getting to the correct place for care
- Assessors offer patients education, recommendations, and community linkages
- Primary care providers have one point of contact for referrals
- Improved communication between providers

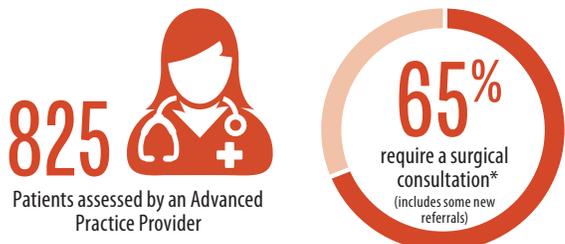


Progress for low back pain program



- **599** new referrals received since “go live”
- Daily average of referrals received - **13**
- Assessing new referrals as of July 2019, with a **4 week** assessment turnaround time expected by January 2020
- **44%** of primary care providers have completed the ISAEC learning module. [Click here](#) to complete your ISAEC module today!

Progress for hip and knee program



- New referrals:**
- **1,843** new referrals received since “go live”
 - Daily average of referrals received - **25**
 - Now assessing new referrals with a **4 week** turnaround time
 - About **13%** of all referrals received are incomplete, delaying patient assessments

Quick reminders for primary care providers *(click on bullets to review more details)*

1. Learn more about accessing the appropriate referral forms for eligible patients
2. Understand the imaging requirements for sending referral forms to Rapid Access Clinics
3. Information on consult summaries and outcome assessment documentation for primary care providers
4. The Rapid Access Clinic is aware of each orthopedic surgeon's areas of specialization and can advise the patient if the appropriate need is identified
5. Find out the differences between the MSK Rapid Access Clinic and the London Spine Centre North
6. Learn more about the process for a specialist referring to a Rapid Access Clinic
7. The MSK Rapid Access Clinic referral process is only for eligible low back pain and hip/knee osteoarthritis patients

Impact to wait times: This model of care reduces initial assessment times for patients to four weeks from the date of referral. It will have a limited impact on wait times to see surgeons. Implementing Rapid Access Clinics is the first step in an ongoing process to improve hip/knee and spine treatment, enabling a better understanding of patients who require surgery versus other kinds of care and how it aligns with funding needs.

Incomplete referrals: Due to the high volumes of incomplete referrals, any incomplete referrals will be returned to the primary care provider with feedback on missing information. Once the information is complete, providers are asked to resend the referral to Central Intake.

Online information for patients and primary care providers is available on the SouthWesthealthline.ca (search MSK Rapid Access Clinics), and includes the following information:

1. South West Rapid Access Clinic location, hours of operation and contact information
2. Patient information brochure about the MSK Program
3. Directions to the Clinic
4. Patient information about the assessment
5. Pre-Appointment Forms

REMINDER	ELIGIBLE LOW BACK PAIN	HIP AND KNEE OSTEOARTHRITIS
1. Learn more about accessing the appropriate referral forms for eligible patients	<ul style="list-style-type: none"> • To refer an eligible patient with low back pain you will need to fax the appropriate referral form to Central Intake (number included on referral form) • This referral form will be accessible once a mandatory on-boarding module is completed • The form will be sent by ISAEK Operations • Central Intake can coordinate referrals to other regions 	<ul style="list-style-type: none"> • To refer a patient with hip or knee osteoarthritis (OA), you will need to fax the new referral form to Central Intake (number included on referral form) • This referral form is available through the Primary Care Alliance website by going to EMR Resources and selecting Orthopedic Surgery • Central Intake can coordinate referrals to other regions
<i>Back to the top</i> 2. Understand the imaging requirements for sending referral forms to the Rapid Access Clinics	<ul style="list-style-type: none"> • No imaging is required for referrals 	<ul style="list-style-type: none"> • X-rays are required with hip and knee referral forms • The required views are specified on the referral form <i>The views that are needed are:</i>

REMINDER	ELIGIBLE LOW BACK PAIN	HIP AND KNEE OSTEOARTHRITIS
<p><i>Back to the top</i></p>		<p>Knee: Bilateral knee weightbearing AP and tunnel views, lateral knee flexed at 30°, skyline Hip: AP pelvis, AP and lateral of affected hip X-Rays will be viewed through PACS or Portal. An MRI is not recommended</p>
<p>3. Information on consult summaries and outcome assessment documentation for primary care providers</p>	<ul style="list-style-type: none"> The referring physician will be receiving consult notes from the Rapid Access Clinic that follows the formatting set out by the case management system This is a provincial software platform mandated for use for electronic charting 	<ul style="list-style-type: none"> The project team is continuing to improve the content and format of documentation returned to primary care providers Based on feedback received, the team will work to provide information that identifies resources and who is responsible for organizing them Currently, the team is looking for a way to deliver consult notes back to primary care physicians electronically
<p><i>Back to the top</i></p>		<ul style="list-style-type: none"> If there are procedures a patient requires and a specific surgeon is being selected because they offer that service, please specify this on your referral to Central Intake The Rapid Access Clinic is aware of each orthopedic surgeon's areas of specialization and can advise the patient of their choices for first available surgeon if the appropriate need is identified
<p>4. The Rapid Access Clinic is aware of each orthopedic surgeon's areas of specialization and can advise the patient if the appropriate need is identified</p>		
<p><i>Back to the top</i></p>		
<p>5. Here are the differences between the MSK Rapid Access Clinics and the London Spine Centre North</p>	<ul style="list-style-type: none"> Musculoskeletal Rapid Access Clinics are publicly funded and endorsed provincially with specific eligibility criteria [see point 8 below] The London Spine Centre North is a private clinic and requires a referral directly to the Centre 	
<p><i>Back to the top</i></p>		
<p>6. Learn more about the process for a specialist referring to a Rapid Access Clinic</p>	<ul style="list-style-type: none"> If a specialist would like to refer a patient to an MSK Rapid Access Clinic, please have the referral completed by the patient's primary care physician This model is not designed to receive referrals directly from specialists If a specialist feels that a patient would benefit from a spine 	<ul style="list-style-type: none"> Specialists are welcome to refer patients for a Rapid Access Clinic assessment Patients referred by Physiatrists, Rheumatologists and Orthopedic surgeons are not required to have an Advanced Practice Provider assessment All referrals for patients considering primary joint replacement, surgical

REMINDER	ELIGIBLE LOW BACK PAIN	HIP AND KNEE OSTEOARTHRITIS
	<p>directly to the surgeon as per their usual process</p>	<p>arthroplasty surgeon for moderate to severe OA, and all non-emergent revision or assessment of pre-existing arthroplasty complications should still be sent through Central Intake on the standard referral form for tracking purposes</p> <ul style="list-style-type: none"> • Other surgical requests (arthroscopy, sub-specialties such as osteotomies, other joints) should be sent directly to surgeon offices
<p><i>Back to the top</i></p> <p>7. The MSK Rapid Access Clinic referral process is for eligible low back pain and hip/knee osteoarthritis patients</p>	<p>Inclusion criteria 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</p> <p>OR</p> <p>Patients with unmanageable recurrent episodic lower back pain and/or related symptoms of less than 12 months duration post-recurrence.</p> <p>Exclusion criteria</p> <ul style="list-style-type: none"> • Patient with RED FLAGS • Initial low back related symptoms <6 weeks post onset • Constant/persistent LBP-related symptoms >12 months post onset • <18 years of age • Unmanaged established chronic multisite pain disorder • Unmanaged established narcotic dependency • Active LBP-related WSIB claim • Active LBP-related motor vehicle accident claim • Active LBP-related legal claim • Pregnant/post-partum patients (<1 year) 	<p>Inclusion criteria For patients:</p> <ul style="list-style-type: none"> • presenting with moderate to severe arthritis • needing a second opinion on prior arthroplasty <p>Exclusion criteria Hip/Knee Osteoarthritis: Urgent cases, ligamentous injuries and meniscal pathology</p>

Back to the top

Additional resources

- [Visit the South West LHIN website for more information](#)
- [What primary care providers need to know](#)
- [Questions and answers – MSK Rapid Access Clinic Webinar](#)
- [Primary Care Communique](#)