

Questions and Answers from March 28, 2019 Primary Care MSK Webinar

Question	Response
<p><i>Is physio-therapy going to be covered for patients that do not have private coverage and are under 65?</i></p>	<p>The MSK program excludes funding for conservative management services. Allied Health partners (including the Arthritis Society which is government funded) have been invited to participate in presentations to Primary Care Alliance meetings to increase awareness on this new program and recognition of the potential increase in demand for their services.</p> <p>The MSK team is compiling a list of local physiotherapy clinics and other resources, both private and OHIP covered which will be available for Primary Care to access via healthline.ca this summer. You will be notified when the living document is published and are encouraged to let MSK_CentralIntake@lhsc.on.ca know of new resources in your community.</p>
<p><i>Please confirm Primary care no longer notifies their patient of an appointment. We will also need to know FYI and the patient will need to know there is no choice of site. This may pose a problem for some patients from outside of the sites.</i></p>	<p>Primary Care will receive updates during the patient's journey from the time their referral is received to the time the patient is referred to a surgeon. Central Intake will contact the patient to set up the appointment for an assessment with an Advanced Practice Provider and where required, the Advanced Practice Leader.</p> <p>The patient does have a choice both in terms of which Rapid Access Clinic (RAC) he/she wishes to be assessed at as well as which surgeon he/she wishes to see.</p> <p>For Low Back Pain patients, the Advanced Practice Leader will book the patient's appointment with the surgeon and will provide the patient with the appointment date and time. This information will be referenced in the patient's Outcome Summary that is sent to the Primary Care physician.</p> <p>For Hip and Knee patients, primary care will be notified that their referral has been forwarded to a surgeon's office. However, once the surgeon's office books an appointment date and time to see the surgeon, they will follow their current procedures regarding notification: for many, this involves notifying the primary care provider who will then have to contact the patient.</p>
<p><i>Do referrals require imaging as well?</i></p>	<p>Low Back Pain: Not required</p> <p>Hip and Knee: yes. An x-ray report (within the last 6 months) of the affected joint must accompany the referral. This requirement is noted in detail on the referral form.</p>

<i>Thought hip and knee said re-referral?</i>	Re-referrals are not required.
<i>If patient does not complete the full assessment etc., will they have an alternative? just so we can warn the patients</i>	The intention of Central Intake and the Rapid Access Clinics is to add value to the patient’s shared care plan with their primary care physician and the Rapid Access team. If the patient is insistent on seeing a surgeon, the referral will be forwarded with a completed Outcome Summary to the primary care provider and surgeon. Patient response to date has been very positive, even patients who do move on for consultation with a surgeon and/or unsure if they are ready for surgery.
<i>What will happen if a patient wants a "second opinion"?</i>	There is an escalation process within the Rapid Access Clinics. It is more formalized within the Low Back Pain program where patients who have seen an Advanced Practice Provider and are assessed as being potentially surgical, will be scheduled to see the Advanced Practice Leader. The South West LHIN MSK program also has an Advanced Practice Leader for the hip and knee program who is prepared to see patients in this scenario.
<i>If a patient is travelling for Central Intake, roughly how long is the assessment, i.e. just for travel and if they have to have someone with them in another city?</i>	<p>Patients aren’t required to travel to talk with Central Intake staff who will schedule their appointments. Central Intake will ask the patient which Rapid Access Clinic location they would like to receive their assessment to reduce their travel time or coordinate an assessment close to a caretaker. The Rapid Access Clinics are intentionally spread across the South West geography. As this is a provincial program, cross-LHIN referrals can also be coordinated to enable patients to have a choice.</p> <p>The duration of an assessment is 45-60 minutes. Patients are also required to complete an In-Take Form which is averaging 15-30 minutes for completion. For that reason, we’re recommending patients arrive early to complete the In Take Form prior to their assessment. The In Take Form will be available online by the summer which could reduce their duration in the Rapid Access Clinic if they have access.</p>
<i>For hip and knee patients, can we specify a surgeon/ hospital location we do not want the patient to see?</i>	Yes, both primary care and patients can specify if they only wish to be referred to specific locations or surgeons; keeping in mind that not all orthopaedic surgeons provide both hip and knee surgeries. The Hip and Knee referral form lists all surgeons in the South West LHIN to assist primary care with their referral.
<i>Great webinar! For future state if the patient has ability to look up themselves the status of their own referral that would be great.</i>	<p>Thank you very much for this feedback, Dr. Dyke. It’s appreciated.</p> <p>What a fantastic suggestion to give patients their own access to the status of their referrals. We will pass this patient centered suggestion to the respective Ministry program offices for future consideration.</p>

<i>In Tillsonburg we service patients from Elgin, Oxford and Norfolk County- is referral site based on patient postal code or our practice address?</i>	The Program Secretaries in Central Intake will contact patients to determine the preferred location to receive their assessment. There are Rapid Access Clinics in St. Thomas and Woodstock which may be most convenient locations for your patients.
<i>Will patients covered by Interim Federal Health and not OHIP be eligible?</i>	The Ministry has advised non-OHIP patients should be treated the same within the Rapid Access Clinic model. Care is available to the patient and billing should follow normal non-OHIP practices.
<i>Are the Advanced Practice Providers, who will be doing the rapid assessments for the back, hip and knee referrals, specialists? Will primary care providers working within Capitation Payment Models be charged with an "Outside Use" deduction?</i>	<p>None of the Advanced Practice Providers (APP) or Leaders (APL) is a physician.</p> <p>From a provincial lens, there should be no material impact in relation to normal practice and visit patterns. Ideally, since the primary care provider (PCP), needs to refer a patient to the Rapid Access Clinic pathway and follow-up care includes the referring PCP, the model should decrease patients seeing physicians outside of the group. This is more prominent with Low Back Pain program as there is an increased emphasis on "shared care" for non-surgical patients.</p>
<i>Will Central Intake be arranging interpreters for patients who require an interpreter for their assessments?</i>	Central Intake does have access to interpreters and will coordinate service both at the time the patient's appointment is scheduled and during the assessment. Also, patients will receive a recommendation to bring a caretaker to the assessment to ensure the patient needs and care plan are mutually understood. We appreciate if the PCP would inform us of the need for interpreters and can be noted on the referral in the designated field.
<i>For back pain, if the surgeon says they should go to "RAC" should the triage centre not pass that referral on? Or is that going to fall to the GP?</i>	The referral to the Central Intake and Rapid Access Clinic (RAC) must be submitted by a primary care physician who, for the Low Back Pain program must also complete the 20 minute ISAEC Online Learning module (http://www.isaec.org/isaec-registration.html) to receive the Low Back Pain referral form. To achieve timely patient care, all primary care providers are encouraged to complete this module today.
<i>If the GP goes through the centre then it will be addressed by the centre to go to the RAC?</i>	Yes, your understanding is correct. All eligible referrals will be received by Central Intake who will confirm receipt of the referral and contact the patient to setup an appointment at their preferred Rapid Access Clinic. Primary Care will also receive notification when the patient's appointment date is made.
<i>What is the time frame between the assessment</i>	This is difficult to answer as this depends on the number referred to Central Intake and the percentage of individuals who then need to see the surgeon.

<i>appointment and the surgeons' appointment?</i>	One of the intents of the MSK program is to normalize wait times for a consultation with a surgeon. Currently there is significant variance across our region and province. Advanced Practice Providers will have monthly updates on wait times and will be able to inform the patient regarding anticipated timeframe for surgical consult. Patients who wish to explore the option of seeing a surgeon with a shorter wait time may do so.
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Key contacts within the South West MSK Program:

Individual /Unit	Telephone Number	e-Mail
Central Intake	(519) 685-8500 Extension: 37873	MSK_CentralIntake@lhsc.on.ca
	Fax numbers:	Hip and Knee: 1-855-526-5322 Low Back Pain: 1-855-470-6584
Advanced Practice Leaders:	<u>Hip and Knee:</u> Rhonda Butler (519) 685-8500 Extension: 37812	Rhonda.Butler@lhsc.on.ca
	<u>Low Back Pain:</u> Ravi Rastogi: (519) 685-8500 Extension: 74919	Ravi.Rastogi@lhsc.on.ca
Advanced Practice Providers:	<u>Low Back Pain:</u> London: Brent Cunning St. Thomas/Woodstock: Tamsin Vranic Wingham: Jason Vaillancourt <u>Hip and Knee:</u> London: Gina Silvestri and Jennifer Van Bussel Owen Sound: Jenna Meilzynski St. Thomas/Woodstock: Amy DeCorte Strathroy/Stratford: Dave Vranic <u>Notes:</u> 1. Owen Sound RAC opens late April 30, 2019. 2. Stratford and Strathroy RACs opens mid-June 2019. 3. Advanced Practice Providers can be reached by e-mail or through the Central Intake telephone number (519) 685-8500 Extension 37873.	<u>Low Back Pain:</u> Brent.Cunning@lhsc.on.ca Tamsin.Vranic@lhsc.on.ca Jason.Vaillancourt@lhsc.on.ca <u>Hip and Knee:</u> Gina.Silverstri@lhsc.on.ca Jennifer.VanBussel@lhsc.on.ca Jenna.Meilzynski@lhsc.on.ca Amy.Decorte@lhsc.on.ca David.Vranic@lhsc.on.ca