ARTIC
Accelerating the spread of proven health care

Communique **Date: October 15, 2018**

To: Ontario Neurosurgeons

From: Dr. James Rutka, Chair, Provincial Neurosurgery Advisory Committee, Dr. Raja Rampersaud, Provincial Clinical Lead, Low Back Pain Pathway

Subject: Background Information - MSK Rapid Access Clinics - Low Back Pain Pathway

Musculoskeletal (MSK) Rapid Access Clinics (RAC) are being implemented across the province to help improve the quality, access and appropriateness of care for people with musculoskeletal (MSK) conditions, starting with moderate to severe hip/knee osteoarthritis and low back pain. The provincial spread of this program is coordinated by ARTIC (Adopting Research to Improve Care), a joint program of Health Quality Ontario and the Council of Academic Hospitals of Ontario that is focused on accelerating the spread of proven innovative care.

The Low Back Pain (LBP) pathway, as part of the MSK RAC implementation, stems from the successful pilot program: Inter-professional Spine Assessment and Education Clinics (ISAEC) for low back pain. ISAEC is an innovative, upstream, shared model of care (MOC) in which patients receive rapid low back pain assessment, education and stratified, evidence-informed, self-management plans. It is designed to decrease the prevalence of unmanageable chronic low back pain, reduce opioid initiation, and reduce unnecessary diagnostic imaging as well as unnecessary specialist referral.

The RAC-LBP pathway is specifically designed to be an upstream MOC to assess, educate and enable management of patients with: (1) persistent low back pain and/or related symptoms (e.g. sciatica, neurogenic claudication) 6 weeks to 12 months post-onset; and (2) recurrent/episodic unmanageable low back pain and/or related symptoms of less than 12 months post-recurrence. Within the above inclusion criteria, it covers a wide variety of non-emergent lumbar diagnoses and presentations addressing issues ranging from disc conditions, spinal stenosis, and axial/non-specific back pain.

Current exclusion criteria for this pathway include: (1) patient with Red flags (i.e. signs and symptoms that may indicate serious pathology or urgent need for further investigation, including fracture, tumour, infections, bladder or bowel dysfunction, and/or significant neurological deficit); (2) initial low back related symptoms (LBRS) <6 weeks; (3) constant LBRS >12 months post onset; (4) <18 years of age; (5) established pain disorder; (6)

Workplace Safety and Insurance Board claim; (7) motor vehicle accident patients; (8) established narcotic dependency; (9) involvement in active litigation; and (10) pregnant/post-partum patients (<1-year).

This proven upstream shared MOC is specifically designed around enabling patients and their primary care providers (PCPs) to manage and mitigate functionally significant chronic LBP. The MOC follows the principle of providing care closer to home; consequently, the vast majority of assessments occur in the community. The RAC-LBP pathway (i.e. ISAEC) is not primarily designed as a surgical referral management and triaging program, but rather this is a secondary function. To date, approximately 15% of LBP patients referred through the pathway progress to a surgical consultation assessment by a Practice Leader, and half of these patients go on to see the surgeon (at the same or subsequent visit) and about half of these patients end-up having surgery (i.e. 3.8% of all ISAEC PCP referrals). The Practice Leader is typically more centrally co-located at the surgeon(s) institution. The Practice Leader acts a regional clinical program manager who: (1) oversees the community-based aspects of the program; and (2) supports the surgeon(s) that have volunteered to support and accept referrals from the RAC-LBP pathway.

Specific information for surgeons:

Impact on Wait 1: Referring the intended primary care cohort of patients to the RAC-LBP will incrementally decrease the number of people on the surgeons' consultation wait list who are often determined to not be surgical candidates. This in turn will create capacity to see those who are truly surgical candidates and those who do not meet the RAC-LBP criteria, allowing quicker direct wait 1 access. The surgical patient profile is typically patients with radiculopathy or neurogenic claudication without many of the chronic features and opioid dependence typically seen in the traditional surgical process.

Impact on Wait 2: While the current rollout of the RAC-LBP is ministry funded, it does not include funding for surgical volumes or additional OR resources. Surgeon participation to support Primary Care Providers and the model is voluntary. However, we hope that through a shared vision, this rollout will create an infrastructure that will enable future growth and innovation both provincially and regionally with the vision of the RACs to progressively provide a broader scope of services.

Concurrent to the mandatory implementation of the RAC-Hip and Knee Pathway, each LHIN implementation team(s) has been asked to reach out to spine focused orthopedic and neurosurgeons in their region to keep them informed of the implementation efforts and help answer any questions.

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Below is a list of the LBP Surgical Champions that have been identified in each LHIN (updated Aug 31, 2018):

	LHIN	Surgical Lead	Hospital Hub
1	ESC	Dr. Balraj Jhawar	WINDSOR REGIONAL HOSPITAL- OUELLETTE CAMPUS
2	SW	Dr. Christopher Stewart Bailey	LONDON HEALTH SCIENCES CENTRE
3	WW	Dr. Chris Steyn	GRAND RIVER HOSPITAL
4	HNHB	Dr. Brian Michael Drew	HAMILTON HEALTH SCIENCES CORP
5	CW	TBD	TBD
6	MH	TBC	TRILLIUM HEALTH PARTNERS
7	TC	Dr. Albert Yee	SUNNYBROOK HEALTH SCIENCES CENTRE
7	TC	Dr. Henry Ahn	ST. MICHAEL'S HOSPITAL
7	Provincial /TC	Dr. Raja Rampersaud	UHN - TWH SITE
8	CL	Dr. Kevin Koo	MARKHAM STOUFFVILLE HOSPITAL
9	CE	Dr. Simon Harris	SCARBOROUGH HOSPITAL (THE)
10	SE	Dr. Dan Borschneck	KINGSTON GENERAL HOSPITAL
11	Ch	Dr. Eugene Kenneth Wai	OTTAWA HOSPITAL (THE)
12	NSM	Dr. Raja Rampersaud	TBD
13	NE	Dr. Ryan DeMarchi	HEALTH SCIENCES NORTH
13	NE	Dr. Adrienne Margaret Kelly	SAULT AREA HOSPITAL
14	NW	Dr. David Alexander Puskas	THUNDER BAY REGIONAL HLTH SCIENCES CTR

If you have any questions, please reach out to the Surgeon Champion in your region or Dr. Rampersaud.

Thank you for your support for this implementation.

Sincerely,

Dr. Raja Rampersaud and Dr. James Rutka

Copies to:
- Allison Costello, Acting Director, HQO Liaison and Program Development Branch, MOHLTC
- Lilly Whitham, Manager, HQO Liaison and Program Development Branch, MOHLTC
- LHIN CEOs
- LHIN Surgical Champions
- Lee Fairclough - VP, Quality Improvement, HQO
- HQO Provincial Clinical Quality Leads