



## CHIROPRACTORS REDUCE COSTS AND IMPROVE PATIENT FLOW

Patients are best served by a team of the right health professionals providing high quality care at the right time. A recent study indicates that 78% of Canadian spine surgeons are interested in working with non-physician clinicians (including chiropractors) in screening low back pain (LBP) patients who are referred for elective surgical assessment.<sup>1</sup>

Diagnostic imaging and surgical specialists are valuable resources which are best utilized when patients are accurately pre-screened before being placed on the waiting list. In a survey of surgical members of the Canadian Spine Society, the overwhelming majority (>80%) indicated they would need to screen more than five patients to identify a single surgical candidate; 40% said they would find a single surgical candidate in five to ten referred patients; 42% said it would take more than 10 patient consultations before a single surgical candidate would be identified.<sup>1</sup>

Hospitals can help improve patient flow and reduce costs by referring musculoskeletal (MSK) patients to chiropractors for assessment when they present in hospitals and emergency departments (EDs). After assessment chiropractors can either recommend an appropriate health care professional/diagnostic tools, or provide conservative care options including manual therapy, therapeutic exercise, patient education, self-management strategies and lifestyle modifications.

## PRE-SURGICAL ASSESSMENT AND TRIAGE

Funded by the MOHLTC and led by the University Health Network, Inter-professional Spine Assessment and Education Clinic (ISAEC) Pilots have been operating in Hamilton, Thunder Bay and Toronto since 2012. Primary care physicians refer MSK patients to ISAEC chiropractors and physiotherapists who provide assessment, patient education and evidence-based treatment plans and determine candidacy for DI and surgical consultation.

ISAEC pilots have wait times of just 13 days and referral rates of 7-8% for DI and specialist consultations, with remaining patients receiving some type of conservative care or engaging in their own self-management for their condition. The preliminary data<sup>2</sup> reveals opportunities for hospitals to reduce wait times and unnecessary diagnostics. The August 2014 ISAEC newsletter noted that "MRI ordering by ISAEC MDs fell 27% compared to their pre-ISAEC baseline."<sup>3</sup>

Other models are showing encouraging results as well. At Trillium Health Partners Spine Centre in Toronto, a chiropractor and an advanced practice physiotherapist (PT) have been part of the team since 2012. Emergency departments and family physicians refer MSK patients to the Spine Centre where they are assessed and triaged by a chiropractor or PT. Most patients are referred for conservative care in the community and a few are referred for DI and surgical consultation. Results suggest that this model is helping to provide more accurate diagnoses to patients, reducing unnecessary referrals for DI and surgical consultations and shortening wait lists in the process.

## EMERGENCY DEPARTMENT DIVERSION

Working two half-days per week, a chiropractor at a private clinic located in Oakville Trafalgar Memorial Hospital practices as an associate of the hospital, receiving referrals from the ED and fracture clinic. This chiropractor provides LBP patients with rapid access to comprehensive assessment and works with patients to develop a treatment plan. Patients are referred for imaging as needed. The chiropractor always notifies the patient's primary care physician or nurse practitioner of the ED visit, chiropractic consultation and treatment plan.



## HOSPITAL-BASED CHIROPRACTIC CLINICS

Two Ontario hospitals have partnered with the Canadian Memorial Chiropractic College—the chiropractic degree-granting institution in the province—to establish chiropractic teaching clinics:

1. St. Michael’s Hospital’s chiropractic program has been operating out of the hospital’s academic Family Health Team (AFHT) since 2004. In this program, physicians, nurse practitioners and other members of the interprofessional team—which is located in six sites—refer patients to the chiropractic program for the treatment of MSK conditions. Chiropractic services are available at two of the AFHT clinic sites and are offered without economic barriers to all patients of the AFHT.
2. St. John’s Rehab at Sunnybrook Health Sciences Centre offers chiropractic services to patients, staff and members of the community three days each week. Similar to chiropractic care delivered privately in the community, in this model patients are required to pay through extended health insurance (or pay a nominal fee out-of-pocket).

Chiropractic clinical services are also available at other Toronto-based hospitals. In the past decade, chiropractors have been brought into staff positions at Mt. Sinai Hospital in the rheumatology department where chiropractors lead a spinal stenosis management program and in the Rehab and Well-Being Centre. A total of five chiropractors are on staff at Mt. Sinai. At the Toronto Western Hospital, two chiropractors work in the Artist’s Health Centre, providing primary care services to local artists. At the West Park Healthcare Centre, chiropractors have been providing treatment in the wellness program and conducting comprehensive clinical evaluations in the Assessment Centre for more than 15 years.

Chiropractors are working alongside other health professionals and health system administrators to identify how we can be involved in the shared care of a range of MSK patients. To learn more about these examples and how chiropractic contributes to improved patient care, contact the OCA:

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### Notes

- 1 Busse, J., Riva, J., Nash, J., Hsu, S., Fisher, C., Wai, E., Brunarski, D., Drew, B., Quon J., Walter, S., Bishop, P., & Rampersaud, R. (2013). Surgeon attitudes toward nonphysician screening of low back or low back–related leg pain patients referred for surgical assessment. *Spine*, 38(7), E402-E408, 2013.
- 2 ISAEC Newsletter (September 2015): Retrieval from: [http://www.isaec.org/uploads/1/3/1/2/13123559/isaec\\_-\\_pcp\\_newsletter\\_-\\_september\\_2015.pdf](http://www.isaec.org/uploads/1/3/1/2/13123559/isaec_-_pcp_newsletter_-_september_2015.pdf)
- 3 ISAEC Newsletter (August 2014): Retrieval from: [http://www.isaec.org/uploads/1/3/1/2/13123559/isaec\\_-\\_pcp\\_newsletter\\_-\\_august\\_2014\\_-\\_website.pdf](http://www.isaec.org/uploads/1/3/1/2/13123559/isaec_-_pcp_newsletter_-_august_2014_-_website.pdf)