Title: Management of Low Back Pain

Organization: Concord Hospital, Concord, New Hampshire

Briefly explain why this “Best Practice” was developed:
The Board of Trustees of Concord Hospital chose a quality goal for medical staff to reduce unwarranted imaging of patients with low back pain (LBP) at the same time rehabilitation services was working on a therapy specific quality initiative (QI) to address this patient population. This provided the impetus to relook at how medical staff approached low back pain and opened the door to consensus for standardization of care across the continuum.

Description:
The Concord Hospital quality improvement initiative for evidence-based management of low back pain was developed with the goal of promoting evidenced-based practice in the assessment and treatment for patients with nonspecific low back pain in a collaborative model with primary care providers, emergency medicine providers, and physical therapy. The goal is to promote appropriate and early access to physical therapy, reduce unwarranted imaging and narcotic use, and obtain superior patient outcomes.

Primary Objectives
- Identify validated assessment and treatment pathways.
- Provide consistent care in LBP treatment with all providers and physical therapists with predictable results.
- Clinical practice guidelines will direct patients to early physical therapy when appropriate or to self-management via a prescribed home program developed by physical therapists at Concord Hospital, along with a referral for a physical therapist phone consult to promote self-management and prevent the risk of recurrence/chronicity.
- Use of common language, interpretation and management for red and yellow flag screening, and determining appropriate level of physical therapy referral will be adopted across practices and between providers and rehabilitation services.
- Build resource tools into provider and rehab electronic medical record documentation systems to maximize efficiency and support standardized care.

Describe the steps to implementation:
- March 2012, members of Concord Hospital physical therapy began to develop a consistent evidence-based approach for the management of patients with LBP.
- Thorough literature search was conducted.
- Concord Hospital Medical Group (CHMG) adopted the “Choosing Wisely” campaign and the American College of Radiology Appropriateness Criteria.
- Identified validated assessment, treatment, and predictor models.
Educated staff in standard assessment and subgrouping of patients into treatment classifications.

Expanded initiative to include emergency department providers.

How long has it been in use within your organization?

- It is in pilot phase I (see Phases outlined below)

Describe the benefit, challenges and barriers it has brought to your organization:

Goal:

- Superior patient outcomes with improved access to physical therapy
- Physician practice data to support adoption of the project—metrics to be collected:
  - Compare the imaging rate of patients with LBP in CHMG practices from fiscal year 2012 with imaging rates post QI implementation.
  - Compare cost for a full episode of treatment for LBP (identified by ICD-9 codes) in CHMG practices in fiscal year 2012 with cost for the full episode post QI implementation.
  - Subset cost data into those patients who had physical therapy vs those who did not.
  - Subset cost for those who had physical therapy at Concord Hospital following the established clinical pathway vs those who had physical therapy in a different setting.
  - Emergency Department/Urgent Care
    - Compare imaging rate of patients with LBP evaluated in the emergency department/urgent care from fiscal year 2012 with imaging rates post QI implementation.
    - Compare number of repeat visits to the emergency department/urgent care for treatment of LBP in fiscal year 2012 to post QI implementation.

- Physical therapy data to support practice (metrics being collected at this time)
  Compare outcome data from fiscal year 2012 to post QI implementation including:
  - Total number of patients treated with LBP
  - Average visits per episode of care
  - Disposition at discharge (percent of goals achieved)
  - Outcome measures determined via the use of outcome tools: Global Rating of Change (GROC), Modified Low Back Pain Disability Questionnaire, and Patient Specific Functional Scale

Improvements:

- Consistency of practice (reduced variability)
- Expectation
- Collaboration (build relationships with providers)

Challenges:
- Patient acceptance of not receiving imaging and narcotics. Places burdens on providers/care managers to educate patients
- Buy in from all providers
- Skill level of all therapists

**Assessment Tools:**
- Global Rating of Change (GROC)
- Modified Low Back Pain Disability Questionnaire
- Patient Specific Functional Scale
- Keele STartT tool

**Direct evidence as a result of this practice:**
N/A

**Are you willing to share this with others, and is there a cost associated?**
- Yes, depending on venue. Pilot implementation began in April 2013 and is not ready for the American Physical Therapy Association’s Combined Sections Meeting at this time.

**Is this commercially available?**
N/A

**Any additional information or resources:**
See attached flow sheets and reference list
Physical Therapists Role in Management of LBP: 3 Phases

Phase I

Primary Care Physician (PCP) Office Visit
PCP screens for red flags and appropriateness of PT referral/ risk for chronicity (*see references STarT Tool, red and yellow flag questions)

- No red flags, PCP determines PT referral versus self management and PT phone consult

PT Referral

- PT evaluation within 24-48 hours (2 business days)

PT evaluation/treatment per Evidence Based Clinical Practice Guidelines

- If patient has not improved within 7-10 days from initial PCP visit referral for Physical Therapy evaluation is initiated.

Self management

- Issue Back treatment guidelines:
  - Self management
  - Exercises
  - Resource information
  - PT phone consult information

Patient progressed through plan of care. PT initiates follow up contact with patient at 4 weeks, 6 and 12 months post treatment

If patient not progressing, refer back to PCP
Physical Therapists Role in Management of LBP
Phase II

Primary Care Office Triage
(MA, Nurse or Nurse Navigator screens for red flags and appropriateness of PT referral/ level of risk for chronicity)

No red flags

High risk for chronicity

Schedule with PT w/in 24-48 hours (2 business days)

PT screens for red flags

If none, treat per guidelines

PT contacts patient for 4 wk, 6 and 12 month post treatment follow

If yes, refer to PCP

Low risk for chronicity

Schedule with PCP or PT

Low risk patient issued Back treatment guidelines with referral for PT phone

PT follows up in 1 week – determines if more formal PT treatment is appropriate or guides patient for continued compliance

Red flags present

Schedule with PCP

PCP assessment

Further work up

PT referral

Treat per guidelines

PT contacts patient for 4 wk, 6 and 12 month post treatment follow up
Physical Therapists Role in Management of LBP
Phase III

Physical Therapist Musculoskeletal Triage Team
(PT screens for red flags and appropriateness of Physical Therapy/level of risk for chronicity/recurrence)

No red flags

- Mod/High risk for chronicity
  - Follow treatment guidelines
  - PT contacts patient for 4 week, 6 and 12 month post treatment follow up

Low risk for chronicity

- Issue Back treatment guidelines (1 visit)
  - Follow up via phone consult in 1 week

Red flags present

- Physical Therapist refers to Primary Care Provider

Provider Assessment

- Further workup
- Refers to Physical Therapy
  - Follow Treatment Guidelines
  - PT contacts patient for 4 week, 6-12 month post treatment follow up
Physical Therapists Role in Management of LBP
Emergency Department/Urgent Care

Emergency Department/Urgent Care Visit
Provider screens for red flags and appropriateness of PT referral/ risk for chronicity (*see references STarT Tool, red and yellow flag questions)

No red flags, provider:
- initiates PT referral
- Issues LBP after care instructions from ‘Discharge 123’ program

PT evaluation same day-48 hours (2 business days)

PT evaluation/treatment per Evidence-Based Clinical Practice Guidelines.

If patient not progressing, refer to PCP

Red flags present. Proceed with medical assessment and intervention as indicated.

PT contacts patient for 4 weeks, 6 month and 12 month post treatment follow up
Evidence/justification to support this practice:


Fritz JM, Childs JD, Wainner RS, Flynn TW. Primary care referral of patients with low back pain to physical therapy. *Spine (Phila Pa 1976)*. 201237;2114-2121.


