Shared Care: An Effective Way To Beat MSK Conditions

The Benefits of Interprofessional Collaboration

Patient Benefits

Coordinating care among the relevant providers, who are able to share patient information in a collaborative effort, better ensures proper patient care—at the right time—from the most appropriate practitioner. When primary care providers collaborate with chiropractors to provide patient-centred care, in a timely fashion, overall MSK patient outcomes are likely to improve.

The equation is simple:

- information sharing increased access and timeliness patient-centred care
- improved patient outcomes.

Provider Benefits

Increased collaboration with chiropractors can help to ease pressure on primary care providers, through reducing the number of physician and NP visits for LBP, which, in turn, can serve to also reduce wait times, potentially allowing primary care providers to increase the number of patients they see, and spend more time with complex patients.



Health System Benefits

Research has found that for patients who had access to chiropractic coverage versus those who did not, overall back pain related costs were reduced by 28%, hospitalizations were reduced by 41%, back surgeries were reduced by 32%, and medical imaging including MRI was reduced by 37%.¹ Similarly, patient awareness that their primary care team includes a chiropractor can potentially serve to redirect MSK patients away from emergency departments and to the primary care team first.

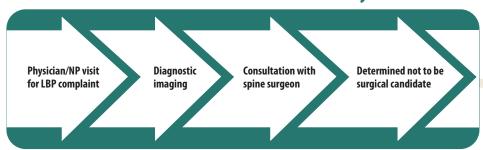
A 2013 study, funded by Ontario Government grants, which examined the effects of introducing access to chiropractic care on low back pain patients in one physician's practice within a FHT found:²

- ▶ 52% fewer patients received prescription medication
- ▶ 57% decrease in the total number of narcotic prescriptions
- ▶ Median number of physician visits decreased from 2.5 to 1

The Impact of MSK

Musculoskeletal conditions are a significant health care issue. Lower back pain (LBP) alone affects 85% of the working population at some point in their lifetime.³ Chronic LBP patients are commonly referred to orthopaedic surgeons. The median wait-time between physician referral to an orthopaedic surgeon and the surgical consultation is 19.5 weeks, with median time between referral and treatment being more than 37 weeks.⁴ However, approximately 90% of LBP patients are not surgical candidates,⁵ so these patients often end up being referred back to their primary care provider, which further extends the time it takes for them to receive care, after significant health care resources have already been used.

A Common LBP Patient Journey



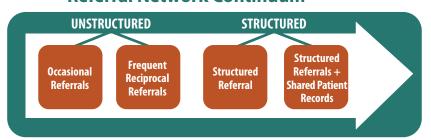
Patient returns to primary care with no resolution

Referral Networks

One of the primary ways in which chiropractors and primary care physicians and nurse practitioners can work collaboratively is through the establishment of referral relationships.

While many chiropractors are engaged in informal referral relationships with primary care providers in their community where they receive occasional or even frequent referrals, others have formed structured referral networks. In a structured referral network, a chiropractor remains off-site from the primary care team, but there is a strong, structured, and open two-way referral network with a primary health care team. In this scenario, the chiropractors may still attend on-site team meetings and related rounds, and even be integrated on the team's electronic medical records.

Referral Network Continuum





Musculoskeletal and chronic pain issues can stop us from being active – but working with chiropractors means we're able to help people manage their MSK challenges and get them moving again. Physical activity can help prevent heart disease and diabetes, conditions that are costing the system so much money.

Chiropractors can help patients self-manage their musculoskeletal conditions. If I hurt myself, I can get it managed in the short-term, but I can also become educated to help prevent re-injury and I'm going to have a better long-term outcome.

Suzanne Trivers Executive Director Mount Forest Family Health Team



References

- 1. Legorreta, A., Metz, R., Nelson, C., Ray, S., Chernicoff, H., & DiNubile, N. (2004). Comparative analysis of individuals with and without chiropractic coverage. Archives of Internal Medicine, (164), 1985-1992.
- 2. Mior, S., Gamble, B., Barnsley, J., Côté, P., & Côté, E. (2013). Changes in primary care physician's management of low back pain in a model of interprofessional collaborative care: an uncontrolled before-after study. Chiropractic and Manual Therapies, 21(6)
- 3. Cassidy, JD., Carroll, LJ., Côté, P. "The Saskatchewan health and back pain survey. The prevalence of low back pain and related disability in Saskatchewan adults." Spine, 1;23(17):1860-6. 1998.
- 4. Barua, B., & Esmail, N. (2012). Waiting your turn: Wait times for health care in Canada, 2012 report. Fraser Institute, p. 43-44. Retrieved
- from: http://www.fraserinstitute.org/uploadedFiles/fraser-ca/Content/research-news/ research/publications/waiting-your-turn-2012.pdf

 5. Iron K, Jaakkimainen L, et al. Investigation of acute lower back pain in Ontario: Are guidelines being followed? ICES, Toronto, Ontario, 2004.

