

PRIMARY CARE Relationships



COLLABORATING WITH CHIROPRACTORS IN PRIMARY CARE

When patients have musculoskeletal (MSK) issues, they often begin their health journey in a primary care setting. In 2006-07, 23% of Ontario's population (2.8 million people) saw a physician for an MSK disorder. 83.2% of those 2.8 million Ontarians visited a primary care physician at least once for their MSK issue, a number that highlights MSK conditions impact on Ontario's primary care system.¹



Recent studies indicate that 75% of family physicians in Canada refer to chiropractors² and 78% percent of Canadian spine surgeons are interested in working with non-physician clinicians in screening low back pain patients referred for elective surgical assessment.³

Family physicians and nurse practitioners can use chiropractic referrals to free up time for more complex cases and potentially reduce reliance on diagnostic imaging for many MSK disorders.

CHIROPRACTORS IN INTERPROFESSIONAL PRIMARY CARE TEAMS

Chiropractors are eligible to work in a variety of team-based primary care settings such as Family Health Teams, Community Health Centres, Nurse Practitioner Led Clinics Aboriginal Health Access Centres, and Hip/Knee Central Intake Assessment Centres (CIACs). The following are a few current examples of collaborative care models yielding high rates of patient and provider satisfaction:

Primary Care Low Back Pain (PCLBP) Pilot

The Primary Care Low Back Pain Pilots were established in interprofessional teams across the province to support more effective treatment and management of both acute and chronic low back pain.

Patient Self-Reported Data (N=164)



- 94% satisfied or extremely satisfied with assessment and treatment received.
- 93% agreed or strongly agreed that their quality of life has improved.
- 87% agreed or strongly agreed the pilot gave them access to low back pain care that they would otherwise not be able to access.
- 83% agreed or strongly agreed they now rely less on medication to help manage their low back pain.

Inter-professional Spine Assessment and Education Clinics (ISAEC)

The [Inter-professional Spine Assessment and Education Clinics](#) (ISAEC) Pilot has been operating in Hamilton, Thunder Bay and Toronto since 2012, providing assessment, triage, exercise and other self-management strategies

for patients with acute low back pain. The 2017 Ontario Budget pledged \$10 million in new funding to expand ISAECS across the province starting Fall 2017.

The program has shown positive results so far, including:



- More than 96% of patients referred for an ISAECS surgical consultation have been surgically appropriate
- Less than 7% of ISAECS patients require imaging
- The program has produced a 99% patient satisfaction rates.

CHIROPRACTORS IN REFERRAL ARRANGEMENTS

The most common type of collaboration between chiropractors and primary care physicians or nurse practitioners is through some sort of referral relationship.

In most cases, this is an informal partnership where family doctors and nurse practitioners develop a relationship with one or more local chiropractors to refer patients they see with MSK conditions. Referral networks can also become more formalized. Some chiropractors have co-located their private practice within primary care team settings, working alongside MD/NPs. In these models, the chiropractor pays overhead to the practice and in some cases provides pro bono care to patients who do not have extended health benefits and cannot otherwise afford to pay for chiropractic care.

CHIROPRACTORS IN VOLUNTEER CLINICS

Not every CHC is currently able to afford to provide chiropractic services within their current global budget. Some chiropractors have established volunteer clinics with these teams to ensure patient access to chiropractic care. The patients seen in these clinics face very challenging socioeconomic circumstances and quite frequently have other comorbidities, including mental health issues and chronic conditions like diabetes.

Notably, some volunteer clinics have evolved into funded programs. Establishing these volunteer clinics can position the CHC well when they seek to hire a chiropractor.

- 1 MacKay, C., Canizares, M., Davis, A. and Badley, E. (2010). Health care utilization for musculoskeletal disorders. *Arthritis Care & Research*, 62(2), 161-169. Retrieval from: www.ncbi.nlm.nih.gov/pubmed/20191514
- 2 Busse, J., Canga, A., Riva, J., Viggiani, D., Dilauro, M., Kapend, P., Harvey, M., & Pagé, I. (2011). Attitudes towards chiropractic: A survey of Canadian family physicians. Oral Presentation Family Medicine Forum November 2011, Montreal.
- 3 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.



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