

**Ministry of Health  
and Long-Term Care****Ministère de la Santé  
et des Soins de longue durée**

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Negotiations and Accountability  
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**MEMORANDUM TO:** Aboriginal Health Access Centres (AHACs)  
Community Health Centres (CHCs)  
Family Health Teams (FHTs)  
Nurse Practitioner- Led Clinics (NPLCs)

**FROM:** Susan Fitzpatrick  
Assistant Deputy Minister  
Negotiations and Accountability Management Division

**SUBJECT:** Primary Care Low Back Pain (PCLBP) Pilot

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The Ministry of Health and Long-Term Care (MOHLTC) is committed to continuing to improve primary care models that particularly address the needs of the large number of patients who have lower back pain (LBP).

To that end, I am pleased to announce one-time pilot funding to support inter-professional primary care teams to provide better patient care through more effective treatment and management of LBP. Funding is available to teams/ organizations that operate in the following primary care settings: Nurse Practitioner-Led Clinics, Family Health Teams, Aboriginal Health Access Centres and Community Health Centres.

This pilot will support the objectives of *Ontario's Action Plan for Health Care* by strengthening capacity in Ontario's primary health care sector to deliver integrated programs focused on keeping Ontarians healthy and providing the right care, at the right time, in the right place.

The pilot will provide one-time, time-limited funding for a minimum of 12 months to a maximum of 24 months, to support primary care organizations in the design, planning and implementation of a LBP management program within their organizational context. Funding can be used to either enhance an existing program or create a new one if one does not exist.

### **Objectives**

Projects will involve the development of a LBP management program or enhancement of an existing LBP management program that integrates allied health providers in a primary care setting.

Projects should be designed with the objectives of:

1. Improved patient and provider experience;
2. Improved patient clinical outcomes for patients with LBP;
3. Decreased inappropriate utilization and referrals of lumbar spine magnetic resonance imaging (MRIs) and other diagnostic imaging;
4. Reduced unnecessary referrals to LBP-related specialists and surgical referrals; and
5. Improved quality and efficiency in LBP management.

The key elements of a project should include:

1. Identifiable patient need for the development of a new/ or enhancement of an existing LBP management program (e.g., preliminary patient population exhibiting acute or recurring chronic back issues) and details on how patients' needs will be addressed through the program;
2. Service offering that includes a combination of treatment, patient education, assessment and referral;
3. Integration of allied health provider(s) into the existing inter-disciplinary team to deliver a LBP management program. Organizations have the flexibility to recruit allied health provider(s) with the appropriate skills and fit to deliver services, with any combination of chiropractor (DC), physiotherapist (PT), occupational therapist (OT) and kinesiologist (KIN) eligible for inclusion;
4. Collaborating partnerships;
5. Evaluative component defining measures that will be used to track key outcomes (e.g., clinical outcomes and system impacts); and
6. Outline how provincial educational resources will be utilized to augment care.

## **Program Requirements**

As requirements of the PCLPB Pilot, organizations must:

- Commit to adopt and use the provincial LBP clinical toolkit and educational materials ([www.ontario.ca/lowbackpain](http://www.ontario.ca/lowbackpain)); and
- Agree to participate in a provincial evaluation and training on the LBP clinical toolkit.

The Provincial evaluation will focus on a number of elements including how the PCLBP Pilot will impact patient and provider satisfaction and provider referral patterns (e.g., lumbar spine MRI scans and LBP specialists). Further information on the provincial evaluation requirements will be shared with successful applicants as the PCLBP Pilot progresses.

## **Eligibility**

Funding is available to teams/ organizations that operate in the following primary care settings: Nurse Practitioner-Led Clinics, Family Health Teams, Aboriginal Health Access Centres and Community Health Centres.

Organizations with a primary care provider already involved in the Inter-professional Spine Assessment and Education Clinic (ISAEC) Pilot are ineligible to participate.

## Funding

Projects will be funded for a minimum of 12 months, maximum of 24 months starting as early as January 2014. Funding is one-time and time-limited.

Successful pilot projects are expected to direct the majority of funds provided to service delivery. However, funding may be directed to: administrative support, project management and overhead.

Funding may be paid directly to primary care organizations or to a collaborating partnership depending on the specifics within the application.

## Application Logistics

Applicants will be required to appoint a lead point of contact who will speak on behalf of the group for the purpose of this application process. This lead contact will be responsible for providing the ministry with any updates, supporting data, and reports as required in this application.

The application must be **typed** in point or paragraph form using the application template provided at the following link:

[www.health.gov.on.ca/en/pro/programs/ecfa/docs/lb\\_primary\\_application.doc](http://www.health.gov.on.ca/en/pro/programs/ecfa/docs/lb_primary_application.doc)

Applicants are encouraged to answer each of the questions clearly, completely and concisely. Incomplete applications will be evaluated according to the information provided.

Applicants are strongly encouraged to:

- Affix any supporting documentation in clearly defined appendices at the end of the application. Documents must be submitted in electronic form.
- Ensure that the application is complete prior to submitting it to the ministry.

**Completed applications must be received by the ministry no later than 5:00 pm on November 21, 2013.** Applications received after this time will not be considered.

Applications must be submitted electronically to: [pclbppilot@ontario.ca](mailto:pclbppilot@ontario.ca)

Applicants will be sent an electronic confirmation of receipt of their application. In addition, please forward any questions concerning this pilot to [pclbppilot@ontario.ca](mailto:pclbppilot@ontario.ca).

## Selection Process

Information must be complete and the application should clearly demonstrate how the funding through the project will assist inter-professional primary care teams to address the needs of patients with LBP issues.

The MOHLTC will evaluate applications based on how the information provided in the application package meets the evaluation criteria, as indicated below.

## Evaluation Parameters

All applications will be reviewed by a primary and secondary evaluator who will report to an evaluation committee. The evaluation will centre on the degree to which applicants can demonstrate:

1. Identifiable patient/ client need for additional allied health services to support more effective management and treatment of low back pain;
2. How the inclusion of allied health services (any combination of: DC, PT, OT or KIN are eligible for inclusion) will result in a clear benefit to patients with LBP;
3. Organizational readiness to integrate allied health providers into the existing interdisciplinary complement, including having sufficient space; and
4. Delivery of core service offering that includes a combination of the following: patient education, assessment, treatment and referral.

In addition, all applications will be collectively assessed to maximize the optimal distribution of funds across the province taking into account qualitative factors such as rurality, type of innovation, size of grant etc. This will ensure the ministry funds a range of models across various primary care settings to gain an understanding of the different ways a LBP management program could be implemented within a primary care context.

## Next Steps

Once an application has been approved and evaluated, the successful applicants will be notified in writing. If required, applicants will also be required to clarify specific aspects of their application and prepare an implementation plan.

I am confident that the PCLBP Pilot will continue to build responsive primary care models that address the needs of patients suffering from LBP. Please forward any questions concerning this pilot to [pclbppilot@ontario.ca](mailto:pclbppilot@ontario.ca).

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Susan Fitzpatrick

[Encl.]

c: LHIN CEOs