Primary Care Low Back Pain (PCLBP) Pilot

PCLBP

Questions and Answers

Q1: What is the Primary Care Low Back Pain (PCLBP) Pilot?

A1: The PCLBP Pilot is a pilot funding program administered by the Ministry of Health and Long-Term Care (MOHLTC). The pilot intends to support inter-professional care teams to provide more effective management of patients with low back pain (LBP) in the following primary care settings: Nurse Practitioner Led-Clinics (NPLC), Family Health Teams (FHT), Aboriginal Health Access Centres (AHAC) and Community Health Centres (CHC).

Q2: How does this pilot fit into the government's broader health strategy/ agenda and existing Low back Pain (LBP) Strategy?

A2: This pilot initiative 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.

In addition, the PCLBP Pilot aligns with and advances the ministry's LBP Strategy, by promoting better patient outcomes and satisfaction, improving quality and efficiency in LBP management and supporting the adoption of clinical best practices in the treatment of LBP.

Q3: What is the provincial LBP Strategy?

A3: In recognition that improving the quality and delivery of treatment for LBP management can make a life-changing difference to thousands of people, the province launched the LBP Strategy. This Strategy has adopted a three-pronged approach, aimed to accelerate evidence to adoption to improved care for patients with LBP. The three components include:

1. **Evidence-based amendments to the Schedule of Benefits**: language was added to the Schedule of Benefits in April 2012 to indicate that diagnostic imaging should only be ordered where serious pathology is suspected (e.g. cauda equina syndrome, infection, cancer).
2. **Educational tools and supports for providers and patients, including:** In-person training for primary care practitioners (PCPs), launch of a provider online tool kit and online accredited training module; and
3. **Testing new models of care, which include:**

    a) **Inter-professional Spine Assessment and Education Clinics:** which tests and evaluates a new model of care in 3 regions where inter- professional allied health care teams (DC, PT, OT) offer patients timely assessment, education and shared-care treatment plans focused on self-management.

    b) **PCLBP Pilot:** which will support primary care organizations (FHT, NPLC, AHAC, CHC) to develop a new or enhance an existing LBP management program through the utilization of allied health providers. Organizations have the flexibility to design, plan and implement the PCLBP within their organizational context; this includes recruiting 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.

Q4: How does the PCLBP initiative differ from the ISAEC pilot project?

A4: The ISAEC Pilot and PCLBP Pilot are complementary projects intended to test appropriate delivery mechanisms for evidence based LBP care. The PCLBP model targets a broader range of individuals with acute LBP as well as chronic LBP and the ISAEC model targets those with recurring/chronic LBP issues.

Comparing the two pilots:

Element	ISAEC model	PCLBP model
Focus	Providing educational interventions to patients with unmanageable recurring or persistent sub-acute or early chronic LBP. Patients with chronic LBP of greater than 12 months were excluded from the Pilot.	Providing upstream interventions to individuals experiencing both acute LBP, as well as chronic LBP.
Care Setting	Community-based (patients who are referred to an ISAEC clinician visit that clinician in their office).	Primary care based with patients receiving services in a primary care organization (NPLC, CHC, AHAC, or FHT).
Services and Providers Involved	Patient assessment, patient education, referral recommendation for primary care provider; Providers: GP, NP, DC, PT and OT.	Patient assessment, patient education, referral and treatment; Providers: NP, GP and allied health providers (combination of DC, PT, OT and KIN eligible for inclusion).

Q5: What are the funding parameters? What is the intended scope of the pilot initiative?

A5: One-time, time-limited funding will be provided for a minimum of 12 months up to a maximum of 24 months, starting as early as January 2014. 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.

It is expected that under the PCLBP Pilot, organizations will develop a new or enhance an existing LBP management program to fit their organizational context, recruiting allied health provider(s) with the appropriate skills and fit to deliver services, with any combination DC, PT, OT and KIN eligible. Services should include, at a minimum: treatment, assessment, patient education and referral for LBP patients.

Q6: How does this program differ from the recent provincial call for proposals for the *Program-Based Integration of Physiotherapy into Primary Health Care project*?

A6: The *Program-Based Integration of Physiotherapy into Primary Health Care project*, as announced on April 13, 2013, is intended to permanently integrate physiotherapists

into primary health care settings, beginning in the 2013/14 fiscal year. Under this project, physiotherapists are permanently integrated to contribute generally to existing interdisciplinary primary health care programs such as chronic disease management, health promotion and disease prevention. The application window to this initiative closed on **Tuesday, July 23rd, 2013**.

The PCLBP pilot is a time-limited pilot (funding will be provided for a minimum of 12 months to a maximum of 24 months commencing in 2013/14) specifically targeting LBP management. Under the pilot, primary care organizations are able to augment their existing LBP management program or build a new LBP management program by integrating allied health provider services (note any combination of DC, PT, OT and KIN are eligible for inclusion) into their existing primary care team.

The PCLBP Pilot is run separately from the *Program-Based Integration of Physiotherapy into Primary Health Care*, however, PCPs are eligible to receive funding through both initiatives.

Q7: What is the application evaluation process?

A7: All applications will be reviewed by a primary and secondary evaluator who will report to an evaluation committee. Applications will be evaluated based on the degree to which applicants can most effectively demonstrate:

a. Identifiable patient/client need for additional allied health services to support more effective management and treatment of LBP;

b. How the inclusion of allied health services will result in a clear benefit to patients with LBP; and

c. Organizational readiness to integrate allied health providers into the existing interdisciplinary complement, including having sufficient space.

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 program could be implemented within a primary care context.

Q8: Which primary care organizations are eligible to apply for the PCLBP Pilot?

A8: Organizations operating in one of the following primary care settings may apply to the PCLBP Pilot: NPLC, FHT, AHAC and CHC. Organizations involved in the Inter-professional Spine Assessment and Education Clinic (ISAEC) Pilot are ineligible for the program.

Q9: What are the requirements to participate in the PCLBP Pilot?

A9: As requirements of the PCLPB Pilot, participants must:

- Commit to adopt and use the provincial LBP clinical toolkit and educational materials (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 magnetic resonance imaging (MRI) scans and LBP specialists). Further information on the Provincial evaluation requirements will be shared with successful applicants as the PCLBP Pilot progresses.

Q10: Can a primary care organization/PCP participate in both the *Physiotherapy into Primary Health Care project* and the PCLBP Pilot?

A10: Yes, primary care organizations and PCPs can participate in and receive funding through both initiatives.

Q11: Is the provincial LBP clinical toolkit and educational materials available for all PCPs across the province?

A11: Yes, the resources are available on the ministry's LBP website (www.ontario.ca/lowbackpain) and can be accessed by any clinician or member of the public. Clinicians are encouraged to utilize these evidence-based tools and resources to help improve LBP management practices within their respective organizations and teams.

Q12: If a primary care organization has a small patient base that may not require a full-time LBP management program, can they partner with other organizations and submit a joint proposal?

Q12: Yes, smaller teams/ primary care organizations are encouraged to collaborate with one another in the development of a joint proposal. Although partnering may be beneficial (e.g., shared resources) and strengthen a proposal, it does not guarantee funding.

Q13: What is the ministry's expectations regarding the target patient population size for each site?

A13: The ministry anticipates that the patient population and site size will vary depending on the unique regional needs of the applying primary care organization or PCP. As part of the application process, applicants must present an identifiable patient need for allied health services, and describe how these needs will be addressed through the development of a new or enhancement of an existing LBP program.

Q14: How is the PCLBP Pilot related to the Ministry's recent announcement that chiropractors are now eligible to work within Ontario's Family Health Teams and Nurse Practitioner Led Clinics?

A 14: The PCLBP Pilot supports the new policy change by providing a tangible opportunity for Family Health Teams and Nurse Practitioner-Led Clinics to explore how a chiropractor could be integrated into their interdisciplinary primary health care team.

Q15: What will happen to PCLBP Pilot funding after the 24 month period? Will the ministry continue to fund the various pilots?

A15: The PCLBP Pilot program provides one-time, time limited funding for a minimum of 12 months to maximum of 24 months, starting as early as January 2014 and ending in the 2015-16 fiscal year. Additional funding will not be provided beyond this time.

The PCLBP Pilot and the ISAEC Pilot are two initiatives the ministry has invested in to test different delivery mechanisms for evidenced-based LBP care. Upon the completion of PCLBP Pilot, the ministry will conduct an evaluation to understand the overall impact the initiative has had on patient and provider satisfaction and provider referral patterns (e.g., lumbar spine MRI scans and LBP specialists) to inform future policy.