

*Enhancing comprehensive primary care by integrating musculoskeletal care (chiropractic) on interprofessional teams – supporting education, competency attainment and optimizing integration**

Why

- MSK conditions – leading cause of disability [1]
- 30-40% of Family Physician visits - MSK problems [2]
- >6.5M Canadians have no regular access to family physicians and primary care [3]
- Chiropractors and physiotherapists are MSK experts in primary care
- Lack of DC/PT funding is a barrier to care and impacts health equity
- Team-based care improves care & outcomes [4]

Methods

Mixed-methods study

- 1. Synchronous education to 5 primary care teams**
 - Pre/Post Questionnaires and Focus Groups
- 2. Asynchronous education to primary care providers in Canada**
 - Post module questionnaires
- 3. Integration/enhancement of chiropractic services into 4 teams**
 - Post integration questionnaires, focus groups and key informant interviews

Where

- Twillingate, NL
- Sudbury, ON
- Georgian Bay, ON
- Winnipeg, MN
- Vancouver, BC


 Employment and Social Development Canada



Results

Synchronous Education

- 5 PC teams participated
- 44 mixed prof. attendees
- Content:
 - Burden of MSK conditions
 - Evidence for T-B Care
 - IPC competencies
 - Role of chiropractor
 - Examples of MSK models
- Education facilitated team-based care optimization

Asynchronous Education

- 5 short modules
- 361 accessed the courses
- All provinces represented
- 81% completed survey
- Self-rated collaborative competency very high for 80% participants
- LBP guideline Qs correctly answered by large majority

Integration

- DCs embedded in 4 sites
- Unique approaches used to clinical context
- High referral numbers and utilization rates
- >800 patient visits <4 mos
- Unable to accommodate patient/referral demand
- Integration successful at all sites

Next Steps

- All sites keen to sustain and/or enhance this program
- Program already extended at 2 sites
- Continued availability of web-based courses
- Disseminate results
- **Advocate to policy makers for inclusion of funded MSK program of care within primary care**

REB approval at 5 institutions

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