PARTNERING IN THE COMMUNITY TO HELP ELIMINATE OPIOID OVERDOSES

Dr. Bruce Flynn, DC
Chiropractic Lead, Belleville
NPLC PCLBP Pilot

Belleville NPLC is one of seven Primary Care Low Back Pain Pilot (PCLBP) sites launched by the Ministry of Health & Long-Term Care as part of its Low Back Pain Strategy.

The pilot enables primary care interprofessional teams to collaborate with musculoskeletal (MSK) experts in the management of low back pain and has led to significant improvements in patient, provider and system outcomes.

BACKGROUND

- Back pain is the leading cause of disability worldwide[1]
- Back pain is reported in over half of regular opioid users[2]
- 95 opioid prescriptions per 100 population are filled in South East LHIN[3]

BELLEVILLE NPLC PILOT

SERVICE DELIVERY:

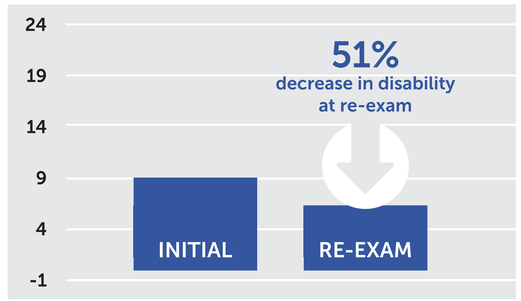
Clinicians from Belleville NPLC and Belleville Quinte West CHC refer patients with low back pain to pilot → Chiropractor assesses patient and develops care plan → Chiropractor provides treatment and as needed, refers patient to appropriate providers and/or programs or services

DATA COLLECTION

- Patient completes three questionnaires at base line (Visual Pain Analogue Scale, Oswestry Low Back Disability Questionnaire, and Roland-Morris Disability Questionnaire) and again at discharge
- Pilot sites submit quarterly reports to the Ministry regarding three dimensions: patient, provider and system
- A third party evaluator, Center for Effective Practice, evaluated the provincial pilot's collective impact

RESULTS

ROLAND-MORRIS DISABILITY SCORE-24-POINT SCALE
(N=120)



PATIENT AND PROVIDER NARRATIVES

"I'm impressed with the effects of the LBP project. My clients report much improvement – not only with pain control but also energy and function. They require less medication and have huge improvements in quality of life."
– K. Naulls, MN, NP-PHC.

We [pharmacist, chiropractor and clinicians] worked collaboratively to reduce client's opioid and other pain medications as they had chiropractic treatment. This lower back pain pilot exemplifies recommendation 10 of the 2017 Canadian opioid prescribing guideline, in which a multidisciplinary program was used to taper patients with chronic non-cancer pain who are using opioids."
– Luba Shepertycky, RPh Primary Care Pharmacist

I would like to take this opportunity to thank you for helping me with the back pain I have suffered over eleven years... I was taking 6 Percocet per day, along with 6 Tylenol #3... After only a few adjustments I started to feel so much better... I have eliminated the Percocet and Tylenol #3 and now have no pain."
– Belleville NPLC Pilot Patient

COLLECTIVE PILOT KEY OUTCOMES

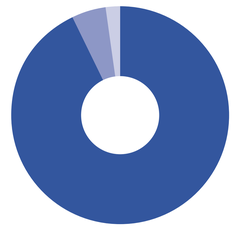
SIGNIFICANT IMPROVEMENTS IN:
- Mobility
- Quality of life

SIGNIFICANT REDUCTIONS IN:
- Opioids
- Prescription pain medications
- Pain
- Emergency room utilization
- Referrals for diagnostic imaging

PATIENT SELF-REPORTED DATA:

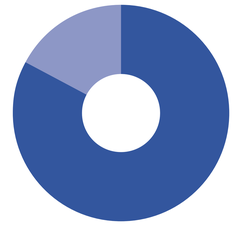
STRONGLY AGREE OR AGREE · NEUTRAL · DISAGREE

QUALITY OF LIFE HAS IMPROVED AS A RESULT OF REDUCED BACK PAIN
(N=146, ALL 7 PILOTS)



93%
5%
2%

I RELY LESS ON MEDICATION TO HELP MANAGE LOW BACK PAIN
(N=146, ALL 7 PILOTS)



83%
17%

NOTES:
1. Hoy D, March L, Brooks P, et al. (2014). The global burden of low back pain: estimates from the Global Burden of Disease 2010 study. Annals of the Rheumatic Diseases, 73, 968-974.
2. Deyo, R. A., Von Korff, M., & Duhrkoop, D. (2015). Opioids for low back pain. BMJ, 350, g6380.
3. Health Quality Ontario. 9 million prescriptions. Retrieved from http://www.hqontario.ca/portals/0/Documents/system-performance/9-million-prescriptions-en.pdf