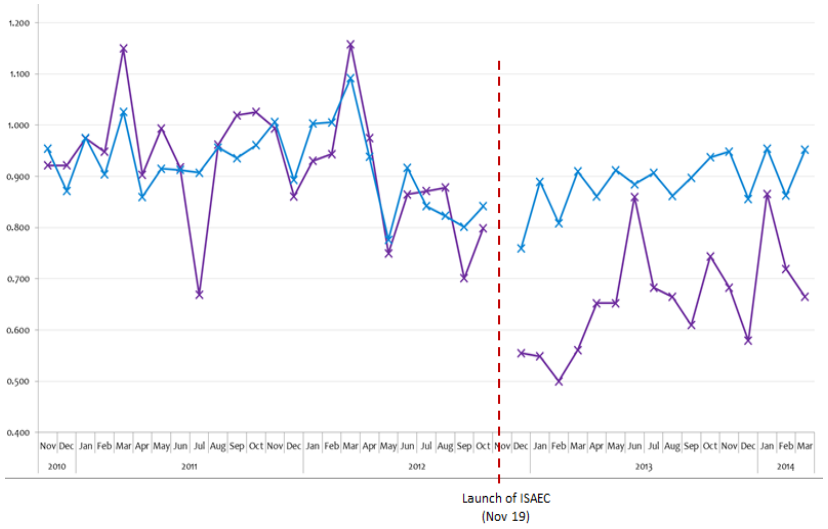
ISAEC

Inter-professional Spine Assessment and Education Clinics (ISAEC) Pilot

ISAEC Quick Stats…

Pilot days remaining: 179
Patient referrals to date: **2,333**
Average wait time: **11 days**
Patients needing Imaging/Specialist: **170**

Updated results of MRI-lumbar spine ordering practices have been provided to ISAEC by The Institute for Clinical Evaluative Sciences (ICES). These results represent MRI-lumbar spine ordering by ISAEC's primary care providers (164 MDs with ISAEC referring privileges - purple) in aggregate and compared it to a control group of primary care providers (~8000 MDs without ISAEC referring privileges - blue). The results continue to be very promising: a positive change has been demonstrated over the 16 month period following ISAEC's launch. Overall, MRI ordering by ISAEC MDs fell 27% compared to their pre-ISAEC baseline. Through your support, ISAEC is driving home the point that X-rays, CT scans and MRIs are not useful and can even be detrimental in treating low back pain, unless there are specific signs of a serious underlying cause (examples).



Source: ICES (August 2014)

This Month's Case Study…

By Henry Candelaria, DC
Chronicity Prevention Lead
Questions?
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Open for Business… We are pleased to announce that the ISAEC Chronicity Prevention clinic is now open and accepting patients (Toronto - currently, Thunder Bay via Ontario Telemedicine Network (OTN) this fall). The clinic is designed to build on the current ISAEC model by identifying patients with the highest risk of developing chronic pain and providing those patients with upstream management. In turn, this will reduce the burden of disease of Low Back Pain in Ontario and our healthcare system.

To highlight how this new clinic can benefit patient care, we will periodically feature patients seen by our ISAEC Chronicity Prevention Lead, Henry Candelaria. For example, this 69 year old male that was recently referred to Henry originally presented to ISAEC with back dominant pain aggravated by flexion. Historically, he has suffered from low back pain for over 40 years with a recent worsening over the last year. Despite upstream community care, the patient was not coping well. He rated his pain 10+/10 at rest and with activity and was scoring very high on his chronicity risk questionnaires. After numerous visits with his ISAEC community APC, he remained at high risk for chronicity. He had stopped being active and would not attempt his self-management program due to fear of exacerbating his condition. He was identified as a suitable patient for ISAEC's Chronicity Prevention Clinic and was subsequently referred.

At his initial consultation, the patient's condition remained unchanged. He was thoroughly assessed via a detailed pain history. Complicating factors such as kinesiophobia, anxiety, fear of pain and previous psychological trauma from a life threatening condition resulting in a drastic life change were identified. Additionally, the patient suffered from post-surgical hyperalgesia in his right flank related to management of his life threatening condition. This was a major barrier in his recovery. All other aspects of his physical exam were unremarkable. A plan of management was agreed upon which included SMART goal setting focusing on desensitization of his right flank as well as starting on his prescribed self-management program. Furthermore, he was educated on pain science, hurt vs. harm as well as central sensitization. He was asked to follow-up with Henry in 4 weeks' time. A detailed consult note was sent to his ISAEC PCP outlining his plan of management. At follow-up the patient's chronicity risk had dropped to low and he now rated his pain 5/10. He showed significant improvement in his mood as well as his function. His exercises were further progressed and he was encouraged to continue with his desensitization. New SMART goals were set and he was asked to follow-up with Henry in six weeks' time.

Did you know?

Over 90% of MRI back scans will show abnormalities
that do not impact clinical decision making (Orthopaedic Expert Panel, 2010).