



*ISAEC Quick Stats...*

Pilot days remaining: **90**

Patient referrals to date: **2,722**

Average wait time: **12 days**

Patients needing Imaging/Specialist: **197**

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

### *Advanced Practice Clinician Perspective: How ISAEC changed my practice?*



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Questions?  
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**By June of 2012**, I had become frustrated with the state of Low Back Pain (LBP) management in Ontario. Specifically, I had grown tired of the inter-professional silos, the mixed provider messaging and the lack of evidence based practices amongst practitioners. The burden of disease related to LBP pain had not changed in decades. In fact, we were spending more healthcare dollars managing it now than ever before. Consequently, when the opportunity arose, I decided to apply to a new pilot program that was developed in response to the exact issues that were frustrating me. A program that was designed to provide up-stream, evidence-based LBP care to patients in Ontario. In retrospect, it was one of the best professional decisions I had ever made.

I have now been involved with the Inter-professional Spine Assessment and Education Clinics (ISAEC) program, as an Advanced Practice Clinician (APC), for approximately two years. Over that time period, I have learned a tremendous amount about low back pain management as well as what it is to work collaboratively in a shared-care model. From the outset of the program we were taught that low back pain is something that cannot be managed alone as one provider cannot do it all. A collaborative inter-professional approach was the only way to proceed forward. This became very apparent to me in our

initial 13-weeks of training which included hands-on inter-professional patient care with spine surgeons, physical medicine specialists, rheumatologists and psychologists. These first three months of training significantly broadened by understanding of low back pain disorders and improved as well as refined my physical examination skills. As a result, this shifted my approach to the management of low back pain conditions in my private clinical practice. My focus began to shift back to my history and physical examination skills which significantly decreased my recommendation of and use of diagnostic imaging. The ISAEC APC training program as well as the continuing education we receive has given me the confidence to recognize which patients have indications for diagnostic imaging and which patients require specialist intervention whether it is surgical, rheumatological or even psychological. Additionally, I am more confident in my ability to convey diagnoses to both patients and primary care providers alike. Furthermore, I am better able to educate my patients about their condition and have learned that patients are willing to undertake self-management. But, perhaps the most important thing that I have learned is that, when I need it, there is always support. Whether it be my fellow ISAEC APCs, my ISAEC Practice Lead or the Clinical Sponsor, I always know that my team has my back when it comes to patient management.

To date, I have performed over 500 ISAEC consultations. Like myself, I feel that my patients have significantly benefitted from being part of the ISAEC program. Patients are assessed within two weeks of their initial referral with the vast majority of them showing significant improvements through education as well as their personalized ISAEC self-management plans. For those that require it, ISAEC has done a phenomenal job of expediting surgical specialist consultations. They have managed to decrease what is normally a 9 month wait to 4 weeks. This in turn, has led to a decrease in the up-front wait for surgery. Additionally, ISAEC has developed the ISAEC Chronicity Prevention Clinic to help manage those patients that have been stratified at being the highest risk of developing chronic LBP. This has been a great resource to accelerate patient recovery and decrease the prevalence of chronic low back pain.

Impressively, ISAEC has drastically helped both providers and patients by developing a shared-care model where inter-professional silos have been torn down and have been replaced with collaborative practice that has consistent messaging from start to finish. I look forward to contributing to its continued success and seeing what the future brings.



### *Did you know?*

That the ISAEC website is a great patient and provider resource. Check it out!

[www.isaec.org](http://www.isaec.org)