



ISAEC Quick Stats...

Pilot days remaining: **120**

Patient referrals to date: **2,605**

Average wait time: **12 days**

Patients needing Imaging/Specialist: **185**

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

Do You Accept the Challenge?

Based on the most recent data from ICES there has been overall significant decrease in diagnostic imaging ordering by ISAEC MDs compared to their pre-ISAEC baseline. Through your support, ISAEC is driving home the point that X-rays, CT scans and MRIs are often not useful and can even be detrimental in treating low back pain, unless there are specific signs of a serious underlying cause (i.e. Red Flags). Rarely (approximately 10%) do these types imaging impact clinical decision making (Orthopaedic Expert Panel, 2010). Further still some imaging modalities (X-rays and CTs) expose patients to unnecessary radiation but provide very little value. We commend you on a job well done but at the same time would like to challenge you to drive the diagnostic imaging numbers even lower. Please continue to send your patients to ISAEC without imaging. Your patients will be provided with rapid access, thorough consultation and personalised self-management plans. Let's place the emphasis back onto patient history and physical examination as one of our clinical sponsors has done (see below).



Surgeon Perspective: The Impact of ISAEC on My Practice – Game Changer



Rarely in clinical practice does any new widget, prosthesis, drug or process truly drastically shift the playing field for both patients and providers. However, the Inter-professional Spine Assessment and Education Clinics (ISAEC) have done just that for both patients suffering from low back pain and for providers caring for them. More impressively still, it was done using trained professionals already in existence, up skilled to work collaboratively in a shared-care model.

From my experience, patients who have had access to ISAEC Advanced Practice Clinicians (APCs) have suffered fewer recurrences, less pain, experienced less fear and returned to activity faster than patients in usual care. Additionally, both patients and primary care providers have waited a shorter period of time for expert opinions on spinal conditions. This has led to a greater sense of care and confidence in the opinion provided to them.

As a spine surgeon, ISAEC has demanded, and then facilitated, a greater role from me in community medical education for both patients and providers. This has resulted in a much more prepared patient

being referred to me for a surgical opinion. Additionally, the process of engaging and educating Primary Care Providers (PCPs) in order facilitate ISAEC referral privileges has also opened the communication pathways with community providers of all types streamlining the flow of patients up the referral chain to the immense benefit of the patient.

In addition to changing the behaviours of both PCPs and patients through education, I have to acknowledge that ISAEC has had a dramatic impact on my behaviour. I have been empowered by my full endorsement of ISAEC's processes and treatment algorithms to radically decrease my own misuse of cross sectional imaging modalities and have changed the emphasis of my diagnostic process back to history and physical examination. This has helped me to enable patients to have greater confidence in their PCPs and PCPs to have greater confidence in their opinions, even in the absence of diagnostic imaging techniques (x-ray, CT and MRI).

The opportunity to evaluate patients who have been so expertly assessed by ISAEC APCs and Practice Leaders has enabled me to envision an almost limitless role for the advanced practice, non-MD, musculoskeletal health care professional, in not only spinal health, but also in a myriad of other facets of musculoskeletal medicine. The model of close, inter professional collaboration that capitalizes on each professionals specific expertise is one that is an essential part of the future of health care delivery if we hope to both increase the quality and volume of delivery.

Did you know?

Preliminary ISAEC expansion discussions have started with the Ministry of Health and Long Term Care

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Questions?
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