



ISAEC Quick Stats...

Pilot days remaining: 54

Patient referrals to date: 2,833

Average wait time: 12 days

Patients needing Imaging/Specialist: 217

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

Primary Care Provider Perspective: Right Care, Right Time, Right Place



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Questions?
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When the ISAEC pilot was announced in September, 2012 I was intrigued by the project as low back pain (LBP) management is an area of practice in which I have struggled despite having used numerous clinical practice guidelines and toolkits. While I have always felt quite comfortable with the "red flags" of back pain, much of the rest of the assessment and management felt greyer. However, going through the ISAEC Primary Care Provider training and being involved with the ISAEC model of care has been practice changing. I learned a new and better way to approach the assessment of LBP and I have been using the 4 Pattern approach to low back pain assessment since. Additionally, the fact that the model is closely linked to the self-management tools for chronic disease has helped reinforce some important messages for patients about managing their pain.

I believe that ISAEC plays a key role in healthcare delivery by having patients see the "right provider" for the "right care" at the "right time". From a system process perspective, one of the greatest challenges that I have experienced in the past, was long wait times to see clinicians for assistance with assessment and management of patients with LBP. All too often, I had sent referrals feeling both frustrated with the wait time, but also guilty as I knew that the patient did not need to see a surgeon as their problem was not likely surgical. However, there were few other local options for referral for expert assessment and education about the management of LBP. ISAEC, with its expert low back pain clinicians from the fields of physiotherapy and chiropractic medicine have changed both the wait times and my own feeling of satisfaction that my patients are seeing the "right provider" for the "right care". Additionally, the knowledge that there will be expedited surgical consultation should that be warranted gives me further confidence that my patients are receiving the "right care" at the "right time".

Another key role that ISAEC plays in my practice is decreasing my diagnostic imaging referrals. In the past, I have often experienced pressure from patients to order imaging. However, that has changed significantly as patients regard the ISAEC Advanced Practice Clinicians (APC) as experts in LBP management. The time taken in assessment and the patient education received help patients trust ISAEC APCs and reinforce the fact that imaging is not necessary in the majority of LBP patients. Additionally, the self-management techniques have been invaluable to those patients who have successfully committed to making changes. As a consequence of this, as well as the reduced wait times to see a clinician, I have felt less pressure to manage LBP with prescription medications which has been very helpful in my practice.

From a professional education standpoint I am grateful to be part of ISAEC. The ISAEC consult notes have not only helped me manage my patients better, but have also facilitated knowledge translation. They often provide me greater insight into my patients' conditions and reinforce my ISAEC training. In addition, they are very timely allowing me to provide the necessary support to my patients in primary care.

Overall, ISAEC is an invaluable resource to me as a clinician. It has helped me to better diagnose, better manage, and better steward local resources. Most importantly though, it has helped patients access the most appropriate clinicians in a very timely manner allowing them to receive the level of expertise in care best suited to the management of their particular low back condition.

Ontario's Action Plan for Health Care



Did you know?

Despite an upstream model of care 68% of patients that present to ISAEC are deemed complex