



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

ISAEC Quick Stats...

Pilot days remaining: **24**

Patient referrals to date: **2,945**

Average wait time: **14 days**

Patients needing Imaging/Specialist: **228**

Patient Centred Care

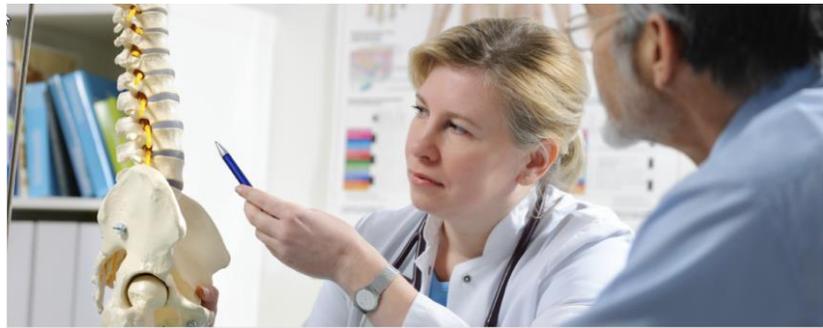


By Henry Candelaria, DC
Chronicity Prevention Lead
Questions?
<removed>

We all have patients that demand imaging or a specialist consultation for their low back pain (LBP). Naturally, they are concerned about the source of their pain and are looking for answers. Given the absence of red flags, you educate the patient that such referrals are neither appropriate nor necessary at this time, and that their LBP is likely mechanical in nature. Despite your reassurance, the patient continues to demand a referral so you oblige. Is this Patient Centred Care (PCC)? No, PCC involves more than educating patients about a diagnosis, potential treatment, healthy behaviour or giving them what they desire.

PCC is a common term heard in many healthcare settings these days. It is defined as care that ensures respect for patients' values, preferences, and expressed needs, while providing treatment in a dignified manner. Additionally, it involves educating patients, improving coordination and integration of care as well as effective communication between the patients' healthcare providers (The Change Foundation).

As healthcare providers, it is our duty to help guide patients through the myriad of healthcare options and information available to them to manage their LBP. We must ensure that we weigh the impact of possible referrals or interventions when discussing options with patients and recognize that some referrals may even be detrimental to the patient's recovery (delay recovery, promote disability). It is important to choose wisely when making decisions on managing patients.



At ISAEC, PCC is of the utmost importance. Through ISAEC's shared-cared model, patient *and* provider needs are addressed – this includes facilitating communication between providers, ease of access as well as co-ordination of care. All clinicians involved in the care of an ISAEC LBP patient are encouraged to maintain open lines of communication and collaborate with one another in the best interests of the patient – this ensures consistent messaging throughout the continuum of care as well as support for both providers and patients. Patient access is improved by utilising a de-centralised model allowing for local community based care instead of requiring that patients attend appointments at large tertiary centres – this provides patients with greater choice and access. With respect to co-ordination of care, if patients are deemed possible surgical candidates, ISAEC will arrange an expedited surgical consultation appointment with a networked specialist as well as any necessary diagnostic imaging. Regardless of diagnosis, ISAEC patients are provided with ample opportunity to ask questions and learn about their condition during their ISAEC consultation. Should the referring Primary Care Provider (PCP) have any questions about the plan of management or diagnosis, they are encouraged to contact the ISAEC Advanced Practice Clinician (APC) to discuss it further.

ISAEC provides an approach that respects the concerns of the patient while providing evidence-based options that are timely, safe, and effective. Each patient receives education, support, reassurance, self-management strategies and assistance in navigating their LBP healthcare options. Each PCP receives a consult note with a diagnosis as well as management advice to ensure continuity of care. In addition, each patient and provider receives support not only from the ISAEC APCs but also ISAEC's Networked Specialists. LBP is a chronic condition and as such will likely recur. When it does, we have your back and theirs. We are here to support both you and your patients.

Did you know?

The average wait time to see an ISAEC networked spine specialist is less than 6 weeks