Collaboration and Referral Resource Kit

Ontario Chiropractic Association

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WORKING TOGETHER PAYS OFF

Getting the word out about your practice can be really hard. Even at a time when we are all hyper-connected by technology, the need to stand out and make a good first impression on potential patients can be daunting. Strong collaboration and referral relationships with other health care providers in your community are a proven strategy for building your patient roster. This Resource Kit is designed to help you develop those relationships by:

1. Helping you understand how the broader health care system functions today,
2. Sharing replicable success stories from chiropractors who have increased referrals through interprofessional relationships, and,
3. Providing step-by-step advice on how to develop your own referral partnerships.

There are lots of opportunities out there for chiropractors to collaborate with other health care providers. From developing referral relationships to joining an existing health care team as a full-time employee, the possibilities are endless. This Resource Kit provides background information, strategies and tips that will help you to develop a new set of relationships and build upon existing partnerships. Towards the end of the document there is a list of additional resources that can help you network, including advice on how to get a meeting with decision makers.

RESOURCE KIT SECTIONS

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GETTING READY FOR PARTNERSHIP

Here are a few steps to follow to make sure that you and your practice are prepared for partnerships.

STEP 1: ENSURE YOU HAVE CAPACITY.

Developing collaborative relationships takes time in advance and once the partnerships are in place. Make sure that you have room in your schedule for networking and that your practice can accommodate an influx of new patients.

STEP 2: GET YOUR ELEVATOR PITCH DOWN.

Like you, many of the people you will be reaching out to are very busy. A strong and clear "elevator pitch" will help you make a positive first impression. This is a quick description of what you are offering to a partner. The key here is to be concise: you want to be able to make your pitch in the time it takes to travel a few floors in an elevator.

Here are some key elements of an effective elevator pitch:

- **Who are you and what are you bringing to the partnership?** If you specialize in injury rehabilitation for athletes, focus on that. If your practice is devoted to wellness & healthy living, focus on that. Highlight your specific strengths.
- **Be concise and confident.** You will sound naturally confident when you focus on your strengths and don't oversell what you are offering. Rehearse your elevator pitch and get it down to just a few moments.
- **Have a specific request that is easy to say "yes" to.** Your goal may be as simple as arranging a meeting to discuss how working together could be beneficial for everyone.

STEP 3: BE READY TO COMMUNICATE.

Especially when building relationships, staying in communication with referring family physicians, nurse practitioners and other practitioners will help you build trust. Whether you receive a referral or not, with the patient's permission you should **always** send a clinical note back to the patient's provider to share the results of your assessment and treatment recommendations. Keep it short and focus on the essential facts. The OCA can provide you with tools for this. You may not always receive a response, but if you play your cards right the next communication you get may be another referral.

IDENTIFYING POTENTIAL PARTNERS

Getting started is always the toughest part of a new venture or project. You may have already started the process of building interprofessional referral relationships. If not, there are likely a few places in your community that make sense to get started. In this section we will take you through the process of developing existing professional connections into referral relationships and give you a clear idea of where to look for new relationships.

WHO DO YOU ALREADY KNOW?

As in anything, having a pre-existing starting point is preferable to starting from scratch. So search your contact database and see what you come up with. Here's what to look for:

- Do any providers in your community already refer to you (occasionally or regularly)?
- Do you volunteer on any committees or belong to any groups with other health professionals?
- Do you have other professional or social relationships that could evolve?

You may have received a single referral from a local physician or you may have received a few referrals from a given provider or team of providers. These individuals may represent opportunities to build a more consistent referral base. Consider what you have already learned: what allowed you to develop those relationships and how can you replicate those efforts?

You may also be familiar with local health professionals through your other networks, but have not yet leveraged these relationships to grow your practice. This Resource Kit provides guidance on how to engage these contacts in dialogue and demonstrate the key role chiropractic can play in a patient's care.

POTENTIAL PARTNERS WITHIN THE HEALTH CARE SYSTEM

The Ontario health care system is a complex matrix of organizations and providers. Below, we will describe as simply as possible the common components of the system and how best to connect into them. Generally speaking, the health care system is mainly divided into Primary and Secondary Care, which also involves continuing care of older adults.

Primary Care

As you are likely aware, primary care is typically the first point of contact for patients in the health system. It involves continuous ongoing care and aims to respond to a wide array of patient needs including acute and chronic condition prevention and management, and health promotion. Chiropractic is one type of primary care.

Nearly 95% of Ontarians have a primary care medical provider (i.e., a family physician or nurse practitioner) who plays a coordinating role in their health care delivery. Referral relationships with these providers can allow you to significantly increase the number of patients you can treat. To find family physicians in your community, visit the College of Physicians and Surgeons of Ontario's All Doctors Search.

There is an increasing emphasis on the provision of interprofessional team-based care in Ontario, which has been shown to improve care coordination. The following chart outlines the four interprofessional primary care team models available to patients in Ontario.

Interprofessional Primary Care Team Models in Ontario

Team Model	Approx. # in Ontario	Approx. # of Patients Accessing Primary Care	Find Team and Learn More
Aboriginal Health Access Centres (AHAC)	10	93,000	AHAC listing More information
Community Health Centers (CHC)	75	570,000	CHC locations More information
Family Health Teams (FHT)	185	3,100,000	FHT locator More information
Nurse Practitioner-Led Clinics (NPLC)	25	45,000	NPLC listing and information More information

Ontario also has Family Health Groups (FHGs) and Family Health Networks (FHNs). However, these groups are composed exclusively of physicians. To learn more, visit HealthForceOntario.

Secondary Care:

Secondary care is provided by a specialist (e.g., an orthopaedic surgeon) or within a facility (e.g., a hospital). Secondary care may be provided in emergency circumstances or upon referral from primary care. To find hospitals in your community, visit the Ontario Hospital Association's Hospital Locator.

Community Care Access Centres (CCACs) and Long-Term Care Homes are considered part of the secondary care network. CCACs are regionally-funded agencies which, among other things, provide information and guidance on local care options with respect to independent living at home, applications for supportive housing, assisted living, Long-Term Care Homes and other similar services. There is one CCAC in each Local Health Integration Network (see next page). To find a CCAC in your community, visit Ontario's Community Care Access Centre website.

Long-Term Care Homes are health care facilities that provide 24-hour access to care and assistance with daily living. To find Long-Term Care Homes in your community, visit the Ontario Long-Term Care Association's website.

DEVELOPING RELATIONSHIPS THROUGH OTHER KEY INSTITUTIONS

Local Health Integration Networks

In 2006, the provincial government passed the Local Health Integration Networks Act. The province was divided into 14 regions called "Local Health Integration Networks" or "LHINs". The LHINs were established based on the view that certain health services and resources could be more effectively planned, operated and utilized by local regions that possess a better understanding of their communities' particular needs and capacities. LHINs are the regional health administrative bodies that fund CCACs and a range of other local health services, such as hospitals and CHCs. LHINs organize groups of providers in various committees (e.g., each LHIN has a Health Professionals Advisory Committee, several of which include a chiropractor) and often plan community engagement and health system planning events which can present great opportunities to meet and network with other health professionals in your area, and provide input into funded services in your community

To determine which LHIN your community falls within, use the Find Your LHIN tool.

Health Links

Citing research which has found that the 5% of Ontarians with the highest needs use approximately two-thirds of health care resources,[2] in December 2012 the MOHLTC announced that "Health Links" were being formed to "improve co-ordination of care for high-needs patients such as seniors and people with complex conditions"[3] in 19 communities. The number of Health Links is gradually growing to cover all sub-LHIN regions across the province. There are currently 69 Health Links at some stage of development, with more being planned.[4] The goal of a Health Link is to coordinate care among all of the relevant providers in a community so that patients with complex conditions are able to travel through the health system quickly, seamlessly and without falling through the cracks. They aim to improve patient care while reducing health care expenditures. Health Links are led by local coordinating bodies such as FHTs, CHCs, CCACs or hospitals.

To find Health Links in your region, visit the MOHLTC's listing of community Health Links.

Health Services

To identify a range of health service offerings in your community, visit the government's Health Care Options Near You website.

CASE STUDIES: HOW COLLABORATION IS ALREADY WORKING

Across the health care sector, practitioners are getting more and more focused on patient-centred care. This includes getting the best team of practitioners involved to help patients achieve their optimal health. Collaborative care is already happening across the country, and has occurred for many years now. For example, nearly 75% of family physicians in Canada already refer to chiropractors[5], and 78% of Canadian spine surgeons are interested in working with non-physician clinicians (including chiropractors) in screening low back pain (LBP) patients referred for elective surgical assessment.[6] Additionally, all interprofessional primary care teams in Ontario—AHACs, CHCs, FHTs and NPLCs—can employ chiropractors. There are also a growing number of relationships between chiropractors and hospitals.

Let's look at how and where chiropractors have already been successful in setting up collaborative partnerships and are working directly with colleagues in publicly-funded settings.

SUCCESSFUL PARTNERSHIPS IN PRIMARY CARE

Referral Arrangements

The most common type of collaboration between chiropractors and primary care physicians or nurse practitioners is through some sort of referral relationship.

In most cases, this is an informal partnership where family physicians and nurse practitioners develop an open, two-way relationship with one or more local chiropractors to refer patients they see with MSK conditions. These referred patients usually pay privately for chiropractic care, either through extended health insurance or out-of-pocket. Most such relationships are ad hoc in nature, though some involve high levels of communication and coordination about shared patients.

Referral networks can become more formalized. Some chiropractors have co-located their private practice within primary care team settings, working alongside the team. In these models, the chiropractor pays overhead to the practice and in some cases provides pro bono care to patients who do not have extended health benefits and cannot otherwise afford to pay for chiropractic care. The chiropractor and the team may even share administrative functions, maintaining integrated scheduling and electronic medical record (EMR) systems.

Employment in Interprofessional Primary Care Teams

The ability for interprofessional primary care teams to hire chiropractors is a relatively recent development. But there are now cases of chiropractors being hired in each type of primary care interprofessional team.

For example, there is an NPLC that has been approved to use unspent salary funding to hire a chiropractor. The chiropractor works at the NPLC several days each week providing care and rehabilitation to their patients. Another NPLC has funded chiropractors within the context of an acupuncture program over the last couple of years.

Multiple CHCs in Ontario are working with chiropractors, who are leading pilot clinics. These clinics are offering assessment, guided exercise support and manual therapy for a range of patients. One AHAC has employed a chiropractor for many years. The chiropractor sees patients referred from primary care providers in the team, as well as patients who self-refer.

In one FHT, a chiropractor has been working as the project lead at the team's mobility clinic for several years. This chiropractor also serves as a team member in his community's recently established Health Link and he sees FHT patients at his co-located private practice.

These examples are distinct from the opportunities for chiropractors to be employed in or contracted by interprofessional teams through the government's Primary Care LBP Pilot Program. This pilot will inform the government's strategy for enhancing LBP care in Ontario and could increase the number of opportunities for chiropractors within the public health care system.

Volunteer Clinics

Not every CHC is currently able to afford to provide chiropractic services. Some chiropractors have established volunteer clinics with these teams to ensure patient access to chiropractic. These volunteer clinics typically operate for two to four hours over the course of a couple of days each week. In some cases there is a single chiropractor providing pro bono services; in other cases a group of chiropractors are working together to share these duties. The patients seen in these clinics face very challenging socioeconomic circumstances and quite frequently have other comorbidities, including mental health issues and chronic conditions like diabetes. Though the models vary, in most cases the patients are referred from other providers working in the CHCs or nearby clinics.

The CHCs at which the volunteer clinics have been established have been able to provide space as well as administrative support in the form of managing referrals, wait lists and appointment bookings. In some cases, there have even been opportunities to include the chiropractor(s) in the team's EMR system.

Notably, some volunteer clinics have evolved into partially funded programs. Establishing these volunteer clinics can serve as a way of demonstrating your commitment to patient care, and can position you well to fill employment opportunities should the CHC seek to hire a chiropractor.

HOSPITAL RELATIONSHIPS

Pre-Surgical Assessment &Triage

A chiropractor and an advanced practice physiotherapist (PT) have been working at Trillium Health Partners since 2012. Patients are referred into the Spine Centre primarily from family physicians in the community, though a significant number of referrals come from the emergency department (ED) within the hospital, as well as EDs from other hospitals. The chiropractor and PT assess a range of patients and triage them as required: most patients are referred for conservative care in the community and a small percentage require diagnostic imaging (DI) and surgical consultation. Through providing more accurate diagnoses, these practitioners are helping to reduce unnecessary referrals for DI and surgical consultations, and shortening these wait lists in the process.

A similar project is the Inter-Professional Spine Assessment and Education Clinics (ISAEC) Pilot, which is funded by the Ministry of Health and Long-Term Care and led by the University Health Network. ISAECs have been operating in Hamilton, Thunder Bay and Toronto since 2012. Chiropractors and PTs are providing assessment, patient education, and evidence-based treatment plans for LBP patients, and in the process are determining whether these individuals are potential candidates for surgery. With wait times of 13 days, and a rate of referrals for DI or specialist consultation of approximately just 7-8%, the preliminary data[7] suggests this model provides patients with more timely care and reduces the use of unnecessary diagnostics.

Hospital-Based Chiropractic Clinics

Two hospitals are home to Canadian Memorial Chiropractic College teaching clinics:

1. St. Michael's Hospital's chiropractic program has been operating out of the hospital's academic FHT since 2004. In this program, physicians, NPs or other members of the interprofessional team refer patients to the chiropractic clinic. Chiropractic services are available at two of the FHT clinic sites and are offered without economic barriers to all patients of the FHT.
2. St. John's Rehab at Sunnybrook Health Sciences Centre offers chiropractic services to patients and staff of the hospital and members of the community three days each week. Similar to chiropractic care delivered privately in the community, patients are required to either pay through extended health insurance or pay a nominal fee.

Additionally, Mount Sinai's Rehab and Well-Being Centre features several chiropractors as part of the team, offering assessment, treatment and rehabilitation services. Notably, this same hospital also features a chiropractor-led spinal stenosis management program which is being actively evaluated through research, as well as a private chiropractic spine clinic.

Emergency Department Diversion

Working two half days each week, a chiropractor at a private clinic located in Oakville Trafalgar Memorial Hospital is practicing as an associate of the hospital, receiving referrals from the ED and fracture clinic. This chiropractor provides patients with rapid access to comprehensive assessment and works with patients to develop a treatment plan. Patients are referred for imaging as needed. The chiropractor then notifies the patient's primary care physician or nurse practitioner of the ED visit, chiropractic consultation and treatment plan.

MAKING CONNECTIONS, BUILDING PARTNERSHIPS

First impressions last forever. This section will empower you to make great first impressions with your potential partners. There are a few things to keep in mind as you position yourself as a partner with family physicians, nurse practitioners and other health care providers. Be ready to:

1. Clearly and concisely make an "elevator pitch" that conveys the benefits of a partnership with you,
2. Seek to understand their needs/clinical environment,
3. Communicate with busy health care colleagues in a way that leaves a lasting impression, and,
4. Demonstrate how your expertise can help to solve some of the challenges your potential partners are facing in practice every day.

Recap: Elements of an Effective "Elevator Pitch"

An elevator pitch delivers your message in the time it takes to travel a few floors in an elevator. You will remember from page two that your elevator pitch should:

- Describe who you are and what you can bring to the partnership.
- Be concise and confident. Rehearse your elevator pitch and get it down to just a few moments.
- Have a specific "ask" that is easy to say "yes" to. Your first goal may be to line up another meeting.
- Remember that there is a difference between being confident and being aggressive. Take care to not seem too forceful or sales focused.

TIPS FOR INITIAL CONTACT

Making a Connection

If you have previously connected with someone, you can personalize a follow up email, letter or phone call. If not, you can increase the chances you'll receive a response by telling them how you learned about their practice and what you know about them. Here are some examples:

- Your practice first came to my attention when I received a patient referral from you. In talking to the patient, I realized you were located just down the street from me.
- We met at the LHIN's primary care symposium last month and we had a nice chat about some of the wonderful changes we've seen in our community over the years.

Why Are You Reaching Out?

Getting a conversation started is the first step. It is important to clearly communicate your professional reasons for reaching out without being too forward. In these early dialogues, you should be focused on assessing whether the provider is receptive to a discussion. You might say:

- My understanding is that up to 25% or more of primary care patient visits are for MSK problems, such as low back pain. I would appreciate the opportunity to speak with you about team-based approaches to caring for these patients so that I can learn more about your practice and the impact of musculoskeletal conditions on your patients.
- I'm trying to learn more about the prevalence of MSK conditions in primary care physicians' offices. Given that my practice is focused on MSK conditions, I see these patients all the time—but I'm wondering how frequently patients with conditions like low back pain come into your office.

Emphasize Your Area of Focus and Encourage Further Communication

As chiropractors are known for their MSK expertise, it's important to clearly indicate that you're interested in MSK patient care in particular, offering to tell them more about how you practice. For instance:

- If you are able to chat with me, I'd be happy to tell you a bit about my practice and the ways in which I collaborate with other primary care providers in their efforts to support their MSK patients.
- I hope we have a chance to speak further soon. It would be great to pick your brain about how you approach patient care, and I'd love to tell you about how I work with MSK patients.

The key to both of these approaches is to keep the lines of communication open. Rarely will a single email exchange, phone call or meeting result in the establishment of a strong referral relationship. An ongoing dialogue gives the relationship time to strengthen and evolve.

Leverage Third-Party Validation

Trust is crucial in any relationship – especially a new one. This can be established very effectively through "third-party validation." If you share patients with the family physician in your building, tell other practitioners about the great health outcomes you have achieved together. If you have worked well in the past with a local health care provider, describe the work you did together and encourage your potential partners to ask them about your contributions. Especially when professional networks overlap, the power of third-party validation can be enormous.

A Bit About Yourself

Finally, while you want to keep your initial communication (e.g., an email or letter) fairly brief, it's important to include some key details about yourself including your name and the location of your practice. If you're involved in any volunteer efforts in your community, you may wish to highlight this as well!

TIPS FOR SUBSEQUENT FOLLOW-UP AND DISCUSSIONS

You have a lot of important information to share. Some of these things are best communicated in subsequent discussions, once a connection has been established.

Training and Credentials

The path to becoming a practicing chiropractor in Ontario is a long and challenging one. Most other health professionals won't be familiar with the details of your training. Be sure to mention that chiropractors, like physicians and nurse practitioners, are regulated under the Regulated Health Professions Act. You might consider sharing how you became a chiropractor, including any additional specializations you have earned since graduating. This will help them to clearly understand what you can offer their patients.

Clinic Information

It's helpful to share information on things like the main focus of your practice, the number of years you've been practicing, the size of your practice and the other health professionals at your clinic. You may even throw in details like why you became a chiropractor and where you hope to see your practice thriving in the future. This story is a great way to engage other health practitioners in a discussion about partnership... because they have a story too. This conversation will help you identify shared values and approaches to patient care.

Description of Services

It's useful to offer a brief overview of any particular health focuses of your clinic. For example, you may focus on acute and chronic back pain, repetitive strain injuries, sports related MSK injuries or older adult care.

Referral Protocol

Have you ever referred a patient out to another practitioner you were still getting to know? Do you remember having a twinge of anxiety about it? It's a natural thing. Expanding the care team for a patient can be stressful. You are invested in their care and you want to be sure they're in good hands.

All good health care practitioners feel that way, including the ones you hope will refer their patients to you. By describing your referral protocols and practices (e.g., sharing clinical notes with your patient's physician or nurse practitioner), you'll help to set their mind at ease. It will emphasize that you value strong two-way communication and transparency when sharing patient care.

Presentations

Once it becomes clear that your potential partners are open to further discussions, offer to give a short presentation on chiropractic and how you can share MSK patient care. When developing your presentation, you can consult the section in our Presentation Preparation guide called **Chiropractors Presenting Chiropractic to Other Health Care Providers**. It will help you get ready to give a presentation and answer questions.

You can also offer literature that supports your message. On page 14, you will find several resources you can offer that make the case for collaboration with chiropractors.

KEYS TO FOSTERING REFERRAL RELATIONSHIPS

Not only is it critical to effectively engage other health professionals, it is crucial to establish an excellent reputation in your community and with your patients. This can inform whether other providers will be interested in working with you.

INTERPROFESSIONAL COMMUNICATION

When you receive a patient referral from another provider, acknowledge it with a 'thank you' and be sure to follow up with a clinical note! This is one of the most significant ways in which you can demonstrate your commitment and expertise, providing the referring practitioner with information on the diagnosis and nature of the treatment you provide.

When a patient self-refers, ask for written consent to notify their primary care provider that you are treating them so you can try to work collaboratively. Again, when permitted, follow up with a clinical note.

In this same spirit, sharing imaging reports and other information can help to build trust and rapport.

When communicating with other health professionals, use shared language. For example, while terms like 'repetitive strain injury' will be easily understood, certain words that are common to chiropractic may be less familiar to them. Communicate clearly by using terms that you all share.

Find opportunities to provide evidence, and explain—even show them—how you provide care. Don't feel defensive if a provider expresses reservations about chiropractic. This may simply be a result of a lack of understanding about the profession and it may offer an opportunity for education.

If there are not immediate results from your efforts to communicate, don't worry! Relationships take time to build and not every physician or NP will respond to your outreach.

PATIENT EXPERIENCE

Involve your patients in their care. Even if you don't have the opportunity to directly engage their provider, this will ensure that the patient will be able to explain their care plan to their physician or NP.

If you have concerns about a patient's health that go beyond your scope of practice, explain this to the patient and communicate it to their provider through a follow-up note or call (if patient consent has been given).

If progress is not being made in a reasonable period of time, make recommendations to the patient and their primary care provider for alternative therapies; avoid prolonged treatment. If you feel the patient has

been misdiagnosed, try to work through this with their provider.

COMMUNITY ENGAGEMENT

Introduce yourself to other health professionals in your general area. A brief letter of introduction, a brochure or information sheet, and an invitation to tour your practice at a convenient time can serve as a good first step! Following up by phone can help establish that connection.

Seek out opportunities to sit on local boards of directors or advisory committees at health care organizations. This will help you meet other health professionals you might not otherwise meet. Networking groups are a great way to build professional relationships in your community as well.

Volunteer work, while done for its own sake, has the added benefit of helping you get to know others and build a positive reputation in your community.

RESOURCES TO SUPPORT YOU

The OCA has developed a series of resources to facilitate your efforts to build collaborative relationships. You can incorporate some of these as leave behinds or in email conversations with other healthcare practitioners.

Brochures and Documents

- **"Ontario's Chiropractors: Partnering in Primary Health Care"** is a brochure which highlights the value chiropractic adds in complex patient management in interprofessional settings.
- **"Collaborative Models of Care - Hospital Relationships"** outlines examples of existing professional arrangments between chiropractors and hospitals in Ontario.
- **"Collaborative Models of Care - Primary Care Relationships"** discusses instances of chiropractors working collaboratively with other health professionals in our primary care system.
- **"Impact of MSK Condistions on Ontario Health System"** is an infograph which demonstrates the rate of physician visits for MSK conditions and speaks to the benefits of chiropractors playing a more active role in the care of these patients.

Webinars

- **"Collaboration Ready Toolkit"** provides an overview of the health care system and the value of collaboration, and outlines a process for developing collaborative relationships.
- **"Pursuing Collaborative Relationships"** is a panel presentation which features three chiropractors discussing how they fostered unique collaborative relationships in their communities.
- **"Getting In Front of Key Decision Makers"** is a webinar which focuses on how to get a meeting with stakeholders, effectively present your case and achieve your goals.

Referral Tools

- "**Initial Visit Report**" is a template for providing a report of your initial assessment of a patient to one of their other providers.
- "**Patient Management Follow-Up Form**" is a second template, designed to make it easy to subsequently follow-up with your patient's other providers as appropriate.

Other Resources

- "**Presentation Preparation**" guides you through tips on how to prepare for, deliver, and follow up on presentations, and addresses some common questions your audience may ask.

The OCA provides one-to-one support for chiropractors at any stage of building collaborative relationships. If you have any questions about building partnerships in your community or if you would like to share ideas about resources the OCA could develop to further these efforts, please contact us!

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Notes

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