

# COMMUNITY PROGRAMS



Ontario  
Chiropractic  
Association

Chiropractors are the second most commonly consulted provider for Canadian patients with chronic back problems, after medical doctors.<sup>1</sup> In Ontario, chiropractors have close to 700 affiliations in primary and secondary care. The snapshot below highlights some examples of chiropractors in community-based programs across Ontario.

## Rapid Access Clinics for Low Back Pain (RAC-LBP) Program



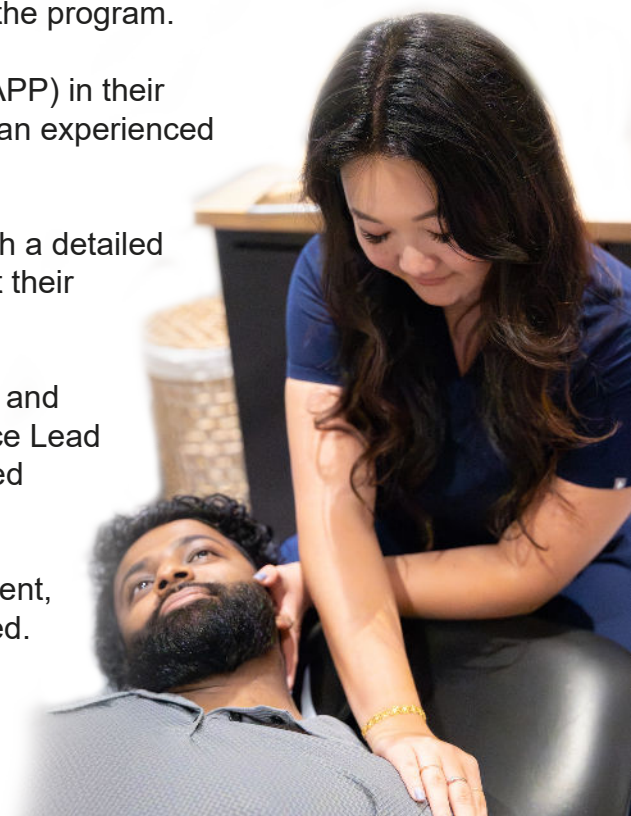
Historically, patients in Ontario faced long wait times to access urgent orthopaedic surgery for low back pain. To address this issue, Ontario piloted the Interprofessional Spine Assessment and Education Clinics (ISAEC).<sup>2</sup>

The pilot's results reflected that the majority of patients referred to surgeons were not surgical candidates. However, within the providers' network, surgical referral appropriateness increased from 20 to 30 per cent to 96 per cent.<sup>3</sup> Pilot results also showed 99 per cent patient satisfaction rates and 97 per cent provider satisfaction rates. In response to ISAEC's results, Ontario implemented the RAC-LBP program to help people access appropriate low back pain care faster and ensure surgical candidates are identified as quickly as possible.

**Reducing Wait Times for Surgical and Other Patients:** The RAC-LBP program identifies surgical candidates to free up orthopaedic surgeons' time to focus on those they can help. It also provides an evidence-based, conservative management plan for non-surgical patients. Chiropractors lead seven of the 17 programs with approximately 75 working in the program – making up half of the clinical positions in Ontario's RAC-LBP program.

## How the RAC-LBP Program Works

- 1 A physician or nurse practitioner (NP) refers a patient to the program.
- 2 The patient meets with an Advanced Practice Provider (APP) in their community, within four weeks of their referral. An APP is an experienced chiropractor, physiotherapist, and/or NP.
- 3 During the appointment, the APP provides the patient with a detailed and in-depth low back pain assessment; education about their condition; and an evidence-based care plan.
- 4 If the patient needs more advanced surgical assessment and management, the APP refers them to a RAC-LBP Practice Lead (who is also a chiropractor, physiotherapist or NP), located within a hospital or family health team.
- 5 The Practice Lead can provide a more in-depth assessment, order images, and/or provide a surgical referral, if required.



# COMMUNITY PROGRAMS

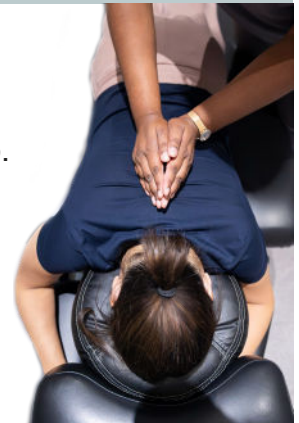


Ontario  
Chiropractic  
Association

## Primary Care Low Back Pain (PCLBP) Program

As part of interprofessional teams, chiropractors offer their expertise to help vulnerable patients with low back pain in six primary care sites across Ontario.

**Supporting Vulnerable Patients:** The PCLBP program helps vulnerable patients with low back pain, including those without extended health care plans, access the care they need from a musculoskeletal (MSK) expert, like a chiropractor. There are seven PCLBP program sites across Ontario with interprofessional primary care teams that provide integrated and co-ordinated care. Chiropractors are leaders in six of the seven programs.



PCLBP program patients often have other health conditions, such as diabetes, opioid dependencies, or hypertension, as well as a low income and no extended health care benefit plan. Without this program, many of these patients would be unable to access care for their low back pain.

In some scenarios, an MSK expert like a chiropractor treats the patient's back pain, while a physician or NP in the primary care team tapers their opioid dosage at a pace aligned with their manual therapy. Working collaboratively, they help manage, reduce or eliminate the patient's opioid dependency.

Overall, the Ontario government-funded PCLBP program improves patients' experience and outcomes; reduces unnecessary diagnostic imaging and MRI tests; reduces unnecessary referrals to specialists; and can help manage, reduce or eliminate opioid dependencies, in some scenarios.

## How the PCLBP Program Works

The PCLBP program supports interprofessional primary care teams, including family health teams, NP-led clinics, and community health centres. These interprofessional primary care teams were formed to deliver efficient, co-ordinated, and integrated care to patients with low back pain.

To achieve this goal, these teams include MSK experts, such as chiropractors who work with patients. When a physician or NP refers a patient to the PCLBP program, the patient meets with one of the interprofessional

team's experts, such as a chiropractor, who assesses their low back pain; develops an evidence-based care plan; and refers them to one or several team members for education and regular treatment, such as spinal manipulation therapy and a therapeutic exercise program. PCLBP program sites are located in: Belleville; Cornwall and Alexandria; Mount Forest, East Wellington and Minto-Mapleton; Orillia; Scarborough; Sudbury; and Windsor.

### After receiving care at a PCLBP site<sup>4</sup>



of patients surveyed say their quality of life has improved as a result of reduced back pain.



of patients surveyed rely less on medication to help manage low back pain.



of physicians surveyed say they order fewer diagnostic imaging and tests.

# COMMUNITY PROGRAMS



Ontario  
Chiropractic  
Association

## Health2Work (H2W) Program<sup>5</sup>

MSK conditions, such as back, neck and shoulder pain, pose extraordinary challenges for socially and economically marginalized populations, who typically suffer from more frequent and severe MSK disease.<sup>6</sup> With historically limited availability of publicly-funded care for MSK conditions in Ontario, individuals from marginalized (and nonmarginalized) populations who can't afford to pay out-of-pocket costs often turn to emergency departments, opioid use and/or overuse of unnecessary imaging to manage pain.



The H2W program, which began as a collaboration between the Region of Waterloo (ROW) and the OCA, provides a solution for Ontario Works (OW) clients who suffer from MSK conditions that hold them back from working and/or participating in career/life planning and retraining. During a multi-year pilot program, almost 200 OW clients (and non-disabled family members who are Ontario Disability Supports Program recipients) have received a chiropractic assessment and treatment for MSK conditions.

## How the Health2Work (H2W) Program Works

This innovative program, which has since been expanded from Cambridge to Kitchener and Waterloo, provides H2W clients access to chiropractic care without any out-of-pocket expenses. Currently most referrals are initiated by OW case workers and employment facilitators, but physicians, NPs, and other community-based agencies can also refer. Once referred, ROW administrative staff assess eligibility and refer clients to chiropractors serving Cambridge, Kitchener, and Waterloo. Management plans typically include education, exercise, self-management, manual therapy and care.

A program evaluation of the pilot program concluded that the H2W Program provided effective and much needed care to participants. The findings supported **improved physical capacity and reductions in pain, enhanced quality of life, and increased readiness for employment and career (re)training**. For instance, 42 per cent of participants were employed (part-time or full-time) or seeking employment at assessment versus 55 per cent at time of discharge. In addition, just over half of participants who were not employed or in training at assessment were either employed or looking for work or deemed physically ready for training / employment at time of discharge.

---

1 Wong JJ, Wang D, Hogg-Johnson S, Mior SA, Côté P. Prevalence and characteristics of healthcare utilization with different providers among Canadians with chronic back problems: A population-based study. *Brain Spine*. 2024 Apr 16;4:102812. doi: 10.1016/j.bas.2024.102812. PMID: 38698804; PMCID: PMC11063586. | 2 The Ministry of Health piloted ISAEC in Toronto, Hamilton and Thunder Bay, from 2012 to 2017.

| 3 Rampersaud R. Ontario Inter-professional Spine Assessment and Education Clinics (ISAEC): Patient, Provider and System Impact of an Integrated Model of Care for the Management of Low Back Pain (LBP). *International Journal of Integrated Care*. 2022. | 4 Primary Care Low Back Pain Pilot Evaluation: Final Report. Centre for Effective Practice. Toronto: Ontario. March 2017. 5 H2W also serves eligible OW clients' nondisabled family members who are Ontario Disability Supports Program recipients. | 6 Canadian Pain Task Force. *Chronic Pain in Canada: Laying a Foundation for Action*. 2019.