

# Managing and Mitigating Low Back Pain and Opioid Use through Interprofessional Care



Ontario  
Chiropractic  
Association

## In 2015 the Ministry of Health & Long-Term Care launched seven Primary Care Low Back Pain Pilot sites as part of its Low Back Pain Strategy.

The pilots, which are now base funding in seven LHINs, enable primary care interprofessional teams to collaborate with musculoskeletal (MSK) experts, such as chiropractors, physiotherapists, kinesiologists, occupational therapists and massage therapists to manage patients' low back pain. **Chiropractors offer specific expertise in the diagnosis and management of MSK-related conditions. Spinal manipulation therapy provided by chiropractors can be an effective first-line treatment for low back pain, as recommended in the recent American College of Physicians clinical practice guideline.<sup>1</sup>**

### CONTEXT



Low back pain is the leading cause of disability worldwide according to estimates from the 2015 Global Burden of Disease Study<sup>2</sup>



MSK patients account for 27% of ambulatory physician visits<sup>4</sup> and amount to \$2.4 billion/year in costs for physician, hospital and drug-related MSK care<sup>5</sup>



Back pain is reported in over half of regular opioid users<sup>3</sup>

### PILOT SITES

#### SEVEN PILOT SITES

**Belleville NPLC**  
South East LHIN

**Centre de santé communautaire de l'Estrie**  
Champlain LHIN

**Couchiching FHT**  
North Simcoe Muskoka LHIN

**Essex Court NPLC & City Centre Health Care**  
Erie St. Clair LHIN

**Mount Forest, East Wellington and Minto-Mapleton FHT**  
Waterloo Wellington LHIN

**Shkagamik-Kwe AHAC**  
North East LHIN

**Taibu CHC**  
Central East LHIN

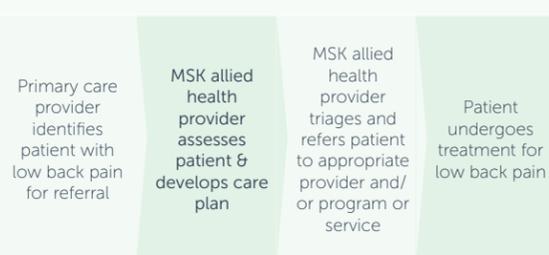
#### DATA COLLECTION

- Patient completed questionnaires at baseline and again at discharge such as Visual Pain Analogue Scale, Oswestry Low Back Disability Questionnaire, and CORE Back Tool
- Pilot sites submitted quarterly reports to the Ministry regarding three dimensions: patient, provider and system
- A third party evaluator, Center for Effective Practice, evaluated the provincial pilot's collective impact

#### TYPICAL PATIENT POPULATION

- Low socioeconomic status
- No extended health care benefits
- Multiple co-morbidities
- Marked mental health and addictions issues
- Prior to the pilot, did not seek additional MSK treatment and/or managed with opioids/narcotics

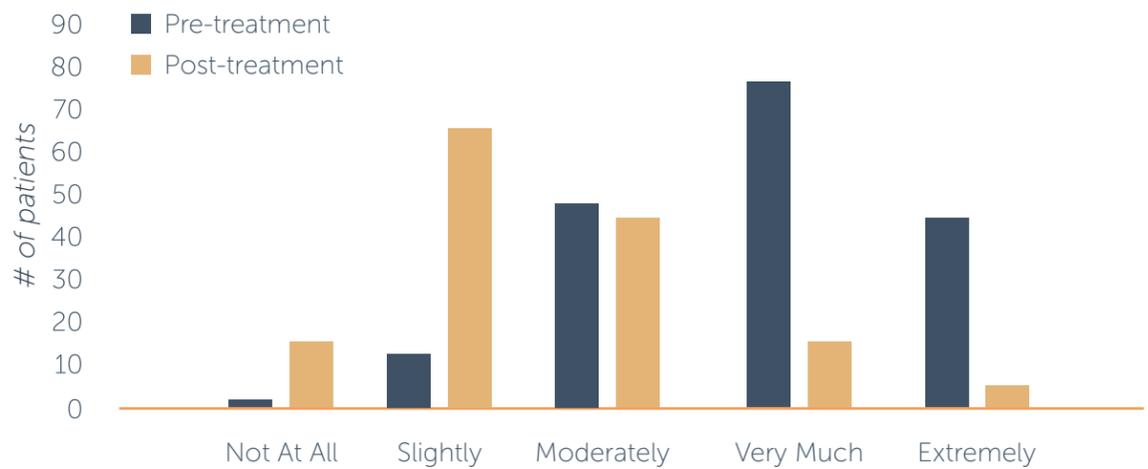
#### TYPICAL PATIENT CARE PATHWAY



### PILOT KEY OUTCOMES

#### MOHLTC Reporting Template Data on Pain Improvement (n=180)

Overall, how bothersome has your back pain been in the last 2 weeks



#### PATIENT NARRATIVES

"Because **my chiropractor is in contact with my nurse (practitioner)** whom I see on a regular basis... **They're looking at me as a whole piece, not just fixing (a part of me).** They're trying to see what they can do to help me be better as a whole."

- Pilot Patient

"Thank you (to my chiropractor) for helping me with the back pain I have suffered over eleven years... **I was taking 6 Percocet per day, along with 6 Tylenol #3... I have (now) eliminated the Percocet and Tylenol #3 and now have no pain.**"

- Pilot Patient

#### PROVIDER NARRATIVES

"The simple access piece ... this is a free service so I think historically perhaps people were suffering in silence ... now you offer the service and people **have an opportunity to access that service with no out of pocket expenses, so they're no longer suffering in silence**"

- Other provider in team

"I'm impressed with the effects of the LBP project. **My clients report much improvement – not only with pain control but also energy and function. They require less medication and have huge improvements in quality of life.**"

- Nurse Practitioner

#### Significant Improvements in

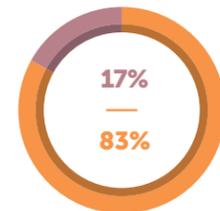
- Mobility
- Quality of life
- Functioning

#### Significant Reductions in

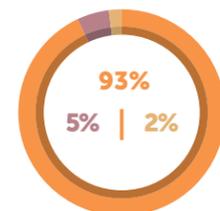
- Opioids
- Prescription pain medications
- Pain
- Emergency room utilization
- Referrals for diagnostic imaging

#### PATIENT SELF-REPORTED DATA

I rely less on medication to help manage low back pain (n=146, all 7 pilots)



Quality of life has improved as a result of reduced back pain (n=146, all 7 pilots)



#### References

- 1 Qaseem, A., Wilt, T. J., McLean, R. M., & Forciea, M. A. (2017). Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain. *Annals of Internal Medicine*, 166(7), 514-530.
- 2 GBD 2015 Disease and Injury Incidence and Prevalence Collaborators (2016). Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet*, 388, 1545-1602.
- 3 MacKay, C., Cantzars, M., Davis, A. and Badley, E. (2010). Health care utilization for musculoskeletal disorders. *Arthritis Care & Research*, 62(2), 161-169.
- 4 Public Health Agency of Canada (2014). Economic burden of illness in Canada, 2005-2008. Customized report from: <http://ebic-femc.phac-apc.gc.ca/custom-personnalise/national.php>
- 5 Deyo, R. A., Von Korff, M., & Duhkoop, D. (2015). Opioids for low back pain. *BMJ*, 350, g6380

■ Strongly agree ■ Neutral ■ Disagree or agree



Ontario  
Chiropractic  
Association