

Back to BAC: Lessons learnt from developing, implementing and evaluating a novel, collaborative, physiotherapy-led multidisciplinary Back pain Assessment Clinic (BAC) in primary care.

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Background

The BAC commenced in July 2014 with pilot funding from the Department of Health. It is one of the first primary care-based, tertiary back clinics in Australia. Preliminary evaluation indicates the BAC is a feasible, safe and effective model of care. This study highlights the lessons learnt in developing, implementing and evaluating a novel, multidisciplinary, hospital/community back service.

Methods

The BAC was developed in collaboration with Neurosurgery, Orthopaedics, Pain Services, Rheumatology and Physiotherapy at Melbourne Health (MH), Merri community health services and cohealth. Advanced musculoskeletal physiotherapists and a rheumatology registrar work under the guidance of a rheumatologist. The BAC model provides centralised triage of referrals, comprehensive assessment, optimisation of non-surgical management in the community and streamlined access to community, specialist medical and surgical services.

Results

The BAC commenced following 18 months of planning. A demonstrated need for service redesign, identification of a medical champion and key medical stakeholder engagement were essential in developing the new model and streamlining internal referral pathways. An existing collaborative framework between MH and its community partners facilitated location of the service in primary care and streamlined external referral pathways. Other key stakeholders included departments of finance; administration; legal services; human resources and workforce planning; information technology; radiology; pathology; ethics; health information services; consumer liaison and an external evaluator.

Discussion

Successes in gaining grant funding expedited service implementation. Lessons learnt included:

- Service implementation - mapping the patient journey; navigating different patient booking, recording and information technology systems; developing a comprehensive service and licensing agreement.
- Service evaluation - commencing data collection early; identifying key measures to demonstrate clinical and health economic outcomes within a pilot period.
- Service sustainability - executive engagement; identifying funding streams for a service that crosses multiple divisions, tertiary/primary care and state/federal funding; and 'marketing' the success of the new service.