

Our patients are more than just numbers.....

A patient journey through non-surgical spinal services despite being referred for surgical opinion

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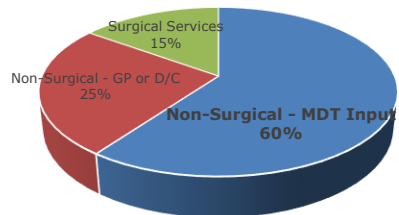
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Acknowledgements: Michelle Cottrell and Maree Raymer – Royal Brisbane and Women’s Hospital

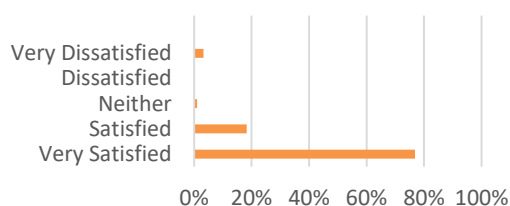
Background: PAH has a well-established physiotherapy-led Back Assessment Clinic (BAC) with an associated allied health multidisciplinary team (MDT) to provide timely and targeted treatment. Whilst no longer innovative, we already know that physio-led clinics can be effective at reducing surgical waiting lists, but is the associated allied health treatment model of care effective in providing positive patient outcomes beyond just “removing them from the wait list”?

Model: Patients assessed through the BAC (130-150 new cases per month) will either be returned to the spinal surgical services wait list or managed non-surgically. Non-surgical pathways include referral to a MDT, referral back to GP for an alternative medical/community service, or discharge (no longer requiring management). The BAC has a designated MDT specifically attached to the service to provide ongoing assessment and rehabilitation as indicated. This includes physiotherapy, occupational therapy, psychology, and dietitian.

Patient Flow from BAC



Patient Satisfaction from BAC



Results: A retrospective analysis of patient data October 2017–February 2018 (n= 692) was completed to determine any trends in service and patient outcomes. Outcome measures reported include Global Rating of Change Scale (GROC), Oswestry Disability Index (ODI), and Neck Disability Index (NDI).

❖ Patients referred for MDT input from BAC (n=322) reported minimally clinically important differences (MCID) in all outcome measures analysed (completion rate of measures 20-30%):

- Avg. GROC score 2.49 (where MCID = >2)
- Avg. ODI score change -10.31 (where negative score indicates improvement and MCID = 10 pts)
- Avg. NDI score change -11.39 (where negative score indicates improvement and MCID = 10pts)

** Based on analysis of data Sept 2016-Sept 2018 (3217 news & 2373 reviews)

** Based on surveys completed Oct 2017-Feb 2018 (n=203)

Conclusions and Trends:

- BAC model is successful in reducing surgical waiting lists (85% of BAC patients who were originally referred for surgical opinion of chronic spinal pain do not proceed to surgical clinics) and patients are satisfied with the assessment and treatment plans.
- The availability of specialised MDT input as a referral pathway for more complex patients that may not have access to appropriate care in the community is clinically important and can yield positive outcomes in relation to functional change and long term active self management.