

Low Back Pain

Rank: 3 (lower provider adoption)

Survey Responses- Hospitals: 8

Medical Groups: 12

Health Plans: 7

Adopted November 2013 | 37 months from adoption to survey

Read the Report and Recommendations here: www.breecollaborative.org/wp-content/uploads/spine_lbp.pdf

Roadmap to Implementation

Current State	Transition Activities	Ideal State and Sustainability
Hospitals, Clinics, and Individual Clinicians		
<ul style="list-style-type: none"> • Patients with low back pain feel unsupported and unheard by the medical system • Patients receive non-recommended diagnostic testing such as x-ray, CT and MRI, potentially leading to inappropriate diagnosis and surgery • No tracking of patient self-reported pain and function • Limited access/use of multidisciplinary care for patients at risk of developing chronic back pain 	<ul style="list-style-type: none"> • Staff are educated on American College of Physicians and the American Pain Society guidelines • Scripts, shared decision making, and patient education materials are integrated into clinical practice and workflow • The Oswestry Disability Index tool is used to measure and track functional status over time 	<ul style="list-style-type: none"> • Patients understand how to conservatively treat their own low back pain (e.g., walking) • Patients who present with “red flags” for high risk spine disorders are identified and treated appropriately • Inappropriate diagnostic tests, plain x-ray, CT, MRI, are not used in initial evaluation, unless appropriate • Patient reported function and pain are tracked systematically and routinely over time • Patients are educated on risks and benefits of treatment options • Physical therapy and physiatry are routine treatment options for low back pain
Health Plans		
		<ul style="list-style-type: none"> • Providers are incentivized to use screening tools • Patients have access to multidisciplinary providers such as physical therapy and physiatrists.

Read the full Roadmap here: www.breecollaborative.org/wp-content/uploads/Bree-Implementation-Roadmap-Final-17-04.pdf

Background

Recommendations for low back pain address high variability in testing and treatment. Particular attention is given to imaging tests that have become more routine in recent years. The American College of Physicians (ACP) and the American Pain Society (APS) developed guidelines for appropriate testing and treatment suggesting imaging is appropriate only in limited cases, not as a routine practice. Nonetheless, use of these tests and procedures has increased significantly yet outcomes have not improved with increased use. Recommendations include the use of validated screening tools to measure pain and disability along with patient education and shared decision-making.

The Washington Health Alliance's report *Less Harm, Less Waste: Choosing Wisely in Washington State report (2016)* concluded that 20% of Washington patients with low-back pain had potentially unnecessary imaging tests. Measurements at the county level shows wide variation in imaging rates, ranging from 8% to 25% of patients receiving imaging tests.

- More information on the Washington Health Alliance: www.wahealthalliance.org
- More information on the Choosing Wisely Taskforce www.wahealthalliance.org/alliance-reports-websites/choosing-wisely/

Implementation Survey Results

Both hospitals and clinics responding to our survey commented on the use of screening tools for ordering imaging tests in their organizations. At least one organization has a screening step built in to existing electronic ordering systems, where a message is indicated when a non-recommended test is ordered for patients with low back pain. Some providers developed referral systems that allow patients access to appropriate and recommended care, such as physical therapy. Several hospitals are in design, development, or piloting stages in their low back pain care programs, involving physical therapists, chiropractors, pain physicians, and surgeons.

Bree Collaborative recommendations scoring lowest on the implementation survey for this topic include:

Hospitals and Medical Groups:

- Evidence-based guidelines and tools are used, including the joint American College of Physicians and American Pain Society (ACP/APS) guidelines and the Oswestry Disability Index to track functional status
- Validated screening tool like the STarT Back tool or Functional Recovery Questionnaire (FRQ) are used no later than the third visit to identify patients that are not likely to respond to routine care
- Comprehensive patient education and expectation-setting is integrated into care for low-back pain patients, particularly when the patient is requesting care that is not recommended by evidence-based guidelines

Health Plans:

- Providers are required to use a screening tool (such as STarT Back or FRQ) as part of the management of patients for imaging, spinal injections, and/or spinal surgery

Next Steps

- **Working with existing, accepted programs.** The Choosing Wisely program includes comparative measures for imaging in uncomplicated low back pain. This can serve as a starting point for identifying geographic areas of potential overuse. Future evaluations can focus on the provider group, or even the individual physician level.
 - More information: www.choosingwisely.org
 - www.choosingwisely.org/patient-resources/imaging-tests-for-back-pain/
- **Measurement.** Purchasers and health plans can examine costs of care for low-back pain to identify opportunities for improvement and consider using information available in the Choosing Wisely program for their employees or members. Performance measures for appropriate imaging tests for low-back pain patients are included in the Common Measure Set, managed by the Washington Health Alliance.
- **Financial incentives.** Financial incentives are considered for use of appropriate testing.
- **Certify patient decision aids.** In their ongoing work to certify patient decision aids, The Washington State Health Care Authority's plans includes treatment and care for low back pain, as recommended by the Bree Collaborative.