BID-Plymouth Low Back Pain Clinical Pathway

The Problem

Due to a lack of adherence to low back pain best practice guideline, there is significant geographic variation in quality and utilization of surgical, interventional procedures, imaging, opioids and psychosocial intervention related to low back pain.

This variation leads to:

- Significant rise in costs of evaluating and treating LBP - IOM dimension of quality: inefficient care
- Significant rise in costs associated with LBP impairment/disability - IOM dimension of quality: ineffective care
- Compliance concerns associated with the constraints of new payment models on hospital admissions which are deemed inappropriate for admission - IOM dimension of quality: appropriate care

In most communities, there is no established or quantatively defined standard for evaluation and management of the psychosocial components of a low back pain patients presentation.

Aim/Goal

- Define, develop and implement a comprehensive, patient centered and evidence based Low Back Pain Clinical Pathway that is the standard of care for the BID – Plymouth community.
- Encourage physician behavior to utilize this pathway
- To effectively manage the psychosocial concern in our communities LBP patient population.
- Achieve 95% compliance for BIDP-ED back pain patients completing STarTBack questionnaire
  - STarT Back tool is validated to assess a LBP patients psychosocial risk factors.
- To increase the number for patients seen in spine center with ≥3 score on STarTBack
- To reduce by 50% the number of return visits to BIDP ED for LBP.
- To reduce hospital admissions for Medical back pain (MS DRG 552)

The Team

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BID-Plymouth Clinical Pathway Team

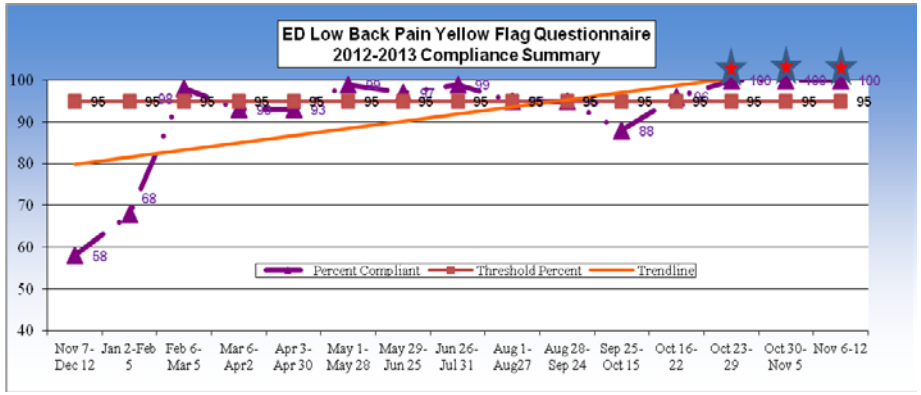
The Interventions

- Implemented hospital wide LBP Continuum of Care Clinical Pathway in 2011 with training/education of all key stakeholders throughout the community.
- Gathered data:
  1. Within ED for administration of STarTBack questionnaire to those patients with LBP
  2. Patients seen at BIDP ED for LBP and percentage of return visits to ED for those groups who did follow through with referral to Spine Center and those patients who did not follow through with their referral to Spine Center
  3. Data for patient satisfaction and appointment offered within 48 hours of ED visit.
  4. # of admissions for past 3 years with diagnosis of MS DRG 551 and 552
- Track changes in measures defined above.

Beth Israel Deaconess Hospital Plymouth

The Results/Progress to Date

Aug 27, 12-Oct 5, 13 **N-793** – Seen in ED/Referrals Sent to BID-Plymouth Spine Center
>1000 Visits assessed in ED – StartBack Score ≥3-100% offered appointment within 48 hr
ED Questionnaire Completion Nov 7 -Dec 31 12 Compliance: 65% (96/148)
Jan 2 – Nov 12,13 Compliance: 93% (963/1033)
42% (340/793) seen in BID-Plymouth Spine Center
60% (204/340) Returned Pt Satisfaction Survey – 91%Rated Care (Excellent)
Note: Primary Negative Comment-will not refill opioid prescriptions
6% (21/340) of pts seen in BID-Plymouth Spine Center returned to ED for additional visits
26% (118/453) not seen on referral at BID-Plymouth Spine Center
Returned to ED for additional visits-Avg 2.6 visits/pt (118 pts with 313 visits)
BID-Pymouth Admissions
MS DRG 552 Medical Back Pain w/o MCC
2009-132 2010-125 2011-90 2012-59 2013-31
MS DRG 551 Medical Back Pain with MCC
2009-10 2010-12 2011-5 2012-5 2013-12
Spine Center (SC) Referrals: N-150
50% treated >1x SC 35% Physical Therapy 25% CT/MRI 22% Pain Management 18%Neurosurgery



Lessons Learned

- When appropriate resources are established, physicians will employ patient centered, evidence based care for low back pain patients.
- Involving key stakeholders at the initiation of the project ensures 'buy in' and greater ease during implementation and increasing physician behavior changes
- Utilization of a Primary Spine Practitioner model facilitates quality care for patients and enhances "Patient-Centered Care" for LBP patients within the BID – Plymouth system

Next Steps/What Should Happen Next

- Continue to monitor the above data sets to ensure sustainability of the model and make modifications if trending changes to ensure patient centeredness and quality.
- Expand the BIDP LBP Continuum of Care Clinical Pathway to other facilities within the Atrius / BID health care system

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