

Summary of feedback: Improving care for low back pain in SA

Why we engaged

Low back pain (LBP) is a complex problem that is often not well supported by traditional models of healthcare, with many people relying on the hospital system for treatment. The proposed optimal system of care for LBP intends to “reimagine” the way we deliver care for LBP to improve outcomes for people living with this condition, including their families, carers, and employers.

How we engaged

The engagement process involved provision of a draft framework describing a proposed optimal system of care and an online survey through YourSAy. The consultation ran between 13 November and 19 December 2023.

The engagement included feedback from people with lived experience, clinicians/healthcare professionals, researchers, and professional bodies and associations. Most respondents were consumers and about one third were clinicians or healthcare professionals.

We received 64 responses. The responses were combined, and themes identified.

What we heard

Overview

- The feedback was overwhelmingly positive and clearly recognised the need for all components to be implemented as described in the optimal system of care for LBP. Workforce capability development and broad scale public education for the community and health professionals were also highlighted as critical complementary mechanisms to support a sustainable system of care.
- There was broad endorsement for the proposed system to promote early recovery, improve quality of life and support appropriate treatment access for LBP care.
- Feedback highlighted that a clearer distinction should be made between care for a new acute episode of LBP, an exacerbation or flare-up of chronic LBP, and the ongoing management of chronic LBP. Feedback also advised that the system diagram contained in the consultation document (Figure 1) could better represent these different pathways of care and highlight assessment points as determined by individual needs. This is important feedback that will be carried forward to the implementation phase, when it is envisaged that the models of care and criteria led assessment protocols that will underpin the optimal system of care for LBP will be developed.
- Some feedback suggested that the importance of tertiary chronic pain services should be made more prominent within the optimal system of care to better consider the needs of people experiencing chronic LBP.

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"I think it provides both recognition of the problem and a pathway to heal or manage the problem of lower back pain issues." Consumer

Components of the optimal system of care

- There was broad consensus that the key components of healthcare for LBP should include:
 - ⇒ Early and timely access to a range of services, as required.
 - ⇒ Affordable access to a range of services, as required.
 - ⇒ Shift in emphasis from reducing pain to regaining function.
 - ⇒ Focus on a biopsychosocial approach, including restoration of function, paced physical activity, nutrition, and social and emotional aspects of care.
 - ⇒ Empathetic, educative, and consistent approach to LBP care by all health professionals involved in LBP management.
- Most respondents indicated that the above-mentioned components were well covered by the proposal.
- Respondents highlighted several factors which could add important value to the proposed optimal system of care for LBP, including:
 - ⇒ Public education – there was acknowledgment that the system needs to be supported by a broad education campaign to debunk common myths and better support understanding of LBP. Through education, improved health literacy can contribute to enhanced LBP outcomes and effective (supported) self-management of the condition. It was also noted that educational initiatives should extend to health professionals to guide improvements in best practice pain management.
 - ⇒ Workforce needs – there was acknowledgement of workforce implications, including that a range of disciplines are needed to deliver the optimal system of care. The feedback suggested that a critical piece of work should include capability development specific to LBP for health professionals.

Implementation options

- Respondents emphasised that for the system to be most effective, it should be implemented in full.
- If full implementation was however not possible and a staged approach was required, feedback suggested that the centralised triage hotline should be implemented as the first critical step to improving care for LBP. Implementation of the community care hub(s) and virtual/telehealth options for LBP care were endorsed as a potential second step. Dedicated pain coach roles and peer support were seen as the components of care which could be implemented last.

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Implementation options

- Most respondents were aware of the issue with limited access to treatment for LBP, so it was not surprising to hear that the central triage hotline was endorsed as the key component which should be implemented first, as it is envisaged this will offer improved accessibility and service navigation for people seeking care for LBP.
- Equity in care delivery and access was a key theme throughout the feedback. This potentially underpinned selection of the central triage hotline as the first step in a staged implementation approach and would support telehealth models for a community care hub(s) as a viable second step to maximise delivery of an equitable and accessible system.

“People in pain need a timely response – a triage hotline would provide this, and a telehealth visit with a clinician could be arranged.” Consumer

“A centralised triage hotline can be implemented quickly and easily, serving as a feedback mechanism for existing GP and community treatments. Along with virtual/telehealth options, the hotline is likely to address existing inequities in access by overcoming geographical and socioeconomic barriers.” Professional association

Other feedback received

- Several respondents highlighted additional factors which could be important for the creation of the optimal system of care. While they represent important reforms, most related to systems and structures outside the scope and mandate of this work. Examples include Medicare Benefits Scheme and Pharmaceutical Benefits Scheme reforms and changes to relevant insurance schemes.
- Respondents highlighted that the proposed optimal system of care would need to be actively promoted to ensure it was utilised by the public and enabled hospital avoidance for those people who did not need treatment in an emergency department.
- Feedback referred to the need for better communication channels between all care providers involved in the assessment and management of LBP to optimise the system of care for LBP.

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What we heard

"It will be successful if it is implemented as described, with, I believe, the community (including health professionals) wide education about how pain works." Consumer

Links to other health conditions

- Feedback emphasised that the proposed model could be extended to support the management of a broad range of chronic conditions, especially considering overlapping standards of clinical care between LBP and other musculoskeletal conditions (e.g. osteoarthritis of the knee). This presents potential opportunities for the application and commissioning of the model to underpin care of other complex health conditions.

Where to from here

Next steps include working with commissioning partners to secure funding and resources to implement the innovation.

Public education options to support health literacy for LBP and partnering for workforce capability development dedicated to LBP care is to be further explored. It is envisaged that through the community care hub(s), a broad range of health professionals (current and future) will receive exposure to, and training/upskilling in, best practice pain management.