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Dear Colleague,

Model of care for the management of low back pain - Summary consultation

Thank you for the opportunity to respond to the consultation draft of the Model. My comments are as follows.

General comments

The "model of care for the management of low back pain – summary" is based on the well developed and accepted the NSW Agency for Clinical Innovation (ACI) document "Management of People with Acute Low Back Pain: Model of Care". Hence, there are limited general comments to be made.

The model of care is aimed at acute and sub-acute back pain. Chronic back pain is not explicitly discussed. Is that intentional?

Summary document - Page 12, last red flag "Consider minimal trauma fractures in the elderly and those on corticosteroids, where there are osteoporotic risk factors". "Elderly" is a pejorative term and should be changed to "older people". They should also be an age added because older people are a very diverse group. The age listed could be > 65 years.

<u>Do you have feedback on how the model can best be implemented to ensure people with low back pain receive best practice treatment?</u>

As the focus of the model is for people with acute and sub-acute low back pain, implementation strategies need to be developed with professional groups who provide most of the primary healthcare for this condition. They are general practitioners and physiotherapists.

Are there any barriers to implementation

Many barriers exist because the biomedical model is still dominant for low back pain in day to day clinical practice. In addition to changing the behaviour of primary and secondary healthcare providers,

there has to be active disinvestment in multiple areas. For example, imaging should be restricted to people who meet criteria for imaging as set out in this model of care.

The model of care does not address the reality of large numbers of people with chronic non-specific low back pain. Pathway A says "consider referral to multidisciplinary pain management program" for people who have no improvement at 12 weeks. However, what constitutes a multidisciplinary pain management program is not specified. There are many multidisciplinary pain management programs that apply non recommended treatments, particularly interventional pain management techniques.

There should be a statement about the minimum specifications for a multidisciplinary pain management program.

What resources would facilitate adoption of these recommendations in practice?

There will need to be formal implementation projects. A variety of strategies should be considered within an implementation science framework. There would need to be clinician engagement with these projects and they could be facilitated by SIRA and Primary Health Networks.

Yours sincerely,

Professor Ian Cameron