Submission to the State Insurance Regulation Authority (SIRA)

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

Authorised by:

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Introduction

Chiropractic Australia welcomes the opportunity to provide a submission to the State Insurance Regulation Authority (SIRA) regarding the *Model of care for the management of low back pain - Summary.*

About Chiropractic Australia

Chiropractic Australia is a not-for-profit professional association advocating evidence-based treatment and inter-professional cooperation to foster community health through high-quality, patient-centred care. Established in 2015, Chiropractic Australia has followed a reform agenda to improve chiropractic care quality and availability through education and advocacy. Its predecessor, the Chiropractic and Osteopathic College of Australasia (COCA), was formed in 1989 and focused on providing educational and vocational services. It was an active driver of research and the promotion of evidence-based practice for the chiropractic osteopathic professions in Australia. This long-term emphasis on promoting evidence-based practice and a greater focus on advocacy has made Chiropractic Australia a key stakeholder with government and other health peak bodies. Further details about Chiropractic Australia and our policies can be found at the Chiropractic Australia website – https://chiropracticaustralia.org.au/.

Comments

Chiropractic Australia recognises the vital role SIRA plays in ensuring people injured in a work accident or motor accident receive clinically appropriate and evidence-based treatment to optimise their recovery and provide good health outcomes in a timely manner. The introduction of the *Model of Care for the management of low back pain – Summary* helps to give structure and a systematic approach to the assessment and management of people who sustain work injuries, which is consistent with the current best-practice approach aligning with clinical practice guidelines and the *Low Back Pain Clinical Care Standard* released by the Australian Commission on Safety and Quality in Health care (ACSQHC) in September 2022.

Whereas both the Model of Care and the Standard are high-level documents to guide the clinician in the management of patients presenting with low back pain, both documents, if

…/3

used as the principal determinant of management must adequately consider the nuances associated with managing specific patient populations such as injured workers.

Chiropractic Australia welcomes the broadening of the descriptors of primary care team members from the previous descriptor in the 2016 Model of Care to now include the definition of “allied health practitioners,” such as chiropractors who are Ahpra registered practitioners working as first contact practitioners for many patients presenting with low back pain.

There is growing support in the literature for non-pharmacological approaches to the management of low back pain [1,2,3], and the wording of the current Model of Care is very much focused on the general practitioner (GP) and their role as the gatekeeper for the management of injured workers. We recognise that GPs will often be the initial primary contact health care provider that injured workers will consult. Still, for some patients, their initial contact may be an allied health practitioner such as a chiropractor, who is front of mind for many people when managing back pain.

1.) Implementation

We have concerns that the current Model of Care proposes two main pathways: *Pathway A – non-specific low back pain* and *Pathway C – acute low back pain with leg pain* that identifies pathways based upon risk stratification. We note there is somewhat limited follow-up after the initial consultation for two weeks and subsequently four weeks, which we suggest may not adequately address the injured workers’ needs at a time when they have significant disability and are incapacitated. Chiropractors have a specific skillset in managing back pain and recognise physical and psychosocial barriers that may impact the injured workers’ recovery. Identifying and addressing the barriers as soon as possible after the initial presentation may assist in minimising the risk of the injured workers’ recovery derailing. Solely relying on the risk stratification approach based upon the results of the screening questionnaires in isolation risks does not allow for a nuanced approach to managing the injured worker in the early stages following the onset of the injury. The evidence for using such tools in different patient populations and settings raises concerns about their utility across broader patient populations [4,5]. We note that the pathways initiate a referral to high-risk injured workers initially and then only medium and high-risk injured workers after two

…/4

weeks for evidence-based physical therapies. We suggest that both medium and high-risk injured workers are provided access to evidence-based physical therapies from the first visit, noting the role of manual therapy, reassurance, advice and exercise as interventions within the chiropractors' skillset that can be initiated early in managing the injury. The evidence and clinical practice guidelines [6,7,8] support the use of the above approach.

RECOMMENDATION 1:

Provide early access to *evidence-based physical therapies* to injured workers classified as both medium and high risk to recovery to ensure that the screening process does not miscategorise injured workers who may benefit from early access to non-pharmacological approaches to managing low back pain.

2.) Barriers to Implementation

The Model of Care is primarily directed to the General Practitioner (GP). Most GPs are very busy, under-resourced and need more time to spend with injured workers to ensure their treatment is appropriate and aligned with the Model of Care and clinical practice guidelines, especially in the early stages of the onset of the injury. Providing management consistent with the Model of Care is a challenge, especially in situations where GPs may over-investigate injured workers and, in turn, place too much emphasis on the presence of normal age-related changes or spinal anomalies that are of no clinical significance. This misuse of imaging can adversely affect the injured workers' recovery by promoting further disability and represents low-value care [9.10,11,12].

Chiropractors and other appropriately trained physical therapy practitioners are a widely under-utilised resource within the scheme. Given the focus on education and training for chiropractors in managing spinal conditions, consideration should be given to better utilising such practitioners in managing injured workers in the Model of Care.

RECOMMENDATION 2:

Promote early referral and management of injured workers to appropriately trained physical therapy practitioners to adopt a non-pharmacological approach to managing low back pain under the Model of Care.

…/5

3.) Resources to facilitate the adoption of these recommendations in practice.

Currently, the most commonly employed guidance material for managing injured workers across most compensation schemes in Australia is the *Clinical Framework for the Delivery of Health Services*. This excellent resource has not been considered and, in turn, integrated into the Model of Care. The guiding principles provide an excellent framework to build on the Model of Care and offer the clinician a practical mechanism to adopt the designated pathways, thus ensuring the Model of Care can be readily applied in the clinical setting.

RECOMMENDATION 3:

Develop guidance material that combines the principles of the *Clinical Framework for the Delivery of Health Services* with the *Model of care for the management of low back pain*.

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…/6

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