



5 September 2023

Troy McNaughton
A/Director | Health Policy, Prevention and Supervision
State Insurance Regulatory Authority
Email: VBHC@sira.nsw.gov.au.

Dear Mr McNaughton,

Re: Consultation on the Model of Care for the Management of Lower Back Pain

On behalf of the Neurosurgical Society of Australia (NSA), I would like to thank State Insurance Regulatory Authority (**SIRA**) for inviting our organisation to take part in the Consultation on the Model of Care for the Management of Lower Back Pain (**Model**).

General Feedback

We strongly support measures to improve the early assessment and management of low back pain and to reduce the use of investigations and treatment options which may be ineffective or unnecessary. We are of the view overall that the Model proposed provides a pragmatic approach to the care of patients with back pain.

We would strongly support a Model of care pathway for patients with back pain and leg pain with no “red flags” which recommends physical therapy for a six-week period without imaging. Throughout the Model, we would recommend that rather than referring to “musculoskeletal specialist” and “multidisciplinary pain management program” the referral be to a “specialist spine service”. While this will be the minority of patients, specialist spine services are best placed to arrange the most appropriate imaging and to develop the most appropriate treatment plan. Specialist spine services provide both surgical and non-surgical patient care pathways depending on the diagnosis and include a range of specialists, not just surgeons. This term is used in the Australian Commission on Safety and Quality in Health Care Low Back Pain Clinical Care Standard.

On **page 10**, we have concerns with Pathway C, “Visit 3” - “Persisting pain with neurological loss of function” and “Improvement”. While we understand the concept, it is difficult to follow the steps in the pathway with regards to how a patient with a neurological deficit made it to this step, without referral for further investigations and/or specialist care in the earlier steps, and even then, how a healthcare provider could ignore that there is now neurological loss of function, without triggering a specialist referral at this step in the pathway.

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

We are of the view that there must be a firm and broad educational push to support the Model, using multimodal media platforms, as well as a wide distribution of pamphlets, into whichever sectors/segments you can get them into. Any media campaign would need to begin by targeting primary healthcare practitioners, physical therapists, and allied health professionals to drive the message through.

Social media flooding to counter the misinformation currently at large would be useful. Educating younger groups in society particularly sporting groups, schools, and universities towards preventative approaches so that the next generation will have a better understanding on how to avoid such ailments in later life would also be beneficial, as would a public mass-media campaign.



An educational blitz into workplaces in high risk industries would also be beneficial. This would improve overall health literacy in these groups and potentially improve understanding, leading to changing misconceptions, and also improving collegial support amongst workers in these high risk professions.

It may also be worthwhile considering the engagement of relevant Workcover authorities to help roll out education sessions on managing back pain, which could be rolled into education sessions on how to avoid injury and maintain spine health.

We also believe, the provision of additional information on exercise methods and the natural history of back pain, would be useful at the first visit, particularly with respect to providing a realistic timeframe to patients on the likelihood of a second, third and fourth visit being needed.

Are there any barriers to implementation?

We believe that there are several likely barriers to implementation of the Model, that will require attention and strategies to mitigate them. These include:

- Health literacy - Levels of health literacy amongst the general public is an important consideration. Lower health literacy in higher risk industries may impact on the roll out of the Model.
- Industry Unions - It would be important for industry unions to be on board to ensure success of the Model and to assist in providing appropriate resources to members.
- Vested interests - A number of groups will have a self-serving interest in countering these approaches and that is something that needs to be recognised and managed.
- Prescribing tendencies & perceptions - Another potential barrier is the ease with which surgery rather than conservative and physical therapies can be prescribed. It is always easier for a patient to think that somebody will be able to fix their issues, as opposed to them putting in the hard work to manage their recovery.
- Waiting times: Concerns were expressed about access to pain clinics, waiting times, and the capacity of existing clinics to manage increased referrals if large numbers of patients after ongoing back pain.

What resources would facilitate adoption of these recommendations in practice?

We believe that presenting examples using conservative approaches to back pain management approaches, as evidence of success, using sporting, media, and social media personalities may help provide the public with a greater understanding of the merits of conservative approaches for the management of back pain and may be useful in swaying the public towards the adoption of such plans.

Creating strategic shifts in the public's thinking around back pain management will require a heavy investment in social media platforms to drive the message.

Correction

A correction is required in the list of the expert advisory group our organization names. The correct name for our organisation is the Neurosurgical Society of **Australasia**.



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We would like to thank SIRA again for the opportunity to comment of their proposed Model. If you have any questions, please do not hesitate to contact us at administration@nsa.org.au.

Yours sincerely

Mitchell Hansen
President