

Frequently Asked Questions – Low Back Pain Rapid Access Clinic

1. What is the Low Back Pain Rapid Access Clinic (formerly known as ISAEC)?

In the Mississauga Halton LHIN, there will be Low Back Pain Rapid Access Clinics located throughout the region. Referrals are centralized through the Mississauga Halton Central Intake program and sent to the Advanced Practice Provider (APP) closest to the patient's home. At the Low Back Pain Rapid Access Clinics patients will be assessed by an APP who is a regulated health professional (ie. Physiotherapist, Chiropractor etc.) with additional training in low back pain. The APP will conduct a comprehensive standardized assessment and provide patients with education and treatment recommendations. If a patient may require further assessment, imaging, or surgeon consultation, they are further assessed by the Low Back Pain Practice Lead (regulated health professional) located at Trillium Health Partners.

2. How do I refer to the Low Back Pain Rapid Access Clinic program?

To refer to the Low Back Pain Rapid Access Clinics, Primary Care Providers are required to register via the following link: <http://www.isaec.org/isaec-registration.html>

Once you have registered with the above link, you will immediately receive an email with a link to access a brief 10-15 minute online module that will review the model of care and referral process. Upon completion of the online module, you will receive a copy of the referral form within two business days.

For questions about referrals, please contact the Mississauga Halton Central Intake program at 905-338-2983 ext. 4912.

3. What is the referral criteria for the Low Back Pain (LBP) Rapid Access Clinics?

This pathway is appropriate for patients with a wide variety of non-emergent lumbar diagnoses and presentations and addresses issues ranging from most non-urgent disc conditions, spinal stenosis, and axial / non-specific back pain.

Inclusion criteria for this pathway include:

- Patients with persistent lower back pain and/or related symptoms (e.g., sciatica, neurogenic claudication) that are not improving 6 weeks to 12 months from onset **OR**
- Patients with unmanageable recurrent/episodic lower back pain and/or related symptoms of less than 12 months duration post-recurrence.

Exclusion criteria for this pathway include:

- Patients with red flags including possible Cauda Equina Syndrome, progressive neurologic deficit or significant trauma
- Initial low back-related symptoms <6 weeks post onset
- Constant/persistent LBP-related symptoms >12 months post onset
- <18 years of age

Exclusion criteria (continued):

- Unmanaged established chronic multisite pain disorder
- Unmanaged established narcotic dependency
- Active LBP-related Workplace Safety and Insurance Board (WSIB) claim
- Active LBP-related Motor vehicle accident claim
- Active LBP-related legal claim
- Pregnant or post-partum (<1 year)

4. Will I be informed of assessment results?

The patient's referring Primary Care Provider will receive a consultation note post-assessment outlining the patient's clinical presentation, risk/prognostic factors, individual self-management plan (including activity/work modifications and tailored exercise plan) and next steps including any recommended follow-ups or additional referral recommendations. An Advance Practice Provider or Practice Lead may contact the patient's Primary Care Provider directly to discuss the consult.


5. Will the Low Back Pain Rapid Access Clinic contact patients with their appointment date?

Yes, the Low Back Pain Rapid Access Clinic will contact the patient directly to book their appointment.


6. Will the Low Back Pain Rapid Access Clinic provide patients with pharmacological or non-pharmacological therapy to support their lower back pain self-management plans?

The program will not provide patients with adjunct pharmacological or non-pharmacological therapy. However, Advanced Practice Providers will take the time to show patients proper movement, exercises and other self-management options (e.g., activity modification) to improve their mobility and function. Certain patients may be advised to seek services from a community provider to support their plans and will receive education regarding treatment(s) that are evidence informed.


7. What were the results of the ISAEC pilot?



99%
Patient satisfaction
97%
Primary Care satisfaction



>96 %
of patients referred for
surgical consult by an APP
were surgically appropriate



Chronicity Risk
especially amongst patients
at moderate risk of
chronicity

8. Have other LHINs implemented this model of care?

Yes, this program is being implemented provincially.

9. Who do I contact for more information?

Please contact: Mississauga Halton Central Intake Program
Phone: 905-338-2983 Ext. 4912
Email: MHReferrals@mhcentralintake.com
Website: www.mhcentralintake.com



Mississauga Halton
Central Intake Program

