

6 September 2023

State Insurance Regulatory Authority (SIRA)
Locked Bag 2906
Lisarow, NSW. 2252
Email: VBHC@sira.nsw.gov.au

Dear Sir / Madam,

RE: State Insurance Regulatory Authority Model of Care for the Management of Low Back Pain – Summary

Thank you for the opportunity to provide feedback on implementing the Model of Care for the Management of Low Back Pain– Summary.

Exercise & Sports Science Australia (ESSA) is Australia's peak professional association for exercise and sports science professionals, representing more than 11,000 members. These members comprise university qualified Accredited Exercise Physiologists (AEPs), Accredited Sports Scientists, Accredited High-Performance Managers and Accredited Exercise Scientists.

Chronic pain is a significant issue in Australia, affecting more than four million people. As individuals age, the prevalence of regular pain increases, with up to one in three older Australians and 80% of aged care residents experiencing chronic pain [1]. Unfortunately, Australians must wait a year or more to access the best-practice pain care in a multidisciplinary public pain clinic.

ESSA commends SIRA for adopting the Lower Back Pain (LBP) model, which acknowledges the vital contributions of allied health practitioners and incorporates inclusive language. A multidisciplinary approach to LBP management is essential for better health outcomes, however, nearly 70% of all GP consultations relating to pain result in a medicine prescription only.

ESSA supports the use of inclusive terms such as physical therapies rather than reference to a single profession. The use of inclusive language is essential in implementing a multidisciplinary care model that recognises these professionals' diverse and comprehensive roles. With their unique areas of expertise, allied health practitioners play a crucial role in providing holistic patient care. Inclusive language acknowledges the value of each profession and encourages collaboration, resulting in the most comprehensive care possible for patients. By carefully selecting language and emphasising cooperation, the model will effectively engage all healthcare stakeholders and be better equipped for successful implementation.

ESSA has reviewed the Model of Care for Lower Back Pain Management - Summary and recommendations to evaluate LBP patient attitudes are included ***in Appendix A ESSA Amendments Model of Care for Management of LBP Summary***. (Attachment Appendix A)

1. Feedback on how the model can best be implemented to ensure people with low back pain receive best-practice treatment.

Outcome Measurements: Regular feedback and outcome measurement are essential to ascertain the effectiveness of the guidelines. **SIRA should increase focus on outcomes tracking to refine and improve the LBP model continuously.**

Accessibility: ESSA recommends that the model take a comprehensive approach to include **social and cultural factors** as the biopsychosocial approach, which researchers widely use to address low back pain in patients, may not consider certain social and cultural factors. It is crucial to provide optimal care to patients with LBP conditions. There is a lack of research conceptualising how physiotherapy applies the biopsychosocial model in research and practice. Given the complexity of treating such patients, ensuring that everyone, regardless of socioeconomic status, has equal access to high-quality treatment that meets established standards is imperative. We must prevent these guidelines from unintentionally exacerbating healthcare disparities.

2. Barriers to implementation

Implementing any new model of care in a healthcare system can encounter both anticipated and unanticipated barriers. The model of care for managing LBP is no exception. Here are some potential barriers to its successful implementation:

Lack of Awareness and Training: ESSA recommends a campaign raising awareness about **community-based services for low back pain and highlighting the benefits of seeking AEP care**. Despite the copious evidence of its effectiveness, there is a need for greater utilisation of AEP care, and we are optimistic that advocating for its advantages will lead to better patient outcomes. Healthcare professionals require more support in understanding the new LBP model of care due to limited resources and insufficient training.

To effectively adopt the revised LBP model of care, **SIRA should consider implementing streamlined and accurate referral pathways, which are essential for optimal patient care and allowing patients to access the appropriate healthcare professionals like physiotherapists, exercise physiologists, and specialists**. Simplifying the referral process is critical in reducing wait times and ensuring timely patient treatment.

3. Resources to facilitate adoption of the implementation in practice.

Resource Constraints: SIRA should acquire additional resources to implement the new model successfully, including **equipment, software, and staffing for easy accessibility**. It is necessary to ensure that the care providers, such as AEPs, are thoroughly informed about all the procedures involved in the new model, as they will be responsible for guiding clients through



the intricate system. AEPs should have, without exception, up-to-date information and dependable access to case managers.

Referral Pathways: ESSA recommends a clear and effective mechanism for monitoring and evaluating the performance of healthcare providers. Streamlined patient care relies heavily on efficient and clear referral pathways. Effective healthcare delivery requires seamless integration of services provided by different healthcare providers. In this regard, AEPs play an active role in ensuring optimal feedback on patient outcomes and addressing any challenges encountered in implementing the model.

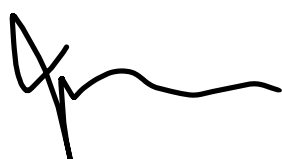
ESSA recommends that feedback should enhance collaboration and communication channels between healthcare professionals, given that LBP management is a multidisciplinary endeavour.

ESSA acknowledges that SIRA's LBP model promotes specific messages of reassurance, targeting key messages to promote patient outcomes. However, implementing the LBP model requires a person-centred approach, continuous engagement with all stakeholders, using technology when appropriate, flexibility with standards, and a commitment to ongoing learning and improvement.

ESSA looks forward to continuing to collaborate with SIRA to enhance and drive significant improvements in outcomes for LBP patients and deliver exceptional value-based health outcomes.

Please contact the ESSA Senior Policy & Advocacy Advisor, Jacintha Victor John, on 07 3171 9669 or at Policy@essa.org.au for further information or questions arising from the following submission.

Yours sincerely



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APPENDIX A

The Model of Care for managing lower back pain has been thoroughly reviewed by Exercise & Sports Science Australia (ESSA), and we strongly recommend the following actions to ensure successful implementation.

1. Principle 6 - Patients struggle to follow self-management recommendations without feedback or reinforcement. **ESSA** refers to Principle 6 and **recommends monitoring tools to assist patients on their self-management journey to a staged resumption of everyday activities.**
2. Practice nurses have an essential generalist role in highlighting the guidelines and motivating people with LBP to be physically active [2]. This does not include prescription and supervision of physical activity and clinical exercise treatment for people with specific injuries, and referral would be preferable to an AEP. **ESSA recommends a refined definition of the role of practice nurses in supporting physical activity for those with lower back pain.**



Principle 6: Active physical therapy encouraged^{10,11}



Physical therapies will primarily be a 'hands off' approach. The emphasis is on self-management assisting the patient to understand their condition and a staged resumption of normal activities. Consultation with team members may include an allied health practitioner or practice nurse.

3. Language:

- a. Individuals typically have a positive attitude toward all key messages about LBP.
ESSA recommends including the following: "Most back pain is linked to minor strains that can be very painful" - ... **but will resolve over time.**
- b. There is **no evidence** to support the statement, 'Your back gets stronger with movement.' **ESSA recommends that the mentioned statement be removed.**

Person-centred care

Person-centred care, shared decision-making and understanding their experiences and individual circumstances are critical when applying this model.¹ Person-centred care and shared decision-making are associated with more appropriate care, a better match with the person's needs and preferences, a reduction in misdiagnosis, and greater patient satisfaction and independence.

Key messages to the patient

- Explain that back pain is a symptom and that in most situations, does not indicate serious disease or impending long-term disability.^{1b}
- Provide advice to keep moving and try and do normal activities as much as possible, including staying at work. Some pain may persist, but resuming activities despite pain will improve speed of recovery.
- Use [Managing low back pain: information for patients](#), to prompt discussion about key messages and use it to help the patient develop a plan.

Language

Use language that promotes recovery

- ✓ Apply the biopsychosocial approach. Use phrases such as:
 - 'Having back pain does not mean your back is damaged'
 - 'Most back pain is linked to minor strains that can be very painful'.²

- ✓ Encourage normal activity and movement. Use phrases such as:
 - 'Your back gets stronger with movement'
 - 'Motion is lotion'
 - 'Movements may be painful at first - like an ankle sprain - but they will get better as you get more active'.
- ✓ Encourage self-management and empowerment. Use phrases such as:
 - 'Let's work out a plan to help you to help yourself'
 - 'Getting back to work or staying at work, even part time at first, will help you recover'.

Avoid

- ✗ Language that promotes beliefs about structural damage for example: disc bulge, slipped discs, damaged, wear and tear.
- ✗ Suggestions that pain indicates damage by not using phrases such as 'Let pain guide you', 'Stop if you feel any pain'.

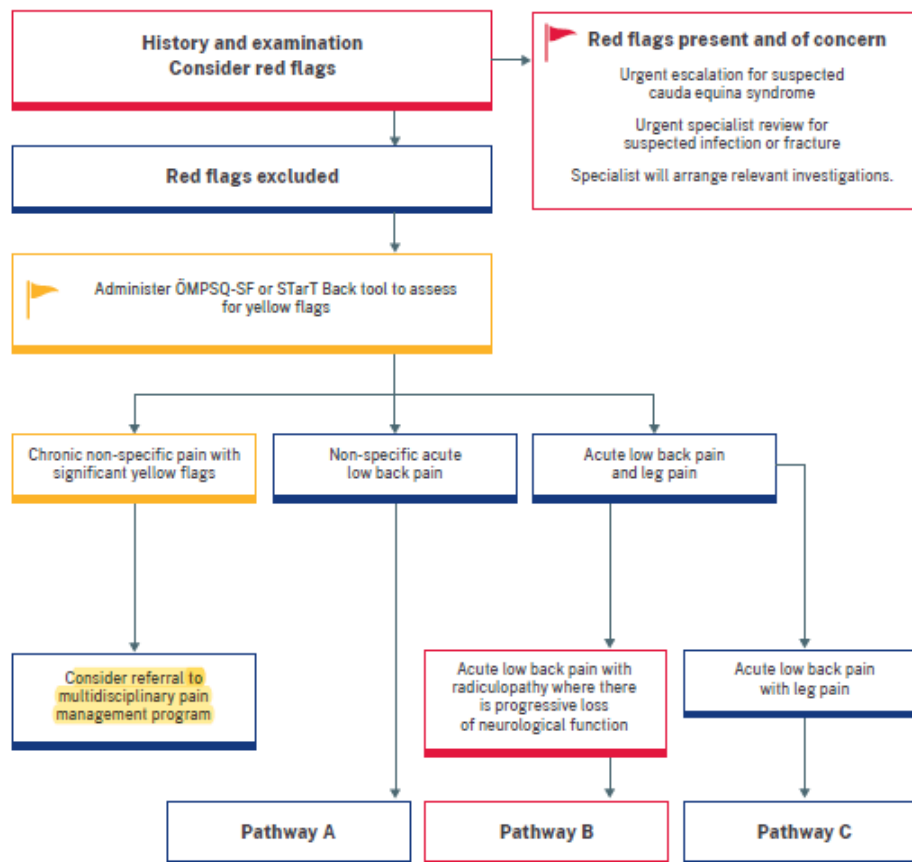
Patient education

There are many good resources for further information. Some of these include:

- [ACI Pain Management Network](#)
- Pain-Ed
 - [10 facts every person should know about back pain: presented by patients](#)
 - [Pain-Ed website](#)
- WA Dept of Health. [Low Back Pain](#)
- Australian Commission on Safety and Quality in Healthcare website [Low Back pain information for consumers](#)

4. Presenting to primary care with a low back pain model - **ESSA recommends inserting the following wording:** "*consider referral to multidisciplinary evidence-based pain management program* to replace the highlighted phrase "*consider referral to multidisciplinary pain management program*".

Presentation to primary care with low back pain



5. Glossary - ESSA recommends the following terms to be added to the Glossary:
 - a. **Accredited Exercise Physiologists should be explicitly included in the musculoskeletal specialist definitions section of the LBP model to ensure patients receive the necessary care.**
 - b. **'Primary health care' as a term - Australian Institute of Health Welfare (AIHW) defines primary health care as** *Primary health care is the entry level to the health system and, as such, is usually a person's first encounter with the health system. It includes a broad range of activities and services, from health promotion and prevention, to treatment and management of acute and chronic conditions [3].*

Glossary

Term	Definitions
Acute low back pain	Low back pain with duration of less than three months.
Cauda equina syndrome	Compression of multiple lumbar nerve roots. May be associated with urinary retention or incontinence from loss of sphincter function, bilateral motor weakness of the lower extremities and perineal anaesthesia. This may be caused by a large central lumbosacral disc herniation.
Chronic low back pain	Low back pain present for more than three months.
Low back pain	Soreness or stiffness in the back between the bottom of the rib cage and gluteal crease. ¹⁸
Musculoskeletal specialists	Specialist physiotherapist, rheumatologist, spine surgeon or pain or rehabilitation physician. Cognitive behaviour therapy trained physiotherapist and/or clinical psychologist may also be considered for those with medium or high risk.
Non-specific low back pain	Pain occurring primarily in the back with no signs of a serious underlying condition, such as spinal stenosis or radiculopathy, or other specific spinal causes, such as spondylolysis, spondylolisthesis or vertebral compression fracture.
Örebro Musculoskeletal Pain Screening Questionnaire – Short Form	A screening tool that predicts long-term disability and failure to return to work. The short form includes 10 items selected from the full version. A score of 50 or higher indicates a risk of long-term disability.
Radicular pain	Pain that radiates into either or both legs, often accompanied by numbness corresponding to the specific nerve root involved. Radicular pain may be present with or without radiculopathy.
Radiculopathy	Impairment of nerve root function, accompanied by numbness, tingling or muscle weakness or diminished deep tendon reflexes corresponding to the specific nerve root involved.
STarT Back tool	A tool developed for primary care to select treatment for people with low back pain based on the presence of potentially modifiable physical and psychological indicators for persistent disabling symptoms.

References

1. Pain Australia, *Pain and Covid-19: The perfect storm that validates the need to fast track technology advances in pain assessment for vulnerable populations and their families*. 2020.
2. Nursing and Midwifery Board Ahpra, *Fact sheet: Scope of practice and capabilities of nurses and midwives*. 2022, Ahpra: September 2022.
3. Australian Institute of Health Welfare, *Primary health care in Australia*. 2016, AIHW: Canberra.