An Evaluation of a Physiotherapy-led Triage Clinic for Patients with Low Back Pain

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Austin Health

- **Large public hospital**
  - 4 orthopaedic outpatient clinics
    - 3 general orthopaedic clinics
    - 1 specialist spinal surgery clinic
  - **60-100 new referrals / week**

- **Traditional model**
  - Patient referred by GP
  - Assessment by orthopaedic consultants
  - Referred to physio for treatment
Background

- ‘Hidden’ waiting list
  - General orthopaedic: 29 weeks
  - Spinal orthopaedic: 30 weeks

- Waiting list = Wasted time
  - Patients not accessing conservative management
    - Poor awareness
    - Poor access

Benchmark data:
Mean waiting time Jan-Dec. 2002
Why is the waiting list a problem?

1. Musculo-skeletal conditions deteriorate
2. Surgical intervention not necessary
3. High DNA rate
4. Patients on multiple waiting lists
5. Poor satisfaction – patients & GPs
Physiotherapy-Led Triage Clinic

- PLTC established 2002
  - Lumbar pathology only
- Model developed in UK in 1990’s
- Advanced practice role
  - Experienced physiotherapist
  - Post graduate qualifications
  - Utilising existing skills – not Extended Scope Practice
PLTC: Model of Care

GP refers patient

Referral triaged

PLT Clinic

Surgeon
Physiotherapist’s Role

- **Triage** role, not treatment
- **Comprehensive Assessment**
  - History of presenting condition
  - Screening for red / yellow flags
  - Interpretation of radiological investigations
  - Evaluation of prior management
  - Physical assessment

*Consult with orthopaedic surgeons if required*

- Diagnose problem
- Formulate management plan
Evaluation - Aims

1. Impact of PLTC on waiting lists
2. Mapping patient journey & outcomes
3. GP satisfaction
Method

- **Cohort study: 2 parts**
  - Audit patient journey
    - Audit of histories of PLTC patients over 12 month period (2005)
    - Orthopaedic clinics prior to introduction of PLTC (Austin Health benchmark data, 2002)
  - GP satisfaction surveys
    - PLTC
    - general orthopaedic clinic
Results

- 105 histories audited – 92% patients seen in PLTC in 2005

- 60 GP surveys sent – 50% response rate
Waiting times

- General Ortho: 29.4 in 2002, 26.23 in 2005
- Spinal Ortho: 30.4 in 2002, 22.81 in 2005
- PLT Clinic: 8.97 in 2005
Results: patient outcomes

Patients attending PLT Clinic
n=105

79% physio n=83
16% surgeon n=17
5% discharge n=5
Results: patient outcomes

Patients attending PLT Clinic
n=105

- 79% physio n=83
- 16% surgeon n=17
- 5% discharge n=5

- 56% discharge n=59
- 12% surgeon n=13
- 9% DNA n=11
Results: patient outcomes

- 67% PLTC patients removed from orthopaedic waiting list without needing orthopaedic surgeon consultation
Conversion Rate to Spinal Surgery

- 10.4 % increase

- Surgeon time is used more efficiently, seeing patients with conditions more likely to require spinal surgery
GP survey:
Feedback from clinic

- Timing:
  - General ortho: 33
  - PLT Clinic: 62

- Quality:
  - General ortho: 25
  - PLT Clinic: 58
GP survey: Patient management

- 87% satisfaction for PLTC
- 58% satisfaction for general ortho
- 94% GPs support continuation of PLT Clinic
Summary of main outcomes

1) 67% PLTC patients removed from orthopaedic waiting list
2) Decreased waiting times
   - PLT Clinic
   - General & spinal orthopaedic surgeons
3) 10.4% increase in the conversion to spinal surgery rate
4) High level of GP satisfaction
5) Strong support for the continuation for the clinic from physios, surgeons & GPs
Where to from here?

- Expansion
  - Orthopaedic shoulders / knees
  - Neurosurgery – spinal
  - ED primary contact role
- No further local role out possible
- DHS Outpatient Reform Project
  - Identify barriers to further roll out of innovative roles