

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

Frequently Asked Questions for insurers

What is a model of care?

A “model of care” broadly defines the way health services are delivered. It outlines best practice care and services for a person as they progress through the stages of a condition, injury, or event.

What is the Model of care for the management of low back pain – Summary (the Summary Model)?

[The Summary Model](#) is an up to date, evidence-informed guide for primary care clinicians on best practice management of low back pain.

- it encourages self-management, return to work and usual activity, empowering the person in their recovery journey
- it promotes a holistic and person-centred approach through risk stratification for all injured people with lower back pain
- it recommends for people working to use work as part of their recovery, by talking to their doctor and employer about what they can do at work which can help them keep active and recover.

How was the Summary Model developed?

The Summary Model is a summary based on the NSW Agency for Clinical Innovation (ACI) existing model: [Management of people with acute low back pain model of care](#). The State Insurance Regulatory Authority (SIRA) and the ACI created a Memorandum of Understanding to coordinate the revision, design, implementation and evaluation of the Management of people with acute low back pain model of care resources to ensure consistency across government organisations.

SIRA convened its Back Injury Clinical Advisory Group, the ACI and its expert groups, to review the Model and create the Model of care for the management of low back pain-Summary. The revision includes current evidence and promotes consistency in care of all people experiencing low back pain and avoidance of low value care, whether their back pain is compensable or not.

Why is SIRA introducing the Summary Model?

People with low back pain have been identified as a priority group in SIRA's implementation of value-based healthcare.

Recent SIRA funded research has found sub optimal outcomes for people with low back pain in the workers compensation scheme who receive surgery, including:

- high cost of surgery with an average cost for a surgical episode of \$46,000 for spinal fusion and \$20,000 for spinal decompression
- high rates of additional surgery with one in five people receiving at least one reoperation within two years
- low return to work rates with only 19% of spinal fusions and 39% of spinal decompression patients returning to work in full capacity within two years.

Who is the Summary Model for?

The Summary Model is for:

- people with low back pain in NSW
- health professionals to guide the provision of healthcare to people with low back pain.

Does the Summary Model direct or limit the services people in the schemes are able to receive?

The Summary Model champions best practice and is a guide for practitioners caring for people with low back pain. The Summary Model uses 10 key principles to promote best practice for people with low back pain.

Insurers must not instruct or direct primary health care providers on how to treat an injured person or direct a general practitioner to make a referral in accordance with the medical pathways. However, insurers can encourage general practitioners and primary healthcare practitioners to adopt the Summary Model.

The primary care practitioner is guided through the Summary Model so that people are triaged appropriately and referrals to musculoskeletal specialists or other specialist care is made in line with the Summary Model.

Does the Summary Model direct the type of health practitioners who are able to provide services in the schemes?

The Summary Model is written for the primary care team, whose members include:

- the patient and their family member, carer, friend or consumer advocate
- the treating general practitioner and practice nurse
- treating allied health practitioners.

In most circumstances the Summary Model describes evidence informed treatments, rather than specific healthcare professionals. This is to champion best practice and not to include or exclude health practitioners. This is in line with current clinical practice guidance documents and supports primary care to use person centred care approach and focus on individual circumstances when applying the Summary Model.

The Summary Model does however recommend referral to a musculoskeletal specialist at different time points when there is no improvement or symptoms are worsening. The Summary Model defines the musculoskeletal specialist as the following health practitioners who may be considered for referral -specialist physiotherapist, cognitive behaviour therapy trained physiotherapist, rheumatologist, spine surgeon, exercise and sports physician, or pain or rehabilitation physician, clinical psychologist. However, this list is not exhaustive.

What does this mean for insurers?

Insurers should expect that people in the CTP & WC schemes receive care according to the pathways outlined in the Summary Model, this includes:

- biopsychosocial risk screening at regular intervals to ensure a holistic and person-centred approach
- primary care providers using standardised outcome measures to determine what pathway is relevant
- people in pathway A or C who show no improvement by visit 3 (6 week) may be referred by their GP to a musculoskeletal specialist
- people presenting to primary care with suspected serious pathology, identified as red flag condition of concern in the pathways, should have immediate referral to tertiary hospital or other specialist care.

If someone has radicular signs (pathway B), do they have a non-threshold injury?

The Summary Model directs care based on an assessment of need, according to three pathways. The Summary Model is different to the threshold assessment. See here for information about [understanding threshold injury](#).

The second pathway (pathway B) uses the presence of radiculopathy where there is progressive loss of neurological function as an indicator that specialist care and further investigations are required. It is a clinical indicator used to determine if there may be a medically serious cause for the low back pain.

The Summary Model and pathways do not affect how an insurer should approach the threshold injury decision under Part 5 of the Motor Accident Guidelines.

Where do I find resources?

Links to:

- [Model of care for the management of low back pain – Summary](#)
- [Managing back pain. Information for patients.](#)
- [Community language translations](#)
- SIRA [Standardised outcome measures](#)
- Tile on SIRA [Treatment Advice Centre](#)
- SIRA [Implementation plan for value-based healthcare in NSW WC and CTP schemes](#)
- Agency for Clinical Innovation [Management of people with acute low back pain](#) (the full Model of Care)