Spinal Virtual Clinic Model: evaluation of a new MoC for low acuity spinal referrals

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Abstract

- Novel Models of Care are needed to address historically long waitlists for specialist OP service, particularly low acuity/Cat 3 referrals

- The RAH OrthoSpine instituted a new MoC - triage to a Spinal Virtual Clinic (SVC) as an alternate clinical pathway

- Spinal Virtual Clinic =
  - Desktop review of referral/medical history/radiology reports
  - Review of radiology (internal/external radiology providers)
  - Customised clinical advice summary to referring GP via EMR

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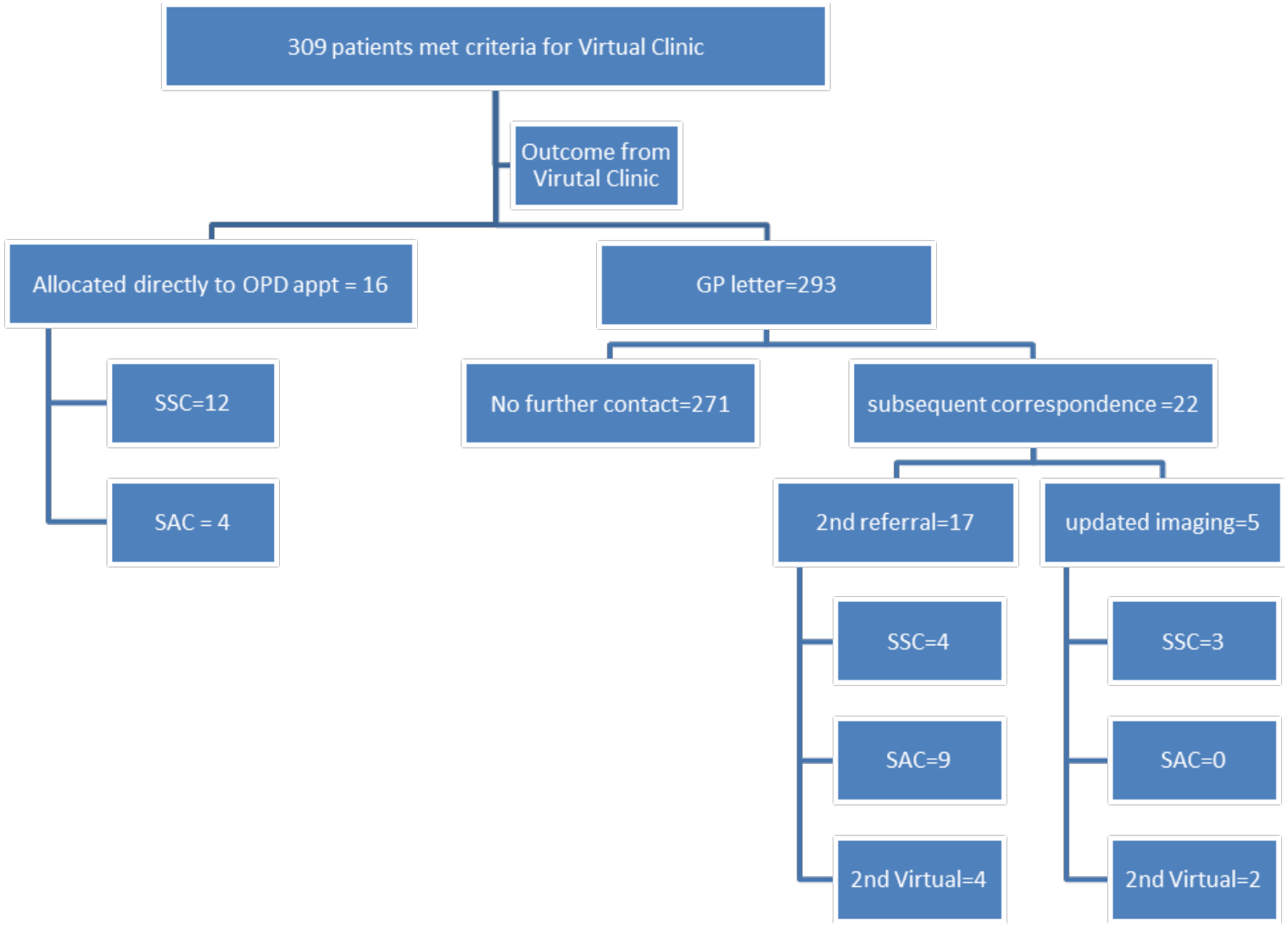
Method

- Evaluation of this MoC under taken via :
  - Quantitative: clinical audit of all referrals triaged to the SVC (Jan-June 2021), that were historically allocated to long-term waitlists
  - Qualitative: phone interview with a sample of patients in this cohort that were managed via the SVC

Outcomes



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Outcomes

- Diagnostic Groups
  - LBP +/- leg pain 62.9%
  - Neck +/- arm pain 16%

- Conservative Mx options recommended:
  - Therapist led active management (80.8%)
  - Spinal (epidural/foraminal injection (35%)
  - Neuropathic medication trial (35.6%)
  - Further investigation (13.2%)

Outcomes

- Review of further contact with Hospital up to 31 December 2021:
  - Surgery undertaken or planned for 9 patients (2.9% of cohort)
    - 3* booked for formal consult following SVC
    - 4^ booked for formal consult following re-referral/further contact from GP
    - 1 admitted with complication post index procedure in a private hospital
    - 3 admitted via ED with acute deterioration
      - 1^ prior to their booked formal consult
      - 1* following planned conservative management post formal consult

Outcomes

- Qualitative interviews (n=11)
  - Range of age/conditions/employment/geographic locations
  - Key themes:
    - Awareness regarding referral and outcome
    - Outcome after GP received customised letter
    - Perspectives about SVC
    - Current spinal complaint versus prior to referral
    - Perspectives towards future referral being managed via SVC versus waitlist
    - Recommendations/future improvement

Addressing Health Inequities

- Not all low acuity referrals need formal consultations
- Early engagement with primary care with the provision of prompt customised conservative management advice is a safe alternative to allocation to long-term surgical wait lists
- Partnership with primary care, underpinned by education, awareness and self-management, can improve patient experiences, outcomes and reduce burden on hospitals

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Implementation / Translation to Practice

- Translations into practice has required:
  - Support and oversight from our Spinal Surgical Colleagues
  - Formalised triage processes
  - Support for primary care via online resources and service email
  - pathways for escalation of care when required
- Funding Model Challenges
- MoC would be readily adaptable to other clinical specialities:
  - Demand versus supply challenges
  - Cohorts of patients with low likelihood of surgical intervention

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Implementation / Translation to Practice

- Allied health, through a multidisciplinary and partnership approach, can contribute to improved efficiencies and reduce burden on the health system.

- Allied health is ideally placed to support primary care due to its long-standing expertise across a range of health areas, working as part of wider team and its focus on health and well-being