LOW BACK PAIN CARE

PHYSICIAN DECISIONS AND PATIENT EXPERIENCES

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INTRODUCTION

Over 20% of Canadians experience low back pain (LBP) lasting more than six months. Low back pain has been cited as the third most prevalent reason patients consult their family physicians.

Choosing Wisely Canada (CWC) is a physician-led program to promote healthy conversations and raise awareness about unnecessary tests and treatments. "Don't do imaging for LBP unless red flags are present" is one of the priorities in Alberta from among the 171 national recommendations.

AIM

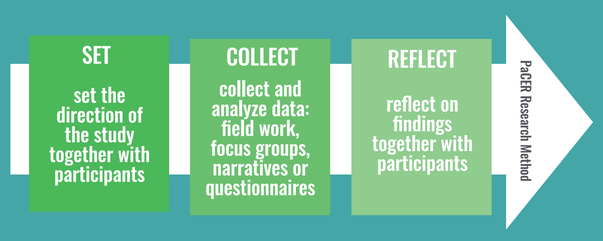
We sought to understand patients' and physicians' perspectives about the drivers behind the ordering of MRIs for LBP in the absence of "red flags" to inform an effective intervention.

METHODS & ANALYSIS

Two research studies were conducted in tandem to gain patients' and physicians' perspectives about LBP.

PATIENT PERSPECTIVE

Patient experiences were collected using the qualitative PaCER (Patient and Community Engagement Research) approach and framework– i.e., Set-Collect-Reflect (see image below). Fifteen patients participated.



PHYSICIAN PERSPECTIVE

Three Primary Care Networks (North, South and Rural) were engaged to recruit physicians capturing a range of demographics (gender, rural/urban, years since graduation and practice size) including those with high referral rates.

Interviewers trained in a Cognitive Task Analysis (CTA) technique called Critical Decision Method conducted individual interviews with 10 physicians to elicit tacit knowledge about their decision-making in ordering MRIs for patients with LBP. Participants were asked to draw from specific cases where they did and did not order MRIs for LBP to provide insight on how they make this complex decision.

Interviews were audio recorded (with consent), transcribed and analysed by the CTA team to develop mental models of the decision-making process. Data saturation was achieved when no new mental models emerged.

DISCUSSION

An overarching "into the frenzy without a clue" theory was developed by the PaCER research team to represent patients' experiences when interacting with their family physicians about their non-red flag LBP symptoms. Patients desire reassurance, clarity, referrals to known and trusted alternative care and a diagnosis regarding their LBP. When patients perceive a lack of guidance and progress, or that no "action plan" exists, their abilities to cope decrease and feelings of anxiety increase. It is within these times that patients begin requesting medical tests of low or little value as a last resort. Other patients may feel they need a test to prove the reality of their diagnosis, particularly in the face of stigma that they may be lazy or just complaining.

The physician CTA interviews show most physicians do not order MRIs when red flags are absent. Other demands (significant drivers) such as specialist or program requirements (WCB) and patient and family expectations are likely the causes of unnecessary imaging ordering.

RESULTS

PATIENT (PaCER) FINDINGS:

About the participants: 6 men, 9 women aged 30-76 representing urban and rural perspectives participated. All had experienced LBP, consulted with their primary physicians at least once in the last year and had non-red flag LBP symptoms lasting more than 3 months (some for many years).

5 major themes emerged:

1. Patient confusion about referral processes and decision-making within the larger healthcare system
2. Relationship needs - trust, clear diagnosis and action plan, warm handoff to allied services
3. Patient responsibilities - physician consultation and the high cost of alternative treatments
4. Seeking explanations on rationale for non/referral to diagnostic imaging
5. Need to be heard by healthcare professionals, understand the impact of LBP on patients' lives

PHYSICIAN (COGNITIVE TASK ANALYSIS) FINDINGS:

About the participants: 6 men, 4 women; 2 rural, 8 urban; years since graduation ranged from 3-30; practice size range 3-15 physicians)

Two physician mental models emerged:

1. Evidence-based – are aware of red flags, yellow flags, and generally approach LBP with conservative management; order MRI when red flags present, but often order for reasons such as system demands (see more below)
2. Relationship-oriented - focused on symptom severity, MRI for red flags or patient satisfaction when pain persists and patient worried or upset

When do physicians order MRI for low back pain when "red flags" are absent?

Situations where MRI was ordered in the absence of "red flags" were in response to:

- Patient and family member demand/expectations
- When conservative options had been exhausted
- System requirements - included situations such as: accessing interventional radiology or other consultant demands, managing wait-times for service, Workers' Compensation Board (WCB) requirements, and radiology recommendations to consider further testing

CONCLUSION/NEXT STEPS

The findings of these studies will be:

- Shared to promote "healthier" patient-provider conversations about LBP
- Used to facilitate conversations among health system stakeholders to build consistency and appropriateness of imaging messages

Bigger picture, this research demonstrates the importance of taking the time to explore and check our assumptions about why people behave the way they do. Doing so can provide a clearer understanding of patients' and providers' needs and limitations to inform more effective strategies and approaches to support the delivery and uptake of patient care.

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