Tackling back pain and neck pain as a disease burden: multidisciplinary approach management in the primary care setting
Chan KHK(1), Chen XRC(1), Wong CLA(2), Chin PH(3)
(1) Dept. of Family Medicine & General Outpatient Clinic (GOPC), (2) Dept. of Physiotherapy, (3) Dept. of Orthopedic & Traumatology, Queen Elisabeth Hospital (QEH), Kowloon Central Cluster (KCC)

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Introduction
Back and neck pain are one of the commonest conditions encountered in the primary care and constitute a major burden overwhelming outpatient clinics both at community and hospital level. To tackle this problem, FM "Back Clinic" (FMBC) was set up in 2007 at KCC partnering Orthopedic (ORT) SOPC and physiotherapy department (PT) with the purpose to relieve the workload of ORT SOPC and provide timely care to patients suffered from back or neck pain.

Objectives
The aim of this study is to review the clinical service of FMBC and assess its clinical efficiency in case management.

Methodology
This is a retrospective descriptive study. All back/neck pain referrals to KCC ORT SOPC spine team were triaged by ORT specialist to either FMBC or ORT SOPC according to risk level. Those patients triaged to FMBC were assessed using a structured questionnaire administered by a physiotherapist over the phone. A within three-month consultation appointment in FMBC and physiotherapy were given for lower risk patients. This study reviewed all patients followed up at QEH FMBC from 01/01/2009 to 31/12/2014. Their demographic data, referral source, blood biochemical parameter, co-morbidities and follow up status were retrieved from the medical records in the Computer Management System (CMS). The ORT SOPC waiting time was retrieved from Clinical Data Analysis System (CDARS).
Result
Results: Totally 2688 patients had attended FMBC during the study period, among which 1082 patients were male and the average age was 56.1 +/- 14.9 yrs. Most of them were referred from other SOPCs or AEDs (n=938 and n=415 respectively) and community (n=443 from GOPCs and n=762 from private GPs). 70% of cases were referred for back problems and the remaining for neck or limb problems. 65% of them are either obese or overweight (n=1102 and n=672 respectively) and 45% (n=1210) had comorbidities with chronic diseases including diabetes, hypertension or stroke. XR exam was performed in 87% of the cases and MRI spine in 8% of cases. With an average attendance of 2.5 +/- 1.0 (CI 1.0-8.0), 2155 patients (80.2%) were successfully discharged to the community, among which 54.6% of cases are closed within 3 consultation attendances. The most common diagnosis among discharged patients were lumbar/cervical spondylosis (81%), the others being prolapsed intervertebral disc (7.5%), collapse of spine (3.5%), carpal tunnel syndrome (2%) and others (6%). 194 patients (7.2%) were referred to ORT SOPC for further investigations and 67 cases (2.5%) were certified dead during the study period. Common reasons for referring back to ORT SOPC were persistent back/neck pain despite conservative management (45%), diagnosis needing further investigations (20%) and referral for surgical intervention (20%). The ORT SOPC spine team waiting time has been decreased from 80 weeks on 1-2009 to 45 weeks on 1-2010, 29 weeks on 1-2011 and 24 weeks on 1-2012. Conclusions Our study showed that multidisciplinary approach to manage back/neck pain patients at primary care outpatient setting was highly effective in managing lower risk cases and has correlated with significantly reduced ORT SOPC spine team waiting time. Risk assessment by screening at different tiers, in particular using an endorsed de facto screening tool, enables lower risk back/neck pain cases to attend FMBC for timely medical management and functional rehabilitation. This new service model has also released ORT SOPC settings for more needy patients, reflecting “right patient right time right place” care.