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New Stratified Care Model for Back Physiotherapy Adopted from The United Kingdom: A Pilot Study in a Regional Hospital in Hong Kong

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Introduction

The demand of physiotherapy for managing non-urgent non-specific back pain from general public is obvious as revealed from Hospital Authority(HA) service data. 90th percentile waiting time for physiotherapy appointment in HA hospitals is 43 weeks. STarT (Subgroup for Targeted Treatment) Back Approach is a stratified care approach for non-specific back pain patients. It consists of STarT Back Screening Tool (validated Chinese version) to stratify patients into high, medium and low risk levels with subsequent care by matched treatment pathways. The approach was shown to have clinical and financial benefits in the United Kingdom.

Objectives

To evaluate the effectiveness of physiotherapy (PT) intervention by STarT Back Approach for non-specific back pain patients.

Methodology

736 patients with back pain were recruited from the Physiotherapy Department of United Christian Hospital in a pilot study conducted from 2/1/2016 till 1/12/2016. All these patients were referred for back pain with preliminary triage category to be non-urgent. 277 and 459 patients were allocated to the STarT Back Treatment Group (ST Group) and Conventional PT Treatment Group (Control Group) respectively by convenience sampling. Baseline demographic data were collected. Outcome measures of 1) Number of treatment sessions, 2) Numeric Pain Rating Scale (NPRS) and 3) Numeric Global Rate of Change Scale (NGRCS) were also collected to evaluate its effectiveness.

Result

For the ST Group low risk patients, 93% (56 cases) of them were directly discharged immediately after the first screening session. On the other hand, 90% (84 cases) of Control Group low risk patients required an average of 5.46 subsequent follow-up

sessions. As compared with the Control Group, the STarT approach for ST Group low risk patients saved 305 PT treatment sessions within the 11-month study period. The number of sessions required to discharge medium/high risk patients in ST Group were 0.4-0.6 sessions less than the Control Group though not statistically significant. For both medium and high risk patients, the discharge outcomes of the NPRS and NGRCS in ST Group were better than the Control Group though not statistical significant difference($P \geq 0.05$).

Conclusion:

- The STarT Back Screening Tool serves as an effective means to identify patients on various risk levels facilitating the delivery of appropriate care management.
- The saving in the mean number of treatment sessions gained from ST Group low risk patients could be used to facilitate earlier appointments for other needy patients resulting in decrease of waiting time.
- The effectiveness using this model in managing low risk back pain patients can be applied to Family Medicine and General Out-patient Clinics. Triage clinic can be set up to triage the large volume of walk in back pain clients from community and manage with appropriate care pathways.