Implementation evaluation of a primary care interdisciplinary program for low back pain: Determinants that influence practice change

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BACKGROUND
Guided by evidence-based guidelines and the Chronic Care Model, our team has defined a clinical process for an interdisciplinary primary care and self-management program for patients suffering from low back pain. To comprehensively evaluate the potential benefits of a complex disease management intervention, a detailed assessment of the influence of determinants on practice change is needed.

PURPOSE
The objective of this study was to evaluate the determinants of implementation of a primary care interdisciplinary program for low back pain.

METHODS

- An evidence-based interdisciplinary primary care disease management program for low back pain was implemented within four clinical settings and regions across Quebec.

- Patients receive interdisciplinary care and self-management support for 6 months. Implementation Evaluation

- Semi-structured interviews with 16 interdisciplinary team members across 4 clinical sites (physician, nurse, physical therapist, and psychologist)

- Thematic analyses of interview transcripts were conducted, and determinants of implementation were classified using the Champagne et al framework (Figure 2).

MODEL
McGill University
Champagne et al.

1. Evidence-based guideline
2. Implementation guided by the Champagne framework
3. Model of Health (MSSS)
4. Centre de recherche interdisciplinaire en réadaptation
5. Alan Edwards Pain Management Unit

Figure 1: Integrated Primary Care Program for Low Back Pain

Figure 2: Classification of determinants of implementation guided by the Champagne framework

GUIDELINE FACTORS

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Quality of evidence supporting the recommendation</th>
<th>Strength of the recommendation</th>
<th>Clarity</th>
<th>Cultural appropriateness</th>
<th>Source of the recommendation</th>
<th>Consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program is based on strong evidence</td>
<td>The strengths of the program have been clearly communicated to the clinicians.</td>
<td>Suggest that the program is not consistent with cultural norms</td>
<td>DEEP of the RUIS McGill is a credible institution and there is nothing to suggest that anyone involved in the program thinks otherwise.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results – Select Determinants

<table>
<thead>
<tr>
<th>INCENTIVES AND RESOURCES</th>
<th>INCENTIVES AND RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonfinancial incentive</td>
<td>Information system to facilitate monitoring and management of patient information and care decision making.</td>
</tr>
<tr>
<td>Financial incentive</td>
<td>Information system to support clinical decision making.</td>
</tr>
</tbody>
</table>

INCENTIVES AND RESOURCES

- Nonfinancial incentives
- Financial incentives

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- Financial incentives

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- Nonfinancial incentives
- Financial incentives

Conclusion

- Determinants span most of the Champagne framework
- Results will allow each clinical setting to identify mechanisms to tailor the program to their local context.
- We will evaluate which determinants had the greatest influence on improvements (or declines) in outcomes.

REFERENCES