

Recommendations for Adoption: Acute Low Back Pain

Recommendations to enable widespread adoption of this quality standard

About This Document

This document summarizes recommendations at local practice and system-wide levels to support the adoption of the quality standard for care for adults with acute low back pain.

At the local and regional levels, health care providers and organizations in all applicable settings, local health integration networks (LHINs), and other health system partners are encouraged to use the quality standard as a resource for quality improvement. While many organizations and providers may be offering the care described in this quality standard, the statements, related measures, and adoption supports are designed to help organizations determine where there are opportunities to focus their improvement efforts. The [Getting Started Guide](#) outlines how to use this quality standard as a resource to deliver high-quality care.

An important next step will be to put the recommendations in this document into action. In some situations, this may require a more detailed plan or new resources, or it may require leveraging or expanding existing programs. Many aspects of the quality standard represent care that can and should be made available today.

A monitoring and reporting strategy is included in the final section, with suggested measures to monitor and track progress. Health Quality Ontario's Quality Standards Committee will review these regularly, including the actions needed to support implementation.

The Quality Standard for Low Back Pain

This quality standard addresses care for those 16 years of age and older with acute low back pain, with or without leg symptoms. It examines the assessment, diagnosis, and management of people with this condition by health care professionals across all health care settings, with a focus on primary care. This quality standard provides guidance on reducing unnecessary diagnostic imaging, encouraging physical activity, providing education, giving reassurance, assisting with self-management support, prescribing pharmacological therapies, and suggesting additional nonpharmacological therapies.

Click [here](#) to access the quality standard.

Please note that Health Quality Ontario has released standards related to opioid prescribing and osteoarthritis and is currently developing a quality standard that addresses care for people living with chronic pain.

The Recommendations for Adoption

The purpose of these recommendations is to support the use of quality standards to promote practice improvement among health care professionals.¹⁻³ These recommendations aim to bridge the gaps between current care and care outlined in the quality statements.

Click [here](#) to download the detailed process and methods guide for how the quality standard and recommendations for adoption were developed.

The recommendations for adoption were developed after a review of the available evidence and a scan of existing programs, as well as extensive consultation with the Low Back Pain Quality Standard Advisory Committee and health care professionals and organizations working in this area. (See [Appendix A](#) for further details.)

THE RECOMMENDATIONS FOR ADOPTION CONTINUED

These consultations raised some common themes that highlighted a need for the following:

- More education, time, and training for health care providers to conduct a clinical assessment and obtain knowledge of appropriate referral criteria for diagnostic imaging and psychosocial risk factors (i.e., red and yellow flags)
- Increased access to and awareness of additional nonpharmacological therapies for people with low back pain
- Increased access to psychosocial supports and programs for individuals with low back pain, as appropriate
- Increased educational capacity and resources for people with low back pain to guide self-management

Several equity issues have been identified related to this quality standard topic:

- There is a disparity in the availability of programs and services related to nonsurgical management of low back pain across the province. There are geographic barriers that prevent people from actively managing their condition, such as difficulty travelling long distances to access existing programs and services.

- Specific population groups, such as Indigenous peoples, Francophones, newcomers, refugees, and the homeless, face barriers in access to care owing to a lack of programs and self-management resources in different languages, as well as culturally safe care. Some of these population groups are also disproportionately affected by poverty, social isolation, and precarious employment, which in turn may impact access to effective low back pain care.
- Financial barriers, such as lack of extended health insurance coverage or specific eligibility criteria for programs and services, may prevent people with low back pain from properly managing their condition. Some community-based services for low back pain (such as physiotherapy and chiropractic care) are not covered under Ontario's provincial health care plan.

Specific adoption strategies should contribute to improvements or highlight opportunities to enhance equity. The [French Language Health Planning Entity](#) in each LHIN can be leveraged to support local planning, delivery, evaluation, and improvement of French-language health services. Community Health Centres and Aboriginal Health Access Centres may be able to support the development of culturally informed programs and self-management resources in multiple languages.

THE RECOMMENDATIONS FOR ADOPTION CONTINUED

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice
 - Access to care
 - Quality improvement
- Education and training
- Policy and system planning

We describe three time frames for adoption: immediate (less than 1 year), medium term (1–3 years), and long term (more than 3 years).

Note that the organizations, programs, and initiatives described in this document are examples for consideration. They do not reflect all the organizations, programs, or initiatives doing work in this area across the province.

[Appendix B](#) provides a list of these recommendations aligned to specific organizations and groups.

1. French SD, et al. Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework. *Implementation Sci.* 2012;7:38. Available from: <https://implementationscience.biomedcentral.com/track/pdf/10.1186/1748-5908-7-38?site=implementationscience.biomedcentral.com>
2. Bero LA, Grilli R, Grimshaw JM, Harvey E, Oxman AD, Thomson M. Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *BMJ.* 1998;315:465-68.
3. National Implementation Research Network. *Implementation Drivers*. Chapel Hill (NC): FPG Child Development Institute, University of North Carolina [Internet]. [cited 2017 Feb]. Available from <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>

Integrating the Quality Standard into Practice – Access to Care

Gap: People with acute or recurrent low back pain can experience delays in receiving comprehensive assessments, reassessments, and referrals to health care providers trained in low back pain care.

Recommendation	Quality Statements	Action Needed By	Time Frame
<p>Promote and monitor the use of virtual and/or digital services, such as eConsult, among health care professionals.</p>	<p>All</p>	<p>Leads: Ontario Telemedicine Network OntarioMD</p> <p>Support: Health care organizations Health care professionals</p>	<p>Immediate</p>
<p>Consider equity issues when addressing disparities in accessing low back pain services across each region of Ontario. The Health Equity Impact Assessment (HEIA) tool can help embed an equity lens in decision-making processes and should be used by analysts and planners to inform service planning and provision.</p>	<p>All</p>	<p>Lead: LHINs</p> <p>Support: Health care organizations Health care professionals</p>	<p>Immediate</p>

Integrating the Quality Standard into Practice – Access to Care (continued)

Gap: There are specific population groups that face barriers to care owing to geographic location and/or low income and other social determinants of health. These groups have limited access to regulated clinicians who can provide guidance on staying physically active; education and reassurance; self-management support; and additional nonpharmacological interventions, many of which are not covered by the Ontario Health Insurance Plan (OHIP).

Recommendation	Quality Statements	Action Needed By	Time Frame
<p>Conduct capacity planning to identify gaps between current care and the care outlined in the quality standard for the management of low back pain.</p> <p>Ensure capacity planning:</p> <ul style="list-style-type: none"> Identifies primary care provider availability Considers leveraging the existing MSK Rapid Access Clinic infrastructure to apply the approach for other purposes, including potentially expanding access to additional support services Identifies and addresses service gaps and/or capacity pressures by comparing service availability with local needs Reduces services that may not benefit people with low back pain (e.g., inappropriate diagnostic imaging). <p><i>Adoption Considerations:</i></p> <ul style="list-style-type: none"> Ontario is expanding MSK Rapid Access Clinics to help people with hip, knee, and low back pain. The Adopting Research to Improve Care (ARTIC) program is working with the Ministry of Health and Long-Term Care to support the implementation of the Rapid Access Clinic initiative for musculoskeletal conditions across Ontario. A primary care provider can obtain referral privileges to the MSK Rapid Access Clinic for low back pain by completing the Interprofessional Spine Assessment and Education Clinics Program Registration and Onboarding Module. People who have had persistent low back pain and/or related symptoms for longer than 6 weeks but less than a year can be referred to an MSK Rapid Access Clinic for an assessment that includes education, a self-management plan, expedited access to imaging, and specialist consultation, if necessary. 	All	<p>Lead: LHINs</p> <p>Support: Health care organizations MSK Rapid Access Clinics</p>	Immediate

Integrating the Quality Standard into Practice – Access to Care (continued)

Gap (continued): There are specific population groups that face barriers to care owing to geographic location and/or low income and other social determinants of health. These groups have limited access to regulated clinicians who can provide guidance on staying physically active; education and reassurance; self-management support; and additional nonpharmacological interventions, many of which are not covered by the Ontario Health Insurance Plan (OHIP).

Recommendation	Quality Statements	Action Needed By	Time Frame
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Adoption Considerations (continued):

- In addition to the MSK Rapid Access Clinic pathway, people with acute low back pain can access care through:
 - Integrated primary health care services offered in an interprofessional team-based care setting, including family health teams, nurse practitioner-led clinics, community health centres, and Aboriginal Health Access Centres
 - A range of primary care providers and services covered under OHIP
 - [Community physiotherapy clinics](#), which provide assessment and treatment services for those under 19 years or 65 years and older
 - The Primary Care Low Back Pain program at 7 sites across Ontario, which provides interdisciplinary care for individuals with low back pain
 - Public health units across Ontario that offer programs on falls prevention, physical activity, exercise, and healthy living to support the management of conditions such as low back pain
- Individuals with acute low back pain as a result of work-related injuries may be eligible for benefits through Workplace Safety and Insurance Board's [Program of Care for Low Back](#)
- Examples of virtual/digital services may include [eConsult](#) through the Ontario Telemedicine Network and access to mentors through [Collaborative Mental Health Network/Medical Mentoring for Addictions and Pain](#) (Ontario College of Family Physicians)
- [Poverty: A Clinical Tool for Primary Care Providers](#) can help screen for low income and social determinants of health
- The [Capacity Planning Framework](#) developed by Rehabilitative Care Alliance can be used to standardize planning across all LHINs.

Integrating the Quality Standard into Practice – Quality Improvement

Gap: Among clinicians, there are variations in clinical assessments and referrals for people with low back pain. Standardized assessment tools to support clinical decision-making are not readily integrated into daily practice.

Recommendation	Quality Statements	Action Needed By	Time Frame
Assess the care that is being provided against the quality standard using Health Quality Ontario's Getting Started Guide and refer to the action plan template and measurement guide for this quality standard as tools to support quality improvement and data collection.	All	<p>Leads: Health care organizations Health care professionals</p> <p>Support: LHINs</p>	Immediate
Promote existing standardized clinical assessment tools, including tools integrated into provincial pathways, for broad provincial use.	All	<p>Leads: The Centre for Effective Practice Health Quality Ontario</p> <p>Support: Health care organizations</p>	Medium term
Work with electronic medical record (EMR) vendors to embed standardized clinical assessment tools into EMR-based solutions.	All	<p>Lead: OntarioMD</p> <p>Support: Health care organizations The Centre for Effective Practice</p>	Medium term

Integrating the Quality Standard into Practice – *Quality Improvement (continued)*

Gap (continued): Among clinicians, there are variations in clinical assessments and referrals for people with low back pain. Standardized assessment tools to support clinical decision-making are not readily integrated into daily practice.

Recommendation

Quality Statements

Action Needed By

Time Frame

Adoption Considerations:

- Existing programs and resources at Health Quality Ontario can be leveraged to further disseminate and support uptake of the quality standard, such as the MSK [website/portal](#), the Adopting Research to Improve Care (ARTIC) program, and Quality Improvement Plans (QIPs).
- [Ontario Chiropractic Association \(OCA\) Aspire software](#) is available to all OCA members as of October 2018
- Physiotherapy providers in the community use a variety of EMR software programs and have integrated electronic outcome measures in their programs
- Examples of clinical assessment tools:
 - [Clinically Organized Relevant Exam \(CORE\) Back Tool](#)
 - [Brief Pain Inventory \(BPI\)](#)
 - [The 3-Minute Primary Care Low Back Examination](#)

Education and Training

Gap: There is a lack of provider- and patient-focused education, materials, resources, and tools that focus on care of acute low back pain.

Provider-specific education and knowledge gaps on care of acute low back pain include (but are not limited to):

- The difference between back-dominant and referred pain patterns
- Red flags for spinal conditions
- Surgical criteria for MRI requisition and surgical referral
- Knowledge of time-efficient clinical assessment tools
- Appropriate nonpharmacological interventions
- Work restrictions and modifications for low back pain
- Workplace Safety and Insurance Board patient care services to assist physicians
- Appropriate pain management, especially use of nonopioid medications
- Referral criteria for diagnostic imaging

Education and knowledge gaps for people with acute low back pain include (but are not limited to):

- Identifying low back pain symptoms
- Understanding and reassurance about the low risk of serious underlying disease
- Favourable prognoses for low back pain
- Criteria for referral for diagnostic imaging
- Self-management of symptoms
- Preventing recurrent low back pain by remaining physically active and participating in regular exercise
- Availability and effectiveness of psychosocial support services
- Benefits and risks of pharmacological therapies
- Available workplace modifications
- Appropriate additional nonpharmacological interventions

Recommendation	Quality Statements	Action Needed By	Time Frame
Align and integrate the quality standard into pre-licensure education, credentialing programs, clinical training, residency programs, and other continuing professional development programs.	All	<p>Leads: Educational institutions Clinical and continuing education programs Health regulatory colleges and associations</p> <p>Support: Health care organizations and associations</p>	Long term

Education and Training (continued)

Gap (continued): There is a lack of provider- and patient-focused education, materials, resources, and tools that focus on care of acute low back pain.

Provider-specific education and knowledge gaps on care of acute low back pain include (but are not limited to):

- The difference between back-dominant and referred pain patterns
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- Preventing recurrent low back pain by remaining physically active and participating in regular exercise
- Availability and effectiveness of psychosocial support services
- Benefits and risks of pharmacological therapies
- Available workplace modifications
- Appropriate additional nonpharmacological interventions

Recommendation	Quality Statements	Action Needed By	Time Frame
Ensure health care professionals in all care settings have access to team-based learning to address knowledge gaps and support collaboration.	All	<p>Leads:</p> <p>Educational institutions</p> <p>Clinical and continuing education programs</p> <p>Health regulatory colleges and associations</p> <p>Support:</p> <p>Health care organizations and associations</p>	Medium term

Education and Training (continued)

Gap (continued): There is a lack of provider- and patient-focused education, materials, resources, and tools that focus on care of acute low back pain.

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- Criteria for referral for diagnostic imaging
- Self-management of symptoms
- Preventing recurrent low back pain by remaining physically active and participating in regular exercise
- Availability and effectiveness of psychosocial support services
- Benefits and risks of pharmacological therapies
- Available workplace modifications
- Appropriate additional nonpharmacological interventions

Recommendation	Quality Statements	Action Needed By	Time Frame
Ensure programs and supports focused on acute low back pain are included in Ontario Pain Management Resources	All	<p>Lead: Health Quality Ontario</p> <p>Support: Health care organizations and associations</p>	Immediate

Education and Training (continued)

Gap (continued): There is a lack of provider- and patient-focused education, materials, resources, and tools that focus on care of acute low back pain.

Provider-specific education and knowledge gaps on care of acute low back pain include (but are not limited to):

- The difference between back-dominant and referred pain patterns
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- Surgical criteria for MRI requisition and surgical referral
- Knowledge of time-efficient clinical assessment tools
- Appropriate nonpharmacological interventions
- Work restrictions and modifications for low back pain
- Workplace Safety and Insurance Board patient care services to assist physicians
- Appropriate pain management, especially use of nonopioid medications
- Referral criteria for diagnostic imaging

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- Preventing recurrent low back pain by remaining physically active and participating in regular exercise
- Availability and effectiveness of psychosocial support services
- Benefits and risks of pharmacological therapies
- Available workplace modifications
- Appropriate additional nonpharmacological interventions

Recommendation	Quality Statements	Action Needed By	Time Frame
<p>Embed the quality standard into efforts focused on enhancing public awareness of care of acute low back pain. Activities may include:</p> <ul style="list-style-type: none"> • Developing new resources targeting patients and the public on care of acute low back pain • Leveraging existing patient education resources, ensuring materials are provided in a format that meets the needs of the individual (e.g., printed materials, multimedia) 	All	<p>Leads: Health Quality Ontario Ontario Health and Safety Partners</p> <p>Support: MOHLTC</p>	Long term

Education and Training (continued)

Gap (continued from previous page)

Adoption Considerations:

- Existing programs, resources, and community-based initiatives to support education and training for health care professionals can be leveraged. Examples of these resources and initiatives include:
 - The Centre for Effective Practice [Primary Care Focus on Low Back Pain](#) in-person and online education
 - [thehealthline.ca](#), which can be used to learn more about existing community-based exercise programs, physical activity programs, and resources available to support patient education and self-management of low back pain
 - [Choosing Wisely Canada: Imaging Tests for Lower Back Pain](#)
 - Ontario College of Family Physicians/Joint Department of Medical Imaging decision aid: [DI-App Diagnostic Imaging Appropriateness](#)
 - Continuing professional development programs offered through regulatory health care colleges and associations
 - [Interprofessional Spine Assessment and Education Clinics Program](#) educational resources and training. A primary care provider can obtain referral privileges to the MSK Rapid Access Clinic for low back pain by completing the [Interprofessional Spine Assessment and Education Clinics Program](#) registration and onboarding module
 - Workplace Safety and Insurance Board resources: “The Back Book” (available in hard copy)
 - [Pain management supports](#) and resources available from several provincial programs and organizations
 - Ontario College of Family Physicians’ two initiatives to mentor and support family physicians: [Collaborative Mental Health Network](#) and [Medical Mentoring for Addictions and Pain](#), as well as the [Practicing Wisely](#) Continuing Professional Development program
 - [Practice Support Program](#) in British Columbia, an educational initiative and in-practice supports program for primary care providers
 - Continuing education sessions hosted by Project ECHO Ontario on musculoskeletal and chronic pain/opioid stewardship for primary care providers
 - [Spine Online](#) e-learning modules provide guidance on evidence-based assessment and treatment options for patients with low back and/or neck pain.
- Existing programs, resources, and community-based initiatives to support education and training for people with low back pain, caregivers, and families can be leveraged. Examples of these resources include:
 - Institute for Work and Health “[So Your Back Hurts](#)” booklet, which contains evidence-based information on how people can live with short-term (acute) low-back pain.
 - Dr. Mike Evans’s YouTube videos on [low back pain](#) and [managing stress](#), which support self-management.
 - [Choosing Wisely Canada resource](#): “Imaging Tests for Lower Back Pain: When You Need Them—And When You Don’t.”
 - [Back Care Canada resources](#)

Policy and System Planning

The recommendations for adoption include those needed at the system level. In accordance with Health Quality Ontario’s mandate, set out in the *Excellent Care for All Act*, the board of directors has formally provided the following recommendations about the *Low Back Pain* quality standard to the Minister of Health and Long-Term Care.

Gaps	Recommendations	Time Frame
<p>There are specific population groups that face barriers to care owing to geographic location and/or low income and other social determinants of health. These groups have limited access to regulated clinicians who can provide guidance on staying physically active; education and reassurance; self-management support; and additional nonpharmacological therapies, many of which are not covered by the Ontario Health Insurance Plan (OHIP).</p>	<p>Consider the feasibility of leveraging the MSK Rapid Access Clinics to further enable access, where appropriate, to psychosocial and additional nonpharmacological therapies.</p>	<p>Medium term</p>
<p>A coordinated approach to overseeing the dissemination and continuity of programs and resources for people with low back pain is needed.</p>	<p>Assess the feasibility of developing an musculoskeletal-focused network or programmatic approach to assist in centralizing and improve oversight of:</p> <ul style="list-style-type: none"> • Evidence-based resources • Models of care/treatments • Health equity considerations • Key quality and outcome indicators 	<p>Long term</p>
<p>There is a lack of educational materials, resources, and tools for people with acute low back pain.</p>	<p>Embed the quality standard into efforts focused on enhancing public awareness of care of acute low back pain.</p>	<p>Long term</p>

Measurement and Reporting

Health Quality Ontario will develop a monitoring, evaluation, and reporting plan for these recommendations as part of the broader quality standards evaluation. This plan may require the development of measures and/or a resource plan to support data collection and monitoring.

The following indicators can be used to monitor the overall success of the standard provincially, given currently available data:

Process indicators:

- Percentage of people who seek physician or emergency department care for acute low back pain who undergo diagnostic imaging (x-ray, CT, MRI, bone scan) of the spine
- Percentage of people who seek physician or emergency department care for acute low back pain who are prescribed an opioid medication

Outcome indicator:

- Percentage of people who seek physician or emergency department care for acute low back pain who subsequently present to the emergency department for low back pain

A plan to measure the impact of specific recommendations related to clinical care and improvement will be defined. The Ontario Quality Standards Committee will receive annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.

Appendix A: Process and Methods for Developing the Recommendations for Adoption

The development of the recommendations for adoption involved extensive consultation with stakeholders across the province from a variety of professional roles and perspectives.

During the public consultation process, we received 74 responses and considered them in the development of these recommendations.

The following organizations and groups were also consulted:

- Bone and Joint Canada
- The Centre for Effective Practice
- Institute for Work & Health
- Ontario Physiotherapy Association
- Ontario Chiropractic Association
- Ontario Telemedicine Network
- Rehabilitative Care Alliance
- The Spine Therapy Network
- Toronto Central Local Health Integration Network
- Workplace Safety and Insurance Board

Along with engaging with the organizations mentioned above, the Quality Standard Advisory Committee, which includes lived experience advisors, have also provided feedback on the adoption of this quality standard.

Between November 2017 and March 2018, Health Quality Ontario conducted nine interviews with family physicians, physiotherapists, chiropractors, and spine surgeons from various care settings across Ontario, as well as individuals from LHINs, health care organizations, and system partners. The information gathered from these engagements was used to further inform the gaps in knowledge, behaviours, and attitudes related to this standard.

Appendix B: Summary Recommendations for Health Sector Organizations and Other Entities

Local Health Integration Networks

Time Frame*

Consider equity issues when addressing disparities in accessing low back pain services across each region of Ontario. The Health Equity Impact Assessment (HEIA) tool can help embed an equity lens in decision-making processes and should be used by analysts and planners to inform service planning and provision.

Immediate

Conduct capacity planning to identify gaps between current care and the care outlined in the quality standard for the management of low back pain.

Medium term

Ensure capacity planning:

- Identifies primary care provider availability
- Considers leveraging the existing MSK Rapid Access Clinic infrastructure to apply the approach for other purposes, including potentially expanding access to additional support services
- Identifies and addresses service gaps and/or capacity pressures by comparing service availability with local needs
- Reduces services that may not benefit people with low back pain (e.g., inappropriate diagnostic imaging)

Post Secondary Institutions, Clinical and Continuing Education Programs, and Health Regulatory Colleges and Associations

Time Frame*

Align and integrate the quality standard into pre-licensure education, credentialing programs, clinical training, residency programs, and other continuing professional development programs.

Long term

Ensure health care professionals in all care settings have access to team-based learning to address knowledge gaps and support collaboration

Medium term

APPENDIX B CONTINUED

Health Care Organizations and Providers	Time Frame*
Assess the care that is being provided against the quality standard using Health Quality Ontario's Getting Started Guide and refer to the action plan template and measurement guide for this quality standard as tools to support quality improvement and data collection.	Immediate
Ontario Telemedicine Network	Time Frame*
Promote and monitor the use of virtual and/or digital services, such as eConsult, among health care professionals.	Immediate
Health Quality Ontario	Time Frame*
Assess the appropriateness of existing standardized clinical assessment tools and determine the feasibility of broad provincial use.	Medium term
Ensure programs and supports focused on acute low back pain are included in Ontario Pain Management Resources .	Immediate
<p>Embed the quality standard into efforts focused on enhancing public awareness of care of acute low back pain. Activities may include:</p> <ul style="list-style-type: none"> • developing new resources targeting patients and the public on care of acute low back pain • leveraging existing patient education resources, ensuring materials are provided in a format that meets the needs of the individual (e.g., printed materials, multimedia) 	Long term
The Centre for Effective Practice	Time Frame*
Promote existing standardized clinical assessment tools, including tools integrated into provincial pathways, for broad provincial use.	Medium term

APPENDIX B CONTINUED

Ontario MD

Time Frame*

Work with electronic medical record (EMR) vendors to embed standardized clinical assessment tools into EMR-based solutions.

Medium term

*Three time frames for adoption are referenced: immediate (within 1 year); medium term (1–3 years); and long term (3 or more years).

For more information:

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