

Chiropractic Integrated Care Pathway for Low Back Pain in Veterans: Results of a Delphi Consensus Process



Anthony J. Lisi, DC,^a Stacie A. Salsbury, PhD, RN,^b Cheryl Hawk, DC, PhD,^c Robert D. Vining, DC,^b Robert B. Wallace, MD, MSc,^d Richard Branson, DC,^e Cynthia R. Long, PhD,^b A. Lucille Burgo-Black, MD, FACP,^f and Christine M. Goertz, DC, PhD^b

ABSTRACT

Objective: The purpose of this study was to develop an integrated care pathway for doctors of chiropractic, primary care providers, and mental health professionals who manage veterans with low back pain, with or without mental health comorbidity, within Department of Veterans Affairs health care facilities.

Methods: The research method used was a consensus process. A multidisciplinary investigative team reviewed clinical guidelines and Veterans Affairs pain and mental health initiatives to develop seed statements and care algorithms to guide chiropractic management and collaborative care of veterans with low back pain. A 5-member advisory committee approved initial recommendations. Veterans Affairs-based panelists (n = 58) evaluated the pathway via e-mail using a modified RAND/UCLA methodology. Consensus was defined as agreement by 80% of panelists.

Results: The modified Delphi process was conducted in July to December 2016. Most (93%) seed statements achieved consensus during the first round, with all statements reaching consensus after 2 rounds. The final care pathway addressed the topics of informed consent, clinical evaluation including history and examination, screening for red flags, documentation, diagnostic imaging, patient-reported outcomes, adverse event reporting, chiropractic treatment frequency and duration standards, tailored approaches to chiropractic care in veteran populations, and clinical presentation of common mental health conditions. Care algorithms outlined chiropractic case management and interprofessional collaboration and referrals between doctors of chiropractic and primary care and mental health providers.

Conclusion: This study offers an integrative care pathway that includes chiropractic care for veterans with low back pain. (*J Manipulative Physiol Ther* 2018;41:137-148)

Key Indexing Terms: *Chiropractic; Veterans; Delivery of Health Care; Interprofessional Relations; Spinal Manipulation*

^a Physical Medicine and Rehabilitation, VA Connecticut Health-care System, West Haven, Connecticut.

^b Palmer Center for Chiropractic Research, Palmer College of Chiropractic, Davenport, Iowa.

^c Texas Chiropractic College, Pasadena, Texas.

^d Department of Epidemiology, College of Public Health, University of Iowa, Iowa City, Iowa.

^e Department of Physical Medicine and Rehabilitation, Minneapolis VA Health Care System, Minneapolis, Minnesota.

^f VA Connecticut Health Care System, Yale School of Medicine, West Haven, Connecticut.

Corresponding author: Christine M. Goertz, DC, PhD, Palmer Center for Chiropractic Research, Palmer College of Chiropractic, 741 Brady Street, Davenport, IA 52803. Tel.: 563-884-5159. (e-mail: christine.goertz@palmer.edu).

Paper submitted May 1, 2017; in revised form October 25, 2017; accepted October 26, 2017.

Copyright © 2017 by National University of Health Sciences. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

0161-4754

<https://doi.org/10.1016/j.jmpt.2017.10.001>

INTRODUCTION

Of the 5.7 million patients served annually in Department of Veterans Affairs (VA) facilities, more than half experience chronic pain.¹ Much of the chronic pain reported by veterans is musculoskeletal (MSK) pain,²⁻⁸ with around 25% consistently reporting low back pain (LBP).⁷ The prevalence of severe pain is more common in veterans with LBP than in nonveterans.⁹ Coincident with MSK pain, many veterans are diagnosed with mental health conditions, such as depression, anxiety, posttraumatic stress disorder (PTSD), and substance use disorders.⁸ Veterans with MSK pain and mental health comorbidity use more VA health care services than veterans without these conditions, including primary care, medical specialty, chronic pain, and behavioral health services.¹⁰

The widely accepted biopsychosocial model postulates that physical disease, mental health or illness, and social factors interact and contribute to the patient's overall suffering and experience of chronic pain.¹¹⁻¹⁴ Clinical practice guidelines

(CPGs) and systematic reviews recommend that clinicians incorporate biopsychosocial approaches into the management of patients with LBP, including effective nonpharmacological therapies such as patient education, activity/exercise, yoga, massage, acupuncture, and spinal manipulation.¹⁵⁻¹⁸ However, few strategies exist to integrate these complementary therapies with conventional approaches to pain management, and little evidence is available to guide collaborative management among musculoskeletal specialists, primary care providers, and mental health professionals, all of whom are often involved in the management of patients with LBP.¹⁹

The Department of Veterans Affairs expanded its delivery of nonpharmacological treatment offerings for LBP when, in 2004, it began providing chiropractic services, including spinal manipulation, both on site at select VA facilities and through purchased care arrangements with private sector providers.²⁰ Previous work indicates that the use of VA chiropractic services has grown substantially since its inception, as currently upward of 46,000 veterans are being served, and that doctors of chiropractic (DCs) working in VA manage LBP through the delivery of evidence-based, nonpharmacological services.²¹⁻²⁴ Although the use of chiropractic care in VA has expanded,²³ few data exist to inform optimal models of access to and delivery of chiropractic care, in VA or elsewhere.

The implementation of chiropractic services in VA presents a novel opportunity to explore strategies to improve collaborative case management for patients with LBP, including those with mental health comorbidity.^{24,25} One aim of our research project, Collaborative Care for Veterans with Spine Pain and Mental Health Conditions, was to develop a consensus-based, chiropractic integrated care pathway to guide clinical decision making and improve communication and referral processes between DCs, primary care providers, and mental health professionals who manage veterans with LBP in VA health care facilities. Care pathways are health care tools designed to support evidence-based practices, clinical decision making, and the organization of care processes for providers treating patients with well-defined health conditions, such as those with LBP.²⁶

The purpose of this study was to develop a consensus-based, integrated care pathway for DCs, primary care providers, and mental health professionals who manage veterans with LBP, with or without mental health comorbidity, within VA health care facilities.

METHODS

Project Overview

This study was part of a funded research project (R34 AT008427) designed to integrate nonpharmacological approaches into the management of pain and comorbid conditions in US military veterans seeking care in VA health care facilities.

Human Participant Considerations

This modified Delphi study was exempted by the Palmer College of Chiropractic Institutional Review Board (Ap-

proval No X2016-4-11-G, April 13, 2016) and was determined to not constitute human participant research by the University of Iowa Human Subjects Research Office (notification May 19, 2016). We received written consent and permission to publish names from all participants.

Research Participants

Three groups were integral to the development of the integrative care pathway: the investigative team, external advisors, and consensus panel. The investigative team included 10 experts in the fields of chiropractic, primary care, psychiatry, veterans' health, clinical and health services research, and modified Delphi process methodology. This team reviewed documents, developed seed statements and algorithms, and identified external advisors and consensus panel participants. Five leaders in evidence-based chiropractic practice served as advisors who provided feedback on the initial and final draft of the pathway. A multidisciplinary panel of VA clinicians (n = 184) were invited to serve as clinical experts for the modified Delphi process. Initial interest was received from 49 DCs employed in VA facilities throughout the United States and 21 non-DC clinicians who worked in VA health care systems located in Iowa City, Iowa, West Haven, Connecticut, and Minneapolis, Minnesota. Sixty-one potential panelists completed consent forms and submitted demographic forms.

Fifty-eight VA employees served as consensus panelists. Their mean age was 44 years (range: 28-64), the majority being male (n = 41), with a mean of 4.4 years working in VA. Eight panelists were themselves military veterans. Professions represented included chiropractic (n = 41), medicine (n = 9), physical therapy (n = 3), psychology (n = 2), and an advance practice nurse, an occupational therapist, and a dual-trained DC/physical therapist. Seven panelists also were trained in acupuncture. Fifty-six identified as clinicians, and of those, all managed spine-related pain or disability, 10 provided primary care services, and 15 managed mental health conditions. Although all panelists had extensive professional experience (mean: 15.5 years) and reported a mean number of 57 patient visits per week, most had no previous involvement as a Delphi panelist (76%) or in guideline development (59%).

Source Documents and Seed Statements

Our selection of source documents from which to develop our seed statements was based on identifying clinical guidelines and other practice-based initiatives already recommended for use within VA to support pathway integration and uptake by providers. As VA/Department of Defense (DoD) has long recommended the use of a widely accepted CPG for LBP diagnosis and treatment²⁷ in its health care facilities, that guideline served as the source document for this care pathway. This guideline, which recommends spinal manipulative therapy for acute, subacute, and chronic LBP, outlines an

Download English Version:

<https://daneshyari.com/en/article/8560026>

Download Persian Version:

<https://daneshyari.com/article/8560026>

[Daneshyari.com](https://daneshyari.com)