

# Development of an intervention for implementing low back pain Choosing Wisely recommendations

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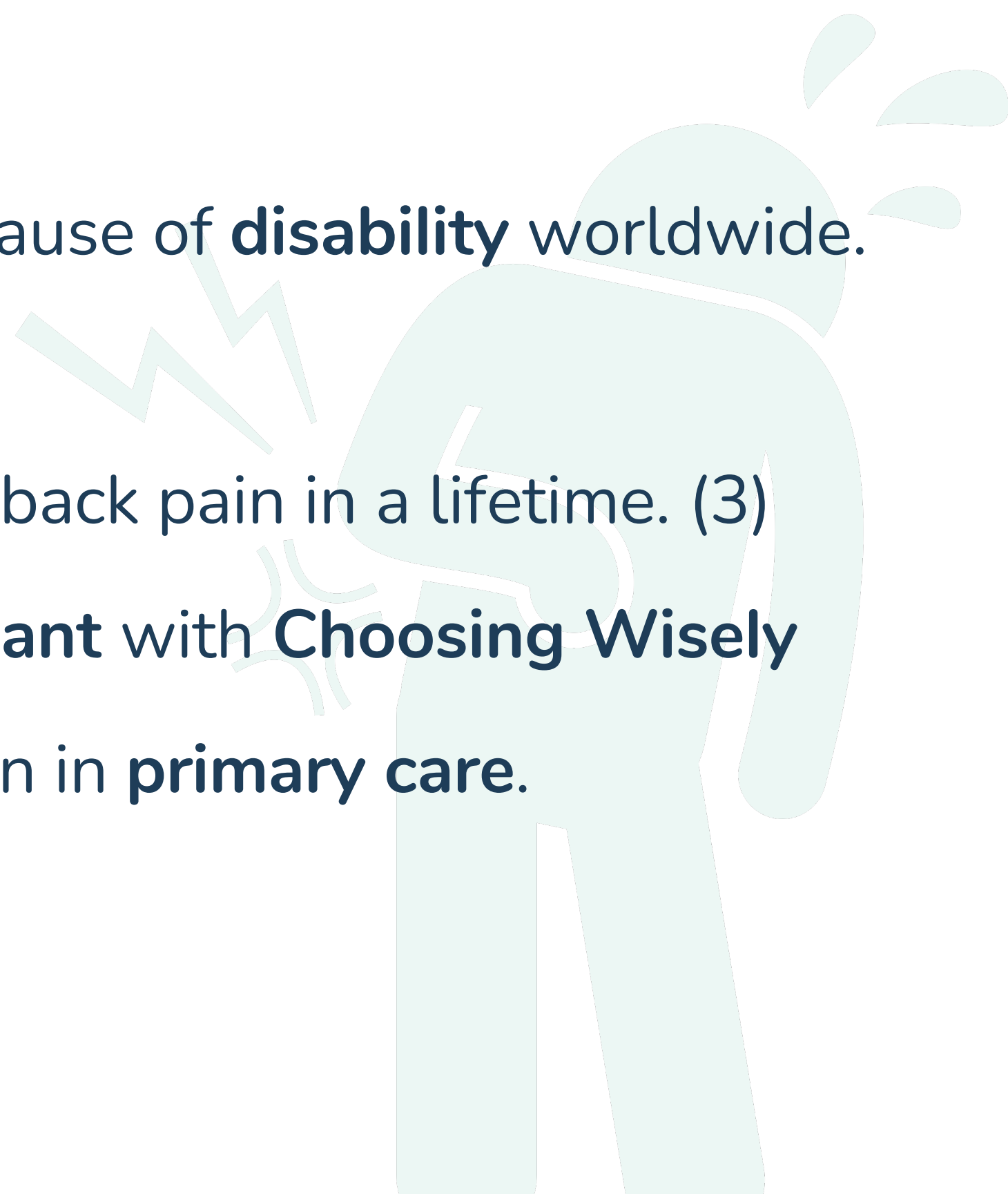


# Presenter Disclosure

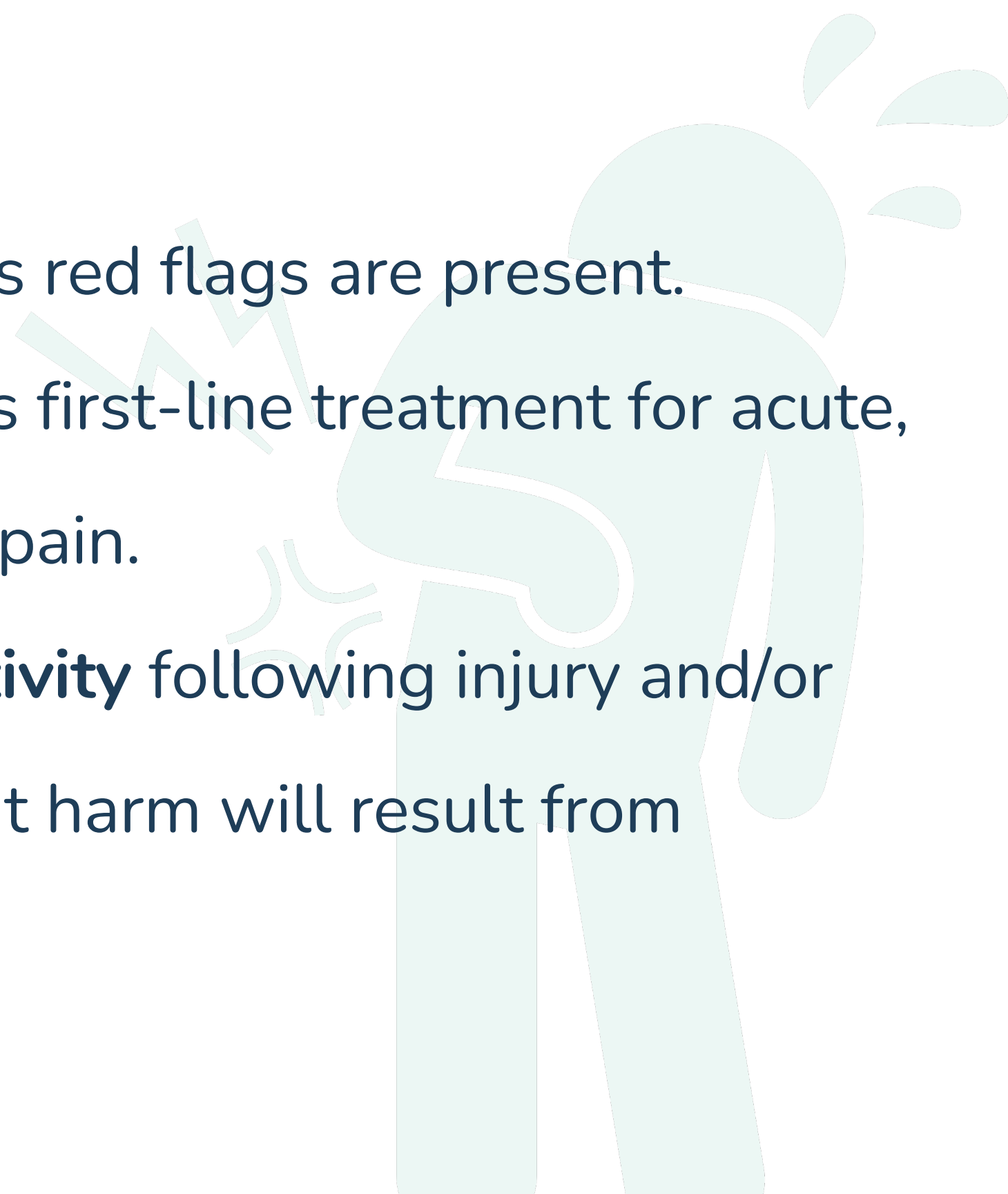
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# Context

- Low back pain is one of the most common cause of **disability** worldwide.  
(1,2)
- Up to **4 out of 5** adults will suffer from low back pain in a lifetime. (3)
- Management of low back pain **non-concordant** with **Choosing Wisely Canada** (CWC) recommendations is common in **primary care**.



# Context

- Don't do **imaging** for lower-back pain unless red flags are present.
  - Don't use an **opioid analgesic medication** as first-line treatment for acute, uncomplicated, mechanical, back-dominant pain.
  - Don't regularly prescribe **bed rest and inactivity** following injury and/or illness unless there is scientific evidence that harm will result from activity.
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# Context

- Don't use epidural **steroid injections** for patients with axial low back pain who do not have leg dominant symptoms originating in the nerve roots.
- Don't perform **fusion surgery** to treat patients with mechanical axial low back pain from multilevel spine degeneration in the absence of: (a) leg pain with or without neurologic symptoms and/or signs of concordant neurologic compression, and (b) structural pathology such as spondylolisthesis or deformity.

# Context

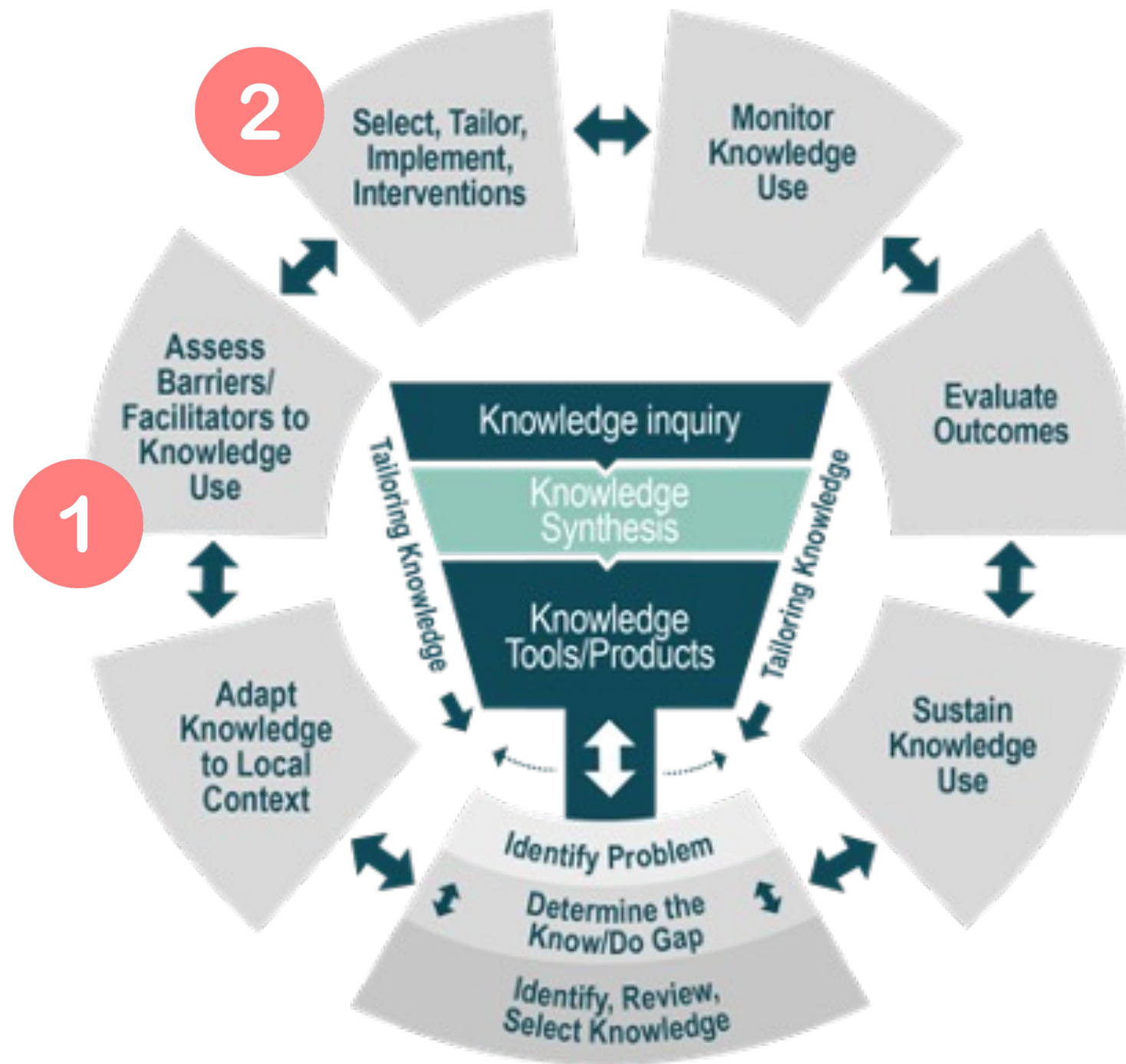
**Interventions aiming at changing primary care practitioners' prescribing behaviour have failed in the past (4,5)**

- Important to understand the determinants (i.e., barriers and facilitators) to implementing recommendations.
- Passive dissemination of CWC recommendations (e.g., only publishing recommendations) is unlikely to be very effective in changing behaviour.

*4- French et al. 2013; 5- Hall et al. 2019*



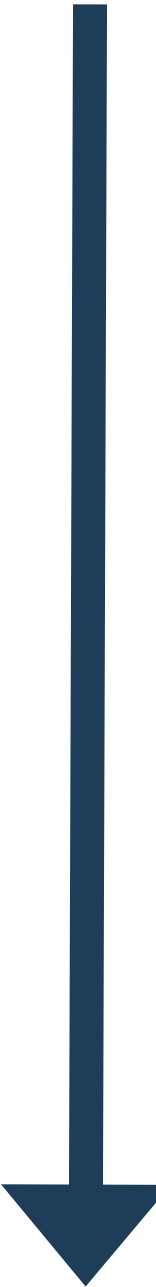
# Objectives



CWC recommendations

1 Identify barriers and facilitators

2 Development of a knowledge mobilization intervention



# Methods



## Focus groups with primary care practitioners

- 4 family physicians
- 14 physiotherapists

## Theoretical Domains Framework (TDF)

1- knowledge, 2- skills, 3- social and professional role/identity, 4- beliefs about capabilities, 5- optimism, 6- beliefs about consequences, 7- reinforcements, 8- intentions, 9- goals, 10- memory, attention and decision process, 11- environmental context and resources, 12- social influences, 13- emotions, 14- behavioural regulation



## Inductive and deductive thematic analysis

- Identify determinants within TDF domains

# Results

## Barriers/Facilitators (13) - Capacity

### Knowledge

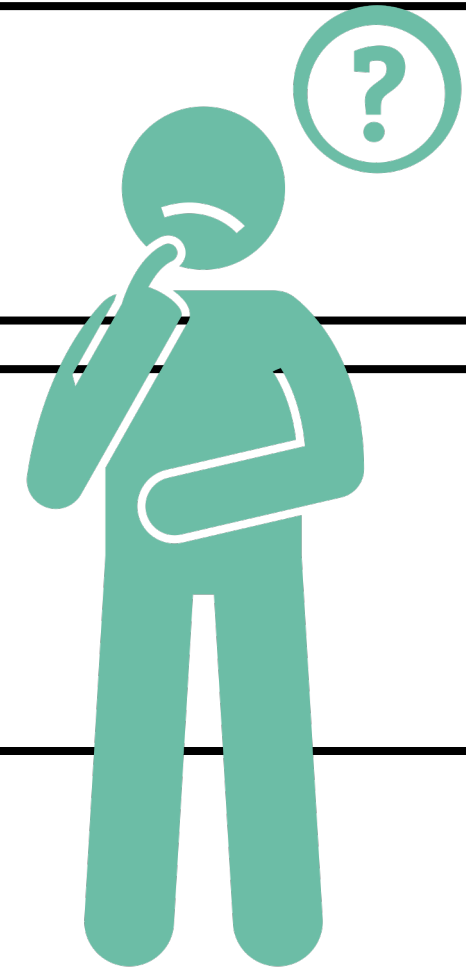
- Various level of knowledge of CWC recommendations (B)

### Skills

- Skills for clinical assessment (F)
- Importance of communication skills (F)

### Memory, attention, decision process

- Difficulties in remembering recommendations (B)



# Results



## Barriers/Facilitators (13) - Opportunity

### Environmental context and resources

- Lack of time with patients (B)
- Lack of access to physiotherapy (B)
- Perceptions that PT have the expertise to manage LBP as first contact practitioner (F)
- Lack of proximity and communication between professionals (B)

### Social influences

- Patients' expectations (e.g., diagnostic imaging, passive treatment) (B)

# Results



## Barriers/Facilitators (13) - Motivation

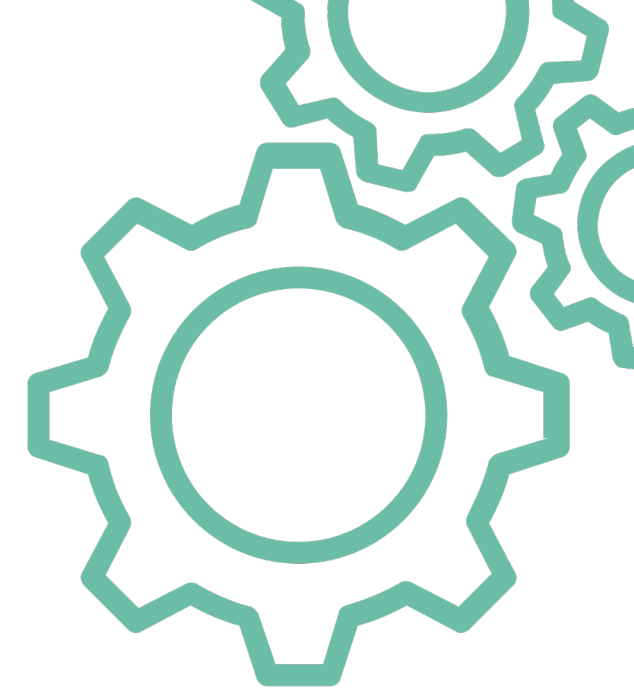
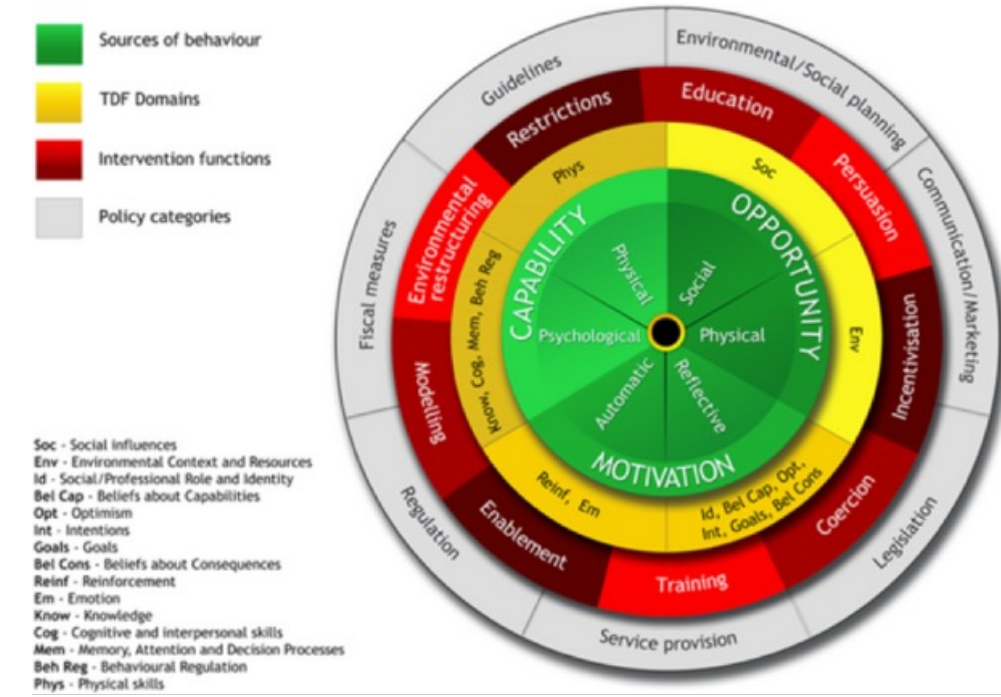
### Beliefs about capabilities

- Generally confident in managing low back pain (F)

### Beliefs about consequences

- Optimal use of healthcare resources, save costs, improve patients' outcomes (F)
- May hinder clinical reasoning ("one-size fits all" approach) (B)
- Fear of missing a serious condition if present without imaging (B)

# Methods: Development of a knowledge mobilization intervention



**Barriers/  
Facilitators  
(TDF)**

**Behaviour  
change wheel**

**Behaviour  
change  
techniques**

**Implementation  
strategies**

Michie et al. 2011

Active ingredient of an intervention that has the potential to change behaviour

Michie et al. 2013

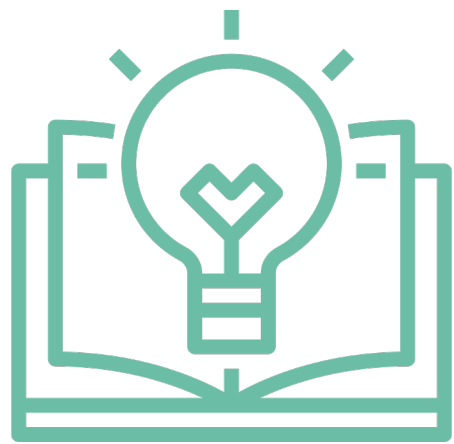
Methods used to enhance the adoption, of a clinical program or practice

McHugh et al. 2022



# Results

## Strategies (10) - Capacity (knowledge/skills/memory, attention, decision process)



### Development and distribution of educational materiel

- Information about recommendations



### Conduct interactive educational outreach visits: Workshops

- Evaluation skills
- Communication skills



### Audit and feedback

- Audit of medical records and feedback to clinicians on behaviour



### Remind clinicians

- Integrate reminders in electronic medical records

# Results

## Strategies (10) - Opportunity and Motivation



- Develop and implement tools for clinicians
- Material for patients



### Identify and prepare champions

- Relay of material
- Coaching



- Create interprofessional teams
- Revise professional roles



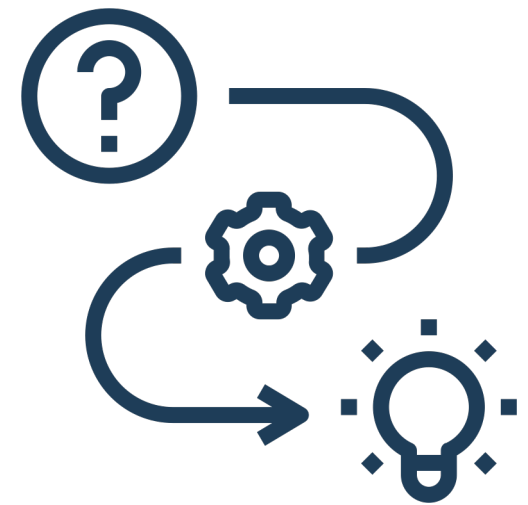
### Promote network weaving

- Promote collaboration
- Interprofessional education

# Discussion: Future steps



**Consult stakeholders** to evaluate the feasibility of the implantation strategies (APEASE).

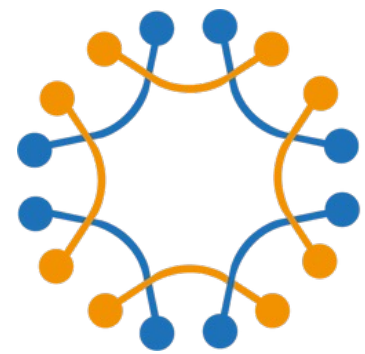


**Adapt and operationalize** intervention components for implementation (TIDler).

**Evaluate the feasibility (Proctor) and preliminary impact** of the intervention in terms of behaviour change of clinicians.



# Thank you!



**Réseau-1 Québec**  
Réseau de connaissances sur les soins primaires

**Choisir  
avec soin** 



Questions

