

**REFLECTIONS FROM THE
EXPERT PANEL**

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INTRODUCTION

The Expert Panel reflected on the presentations from October 26/10 and identified 3 key messages:

- Concerns
- Positive activities
- Future considerations

CONCERNS

1. **Guidelines**

2. **Methodology**



CONCERNS

1. Guidelines:

- Development process
 - Insufficient expert opinion
 - State of the published data in this area (not seen as good)
 - Need broader buy-in (DI, Ortho, Neuro, Physiatry, Rheumatology, etc.)
 - Unsure how these will be delivered
 - Not convinced these will reduce use of DI
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CONCERNS

2. Methodology:

- Need to 'pilot' guidelines
 - **Response** (Paul Taenzer): *The Project Team did pilot in a number of ways (with the Advisory Committee; members showed to their constituencies; did in a large conference in Edmonton in April 2009 where formal/informal feedback was received). There is currently a CIHR grant in ethics review to formally pilot and evaluate the impact on physician groups who they've trained to use the guidelines.*

CONCERNS

Methodology (cont'd)

- Need more advice re “yellow flags”: (need resources available e.g. multi-disciplinary teams)
 - **Response** (*Paul Taenzer*): *The Yellow Flag document was provided as part of the workshop package. Most physicians are not used to assessing psycho-social needs. This page is borrowed, with permission, from the New Zealand guideline. It would be ideal to train community practitioners on these flags and how to assess.*

CONCERNS

Methodology (cont'd)

- Health outcomes needed
- Some concern re: methodology...unclear about grade of evidence
 - **Response** (Christa Harstall): *The Guideline Development Group looked at best quality guidelines using the AGREE tool (modified). The reason this path was chosen was time, resources and value for what was already done in this area. It should be noted that this guideline is prevention through to chronic. Underlying evidence for each recommendation in other people's work was reviewed (looked at recommendation and then went back to all the evidence that contributed to it). If there was a systematic review (SR) in this area, the SR was also brought to this committee. Each person doing a SR uses different tools to grade the evidence. Evidence within that SR may not always be strong.*

CONCERNS

Methodology (cont'd)

- Appropriate vs inappropriate...hospital vs physician's office
 - Applying logic to emotional problems
 - Don't mesh
 - Not all patients fit in the box
 - Clinical skills (patient needs to be heard)
 - Time Issues (for all health care providers)
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CONCERNS

Methodology (cont'd)

- Seems to be simplistic response
 - Complex issue
 - Needs different strategies at different levels
 - Concern that investment in one area will reduce resources in others.
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POSITIVE ACTIVITIES

- Engagement
 - Stakeholders willing to change
 - Single health service
 - EMR x 2
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POSITIVE ACTIVITIES

- Common radiology request form
- Possibility of collecting data



FUTURE CONSIDERATIONS

- Consider Low Back Pain on the chronic disease management table
 - Guidelines are a distillation of knowledge that still needs physician wisdom
 - Potential to include in EMR (as prompts)
 - beware of boxes to tick (as it changes dynamic of interaction with patients)
 - Balance priorities (DI vs yellow flags)
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