Electronic templates and the management of patients with low back pain

Most patients who present with back pain to primary care do not have a serious underlying condition. The STarT Back approach uses a brief easy-to-complete 9-item tick-box tool to assess risk (of persistent pain and disability) and support management (see Figure 1). Evidence shows that using this stratified care approach to provide matched treatment for this group of patients is clinically and cost effective.

**Relevance to practice**

Clinicians told us that a computer template, including the STarT Back tool, could assist them in their management of patients with low back pain. The template would need to:

- be quick and simple to use
- auto-calculate the risk score
- recommend treatment options
- generate auto-populated physiotherapy referral forms when necessary

**Local engagement**

General Practitioners in North Staffordshire assisted with the design of a template that can be embedded within the EMIS system. The template:

- opens when back pain codes are entered
- asks the clinician to screen for red flag symptoms and signs to exclude serious disease
- incorporates the STarT Back screening tool (9 questions) and automatically generates a risk score for poor outcome
- incorporates ‘pop-ups’ on the computer screen to recommend treatment options
- auto-populates physiotherapy referral form (if required)

**References**

Primary care of osteoarthritis (OA) is not consistent with national and international guidance.

Structured computerised forms (templates) to complete during a consultation improve some aspects of clinical care including adherence to some processes of care.

GPs and practice nurses are used to such templates as part of their routine consultation recording.

We implemented a new template to guide and record consultations for OA.

The template was triggered by a wide range of OA and joint pain codes considered by a panel of 6 GPs to represent possible underlying OA. It sought to capture aspects of assessment and care not uniformly well-captured by the standard electronic record, including:

- Pain and function assessments
- NICE guideline core interventions of information provision, exercise advice, and weight loss advice
- Physiotherapy use
- First-line analgesic use—paracetamol and topical non-steroidal anti-inflammatories (NSAIDs)

The evaluation of the template was positive. Approximately two-thirds of patients with OA or joint pain had at least one template entry completed. There was substantial variation between clinicians. A quarter completed at least one entry for 9 out of 10 patients but another quarter did not record any entry for more than half of their patients. Introduction of the template was associated with a significant increase in:

- Weight recording
- Prescription of NICE-approved first line analgesia e.g. topical NSAIDs

In conclusion, the template was welcomed by the GPs in helping them to be more systematic in assessing a patient’s needs.

Key messages for clinicians

- OA care needs to be improved
- Non-pharmacological interventions still need to be better-promoted
- Templates can assist with information capture and processes of care
- Templates are feasible to integrate into routine working patterns

Key messages for commissioners

- Better care for OA in general practice is achievable given appropriate multidisciplinary support
- Non-pharmacological core treatments of education, exercise, and weight loss may require additional resources

References


This is a summary of independent research arising from an In-Practice Fellowship funded by the National Institute for Health Research (NIHR) (Grant ref. IAT/I-PF/010/009) as well as funding from the NIHR Programme Grants for Applied Research Programme (Grant Ref. RP-PG-0407-10386). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.