



North West LHIN



Regional Orthopaedic Program

Musculoskeletal Centre of Excellence

Rapid Access Clinic

Backs, hips and knees

Q&A #1 for Primary Care Providers

Q: I have heard that starting on April 1, 2018 all referrals for patients with hip and knee problems will need to be referred to a regional Rapid Access Clinic. How do I do that?

A: Yes, as of April 1, the process for referral is being centralized.

To refer a patient with hip and knee problems, you will need to fax the referral form to the Rapid Access Clinic. The NEW referral form is attached and includes a NEW toll-free number for the region.

Q: What benefits and value can I expect for myself and my patients?

1. **One number to refer to:** You will be able to refer your patients to a single point of contact within the North West LHIN (via a single LHIN-wide access number);
2. **Timely access:** An advance practice clinician will assess your patient in a timely manner and determine the need for imaging and consultation with a surgeon. Where patients do require surgery, they will be able to choose a specific surgeon or pick from the shortest wait time. If your patient doesn't need surgery your patient will be provided with education, a self-management plan and connected with local conservative care supports;
3. **Care close to home:** The Rapid Access Clinic is located in Thunder Bay. This is the location where the referral will be received and triaged. However, the Regional Orthopaedic Program will offer access to services in Thunder Bay, Dryden, Fort Frances and Kenora. Timely access to assessment and follow up care will also be augmented by telemedicine as needed.
4. **Shared care model connected to you:** You will be part of the care and be part of ongoing management, regardless of your patient's path;
5. **Pain management:** We know that one of the challenges for family physicians and nurse practitioners is managing MSK pain in practice. Timely access to expert assessment, education and management will support you in managing chronic MSK issues and decrease the prescribing pressure that many feel.

Q: What kind of assessments and information are provided through the Rapid Access Clinic? Is it just a consultation for surgery?

A: Your patient will be assessed by an Advanced Practice Clinician. Education, a self management plan and recommendation for ancillary support will be provided for patients regardless of whether they move into the surgical or non-surgical stream of care.

Q: What about ISAEC? Currently, I refer patients with hip and knee to RJAC and I refer patients with persistent low back pain to ISAEC? What changes can I expect with the new Rapid Access Clinic (RAC) at the Musculoskeletal Centre of Excellence?

A: Both programs will continue. They will be integrated into a single point of contact through the RAC at the Musculoskeletal Centre of Excellence.

- Toll-free fax number : 1-844-497-2445
- For RJAC, the existing referral form with slight modifications will be used.
- For ISAEC the same form will be used a currently BUT it will be faxed to the new 1-844-497-2445

Q: My patient came to see me 48 hours after their ER visit. They were told they likely had a meniscal tear. How do I get them in for an orthopedic assessment as quickly as possible? Can I use the RAC for that?

A: Yes. We **will** be accepting non-arthroplasty referrals for hip/knee. Though the Ministry of Health and Long-Term Care mandate lies more purely with a Rapid Access Clinic to only manage arthroplasty, our team has always accepted non-arthroplasty referrals and we will continue to do so. These patients also benefit from rapid access, selective imaging and being offered the full spectrum of non-operative management ...or being directed to a surgeon.

No imaging is required before you make the referral. A good story and clinical exam is all you need to make the referral.

Q: I have a patient with OA. I am not sure that they need a knee replacement, but I'd like them to have an assessment and get instructions for exercise. Can I use the RAC for that?

A: Yes. An advance practice clinician will assess your patient. Where patients do require surgery, they will be able to choose a specific surgeon, a specific hospital or pick from the shortest wait time. If your patient doesn't need surgery, your patient will be given a self-management plan and connected with local conservative care supports.

Q: For a patient who has low back pain with radiculopathy without weakness (longer than 6 weeks and less than 6 months) – previously I would refer to ISEAC, before ordering imaging. Do I now send this patient referral to the new RAC?

A: Yes – please fax your referral to: 1-844-497-2445 (toll free number)

Q: How long can my patients expect to wait for an assessment?

A: We have a mandate to see urgent hip/knee referrals within one week, arthroplasty within 4 weeks and no specific timeline for non-arthroplasty though the RJAC goal has always been within 12 weeks. Family physicians and nurse practitioners can always make a request for expedited care where they deem it necessary. The ISAEC time lines remain within 2 weeks.

Q: How do I know a referral was submitted successfully?

A: Faxed referrals will be reviewed by a RAC clerk. If a referral is incomplete, it will be faxed back to you and you will be asked to complete the form within 14 days by providing any missing information.

With the RAC, can my patient still request to see a specific surgeon for either back OR hip and knee problems?

Yes, your patient will still be able to request to see a specific surgeon. These preferences can be indicated on the referral form. If no preferences are declared, your patient will be assigned to the next available surgeon.

Q: Please provide us with your ideas to improve the program and its services? These can be e-mailed to Caroline Fanti: fantic@tbh.net. Please know that ongoing feedback is always welcome.

