

# **ACCESS TO LOW BACK PAIN CARE: THE SASKATCHEWAN LANDSCAPE**

**Event Report  
2023**



Brenna Bath, Stacey Lovo, Alison Irvine, Katie Crockett, Sarah Oosman,  
Briana Bowes, Rosmary Martinez Rueda

# TERRITORIAL ACKNOWLEDGEMENT

We would like to acknowledge that our events were held on Treaty 6 Territory, traditional territory and the Homeland of the Métis Peoples. We pay our respect to the First Nations and Métis ancestors of this place and reaffirm our relationship with one another.





# LETTER FROM DRS. BRENNA BATH AND STACEY LOVO

Co-PI's for the project: Mobilizing Rural, Remote, and Urban Patient Perspectives to Enhance Access to Chronic Back Pain Care


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On behalf of the organizing committee for the Access to Low Back Pain Care: The Saskatchewan Landscape in-person and virtual events held in February 2023, we are pleased to present the final report. We wish to extend our sincere gratitude to the organizing committee, the panelists, and the participants who took part in these highly interactive and exciting events.

We would like to extend a special appreciation to Métis Elder TJ Roy from Île-à-la-Crosse for opening the in-person event in a good way and for sharing his lived experience of growing up and residing in a remote Saskatchewan community and managing back pain. We would also like to extend our gratitude to Bertha Carnegie, a member of our research team, for sharing her perspectives of living with chronic back pain. Learning from their lived experiences and wisdom was truly a highlight of the day.

The goal of this event was to bring together diverse perspectives and stakeholders around the issue of improving access to chronic back pain care in Saskatchewan. The event itself, along with this report, are meant to be a platform for identifying promising directions and actionable solutions for enhancing access to care and management strategies for people living with chronic back pain. The majority of these initiatives, however, will require a collective effort on behalf of many organizations, groups, and individuals in order to create effective, sustainable, and community-appropriate approaches. It is our sincere hope that this event, report and recommendations help to facilitate ongoing conversations to collaboratively move forward together.

Brenna Bath PT, PhD & Stacey Lovo PT, PhD  
School of Rehabilitation Science, University of Saskatchewan

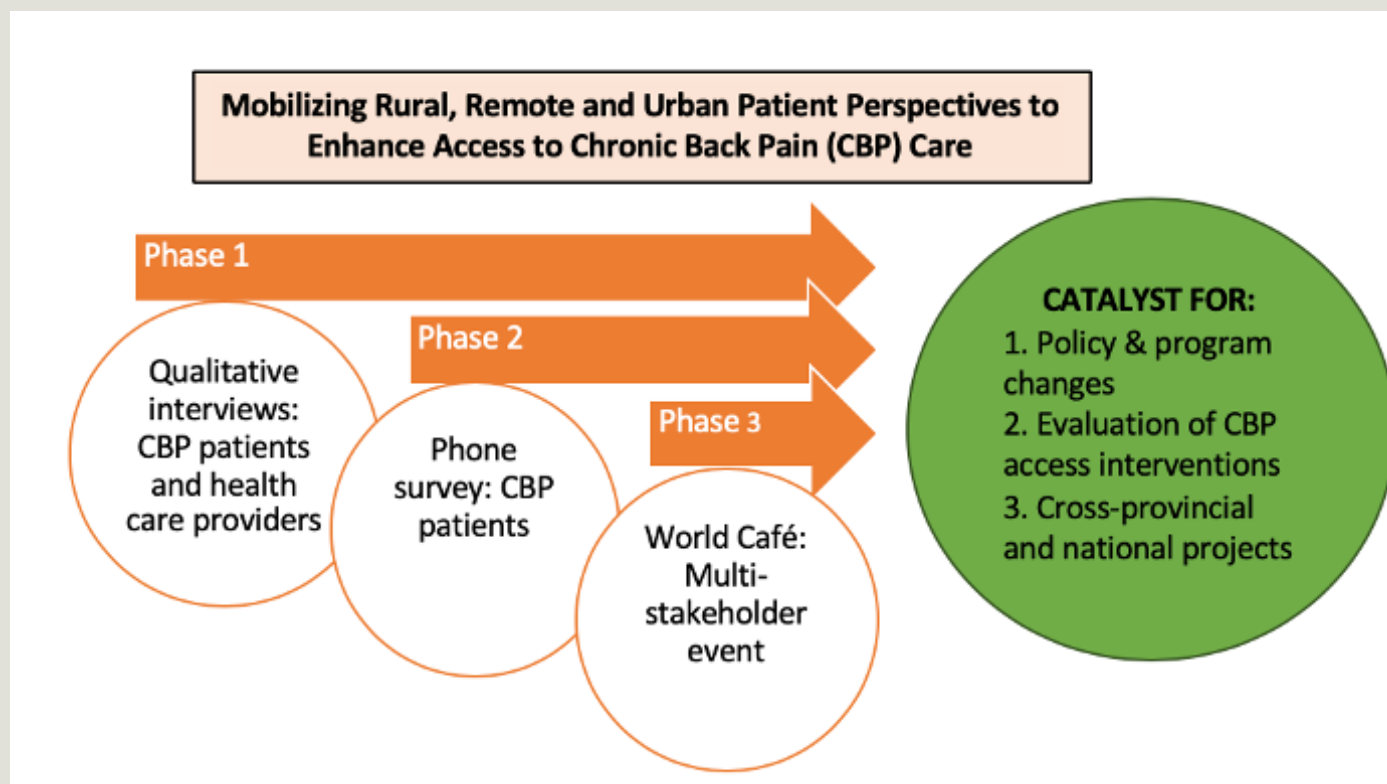


# ACKNOWLEDGEMENTS

**Research Team and Organizing Committee:** Katie Crockett (U of S, School of Rehabilitation Science), Veronica McKinney (Northern Medical Services and U of S College of Medicine), Terrence McDonald (U of Calgary), Sarah Oosman (U of S, School of Rehabilitation Science), Catherine Trask (KTH Royal Institute of Technology), Nazmi Sari (U of S, Department of Economics), Bertha Carnegie (patient partner), Stacey McIntosh (patient partner), Marie Custer (patient partner), Rosmary Martinez Rueda (U of S, Department of Community Health and Epidemiology), Briana Bowes (U of S, School of Rehabilitation Science) and Alison Irvine (U of S, School of Rehabilitation Science).

**Event Support:** Tayah Zhang, Kiley Grona, Brayden Lockinger, Rebecca Sawatsky and Harini Aiyer

**Sponsors of our events:** These events were the 3rd phase of our patient-oriented project Patient experiences of health care access challenges for low back pain across the rural-urban continuum funded by the Canadian Institutes for Health Research (CIHR).



CIHR IRSC

# EXECUTIVE SUMMARY

**Access to Low Back Pain Care: The Saskatchewan Landscape** was a dual event that included a one-day in person event and a virtual evening event. Both events provided an opportunity to share research findings on patient and health care provider experiences in accessing care for low back pain across the province. These interactive events brought together 57 participants representing diverse professional, organizational, and geographical areas, including rural, remote and Indigenous community members.

We presented our research on interviews with over 40 people with chronic low back pain and health care providers, as well as a survey of nearly 400 Saskatchewan residents with chronic low back pain. We also had panel presentations from both people with lived experience of back pain and health care providers. The second portion of our events was an interactive World Café facilitated discussion that guided collaborative knowledge exchange and creation. The themes that emerged from the World Café discussion included:

- 1) Understanding Chronic Back Pain
- 2) Funding
- 3) Holistic and Coordinated Care
- 4) Innovation and Technology.

Through integrating our research of patients' lived experiences of back pain, these events facilitated multi-stakeholder identification and development of recommendations to address identified access challenges for low back pain care across Saskatchewan.



Drs. Brenna Bath and Stacey Lovo giving opening remarks.

Panel (left to right):  
Dr. Katie Crockett,  
Elder TJ Roy,  
Bertha Carnegie

# BACKGROUND ON LOW BACK PAIN CARE IN SASKATCHEWAN

Back pain is a common and costly public health problem and the leading cause of disability worldwide. In Canada, one in five adults experiences chronic back pain<sup>1</sup> with associated health-care costs estimated at \$6 to \$12 billion annually<sup>2</sup>. Canadians living in rural and remote regions are nearly 30% more likely to report having chronic back pain than urban dwellers, with Indigenous people reporting disproportionately higher rates<sup>1</sup>. Inequities in access to appropriate health care, and specifically physiotherapy and chiropractic, is proposed as a contributing factor to this higher proportion of chronic back pain among those living in rural and remote locations in Canada<sup>3</sup>. This is especially relevant for Saskatchewan given 36% of the population lives in rural areas and 17% are Indigenous<sup>4,5</sup>. Treatment of chronic back pain is often limited to publicly funded medical care and 14% of all encounters with a general practitioner are for low back pain.



Health care provider panel. Dr. Veronica McKinney presenting. Panel left to right: Dr. Katie Crockett, Travis Eveleigh, Dr. Terrence McDonald



Dr. Terrence McDonald presenting to participants

[1] Bath B, Trask C, McCrosky J, Lawson J. (2014). A biopsychosocial profile of adult Canadians with and without chronic back disorders: a population-based analysis of the 2009-2010 Canadian Community Health Surveys. *Biomed research int'l*. 2014 May 11;919621

[2] Bone and Joint Canada. Low Back Pain [Internet]. [cited 2019 August 30]. Available from: <http://boneandjointcanada.com/low-back-pain/>

[3] Bath, B., Lawson, J., Ma, D. et al. Self-reported use of family physician, chiropractor and physiotherapy services among adult Canadians with chronic back disorders: an observational study. *BMC Health Serv Res* 18, 970 (2018). <https://doi.org/10.1186/s12913-018-3790-6>

[4] McFadden B, Jones McGarth K, Lowe T, Thiessen C, Irinici S., Bath B, et al. Examining the Supply of and Demand for Physiotherapy in Saskatchewan: The Relationship between Where Physiotherapists Work and Population Health Need. *Physiotherapy Canada*. 2016;68(4): 335-345.

[5] Statistics Canada. Focus on Geography Series 2016 Census: Saskatchewan. <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=9&LANG=Eng&GK=PR&GC=47>

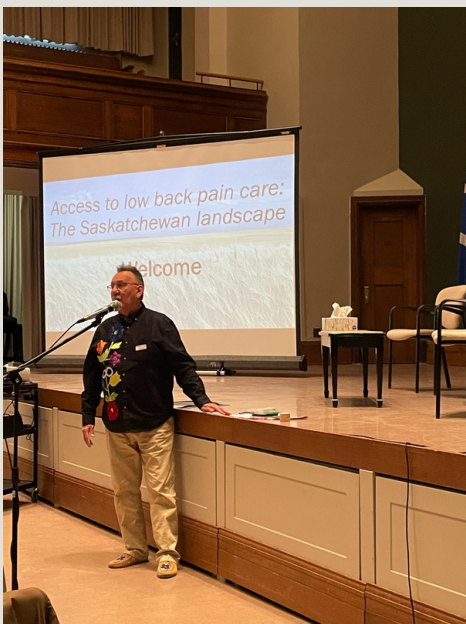
# EVENT OVERVIEWS

Our in-person interactive event was held on Feb 1st, 2023 at the University of Saskatchewan, Saskatoon, SK. Our virtual event was held over Zoom on the evening of Thursday Feb 9th. The purpose of these events was to share research findings and bring together multiple stakeholders representing diverse perspectives to discuss community needs, access barriers, and potential solutions to improve access to low back pain care across Saskatchewan.



Health care provider panel. Dr. Katie Crockett presenting. Panel left to right: Travis Eveleigh, Dr. Terrence McDonald, Dr. Veronica McKinney

57 participants took part in the events and represented a wide range of professional, organizational, and geographical areas, including rural, remote and Indigenous community members, clinicians, managers, educators and professional associations and regulators (see appendix A for participant affiliation list). Our intention for holding these events was to provide a platform to share our research findings to set a foundation for an interactive and collaborative discussion to address potential recommendations and interventions to improve access to low back pain care across the province and beyond.



Elder TJ Roy before opening our event in a good way



World Café discussion

# COMMUNITY MEMBER PANEL

In both events, we heard from community member perspectives and health care provider perspectives.

In-person Community Member Perspectives panel included:

- Dr. Katie Crockett shared research findings from interviews with over 40 people with chronic low back pain and health care providers as well as a survey of nearly 400 Saskatchewan residents with chronic low back pain. Here is the published protocol paper of this project. All forthcoming publications will be linked here. (Dr. Crockett also presented at our virtual event)
- Dr. Stacey Lovo shared findings from a Community Directed Needs Assessment for Back Pain- Pelican Narrows and Peter Ballantyne Cree Nation. Publication forthcoming.
- Elder TJ Roy shared his personal experiences growing up and living off the land in his rural community of Île-à-la-Crosse as well as his experience of back pain that started from a young age and how it affected his life and his ability to get care.
- Bertha Carnegie shared her experience working within the health care system and how having her physiotherapist advocate for her made her access to care for her back pain a positive experience.



Elder TJ Roy presenting. Panel left to right: Dr. Katie Crockett, Bertha Carnegie, Dr. Stacey Lovo



# HEALTH CARE PROVIDER PANEL

Health care provider perspectives included:

- Dr. Susan Tupper presented on her role within the SHA, the Saskatchewan Pain Society, the development of the Chronic Pain Pathway and how they are working to improve the health and well-being of Saskatchewan residents as well as providing valuable resources. Presentation is available by request: [Susan.tupper@usask.ca](mailto:Susan.tupper@usask.ca)
- Dr. Veronica McKinney, Director of Northern Medical Services, shared stories of her perspectives providing care as a family physician to rural and remote Indigenous communities as well as common experiences in accessing health care for Indigenous peoples living in rural and remote areas. She also presented on the importance for providers and policy makers to understand local contexts and unique challenges when it comes to Indigenous peoples experience with back pain and access to care. (Dr. McKinney also presented at our virtual event)
- Dr. Terrence McDonald provided perspectives as a practicing family physician and the challenges to manage back pain effectively given current health system structures. Dr. McDonald shared example models of publicly funded physiotherapy care and primary care networks as a way to improve management of low back pain. (Dr. McDonald also presented at our virtual event)
- Travis Eveleigh shared his experience providing virtual physiotherapy care and that virtual care improves access and makes providers better listeners. Travis stressed the importance of understanding the virtual care is different than traditional in-person care models. He identified the opportunities of virtual care and acknowledged the limitations, with the example of identifying aggravators and relievers for back pain to provide an early starting point, and target long-term improvement.



Health care provider panel. Dr. Veronica McKinney presenting. Panel (left to right): Dr. Katie Crockett, Travis Eveleigh, Dr. Terrence McDonald

# WORLD CAFÉ SUMMARIES

The second half of our events was a World Café interactive facilitated discussion. This provided a platform for collaborative conversation, knowledge exchange, and creation of new ideas. Participants started off at pre-determined discussion groups and were assigned a specific table and topic.

The table topics included:

- Community-Directed Care
- Access Challenges and Solutions
- Pain Education and Self-Management
- Moving Forward with Change



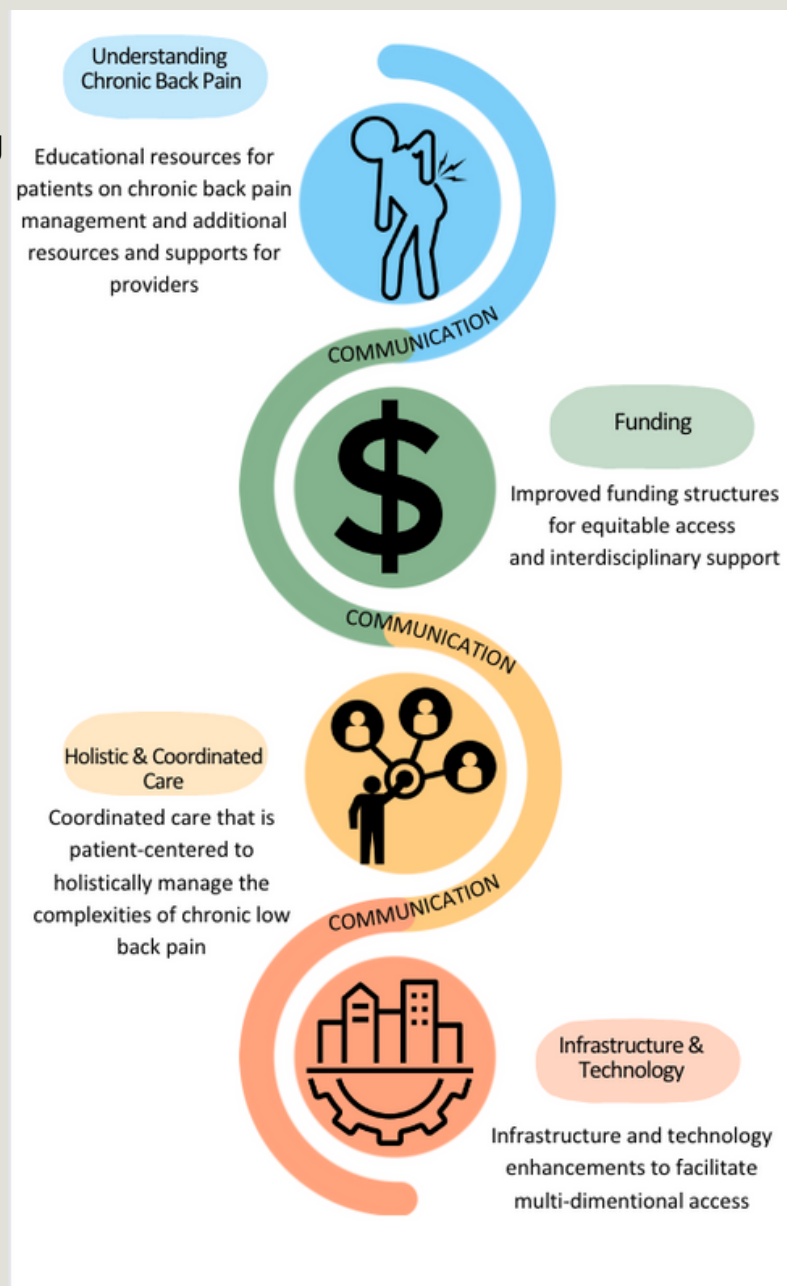
Figures 1, 2 and 3 on this page are the World Café discussion tables.



# WORLD CAFÉ FINDINGS

There were four main themes that developed out of our World Café facilitated discussions: Understanding Chronic Back Pain, Funding, Holistic and Coordinated Care, and Infrastructure and Technology. These themes must also consider patient realities and social determinants, and require multi-level communication between patients, providers, health systems and decision and policy makers, to ensure improved care for low back pain. Specifically, when it comes to improving access and care of chronic low back pain, individual and community contexts must be considered. Income levels, employment, education status, race and geographic location are just some factors that influence a person's abilities to access and receive care for low back pain in Saskatchewan. Consideration of patient's social determinants of

health will help ensure responsive, effective, and patient-centered care is being provided. Communication is a necessary tool to ensure patient-specific needs are being met, providers are supported, and that funding and care models efficiently and effectively address the needs of the diverse populations across the province. World Café discussion focused on improving primary care for back pain through education and expanding resources for both patients and providers in back pain management and preventative approaches for high-risk populations, youth, and the public at large.





# UNDERSTANDING CHRONIC BACK PAIN

Many people with back pain do not know what to do or where to seek care. Knowledge can empower patients and there is a need to provide more accessible and comprehensive education on chronic back pain care, management, and treatment options/expectations. This also includes advanced education for trainees who can be considered future knowledge leaders as well as resources and supports for practising healthcare providers to improve chronic back pain at the primary care level among a variety of disciplines. Education within and amongst different professions to understand levels of scope and specialty can help patient care with health system navigation support and appropriate referrals. The idea of democratizing information and management approaches to allow providers to understand patient circumstances, which includes understanding what is available and realistic, can lead to more sustainable management practices.

**Example:** Saskatchewan Chronic Pain Pathway approaches pain as a multi-faceted issue and uses an interdisciplinary team approach to provide care. The website has educational infographics on education and treatment processes<sup>6</sup>.



World Café discussion tables.

**Recommendations:** 1) Embed further chronic back pain management into curriculums within provider trainee programs as well as provide resources and opportunities for continuing education/specialized training of chronic back pain management for practicing providers; this has been recommended elsewhere<sup>7</sup>. 2) Expand knowledge of chronic back pain and management/resources of patients through accessible tools including social media infographics, videos, and informational sheets publicly accessible in places like clinic monitors, schools, and work places. Knowledge translation approaches should be community-driven resources to respond to specific needs (e.g. language/culture) but can also be driven by employers and targeted to high-risk populations.

[6] <https://www.saskhealthauthority.ca/our-organization/quality-care-patient-safety/quality-improvement/stewardship-and-clinical-appropriateness/clinical-pathways/chronic-pain-pathway>

[7] [https://physiotherapy.ca/app/uploads/2023/04/CPA\\_NPM2023\\_Report\\_EN\\_v4-1.pdf](https://physiotherapy.ca/app/uploads/2023/04/CPA_NPM2023_Report_EN_v4-1.pdf)



# FUNDING

Accessing and receiving care can be costly for health systems, patients, and providers. There are funding limitations and barriers that influence the timeliness, responsiveness, and continuity of care. There are many ways in which health care is funded and provided; these are often siloed and place restrictions on what type of care and how much care a patient can receive. This creates confusion for both patients and providers and influences both patients' desires to access care and providers' decision-making for next steps including referrals. In many instances, medication management for chronic low back pain is simple and timely for both patients and providers, and may feel like the only option available. Comparatively, rehabilitation and psychological care have greater funding limitations and are therefore often considered less of an immediate and realistic option by referring providers. How care is funded should be informed by patient perspectives and communication between decision-makers, health care providers, researchers and patients to create more efficient, robust, and responsive funding models. Modelling successful programs and setting reasonable goals for changes could be most impactful in terms of developing and planning funding models.

**Example:** For First Nations populations, accessing funded care through Non-Insured Health Benefits (NIHB) can mean travelling long distances, dealing with wait times and being reliant on medical transportation (which can be unreliable). NIHB currently does not provide coverage for private physiotherapy services, resulting in travel to the nearest community that offers the medically available service, creating unique and additional challenges to timely and appropriate access<sup>8,9</sup>.



World Café discussion tables.

**Recommendations:** 1) Incentivize high-value care that is patient responsive and includes long-term management of low back pain. 2) Create a streamlined communication channel between researchers and decision makers; when research interventions are making positive change there should be an option for extensions beyond grant funding or incorporation into practice supported with provincial funding once grant funding ends.

[8] <https://www.sac-isc.gc.ca/eng/1576790320164/1576790364553>

[9] [https://saskphysio.org/images/stories/pdfs/Announcements\\_2014/Access\\_to\\_Physiotherapy\\_for\\_A\\_Original\\_Peoples\\_in\\_Canada\\_April\\_2014\\_FINAL.pdf](https://saskphysio.org/images/stories/pdfs/Announcements_2014/Access_to_Physiotherapy_for_A_Original_Peoples_in_Canada_April_2014_FINAL.pdf)



# HOLISTIC AND COORDINATED CARE

Chronic back pain is complex and multi-faceted, and can require significant time, engagement, and specialized knowledge to create appropriate patient centered management plans. Patient experiences when accessing different levels of care for back pain with various providers are often chaotic and frustrating. Further, it is often unknown how much care is needed for back pain with different histories and levels of severity. Team-based care that is coordinated can help improve efficiency for more complex cases and reduce health care costs, unnecessary referrals, wait times, as well as patient frustration. Coordinated care should also include administrative and inter-regional communication to help support providers that may be working in isolation from specialists (e.g. rural and remote areas). In the context of community team-based care, including Indigenous communities, communication and relationships between government, private practice, and other community services/professionals (e.g. pharmacies, schools) should be prioritized.

**Example:** Saskatchewan and Alberta have established primary care networks designed to support the concept of the patient medical home that focuses on continuity of care through interdisciplinary teams. These patient medical homes offer a wide variety of programs and services including pain management and ‘prescription[s] to get active’. Physicians working specifically under the Mosaic primary care network in Alberta can refer a limited number of their patients to physiotherapists for a limited number of funded visits<sup>10,11</sup>.

**Recommendations:** 1) Expand publicly funded access to musculoskeletal care providers, including physiotherapists. 2) Expand primary care teams and include diverse health care providers such as physiotherapists and psychologists. 3) Create funding structures that support coordinated care processes, such as provider-to-provider communication.

[10] <https://mosaicpcn.ca/>

[11] <https://patientsmedicalhome.ca/pmh-in-canada/pmh-saskatchewan/>



Health care provider panel: Dr. Terrence McDonald presenting. Panel (left to right): Dr. Katie Crockett, Travis Eveleigh, Dr. Veronica McKinney



# INFRASTRUCTURE AND TECHNOLOGY

Technology, and specifically virtual care, has a lot to offer in addressing the major barriers in accessing care for low back pain. Within the context of low back pain, we need to examine legislation that may be posing barriers to existing tools that are known to be effective. This includes assessing the innovative processes and procedures, such as virtual components of care, that saw greater uptake during the COVID-19 pandemic that could potentially be leveraged to continue to overcome barriers for low back pain care in Saskatchewan. Ensuring equitable infrastructure is provided across the province and preparing users to be adaptive and responsive to challenges were two identified considerations. Relationships and connections are important, especially prior to changes in infrastructure and technology, not only on an individual level but also community to ensure support, buy-in and uptake. Further, changes need to be guided by community-specific needs and capacities. Outside resources should be able to support in-community infrastructure, such as internet companies or government, and virtual care should also be examined.

**Examples:** 1) Station 20 West in Saskatoon is a Community Enterprise Centre that is an example of how physical infrastructure can be purpose-designed for collaboration and diverse support. Station 20 West is a one-stop hub for a range of social programs and supports focused on improving the well-being for its community members<sup>12</sup>. 2) The Connected Care<sup>13</sup> (virtual) system in Alberta centralizes patient information in a clinical information system to ensure consistency in care between providers and patients, regardless of patient location. It also allows patients to access their information more easily. For patient-provider communication. Connected Care has a virtual communication option that uses a screen interface between the provider and patient in real time, which allows for two-way information sharing and management.

**Recommendation:** Support/fund/expand on research to identify optimal clinical care models to be community and population specific, such as virtual physiotherapy care which can be used to enhance access to care when appropriate and may include in-community technicians, physiotherapy assistants or community health workers.

[12] <https://station20west.org/>

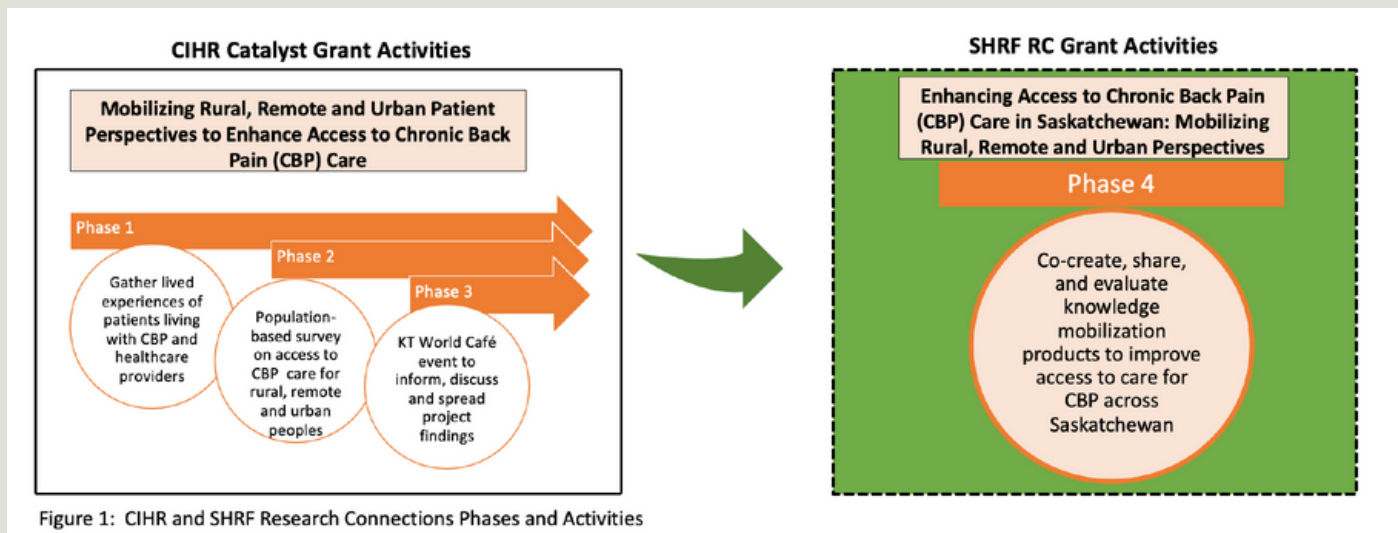
[13] <https://www.albertahealthservices.ca/cis/cis.aspx>



World Café discussion tables.

# NEXT STEPS

Our team was awarded an additional Research Connections grant provided by the Saskatchewan Health Research Foundation to leverage the engagement from these events to create knowledge mobilization products that share these findings and recommendations widely. Some examples of knowledge mobilization products include policy briefs, lay summaries and interactive infographics.



We will update our status on this project through our team website, [here](#). Please feel free to share this report broadly amongst your networks.

Any additional questions, feel free to contact:

Brenna Bath, [brenna.bath@usask.ca](mailto:brenna.bath@usask.ca), 306-966-6573

Alison Irvine, [alison.irvine@usask.ca](mailto:alison.irvine@usask.ca) or [back.research@usask.ca](mailto:back.research@usask.ca)



# APPENDIX A: PARTICIPANT AFFILIATION LIST

Canadian Back Institute (CBI) Health Group

Chiropractor's Association of Saskatchewan

Craven SPORT Services

Northern Inter-Tribal Health Authority

Northern Medical Services

Saskatchewan Health Authority

- Primary Health Care

- Professional Practice- Physical Therapy

- Spine Pathway

Saskatchewan Pain Society

University of Calgary, Cumming School of Medicine

University of Saskatchewan

- Continuing Education in Rehabilitation Science

- College of Medicine

- Department of Community Health and Epidemiology

- School of Public Health

- School of Rehabilitation Science