Can Using Patient Reports of Low Back Pain Help to Better Direct Patients to Treatments?

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What was the research about?
Back pain is a common problem that makes it hard for people to work, move around, or take care of themselves and their families. The STarT Back strategy is a computer-assisted program that doctors and physical therapists can use to identify treatment options appropriate for patients' risk for ongoing back pain.

In this study, the research team wanted to learn if using the STarT Back strategy helped improve patients' back pain and ability to move. The team compared patients in clinics that used STarT Back with patients in clinics that didn't use it.

What were the results?
The study found no differences in patient outcomes or in use of appropriate treatments between patients in clinics that used STarT Back and patients in clinics that didn't use it.

Who was in the study?
The study included 1,701 patients in Washington State. Of these, 79 percent were white, and 48 percent were over age 60. All patients had back pain without a specific cause, such as an injury.

What did the research team do?
The research team assigned three clinics, by chance, to use the STarT Back strategy and three clinics not to use it. The STarT Back strategy included a questionnaire that patients answered to estimate their risk of ongoing back pain. In the clinics that used the STarT Back strategy, doctors or physical therapists entered patients' answers to the questionnaire. The program used the answers to predict whether patients would have a low, medium, or high risk of ongoing, disabling pain that would keep them from being able to move around easily. The program also recommended treatment options appropriate for each patient's level of risk. The doctor could then talk with the patient about the treatment options. Clinic staff used STarT Back for about 50 percent of visits related to low back pain. The clinics that didn't use STarT Back treated patients with low back pain as they usually did.

Next, the team asked patients about their back pain two weeks after their first doctor's visit and again two and six months later.

People in the community with experience with chronic pain and primary care doctors worked with the research team during this study.

What were the limits of the study?
Patients had started treatment when the research team first asked about their back pain. As a result, patients' responses may not accurately reflect the effects of using STarT Back compared with usual care. The team studied only one healthcare system in Washington State. The results may be different for other clinics or locations.
Future research could look at ways to make sure doctors use the STarT Back questionnaire with all patients and then recommend appropriate treatments for patients in each risk category.

**How can people use the results?**
Researchers can look at other ways to help patients with low back pain get appropriate treatments based on their risk of ongoing pain and distress.

*To learn more about this project, visit www.pcori.org/Cherkin107.*