How research can be implemented into practice: STarT Back approach and the SUPPORT trial

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Aims of the presentation

• Have an increased awareness of:
  – key research findings from the STarT Back trial\(^1\) and the SUPPORT trial\(^2\)
  – the different strategies used to engage clinicians in embedding evidence into clinical practice
  – how technology may assist in the implementation process

Knowledge translation

Develop protocol

Clinical Study

Research Findings

Research Publication

Dissemination

Implementation

Research Question
The STarT Back assessment uses a stratified care approach to manage low back pain in family practice. The assessment categorizes patients into low, medium, and high risk based on their back pain experience over the past 6 months.

- **Low risk (minimal treatment):** Advice, reassurance, and pain relief.
- **Medium risk (course of physiotherapy):** Physiotherapy interventions.
- **High risk (psychologically informed physiotherapy):** Advanced physiotherapy treatments.

**Abstract**

The STarT Back study found that patients in the high-risk group had a significantly higher level of disability compared to those in the medium- and low-risk groups. The study aimed to determine the impact of stratified care in reducing back pain-related disability and costs.

**Methods**

Two hundred and fifty-four patients were randomized to either an intervention or control group. The intervention group received stratified care, while the control group received usual care. Disability was measured using the Roland-Morris Disability Questionnaire (RMDQ) and the ODI (Oswestry Disability Index).

**Results**

Patients in the intervention group showed a significant reduction in disability compared to the control group, indicating the effectiveness of stratified care in managing low back pain.
Engagement strategies

- Community of practice methodology
- Understanding context
- Using appropriate language
- Use of local audit
- Use of local champions
- How will this innovation help you?
- Present your ideas in a variety of formats
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Engagement strategies

• Make it easier to do the right thing
• Create partnerships e.g. Academic Health Science Network (AHSN)
• Take opportunities
• Make new friends
  – Information Specialist
  – Data Quality Facilitators
  – Practice Managers
  – Clinical Commission Group leads
The impact

• Designed and tested GP template
• Embedded patient information and automatic physiotherapy referral
• Funded Physiotherapy training across West Midlands region
• Uptake across Staffordshire and West Midlands
• Reduced Physiotherapy waiting lists
SUPPORT trial
Randomised controlled trial of physiotherapy-led exercise and ultrasound-guided corticosteroid injection for subacromial impingement syndrome: the SUPPORT trial

- Does an individualised, supervised and progressed exercise programme provide better improvements in pain and function than a standardised exercise leaflet?

- Does ultrasound-guided injection provide better improvements in pain and function than non-guided injection?

SUPPORT Findings: ultrasound

- For patients with SIS there is no clinical benefit from guiding corticosteroid injection with ultrasound.
SUPPORT: exercise

- Patients with SIS should access a physiotherapy-led exercise programme rather than standard advice.
Implementation

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Engagement strategies

- CSP presentations
  - Platform and poster
- Publications
  - Main trial results
  - Physiotherapy package
- Implementation web site
- Twitter/blogs?
- How do we engage you?
  - Clinical networks
  - CSP
  - Personal contacts
- Patient engagement?
- Commissioner engagement?
Summary

• Not one size fits all
• Get the right people involved
• Understand their context
• Collaborate and co-produce
• Personal contacts, build new ones
• Bridge boundaries & be flexible
• Language –
  – (improving standards/reducing referral rates)
• Understand drivers of clinical practice/academia/commissioners/patients
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Thank you

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