Interventions to optimize healthcare utilization in the diagnosis and management of musculoskeletal disorders: a scoping review protocol.

Simon Décary^{1,2}, Allyson Jones³, Pierre Frémont⁴, Kadija Perreault⁴, Hervé Zomahoun¹, Luc J. Hébert⁴, France Légaré^{1,2}.









1- Canada Research Chair in Shared Decision Making and Knowledge Translation, Centre de recherche sur les soins et les services de première ligne de l'Université Laval (CERSSPL-UL), Quebec (Quebec), G1J 0A4, Canada; 2-Department of Family Medicine and Emergency Medicine, Pavillon Ferdinand-Vandry, 1050, Avenue de la Médecine, University of Alberta, Edmonton (Alberta), T6G 2G4, Canada; 4- Department of Rehabilitation, Pavillon Ferdinand-Vandry, 1050, Avenue de la Médecine, Université Laval, Quebec (Quebec), G1V 0A6, Canada. Contact: decary.simon@gmail.com

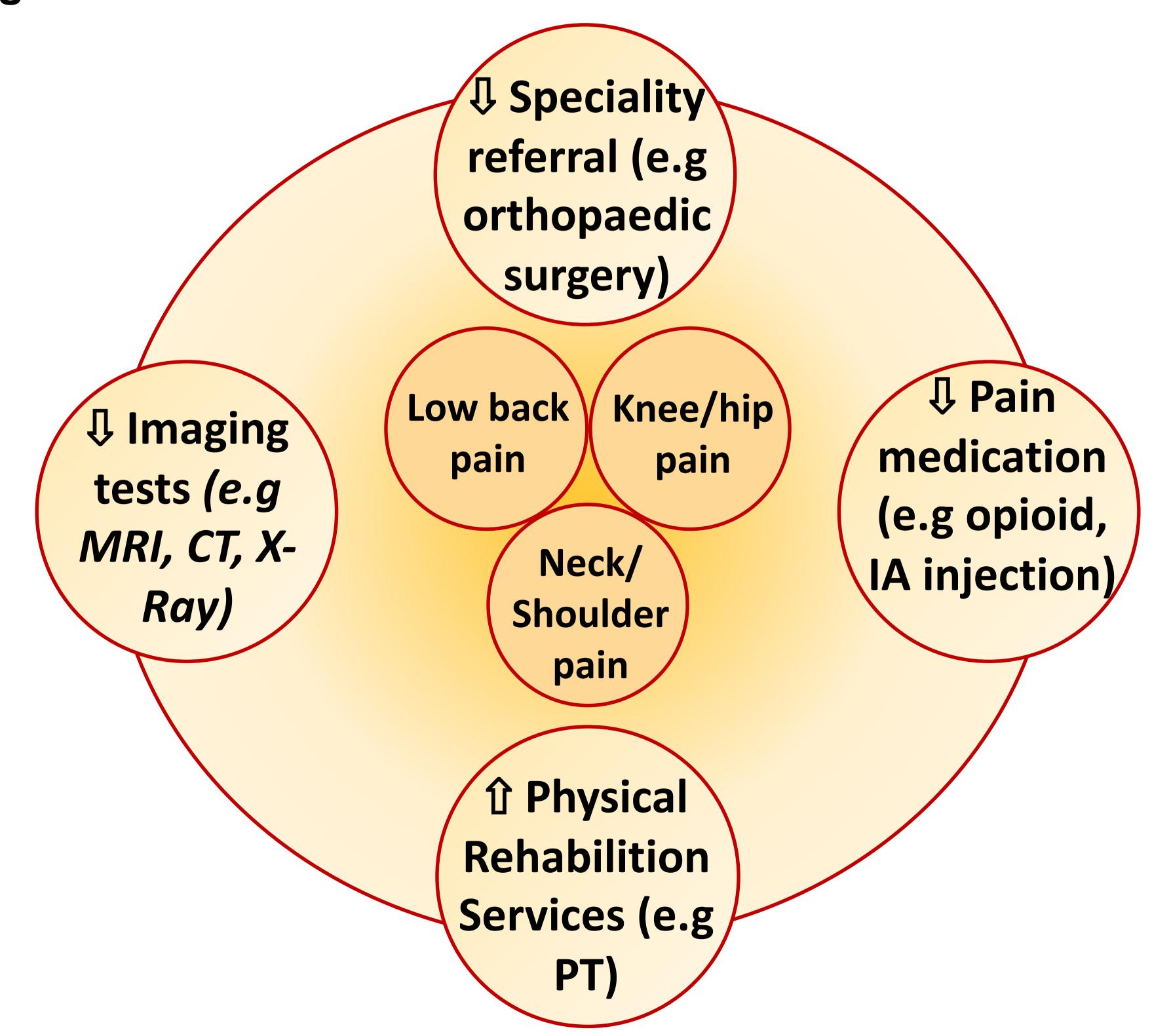
CONTEXT

- Musculoskeletal disorders (MSD) are a leading cause of disabilities worldwide.
- Primary care clinicians often overuse low-value options and underuse high-value options in the diagnosis and management of MSD.

OBJECTIVE

To systematically map the literature concerning interventions designed to optimize healthcare utilization in the diagnosis and management of MSD.

► Conceptual framework to optimize healthcare utilization in the diagnosis and management of musculoskeletal disorders



MRI: magnetic resonance imaging; CT: computed tomography; IA: intra-articular; PT: physiotherapy.

METHODS

- Five-stages framework for scoping review (Levac et al. 2010).
- Two main concepts: "healthcare utilization" and "musculoskeletal disorders".

Population: Healthcare professionals and their patients consulting for a MSD. Interventions: 1- targeted at healthcare workers, 2- targeted at patients, 3targeted at organisations.

Comparator: Usual referral practice or comparison of two interventions.

Outcomes: Healthcare utilization: reduction, appropriateness, no change or increase in the use, referral count or rate of 1- imaging tests, 2- specialty referral, 3- pain medication prescription, 4- physical rehabilitation services.

Settings: 1- primary care settings (e.g family medicine clinics), 2- secondary care settings (e.g outpatients clinics), 3- emergency settings.

Designs: 1- controlled trials, 2- interrupted time series, observational cohort, 3published study protocols.

- Search strategy: Sensitive search strategy and systematic search in the following databases: MEDLINE/PubMed, EMBASE, CINAHL, Cochrane Central, Web of Knowledge, ClinicalTrials and PEDro databases.
- * Eligibility criteria: based on PICOS. Studies reporting on other musculoskeletal pain conditions (e.g rheumatoid arthritis, cancer), pediatric population and other study designs (e.g diagnostic accuracy) will be excluded.
- * Study selection: Two independent reviewers will screen articles and apply eligibility criteria.
- * Data extraction: number of studies, year of publication, countries where studies were conducted, musculoskeletal disorders (1- Low back pain, 2- Knee/Hip pain, 3-Neck/Shoulder pain, 4- Other body regions), healthcare utilization outcomes, study design, type of intervention, study populations.
- Synthesis of results: narrative synthesis based on the conceptual framework.

CONCLUSION

Results will provide insights concerning the extent and scope of evidence on interventions to optimize healthcare utilization in the diagnosis and management of MSD and will orientate future research.