

The proposed HEAL study intervention includes three components.

- The first is education targeted towards all involved model stakeholder groups on the ACP Guideline and our implementation model. During the study planning phase we will develop educational modules directed towards patients, primary care physicians, doctors of chiropractic/physical therapists and those responsible for scheduling patient appointments at each of the participating primary care clinics. Educational efforts will be informed by the investigators prior work with the other studies and involve written materials for patients, physician grand rounds, web-based and in-person seminars for DCs/PTs and training sessions for schedulers.
- The second component is for trained appointment schedulers to identify patients complaining of LBP and then either funnel them directly to PT/DC care or connect them with a study Project Manager for that purpose. The way in which the schedulers handle LBP patients will vary slightly from site to site. During the planning phase we will finalize a common strategy that can be easily customized to minimally impact existing standard operating procedures for patient scheduling. To do so we will follow a similar and successful model of scheduling engagement conducted in our preliminary work for this study.
- The third component is placing either DC or PT interventions at the forefront of the patient care experience. It is anticipated that the majority of PT care will be located within the academic health care delivery system, while the majority of chiropractic care will follow the COCOA model of care - coordinated but not co-located. Based upon prior Gallup studies, we anticipate that the majority of patients will choose chiropractic. DCs who are not already providing care within the university clinics structure must be approved by study investigators and agree to engage in study training and study treatment protocols. DCs are most often associated with their signature treatment, spinal manipulation, but they employ a variety of additional evidence-based, manually-focused therapies and other ancillary treatments as part of the therapeutic approach. It is expected that DCs will utilize a range of these services when treating study patients. The cost of patient care will be covered by the patient or the patient's existing insurance policy, as would be the case if they were not part of the study.

We are requesting that the ACA assist us in the following ways:

- Identifying DCs who practice patient-centered, evidence-based, collaborative care in the state of Iowa for potential inclusion as participating Primary Spine Practitioners
- Convening educational meetings for DCs who are included as study clinicians (including the opportunity to offer continuing education credits when possible),
- Using the full scope of our communications resources in the dissemination of study findings to both DCs and patients.