

**System redesign for improving the  
continuum of care for the osteoarthritis  
population**



**Timely Access To Health Care**  
**February 9, 2007**

# Agenda

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**I The Arthroplasty Plan**

**II UBC/CSI Initiative**

**III OASIS**

**IV Provincial Musculoskeletal Council**

# The Arthroplasty Plan

## (Richmond Hip & Knee Reconstruction Project)

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### Purpose

Implement and evaluate a high quality/volume low cost hip and knee reconstruction model

### Objectives

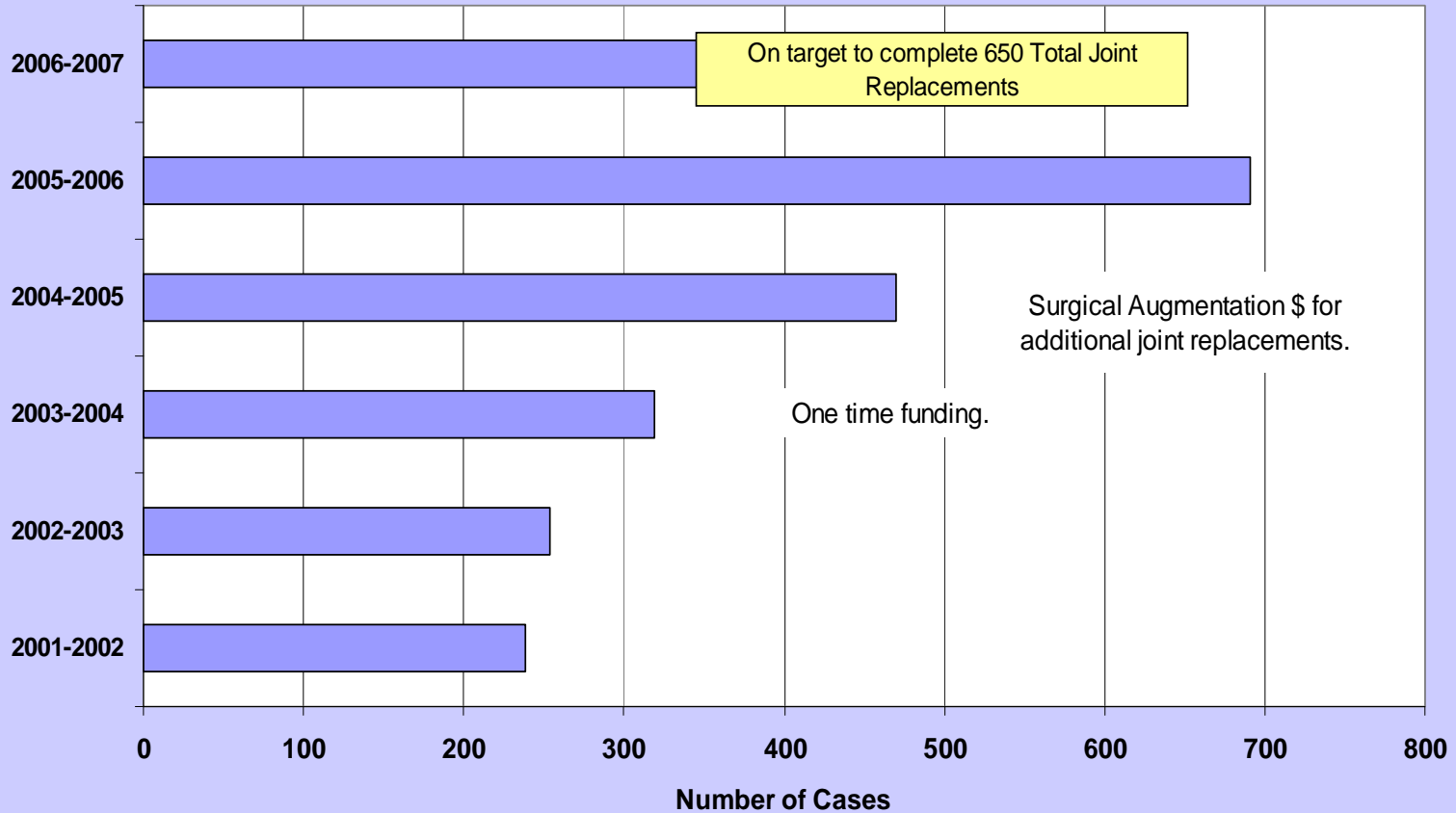
- Maximize utilization of resources:
  - Reduce average waiting time to 4-6 months
  - Reduce ALOS to 4 days for hips 3 days for knees
  - Improve OR efficiency by 20-25%
  - Evaluate patient outcomes
- Integrate with regional and provincial initiatives
- TAP Model (Toolkit)

# Components of TAP Model

- 650 cases/year
  - process for running concurrent ORs
- Prioritization scoring tools
- Waitlist Management
- Clinical Pathways
- Standardization of prostheses
- Evaluation (Project Database)

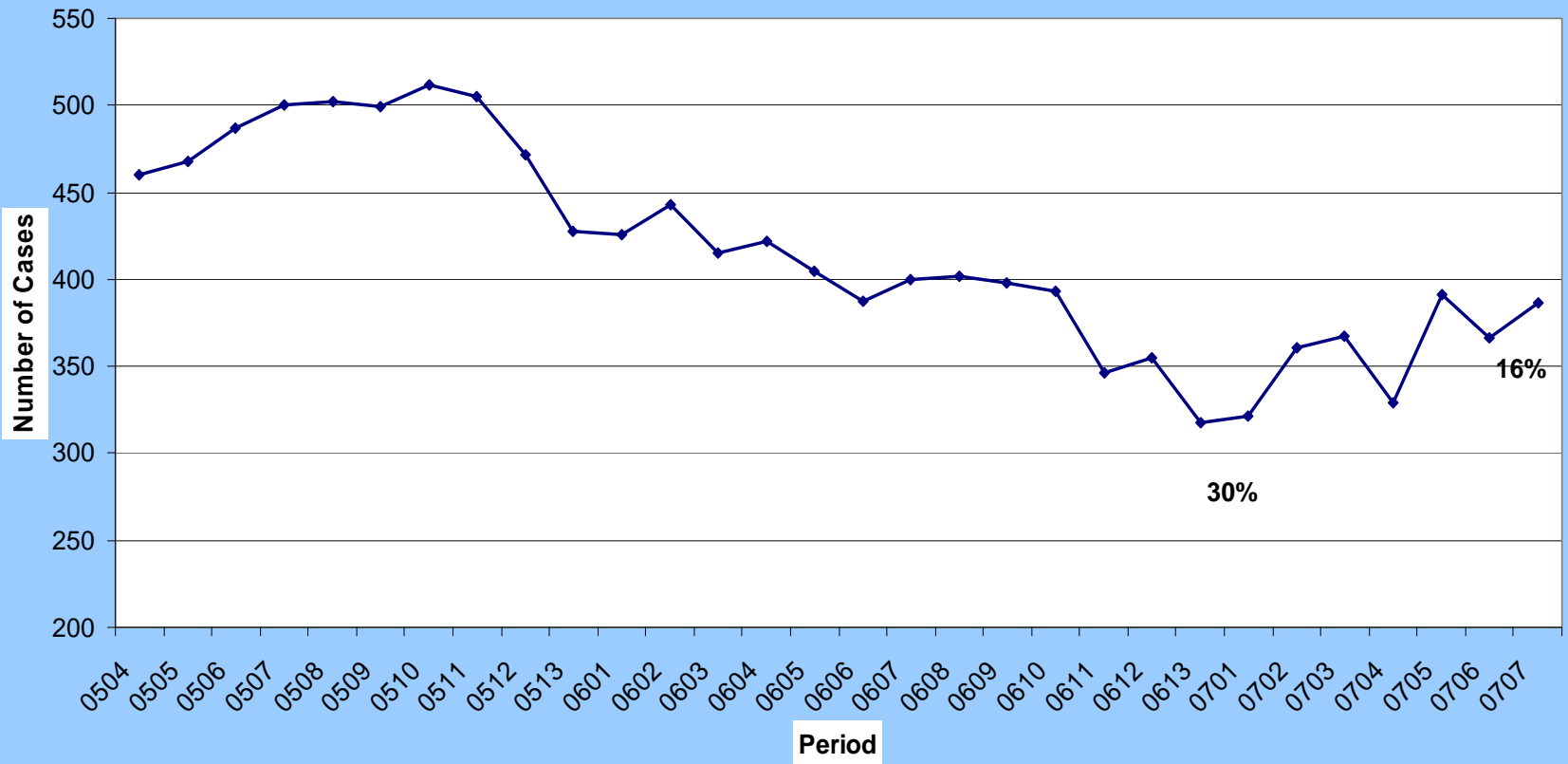
# Completed Surgery Case Numbers

Total Joint Replacement Surgeries



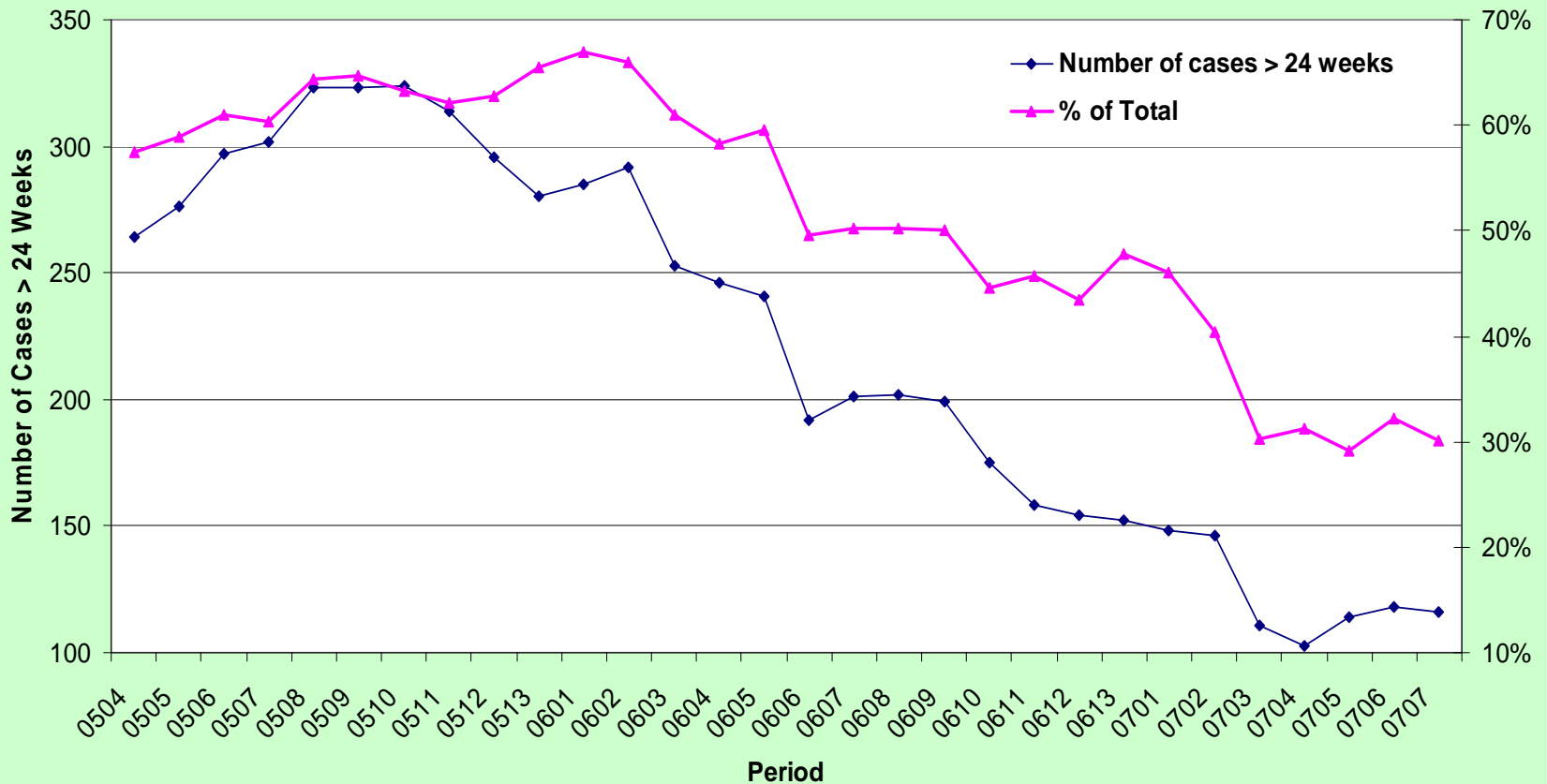
# Waitlist Numbers for All Cases

Hip/Knee Joint Replacement Waitlist - All Cases



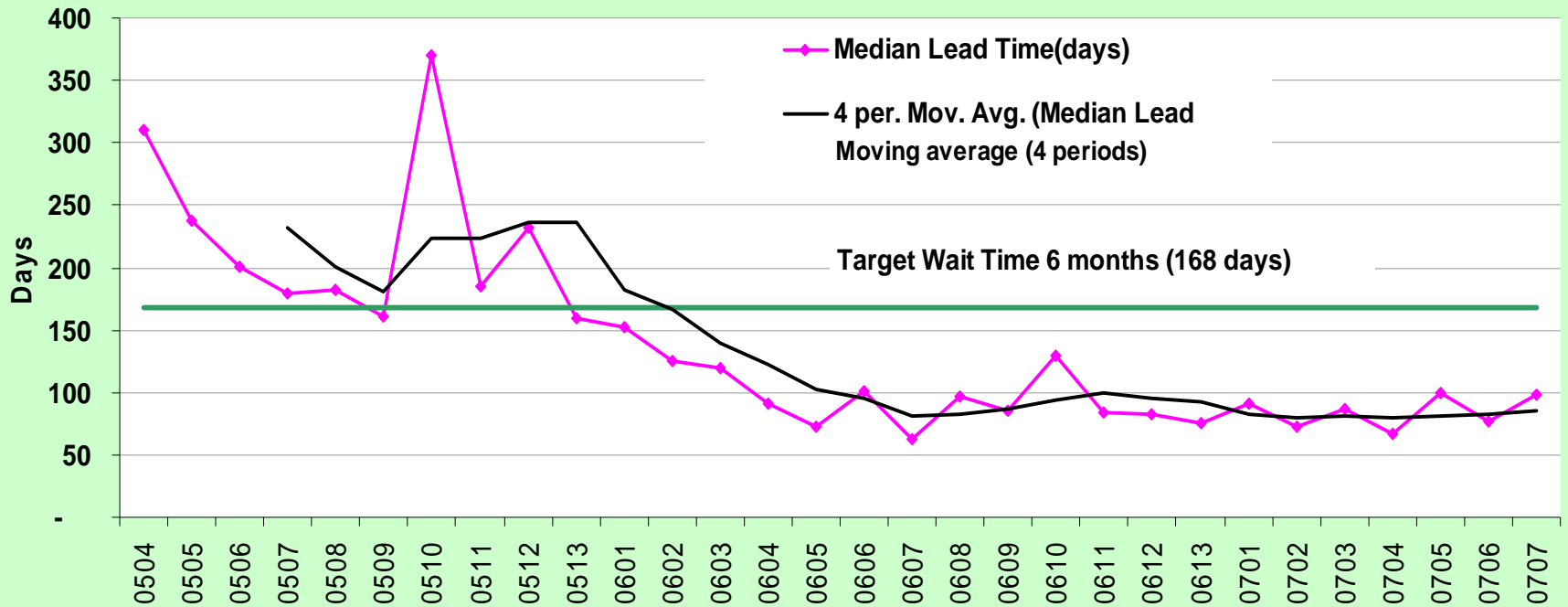
# Waitlist Numbers for Cases > 24 Weeks

Hip/Knee Joint Replacement Waitlist >24 Weeks



# Wait (Lead) Time for Hip & Knee Joint Replacement Surgery

Wait (Lead) Time for Hip & Knee Joint Replacement Surgery  
(Median for Completed cases)





# Summary of TAP Project

- Objectives met
  - Decreased wait list size and wait times
  - Achieved 28% OR efficiency
  - ALOS 4.1 Days for Hips
  - ALOS 3.1 Days for Knees
- Operationalized TAP model
- Collaborative effort
- Shared knowledge

## II UBCH - CSI INITIATIVE

- Program announced February 2006
- Goals:
  - decrease wait time for arthroplasty surgery by providing focused funding
  - provide a model to explore and implement peri-operative efficiencies
  - allow information transfer of successful approaches to all Health Authorities
- 1,600 additional arthroplasty cases per year

# UBCH CSI INITIATIVE

## Results

- Cases completed 1,147
- Surgeon Participation 25/100
- Perioperative efficiencies
- Patient Satisfaction 4.7/5
- Information Transfer

# OASIS - Gaps in Care

- Fragmentation of current services
  - limited coordination between care providers
- Lack of coordinated capacity
  - to respond to increasing demand for services
- Waitlist and wait time pressures
  - consults and surgeries
- Gaps in care for non-operative patients
- Lack of knowledge
  - regarding available resources and supports

# OASIS - Goals

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- Limit the development and progression of OA
- Slow onset of complications that can cause severe disability
- Reduce avoidable declines in health
- Reduce variations in care

# OASIS Program

(OSTEOARTHRITIS SERVICE INTEGRATION SYSTEM)

## Target Populations

- Patients in early and advanced stages of osteoarthritis of the hip and knee:
  - Non-operative cases
  - Surgical candidates
  - Individuals seeking information on options



## Source of Referrals

- primary care physicians
- orthopedic surgeons
- rheumatologists

## Services



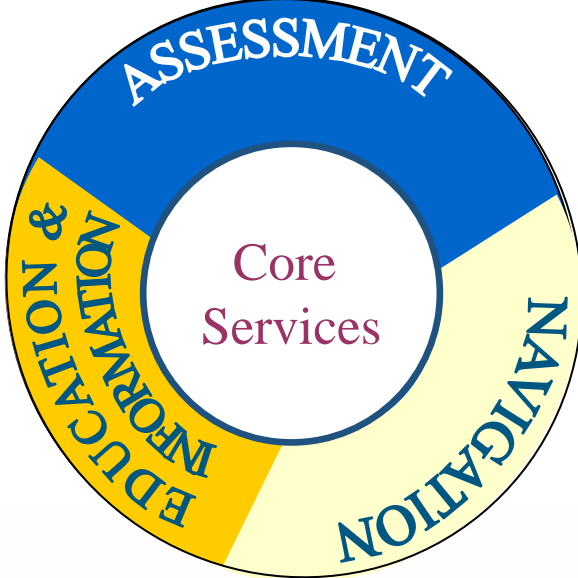
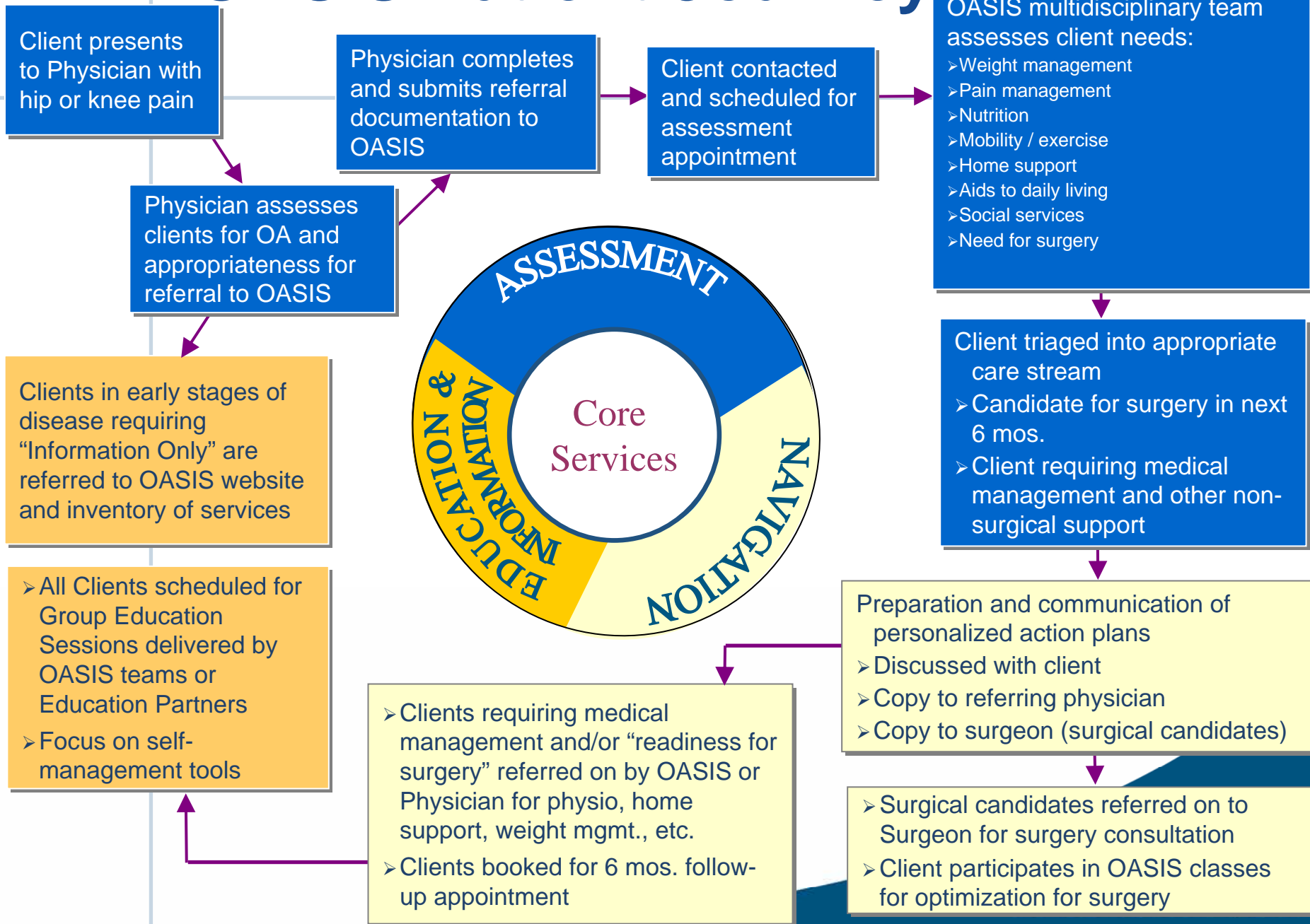
- Multi-disciplinary assessment of treatment & education needs
- Personalized action plans
- Listing of resources available in public and private sectors
- Tools for self-management
- Coaching & group education
- Coordination of referrals (optional)

## Benefits



- Enhanced Relationship with Primary Care Physicians
- Improved access to services
- Skills in self-management
- Improved quality of life and health outcomes
- Collaborative Partnerships
- Improved use of system resources & expertise
- Linkages with other Chronic Disease Initiatives

# OASIS Patient Journey



# OASIS - Multiple Stakeholders

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- Clients and caregivers
- Primary Care Physicians (PCPs)
- Allied Health Professionals
- Orthopedic Surgeons
- Rheumatologists
- Community Organizations
- Education Partners



# OASIS - Engagement Strategies

- Participation in planning for system re-design & implementation processes
- Focus groups – testing ideas
- Leadership of Depts. of Orthopedics, Family Practice & Rheumatology
- Multiple vehicles for communications and engagement
- Beta-testing tools and processes
- Evaluate impacts on physician practice and gaps in care
- Soft launch and incremental up-take

# Provincial Musculoskeletal Council

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## Initial Focus

- Facilitating use and engagement of UBCH / CSI throughout all health authorities
- Sharing of information regarding TAP and OASIS models
- Confirming the need for building Health Authority capacity to deal with projected demands for musculoskeletal care

# Provincial Musculoskeletal Council

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## PMC Subcommittees

- Prostheses Standardization
- Rehabilitation subcommittee
- Provincial collaborative

## Future Roles

- Expand discussion into other areas of concern (e.g. foot and ankle, spine, fractured hip)
- Ensure a coordinated provincial approach
- Share lessons learned with other jurisdictions

***Thank you.***