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



Promoting wellness. Ensuring care.

Timely Access To Health Care February 9, 2007

Agenda

- I The Arthroplasty Plan
- II UBC/CSI Initiative
- III OASIS
- IV Provincial Musculoskeletal Council



The Arthroplasty Plan (Richmond Hip & Knee Reconstruction Project)

<u>Purpose</u>

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)

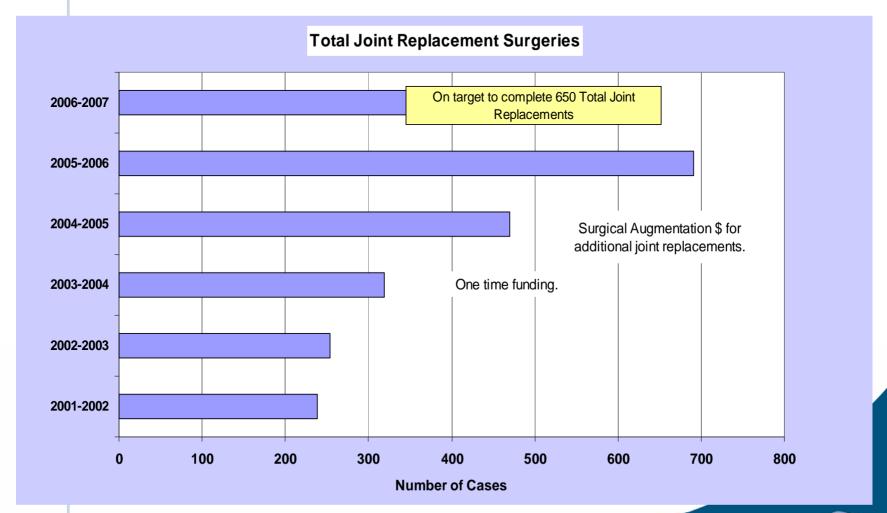


Components of TAP Model

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

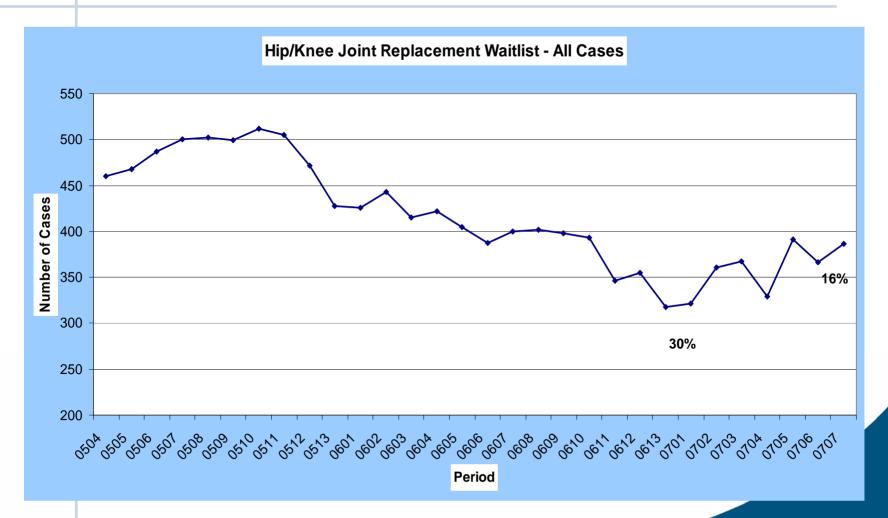


Completed Surgery Case Numbers



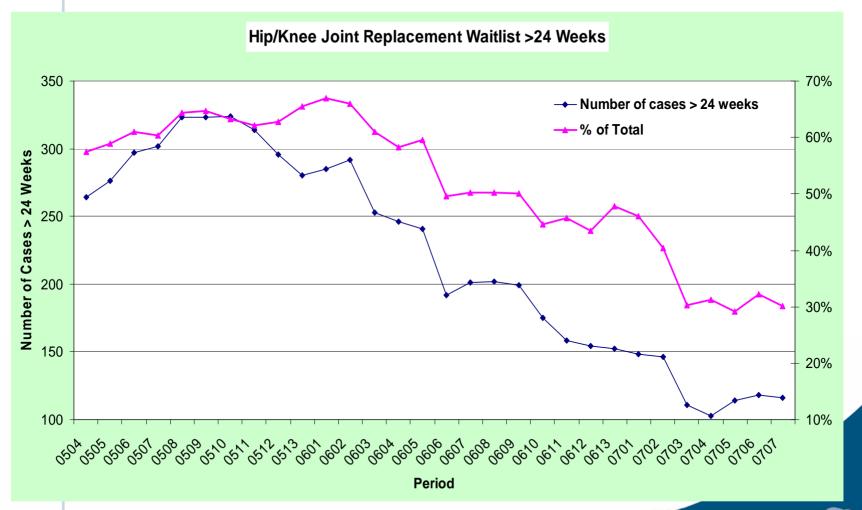


Waitlist Numbers for All Cases



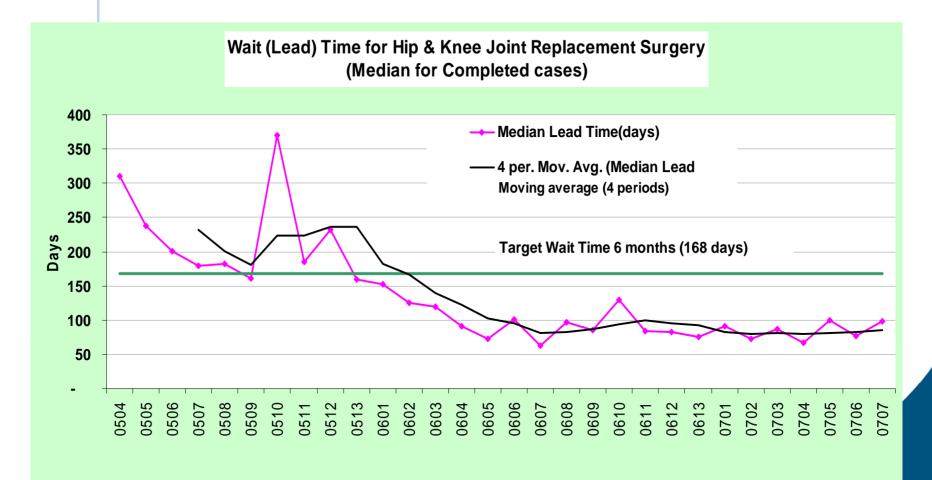


Waitlist Numbers for Cases > 24 Weeks





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





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 perioperative 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

- 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 Chr Disease Initiatives



OASIS Patient Journey

Client presents to Physician with hip or knee pain

Physician completes and submits referral documentation to **OASIS**

Client contacted and scheduled for assessment appointment

Physician assesses clients for OA and appropriateness for referral to OASIS

Clients in early stages of disease requiring "Information Only" are referred to OASIS website and inventory of services

- > All Clients scheduled for **Group Education** Sessions delivered by OASIS teams or **Education Partners**
- > Focus on selfmanagement tools

Core Services

- > Clients requiring medical management and/or "readiness for surgery" referred on by OASIS or Physician for physio, home support, weight mgmt., etc.
- > Clients booked for 6 mos. followup appointment

OASIS multidisciplinary team assesses client needs:

- >Weight management
- >Pain management
- Nutrition
- >Mobility / exercise
- >Home support
- >Aids to daily living
- ► Social services
- >Need for surgery

Client triaged into appropriate care stream

- > Candidate for surgery in next 6 mos
- > Client requiring medical management and other nonsurgical support

Preparation and communication of personalized action plans

- > Discussed with client
- > Copy to referring physician
- Copy to surgeon (surgical candidates)
- > Surgical candidates referred on to Surgeon for surgery consultation
- Client participates in OASIS classes for optimization for surgery

OASIS - Multiple Stakeholders

- 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

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

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.

