Escalated Care Pathway (ECP)

Implementing a South Island IDT Care Pathway for Back, Knee and Shoulder Injuries

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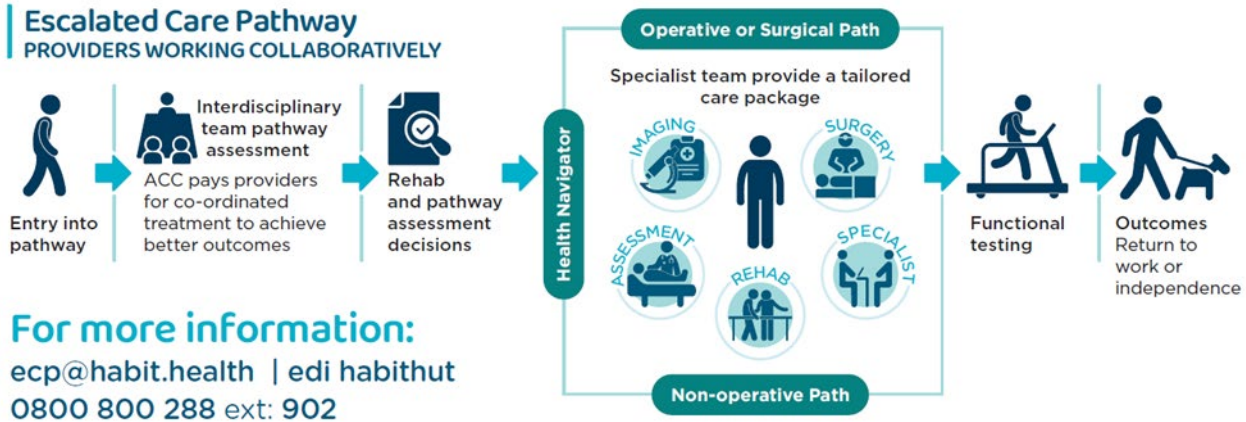
ECP History

- 2018 –develop innovative Care Pathways based on outcomes not inputs
- Aimed “to address the fragmented management of treatment and rehabilitation that impacts client experience and outcomes” for back, knee and shoulders (high cost)
- We built an outcomes-based program based around where the patient wanted to receive care and leveraging our provider network
- Resolved some systemic issues by
  - Bundled health care funding
  - Having a nationally scalable service
  - Coordinating care across allied health, GPs, Specialists, Employers
  - Implemented Health Navigators - hub for communication
  - Worked with surgeons to improve quality of referrals and minimise delays
  - Pre-approved surgical codes
  - Worked with funders to remove administrative burdens (tight, loose, tight)



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What's different

Collaboration across primary, secondary care

Data informed

1. Pre-determined referral by industry. **(no waiting)**
2. E-triage by clinical team to determine if patient meets the entry criteria. **(PT and Specialist/GP)**
3. An interdisciplinary team establishes:
    - The best clinical pathway (surgical or non-surgical) **(pre-approved surgical codes)**
    - The appropriate mix of services to facilitate the best outcome for the Client **(non transactional care)**
    - Further investigation as required **(before FSA)**
    - The appropriate funding bundle **(based on complexity)**
4. Low-friction delivery of rehabilitation, return to work, allied health and surgical services. **(wrap around, collaboratively and monitored)**
5. Use of standardised outcome measures along the patients journey to monitor progress. **(lean in and out)**
6. Functional assessment on discharge to determine when a patient has achieved a state of recovery, such that they can be exited from the ECP service.

No referral or case management from ACC – less delays as managed by our Health Navigators

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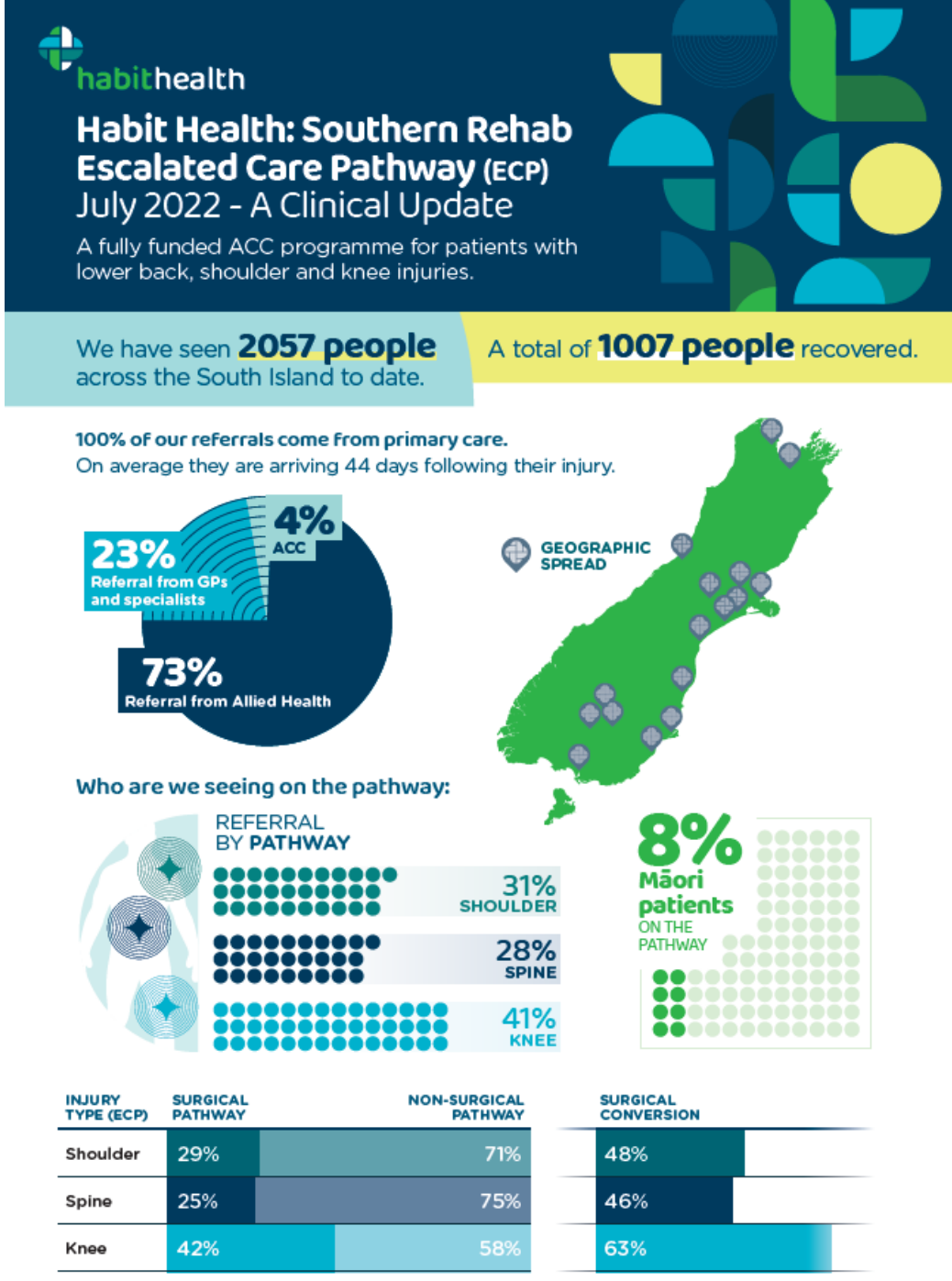
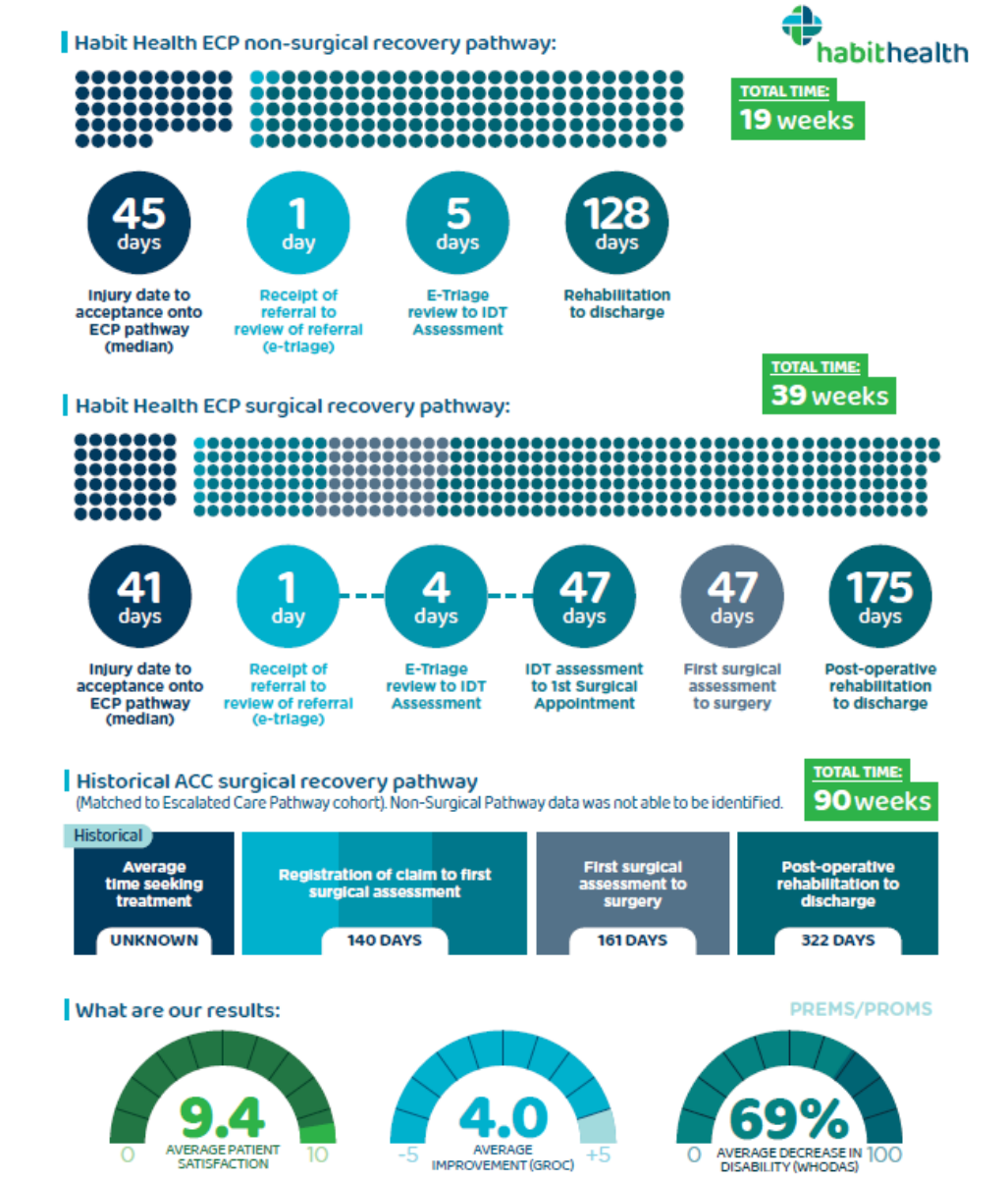
Summary of our journey

- So far we have had 2000 people through – 1000 have recovered
- Generating a rich source of data collection across the recovery pathway
- Monthly reporting back to funders for accountability
- 18 months left



Is it better?

- Time to enter ‘probably okay – could be tighter’
- Significant reduction in time to FSA
- Significant reduction in time to surgery
- More appropriate people
- PROM/PREMS (satisfaction and outcomes)
- Surgical prevention / conversion
- Conservative pathways



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Addressing Health Inequities

Designed for low barrier to access

- Simple Entry Criteria

- Multiple Entry Points
  - Including Self referral and by ACC directly
  - Don’t have to see a GP (cost)

- Wrap around care with Health Navigators walking alongside the patient and their family/whanau to access care and support

- Fully funded so no co-payment

- Not purchasing components of rehabilitation in isolation so true Interdisciplinary Team funded in the right way.

- Multiple health partners co-ordinated ‘under one roof’

Which patients are right for Escalated Care Pathway?

Patients in the South Island* with lower back, shoulder and knee conditions that aren't improving with normal primary care treatment or who have significant injuries (surgical or non-surgical) are eligible for the programme.

Eligible knee, shoulder or lumbar spine patients will meet any of the following criteria:

- Significant mechanism of injury
- Significant injury/signs and symptoms
- Unresolving symptoms after 6 weeks
- Off work longer than 2 weeks or at risk of going off work
- Not improving as expected with conservative treatment
- Other risk factors, e.g. multiple medications or social factors that require wrap-around support

Implementation / Translation to Practice

Our challenges

- Two years to implement from 1 to 240 referrals per month – supported by ACC

- Allied health lead MSK works, is cost and time effective.

- Initially Orthopedic colleagues were hesitant to engage, now seeing better referrals, worked up cases, pre-approved surgical codes and improved outcomes.

- Usual barrier of medical information moving around – we are still doing a lot of manual lifting, sending of letters and updates – 'health navigation'

- Need to deliver individualized care at a scaled level. Putting in place automated checks and supported by digital health

Policy or process changes?

- Can we manage injury and non-injury related MSK dysfunction the same

- **When healthcare is purchased as a package, it can be delivered as a package. When its purchased in silo's it will be delivered in silo's.**
- But there are commercial, political, geographical and personal challenges to do this!