Rebalance MD
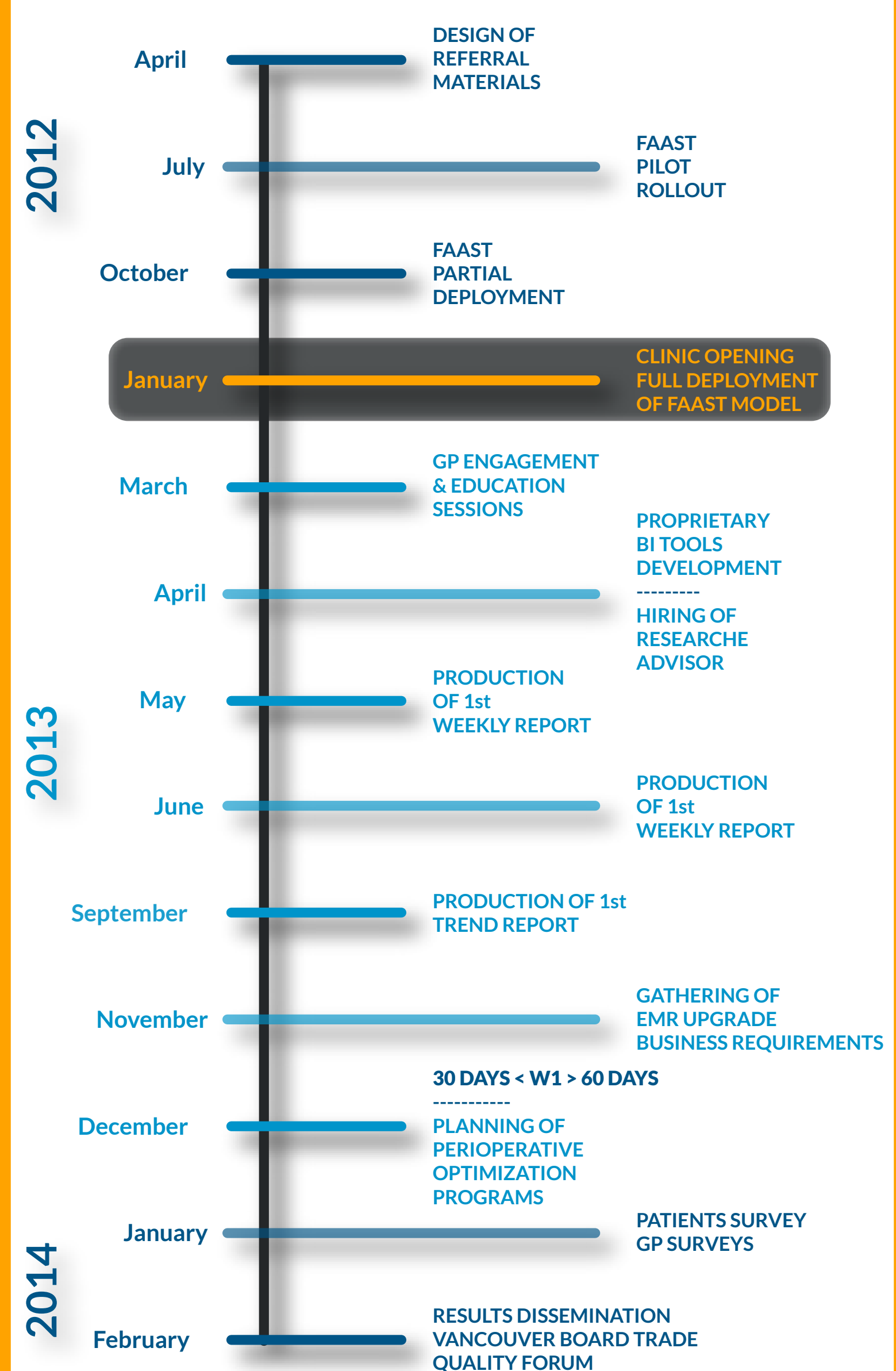
F.A.A.S.T Access to Musculoskeletal Care

Our Team

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Timeline

2012
- April — DESIGN OF REFERRAL MATERIALS
- July — FAAST PILOT ROLLOUT
- October — FAAST PARTIAL DEPLOYMENT
- January — CLINIC OPENING FULL DEPLOYMENT OF FAAST MODEL

2013
- March — GP ENGAGEMENT & EDUCATION SESSIONS
- April — PROPRIETARY BI TOOLS DEVELOPMENT; HIRING OF RESEARCHE ADVISOR
- May — PRODUCTION OF 1st WEEKLY REPORT
- June — PRODUCTION OF 1st WEEKLY REPORT
- September — PRODUCTION OF 1st TREND REPORT
- November — GATHERING OF EMR UPGRADE BUSINESS REQUIREMENTS
- 30 DAYS < W1 > 60 DAYS
- December — PLANNING OF PERIOPERATIVE OPTIMIZATION PROGRAMS

2014
- January — PATIENTS SURVEY GP SURVEYS
- February — RESULTS DISSEMINATION VANCOUVER BOARD TRADE QUALITY FORUM

What We Are Learning

One year into the model's implementation, significant change has been brought at the patient level:
- Patients have gained access to a central delivery point for comprehensive musculoskeletal care,
- Patients have been placed on a centralized waitlist thereby dramatically reducing wait times,
- Patients are benefiting from a centralized cohesive pool of specialists, and
- As a result, they are receiving faster and better coordinated care.

Change is also occurring at the healthcare delivery level with:
- A live, efficient and productive method to address the demand for care,
- An integrated and cohesive approach to musculoskeletal illnesses and injuries, and
- As a result, a significant decrease in pressure on the healthcare system (80% of referrals return to the community with conservative non-surgical management strategies).

Who We Are

Located in Victoria, BC, Rebalance MD is a physician-run interdisciplinary clinic specialized in musculoskeletal care.

The 11,000 square foot state-of-the-art facility hosts:
- 18 orthopaedic surgeons
- 2 physical and rehabilitation medicine specialists
- 5 sports medicine physicians
- 1 internist providing osteoporosis care
- 7 physiotherapists
- 5 physician extenders:
  - 3 physician extenders, and
  - 2 nurses

The Issue

Through consultation with stakeholders (Patients, GPs and Specialist), the following gaps in musculoskeletal care were identified for the Rebalance MD patient population:

Excessive Wait One:
on average, more than 5 months elapsed between time from referral and Orthopaedic consultation (Wait One). Many patients experienced prolonged Wait One of in excess of 18-24 months.

Multiple referrals per individual patients:
general practitioners often refer patients to multiple specialists for the same pathology in an attempt to expedite care, leading to redundant consultations.

Suboptimal communication regarding Wait Times and Referral Receipt:
neither referral receipts are acknowledged nor anticipated wait times communicated which leads to poor quality of care, increased patients' anxiety and an increase in the number of missed and/or unaddressed referrals.

Suboptimal access to orthopaedic care for urgent cases:
the recommended two- to four-week window to address urgent cases is not applied and general practitioners are usually unable to reach available specialists except emergency on-call surgeons.

Suboptimal use of surgeons' time:
surgeons spent a considerable amount of time compensating for gaps in services and handling crises due to long wait times rather than seeing "appropriate" patients.

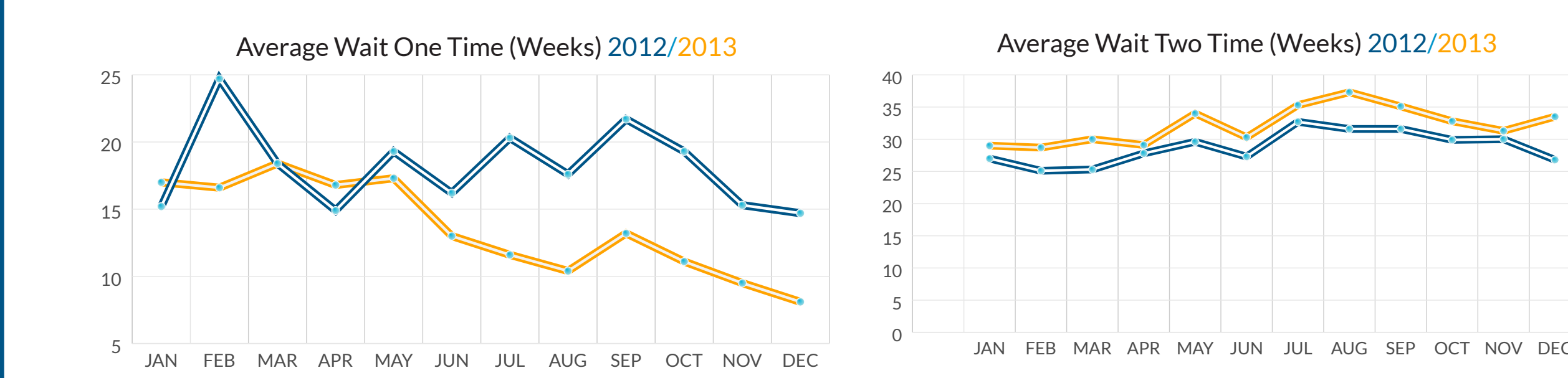**Suboptimal Health Information Systems Infrastructure:**
most Electronic Medical Records (EMRs) do not have the capability to produce the data analytics required to proactively manage wait times and improve the efficiency of patient care delivery.

What We Do

Rebalance MD has created a paradigm shift: patients are now referred to a clinic rather than specific specialists. FAAST, which stands for First Available Appropriate Specialist Triage, is the delivery model that has enabled such shift.

GPs may direct referrals to the clinic, rather than a specialist. Referrals are assessed and triaged by clinicians to determine the acuity of the condition, which care stream (surgical or non-operative) and which specialist (surgeon or physician) are most appropriate for the patient in order to provide care in the timeliest fashion. If indicated, additional imaging studies are ordered. When essential information is missing, communication is immediately initiated with the referring physician and referrals are completed.

Rebalance MD set a goal of having all FAAST referrals seen in consultation within 90 days of referral. This was a sharp reduction compared to average waits of 150 days prior to the model's introduction.

SINGLE ENTRY
TRIAGE
Orthopaedics · Sports & Exercise Medicine · Physical Medicine & Rehabilitation · Support Services · Physiotherapy · Braces & Orthotics

External Partners
Several key partners helped facilitate the model's implementation:
- BCMA Specialist Services Committee (SSC) allocated operational and research funding for the initiative in 2013 and 2014.
- Cambian Business Services Inc. provided information systems design and development services.
- Partners in Care, the Victoria and South Island Divisions of Family Practice, collaborated in the design and trial of the standardized referral form as well as the deployment of the FAAST model within the referring physicians' community.

Implementation
- A single entry point for referrals was established to gather referrals via a standardized referral form.
- Standardized pre-referral medical imaging was established and required to be completed prior to referral.
- Cooperative work processes were put in place to optimize productivity.
- Allied health professionals were integrated in the care process to maximize efficiency.
- Data analytics and business intelligence solutions were developed to:
  - Assist in reviewing referrals and assigning patients to the appropriate stream.
  - Track wait times and all necessary performance indicators.

Our Data Analytics

The success of the initiative relies heavily on the production of near real-time data analytics to monitor and forecast the flow of patients and analyze its impact on the clinic's management. To this effect, a proprietary reporting tool was developed that leverages the data collected by the EMR and provides the necessary business intelligence.

Computations such as the number of consultations and surgeries are obtained through algorithms which combine referral, decision and booking dates with data on procedure type and appointment status. Analyses are conducted for the practice as a whole as well as per physician and groups of physicians (operative vs. non-operative). Similarly, the time range can be adjusted to cover short- as well as long-term perspectives.

Business intelligence is produced in the form of:
- Weekly reports which leverage short-term data (past 30 days) and are used by clinicians to triage patients based on waitlist size and wait time data. The information is displayed by physician and groups of physicians. Similarly, surgical information is broken down by type (daycare vs. inpatient). Variations in the data are highlighted and the size of the waitlist is correlated with time for both consultations and surgeries. A triage capability is currently being developed to provide the functionalities of the weekly reports directly into the EMR.
- Trend reports are produced on an ongoing basis to monitor all key indicators over time.
- Ad hoc studies are conducted to assess areas for which more detailed information is required and/or investigate issues for which solutions must be developed. Among others, these studies encompass referral ratios, surgical ratios and benchmarking.

The Impact We're Having

Reduction in Wait Time for Consultations

Wait time for consultations for all patients has been dramatically reduced. In only one year a steady decrease 25 to 50% occurred:
- All consultations (FAAST and consultations requested from specific specialists) were performed at or near the 90-day target set for FAAST referrals, and
- All FAAST consultations were provided well below the 90-day target with an average of 55 days

Average Wait One Time (Weeks) 2012/2013

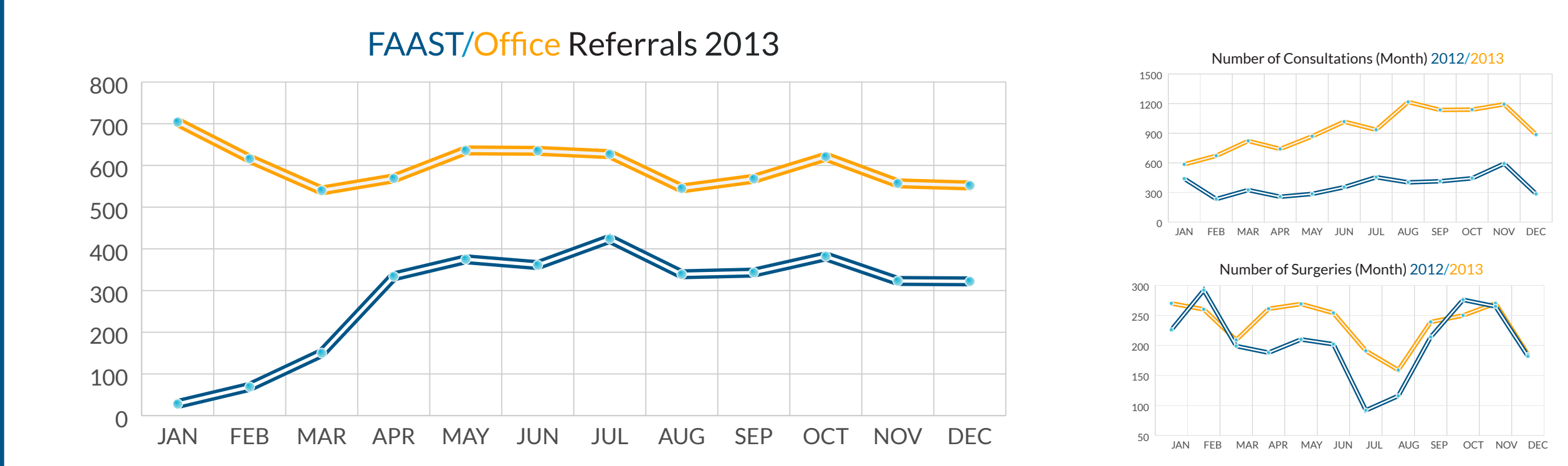Average Wait Two Time (Weeks) 2012/2013

Adoption of FAAST Model

The uptake of the FAAST model occurred rapidly. After eleven months of gradual introduction, the FAAST programme was officially launched in June 2013 with uptake already at steady state levels. On average, 38% of all referrals received by the clinic are now addressed to the FAAST model.

Not only was the clinic able to immediately respond to the requests for care but it progressively absorbed the demands for FAAST consultations, reaching the 40% mark by mid-year. On average, over 100 appointments (treatments and consultations combined) are scheduled daily. While the list of patients referred to the clinic increased by over 40% in a year, the number of consultations provided to the community - over 11,000 - more than doubled.
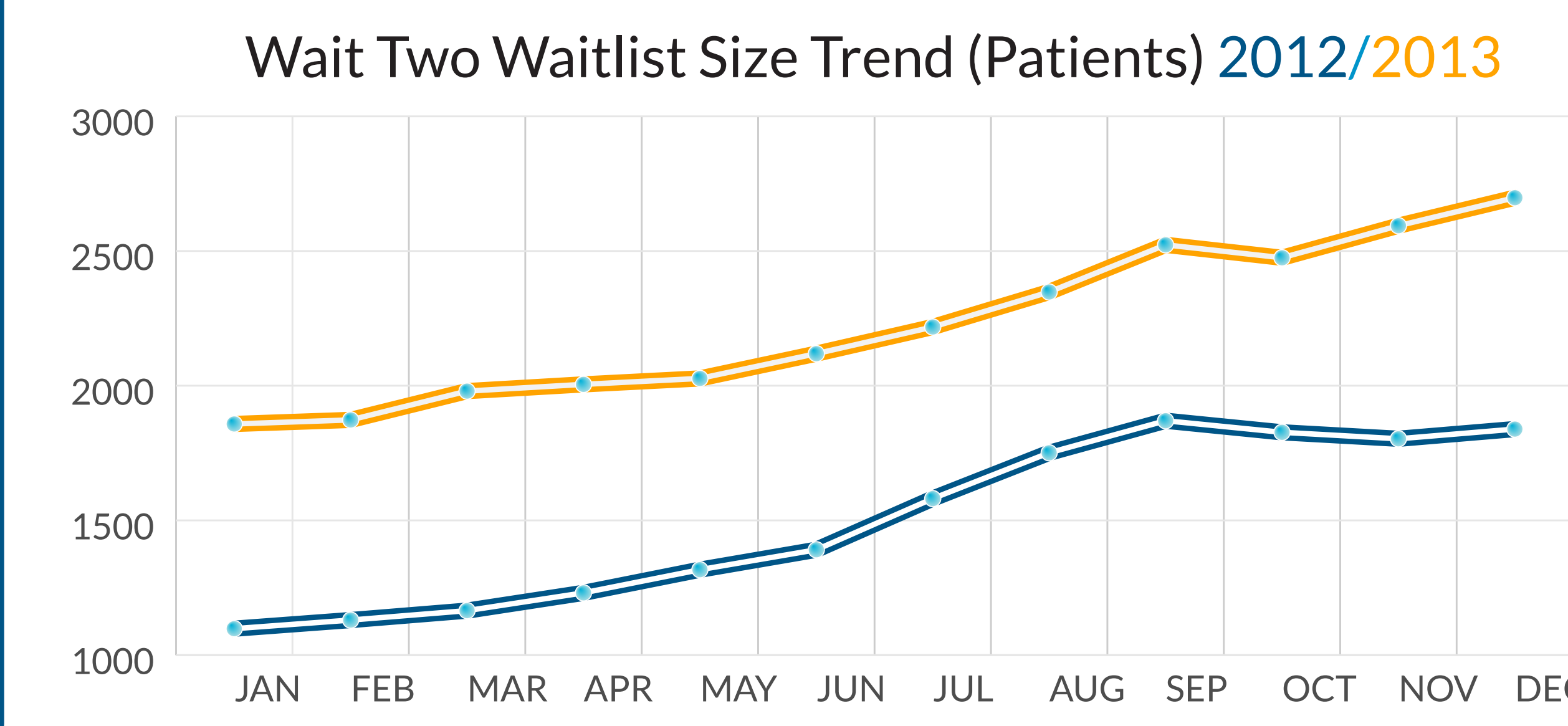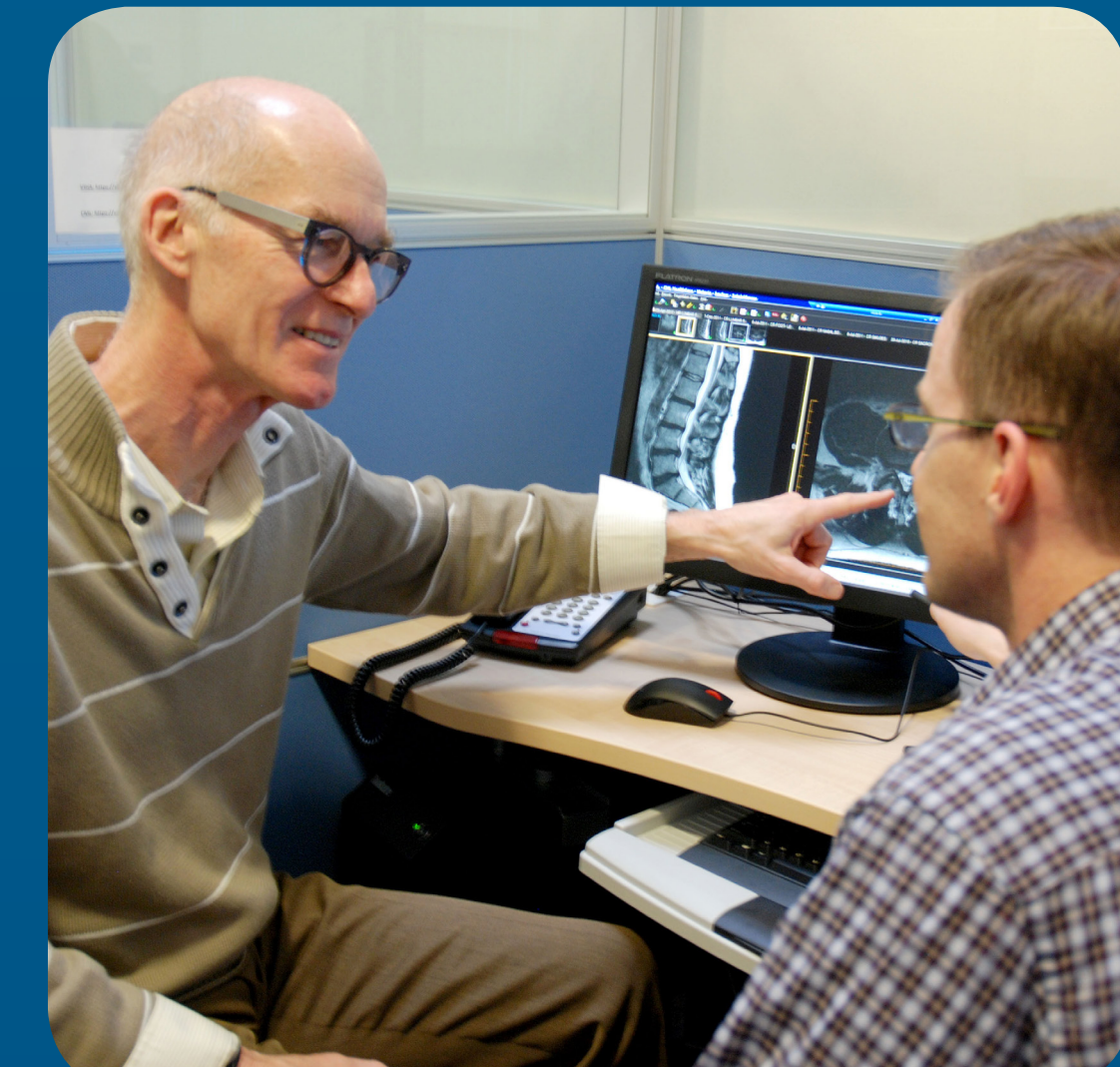
The preliminary results of an ongoing patients' satisfaction survey highlight the positive impact on the quality of care. Over 80% of patients rated their wait time as good to excellent. The same proportion of patients rated the quality of services provided as very good to excellent. All patients who had received musculoskeletal care in Victoria prior to the establishment of the clinic indicated a significant improvement in infrastructure, including the facility itself and its location.

FAAST/Office Referrals 2013

Number of Consultations (Month) 2012/2013

Number of Surgeries (Month) 2012/2013

Increase in Surgical Waitlist Size and Wait Time

As a result of the increase in consultations, a significant amount of musculoskeletal diseases and illnesses have been diagnosed that require surgical interventions. Such cases have more than doubled an already overloaded list of patients waiting for surgical care.

Despite an ever increasing demand for Surgery Resource, the amount of operative resource in 2012 was almost identical to 2013. With the dramatic increase in number of patients waiting for surgery in 213, we can expect that surgical wait times will increase by a further 40-200% in 2014, unless further efficiencies or resources are realized.

Wait Two Waitlist Size Trend (Patients) 2012/2013