

A Perspective on Improved Patient Care:

DI from the System, Clinical and Patient Perspectives.

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Saskatchewan Patient First Review:

IF WE ARE CHANGING TO BE “SOONER, SAFER,
SMARTER AND SUSTAINABLE” ..

THEN THAT IS WHAT WE NEED TO MEASURE!

- Are patients getting care sooner?
- Is the care high quality?
- Are we providing care that is appropriate?
- Are we using our resources effectively?
- Are our care providers more satisfied with the system?
- Is our cost per patient decreasing?

Surgical Continuum – TIMES W1, W2

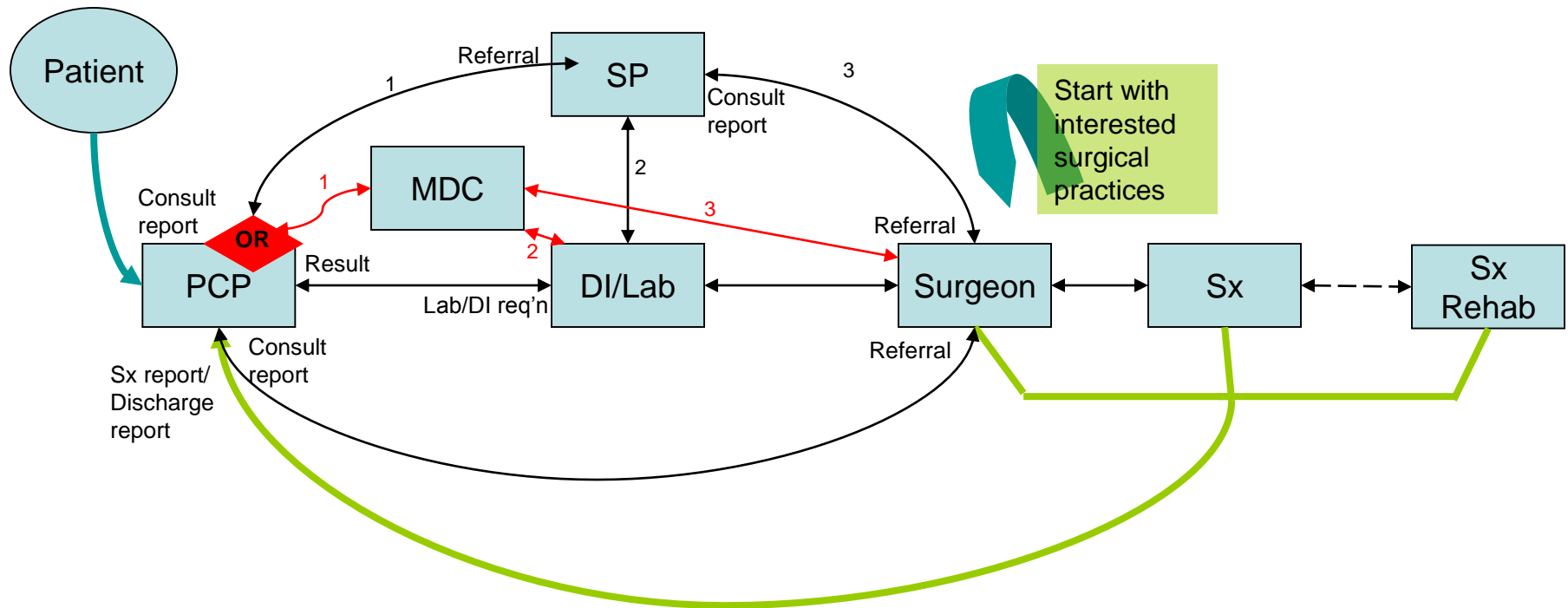
Clinical Practice Redesign

CPR Goals:

↓ Delay

↑ Pt Experience

↑ Provider Experience



Each line represents the potential for delay in the system.

NOTE: #1 + #3 = Wait 1

#2 will be tracked as a system improvement

Continuum:

Start: — Patient contacts FP for an appt that leads eventually to a surgical event

End: — End point is marked by the date of receipt of the surgical report by the patient's FP



Is the Care high quality and appropriate?

- Patient Satisfaction Surveys
- Using EQ5D (Health Related Quality of Life Instruments)
- Auditing Diagnostics
 - What did the physician feel the diagnosis was prior to ordering tests?
 - What additional information were they seeking from the test?
 - Where they able to get this information from the test?
 - DID IT CHANGE THE WAY THEY TREATED THE PATIENT?
 - How did their DI ordering pattern compare with other practitioners.



Are we using our resources more effectively?

- Has the rate of MRI's and CT's ordered for Spine Assessments decreased?
- Has the percentage of patients referred to a Specialist to assess Spine Pain decreased?
- Are fewer patients developing "Chronic Pattern 5 Illness Behaviors?"
- Has the new program decreased the cost of Spine Care (per patient)?



Are our Care Providers more satisfied with the system?

- Do radiologists feel they are being asked to consult on a patient to patient basis?
- Do allied professionals (PT, Nursing, Diagnostics, Psychology, Pharmacology, Chiro) feel that they are working to the full scope of practise?
- What is the “Surgical Yield?” – aim is 80%
- How has the role of the specialist changed?
 - Goal is that specialist has more time for surgery and spends less time in inappropriate referrals – should result in increased income



Are we providing care that is more appropriate?

Overview of our plan to get at Appropriateness?

An example from Hip and Knee

Plan is to expand to Spine and then eventually to the entire Surgical Continuum.



*A standardised instrument
for use as a measure of health outcome*

Measuring Patient Outcomes

Health Related Quality of Life

- Changes in perception over time



- Health Related Quality of Life measures assess a patients perception of satisfaction in a number of key domains.
- This includes pain, mobility, self-care, anxiety and activity
- The significance of these measures are not only the change in function, but also the degree of satisfaction with the changes



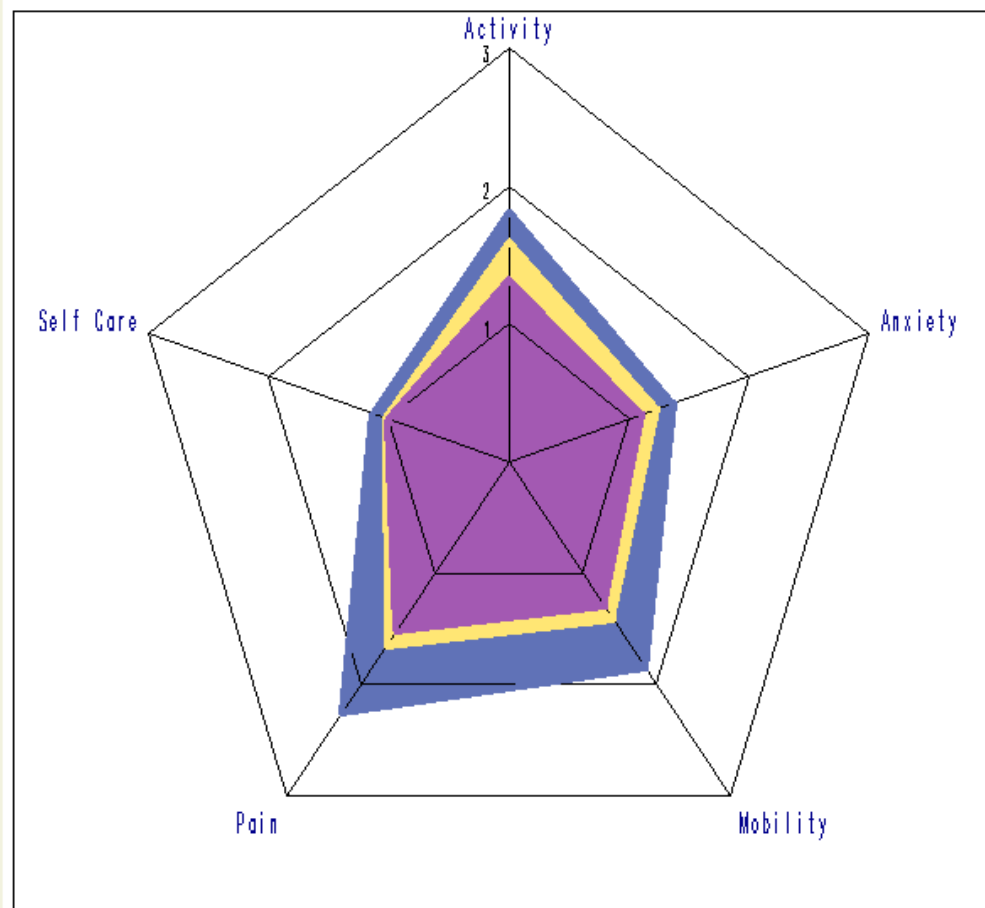
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- **EQ5D is a standardized measure of health status**
 - Provides a simple generic measure of health for clinical and economic appraisal
 - Is used for benchmarking (pre/post intervention measure, regions benchmarked against each other)
 - Assists us in defining appropriateness by:
 - Assessing the percentage of patients who become surgical candidates
 - Assessing effective changes over time (i.e.. Did the patient improve? If not, was the patient an appropriate surgical referral? – can we determine common features of an appropriate surgical candidate)



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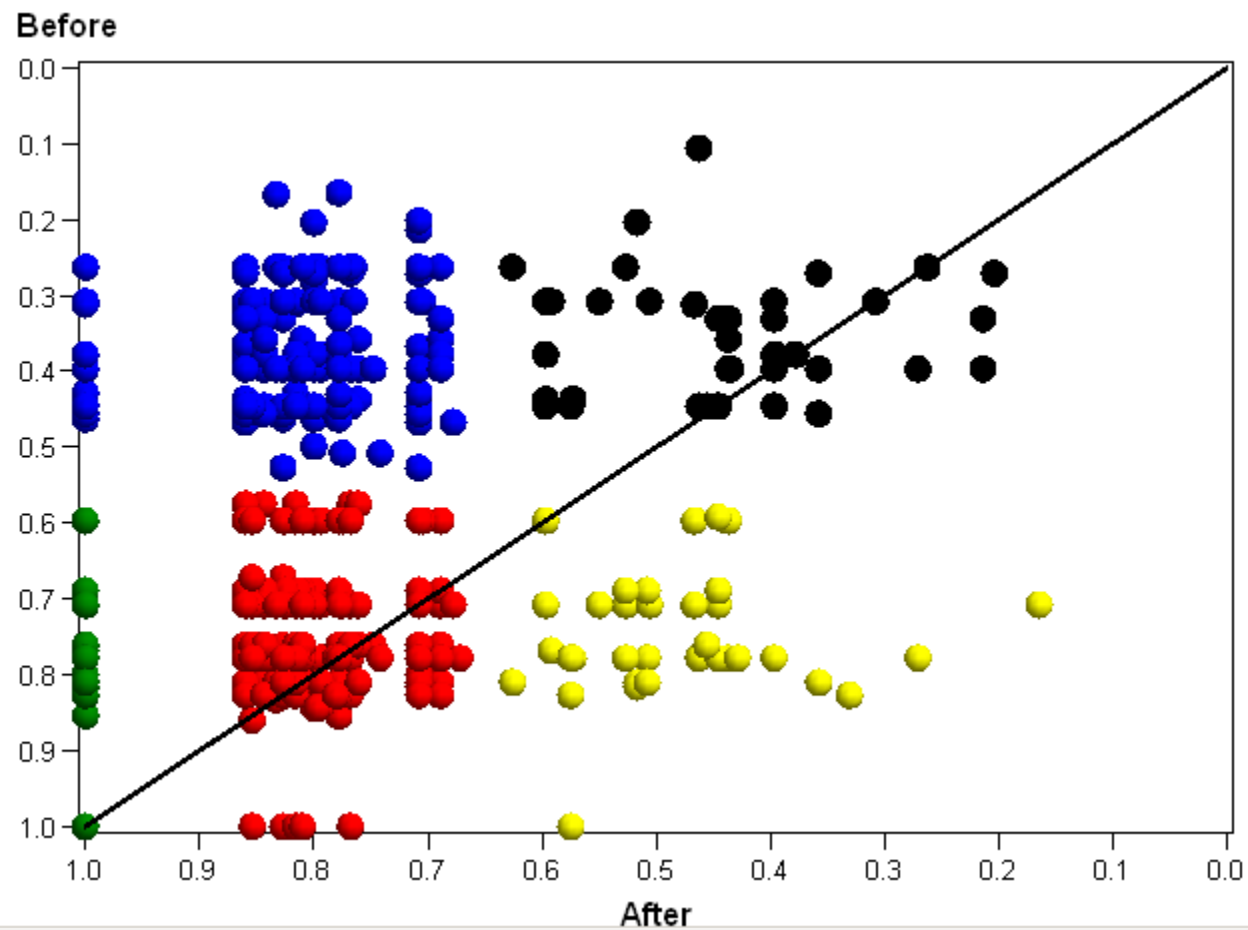
EQ-5D mean dimension score in Saskatchewan, by assessment time



Assessment ■ 1. Initial ■ 2.6 week ■ 3.6 month



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References

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