Implementation of the OACCP

The Wollongong Hospital (TWH)

Kathryn Buchan
OACCP Musculoskeletal Coordinator
The Wollongong Hospital

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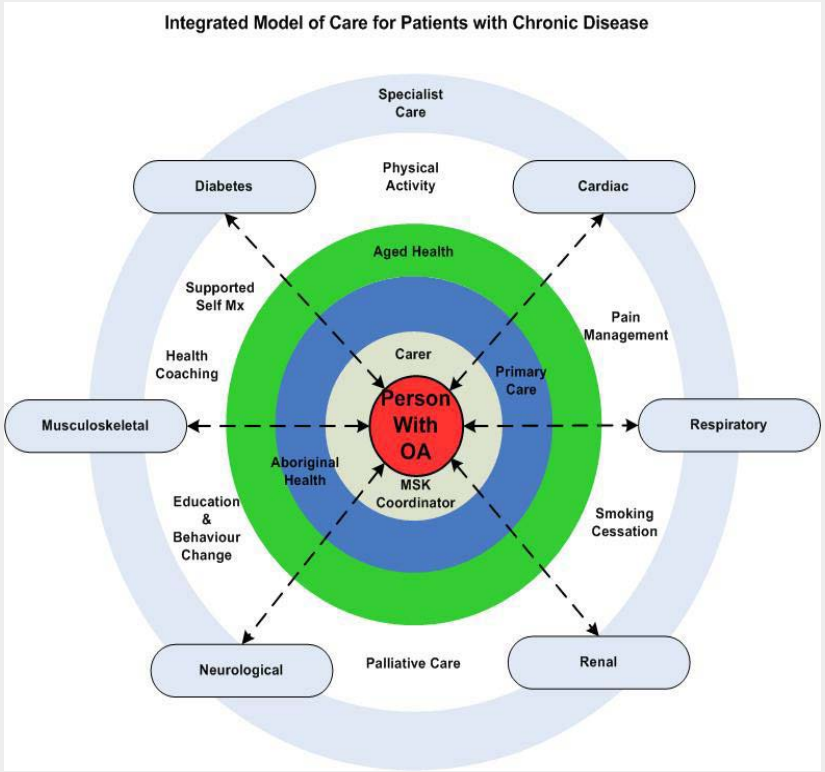
Overview

- Background
- Implementation
- Successes
- Challenges
- Reflection



ACI Model of Care for Chronic Disease

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Background

- TWH chosen by Ministry of Health as a “greenfield site”
  - nothing pre-existing, funding solely from NSW Health grant
- ISLHD covers a large geographical area
  - spans four Local Government Areas of Wollongong, Shellharbour, Kiama and Shoalhaven (179km) *Population 388 000*
- Mixed socioeconomic demographic
  - large socioeconomically disadvantaged “pockets”

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Background TWH

- Episodic care for people electing joint replacement
  - assessed in orthopaedic private rooms, seen 1-2 times (maximum) preoperatively by surgeon
  - low level of monitoring or conservative care pre-op
- 343 people had elective THR or TKR across ISLHD in 12 months prior to OACCP *(230 at TWH only; 390 on waiting list pre-OACCP)*
- 16% of people undergoing TKR or THR at TWH attended rehabilitation postoperatively from July 2010 to June 2011

Implementation TWH

- OACCP based in Physiotherapy Department at TWH
- Business Plan
  - Level 4 Physiotherapist MSK Coordinator
  - 0.5 Administration Officer
  - 0.5 Dietitian
  - 0.2 Occupational Therapist
  - Pain CNC (**not** funded – *advice & education program only*)

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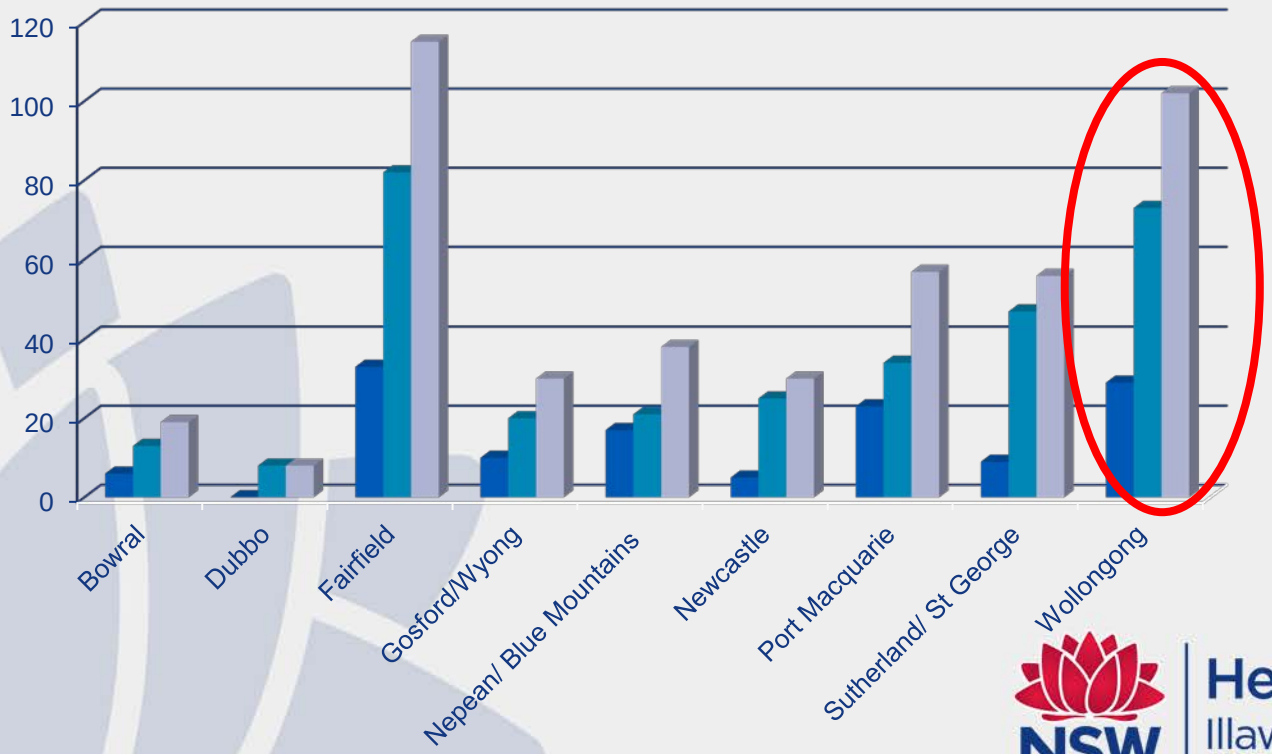
Implementation TWH

- Key drivers:
  - Jason Phillips Acting Physiotherapy HOD (MSK Background)
  - Steering Committee
    - Co-Director of Surgery Christine Mitchell
    - Management from all Allied Health departments, Nursing, Connecting Care, Medicine (Aged Care & Orthopaedics)
  - MSK Coordinator

Successes

- Productivity

OACCP Quarterly Report: October – December 2011
New participants this quarter



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Productivity

- TWH saw 163 new participants from October to February
- Clinic Structure

  Multidisciplinary assessment involving:

  – MSK Coordinator

  – Administration officer (Physiotherapy TA)

  – Dietitian
- ACI targets: needed 12 new participants/week to “catch up”
  – *“aim to enroll 480 participants at each site by end of 2011/2012 financial year”*

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TWH OACCP Sustainability 2012/2013

- Achievable Numbers (sustainable)
  - 7 “Initial Assessments” *(6.5 hours of multi-disciplinary clinic)*
  - potentially 21 “Review Assessments” required (*12, 26, 52 week review assessments)*
  - TWH have the potential to do 18 reviews/week with two mornings allocated to new participant clinics *(may be able to see more once auto-populated letters established)*

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Challenges

- OACCP work in progress
  - Isolation
  - OACCP Site Manual
  - Liquid Office (+/- independent data collection)
  - Referral Directory
  - Assessment structure (clinical triggers)
  - Letters / administration/ medical records
- Change of practice from MSK focus to Chronic Disease Model (Health Coaching)
- Sustainability

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Barriers

- Medical governance
- Nursing involvement
  - clinical triggers
- IT issues
  - computer access (minimise duplication of data entry)
- Administrative time constraints
  - letters, referrals, telephone confirmation and recruitment

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Reflections

- Effect of OACCP on practice
  - better monitoring of need for escalation or removal from waiting list
  - surgeon attitude: some people referred directly to OACCP before placing on the waiting list now. Strong relationships developed.
  - rewarding to see participant improvements with a holistic chronic disease approach to management

Results

- 3 people removed from waiting list; 5 made category D (“on hold”); 7 escalated to surgery
  (*older population group at TWH; 40% > 75yrs of age)*
- Only 10.5% OACCP participants needing rehab post-op (only small numbers had surgery; n=19)
  - better preparation pre-operatively (22% OT home Ax)
  - *unrealised cost shift $337,629 + potential to generate revenue through Medicare case conference billing*
- Statistically significant improvements in function and weight loss; *36% referred to dietitian (mean wt loss 2.76kg)*

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