

## **Pathways that Deliver Increased Physician Efficiency and Improved Patient Satisfaction**

Submitted by:

Chuck Thigpen PhD, PT, ATC- Clinical Research Scientist, Proaxis Therapy  
Mike Kissenberth MD- Vice Chair of Orthopedics, Greenville Health System

### *Paradox of Patient Access and Satisfaction*

The emerging healthcare environment requires expanded patient access, efficient and effective care while minimizing cost. On a daily basis we experienced this struggle as patients, who needed a surgical consult, were frustrated with limited access and our clinical schedule was filled with non-surgical candidates. This created a paradox where the most specialized health system resources (e.g. surgeon and MRI) were being allocated within the care continuum that did not result in better care or outcomes, poor cost control and increased physician frustration. Simply, the wrong patient was often in the wrong clinic, leading to an inefficient and circuitous path to deliver the appropriate care. When evaluating our practice, it was clear that we could improve our allocation of available resources to deliver optimal care that dissatisfied patients and frustrated physicians.

This challenge highlights a primary barrier to delivering healthcare system change that delivers volume for value, on time and under budget. We are mindful of this challenge as we transition from a fee for service model into emerging delivery and payment methodologies. We identified an opportunity to develop a clinically integrated system that can perform in today's fee for service model as well as provide a test case for future delivery and payment models. To this novel approach, we focused on one specific area – improving our orthopedic shoulder clinic efficiency by providing greater access to care while also increasing the surgical conversion rate. We aimed to “flip the funnel” based on emerging research and our shared experiences in sports medicine and military medical service models. We felt that a better solution placed physical therapists at the entry point of a clinically integrated team capable of decreasing patient burden, in terms of satisfaction, productivity, and cost, while improving patient outcomes and maximizing surgical conversion rate. As our hospital partner, Greenville Health System's physician-led model empowered Vice Chair of Orthopaedics, Dr. Mike Kissenberth, to implement this pilot shoulder pathway program aimed to explore new, more efficient pathways for providing care. The goals of this program were to:

1. Improve patient access to a busy shoulder clinic
2. Improve patient satisfaction by pairing the right patient with the right provider at the right time
3. Decrease cost by appropriately allocating manpower and expensive imaging

### *Development of a Clinically Integrated Shoulder Pathway*

#### *Step 1: Evaluate*

We chose to use a shoulder pain as it is second only to low back pain in terms of disability and cost and impacts up to 20% of the population. Additionally, rotator cuff tears represent the most common diagnosis requiring a surgical opinion and affect 50-80% of the population over 60. We examined our clinic volume and new shoulder patients to consider if they were seeing the best provider for their primary complaint. This allowed us to understand the characteristics of the

patients who were (and were not) getting to the right care at the right time, as well as their path to that appointment. We identified three things in our environment that were not consistent with best practice:

1. Patients assumed they should see a surgeon and get an MRI as first line care for their "shoulder" pain
2. Patients presented with an MRI without any conservative management or proper workup
3. Patients had other related upper quarter complaints that suggested until cleared they were not appropriate for a surgical consult

The results of this evaluation affirmed that development of a shoulder pathway focusing on rotator cuff tears would address our immediate problem of patient access and clinical frustration while providing a basis to impact the inefficiencies that create the overwhelming healthcare burden upon us all.

### *Step 2: Educate*

Based on our initial assessment, we then developed a plan to educate our patients, staff, and clinicians of our new approach. This included providing information at the time of scheduling an appointment, scripted introductions the day of the appointment, and standardized criteria for imaging and treatment initiation. The primary strategies to streamline this pathway in the orthopedic clinic setting were by impacting the point of care. This is accomplished by having a physical therapist screen the patient then when appropriate, performing a shoulder ultrasound exam. Thus, we developed an evidence-based rotator cuff screening tool and used resources such as Sonosite's MSKU to standardize our diagnostic protocol. This combined with our collective research and clinical expertise created a shoulder pathway.

### *Step 3: Integrate*

Once our protocol was established we then integrated the shoulder pathway through either a physical therapy or surgical treatment plan based on this initial visit. The shoulder pathway uses best practice at the point of care to initiate an immediate treatment plan and limit specialized care unless warranted. We use ultrasound at the point of care to provide a real-time, accurate diagnosis for the patient, delivering significant cost savings concurrent with a clear treatment plan and prognosis. The plan is discussed and provided to the patient to facilitate an optimally informed treatment choice resulting improved patient satisfaction. Clinical integration of the pathway reflects a responsive, patient-centered healthcare approach that balances the target of optimal patient outcomes and controlling delivery costs.

### *The Bottom Line*

Through our re-engineered clinical pathway, we are anticipating a 40% decrease in MRIs due to an exchange for ultrasound imaging concurrent with a 10% decrease in surgeries. Current reimbursement rates suggest a 75% savings for each patient that receives an ultrasound compared to MRI and a 90% cost savings for every patient that responds to the physical therapy course of treatment and avoids surgery. The clinically integrated shoulder pathway as described provides an efficient point of entry to care and follows best practice providing patients maximized healthcare value. We have been able to deliver better care to more patients by improving physician efficiency by using the appropriately skilled provider at the right time and through first line use of ultrasound instead of MRI. The increased access via the shoulder pathway provides a

viable bridge from the current fee for service model to the forthcoming delivery and payment models we must be prepared to thrive under. Finally, due to patients receiving the right care at the right time, we are seeing greater patient satisfaction due to improved access and timeliness of treatment initiation while increasing surgical conversion rate. Together, this clinically integrated model has allowed us to “flip the funnel” using a disruptive care model that delivers desired patient outcomes at a lower cost compared to usual care. We believe wider application of this novel clinical integration, using protocol-driven care across orthopedics is an effective strategy to improve physician efficiency and patient satisfaction in the emerging healthcare market.