

PNZ Business Owners Symposium

Integrated Care Pathways Musculoskeletal (ICPMSK)

DATE: November 2023



**He Kaupare. He Manaaki.
He Whakaora.**
prevention.care.recovery.

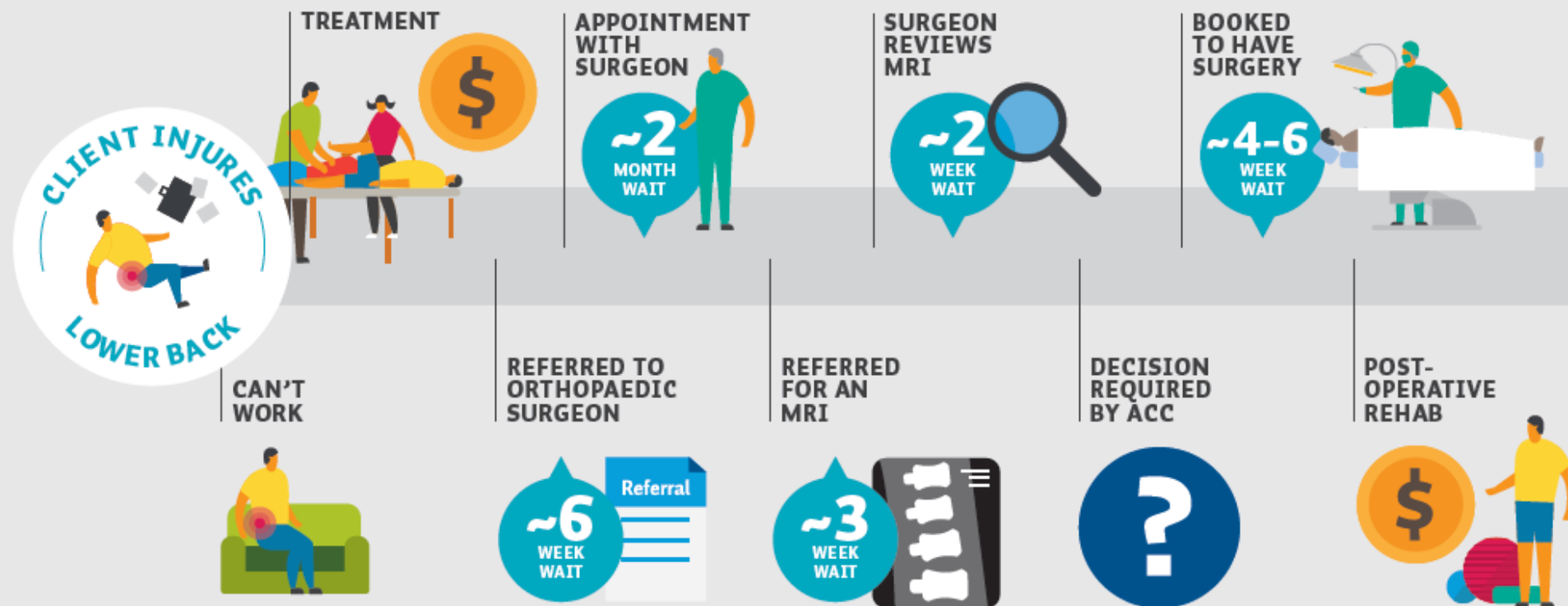


Objectives for Today

Improve understanding of Integrated Care Pathways Musculoskeletal (ICPMSK)

- ✓ **Opportunity** – background and context
- ✓ **Insights** – from the test and learn phase (Escalated Care Pathways)
- ✓ **Destination** – new service from 4 March 2024

The opportunity



Frustrated by wait times and cost of care

No visibility of value

Fragmented care and messaging

WHAT WE HEARD

Clients and their whānau

"ACC is confusing, I don't know what to do."
"I'm frustrated by the wait times and cost of care."
"Why can't my physio and surgeon work together and provide me with consistent care and information."

Providers

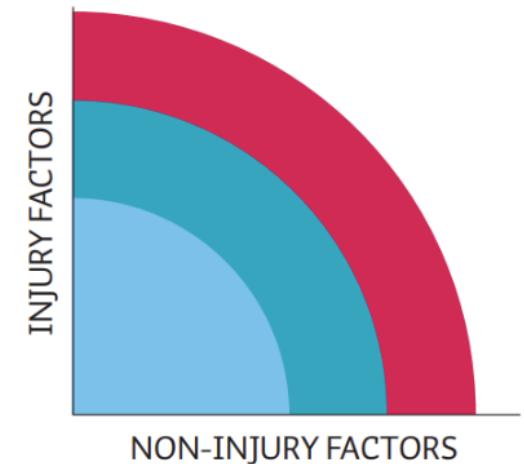
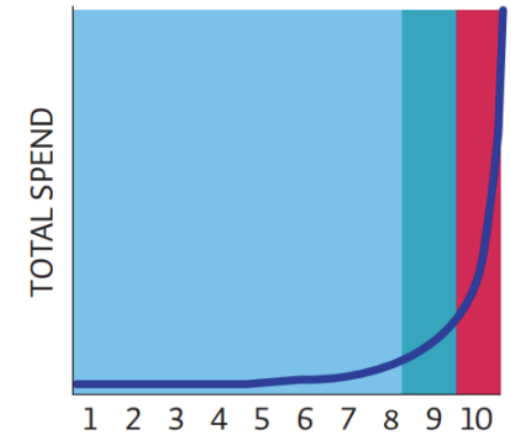
"Many of my patients don't complete their treatment plan as they can't afford co-payments."
"The wait times to get information from ACC is frustrating, especially when I can't do anything to change this."
"I'm confused by ACC's decision making."

ACC

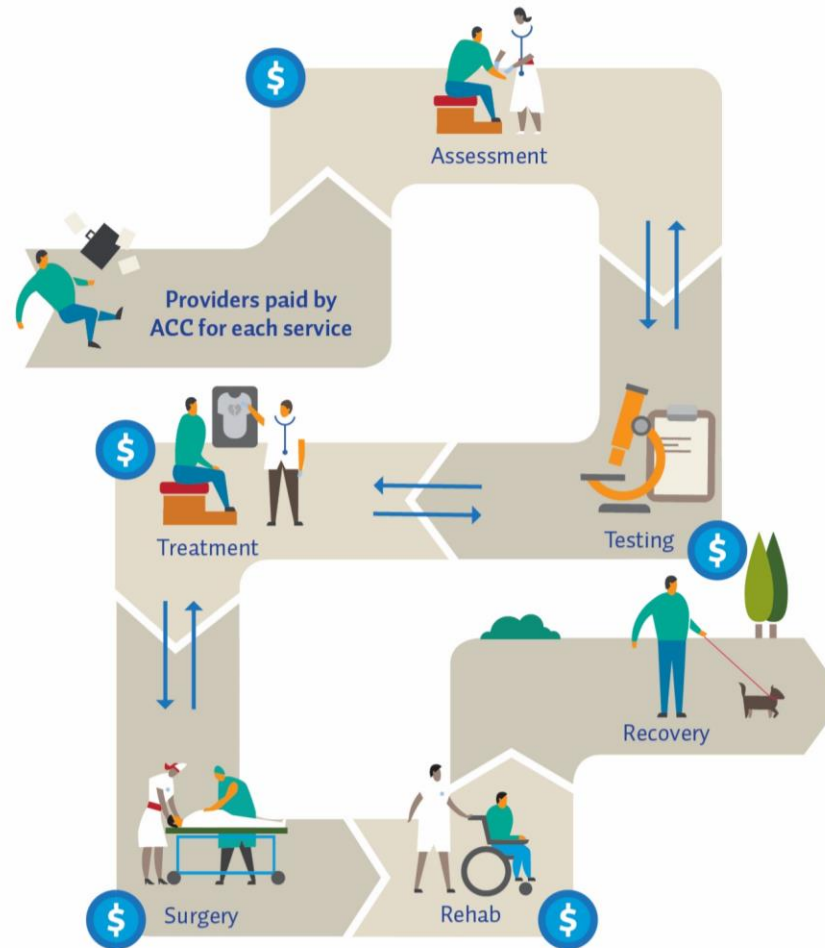
"We're not sure we get value from our treatment providers."
"The data we receive is unclear and could be better."
"We don't have visibility of a client journey, so can't see if it's going well or not."

ECP targeted moderate to high complexity clients

Low Complexity	Medium to High Complexity	Serious Injury
The client will leave the scheme when they have regained maximum practicable independence		The client will NOT leave the scheme when they have regained maximum practicable independence
Low injury complexity	Moderate injury complexity	High injury complexity
Non-injury factors have a low impact on recovery	Non-injury factors have a significant impact on recovery	Non-injury factors have a variable impact on recovery
The client will consume a small number (1-3) of services in their recovery	The client will consume a larger number of services (>3) in their recovery	The client will consume a larger number of services (>3) in their recovery
Recovery is predictable	Recovery is somewhat predictable	Recovery is unpredictable



Old ways of working



The fragmented structure of our existing way of working leads to undesirable variations in service provision for our patients.

The Problem Statement



The fragmented structure of our existing services leads to undesirable variations in service provision for our patients.



As a result, rehabilitation is often delivered in silos which complicates their journey to recovery and places the burden on the patient to self-navigate the system.



Hence, there is an opportunity for ACC to be more integrated and innovative with the sector, increase equity to services, and improve outcomes for patients.

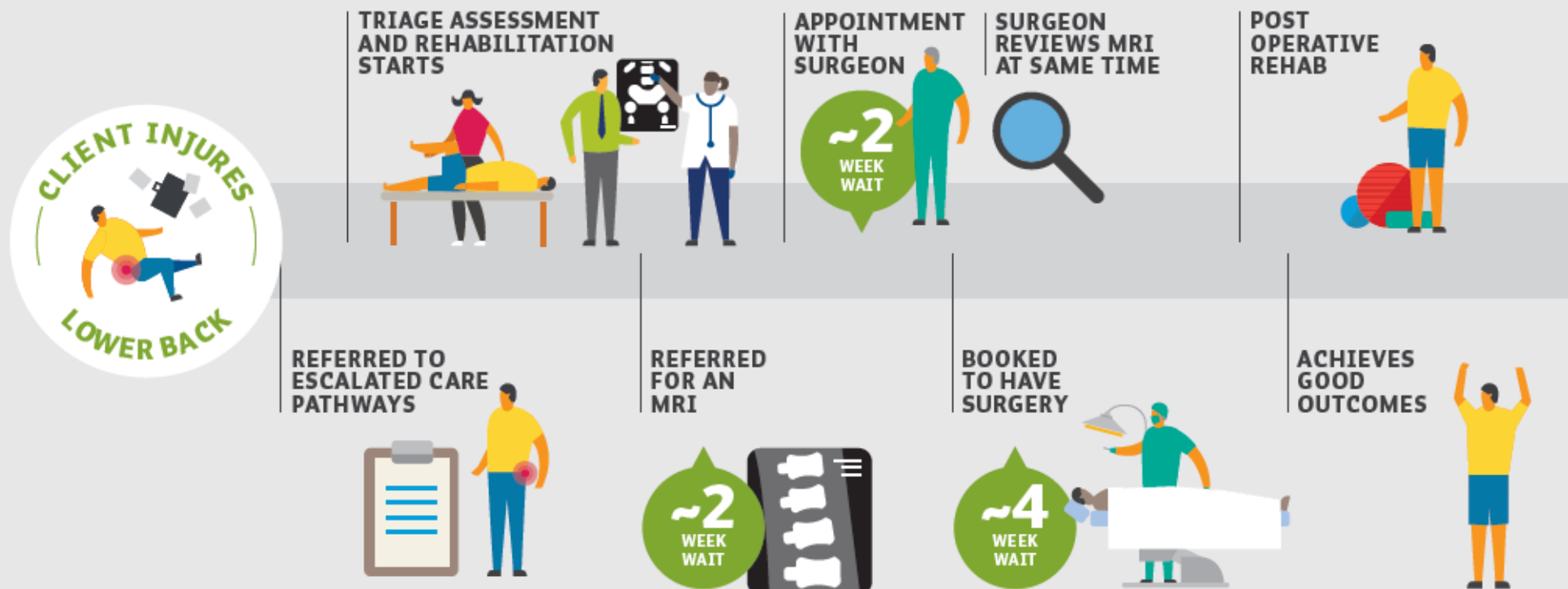
Partnering with the sector

ACC signed six contracts with consortia to deliver six different ECP service models across defined geography for a four-year term starting from 6 December 2019.

The goal of the trial was to test a number of features of an ECP model in order to design a single contract for the market to deliver services at scale.



Insights



Improved
client
experience



Better access
to care



More cohesive
messaging

WHAT WE'RE HEARING

Clients and their whānau

"I got more results from this programme than I have had from historical ones..."

"The team were aware (or trying to be aware) of the cultural thing... Yay, somebody understands."

"I felt like they empowered me."

Providers

"Plans and rehab before surgery is reducing complications and delays in return to work, and (better) recovery after surgery."

"The interdisciplinary team get to know each other... and are more connected and understand each other's role."

"More cohesive and consistent messages from providers (in the team) is resulting in clients having more confidence in the health system."

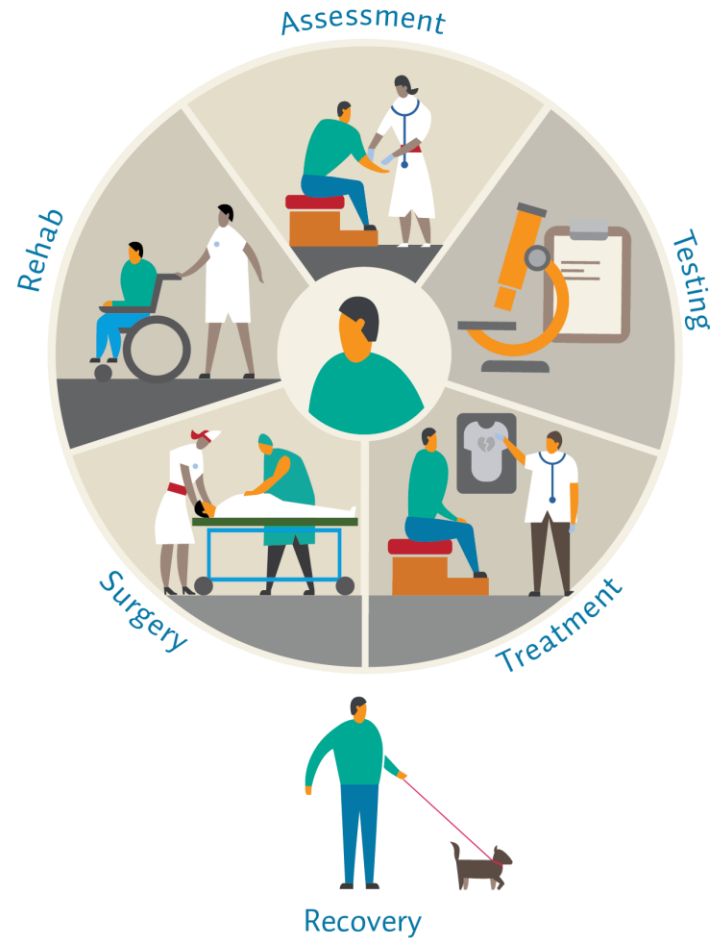
ACC

"Flexible funding has reduced costs of treatment, as well as barriers to care... enabling better access."

"ECP Navigators have improved customer experiences and reduced our admin role."

"We can drill down another layer of data."

ECP way of working



Trialling various ways of integrating rehabilitation pathways around kiritaki needs.

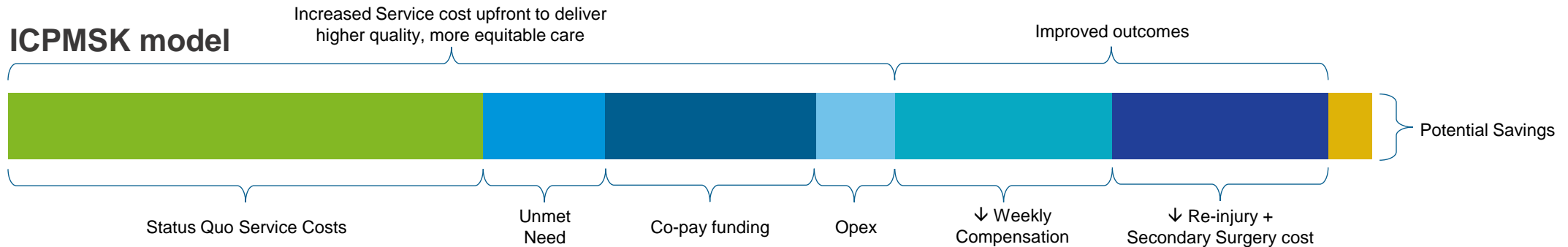
Conceptual ECP funding model

Additional upfront investment required to account for unmet need, co-payment, navigation and administration that supports an ECP pathway.

Status Quo Cost of Injury



ICPMSK model



ECP Pilot outcomes so far

ACC April 2022 survey and Nov 2022 reporting

89% Satisfied ECP providers

90% felt that the **effectiveness of dealing with ACC patients under ECP has improved compared to BAU.**

Nearly 12,000 clients accessing the pathway

Majority agree IDT approach more effective for best recovery plans

88% Māori and non-Māori reported **improved health outcomes**

95% Māori and non-Māori reported **positive patient experience**

Dovetail report – client value and equity snapshot

How is ECP improving access to services, and equity of health outcomes for Māori?

Partnerships - My ECP providers have built meaningful partnerships with Māori to provide better care”

Reducing barriers to care – IDT medical specialists can sign off medical certificates, keeping my costs down. I can access transport, gyms, pools and other supports that help me recover.

Provider Capacity – ECP providers have built their capacity and partnerships to provide the culturally responsive care that works for me.

Culturally responsive care – My care is centred on who I am and the needs of me and my whānau. Cultural supports are considered and available throughout my journey.

ECP Savings Across Cohorts

Surgical Performance

- Between 06/12/19 and 30/04/22 there were **3251 clients** treated under surgical pathways in ECP.
- ACC has spent **\$10.87M of additional treatment cost** for this cohort compared to baseline. The majority of this cost was up front in the treatment bundles*.
- For these clients **to date**, ACC has **saved \$12.80M** on:
 - Weekly Compensation (\$5.8M)
 - Surgery Savings (\$4.2M)
 - Re-Injury Savings (\$1.04M)
 - Long Term Dependency (\$1.86M)

	Knee	Lower Back	Shoulder
Weekly Compensation	11%	24%	13%
Re-injury Savings	32%	46%	29%
Long Term Savings	70%	59%	83%
Subsequent Surgery	70%	92%	93%

Cost vs Savings for Surgical Cohort entering ECP from 06/12/19 and 30/04/2022



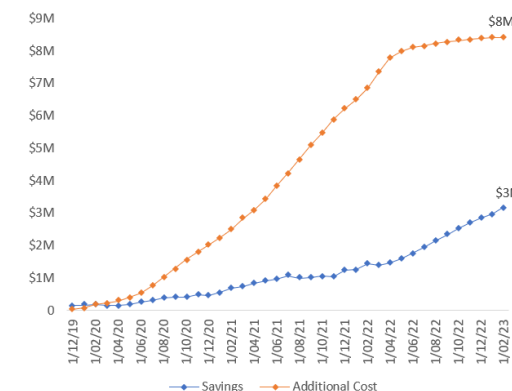
*Note rehab costs will decrease in the scaled model

Non - Surgical Performance

- Between 06/12/19 and 30/04/22 there were **3136 clients** treated under non-surgical pathways in ECP.
- ACC has spent **\$8.48M of additional treatment cost** for this cohort compared to baseline. The majority of this cost was up front in the treatment bundles.
- For these clients **to date**, ACC has **saved \$3.45M** on:
 - Weekly Compensation 0-2 years (\$2K)
 - Surgery Prevention (\$2.36M)
 - Re-Injury Savings (\$73K)
 - Long Term Dependency (\$732K)

	Knee	Lower Back	Shoulder
Re-injury Savings	-43%	32%	-54%
Long Term Savings	73%	51%	-44%

Cost vs Savings for Surgical Cohort entering ECP from 06/12/19 and 30/04/2022

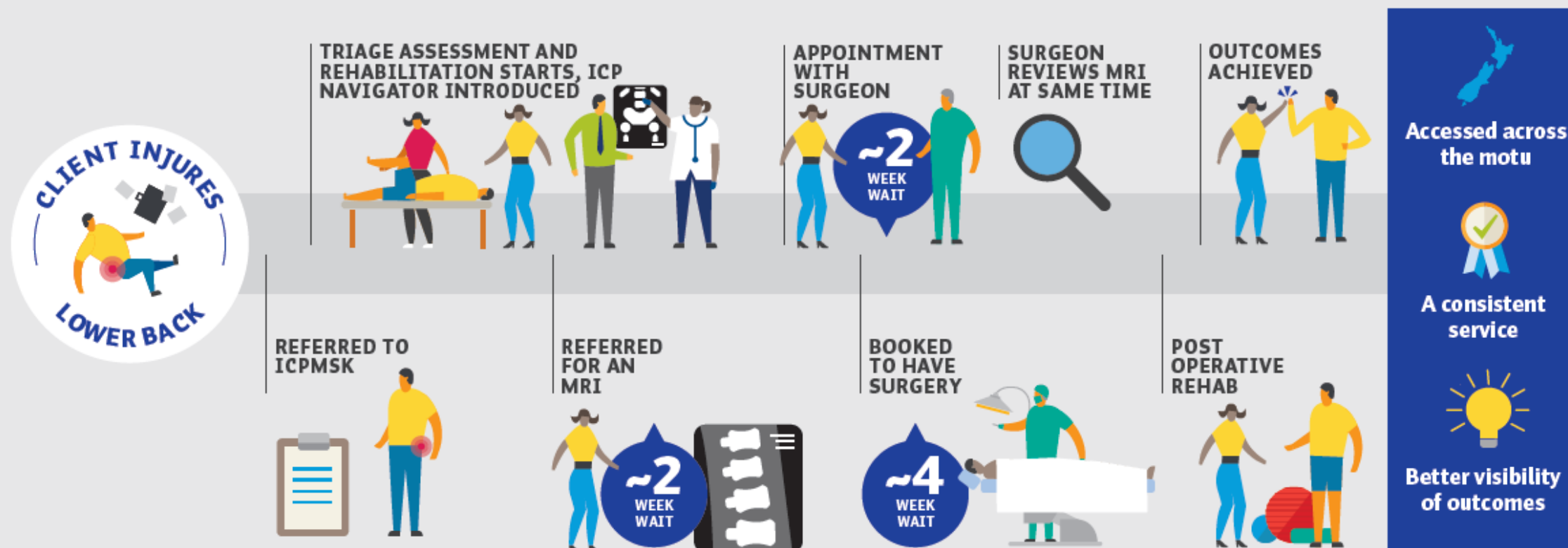


*Note rehab costs will decrease in the scaled model

A Client View | Carla and Adrian



Destination



WHAT WE WANT TO HEAR IN THE FUTURE

Clients and their whānau

"I can access the benefits of ICPMSK anywhere in NZ."

"The ICP Navigator has been a key player in my recovery and helped me make this journey successful."

"My physio, surgeon, and ICP Navigator all knew what was going on and talked to each other when needed."

Providers

"My patients are turning up and they're committed to their recovery – removing the co-payments is a massive help."

"Working as part of an interdisciplinary team has led to better integration of our care and helped build better professional relationships."

"Partnering with ACC to provide this service has been empowering."

ACC

"We've collected good data and now can see if clients are achieving good outcomes. It also allows both us and the provider to see when clients are going off-track, enabling us to support providers if needed."

"Our data will help us understand provider performance better."

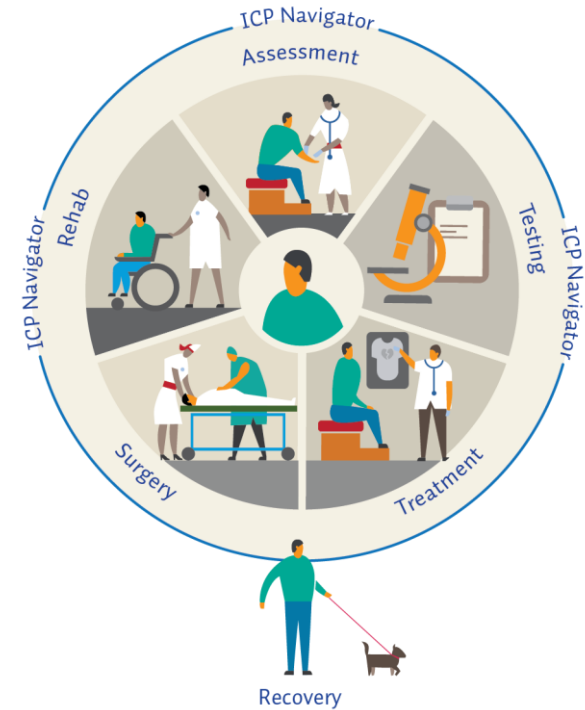
"This approach is innovative, let's keep evolving it for future contracts."

New way of working

Six pathways into one

- What went well in ECP
- What didn't go well with ECP

ICPMSK



Kiritaki | Clients

Kiritaki with non-permanent musculoskeletal injuries that have:

- ✓ complexity
- ✓ a high chance of needing surgery, and
- ✓ where there is risk of poor short and long term outcomes (re-injury, repeat surgery).

Cohort of kiritaki who:

- ✓ historically have not received a level of rehabilitation that reflects an optimal treatment pathway

Kiritaki entry criteria:

- ✓ sustained a musculoskeletal injury to the spine, shoulder, and/ or knee regions
- ✓ accepted cover
- ✓ Injury sustained within the last 12 months of referral
- ✓ interdisciplinary treatment required to meet their rehab goals, with a focus on making a sustainable return to work or independence
- ✓ intends to reside in Aotearoa New Zealand for the duration of the pathway

REFERRAL SOURCE



TRIAGE REQUIREMENTS



BUNDLE
ALLOCATION

ICPMSK Pathway

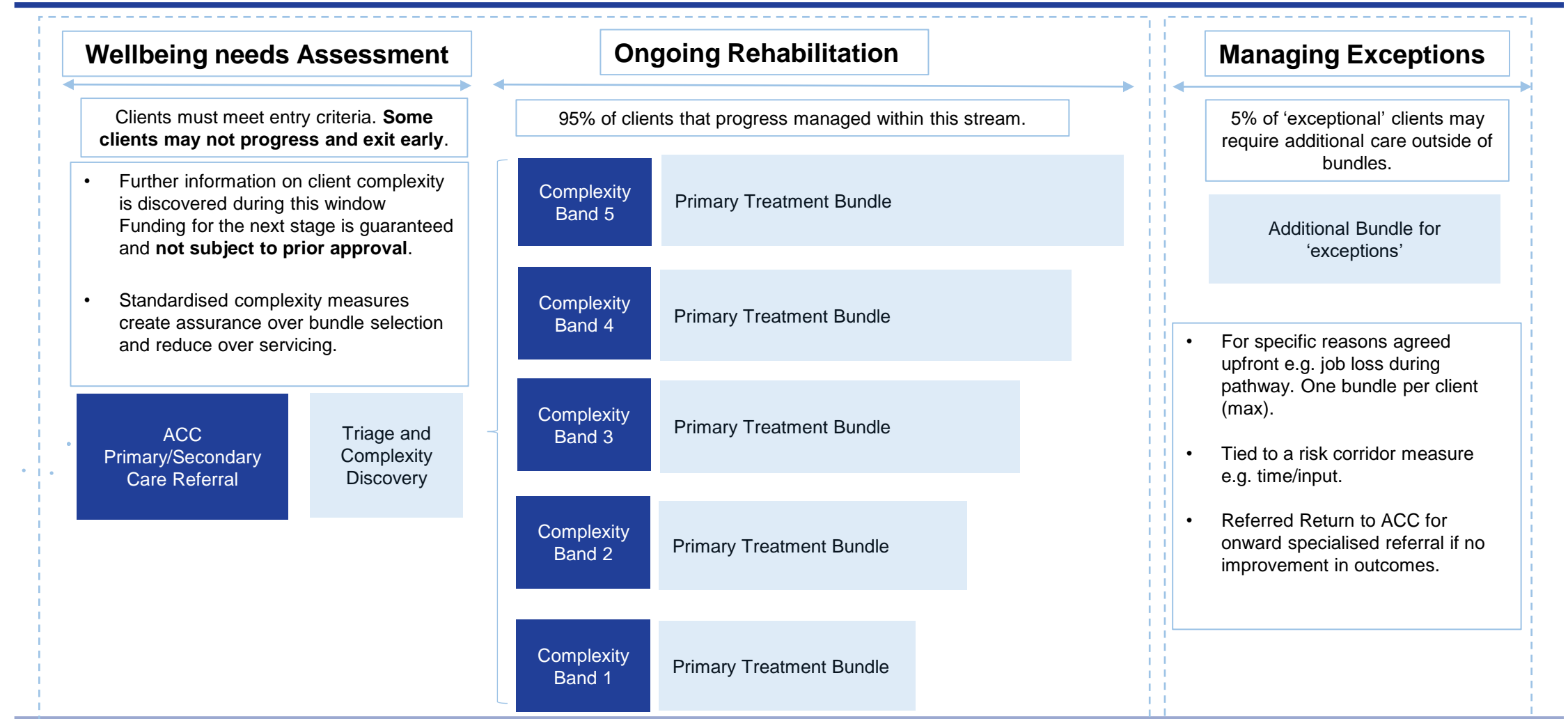
Interdisciplinary Rehabilitation
& ICP Navigation (Includes
specialist assessment,
follow-up & oversight)

EXIT



He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

Funding methodology



Patient Reported Outcome Measure (PROM) and Clinical Measures

Measurement category	Site-specific	Stage of Pathway
Patient Reported Outcome Measure (PROMs)	<ul style="list-style-type: none">• Shoulder - QuickDASH• Lower back - Oswestry• Knee - KOOS	<ul style="list-style-type: none">• Baseline• Mid-point• At exit
Clinical measure	<ul style="list-style-type: none">• Shoulder abduction 45 degrees – Hand-held dynamometer• Lower back neutral prone extension – Hand-held dynamometer• Knee extension – Hand-held / isokinetic / in line	<ul style="list-style-type: none">• Baseline• Mid-point• At exit

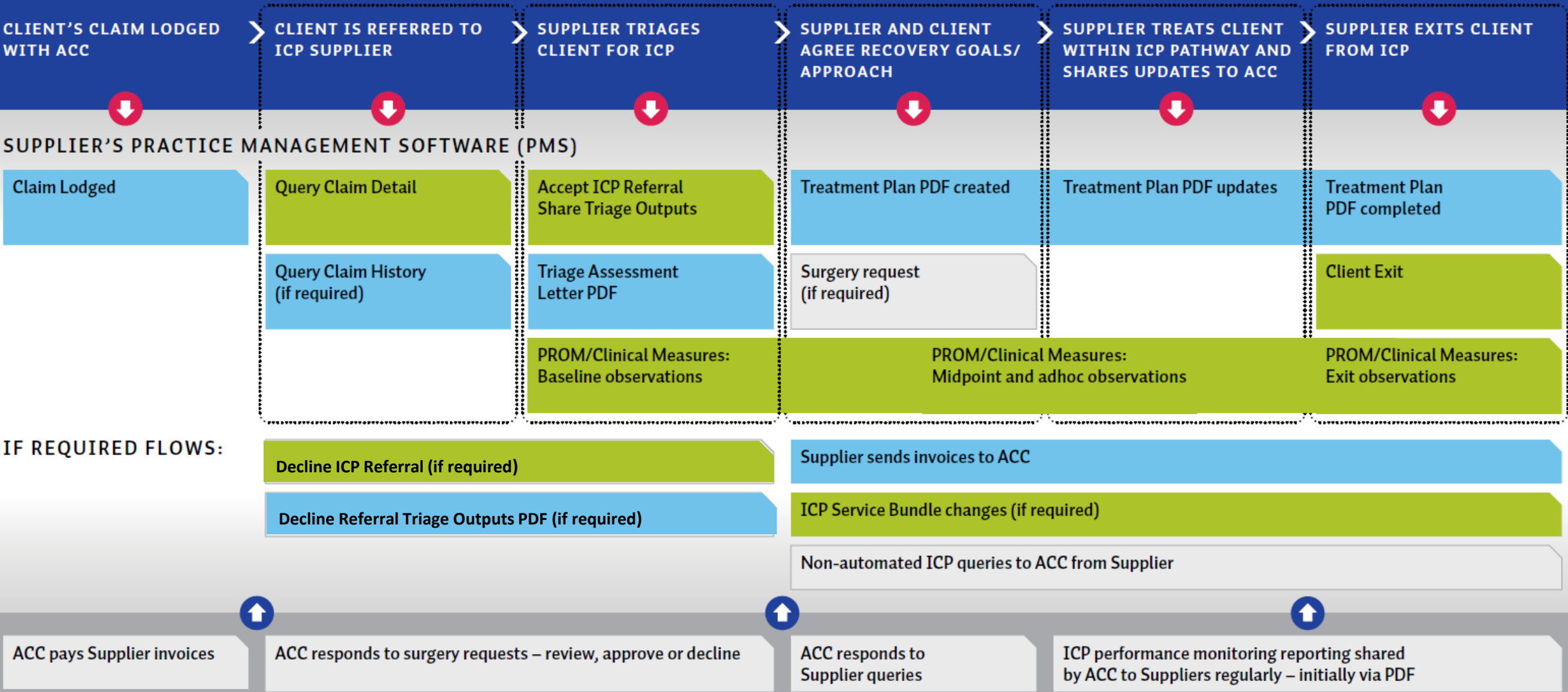
Exit | Kiritaki outcomes

Success: Kiritaki leave the pathway achieving the outcomes they agreed to

Outcome	Earner	Non-earner
Sustainable return to work	✓	
Sustainable return to independence	✓	✓
Achieving or exceeding their clinical outcome measure goal	✓	✓

ICPMSK – OVERVIEW OF INFORMATION FLOWS

CLIENT'S JOURNEY



Procurement | Overview

- **STEP 1: Written submission**

- Response form, with evidence
- Must pass this Step to go to Step 2

- **STEP 2: Virtual meeting with the evaluation panel**

- A deep dive into how the service works (discussed later)

- **ICPMSK Service**

- The ICPMSK contract term will be 4 years
- Starts 4 March 2024

Procurement Timeframes

- Tender opened 30 August 2023 and closed 1 October 2023
- Virtual meetings are between early November and early December

Staying connected

ACC developer's site

<https://developer.acc.co.nz/integrated-care-pathways-icp>

Provider update

[Subscribe to provider updates](#)

Website

www.acc.co.nz/icpmsk

Queries

integratedcarepathways@acc.co.nz