**Musculoskeletal (MSK) Initiative**

**MSK Initiative Working Group**
- National Clinical Programme for Trauma and Orthopaedic Surgery (NCPTOS)
- National Clinical Programme for Rheumatology (NCPR)

Role of the Working Group:
- Examine and make recommendations on the strategic and operational planning of MSK care in Ireland.
- Develop MSK services nationally and maximise capacity and current resources.
- Develop and Manage MSK Physiotherapy Triage Initiative.
Musculoskeletal (MSK) Initiative

- Musculoskeletal Disorders affect 1 in 4 (25%) 
- Significant portion of GP caseload (>30%) 

UK Experience:
- An experienced MSK physiotherapist could manage between 40 to 60% of orthopaedic referrals safely with a patient satisfaction rate of 89% (Ryles et al 1998)
- A randomised control trial: Shifting boundaries of doctors and physiotherapists in orthopaedic outpatient departments (Daker-White et al, 1999)
- The extended role of a physiotherapist in an outpatient orthopaedic clinic (Hockin&Bannister, 1994)
Musculoskeletal (MSK) Initiative

Benefits:

1. Assist in management of Orthopaedic Waiting List
2. Orthopaedic Consultant seeing patients that require Orthopaedic Management
3. Patient -> Right service/clinician at earliest time
4. Early Intervention -> Prevents Chronicity and associated Healthcare costs

Ireland:

- Clear Lengthy OPD Waiting Lists
- Ageing population with expected increase of 613,000 by 2031
- Need to Improve MSK Referral Management
- In 2012 22 Advanced Practice Physiotherapists (APPs) in Ireland
Musculoskeletal (MSK) Initiative

- 24 WTE Advanced Practice Physiotherapists
- Additional six WTE 2017-2018
- 18 sites
- Each site submit monthly KPIs to measure the efficacy and impact of the Initiative
- Monitored/Governed by MSK Initiative Working Group
Achievements of MSK Initiative

- New Patients
- Discharges

Graph shows the increase in new patients and discharges from November 2016 to November 2017.
Achievements of MSK Initiative

Total 101,759 patients removed from Orthopaedic and Rheumatology Waiting Lists.
Achievements of MSK Initiative

Total **101,759** patients removed from Orthopaedic and Rheumatology Waiting Lists

Total **81,407** patients removed from Orthopaedic Waiting Lists
Achievements of MSK Initiative

Total **101,759** patients removed from Orthopaedic and Rheumatology Waiting Lists

Total **81,407** patients removed from Orthopaedic Waiting Lists

**71%** patients seen discharged to care of GP
17.6% Average annual increase in Orthopaedic referrals since 2014. Assuming consistent growth there will be 311,719 referrals to Consultant Orthopaedic Surgeons nationally by 2027.
Evaluate the Escalation - Orthopaedics

Long Waiters

While the numbers waiting 0-3 months remains stable, those waiting over 12 months has increased significantly despite novel solutions such as the MSK Physiotherapy Initiative.

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Waiting</th>
<th>Waiting 0-3 Months</th>
<th>Waiting ≥12 Months</th>
<th>Waiting ≥18 Months</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>59,405</td>
<td>49,507</td>
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<tr>
<td>0-3 Months</td>
<td>16,060</td>
<td>16,528</td>
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<td>≥12 Months</td>
<td>16,613</td>
<td>8,116</td>
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<tr>
<td>≥18 Months</td>
<td>6,987</td>
<td>1,827</td>
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</tbody>
</table>

- 104% Increase in those waiting ≥12 months since May 2016
- 282% Increase in those waiting ≥18 months since May 2016
- 20% Increase in total waiting list since May 2016
- 17.6% Average increase in referrals to Consultant Orthopaedic Surgeons since January 2015
- 25% Percentage of population affected by rheumatic and musculoskeletal diseases
Snap shot of MSK Initiative Impact (2015-2016)

- Combined Orthopaedic and Rheumatology Waiting List
- Waiting List Figures in absence of MSK Initiative
Historical Pathway for MSK Patient

Patient referred to Orthopaedic or Rheumatology Specialist with a MSK complaint

Wait Times 1-5 years

Patient seen at Clinic by Consultant/Reg at Consultant Clinics

Clinical assessment with aim of ascribing medical diagnosis

Referral for investigation

Triage into most appropriate care pathway

Referral for further intervention
  - Physio
  - OT
  - Surgery
  - Specialist Review

Discharge to referral source
Current Pathway for MSK Patient

Patient referred to Orthopaedic or Rheumatology Specialist with a MSK complaint

Wait Times 2-5 months

Patient seen at Clinic by APP at Consultant Clinics

Clinical assessment with aim of ascribing medical diagnosis

Referral/recommendation for investigation

Triage into most appropriate care pathway

Referral for further intervention
- Physio
- OT
- Surgery
- Specialist Review

Discharge to referral source
Pathway for MSK Patient between Primary and Secondary Care
(commenced Tallaght Hospital 2015)
Pathway for MSK Patient between Primary and Secondary Care (commenced Tallaght Hospital 2015)

- In first year after Commencement of Pathway there was a 7% decrease in Hip/Knee Referrals to Secondary Care.

- Shoulder Pathway currently in pilot stage.

Patient with non-traumatic Hip/Knee Symptoms

- Red flags?
  - Has patient previously attended physiotherapy?
  - Has patient responded to course of physiotherapy?

PCCC
Physiotherapy Patient responds to treatment
Refer to Secondary Care (as per current protocol)

Patient discharged with self management plan
Musculoskeletal Triage Clinic
- Rapid appointment ~ 4 weeks
- Specialised Musculoskeletal Assessment
- Investigations ordered on same day
- Consultant opinion on the same day
- Listed for procedure/intervention on same day
- Injection Therapy performed on same day
- Refer for other specialist
- Refer for other rehabilitation if appropriate
- Correspondence to GP and Physio

Refer to ED/ Ortho/ Rheum (as per current protocol)

Refer to Secondary Care (as per current protocol)
Future Developments

• Capacity v Demand modelling with strategic planning of resources both in Primary and Secondary Care.

• Develop National Pathways between Primary and Secondary Care.

• Develop National MSK Model of Care.
Members of the MSK Initiative Steering Group:

- NCPTOS Clinical Leads: Mr David Moore and Mr Paddy Kenny
- Clinical Programme Manager NCPTOS: Catherine Farrell
- NCPR Clinical Lead: Professor David Kane
- Clinical Programme Manager NCPR: Gary Killeen
- Physiotherapy Representatives: Edel Callanan, Ciara Cullen, Jennifer Ashton
- Lead Physiotherapist for Planning & Performance: Sarah Casserley-Feeney -> Aisling Brennan