# Integration of Care: Patient / Client First

Dr. Arno Smit - WROSC Hazelmere Golf and Country Club April 11, 2013

#### Hyper-acute Phase (24-72h):

1) Life and limb

2) General assessment and early treatment

Hyper-acute Phase (24-72h):

MEDICAL -- INSURANCE -- LAWYER

#### Acute Phase (6-8 weeks):

- 1) Further assessment and diagnosis
- 2) Early treatment
  - ➤ If severe injury → may be protracted
  - ➤ If less severe → initial aches and pains may (partly) settle in this time frame

Acute Phase (6-8 weeks):

MEDICAL -- INSURANCE -- LAWYER

#### Sub-acute Phase (2-6 months):

1) Potentially long term issues may emerge

2) Re-focusing of priorities as appropriate

Sub-acute phase (2-6 months):

MEDICAL -- INSURANCE -- LAWYER

#### Chronic Phase (6 months - ...):

- 1) Stable vs progressive (for better or worse)
- 2) Unmodifiable vs treatable

Chronic Phase (6 months - ...):

**VS** 

**INSURANCE** 

And with time ......

MEDICAL--INSURANCE-- LAWYER

VS

INSURANCE

Plaintiff vs Defendant(s)

Plaintiff vs ICBC

David vs Goliath

- Insurance covers both parties (usually)
- Fairness vs minimizing overall pay-out
- Collaborative vs Confrontational
- ICBC: Resource vs Foe

• Fair Adjudication:

- ✓ Uncertainty vs Timeliness
- ✓ Minimize avoidable delays
- ✓ Mitigate fall-out

Create foundation

- ✓ To understand the injury
- ✓ To ensure appropriate management
- ✓ To allow glimpse into future

Relevant expertise

Independence vs Funding

• "Sub-rule . . . "

Firmness of opinion

**VS** 

Completeness of assessment / treatment

- Medical expert:
  - ✓ Family physician
  - ✓ Specialist physician
  - √ (Allied professionals)

Medical expert:

**Treating** 

VS

Non-treating

Single Assessment: "Snap-shot"

- ✓ Data available to date
- ✓ Accept incompleteness
- ✓ May make recommendations

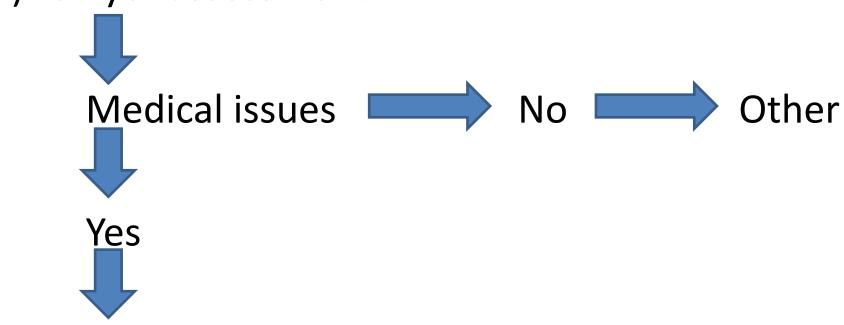
Note: Expert remains non-treating physician

- Serial Assessment: "Motion picture"
  - ✓ Completion of diagnostic work-up
  - ✓ Provide/recommend treatment
  - ✓ Assess outcome
  - ✓ Provide opinion

Note: Expert may be or become treating physician

- Delay → Late resolution
  - ✓ Stress of uncertainty
  - ✓ Tx delayed = Tx denied
  - ✓ Failure to mitigate fall-out
  - ✓ Inferior outcome

1) Lawyer assessment



2) Physician assessment

2a) Family Physician

- ✓ Multiple issues
- ✓ Diagnosis / treatment / referral
- ✓ Opinion: Early and/or late

2b) Specialist Physician

- ✓ Focused assessment
- ✓ Diagnosis / treatment / referral
- ✓ Opinion: Early and / or late

## White Rock Orthopaedic Surgery Centre

- ✓ Assessment of musculo-skeletal injury
- ✓ Orthopaedic perspective
- ✓ Completion of diagnostic process
- ✓ Refer/treat as appropriate
- ✓ Report as requested

## White Rock Orthopaedic Surgery Centre -Fully accredited



## White Rock Orthopaedic Surgery Centre

- ✓ Non-hospital surgical facility
- ✓ November 2007
- ✓ Fully accredited
- ✓ Class-1 facility
- ✓ Over 700 cases

## White Rock Orthopaedic Surgery Centre -Class 1 facility



## White Rock Orthopaedic Surgery Centre

- ✓ Full anesthesia capability
- ✓ In-house x-ray and ultra-sound
- ✓ Emphasis on pain management
- ✓ Continuity of care through entire process

## White Rock Orthopaedic Surgery Centre -X-ray



## White Rock Orthopaedic Surgery Centre -Ultra-sound



## White Rock Orthopaedic Surgery Centre -Full anesthesia



- Knee Arthroscopy
  - ✓ Assessment: MRI 90-95% accurate
  - ✓ Meniscal tear
  - ✓ Osteochondral injury
  - ✓ Ligament reconstruction (ACL)
  - ✓ Removal loose bodies

- Shoulder Arthroscopy
  - ✓ Assessment: aMRI 85-90% accurate
  - ✓ Rotator cuff repair
  - ✓ Labral repair (Bankart / SLAP)
  - ✓ Debridement damaged / Degenerative tissue
  - ✓ Decompression / Acromioplasty
  - ✓ Distal clavicle resection
  - ✓ Removal loose bodies

#### • General:

- ✓ Removal of Hardware (plate/IM nail etc)
- ✓ Carpal tunnel release
- ✓ Ulnar nerve transposition
- ✓ Foot and ankle surgery
- ✓ Hand and wrist surgery
- ✓ Selected bone grafting

- Hip Arthroscopy being developed
  - ✓ Intra-operative X-ray capability
  - ✓ Specialized traction equipment
  - ✓ Overnight stay capability
  - ✓ Specialized arthroscopy equipment
  - ✓ Additional training

- Hip Arthroscopy once established
  - ✓ Assessment: aMRI 85-90% accurate
  - ✓ Labral tear
  - ✓ Osteochondral injury
  - ✓ Loose body
  - ✓ Impingement

Expected roll-out: Fall 2013

### WROSC / ICBC / Lawyer

- Once surgical treatment proposed:
  - ✓ Excessive delay may jeopardize outcome (initial pain generator vs established pain patterns)
  - ✓ PAH wait times: 18-24 months or longer
  - ✓ WROSC wait times: 4-8 weeks

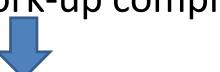
### WROSC / ICBC / Lawyer

- Physician funding: through Teleplan
- Facility funding:
  - ✓ Not recoverable through Teleplan
  - ✓ Not recoverable through extended health
  - ✓ Can be provided by patient
  - ✓ Can be provided by ICBC
  - ✓ Can be provided by law firm

### WROSC / ICBC / Lawyer

- 2011 Present:
  - ✓ Funding approval rate increasing
  - ✓ Satisfaction rate high
  - ✓ Plaintiff's interests well-served
  - ✓ Wide variety of cases

#### 1) Initial Request



Funding requested



2) Reply from Law Office:

- ✓ Letter re: Rationale for surgery
  - Causation
  - Implications of delay, etc

✓ Possibly formal report (less common)

3) Funding authorized

- ✓ Surgery performed
- ✓ Recovery and rehab

4) Completion

✓ Final report

✓ Court hearing (rare)

#### Discussion

✓ Streamlining of surgical care in cases of unresolving MSK injury is feasible

✓ This is beneficial to the patient

✓ Is this beneficial to the client?

#### **Conclusion**

✓ The concept and process of integrated care were introduced

✓ Local resources were identified

### Thank you...

Looking forward to further working with you.