
POSTER ABSTRACT**Utilizing a novel model of care to improve wait-times and diagnosis of patients with upper-extremity pain**

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Introduction

The upper extremity is a complex joint prone to recurrent pain¹. Historically, diagnostic accuracy in the community is poor (<50%)², leading to a high number of referrals to specialists. Concurrently, this has increased wait times for patients to initiate appropriate treatment.

The Extended Scope Physiotherapist (ESP) shoulder and elbow clinic started in 2014 to improve wait times, reducing time to surgery (for patients requiring surgery), and provide a collaborative, shared care model. Patients with shoulder and elbow pain are referred from primary care and other medical specialists, within Ontario, to two upper extremity specialist orthopaedic surgeons.

Aims Objectives Theory or Methods

The ESP clinic is staffed by an Advanced Clinician Practitioner in Arthritis Care (ACPAC) Program-trained physiotherapist who provides specialist upper extremity assessment, education and management within an inter-professional team. All referrals to the two orthopaedic surgeons are triaged and then assessed by the ESP independently or in a tandem clinical format with the ESP and the surgeon. The ESP completes a comprehensive history and physical examination and orders imaging and laboratory investigations as indicated. Wait times, patient satisfaction and diagnostic agreement was collected.

Highlights or Results or Key Findings

The clinic has received an average of 116 referrals per month over the past 12 months. In that time, 778 new patients have been assessed, with average wait times, by assigned priority(P); P1=2.5 days, P2=11.5 days, P3=21.5 days, P4=23 days. The historical average wait time for patients to be assessed by orthopaedic surgeon was 6 months.

Patient satisfaction with ESP Clinic has been rated as very good-excellent.

Diagnosis was collected at the independent ESP assessment and the again at subsequent surgical assessments. Results show that over a 12-month period the diagnostic agreement was 86% between the ESP and surgical team.

Conclusions

The ESP clinic was established to reduce patient wait times while improving diagnostic accuracy for patients with upper extremity pain. The ESP clinic has shown high diagnostic agreement with the specialist surgeons and has reduced wait times, while showing high patient satisfaction.

Implications for applicability/transferability sustainability and limitations

Utilizing ACPAC trained ESP clinicians shows strong potential for improving patient care in Ontario. The results from a 12-month analysis of the clinic are promising and show that an ESP working closely with the surgical team is an effective model of care.