



Health

Effect of introducing a standardised triage and independent specialist assessment on MSK referral efficiency in the private sector

Background/Introduction

Service redesign is recognised, both by the NHS¹ and by private healthcare companies such as AXA Health, as a potentially important element in the drive to improve orthopaedic care.

Rethinking the referral pathway can contribute to such service redesign. In recent years NHS Clinical Commissioning Groups (CCGs) have implemented such measures as clinical review and triage, standardised referral templates and first contact practitioner services in their orthopaedic services, aiming to 'avoid inappropriate referrals, improve the quality of referrals and ensure that people with musculoskeletal problems are directed to the right care setting, first time'.²

Private medical insurers (PMIs), in their emerging role as healthcare commissioners, also seek to improve the customer experience and increase clinical efficiency by implementing similar measures.

Traditionally, patients seeking MSK care via their PMI provider could expect to self-refer to a physiotherapist or, provided with a named GP referral, progress to a specific MSK specialist.

This paper considers how reimagining this model, by providing a standardised triage questionnaire and independent, specialist assessment at the outset, increases referral efficiency and reduced onward referral in AXA Health customers.

Method

In 2020 AXA Health piloted an MSK referral pathway (using Virtual Lucy™, a platform devised and managed by healthcare services designer HBSUK) which featured independent specialist assessment for each patient at the start of their healthcare journey.

The patients, who had called the company to seek help for MSK issues, were individual and small business members with AXA Health plans.

They were:

- triaged via a standardised questionnaire³
- asked to fill in a patient history⁴
- given an initial, online consultation with an independent MSK specialist, advanced practice physiotherapist or physiotherapist⁵
- sent for diagnostics where appropriate⁶
- referred to one of:
 - ✓ specialist/treatment
 - ✓ exercise (either in-person or online, via a bespoke physiotherapy app)
 - ✓ monitoring or
 - ✓ discharge.

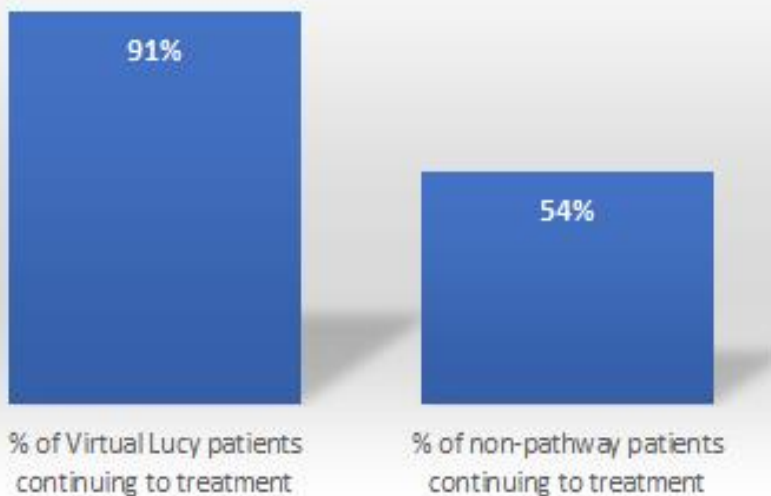
The system measured onward referral rates and data was analysed over a two-month period in 2020.





Results

Referral efficiency



Following initial referral, patients following traditional, non-pathway routes (i.e. assessment in the primary care sector followed by referral to surgeon) did not progress to treatment, or were re-referred to a more appropriate clinician, in 46% of cases.

Patients using the Virtual Lucy™ service (with specialist assessment at the front of the pathway) did not progress to treatment, or were re-referred, in only 9% of cases.

Figures show referral outcomes for AXA Health members referred via two different routes to orthopaedic surgeons; data covers two months of claims during 2020)

Conclusion

Managing the patient journey via a consistent triage process and independent specialist assessment before diagnosis and treatment increased the incidence of appropriate referral. Treating specialists receiving referrals via this model could expect a more appropriate patient selection matching their practice.

Other benefits include:

- improving the patient experience by reducing unnecessary visits to providers
- helping ensure appropriate imaging is ordered (reducing variation and overtreatment).

Implications

Medical insurers are under the same imperatives as NHS CCGs to improve the patient experience and increase clinical efficiency and value.

PMIs can help facilitate smooth, short MSK healthcare journeys for patients by disrupting the traditional referral pathway and creating new services featuring early, standardised triage and remote assessment at the head of the pathway.

Footnotes

1. [Getting It Right in Orthopaedics: A follow-up on the GIRFT national specialty report on orthopaedics \(boa.ac.uk\)](https://boa.ac.uk)
2. [Transforming musculoskeletal and orthopaedic elective care services](#), Elective Care Transformation NHS England, November 2017
3. The questionnaire was devised over several months by a multi-disciplinary team of orthopaedic surgeons, rheumatologists and advanced practice physiotherapists. HBSUK reviews the questionnaire as part of a continuous improvement process and issues three software updates annually.
4. Patient history designed following standard clinical considerations.
5. Clinicians carrying out the independent assessment were peer selected and peer reviewed, with substantive NHS posts and private practice experience.
6. Diagnostics ordered according to clinically-evidenced protocols.