

## AT A GLANCE - ALBERTA HIP AND KNEE REPLACEMENT PILOT PROJECT RESULTS A Project of the Alberta Bone and Joint Institute

### **The Alberta Bone and Joint Institute is Alberta's Umbrella Organization for Bone and Joint Health Care**

Founded by [J.R. \(Bud\) McCaig](#), the Alberta Bone and Joint Health Institute is the umbrella organization for bone and joint health care, research and education throughout Alberta.

The Institute was founded on the strong belief that Albertans should have a standard of bone and joint health and health care that is *the best in the world* – a standard *others will want to emulate*.

To establish this standard, the Institute is developing innovative, sustainable approaches to bone and joint health and health care. These approaches are designed to improve access, quality and efficiency **in the public health care system**, increase prevention, and advance research and knowledge so that the care patients receive is based on the best evidence available globally and on sound medical judgment.

The Institute's work has produced a new patient-centered model of bone and joint health care that has captured the attention of people across Canada and in other countries.

### **Highlights of the Alberta Hip and Knee Replacement Pilot Project:**

- Wait to see a surgeon – dropped from an average **145** working days to **21 days**
- Wait from consultation to surgery – fell from average of **290** working days to **37 days**
- Stay in hospital down almost a day and a half – **from 6 days to 4.7 days**
- Patient outcomes improved – for example, 85% of patients were up and mobile the day of their surgery
- Patients were better able to function physically and had less pain following their surgery
- Patients and health care providers were more satisfied

Read on.....

## **FASTER, BETTER AND MORE EFFICIENT – SUPPORTED BY EVIDENCE**

- √ Faster access to specialists and to surgery
- √ Shorter hospital stay
- √ Quicker recovery and return to normal activities
- √ Greater patient and health care provider satisfaction
- √ More cost-effective use of scarce public health resources
- √ A made-in-Alberta approach based on world's best evidence
- √ An innovative model for sustainable public health care

The Alberta Bone and Joint Health Institute (ABJHI), the province's physicians, Regional Health Authorities and Alberta Health and Wellness have developed a better approach to hip and knee replacement. This new approach uses innovative structures and newly engineered processes for delivering care to people who need a hip or knee replacement to alleviate their pain, restore their function and mobility and return their quality of life.

The traits for which hip and knee replacements have become known – long, painful waiting for surgery, variable service quality, and disturbing inefficiency – have been turned on their head. The new way in hip and knee replacement for Albertans charts a course for dramatically faster access to all services, including consultations with specialists and surgery, enhanced service quality, and greater efficiency in service delivery. It puts Albertans at the centre of their health care, making their journey along the care path more pleasant and their outcomes more positive. It creates an environment in which medical professionals experience greater satisfaction and have greater opportunity to truly excel.

These improvements were demonstrated in a year-long pilot called the Alberta Hip and Knee Replacement Project. The pilot involved 1,125 patients who received their hip or knee replacement under the new approach and 513 patients who received their hip or knee replacement under the conventional approach. The two patient groups had similar age, weight and general health profiles. Funded by Alberta Health and Wellness, the pilot was conducted in the Capital, David Thompson and Calgary health regions, which together perform approximately 80% of all total joint replacements in Alberta. Evaluation of the pilot was funded by the ABJHI and was among the most extensive health services delivery evaluations ever undertaken in North America.

This [document] summarizes the results of the Alberta Hip and Knee Replacement Project, including three-month follow-up with patients. These results are compared with the way services have traditionally been offered and with longer-term targets for the new approach. The ABJHI believes these targets will be achieved as practices and procedures improve with experience. The results are grouped according to the six dimensions of quality defined by the Health Quality Council of Alberta – accessibility, efficiency, acceptability, effectiveness, safety and appropriateness.

## FEATURES OF THE NEW APPROACH IN HIP AND KNEE REPLACEMENT

- Fully integrated continuous services delivered in a multidisciplinary environment.
- A shared-care approach that puts patients at the centre of their care.
- The right care provided to the right individuals for the right reasons in the right way by the right provider in the right setting at the right time.
- The skills and knowledge of Alberta's health professionals used to maximal value.
- Clear patient and provider responsibilities supported by accountability mechanisms.

## BASED ON A SET OF PATIENT-CENTRED PRINCIPLES

- Deliver all services at the levels of prevention, diagnosis and treatment of individual health conditions and diseases according to world's best benchmarks.
- Advance evidence-based approaches to prevention, diagnosis and treatment using a combination of the best available evidence and sound medical judgment.
- Guarantee access to and payment for **evidence-based services under the public system**.
- Offer services and technologies not fully supported by evidence under predefined clinical conditions and financial arrangements, and reinvest any financial gains to create additional value in the public health system.
- Continually evaluate all services for access, quality and cost to ensure value is always being created.
- Give referring physicians and patients the ability to choose their provider, with choice facilitated by published performance data, and public funds following the patient.
- Make provider compensation continuum-based and linked to outcomes, and provide incentives for increasing value.