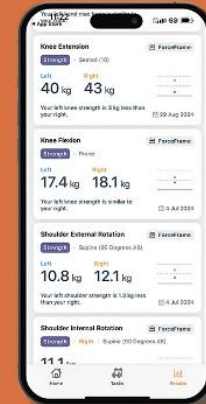


Outpatient Musculoskeletal Rehab Pathways

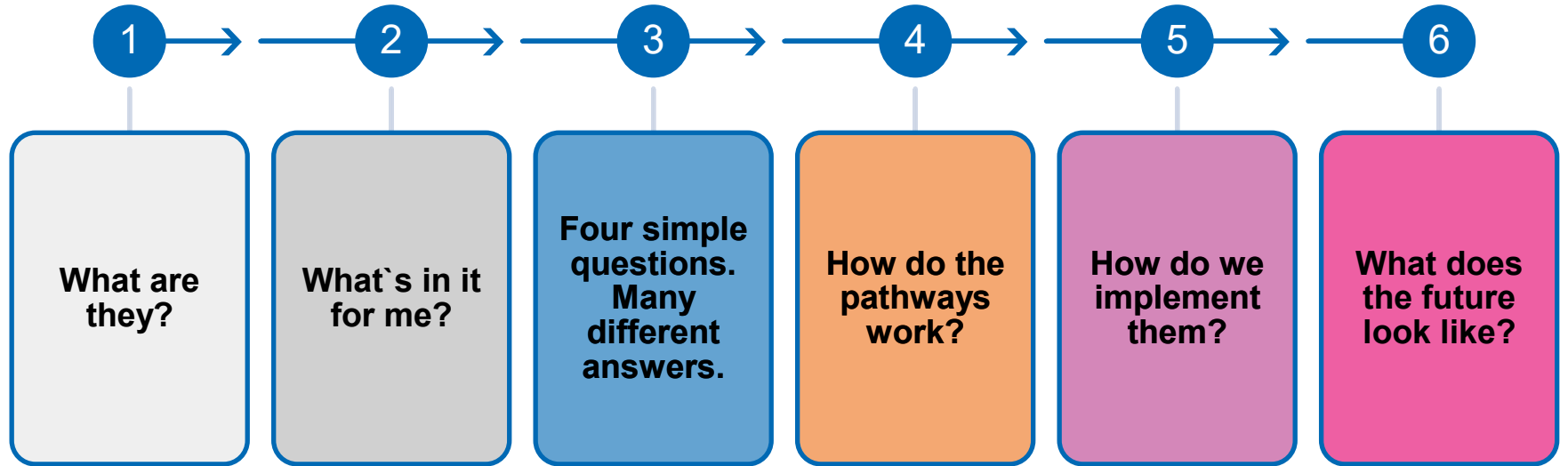
medbase

Optimizing clinical outcomes and system value from the ground up

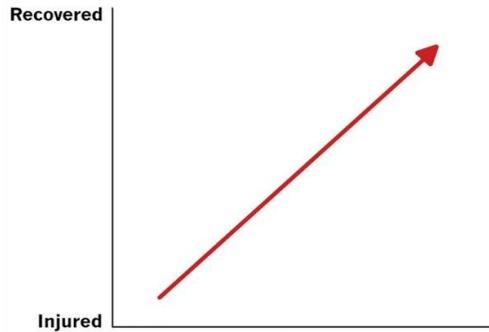
Sebastian Cormier, Msc Physiotherapy & Team Lead Medbase Rehab Pathways



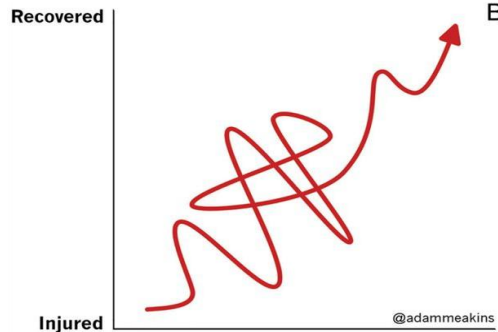
Medbase Rehab Pathways



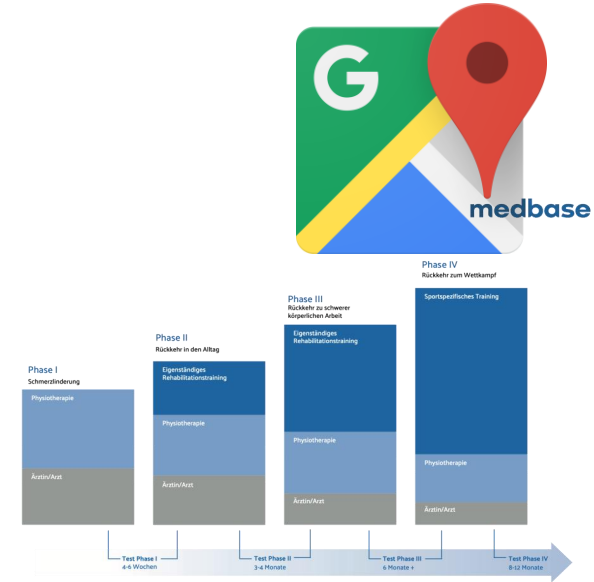
1. What are they?



Your Expectation

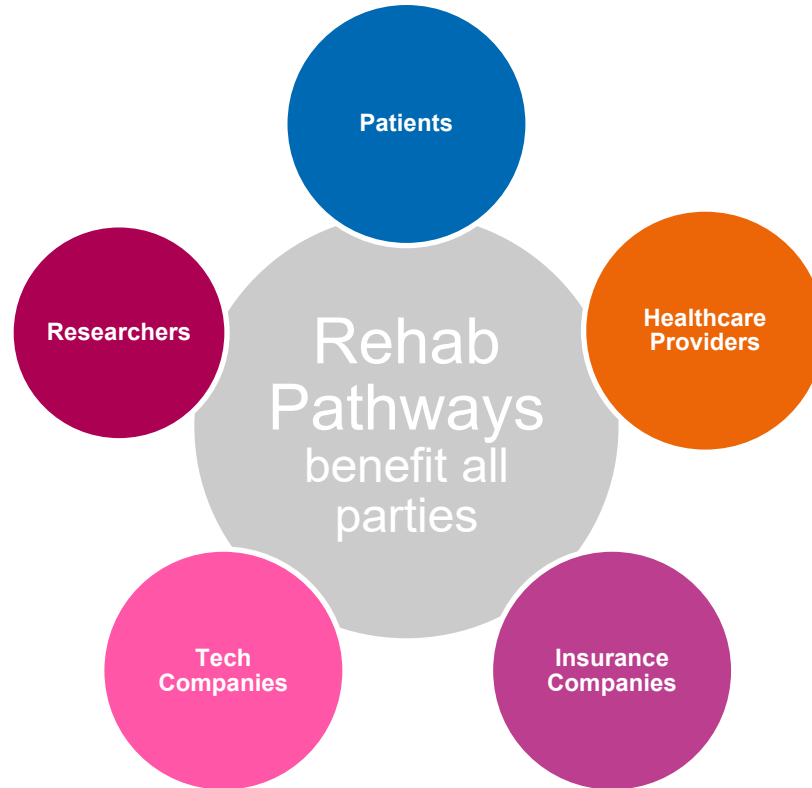


The Reality



„Google Maps“ for Msk Rehab

2. What's in it for me?



3. Four Questions. Many different answers.

3. Four simple questions



Diagnosis

What do I have?

Timeframe

How long does it last?

Quality Care

What can you do to make it better?

Empowerment

What can I do to make it better?

What do I have?

Lack of Swiss guidelines promotes escalation of expensive care



Quick access to GP, diagnostics & specialist referral



Delayed surgical route / conservative approach

Fast medicine. Too much too soon



Direct Cost 1.5 Billion CHF

75% increase cases by 2050

Patient

- Insufficient health literacy
- High expectation of services

GP

- Insufficient Msk skills and time
- Lack of Swiss OA Guidelines
- Inconsistent patient navigation

Specialist

- 2nd highest rate of knee surgery worldwide/100,000
- Surgeons operate earlier. Patients accept surgery sooner

Timeframe

How long does it take?

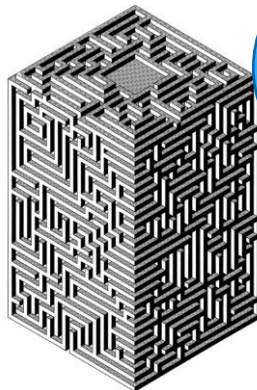
Uncertainty about timeframes in Msk care

Black hole

90%
of Msk
injuries
are non-
specific

Most
lack a
clear
diagnosis

Life is on
hold for
many



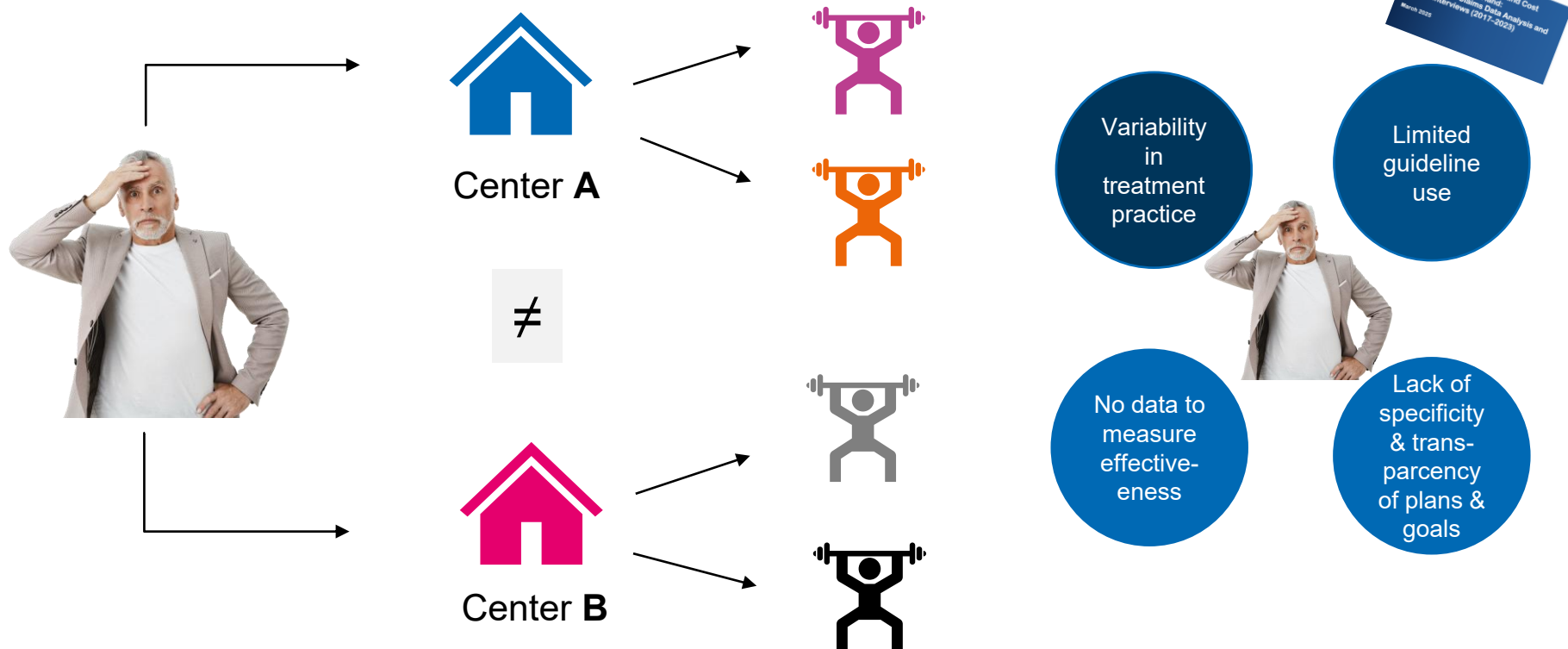
Quality Care

What can you do for me?





medBASE

Empowerment

What can I do to make it better?



Hospital Pathways ≠ Outpatient Rehab Pathways *medBASE*

	Surgical Pathway - hernia	Rehab Pathway - physiotherapy
Structure 	<p>One condition, one standardised pathway. Defined start and end point</p>	<ul style="list-style-type: none"> • Multiple pathologies and pathways with variable start and endpoints • Treatment evolves over weeks/months. • Hard to measure as discharge criteria often undefined
Time 	<p>Same-day procedure</p>	<ul style="list-style-type: none"> • Fixed 30-min slots, ~17 patients/day. • Rehab continues in and out of clinic
Team 	<p>Shared protocol as all team members follow same process</p>	<ul style="list-style-type: none"> • Multiple providers, different approaches • No shared care plan. Often conflicting advice.
Patient 	<p>Patient receives care passively</p>	<ul style="list-style-type: none"> • Active patient participation required but not guaranteed • Rehab frequently incomplete as dropout directly affects outcomes

4. How do the pathways work?

Pathway example

medbase

Medbase Sports Medical Center Win4 – Anterior Cruciate Ligament (ACL) Knee Pathway

Patients get access to:

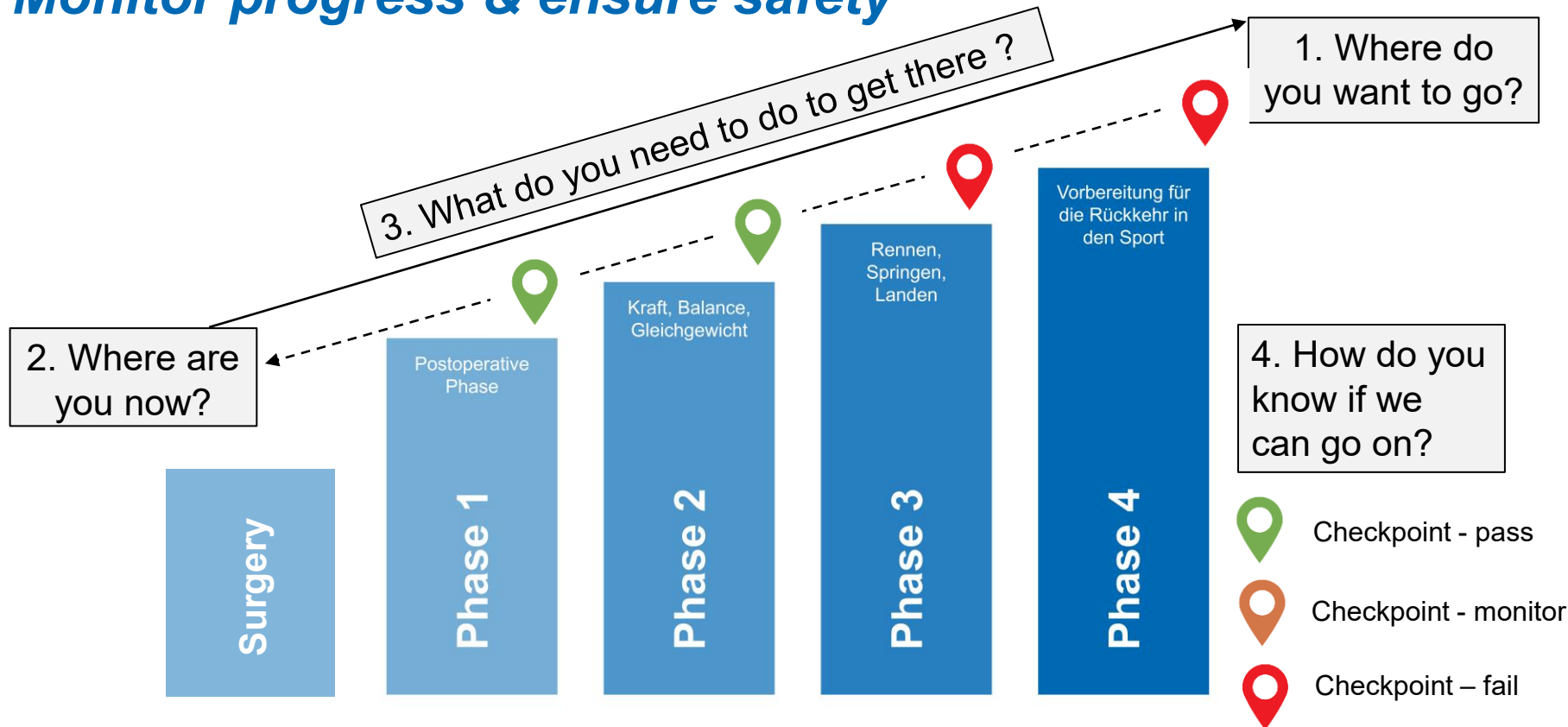
- an experienced high-performance rehab team
- a state-of-the-art sports medicine complex
- the Medbase sports medical network in Switzerland











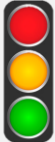
ACL Rehab Pathway principles

Monitor progress & ensure safety

medBASE



ACL Rehab Pathway – Milestone Tests

Phase	Phase Goal	Test examples	Milestones	Start
<p>Phase 1</p>	<p>Detect complications early</p>	 <p>Physio check-Up</p>	<p>Quiet knee Full extension Maximal knee flexion Quadriceps activation</p> 	
<p>Phase 2</p>	<p>Return to activity and light work</p>	 <p>Functional test</p>	<p>Normal gait Able to do stairs Stand up from chair one-legged Isometric strength quadriceps</p> 	
<p>Phase 3</p>	<p>Return to sport and heavy work</p>	 <p>Isokinetic Strength Test</p>	<p>90% Leg symmetry Strength benchmark for sport Tegner score</p> 	
<p>Phase 4</p>	<p>Return to competition</p>	 <p>Return to Sport battery</p>	<p>90 % hop symmetry Hop benchmarks for sport Fear of re-injury (ACL-RSI) Tegner score</p> 	

But can we adapt the pathway for every Medbase Medical Centre?

medbase

Medbase WIN 4

High-tech

1. Inter-disciplinary teamwork
2. Shared knowledge & processes
3. Expensive high-tech tools
4. Lots of space, modern infrastructure



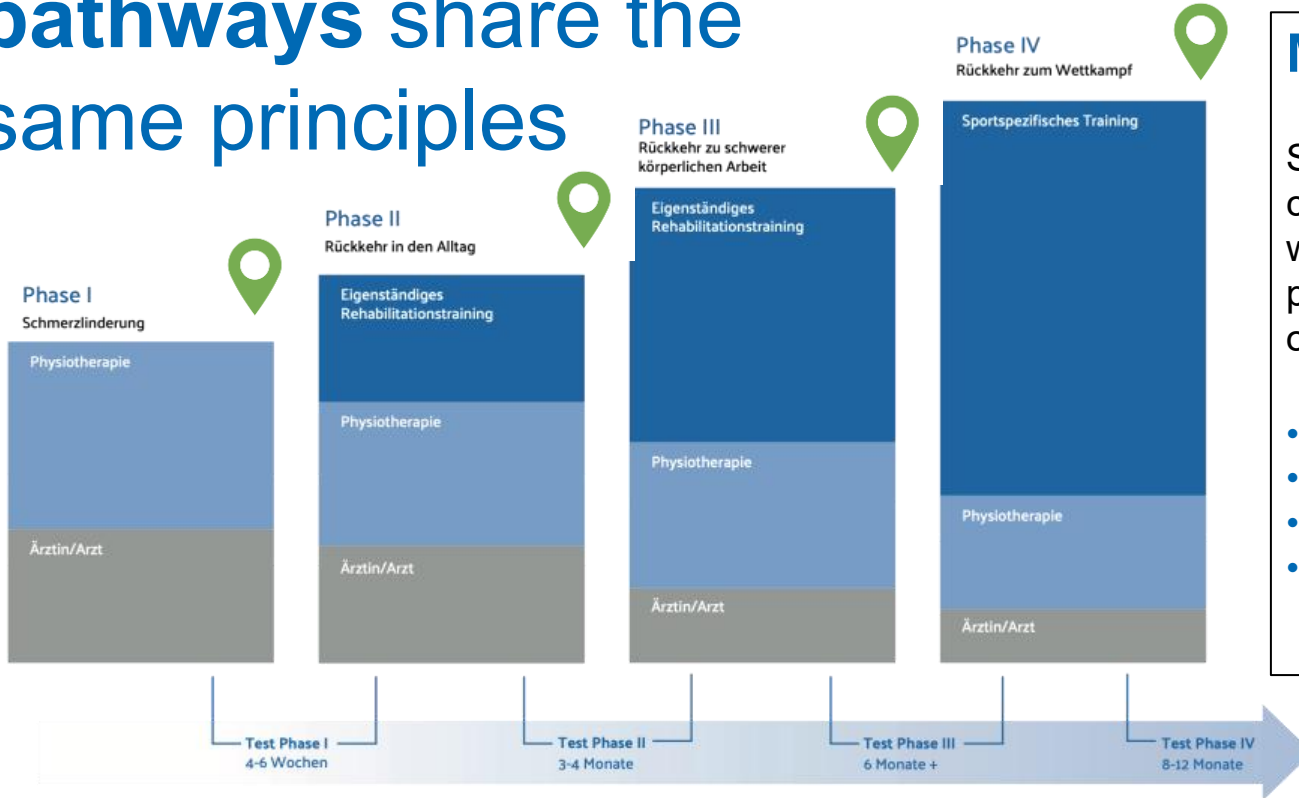
Medbase Amriswil

Low-tech

1. Physiotherapy team with GP team
2. Knowledge & processes adapted to centre
3. Low-tech solutions
4. Must work in a therapy room



Different rehab pathways share the same principles







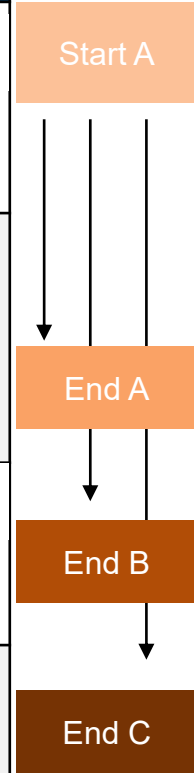
Mission:

Scale the rehab pathway concept to reach patients with heterogenous pathologies, independent of their rehab context:

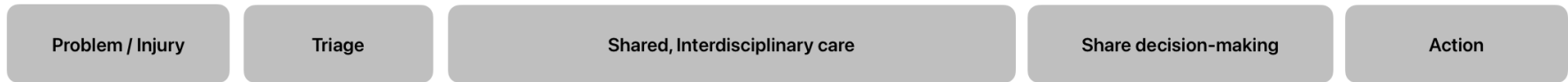
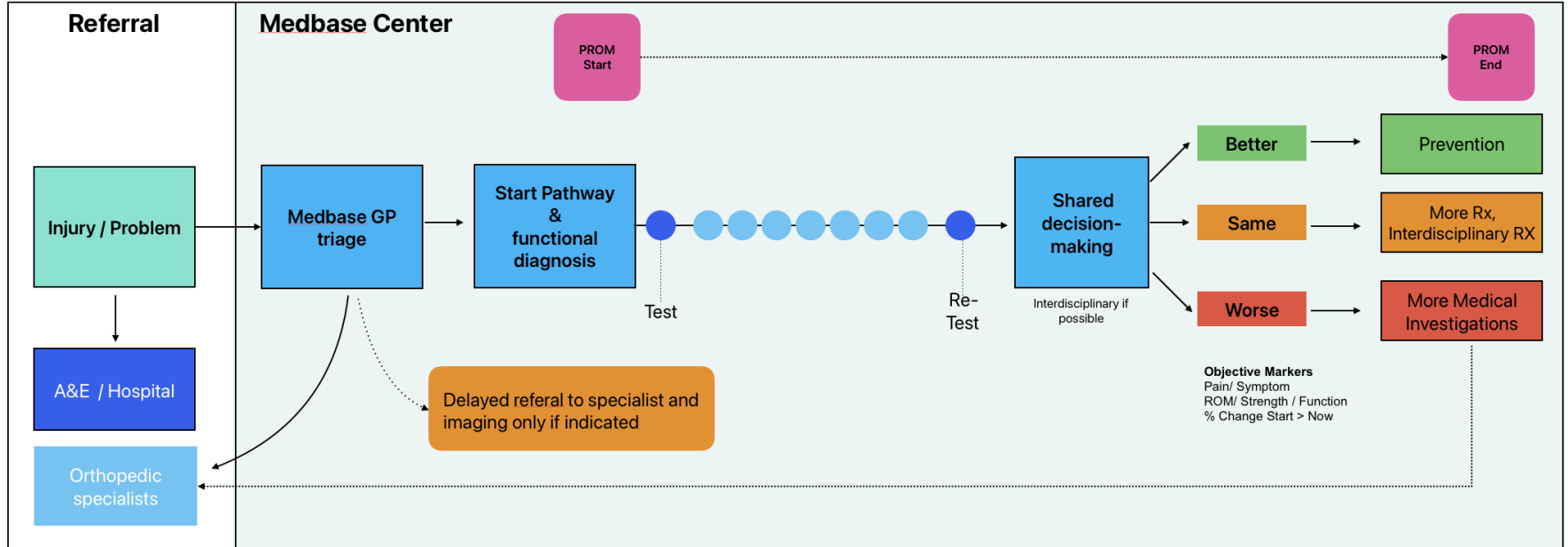
- **Knee pathologies**
- **Shoulder pathologies**
- **Ankle pathologies**
- **Concussion**

Knee Pathway for Knee Osteoarthritis

Phase	Patient Goal	Phase Goal	Test examples	Milestones
Phase 1	Recover from surgery or acute pain flare up	Detect complications early	 <p>Physio check-Up</p>	Quiet knee Full extension Maximal knee flexion Quadriceps activation PROM
Phase 2	Get back to previous life activities	Return to activity and light work	 <p>Functional tests</p>	Normal gait Stairs 30 sec sit to stand Isometric strength PROM Re-test Phase1
Phase 3	Work in construction or heavy lifting	Return to sport and heavy work	 <p>Isometric strength test</p>	90% leg symmetry Strength benchmark for sport Re-test Phase 2
Phase 4	Play competitive sports	Return to competition	 <p>Return to Sports tests</p>	90 % hop symmetry Hop benchmarks for sport Re-test Phase 3



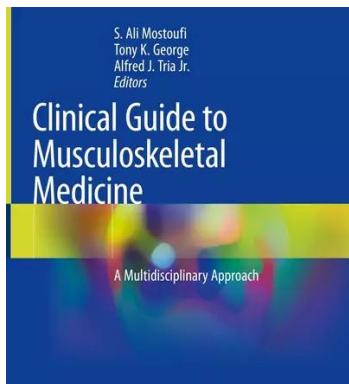
Msk Rehab Pathway – Process View *medbase*



5. How do we implement them?

Knowledge transfer into meaningful skills

How to enhance long term clinical adoption



Identify problems & use guidelines

- Translate knowledge
- Educational material

Structure & process

- Rehab pathways
- Checklists
- PROMS

Clinical reasoning

- Case studies
- Diagnostic training

Skills training

- Coaching
- Training
- Manual therapy skills

Ensure quality

- Mentoring
- Supervision
- Measure use and outcomes

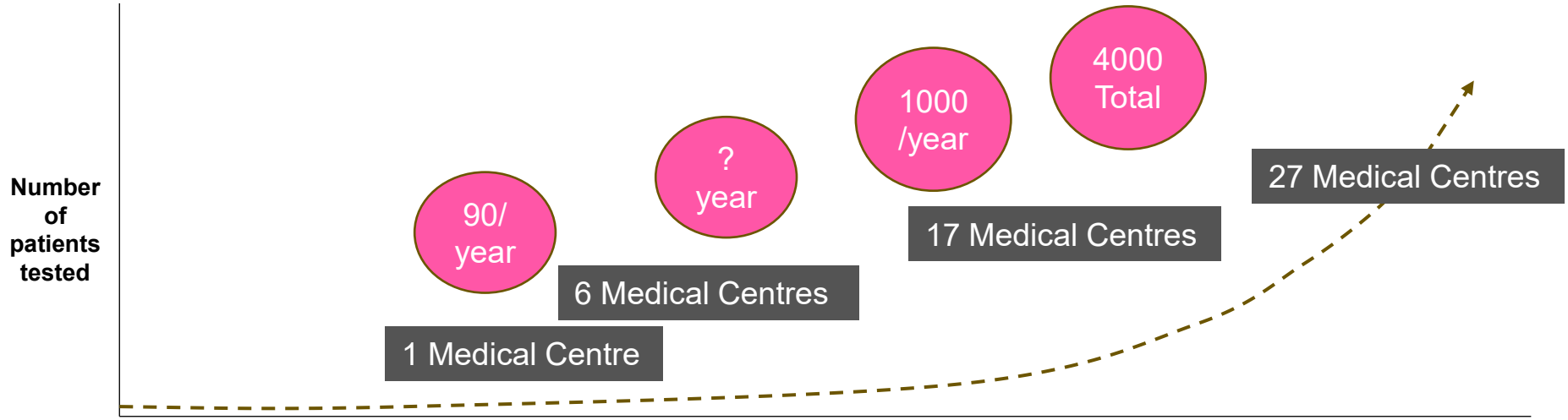
Plan

Do

Test

Hockeystick implementation

Rehab pathways from exploration to exploitation



Key learnings

from failed implementations strategies

Outer Settings

- Use improved through better payment structures (UVG Tarif)

Inner Settings

- Respecting cultural differences improved adoption
- Ensure compatibility of product with different patient populations

The Individual

- Working with local leadership to help implement innovation and design processes
- Support Implementation facilitators and involve them in the co-design process

The Implementation Process

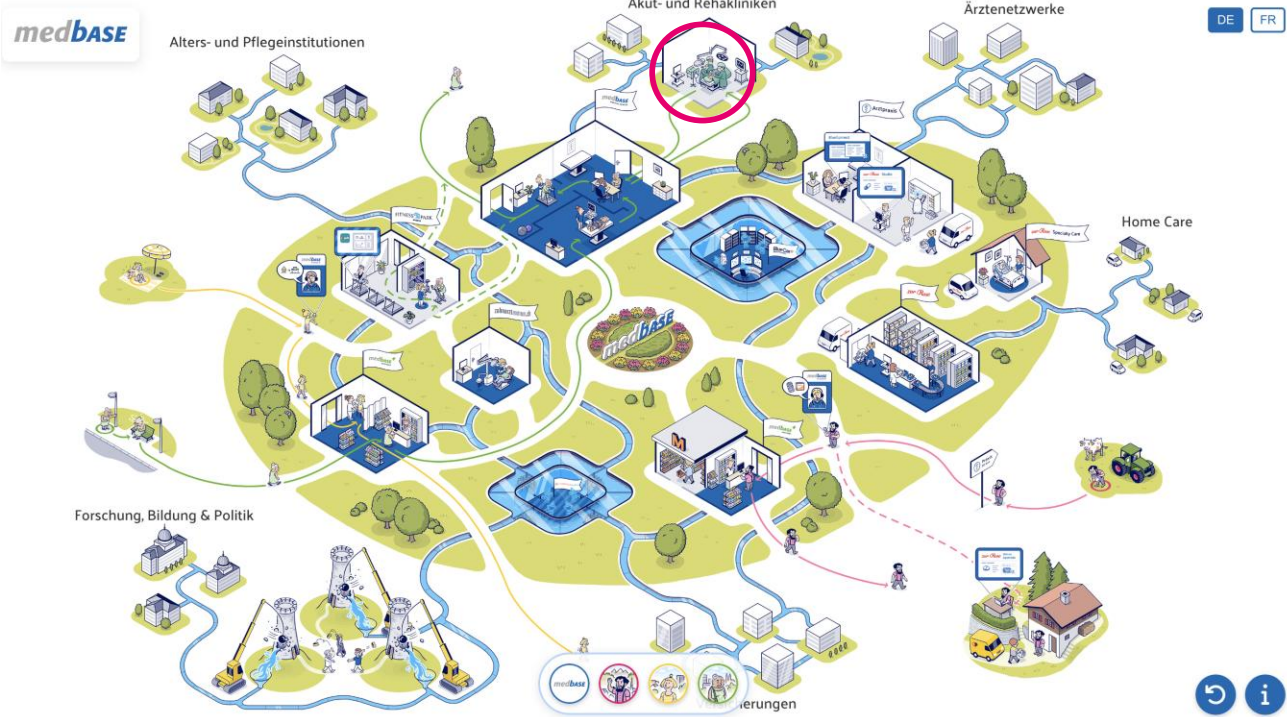
- Top-down support of team resources
- Match Medbase strategic fit
- Controlling outcomes via central database by digitalising pathways

The Innovation

- Ensure product market fit
- Consistent tagging of patient
- Measure what matters

6. What does the future look like?

The Medbase World is big and we are a very small part of it...

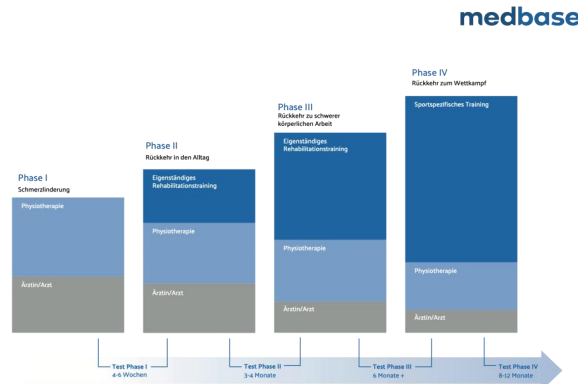
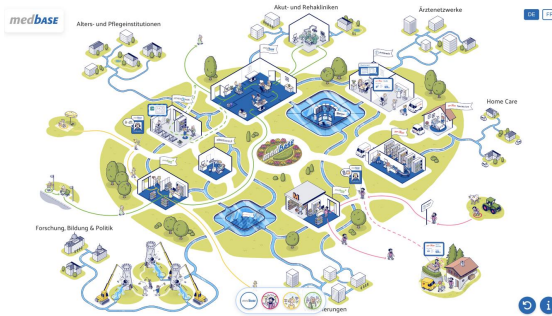


...but we are able to make an impact in the future of healthcare

Best care. Anywhere.
One step ahead.

Transparent treatment journey. Data informed.

Interdisciplinary. Patient-centred.



Towards value-based healthcare

medbase

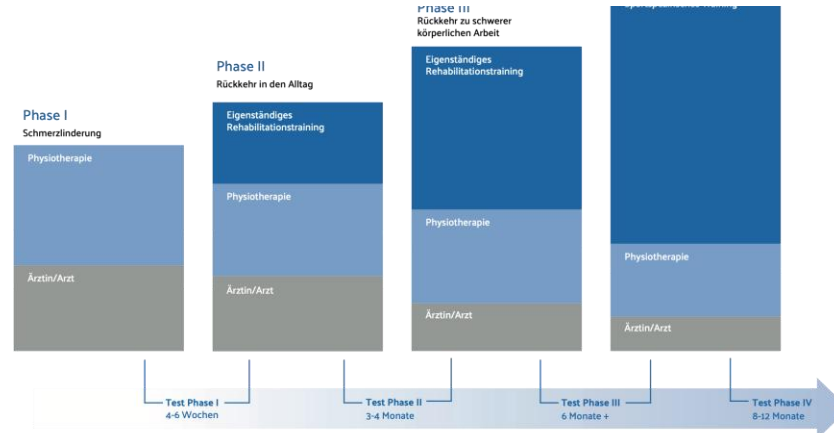
with Medbase Msk rehab pathways & quality indicators

10-year National Quality Commission project (EQK)



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

zhaw
Zurich University
of Applied Sciences



Medbase internal database with treatment outcomes from 27 medical centres and standardised quality indicators and PROMs will make impact quantifiable

Take-home message

Rehab Pathways
are adaptable and
provide navigation



Rehab Pathways
benefit
all parties



Rehab Pathways
Implementation requires
trust & collaboration



Rehab Pathways are an example of Value Based Healthcare.

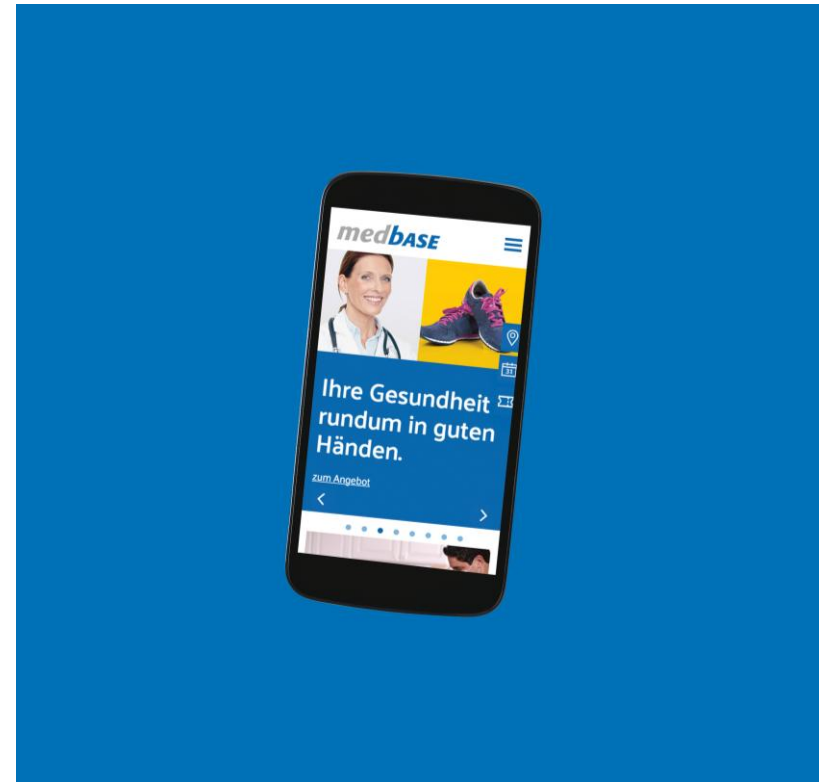
It is our mission to provide a service that benefits all parties and changes the future of healthcare in Switzerland for the better.

**Thank you for
your attention!**

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Linkedin: www.linkedin.com/in/sebastiancormier



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