



Musculoskeletal and Rheumatology Service Line Update: Continued Agility During COVID-19

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As the pandemic continues to surge and abate, the Musculoskeletal and Rheumatology (MSKR) Service Line, spanning Orthopaedic Surgery, Rheumatology, Pain Medicine, Physical Medicine & Rehabilitation, and Musculoskeletal Imaging, has remained steadfast in its mission to align care delivery and optimize clinical quality outcomes across the six entities that comprise our health system. It has been a tiring two years; but to focus only on what we have lost would minimize the success realized in capitalizing on momentum, growing market share, and most importantly continuing to provide safe, valuable musculoskeletal care to the Penn Medicine community.

MSKR's work is driven through disease teams: multidisciplinary partnerships across departments, divisions, clinicians, and administrators. Our disease team structure and the regular meetings for each provide a road map for achieving our annual goals. In setting our goals for 2022, we sought to optimize new processes established during the pandemic, and to expand our expertise to include new patient populations including Bone Health and Spondyloarthritis.

Clinical Quality Goals

We aligned this year's clinical quality goals to support the health system's key initiatives including discharge to home, surgical site infection reduction, and patient access. We continue to strategize about where opportunity for maintaining momentum exists across initiatives like discharge to home and same-day discharge through better partnerships with caregivers, setting clear expectations pre-operatively, and ensuring consistent communication across the continuum of care. Patient access has proven to be an ongoing challenge for the entire health system, and we remain indebted to our

providers across the service line who have adapted frequency of telemedicine utilization in line with the virus's presence in our community. We have honed other approaches to creating access, by leveraging an automated texting platform to match patients with the right site of care, and by optimizing in-house capture of ultrasound-guided injections. We have also added a new disease team to our complement to address the many opportunities related to bone health, starting with osteoporosis education and follow-up. The development of a fragility fracture registry will also aid in identifying these vulnerable patients through collaboration with our Trauma & Fracture Disease Team.

Cost & Efficiency Goals

Financial stewardship across MSKR saw continued effort to standardize implant shelf pricing across vendors for all entities within our health system. The effort has been expanded beyond major lower joints this year to include fixation to treat traumatic fractures. We have also expanded our efforts around same-day discharges, combining upper and lower extremity arthroplasty into one cohesive same-day pathway across all five sites where the procedures are performed. We continue to work through needs around consistent patient identification and resolving confusion and dissonance as an increasing number of our surgeries are deemed "outpatient" by insurance agencies.

We are energized by this next phase of the pandemic, where we learn to live alongside the virus. We are proud of the innovations that have been put into place that will be harnessed for the long term, and of our agility in pivoting to the needs of our patients, employees, and faculty.