

Healix Approach to MSK Treatment

While the cost of individual claims for musculoskeletal treatment is not necessarily high, the frequency of such claims means that the overall cost to a healthcare scheme is significant. To help reduce your costs while ensuring prompt treatment and service excellence, we have developed an MSK clinically-led treatment pathway in conjunction with one of our network partners.



MSK pathway

If you choose to adopt this pathway, your scheme members would be directed to our network partner without the need to get a referral from their GP, allowing them to access treatment quicker and saving time off work for a GP appointment. Where clinically appropriate they will be given an initial telephone assessment with a senior therapist who would then book an appointment as necessary.

Treatment can also be available outside our partner network but in these cases, a GP referral would still be required and we would recommend a monetary cap.



Managing MSK Treatment Costs

Case Study 1

A 28 year old member of a Healix Corporate Healthcare Trust scheme phoned the claims helpline after sustaining a knee injury whilst playing football the previous evening. That morning he had woken with swelling and experienced difficulty weight-bearing on the affected side. He was frustrated that he was unable to obtain a GP appointment at his registered practice until the following week.

The claims assessor who took the call reassured the member that they would assist him as quickly as possible. Included in the member's cover was benefit for self-referral for physiotherapy treatment when this was taken via the Healix preferred provider.

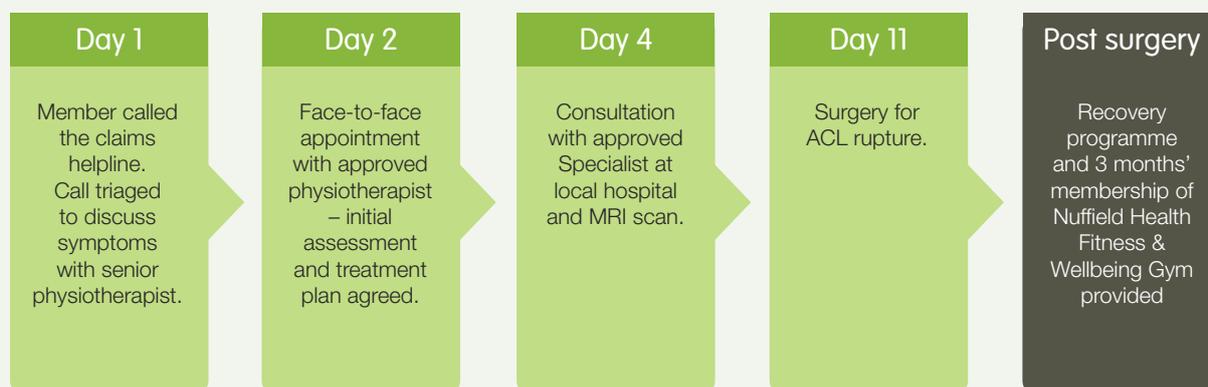
Appointment within 24 hours

A same-day triage call was arranged with a senior physiotherapist to discuss the member's symptoms and following this a next-day face to face appointment was organised for an initial assessment and the creation of a full treatment plan.

Following the physical assessment it was decided that the member would benefit from a specialist consultation and an MRI scan to confirm the cause of the symptoms. The claims assessor was able to direct the member to a fee-assured consultant at the most cost effective private hospital convenient to him. An appointment was made within 48 hours for a consultation and MRI scan which confirmed an ACL rupture. Surgery was organised for the following week.

As the member opted to accept treatment at one of our networked hospitals, he was eligible to benefit from their Recovery Plus programme at no extra cost to him or the client. This additional package included a personal recovery programme, exercise and diet advice, and three months' membership at a Nuffield Health, Fitness & Wellbeing gym, which aided the member's speedy recovery.

In conclusion, the claims team was able to assist the member in receiving timely assessment and arranging treatment that was fully covered with no liability to the member. Furthermore, directing members to clinical and cost effective facilities is an integral part of our claims micromanagement approach. In this example, a saving of £6,000 was made by directing the member away from a central London facility for his surgery.



Managing MSK Treatment Costs

Case Study 2

Client B is one of our longest serving clients, having been with Healix for approximately 18 years.

As part of the annual renewal process, the Clinical Support Team carried out an in depth policy review in order to make recommendations regarding their current benefit structure. These reviews are bespoke and in this case the client was keen to explore avenues for cost containment to support the sustainability of the healthcare trust policy. During this review it became apparent that 33% of the claims spend in 2017-2018 was incurred in musculoskeletal claims.

As a result of this review, the use of a preferred physiotherapy supplier was recommended due to their increased governance measures. Treatment pathways are reviewed by a senior physiotherapist and regular progress reports are used by the MSK team to plan appropriate treatment and by the claims team to effectively monitor the claims journey and predict claim spend.

Data analysed across our clients showed that physiotherapy outside of network is on average 43% more expensive and this is most likely due to less monitoring and governance of individual patient outcomes. We are confident that the monitoring of progress closely results in improved outcomes for the member as well as a significant cost saving for the client. As a result, a further recommendation was made to the client to place a limit on the use of out of network physiotherapy treatment with no such limit placed on the use of our network provider.

The client agreed to the proposed changes which were implemented from January 2018. Initial data shows that out of network spend has reduced by 72% by encouraging the use of in network physiotherapy treatment for members and early indications show overall savings of approximately 23% per claim compared to a similar number of claims in previous quarters.



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