

EXECUTIVE SUMMARY

INTRODUCTION

Musculoskeletal conditions affect hundreds of millions of people around the world. In people over the age of 60, joint diseases account for more than half of their chronic conditions. In Australia, arthritis affects more than 15% of the population and the incidence is projected to increase to almost 25% by 2050. Whilst arthritis can affect people at any age, it is more prevalent in older people, with evidence of osteoarthritis (OA) in more than 25% of Australians over the age of 65. As a chronic, non-fatal condition, there has been a common misconception that OA is an inevitable part of growing older. OA is the clinical and pathological outcome of a range of disorders that result in structural and functional failure of synovial joints. This progressive joint failure can cause pain, stiffness and loss of joint function. It will result in disability and compromised quality of life for almost one third of those reporting the disease.

In 2007, Australian health system expenditure on OA was \$2.0 billion. Health expenditure on arthritis in general was more than was spent on coronary heart disease, diabetes, depression, stroke or asthma. In economic terms, the total cost of arthritis in Australia, including productivity costs, and direct health costs, is almost \$24 billion. As the Australian population ages, and the prevalence of obesity and associated joint injury increases, OA will place an increasing burden on individuals, societies and health care systems.

BACKGROUND

Recognition of the growing burden of OA and its related conditions, and the need for action to address the unsustainable growth in health care costs, has led to action at international, national and state levels. The World Health Organisation launched the Bone and Joint Decade in January 2000 to raise awareness of the growing societal impact of musculoskeletal conditions.

In 2002, the Australian Government identified arthritis and other musculoskeletal conditions as a national health priority and commissioned the National Arthritis and Musculoskeletal Conditions Advisory Group to develop a national action plan and a national service improvement framework for OA, rheumatoid arthritis and osteoporosis. These were endorsed as key strategic documents in the Better Arthritis and Osteoporosis Care Initiative 2006-2010. This initiative aimed to improve the primary, secondary and tertiary prevention and management of these conditions. The Department of Health and Ageing commissioned the Royal Australasian College of General Practitioners to develop guidelines for these three conditions, and the National Health and Medical Research Council approved these guidelines for publication in 2009 and 2010.

State level projects for the early identification and comprehensive, conservative management of individuals with OA have been implemented in some settings in Victoria and Queensland. In New South Wales, individual sites have investigated a variety of models but outcomes have been variable, and there has been no coordinated approach to address the problem.

CURRENT CONTEXT

Guidelines report positive outcomes from conservative management for individuals with OA. Strategies for slowing disease progression, relieving pain and minimising disability are at the forefront of conservative management. Evidence supports the inclusion of exercise, injury avoidance, weight loss, pharmacologic treatment and timely access to surgery as safe and effective treatments for OA. However, this is not always reflected in clinical practice, and current management is episodic, uncoordinated and often lacking in evidence-base. Best practice treatment for ambulatory hip and knee OA involves a diverse team of health care practitioners providing a comprehensive and integrated program. It is therefore appropriate to consider the management of OA within a chronic disease model of care rather than the current episodic approach.

To address this divergence between best practice and current clinical practice, the Agency for Clinical Innovation (ACI) is recommending a model of care for people with OA using a chronic disease management approach.

NSW OSTEOARTHRITIS CHRONIC CARE PROGRAM (OACCP)

The model developed by the ACI is guided by best practice, and offers improved coordination of care by designing an inter-disciplinary conservative management model for patients with OA. The objective of the OACCP is to reduce pain, improve function and quality of life of NSW residents with OA, who have elected conservative management of their joint disease, or who are waiting to undergo elective lower limb joint replacement surgery. Central to this model is face to face participant access to clinical staff and health care services to support self-management through goal setting and the development of individual plans for long term behaviour change.

People with OA of the hip or knee are eligible to participate in the OACCP. A musculoskeletal coordinator will, in conjunction with the multidisciplinary team, assess individuals and link them with relevant health care providers to support timely and effective care that is flexible and responsive to individual needs. The coordinator will be responsible for engaging and maintaining relationships with relevant stakeholders, and will create a facility-based service that incorporates all components of a chronic disease rehabilitation program.

The program will be piloted at seven sites across NSW and the ACI will be responsible for central coordination, support of implementation and assistance with evaluation of each local OACCP during the pilot phase. Each site will report key performance and clinical indicators to the ACI for evaluation of program participation and stakeholder satisfaction. To facilitate the best possible outcomes, each site will be encouraged to work with the ACI Musculoskeletal Network which has developed this model for the chronic care management of osteoarthritis. Key points for inclusion in the OACCP are:

- a medical officer who will be an active team member and provide medical governance
- a Musculoskeletal Care Coordinator who will lead a multidisciplinary team to deliver the program
- pre-program face-to-face screening and follow-up assessments using defined tools to record functional capacity and co-morbidity management
- interventions to increase functional capacity and to manage morbid risks through nutrition, physical activity and exercise (strength and aerobic) support
- maximisation of self-management support by linking with Arthritis NSW for the provision of evidence-based self-management programs
- the tracking of individual and service outcomes using ACI developed tools including a specifically designed web-based database
- enablement of individuals to access appropriate and timely surgery based on clinical need
- improvement of primary and tertiary care interface by promoting communication and coordinated care between service providers through a shared, documented action plan.