

12 November 2013

Osteoarthritis Chronic Care Program Quarterly Report: July - September 2013

The OACCP is a multidisciplinary chronic care program for people with hip and knee osteoarthritis (OA), many of whom are awaiting elective joint replacement surgery. The program aims to assist people in managing their symptoms and identifying, managing and minimising the risks of co-morbidities. In doing so, participants' function and quality of life are optimised and access to conservative interventions is facilitated. During this quarter the OACCP was operating at 11 sites that provide access for participants at 18 venues across NSW.

Program outcomes are reported in four domains: activity, key performance indicators (KPIs), access to surgery, and clinical outcomes. Activity and KPIs 1 and 2 are reported for the quarter; all available data is used for access to surgery and clinical outcomes.

Participants having initial assessments to end September 2013

Site	Jul-Sep 2013	Total
Bowral	0	234
Coffs Harbour	23	39
Dubbo	3	54
Fairfield	143	1437
Gosford/ Wyong	56	555
Grafton	24	102
Nepean/ Blue Mountains	13	429
Newcastle	43	321
Port Macquarie	19	344
Royal North Shore/ Ryde	81	438
Sutherland/ St George	53	430
Wollongong	0	445
All sites	458	4828

Key performance indicators

KPI 1 Access = 72%

337 people were assessed of a total of 465 referred.

These data are for participants referred from 01/06/13 to 31/08/13.

Note: Coffs Harbour, Dubbo, Grafton and Port Macquarie excluded as not all referrals entered in data system (and Bowral, Wollongong no data this quarter).

Median delay to assessment: 34 days (IQR 23-52 days); all sites included.

KPI 2 Commencement = 50%

258 participants were reviewed and had commenced their plan within 120 days, of a total of 519 assessed and eligible at initial assessment from 01/04/13 to 30/06/13.

A further 26 were reviewed and had commenced after > 120 days, making 55% (284) in total.

Note: 50 of 519 were enrolled at Bowral or Wollongong, where the program ceased on 30/06/13.

Without these, KPI2 for the program = 54%, or 59% including those reviewed after > 120 days.

Median time from first assessment to review: 90 days (IQR 82 - 102 days)

KPI 3 Completion = 53%

1117 completed 80% of their care plan of a total of 2100 discharged or reaching Week 52.

Note: Participants enrolled from 01/01/12.

Of the 4828 participants assessed to end September 2013:

- 2840 have been discharged, 67% (1910) to surgery at the OACCP site;
- 1876 (66%) were discharged less than 9 months after initial assessment.

Access to surgery

Surgical waiting list removal and escalation

Action/reason	Number			Median days after initial assessment
	Hips	Knees	Total	
Escalated to surgery	143	127	270 (7.0%)	N/A
No longer requires surgery	40	253	293 (7.6%)	231
Unwilling for surgery	5	7	12 (0.3%)	232
Medically unsuitable	10	31	41 (1.1%)	345
Had surgery elsewhere	30	39	69 (1.8%)	141
Other reasons	11	30	41 (1.1%)	279
Removed total (all reasons)	96	360	456 (11.8%)	228

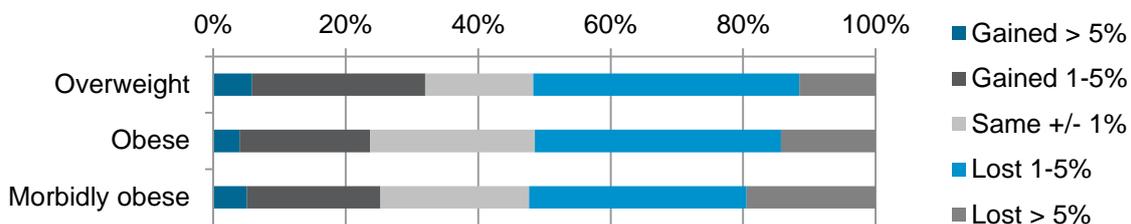
Note: Participants assessed to end June 2013 and on surgical waiting list (hips = 1129, knees = 2725). Data are not available to calculate days to escalation to surgery.

Participants removed from waitlist as **no longer requiring surgery** are more likely to be waiting for total knee replacement surgery (**13.2% of knees** and 3.5% of hips removed). **Escalation to surgery** is more likely for participants managed for **hip OA (12.7%)** than knee OA (4.7%).

Clinical outcomes

Body weight changes at Week 52 (program completion)

Participants who were overweight or obese at baseline (BMI > 25 kg/m²) lost an average of 1.2 kg throughout the program. Participants who were morbidly obese at baseline lost more weight (mean = 1.9 kg) than those obese at baseline (mean = 1.1 kg) and those overweight at baseline (mean = 0.6 kg). Participants who more obese at baseline were also more likely to have lost > 5% body weight through the program:



Note: Overweight: BMI > 25 - 30 kg/m², obese: BMI > 30 - 40 kg/m², morbidly obese: BMI > 40 kg/m² at initial assessment; n = 1157.

Functional changes at Week 52

The Timed Up and Go (TUG) is a test of balance and functional mobility. People taking longer than 13.5 seconds for the test are at increased risk of falls. Of 3035 participants who had TUG measured at initial and week 12 assessment, 47% percent treated for hip OA and 38% treated for knee OA were at increased risk of falls at initial assessment.

TUG mean difference initial to week 12

	All participants	At increased risk at baseline
Hips	+ 1.2 sec	+1.0 sec (worse)
Knees	- 0.2 sec	-1.9 sec (better)

Six Minute Walk Distance

Results on Six Minute Walk Distance differed based on joint treated. Participants treated for knee OA were more likely to improve, with almost a quarter improving > 20% by Week 26:

	Worsened > 20%	No change +/- 20%	Improved >20%
Hips Week 12	120/625 (19%)	391/625 (63%)	114/625 (18%)
Knees Week 12	179/1720 (10%)	1138/1720 (66%)	403/1720 (23%)