Partnerships to improve osteoarthritis chronic care

*Stream 2: Patients as Partners*

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Partner Organisations

Arthritis NSW
Hunter New England LHD
Illawarra Shoalhaven LHD
Nepean Blue Mountains LHD
South Eastern Sydney LHD
South Western Sydney LHD
Central Coast LHD
Mid North Coast LHD
Northern NSW LHD
Northern Sydney LHD
Western NSW LHD
Musculoskeletal Disease: A National Health Priority

- Osteoarthritis (OA):
  ▲ affects over 55% of NSW older residents (RACGP 2009)
  ▲ is the leading cause of disability, with pain causing physical and psychological dysfunction (Hunter, McDougall & Keefe 2008)
  ▲ elective joint replacement surgery heavily impacts the NSW Health system
Health problem to address

- **Management of osteoarthritis (OA) in the community**
  - Minimal uptake of conservative management options, MDT support or self-management prior to EJR
  - High incidence comorbidities and increasing obesity

- **Elective Hip and Knee Joint Replacement Surgery**
  - Increasing demand and waiting times
  - No pathway for re-prioritisation based on clinical need
  - Practice variation across NSW
OACCP aims to improve:

- Partnerships
- Coordination of care
- Comorbidity management

And for people awaiting elective joint replacement:

- Access to and appropriateness of surgery
- Patient expectations and readiness for surgery
- Pre-operative management
- Clinical outcomes
How innovation came about?

- Identified integrated chronic care model for OA as a network priority
- Working Group formed
- Partnerships and broad interdisciplinary and consumer consultation
- KPIs agreed and data system developed
- Model of care developed
- Funding opportunity MoH
Practical steps taken

- Pilot sites identified
- Advisory Committees
- Medical governance and engagement
- OACCP teams appointed
- Data system development
- Site visits and quarterly reports
- Health coaching (HCA 2013)
- Regular site rep meetings
Self-funded sites
- Royal North Shore
- Dubbo
- Grafton
OACCP Site Co-ordinators
Site implementation

- Existing Silo model of care
  - Prescriptive approach to treatment
  - Relevant services run independently
  - Late Stage Intervention
  - “Passive waiting”

- Alternative: OACCP – MDT conservative management
  - Not just leg lifts and lettuce – health coaching
  - Support to negotiate a foreign and novel environment
  - Utilisation of existing services, including GPs
Participants

- 90% overweight/obese
- 20% have depression or other mental disorder
- 85% have at least 1 non-MSK comorbidity
- 33% have 3 or more
Influence on local LHD

- Support from CCLHD and orthopaedic surgeons to role of the program and ongoing implementation
- Constantly evolving
  - Must maintain core aims and results
- Scope for further integration with other “Silos”
  - Aim for one stop shop
- Significant and organisationally important results
Lessons Learnt / Advice

- Talk to local stakeholders (in their words)
  - PATIENTS, surgeons, GPs, district staff
- Talk to those who have been there before
- Utilise existing services and staff
- Be creative and flexible
  - Different patients will need different support
  - How can the health service accommodate this?
Results / Outcomes

- Over 4,300 people in NSW have accessed OACCP since 2011
- 10% of knee OA participants removed from surgical waitlist as no longer requiring surgery
- 15% of hip patients escalated to early surgery
- Health coaching changing clinician practice
- High participant involvement and satisfaction
Results / Outcomes

- System improvements including:
  - Reduced length of stay (LOS)
  - Decreased need for sub-acute rehabilitation
  - Improved access to surgery

- Sustainability with LHD funding of sites

- Systematic implementation of OACCP across NSW would provide notional savings to the NSW health system of $134.6M over 10 years
Key Messages

- Remain patient care focused
- Engage full range of stakeholders
- Clinical champions
- Medical engagement
- Early development of evaluation and research plan
- Support clinicians to change practice
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OACCP Working Group Members

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Arthritis NSW and Consumers

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