ACI NSW Agency for Clinical Innovation

Partnerships to improve osteoarthritis chronic care

Stream 2: Patients as Partners

Matt Jennings
Allied Health Director, Liverpool Hospital
Co-Chair, Musculoskeletal Network

Tim Cooper
OACCP Co-ordinator, CCLHD
Musculoskeletal Network

11 October 2013

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

ACI NSW Agency for Clinical Innovation

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

ACI NSW Agency for Clinical Innovation

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

ACI NSW Agency for Clinical Innovation

OACCP aims to improve:

- Partnerships
- Coordination of care
- Comorbidity management

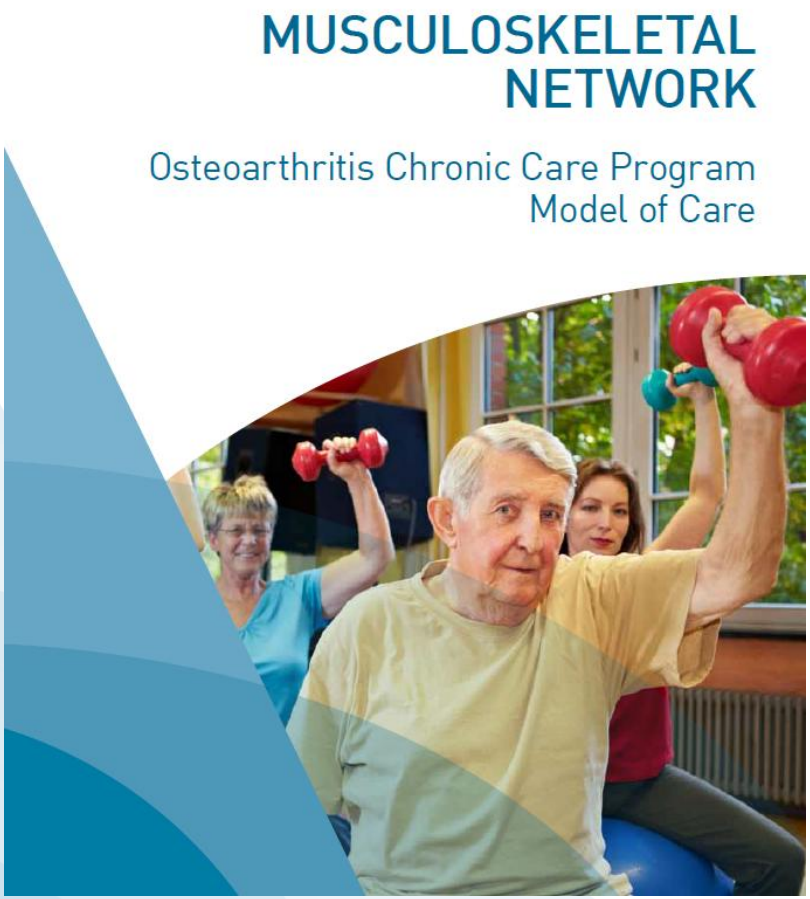
And for people awaiting elective joint replacement:

- Access to and appropriateness of surgery
- Patient expectations and readiness for surgery
- Pre-operative management
- Clinical outcomes

ACI NSW Agency for Clinical Innovation

How innovation came about?

ACI NSW Agency for Clinical Innovation



- 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

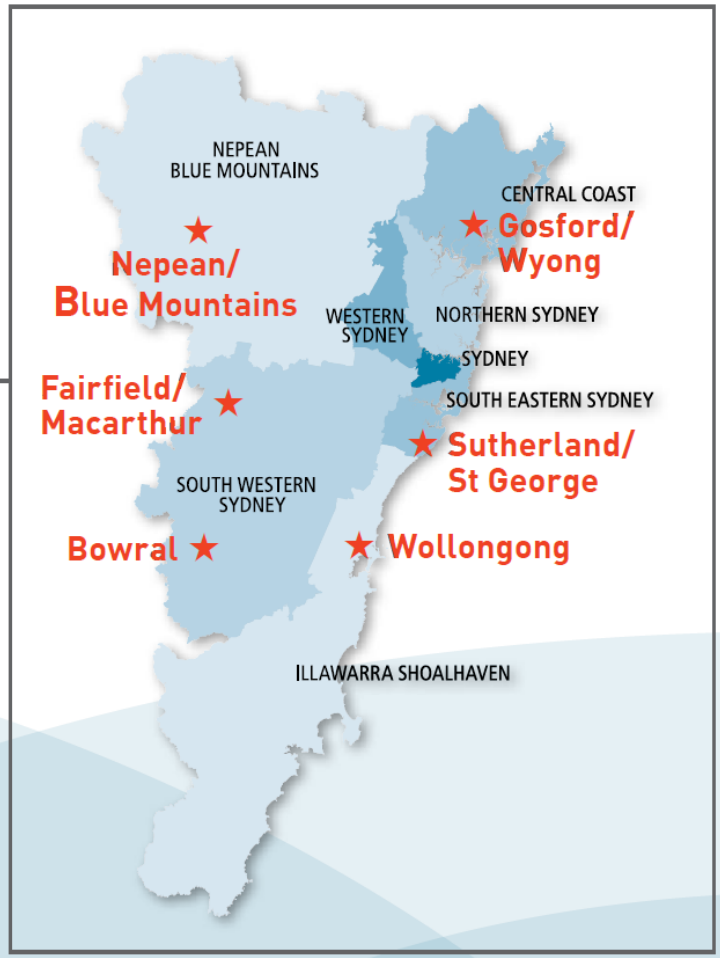
ACI NSW Agency for Clinical Innovation

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

ACI NSW Agency for Clinical Innovation

OACCP Pilot Sites



Pilot Sites

- ★ Fairfield/Macarthur/Bowral
- ★ Gosford/Wyong
- ★ Nepean/Blue Mountains
- ★ Newcastle
- ★ Port Macquarie
  (Port Macquarie/Kempsey/Camden Haven)
- ★ Sutherland/St George
- ★ Wollongong

Self-funded sites

- Royal North Shore
- Dubbo
- Grafton

ACI NSW Agency for Clinical Innovation

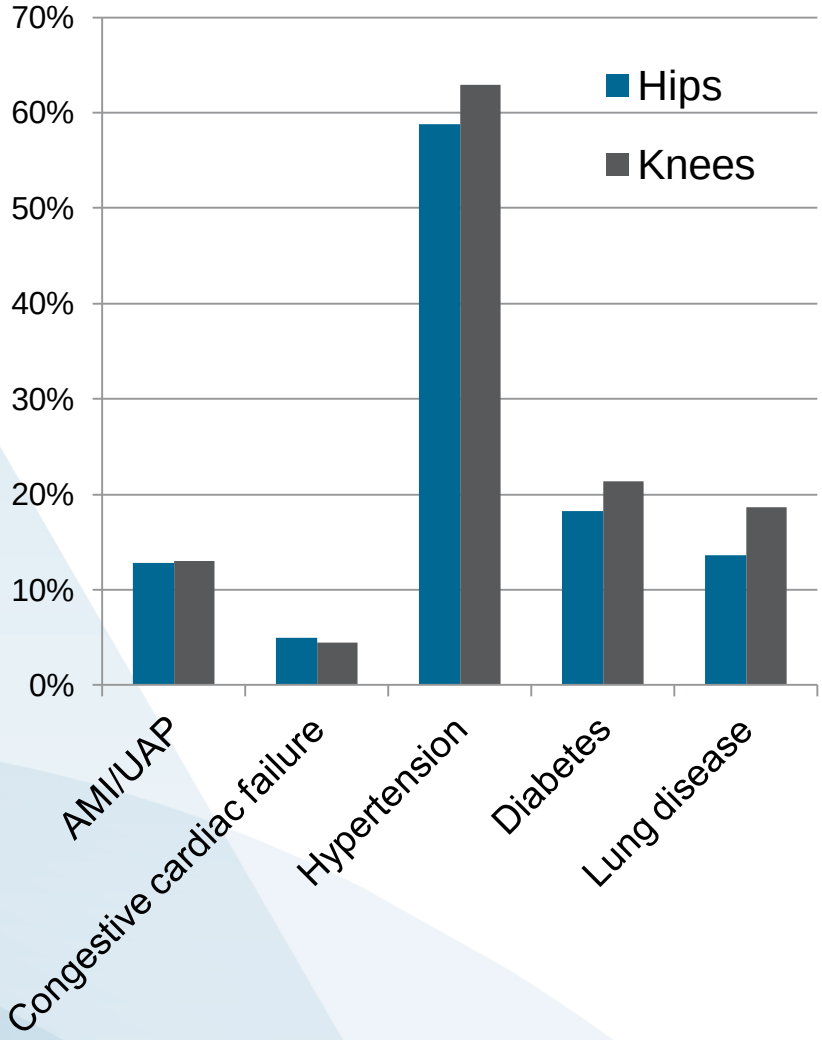
OACCP Site Co-ordinators

ACI NSW Agency for Clinical Innovation

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

ACI NSW Agency for Clinical Innovation

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

ACI NSW Agency for Clinical Innovation

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?

ACI NSW Agency for Clinical Innovation

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

ACI NSW Agency for Clinical Innovation

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

ACI NSW Agency for Clinical Innovation

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

ACI NSW Agency for Clinical Innovation

Acknowledgements

Prof David Hunter, OACCP WG Lead, Rheumatologist, RNSH

Prof Lyn March, Rheumatologist, RNSH, Co-Chair, Musculoskeletal Network

Prof John Eisman, Endocrinologist, St Vincent's Hospital, Former Musculoskeletal Network Co-Chair

Robyn Speerin, Musculoskeletal Network Manager, ACI

Mary Fien, OACCP Project Officer, ACI

OACCP Working Group Members

OACCP Site Co-ordinators and MDT staff

Arthritis NSW and Consumers

LHD Executives and Steering Committees

Ministry of Health

ACI NSW Agency for Clinical Innovation

Matt Jennings

Director Allied Health, Liverpool Hospital

Co-Chair ACI Musculoskeletal Network

Matthew.Jennings@sswahs.nsw.gov.au

Tim Cooper

OACCP Musculoskeletal Coordinator

Central Coast LHD

Timothy.Cooper@health.nsw.gov.au

Level 4, Sage Building
67 Albert Avenue, Chatswood NSW 2067

PO Box 699
Chatswood NSW 2057

T + 61 2 9464 4666
F + 61 2 9464 4728

info@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au