

# Arthritis ACT Osteoarthritis Chronic Care Program for Hip and Knee Osteoarthritis Business Case Proposal

## Overview

Osteoarthritis is a chronic condition that currently affects over 2 million Australians. The incidence of osteoarthritis is expected to rise to over 3.1 million people by 2030 with this being driven by an ageing population and an increase prevalence of obesity. Additionally, there has been an increase in the rise of total hip and knee replacements in Australia with recent ABS data demonstrating ACT has one of the highest rates per capita in Australia.

Unfortunately many of those with osteoarthritis do not receive effective management that includes first line conservative treatment options such as weight loss and exercise. Many with hip and knee osteoarthritis are referred directly to surgeons prior to evidence based conservative management strategies measures being offered. Joint replacement surgery may be necessary for those with end stage disease particular once all conservative management options have been exhausted.

Arthritis ACT has recognised a need to offer a multidisciplinary holistic approach to the care of those with hip and knee osteoarthritis in the community. Our proposal aims to provide those on the elective wait list with an opportunity to partake in a trial where they are offered access to a multidisciplinary team and offered evidence based conservative care prior to joint replacement.

## The problem

Less than 50 % of those with osteoarthritis are given adequate access to appropriate treatment. International and national guidelines exist for the use of conservative or non-surgical management strategies. First line treatments such as exercise, weight loss, and education strategies should be offered to all those who have been diagnosed with osteoarthritis. These treatments have demonstrated to significantly reduce pain and improve function in those with osteoarthritis.

Unfortunately a high proportion of those with hip and knee osteoarthritis are referred directly to a surgeon and may be on the wait list for elective hip or knee replacement surgery and have not had access to conservative care. Timely access to a multidisciplinary approach that reflects a chronic disease model of care rather than a focus on an episodic approach is necessary. Access to best practice conservative care of hip and knee osteoarthritis may reduce the need for hip and knee replacement surgery in the first instance and may improve outcomes following surgery.

## The Proposed Solution

1. Provide a multidisciplinary chronic care program in the community to those on the elective wait list for hip and knee joint replacement surgery.
2. Offer evidence based non-surgical treatment such as exercise and weigh loss programs to those on the wait list for total hip and knee replacement surgery
3. Provide a multidisciplinary approach to care including access to an experienced physiotherapist or musculoskeletal care coordinator, dietician, occupational therapist and social worker.

## Unique Value Proposition

Arthritis ACT has the infrastructure currently in place to replicate the NSW Osteoarthritis Chronic Care Program Model of care (OACCP) which has successfully been running in NSW since 2012. The aim of OACCP is to reduce pain, improve function and quality of life for those who have elected conservative management of their joint disease or are waiting to undergo elective hip or knee replacement surgery. Arthritis ACT has had initial talks with Professor David Hunter at Royal North Shore Hospital who is willing to support Arthritis ACT with the implementation of the program. The OACCP program has already been demonstrated to be cost effective and the implementation strategies have been well documented. See Attachments describing the OACCP and the Deloitte evaluation of the OACCP which outlines the cost benefit of investment in this program. At RNS the cost benefit is a saving of \$1Mil for every \$200,000 spent on this program.

Currently there is no one offering the OACCP model in the community for the management of hip and knee osteoarthritis. Many programs do exist in the private sector however these programs may be out of the reach of those from lower socioeconomic groups or fail to offer a multidisciplinary approach to care. Osteoarthritis is more prevalent in lower SES groups and disadvantaged groups and access to high quality care is often not within their reach.

Arthritis ACT currently employs an experienced physiotherapist who would be able to take on the role of dedicated OACCP coordinator and is able to undertake the initial assessment and link them with the relevant health care providers. Arthritis ACT currently has employed a dietician, occupational therapist, exercise physiologist and health educator/counsellor. There are group exercise classes already existing in the community that includes hydrotherapy and land based exercise programs. Our physiotherapist is trained in the international education and exercise program GLA:D for hip and knee osteoarthritis.

## Who will benefit from the program?

The program will target those on public waiting list for total hip and knee replacement surgery. We are aiming to run a pilot trial commencing in early 2019 and would like to take on 40-50 people over 12 months from the elective hip and knee joint replacement waiting list in the ACT.

The identified target group will be contacted by Arthritis ACT through the elective surgery waiting list convenor via a letter initially explaining the importance of conservative care in preparing themselves for surgery and be given the choice as to whether they will engage with our program. Access to these lists requires discussion with hospital executives/surgeons and consideration of confidentiality issues. If they chose to engage in our program, an initial 60-90 minute consult will be scheduled with the OACCP coordinator.

Following the initial consultation, if the individual is assessed to be suitable for the program, they will commence in the program for an initial period of up to 12 months. On completion of their goals, they will be encouraged to remain engaged in the programs offered by Arthritis ACT (or another community provider) including hydrotherapy and land based exercise classes, to maintain their goals. One finding with the OACCP in NSW has been the lack of post program referral. Arthritis ACT believes this ongoing engagement or referral will enable participants to maintain their goals more effectively.

## Outcomes of the program

On review of the OACCP program in NSW 4.2% of participants in the course no longer needed a hip replacement and 10.7% of knee participants no longer needed surgery (local variations were noted). The majority of the referrals for the program came from the surgical waiting list. The improvement in daily living and quality of life outcomes was noted for all participants pre-operatively. For those that continued on to surgery, length of stay in hospital post operatively may have been reduced although the data was unclear on this at the time of the Deloitte report. Co-morbidities of osteoarthritis, in particular obesity and hypertension were reduced through the program. At a conservative cost of \$25,000 per joint replacement, 4 avoided joint replacements would pay for this program. At 50 participants per year the Deloitte report would expect at least 7 persons to avoid surgery, and furthermore, co-morbidities are reduced reducing the rate of complication at the time of surgery and hospitalisation for co-morbidity related illness. Delays are also noted in requiring surgery for those that do progress to surgery eventually, further reducing costs.

## Recommendation

That ACT Government pilot his program for a period of 3 years through Arthritis ACT to assess the savings and viability for the ACT Community