“My Aching Joints” Case for change

Luke Schultz

The Joint Approach

Project Lead

NORTHERN NSW INTEGRATED CARE

NSW GOVERNMENT Health
Northern NSW Local Health District

The ‘Joint’ Approach Project

ACI NSW Agency for Clinical Innovation

phn NORTH COAST
An Australian Government Initiative

Take home messages……

- Joint Replacement Surgery - What's happening in the Tweed-Byron Area
- Joint pain V's OA
- Myths and evidence
- The Joint Approach Project - new service to assist better management of hip/knee joint pain

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

https://www.safetyandquality.gov.au/

Aching Joints? ….*you're not alone*

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

Osteoarthritis of the Knee

Osteoarthritis is one of the most common chronic joint conditions in Australia. It can cause pain, loss of mobility and reduced quality of life.

Knee osteoarthritis is a major form of the condition and the main reason for knee replacement surgery, with excess weight being a key risk factor.

About 2.1 million Australians are estimated to have osteoarthritis

It is the fourth most common reason people visit GPs

30% of people aged 65 or older report some joint symptoms

$1.6 billion spent on treating osteoarthritis per year

Intro to the Tweed…….

Age	Tweed %	NSW %
50-59	13.5	13.6
60-69	11.6	10.3
70-84	14.1	9.8
> 85	2.5	1.9
> 60	28.2	22.0

Tweed Shire	Forecast year					
Summary	2011	2016	2021	2026	2031	2036
Population	88,437	91,175	97,954	106,506	116,269	125,953
Change in population (5yrs)	--	2,738	6,779	8,552	9,763	9,684

Diagnostics ….*Joint replacements??*

- 350+ joint replacements annually
- 70% knee, 30% hip
- 76% NSW residents
- > 250 on waitlist…….+ those waiting to starting waiting ??

Diagnostics……*conservative management??*

For those currently receiving joint replacement …..

- > 80 % had not received conservative treatment prior to surgery
- > 50% not to any regular pharmaceutical pain management.
- Generally poor physical health + multiple comorbidities
- Poor understanding of OA and causes of JOINT PAIN

Aching Joints? ….*you're not alone*

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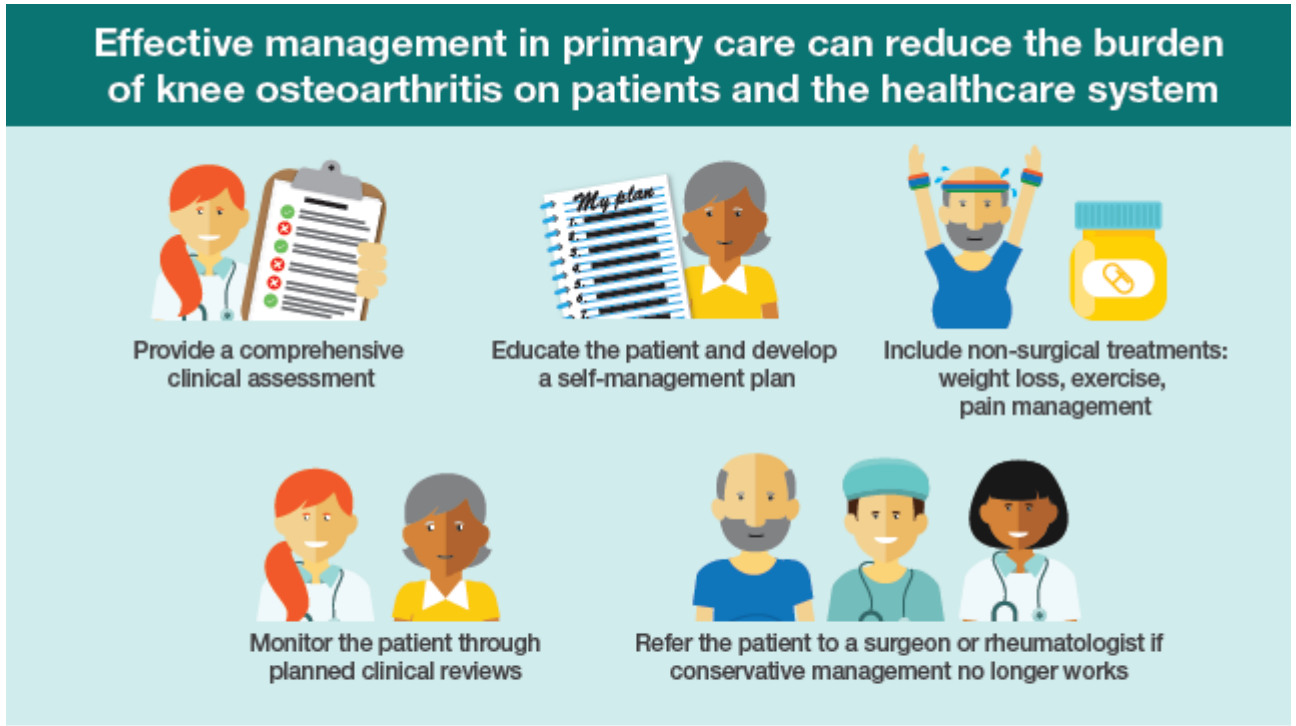
Aching joints …. What should we be doing ??



For more information on the *Osteoarthritis of the Knee Clinical Care Standard* go to www.safetyandquality.gov.au/ccs

Current guidelines for osteoarthritis, including that of the knee, recommend conservative (non-surgical) management using a combination of non-pharmacological and pharmacological treatments.[2, 4, 19] Core non-pharmacological treatment includes patient education and self-management, exercise, and weight loss for those who are overweight.[4, 19] Conservative management is recommended at all stages of the disease.[2, 4, 19] Timely access to joint replacement or joint-conserving surgery is recommended when, and only when, conservative management no longer provides adequate pain relief or maintenance of function.[4, 5]

[FALSE]

[FALSE]

Misconceptions/Myths

- “Exercise will worsen my arthritis”
- “Walking hurts my joint therefore I should avoid walking”
- “I have bone on bone arthritis – I must have an operation”
- “My hip/knee will inevitably deteriorate – there’s nothing to be done”

[FALSE]

[FALSE]

Get in early…….*and don't stop !*

- ✓ **Evidence supports the conservative management** of osteoarthritis education, exercise, weight loss, self-management, joint protection activity, with conservative interventions slowing disease progression, reducing pain and minimising disability

- ✓ Recommend a combination of **pharmacological and non-pharmacological management** as the core treatment for osteoarthritis at all stages of the disease.

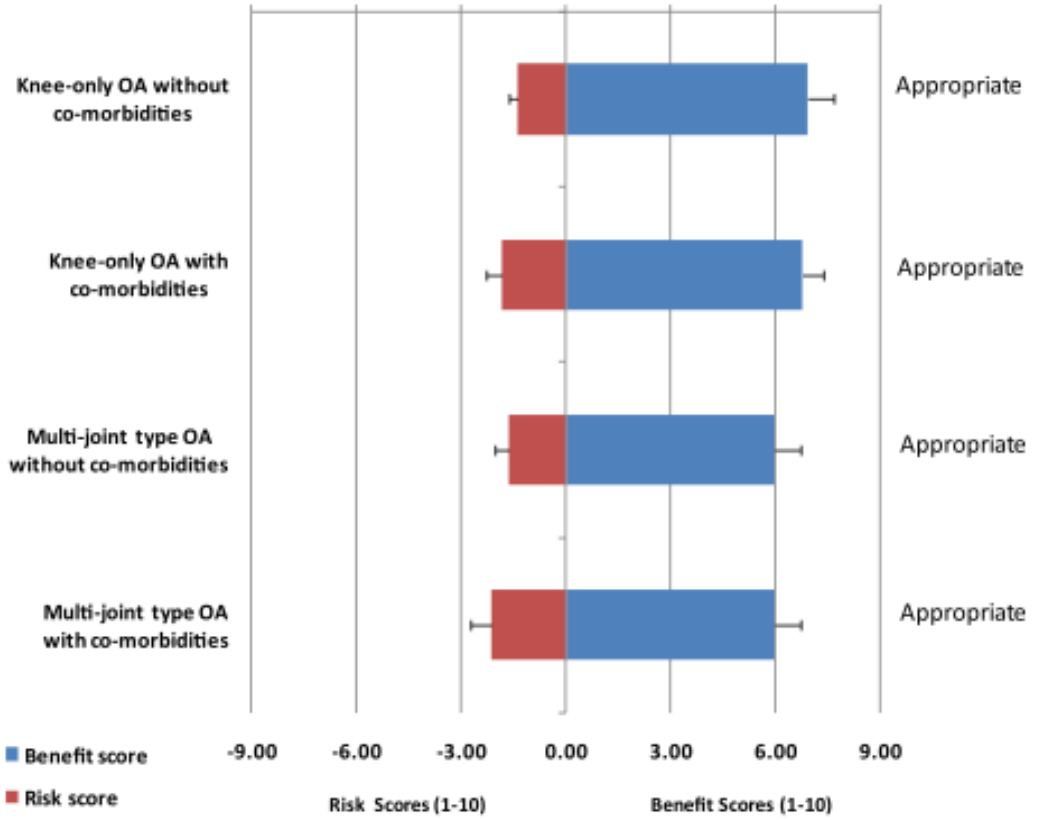
- ✓ *Timely access to knee replacement or joint conserving* ***surgery should only occur when conservative treatment no longer provides adequate pain relief***

1. Australian Commission on Safety and Quality Health Care Standards - Osteoarthritis of Knee clinical care standards V3.4 (2016)
2. Osteoarthritis and cartilage (2008)16, 137-162, OARSI recommendations for the management of hip and knee osteoarthritis, Part II, evidence-based consensus guidelines
3. Agency for Clinical Innovation – musculoskeletal network osteoarthritic chronic care program (OACCP), Model of Care (2012)

"Lose weight

"Exercise"

"Education

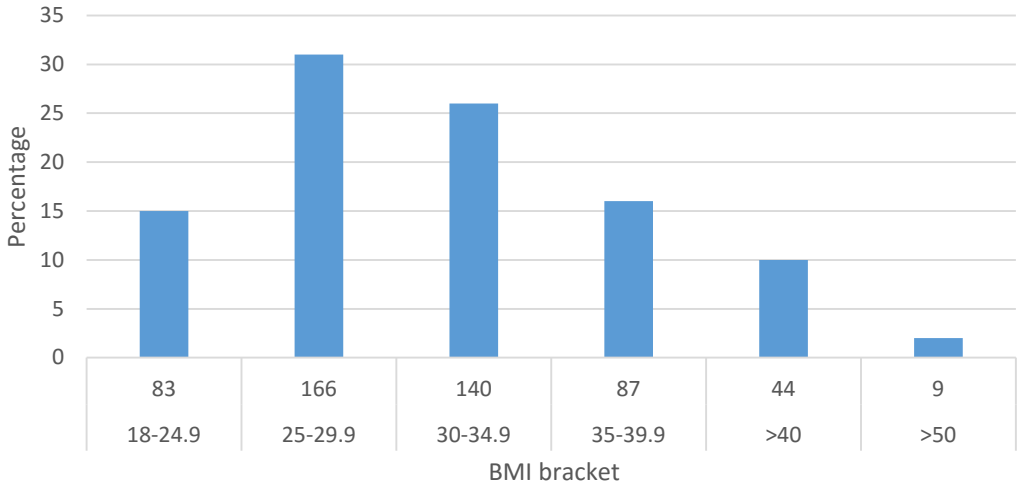


OARSI Guidelines

Osteoarthritis Research Society International (Recommendations for Hip and Knee OA Part 2: 2007


MMMM... DONUTS

BMI NUMBERS


Percentage
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166
140
87
44
9
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25-29.9
30-34.9
35-39.9
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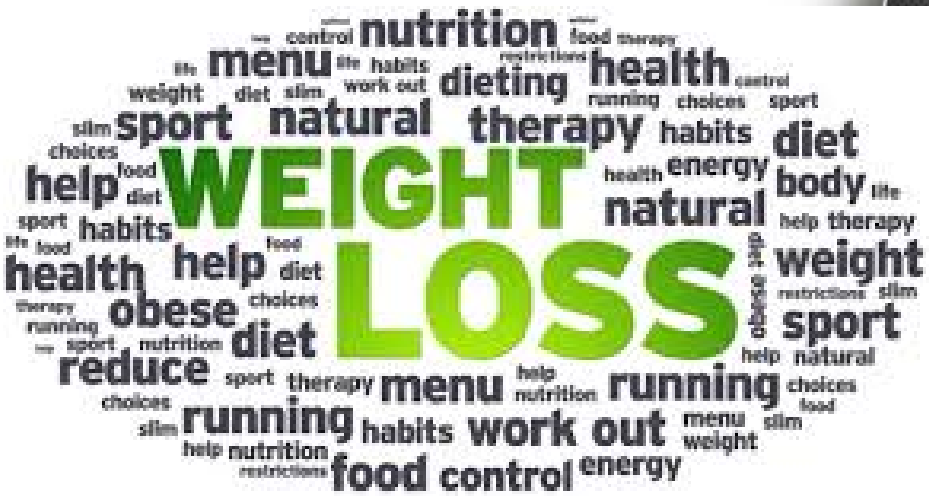
>50
BMI bracket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work out
food control


HELP!


Knowledge
is
power


specific
achieving
actions
achieve
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life
writing
closer
always
review
take
towards
Every
progress
daily
every
goals
day
one
step
goal
setting
committed
action


EDUCATION


MYTHBUSTERS

Deloitte Access Economics

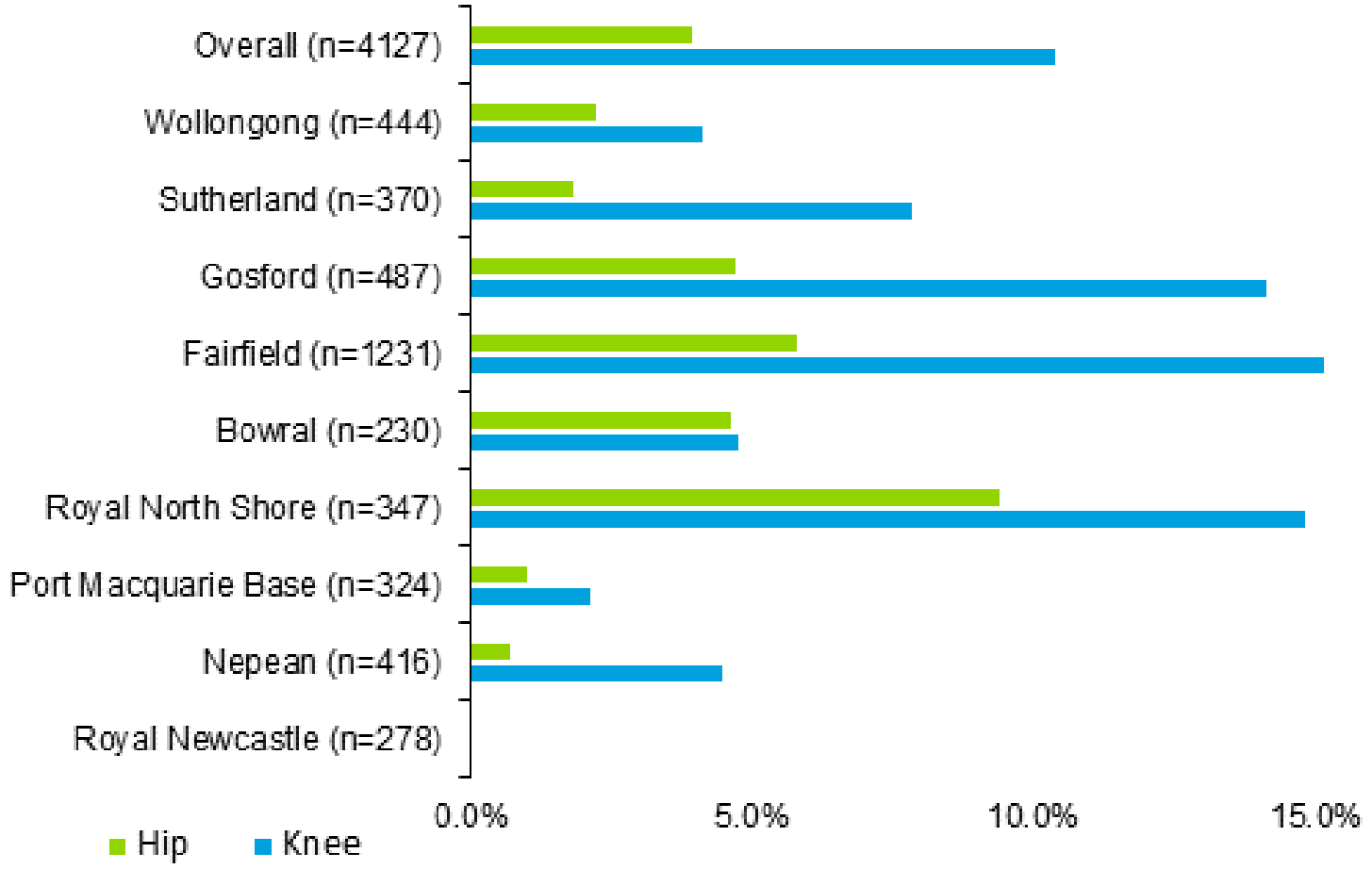
Osteoarthritis Chronic Care Program evaluation

Agency for Clinical Innovation

22 July 2014

……the analysis shows that around 11% of knee osteoarthritis patients and 4% of hip osteoarthritis patients who were removed from surgical waitlists across program sites no longer require surgery.

Chart i: Share of OACCP waitlist removals that no longer require surgery



Deloitte Access Economics

Osteoarthritis
Chronic Care
Program evaluation

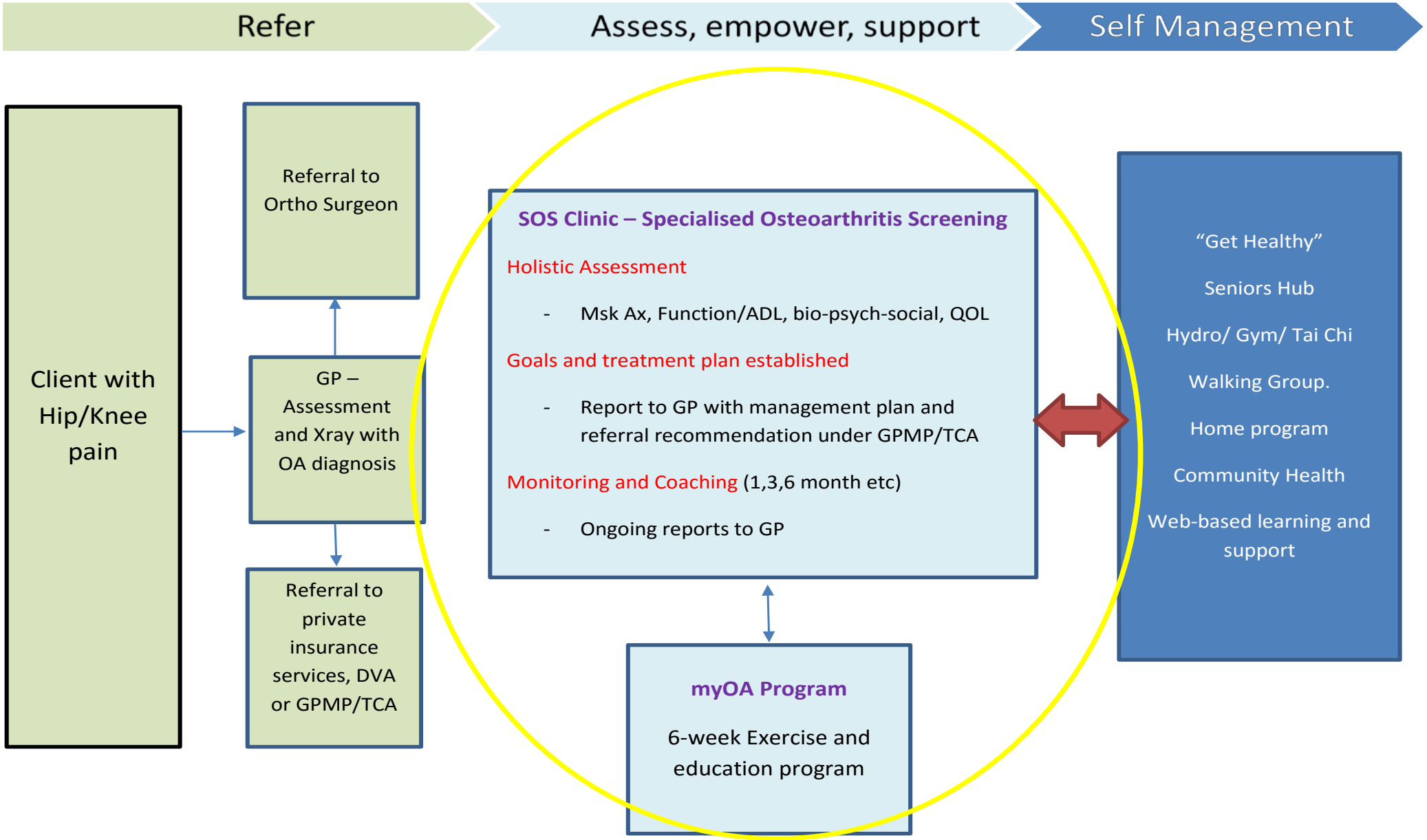
Agency for Clinical Innovation

22 July 2014

An overwhelming majority of those consulted noted the opportunity for the OACCP to target patients much earlier on in their OA pathway before they see an orthopaedic surgeon. Some went as far to say that the program should be more community-based and take on a more primary prevention focus, rather than targeting patients who are already on the surgical waitlist. This ensures patients are provided with the option of conservative OA management early on leading to potentially better patient outcomes. From the ACI and the program's perspective, earlier intervention may mean better value-add for patient outcomes.

Specialised Osteoarthritis Screening "SOS" Clinic and "myOA" Exercise and Education Program

New Tweed Hospital Hip and Knee Osteoarthritis Service model:



Best Practice
An evolution in GP software

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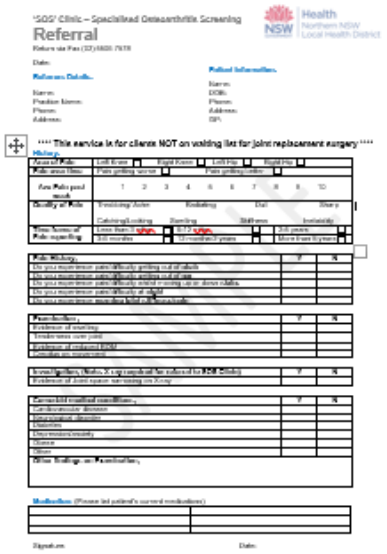
OR

Health
Northern NSW
Local Health District

‘SOS’ Clinic - The Tweed Hospital

Specialised Osteoarthritis Screening Program

Referral Form


Referral

HealthPathways
Mid & North Coast of NSW

Log into HealthPathways Mid and North Coast

Username manchealth

Password ••••••••••

Remember my login details

Login

medical-objects
CLINICAL APPLICATIONS, MESSAGING AND INTEGRATION

Search ‘SOS Clinic”

Patient case study– MR F

- 54 year old male seen in 2013 – main issue moderate to severe patella-femoral OA, moderate knee OA, fairly recent acute flare up pain

Assessment findings included:

- chronic pain behaviours fear avoidance, boom / bust
- Unemployed, on disability pension since work accident in 1994
- Quads wasting
- Meds: 400 mg Tramadol daily
- PHx: diabetes, depression
- Overweight

Patient case study– MR F

Objective measures (Initial assessment):

- VAS (Pain) 6-8 (Bad)
- Oxford knee 15 (Severe – needs surgery)
- TUGT 18 sec (Bad)
- 6 MWT 265m (Bad)

Patient case study– MR F

Plan:

- Physio – Home program plus 4 week group exercise program
- Focus developing rapport and trust
- Gentle, progressive exercise program: quads, VMO, knee control
- exercises, graded walking program
- Referral to generalist counsellor
- Education regarding opiate medication
- 12 months monitoring at clinic 4 x 3 monthly reviews

Patient case study– MR F after 12 months

Objective Measures:

- VAS: Initial: 6-8 / **Current: < 4** **(Mild)**
- Oxford: Initial 15 / **Current: 38** **(Mild – not for surgery)**
- TUGT: Initial 18 secs / **Current: 7 secs** **(Normal)**
- 6 MWT: 265 metres / **Current: 525 metres** **(Normal)**
- No pain meds, losing weight, working near full time, continues regular
- walking program
- Not willing for TJR surgery
- 12 month reviews

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