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## CONFERENCE ABSTRACT

### **"My Aching Joints" – Early Integrated Services to rescue the Osteoarthritic Hip and Knee**

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Knee and hip osteoarthritis is linked to hip and knee pain, but this is only part of the picture. Excessive weight, weakness, stress and environmental factors are modifiable factors that also play a role. Substantial evidence exists for non-operative management of the osteoarthritis hip and knee prior to considering surgery. However, limited access to health and lifestyle assessment and services for non-operative management of joint pain means this chronic condition is often poorly managed by pharmaceuticals and long waiting periods for specialist review and surgery.

The Tweed Community Health Knee and Hip Arthritis Service was developed in partnership with North Coast Primary Health Network, Orthopaedic Specialists, General Practitioners and the local Community Health services. Also supported by the Agency for Clinical Innovation (ACI). It provides seamless, person centred care through partnership across primary and public service providers. Timely and evidence based assessment and intervention, is provided to reduce pain and reverse functional decline, and where appropriate, avoid joint surgery. Emphasis is on patient empowerment through better understanding of their condition and support for self-management. GP's and surgeons are provided with a holistic-health report and recommendations to better manage their clients joint pain. This includes standardised Patient Related Measures for physical fitness and function, quality of life, weight and other findings early in the disease process. Ongoing monitoring and progression of patients over a 6-9 month period facilitates sustained improvement and 'hard-wiring' of health and lifestyle changes.

Key determinants of a patients need for joint replacement surgery are pain and function. After 3 interventions over 3 months outcomes were as follows. (n=131)

Function Score (Oxford):

- 73% improved, average improvement of 6 points from moderate-severe (24/40) to mild-moderate impairment (30/40)

Pain score (out of 10):

- 69% improved, average pain changed from high-moderate (5.8/10) to low-moderate (3.9/10) range.

At completion of the program at 6months (n=93):

- 2 out of 3 patients said their walking on flat ground had improved

- 2 out of 3 patients said their hip or knee had in general had improved

A review of patients at 6 to 18 months after leaving the program (n=130):

- 4 out of 5 remained NOT on a waiting list for joint surgery

A mail out survey for patient 6 month after completing the program (n=37)

- 78% said their 'day to day' activities were easier now than before attending the SOS Clinic

The Knee and Hip Arthritis Service is based on the ACI Osteoarthritis Chronic Care Program Model of Care which targets patient waiting for joint replacement surgery. Our service demonstrates this model of care can be successfully implemented and sustained from a Primary Health referral base and not rely on a service entry point at placement on a public health joint replacement waiting list. It has been operating for over 2 years with consistent flow of Specialist and General Practice referrals. We have learned collaborative engagement, and using Redesign methodology can be successful in implementing change to clinical referral and practice management in the Primary Health setting.