

Redesigning care to improve implementation of effective interventions, and to provide equitable access to surgery for people with osteoarthritis of the hip and knee

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Background

- Lengthy waits for joint replacement
- RMH – median waiting time is 8 months (some wait up to 4 yrs)
- Many waits:
 - wait to receive an appt to see specialist
 - wait to access community services for conservative management
 - wait for surgery

- Longer wait times result in increasing deterioration, poor quality of life and psychosocial wellbeing
- No manner of prioritisation of patients waiting for appointments or those on the waiting list for surgery

Hip and Knee OA Service

- Pilot project funded by the DHS
- Stage 2 of the Orthopaedic Waitlist Project
(Stage 1 - Development and validation of MAPT or Multi-Attribute Prioritisation Tool)
- MAPT (now the Hip and Knee Questionnaire) – prioritisation tool for surgery

Hip and Knee Questionnaire

- Comprised of 11 questions encompassing domains of pain, function and psychosocial wellbeing
- Questions are weighted and a mathematical equation calculates a score out of 100
- 100 = most severe, highest priority for disease
- Translated into 11 languages

The Hip and Knee Questionnaire

ID

Instructions:

For the following questions, think about how your hip or knee has been affecting you over the **last 3 months** when taking your usual medication or using your usual aids (e.g., walking stick, frame or handrails). Please tick **one box only** for each question.

- 1. Do you have hip or knee pain that does not get better even when you rest (for example, while sitting)?**
 None or mild pain
 Moderate pain
 Severe pain
 Extremely severe pain
 The pain is so severe that I cannot bear it
- 2. Do you have hip or knee pain when you first go to bed at night that stops you going to sleep?**
 No or rarely
 I have pain that sometimes stops me going to sleep
 I have pain that often stops me going to sleep
 I have pain that stops me going to sleep most of the time
 I have pain that stops me going to sleep all the time
- 3. Do you have hip or knee pain that limits your walking?**
 My walking is not limited by hip or knee pain
 I can walk for at least 30 minutes before pain stops me
 I can walk for about 10 to 15 minutes before pain stops me
 I can only walk for a short time (such as walking from one room to another room)
 I am not able to walk at all because of my hip or knee pain
- 4. Does your hip or knee make it difficult for you to look after yourself (such as washing yourself, getting dressed, going to the toilet)?**
 No, I can look after myself **Go to Question 6 (over the page)**
 There are some things I cannot do for myself
 There are many things I cannot do for myself
 I cannot do most things for myself
 I cannot look after myself because of my hip or knee
- 5. Do you get enough help with looking after yourself (such as washing yourself, getting dressed, going to the toilet)?**
 I get as much help as I need
 Most of the time I get enough help
 Some of the time I get enough help
 I rarely get enough help
 I do not get enough help with looking after myself

Please answer the questions over the page



A Victorian
Government
initiative



- 6. Does your hip or knee affect your enjoyment of life?**
 No, or only a little
 It makes it moderately difficult for me to enjoy my life
 It makes it very difficult for me to enjoy my life
 It makes it extremely difficult for me to enjoy my life
 I cannot enjoy my life at all because of my hip or knee
- 7. Does your hip or knee cause difficulties with your relationships with people close to you (such as wife, husband, children and close friends)?**
 No, it does not cause difficulties with my relationships
 It sometimes causes difficulties with my relationships
 It often causes difficulties with my relationships
 Most of the time it causes difficulties with my relationships
 All of the time my hip or knee causes difficulties with my relationships
- 8. Does your hip or knee make it difficult for your household (yourself, family and others) to manage financially?**
 No, it does not affect my household finances
 It makes it slightly difficult to manage financially
 It makes it moderately difficult to manage financially
 It makes it extremely difficult to manage financially
 My household cannot manage financially at all because of my hip or knee
- 9. Have you been in paid work in the last 6 months?**
 No
 Yes, my hip or knee does not make it difficult for me to work
 Yes, but it is moderately difficult for me to continue to work because of my hip or knee
 Yes, but it is very difficult for me to continue to work because of my hip or knee
 Yes, but I have had to stop work because of my hip or knee
 Yes, but working is difficult for me for other reasons
- 10. Do you need to look after people who require your care (such as a sick or disabled partner or family member)?**
 No
 Yes, my hip or knee does not make it difficult for me to look after them
 Yes, but it is moderately difficult for me to look after them because of my hip or knee
 Yes, but it is very difficult for me to look after them because of my hip or knee
 Yes, but I am unable to care for them because of my hip or knee
 Yes, but it is difficult for me to look after them for other reasons
- 11. Overall, is your hip or knee problem different now compared with how it was 6 months ago?**
 It is better now
 It is about the same now
 It is a little worse now
 It is moderately worse now
 It is very much worse now

Please answer the questions over the page

Aims of project

- Trial new service delivery model to prioritise and manage patients referred for JRS
- Score all patients on the OWL and those newly referred to Orthopaedic OPs
- Assess all patients on the OWL – compare MAPT score to clinical presentation

- Use the MAPT scores to re-prioritise the waiting list to allow for equitable access to surgery
- Provide evidence-based conservative management (OA Pathway) where appropriate
- Use HKQ as a monitoring tool for those on the waiting list to assess deterioration

Processes

- Develop a Musculoskeletal Clinic that is aligned with Rheumatology and Orthopaedics at RMH
- Musculoskeletal Co-ordinator-run clinics:
 - 4 per week at RMH
 - 3 other MSC clinics at local CHCs

- Steering committee set up – protocols agreed by members
- Key stakeholders – Orthopaedics, Rheumatology, GP, Pre-admission clinic, Ortho Liaison Nurse, Consumer, Allied Health, DHS

Musculoskeletal Co-ordinator

- Different role for physiotherapy – more “hands-off” approach
- Global assessment done - form management plan with patient, provide education and exercises and organisation of appropriate services in the community
- Large educational role
- Ability to influence patient position on OWL

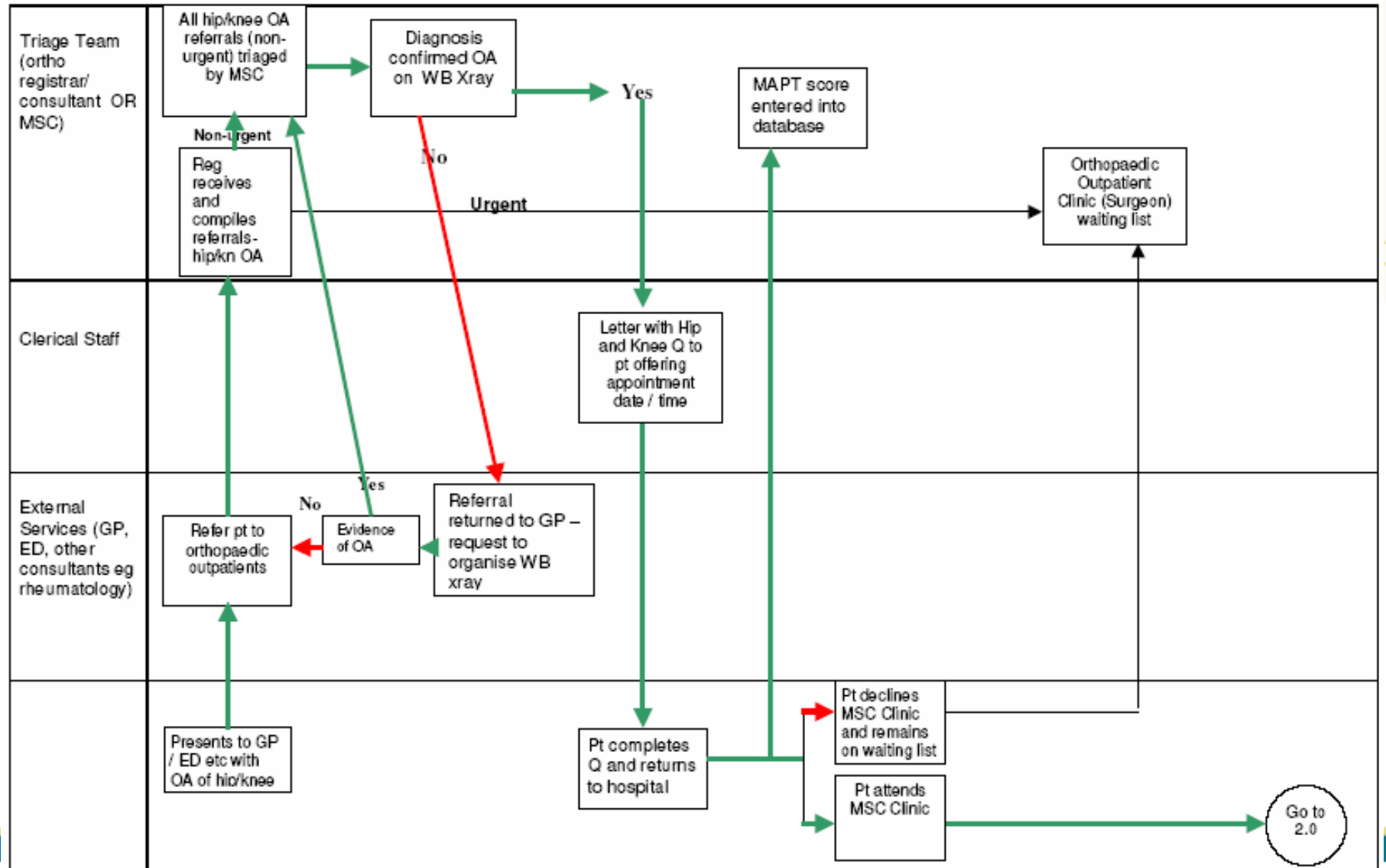
MSC education

- Formalised training for community MSCs
- Included MSC manual, database training and OA pathway (evidence-based management)
- Regular meetings with all MSCs to ensure standardised assessment and management

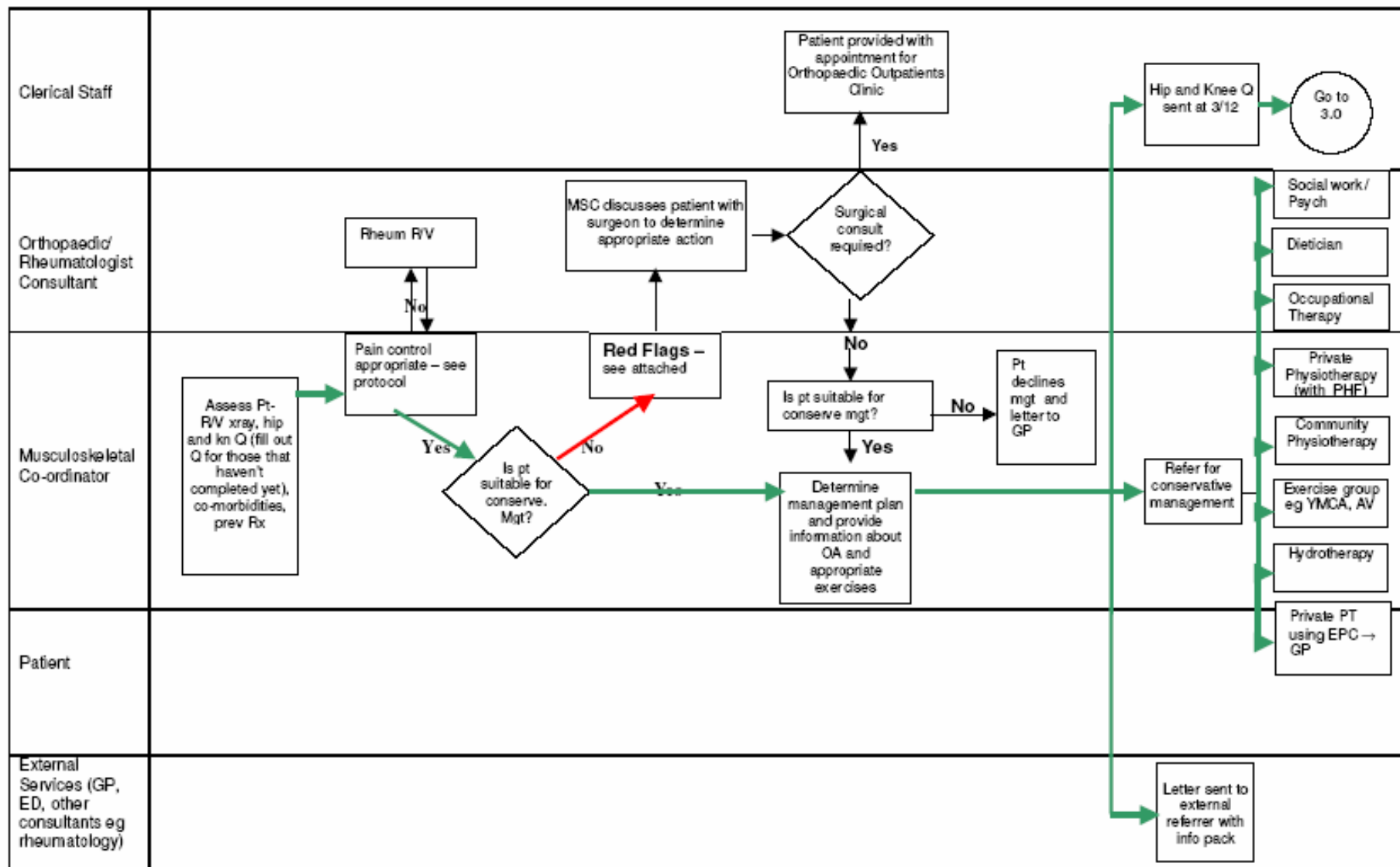
Why the community clinics?

- Chronic disease management – better suited
- Alignment with DHS principles/goals
- Patient access
- Holistic approach
- Continuity of care

1. Referral, Triage and Appointment Process for New Patients referred to Orthopaedics



2. Musculoskeletal Co-ordinator assessment and management process



New patients - Triage of referrals

- New patients only – for those referred into Ortho OPs from the community
- Exclusion criteria developed
 - Needs confirmed diagnosis on Xray of OA hip or knee
 - No revision, osteotomies, or ?scope
 - Pts referred to specific surgeons
 - Urgent referrals

Referral Issues

- Registrars triage – not accessing all referrals
- Surgeon's preferences
- GP letter – minimal info

MSC Clinics

- 4 clinics per week established at RMH
- Assessing both new patients and patients on the Ortho waiting list
- Assessment completed – 30 mins

Monitoring and review of patients

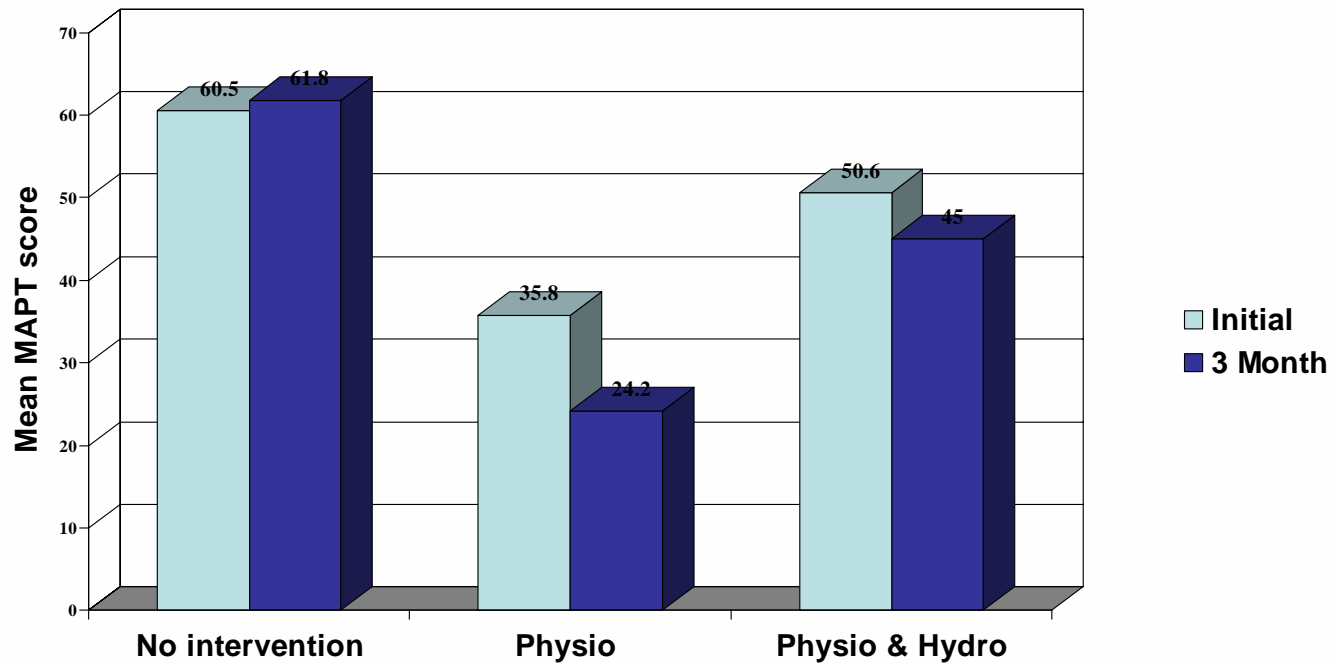
- Hip and knee questionnaires sent every 3/12
- If MAPT score has deteriorated, phone review conducted to assess if further assessment/management required
- 3/12 -Assess uptake of services and barriers encountered

Data to date

- Demographics: Mean age 66, 60% female, 25% required interpreter, Mean BMI : 32
- 90% completion of HKQ – 340 patients
- Average MAPT score: Hip OA: 64/100
Knee OA: 53/100
- 70% of patients have had no previous conservative mgt despite being on the OWL

Change in MAPT score at 3/12

Graph 2: Change in MAPT score (N =38)



Re-prioritisation

- If Pt has high MAPT score that matches their clinical assessment – refer to Ortho Liaison Nurse to organise earlier pre-admission appt and subsequent surgical date
- If MAPT has greatly increased over the last 3/12, may be re-prioritised up the surgical list

Uptake of referrals at 3 months (n=36):

- 25/30 have had physiotherapy intervention
 - 4 patients chose not to attend, 1 was unable due to access issues
- 12/24 patients have attended hydrotherapy
 - 9 patients chose not to attend, 2 had access issues and 1 was due to cost
- 3/7 patients referred to dietetics have not had management due to access issues

Barriers

- Pt /GP expectations
- Space for clinic
- Community resources – access to services limited for conservative management
- Costs for pts
- Changing pts attitudes and beliefs re self-management
- Orthopaedic input

Positives

- Pt timely access to evidence-based management
- Avg time for MSC appt 28 days (cf 250 days to see surgeon)
- 40% of new patient referrals have not required Orthopaedic consultation (23/59)
- Starting to improve equity of service

- Pt access – appreciative of having Ax at their local CHC
- Pt satisfaction
- Improved communication/trust between acute and community sector

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