Implementing high value care for osteoarthritis in Australia

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OUTLINE

1. What is high value care?
2. What drives the physiotherapy evidence-practice gap in Australia?
3. How can the physiotherapy profession make a difference?
What is high value physio care?

“Care that is supported by evidence to provide benefit, and that is cost effective and safe”
What is high value physio care?
Exercise-therapy is cost-effective

Manual therapy is not cost-effective
GP referral patterns for OA in Australia

Brand et al. 2014

Imaging referred for 22% of the time!
Barriers at a referral level

5 GPs, 5 surgeons, 5 Rheumatologists

I mean if the x-ray is really bad and showing bone-on-bone, I don’t think physio is going to be able to do very much except keep the muscle strong and then joint replacement has be considered. - D5

The first thing they ask is, “How much does it cost?” ..... In the past, the barrier was – I’d refer the patients and the patient would come back and say, “My fund doesn’t cover this.” - D6

I think the factors are cost, time, and transportation. I think (the hospital) is really difficult for people to get to. - D3

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Barriers at patient level

10 who had completed/commenced, and 10 who had not commenced GLA:D®

I think the biggest barrier is ignorance ..... There was no understanding of the benefit of exercise on osteoarthritic needs. And within three months, I had such a major improvement and I’ve seen it with other participants who complete the program. But it’s ignorance. - P1

I think that you must always consider the cost of it, I think that’s the first one, but the ability to attend which is not always clear cut as far as driving and trams and whatever is concerned. - P12

I’ve just been on anti-inflammatories for too long. ..... I guess if you fix it up, you take lumps and bumps out of any surface starting together, must ease it. - P20

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Where do we intervene?
Socio-Ecological Perspective
(Glanz and Rimmer 2005)
#choosephysio?
BARRIERS TO EXERCISE-THERAPY IN PHYSIO PRACTICE

Limited funding to attend professional development...
Lack of opportunity to improve knowledge or training
  Poor access access to gymnasium
  Clinic space is too small
Poor access to rehabilitation equipment
Follow up appointment time too short
Initial appointment time too short

“Manual therapy is expected by patients and bosses and takes up time that could be better spent on exercise”
## Physiotherapists in Australia

<table>
<thead>
<tr>
<th>Aware of guidelines</th>
<th>Baseline (n=78)</th>
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<tr>
<td>Confident or very confident in:</td>
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<tr>
<td>Prescribing neuromuscular exercise</td>
<td>38%</td>
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<tr>
<td>Providing education related to self-management</td>
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<td>68%</td>
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<td>Discuss the importance of weight management</td>
<td>60%</td>
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And then there is what we do
EVIDENCE BASED PHYSIOTHERAPY FOR KNEE OA

WHAT IS HIGH VALUE (active treatments)
- Evidence based education
- Exercise
  - movement control, fitness, weight bearing/strength
- Lifestyle change
  - physical activity, weight loss

WHAT IS LOW VALUE (passive treatments)
- Massage
- Needles
- Rollers
- Tens
- Ultrasound
- Interferential
- Laser

Designed by @PhysiotherapyNet

#choosephysio
Welcome to GLA:D Australia

The best first treatment for hip and knee osteoarthritis
Physiotherapists in Australia

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**Confident or very confident in:**

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Physiotherapists in Australia

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<th>Baseline (n=78)</th>
<th>12 month follow up (n=39)</th>
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<tr>
<td>Aware of guidelines</td>
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<td>89%</td>
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69% implemented the program within 12-months

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Patient level feasibility data in Australia (2017)

Hip/Knee osteoarthritis (n = 63)

- 36% ↓ Pain
- 10% ↑ in walking speed
- 36% ↓ Pain

↑ Joint-related QoL

Baseline vs 3 months

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Sport and Exercise Medicine Research Centre

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250+ sites in Australia

> 25 tutors

Sport and Exercise Medicine Research Centre
959 physiotherapists
GLA:D® can change surgery intentions

Do you have so much trouble and pain from your knee that you want to have surgery?

• 294/1159 say yes at baseline – 25.4%
• 59% who said YES at baseline change to NO at 3 months
MYTH BUSTED: Exercise isn't harmful for people with knee osteoarthritis

Advice to rest and avoid pain is commonly provided to people with knee and other joint pains - advice that is often wrong, and harmful.
1. Exercise-therapy is cost effective and high value

2. The bottom up approach, driven by physiotherapists in Australia can change things

3. We need to work together – strength in numbers!

Todays slides and links: 
https://trekeducaition.org/transform-oa/