



# Implementation of an Osteoarthritis Hip and Knee Service (OAHKS) in a community health setting compared to the hospital setting: a feasibility study for a new care pathway

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## What did we do?

- Set up OAHKS (assessment by an advanced musculoskeletal physiotherapist in place of an orthopaedic surgeon) in a community health setting for patients with hip and knee osteoarthritis over the age of 30.
- Examined feasibility<sup>1</sup> (including patient and doctor satisfaction, referral rates for surgical opinion and waiting times) and compared between community OAHKS (n=40 patients) and hospital OAHKS (n=51 patients).

Assessment was very comprehensive as reflected by the report (GP, community OAHKS)

I felt so comfortable and everything was explained in a way I could understand (patient, community OAHKS)

Glad to know more about this service and get to know & understand about my condition, learn how to manage the pain, how to do the right exercise, hopefully leading to better health (patient, community OAHKS)

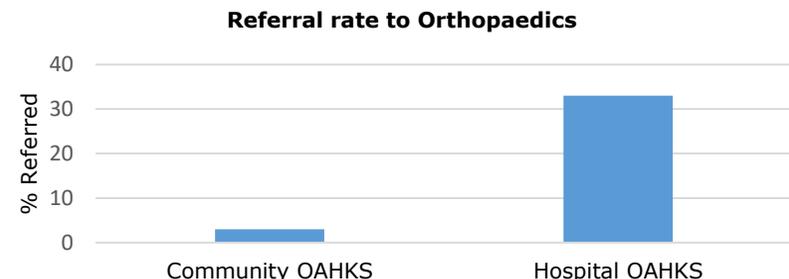
## Why did we do it?

- All patients with hip and knee osteoarthritis are recommended non surgical management, including exercise.<sup>2</sup>
- OAHKS clinics are traditionally located in a hospital, which often do not have onsite access to exercise programs.
- A community health setting has advantages of local, onsite exercise programs.

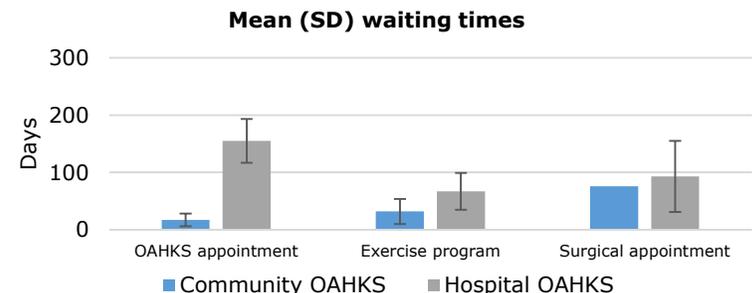
## What did we find?



Community OAHKS had high levels of satisfaction from patients and doctors, with small significant differences in favour of community OAHKS for internal factors such as time with a physiotherapist [MD=0.2 units (0.02 to 0.3), *P*=0.02] and external factors such as parking [MD=0.3 units (0.2 to 0.5), *P*<0.001].



Significantly fewer patients were referred to orthopaedics from community OAHKS compared to hospital OAHKS [(OR=0.05 (95% CI 0.01 to 0.41)].



Average waiting time was significantly lower for Community OAHKS appointment [MD=138 days (151-125)], *P*<0.001] and for commencing exercise program (MD=45 days (61-30), *P*<0.001). Average waiting time for orthopaedic appointment was similar.

### Key Findings

- ✓ It was feasible to establish OAHKS in a community setting.
- ✓ Community OAHKS was acceptable to patients and doctors.
- ✓ Quick access to OAHKS, an onsite exercise program, and substantially reduced rates of orthopaedic surgical referral is a potential benefit of community OAHKS; with future research required to ascertain sustainability.

References 1. Bowen DJ, Kreuter M, Spring B, Cofta-Woerpel L, Linnan L, Weiner D, et al. How we design feasibility studies. American Journal of Preventive Medicine. 2009;36(5):452-7. 2. Guideline for the management of knee and hip osteoarthritis. 2nd Edn. The Royal Australian College of General Practitioners 2018