



# Engaging in an evidence-based osteoarthritis management program: Referrer and patient perspectives



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## What did we do?

- Completed semi-structured individual interviews with people with knee OA and potential referrers (GPs, surgeons, rheumatologists) to physiotherapy
- Interviews explored barriers and enablers to participation in a specific 8-week OA education and exercise-therapy program – Good Life with osteoArthritis from Denmark (GLA:D®), as well as other non-surgical and surgical care for knee OA
- Thematic analysis was conducted using an inductive and grounded approach, supported by NVivo software

## Why did we do it?

- >2.1 million Australians have OA, a number expected increase to 3 million by 2030<sup>1</sup>
- The cost of joint replacement surgery in Australia is estimated to increase to > \$5 billion by 2030<sup>2</sup>
- Clinical practice guidelines recommend exercise-therapy, education and weight management as first line care<sup>3</sup>
- Most (57%) Australians with OA don't receive appropriate non-surgical care<sup>4</sup>
- Referral of people with OA to physiotherapy or exercise-therapy in a GP setting is rare (<4%)<sup>5</sup>
- Our GLA:D™ Australia feasibility work indicates the program ↓s pain (35%), improves joint-related quality of life, and physical function (strength + walking speed)<sup>6</sup>

## What did we find?

**20 people with knee OA** (10 who *had completed/commenced*, and 10 who *had not* commenced GLA:D®)

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 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'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

**15 doctors** (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 been 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

## KEY THEMES

Key barriers to participation in education and exercise-therapy programs like GLA:D® perceived by both patients and referrers included **financial and physical access, time to attend** and **beliefs that other treatments would be more beneficial or accessible** (pharmaceuticals, surgery).

Key enablers perceived by both patients and referrers included a **doctors' recommendation, enhanced program availability, and improved funding**. Patients also highlighted that **understanding OA** and the **potential benefits of exercise** would be key enablers.

## Uptake of evidence-based knee OA programs like GLA:D® may ↑ through:

- Improved funding for participation
- Increased service availability – greater number of times and geographical locations
- Educational resources and initiatives for patients and doctors to highlight the value of education and exercise-therapy

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**References:** 1. Ackerman et al (2016). Counting the cost. The current and future burden of arthritis. Arthritis Australia; 2. Ackerman et al (2019). The projected burden of primary total knee and hip replacement. *BMC musculoskeletal disorders*, 20(1), 90; 3. RACGP (2018). Guideline for the management of hip and knee osteoarthritis. Melbourne; 4. Runciman, et al. 2012. CareTrack: assessing the appropriateness of health care delivery in Australia. *MJA* 197:100; 5. Brand, et al. 2014. Management of osteoarthritis in general practice. *Arthritis Care Res* 66:551; 6. Francis et al (2019). Implementing evidence based education and exercise for knee osteoarthritis. Victorian Allied Health Conference.