

Victorian osteoarthritis Model of Care initiative

Victorian Musculoskeletal Clinical Leadership Group

Components of care

Components of care by medical practitioner should include consideration of body weight and nutrition as per practice guidelines such as 'Guideline for the non-surgical management of hip and knee osteoarthritis July 2009'. People who are overweight or obese, or who wish to maximise the anti-inflammatory effects of specific food components, should be referred to an Accredited Practising Dietitian (APD). Exercise physiologists and physiotherapists also have a role in maximising physical activity in the self-management paradigm.

When

Referral to an APD should occur as early as possible in the course of the disease to promote symptom management and weight control.

Who

APDs in publicly funded health services or in private practice may provide individual medical nutrition therapy or contribute to group programs for people with osteoarthritis. Dietary components of group programs for self-management of osteoarthritis should be delivered by an APD, or by a health professional under the supervision of an APD.

Where

Care should be provided close to where the person with arthritis lives. Where this is not possible, telehealth should be considered to facilitate access.

What is working well

DAA is not aware of Australian or Victorian statistics which address access by people with osteoarthritis to APDs. DAA understands that access to publicly funded dietetic services is limited, and that many consumers lack ancillary health insurance to pay for private consultations. Some people may be referred by GPs to APDs under the Medicare Chronic Disease items.

Barriers

The right care. Access to APDs may be limited by no public service, waiting lists for public service, inability to afford private services. Lack of recognition by General Practitioners or other medical practitioners about the role of nutrition in self-management of osteoarthritis and referral to available services.

Right place. geographical distance from services in rural areas or immobility of people with osteoarthritis in urban areas and lack of alternatives e.g. no telehealth access under Medicare for allied health chronic disease items.

What tools or resources

Funding to support access to APDs as part of multidisciplinary care which supports self-management

Comments

Other Excellent initiative given arthritis is a leading cause of morbidity in developed nations such as Australia.