

SUBMISSION

Legislative Council Inquiry into Health Outcomes and Access to Community Health and Hospital Services for Tasmanians Living in Rural and Remote Tasmania

EXECUTIVE SUMMARY

Arthritis is one of the most common, costly, and disabling chronic conditions in Australia, yet it continues to be misunderstood and often trivialised.

In Tasmania, an estimated 1 in 4 people are affected by arthritis or related musculoskeletal conditions, causing pain, stiffness, impaired physical function, and reduced quality of life.

There is no cure for arthritis, but there are some effective treatments to help ease symptoms, and with prompt treatment, disease progression can be slowed or halted, and in some forms of arthritis, even remission achieved.¹ Unfortunately, it can take some people up to a year to see a rheumatology specialist through the public system. Ideally, people with certain types of arthritis, (such as rheumatoid arthritis or juvenile arthritis) should see a rheumatologist within 12 weeks of the onset of symptoms – a year is far too long to wait, and the disease can progress significantly in that time.²

The gaps in current services for Tasmanians living with arthritis and related musculoskeletal conditions are well documented, and the recommended actions identified through extensive processes such as that undertaken by the Musculoskeletal Clinical Advisory Group (CAG). However, there is a major mismatch between the burden of disease associated with arthritis and its prioritisation in policy and resourcing which needs to be urgently addressed.³ The cost of inaction and failure to invest in services to address the growing burden of arthritis will be significant and add to an already overloaded public health system in Tasmania.

This submission puts forward the following recommended actions:

Recommendations:

- ▶ Implementation of a strategic, cohesive and appropriately resourced musculoskeletal model of care for Tasmania as an immediate priority.
- ▶ The establishment of a single point of entry for rheumatology referrals, assessment and treatment pathways state-wide.
- ▶ An appropriately resourced multi-disciplinary specialist rheumatology service (1FTE rheumatologist, with allied health service support) located in the State's north to improve access and health outcomes for those living in the north and north west regions of Tasmania.

HEALTH OUTCOMES

Arthritis is one of the most common, costly, and disabling chronic conditions in Australia. An umbrella term 'arthritis' covers over 120 conditions including osteoarthritis, rheumatoid arthritis, juvenile idiopathic arthritis, gout, ankylosing spondylitis, polymyalgia rheumatica, psoriatic arthritis, sjogren's syndrome, scleroderma, fibromyalgia, and many more. Arthritis affects people of all ages, with many of working age.

- In Tasmania an estimated 104,300 people (15% of the population) are reported to be living with arthritis⁴ - this is expected to increase by 20.5% by 2030.
- An estimated 65% of Tasmanian adults have two or more long term chronic health conditions, and 44% have three or more long-term conditions.⁵
- 1,917 knee and 1,616 hip replacements were performed in Tasmania in 2020⁶
- Demand for joint replacement is expected to double by 2030⁷ – yet, providing better care for people with arthritis is estimated to save the health system over \$170 million a year by reducing demand for joint replacements⁸
- The healthcare costs* associated with arthritis and related musculoskeletal conditions in Tasmania are expected to increase from \$162.4 million in 2015, to \$197.7 million by 2030 – an increase of \$35 million.⁹



** The healthcare costs comprised hospital expenses, out-of-hospital medical expenses, and the costs of pharmaceuticals.*

The prevalence and impact of these conditions on people's lives, and the burden on the Tasmanian health system, has been ignored for too long.

AVAILABILITY AND TIMELINESS OF HEALTH SERVICES

a) *Non-GP specialist medical services*

Availability and timely access to specialist rheumatology services has long been an issue for Tasmanians, particularly for those living in rural and remote Tasmanian communities.

Rheumatology specialist services in Tasmania are currently delivered in both the public and private systems (estimated total 4FTE) and are almost exclusively centred around Hobart. It is understood only 1.2 FTE of the 4FTE operate in the public health system (RHH). There are no public rheumatology specialist services in the north and north-west regions.

Anyone seeking to access public rheumatology specialist services in Tasmania has no option but attempt to access specialist services through RHH rheumatology outpatient clinics. However, a lack of capacity in the current service model means long waiting times for rheumatology outpatient clinic appointments in the south. The COVID-19 pandemic, prolonged staff sick leave and loss of staff have all impacted on rheumatology service provision at RHH this year. The current waiting times for non-urgent cases is 769 days, and referrals are apparently no longer being accepted. For semi-urgent cases, the estimated wait time is 139 days, and for urgent cases (Category 1), the estimated wait is 175 days.¹⁰

Private rheumatologists in Hobart see patients from all areas of the State, including up to 30% or more coming from north/north west regions. There is a vast number of people with arthritis

in Tasmania who do not have the financial capacity to access private rheumatology services. Without prompt diagnosis and an appropriate management plan in place, these people inevitably end up on surgical waiting lists for joint replacement and/or other costly tertiary treatments.

There is a private rheumatology specialist (0.7 FTE) based in Launceston who services specific locations across the north/north west, supported by funding from Rural Health Outreach Fund (RHOF) Services (TAZREACH). As of 1 July 2020, the locations reported as being funded for annual visits included: King Island (4 visits); Queenstown (6 visits); and Wynyard (10 visits).¹¹

b) *Primary care, allied health, and general practice services*

The provision of services for those with arthritis and related musculoskeletal conditions benefits greatly from a multi-disciplinary team approach (physiotherapy, occupational therapy, podiatry, psychology, and specialist rheumatology nurses). However, there are shortfalls in confidence and skills among allied health professionals in the management of arthritis – in particular, inflammatory arthritis.

Early diagnosis and improved management of people with arthritis is needed at GP level, with evidence suggesting targeted information and education campaigns are required.¹² Adults and children with symptoms indicative of inflammatory arthritis require urgent attention and referral to rheumatologists for advice, yet there is either no availability, or limited access for this to occur.

People with arthritis who are struggling to remain in the workforce due to their condition, have few options in terms of advice and programs to assist them to remain in the workforce.

There is limited access to specialised rheumatology physiotherapy services in the State, with the existing part-time position at RHH predominantly tied to the outpatient clinics.

It is fair to say there has however been a noticeable and gradual decline in specialised rheumatology allied health services across Tasmania over the past two decades.

c) *Patient transport services*

Recent changes to the Patient Travel Assistant Scheme (PTAS) have disadvantaged Tasmanians required to travel to Hobart from regional areas to access specialist rheumatology and persistent pain management services. Currently, support is only available when travelling to Hobart to access public rheumatology services – not private. However, there are long waiting lists for rheumatology outpatient clinics, and it is also understood that the RHH rheumatology service outpatient clinics will no longer be accepting referrals from outside of the region (it is not adequately resourced to provide a state-wide service). Therefore, those living in the north and north west of the State will be left with no service.

BARRIERS TO ACCESS

a) *Non-GP specialist medical services*

Primarily the barriers to accessing specialist rheumatology services include:

- no public rheumatology services available in north and north west regions*
- inadequately resourced public rheumatology services (exacerbated by unfilled positions)
- unacceptably long waiting lists for public rheumatology outpatient clinics at RHH

- the rheumatology service at RHH is by all accounts no longer accepting category 2 and 3 referrals from outside the region
- multiple and confusing entry points for those needing to access a rheumatologist
- cost of accessing private rheumatology services prohibitive for those on fixed, low incomes (initial visit ranging anywhere from \$385-\$405)
- tyranny of distance in having to travel to Hobart to access specialist rheumatology services

*It is doubtful the one private rheumatology service based in Launceston would have the capacity to service north/north west, even if it were affordable.

b) *Primary care, allied health, and general practice services*

There is currently no coordinated framework for the delivery of arthritis and related musculoskeletal services across the State. For Tasmanians living in rural and remote communities, referral pathways to rheumatology specialised services are ad hoc and/or non-existent.

There are significant benefits to be gained from expanding the rheumatology nurse practitioner role. RHH employed a rheumatology nurse in 2010. This position liaises with local GPs about diagnosis and appropriate management of their patients and triages cases so that only the most appropriate are referred to the specialist rheumatologist.

c) *Patient transport services*

People living in the north and north west of Tasmania, and/or many other regional communities, have no option but to travel privately to access specialist rheumatology services in Hobart. For many people with severe osteoarthritis or flaring inflammatory arthritis, having to drive several hours can be incredibly difficult. Often overnight stays are required to avoid 6 to 7 hour round road trips. According to the recent PTAS determination, people will be reimbursed for rheumatology services on the provision they are seen by a public consultant in a public facility. However, if RHH rheumatology outpatient clinics are no longer accepting referrals for new patients who are currently under the care of a private rheumatologist, nor category 2 and 3 referrals from outside the funding region, where do these people go?

PLANNING SYSTEMS, PROJECTIONS AND OUTCOMES MEASURES

Arthritis and related musculoskeletal conditions in Tasmania have been managed to date by separately evolved services. This has resulted in issues such as confusion among GPs and allied health services as to referral pathways, and confusion for individuals needing rheumatology services.

Implementation of a strategic, cohesive and appropriately resourced musculoskeletal model of care for Tasmania is an immediate priority. A state-wide model of care for musculoskeletal services would provide the framework for service linkages, as well as planning and delivery of future services. Core to the model is a patient centred approach where people with arthritis are provided with high quality timely information on the nature of disease progression and self-management and coping strategies.

The establishment of a single-entry point for referrals, assessment and treatment pathways will greatly reduce existing communication barriers and perceived blockages in referral pathways, ensuring people are more likely to receive the right care, at the right time, at the right place.

It will help ensure people with arthritis receive the best care at the right time across the disease continuum, from early diagnosis through to advanced stages of their condition.

Significant time and effort have been committed to developing a cohesive and strategic musculoskeletal Model of Care for Tasmania, yet to date this initiative remains unfunded.

REFERRAL TO TERTIARY CARE

a. Health outcomes impact of delays accessing care

Early diagnosis and access to specialty services is critical to avoid or limit irreversible joint damage, deformity and disability associated with some forms of arthritis. In addition, poorly managed arthritis and related musculoskeletal conditions contribute to the morbidity of conditions such as diabetes, cardiovascular disease and depression, and ongoing high use of health care resources.

Patients with inflammatory arthritis require management and treatment of their rheumatological condition by a rheumatologist as they are often prescribed complex medications that can only be prescribed by a rheumatologist.

As a consequence of the current lack of musculoskeletal health services, people with arthritis living in rural and remote Tasmanian communities:

- experience long delays for Rheumatology specialist appointments; or simply give up waiting;
- are often referred inappropriately to surgical or neurology waiting lists;
- are not given the opportunity for early diagnosis and referral to improved pain pathways and self-management programs; and
- experience poorer health outcomes.
- The PBS mandates 6 monthly rheumatologist reviews in all patients receiving high cost complex medications, without which ongoing medication supply cannot be obtained. This patient population comprises 25% of rheumatology practice.

TELEHEALTH

Whilst it is understood that regional patients are reviewed utilising telehealth whenever feasible, the Australian Rheumatology Association recommends that initial appointments are conducted face to face due to the inherent examination limitations of Telehealth consultations. Good clinical practice is to physically assess a patient at least every 12 months.

ABOUT ARTHRITIS & OSTEOPOROSIS TASMANIA

Arthritis & Osteoporosis Tasmania (AOT) is a not-for-profit association established in 1976 to provide information and support to Tasmanians affected by arthritis, osteoporosis and related conditions. A registered training organisation, AOT offers nationally accredited online training and professional development for exercise and healthcare professionals.

MORE INFORMATION

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REFERENCES

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- ⁴ Australian Bureau of Statistics National Health Survey 2017-18.
- ⁵ Department of Health & Human Services Tasmania: Health Indicators Tasmania 2013.
- ⁶ Australian Orthopaedic Association National Joint Replacement Registry (<https://aoanjrr.sahmri.com/procedures-reported>) viewed 10.03.2021
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- ⁸ Australian Orthopaedic Association National Joint Replacement Registry Annual Report 2014.
- ⁹ Arthritis Australia, 2016. *Counting the Cost: Part 1 Healthcare Costs*.
- ¹⁰ https://outpatients.tas.gov.au/clinicians/wait_times/wait_times
- ¹¹ https://www.health.tas.gov.au/healthprofessionals/tazreach/current_tazreach_funded_services/rural_health_outreach_fund_rhof
- ¹² Arthritis Australia, 2014. *Time to Move: Arthritis*. A national strategy to reduce a costly burden.