Audit of rural rheumatology services in Victoria

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18/09/12
Acknowledgements

• Geraldine McDonald
• Claire Hawkins
• Susannah Wallman
• Esther Lim
• Taryn Charles
Presentation outline

1. About Arthritis Victoria
2. Project overview
3. Interesting findings
4. Next steps
1. About Arthritis Victoria

- State-wide consumer peak body “to improve the quality of life of people who have, or are at risk of developing, musculoskeletal conditions”

- ‘Arthritis and musculoskeletal conditions’ are a National Health Priority Area (affect 1 in 3 Australians)
2. Project overview

- ‘Consumer needs survey’ conducted in 2010
  - *Navigating* the system is confusing
  - *Access* to rural health services is difficult
• Scoping study designed in 2011 to:

“better understand the rural rheumatology referral pathway and the difficulties consumers face when accessing specialist care”
TOTAL PARTICIPANTS
n=81

CONSUMERS
n=62
- Paper survey and focus group discussions

RHEUMATOLOGISTS
n=9
- Semi structured phone interview

GPs
n=10
- Online survey
Limitations

• Consumers recruited only from Arthritis Victoria peer support groups (n=62)

Conditions: osteoarthritis (44%), fibromyalgia (22%), rheumatoid arthritis (17%), osteoporosis (9%)

Age: 70 years old and over (52%), 50-69 years old (43%)

Gender: female (95%), male (5%)
• Sample size for GPs and rheumatologists

• Did not cover other health professionals (e.g. endocrinologist, physiotherapists)

**BUT...** a useful starting point to explore perceptions and better understand the nature of the problem
3. Interesting findings

CONSUMERS want *quicker* access to GP and rheumatology services *closer* to their homes and would like more *information* about managing their conditions.
What they said:

“I don’t really see a rheumatologist”

• Many consumers in the peer support groups responded by asking “what is a rheumatologist?”

• Many respondents saw their GP regularly (92%), but not many respondents have a rheumatologist or other specialist (33%)
“It takes too long to get in”

- ‘acceptable’ wait time for GP: 5 days or less (74%)
  - Only 47% reported experiencing this

- ‘acceptable’ wait time for rheumatologist: up to one month (67%)
  - 82% reported having to wait 1-3 months
“Appointments are too far away”

• ‘acceptable’ travel time to see rheumatologist: up to one hour (79%)
  - 50% reported having to travel more than one hour

• Places burden on family members, increases costs associated with attending appointments and is difficult for people experiencing fatigue and pain
“I want more information”

- Most respondents are satisfied with their GP (95%), but only 58% are satisfied with their rheumatologist

- Top two reasons for dissatisfaction with rheumatologist:
  1. Not enough information about condition
  2. Not enough information on medications
RHEUMATOLOGISTS want *earlier* referrals from GPs but do not feel they currently have the *time or resources* to support this.
What they said:

• Current referrals from GPs are generally appropriate

• Would prefer to receive referrals earlier (e.g. at the onset of symptoms) – particularly for inflammatory arthritis

• Lack capacity to support an increase in referrals of newly diagnosed patients
  - insufficient consultation time in clinics
  - limited referral options for multidisciplinary support back in local rural areas
GENERAL PRACTITIONERS want quicker acceptance of their referrals to rheumatologists and agree that consumers should be able to access services closer to their homes.
What they said:

• Lack of locally available rheumatologists
  - perception that most patients had to wait >4 months

• Concerned about patients having to travel long distances to see rheumatologists
“better understand the rural rheumatology referral pathway and the difficulties consumers face when accessing specialist care”

Key message 1 (consumers)
Getting a specialist appointment takes a long time and is often inconvenient (travel distance, time, expense)

Key message 2 (GPs and rheumatologists)
GPs want rheumatologists to accept referrals earlier, but rheumatologists do not currently have capacity
4. Next steps

• Explore alternative models of care
  e.g. Rheumatology nurse practitioner model
  e.g. E-health initiatives

• Partnership opportunities
  • NHMRC partnership grants
  • ARC linkage grants
  • Other organisations
Questions?

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