

Audit of rural rheumatology services in Victoria

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Acknowledgements

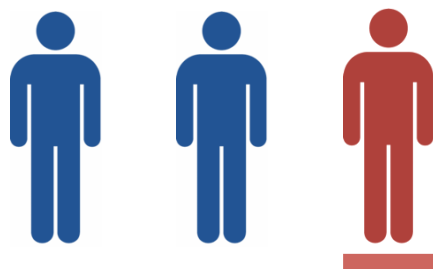
- Geraldine McDonald
- Claire Hawkins
- Susannah Wallman
- Esther Lim
- Taryn Charles

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)

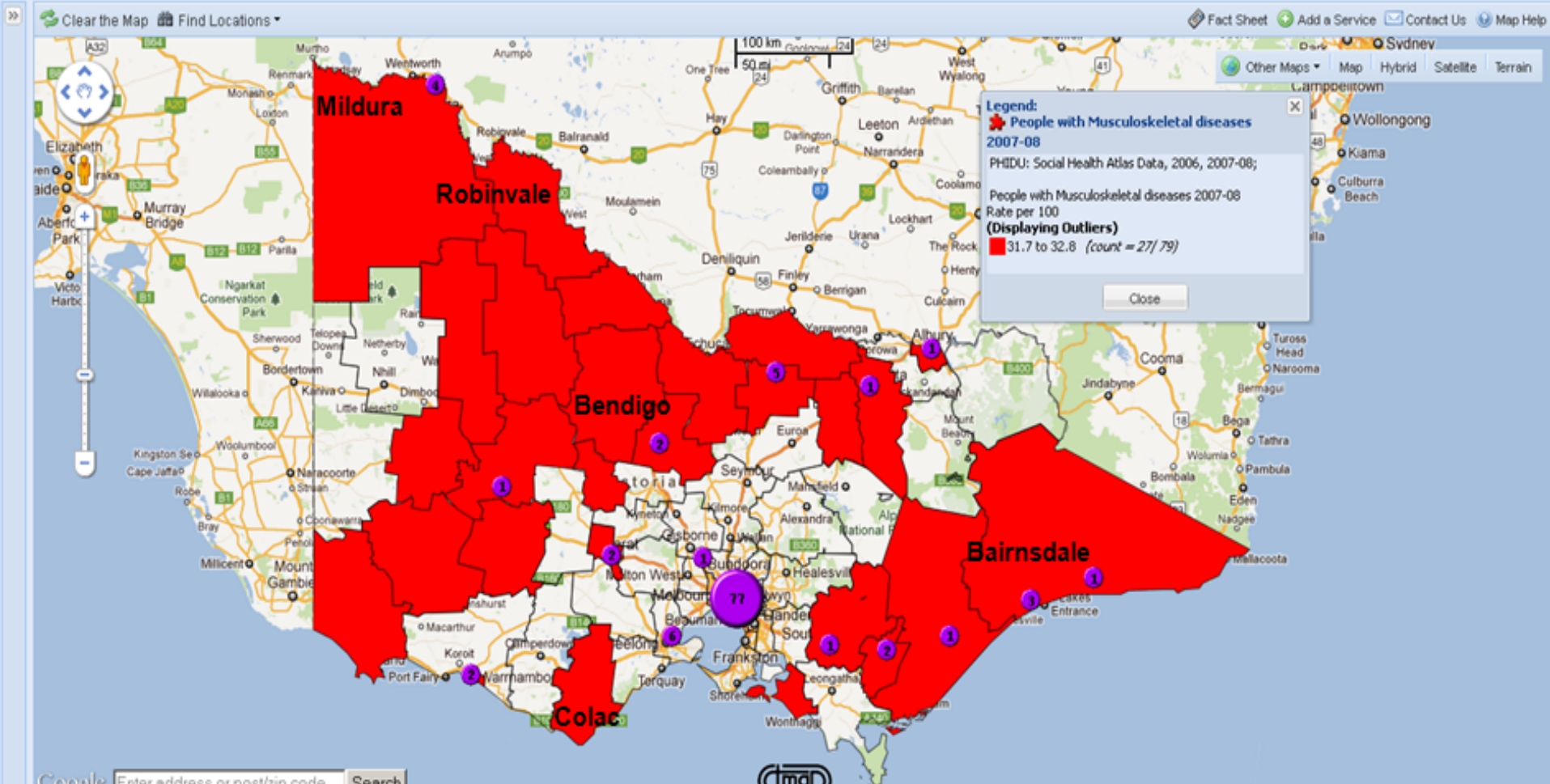


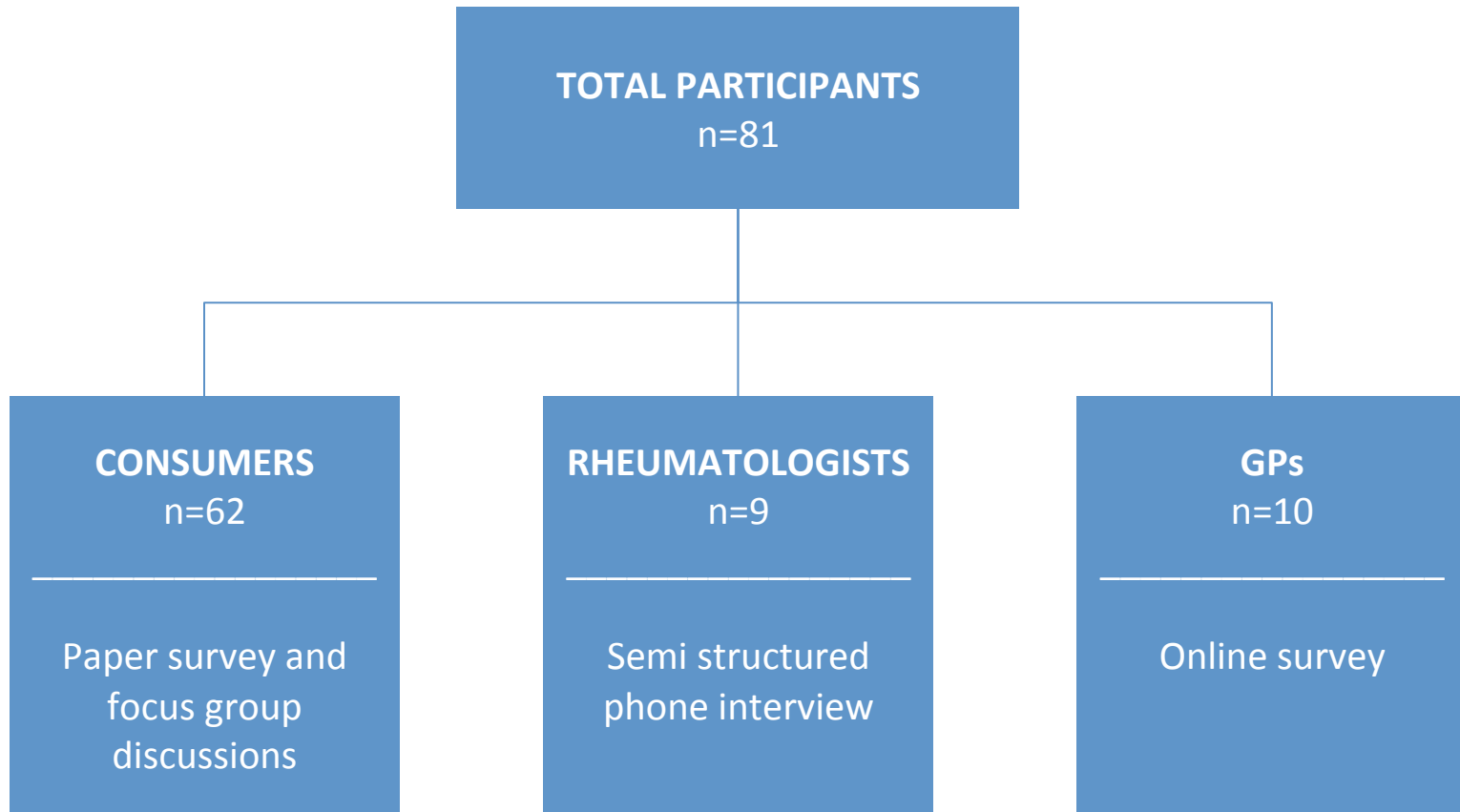
2. Project overview

- '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”





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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