

POLICY OPTIONS

Building research capacity at The University of Notre Dame Australia (Notre Dame) School of Medicine, Sydney, to improve chronic disease management

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Policy context

OSTEOPOROSIS AS A CHRONIC DISEASE

The National Primary Health Care Strategic Framework (2013), endorsed by the Standing Council on Health, presents an agreed approach for creating a stronger, more robust primary health care system in Australia. The Framework builds on the National Primary Care Strategy which was released in May 2010 and which identified that Australia's health system faces significant challenges due to the growing burden of chronic disease, an aging population, workforce pressures and unacceptable inequities in health outcomes and access to services. The growing burden of chronic disease resulted, in May 2016, in the Federal Parliamentary Inquiry into *chronic disease prevention and management in primary health care*, which reported that chronic conditions, including cancer and comorbidities were increasing with age.

Osteoporosis is a chronic condition of reduced bone strength which is undertreated and under-recognised in Australia (Ganda, 2013). Osteoporosis was estimated to have cost Australians \$2.75 billion in 2012 with \$2.59 billion in direct costs, mostly associated with fractures and \$165 million as indirect costs such as productivity losses (Watts *et al*, 2013). In July 2002 the Australian Health Ministers declared arthritis and musculoskeletal conditions, including osteoporosis, as a National Health Priority Area (NHPA). In 2016 a group of stakeholders came together to develop a National Action Plan with the goal of recognising the importance of osteoporosis as a health issue and the need to establish osteoporosis as a National Health Priority Area (NHPA) in its own right. They expressed the concern that, despite its attendant disability and mortality, osteoporosis remained a 'largely hidden subset' of 'musculoskeletal diseases' (National Action Plan).

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Key Findings

Key findings of the research studies were:

- > Rural general practitioners and orthopaedic surgeons believe follow up systems for minimal trauma fracture (MTF) are poorly organised.
- > Rural orthopaedic surgeons believe it is important to follow up MTF patients for osteoporosis, but that it is not their role.
- > Rural orthopaedic surgeons believe general practitioners should follow up MTF patients for osteoporosis.
- > Rural general practitioners agree that it is their role to follow up MTF patients for osteoporosis.
- > Residential retirement communities could be a key intervention point for primary and secondary prevention for osteoporosis.
- > Under-prescribing for prevention of osteoporosis in general practice is a significant issue.
- > Under-prescribing for prevention of osteoporosis in general practice is associated with increasing comorbidities and age.

Policy options

The key findings listed above provide support for policy directions listed in the National Primary Health Care Strategic Framework. The National Primary Health Care Strategic Framework (2013) is the first national statement, endorsed by the Standing Council on Health, which presents an agreed approach for creating a stronger, more robust primary health care system in Australia.

The National Primary Health Care Strategic Framework recognises the importance of establishing '*pathways through care models which support more integrated and seamless care for consumers*'. This research provides an evidence base to help promote this. The research confirms that systems for follow up of MTF are poorly organised and explores the communication barriers between rural general practitioners and orthopaedic surgeons in relation to follow up systems for minimal trauma fracture. The project also sought to identify who should be responsible for the ongoing management of osteoporosis following MTF. Both rural orthopaedic surgeons and rural general practitioners agreed that it was the role of general practitioners (GPs) to follow up MTF in patients with osteoporosis.

As such this research provides evidence for the need to establish *pathways through care* and, like the National Primary Health Care strategic framework, the research confirms the central role of General Practitioners in primary health care system in relation to the management of osteoporosis.

The building capacity project at Notre Dame also involved a research study that audited 3,535 electronic medical records of patients aged ≥ 70 years and therefore falling into the subsidised screening and treatment category of a group of GPs in rural and regional New South Wales. This research found that osteoporosis was identified for 728 patients, 589 females (28.6%) aged 70-99 years (mean 80.7; SD 6.5) and 139 males (9.4%) aged 70-92 years. An overall treatment rate of 71% was found in this study. The treatment rate changed with age increasing to three quarters of osteoporosis patients aged 80 – 89 being treated compared to only half of patients aged 90 – 99 years. The treatment rate also decreased in the presence of recorded co-morbidities. Previous literature has identified possible reasons for the absence of recorded current treatment prescription include medication side effects or medication contraindications, patient awareness and GP concerns about the relative importance of osteoporosis. It is possible that age and the presence of comorbidities should also be addressed in guidelines for the treatment of osteoporosis.

The National Primary Health Care Strategic Framework also recognises the role of the consumer and carers. It recognises that the absence of a patient-centred focus from health care services can lead to fragmented care and that specific population groups, including parents and children, young people, older people, and people living in rural and remote areas, have increased needs. The building capacity project at Notre Dame undertook research to explore a novel way of addressing needs of the aging population. It encouraged members of a residential aged care community to manage their own health, by developing an individualised bone health plan, and helped them to develop strategies to maintain their own bone health. In doing so, the project explored barriers to implementing this prevention strategy more widely. Residential communities are an increasing feature of Australian society, and may provide an effective environment in which to promote health prevention and early intervention strategies. This provides support for the focus of the National Primary Health Care Strategy on health promotion and prevention by exploring a methodology to keep the aging population healthy.

References

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